BBC⬤C
BIG BEND CONTINUUM OF CARE

2022 HUD NOFO

New Project Application
FORM 400-B

A. Project Applicant Information

Agency Name:	CESC, Inc.
Agency Address:	2650 Municipal Way
City, State, Zip:	Tallahassee, FL 32304
Contact Person:	Vicki Butler
Contact Phone and Email	850-792-9000 e-mail: Vicki.Butler@cesctlh.org
Agency Executive Director:	Rick Kearney
Director Phone and Email:	850-792-9000 e-mail: director@cesctlh.org

B. Project Information

Name of Project:	The Domestic Violence Project at CESC, Inc.
Project Address, if applicable: (Mark N/A for scattered sites.)	N/A ☐N/A
Is this address confidential?	☐ Yes ☑ No
Application Type	☐ New – Expansion of Existing Project ☑ New
Project Type	☐CoC Bonus ☐HMIS ☐PH-PSH ☑DV Bonus; ☐SSO-CE ☐PH-RRH ☐Joint TH&PH-RRH
Date Range of Current Grant	____/____/____ to ____/____/____
Amount Requested	$229,571.00

C. Threshold Criteria

1) SAM Registration
Attach documentation of organizations active SAM registration. **Attachment SAM.**
2) DUNS Number
Attach documentation of organization's valid DUNS number. **Attachment DUNS.**
3) Code of Conduct
Attach copy of organizations Code of Conduct demonstrating requirements to conduct business in accordance with ethical standards. **Attachment CODE OF CONDUCT**
4) Audit Management Letter
Attach a copy of the most recent Audit Management Letter which contains a statement as to whether the audit disclosed any audit findings for which a response is overdue or unsatisfactory. **Attachment AUDIT**
5) Nondiscrimination Policy
Attach the organizations established nondiscrimination Policy. **Attachment NONDISC**

D. Scored Criteria

1) Administration – eSnaps
Attach documentation of at least two staff with active eSnaps profiles as **Attachment A.**
2) Demonstrated Need
Include narrative and attach documentation of the community need for this project from approved data sources, such as, BBCoC Homelessness Assistance Plan, HMIS, PIT County Reports, or other HUD Approved Databases. **Attachment D.**
3) Goals of the Homelessness Assistance Plan (HAP)
Include narrative and reference the BBCoC updated HAP indicating how your project will advanced the goals identified in the HAP, citing specific elements to be addressed from the HAP. **Attachment E.**
4) Coordinated Entry (CE)
Include narrative describing how this project will participate in the BBCoC Coordinated Entry Assessment and Referral process. **Attachment CE.**
5) Racial Equity
Include narrative and data demonstrating organizations executive and direct service staff racial and ethnic makeup is reflective of the clients served within the past year. **Attachment F.**
6) Commitment to Housing First
Include narrative and reference the organizations policies and procedures that demonstrate the program will not mandate client participation in services either before obtaining housing or in order to retain housing. In addition, reference established policies and procedures within the organization that prioritize rapid placement and stabilization in permanent housing and improvement of economic self-sufficiency. **Attachment G.**

7)	Coordination with Healthcare Organization
	Include narrative on how project participants will be connected to obtain health insurance and address healthcare needs. Attach MoUs with healthcare organizations and letters of financial or in-kind commitment to this project by healthcare organizations. **Attachment HEALTH**
8)	Program – Staffing Plan with Job Descriptions
	Describe how the project will be implemented, including staff qualifications, a staffing plan with target dates of hire, location of service delivery, and all available supportive services. For maximum points, provide a detailed plan and attach job descriptions as **Attachment H.**
9)	Program – Organizational Chart
	Attach organizational chart as **Attachment I.** For maximum points, show both existing staff and proposed staffing to be hired under this project.
10)	Program – Operational Plan

	Describe the following aspects of the project operational plan:
	a. Staffing – Hiring: Provide target dates of hire for each project position, indicate what methods of recruitment will be used to advertise positions.
	b. Training Provided:
	    a. New Staff/Orientation
	    b. New Grantee/HUD JAX
	    c. Trauma Informed Care
	    d. Confidentiality and Security
	    e. Conflict Resolution and Grievance P&P
	c. Adoption of Policies and Procedures
	    a. Homeless status and eligibility determination
	    b. Programmatic requirements
	d. Forms and Documentation
	    a. Client screening and eligibility forms
	    b. Data collection forms
	For maximum points, attach completed policies and procedures as **Attachment J.**

11)	Client Eligibility
	The applicant has clear written procedures to verify client eligibility for program services as defined in the NOFO based on the project type and has defined policies for referring and receipt of referrals through Coordinated Entry. This includes detail on how clients will be connected to mainstream benefits promoting economic self-sufficiency. **Reference Attachment K.**
12)	Improvement of System Performance
	Provide a narrative demonstrating how the project will improve two or more of the HUD System Performances for our Continuum in the future. This includes clear goals and outcomes for each measure it will address. **Attachment L.**
13)	Project Outcomes
	Provide a narrative demonstrating the proposed outcomes for the project, how the

	outcomes will be measured, tracked and documented over the project period. **Attachment M.**
14)	**Project Budget**
	Provide a detailed project budget describing how requested funding will be allocated including the cost per person/ per household served and the breakdown of the amount and percent of costs to be spent on housing assistance, supportive services, HMIS and administration. The eSnaps Budget page for the project can be referenced but there should also be narrative including cost per person and household. **Attachment N.**
15)	**Match Documentation**
	Attach a letter from the source of match funds indicating the match funding is dedicated to carrying out activities related to this project. **Attachment O.**

▥ SAM.GOV®

CESC, INC.

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
DN2BR6LVXM96	**89CC6**	**Federal Assistance Awards Only**
Registration Status	Expiration Date	
Active Registration	**Jan 5, 2023**	
Physical Address	Mailing Address	
2650 Municipal WAY	**PO Box 2194**	
Tallahassee, Florida 32304-3804	**Tallahassee, Florida 32316**	
United States	**United States**	

Business Information

Doing Business as	Division Name	Division Number
Kearney Center, The	**(blank)**	**(blank)**
Congressional District	State / Country of Incorporation	URL
Florida 05	**Florida / United States**	**http://cesctlh.org/**

Registration Dates

Activation Date	Submission Date	Initial Registration Date
Dec 8, 2021	**Dec 6, 2021**	**Feb 28, 2019**

Entity Dates

Entity Start Date	Fiscal Year End Close Date
Aug 18, 2015	**Dec 31**

Immediate Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Highest Level Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure	Entity Type	Organization Factors
Corporate Entity (Tax Exempt)	**Business or Organization**	**(blank)**
Profit Structure		
Non-Profit Organization		

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Other Entity Qualifiers

Domestic Shelter

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	**No**

EFT Indicator	CAGE Code
0000	**89CC6**

Points of Contact

Electronic Business

Doris Nawrocki, Administrative Assistance

2650 Municipal WAY
Tallahassee, Florida 32304
United States

Government Business

Doris Nawrocki, Administrative Assistance

2650 Municipal WAY
Tallahassee, Florida 32304
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title

Disaster Response

This entity does not appear in the disaster response registry.

Your DUNS Lookup Request for Cesc, Inc.

$todayformat(0,MM/dd/yyyy)

$FIRST_NAME$ scott.

The following is the Dun & Bradstreet D-U-N-S® Number for **Cesc, Inc.**
D-U-N-S number: **065758382**

If this is YOUR COMPANY, learn how to monitor and potentially impact your
Dun & Bradstreet?business credit file with **CreditBuilder?.**

Call **1-800-700-2733**, Monday through Friday, 8:00 AM to 6:00 PM local time
or contact us at Dun & Bradstreet support.

↩ Reply   ↪ Forward

WORKPLACE POLICIES

STANDARDS OF CONDUCT

Each employee has an obligation to observe and follow our policies and to maintain proper standards of conduct at all times. If an individual's behavior interferes with orderly and efficient operations, corrective measures will be taken.

Disciplinary action for violation of any of our workplace policies, whether or not they are contained within this handbook, may include a verbal warning, a written warning, suspension with or without pay, or termination of employment. The appropriate disciplinary action imposed will be determined by the supervisor. One form of disciplines does not necessary precede another.

EMPLOYEE CONDUCT OUTSIDE OF WORK HOURS

Employees are expected to conduct themselves appropriately at all times. Conduct whether on or off the job, that adversely affects the employee's ability to continue to perform his or her current job, or that adversely affects the agency's reputation or ability to carry out its assigned mission is not allowed. Employees exhibiting such behavior will be disciplined appropriately or terminated.

ABSENTEEISM AND TARDINESS

Each of our employees plays an important role in getting the day's work done. Therefore, each employee is expected to be at his or her work station on time each day. Absenteeism or tardiness, even for good reasons, is disruptive to our operations and interferes with our ability to satisfy client needs. Excessive absenteeism or tardiness can result in discipline up to and including termination.

If you are going to be late or absent from work for any reason, you must personally notify your supervisor as far in advance as possible so that proper arrangements can be made to handle your work during your absence. Of course, some situations may arise in which prior notice cannot be given. In those cases, we expect you to notify your supervisor as soon as possible.

When absence is due to illness, the Company reserves the right to require appropriate medical documentation.

An employee who is absent from work for three days without providing notice to their supervisor will be assumed to have voluntarily resigned their position.

TIMEKEEPING PROCEDURES

Employees are expected to be on time daily and remain on the job throughout the regularly scheduled workday. Employees must accurately record their actual time worked for payroll and benefit purposes.

Non-exempt employees must record the time work begins and ends, as well as the beginning and ending time of breaks and any departure from work for any non-work-related reason, on the timesheet. Non-exempt employees may not start work until their scheduled starting time.

Exempt employees are required to report full days of absence from work for reasons such as leaves of absence, paid time off leave or personal business.

Report of Independent Auditors

The Board of Directors
CESC, Inc.

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of CESC, Inc. (the Center) which comprise the consolidated statements of financial position as of December 31, 2020 and 2019, the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

1

Page Two

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of CESC, Inc. as of December 31, 2020 and 2019, and the changes in its net assets, its functional expenses, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the CESC, Inc.'s 2019 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 6, 2020. In our opinion, the summarized comparative information presented in the statement of activities and changes in net assets for the year ended December 31, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Thomas Howell Ferguson P.A.

Tallahassee, Florida
February 16, 2022

EQUAL EMPLOYMENT OPPORTUNITY

It is the Company's policy to provide equal employment opportunity for all applicants and employees. The Company does not unlawfully discriminate on the basis of race, color, religion, religious creed (including religious dress and religious grooming), sex (including pregnancy, perceived pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity (including transgender identity and transitioning), gender expression and sex stereotyping, national origin, ancestry, citizenship, age, physical or mental disability, legally protected medical condition or information (including genetic information), family care or medical leave status, military caregiver status, military status, veteran status, marital status, domestic partner status, sexual orientation, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, engaging in protected communications regarding employee wages, requesting a reasonable accommodation on the basis of disability or bona fide religious belief or practice, or any other basis protected by local, state, or federal laws. Consistent with the law, the Company also makes reasonable accommodations for disabled applicants and employees; for pregnant employees who request an accommodation with the advice of their health care providers, for pregnancy, childbirth, or related medical conditions; for employees who are victims of domestic violence, sexual assault, or stalking; and for applicants and employees based on their religious beliefs and practices.

This policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, disciplinary action, and social and recreational programs. It is the responsibility of every manager and employee to conscientiously follow this policy. Any employee having any questions regarding this policy should discuss them with the Human Resources Manager.

DIVERSITY AND INCLUSION POLICY

Company is committed to fostering, cultivating and preserving a culture of diversity, equity and inclusion. Our human capital is the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and company's achievement as well.

We embrace and encourage our employees' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our employees unique.

Company's diversity initiatives are applicable—but not limited—to our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; layoffs; terminations; and the ongoing development of a work environment built on the premise of gender and diversity equity that encourages and enforces:
- Respectful communication and cooperation between all employees.
- Teamwork and employee participation, permitting the representation of all groups and employee perspectives.
- Work/life balance through flexible work schedules to accommodate employees' varying needs.
- Employer and employee contributions to the communities we serve to promote a greater understanding and respect for the diversity.

All employees of Company have a responsibility to treat others with dignity and respect at all times. All employees are expected to exhibit conduct that reflects inclusion during work, at work functions on or off the work site, and at all other company-sponsored and participative events. All employees are also required to attend and complete Company's annual diversity awareness training to enhance their knowledge to fulfill this responsibility.

Any employee found to have exhibited any inappropriate conduct or behavior against others may be subject to disciplinary action.

Employees who believe they have been subjected to any kind of discrimination that conflicts with the company's diversity policy and initiatives should seek assistance from a supervisor or Human Resources.

ACCOMMODATIONS POLICY

It is the policy of this Company to afford equal opportunity to all employees, regardless of physical or mental disability. However, all employees with such disabilities are expected to perform the essential functions of their positions as both defined in their respective job descriptions or as performed on a regular basis as part of their normal responsibilities. All employees with disabilities are eligible for accommodations per the Americans with Disabilities Act. Such requests must be made to either the employee's direct supervisor or made to the Human Resource Department. While the Company cannot make all requested accommodations, it will work with the employees to define reasonable terms and supply such terms to the employee. If the employee cannot perform the essential functions of their position, with or without the requested accommodation, the employee may be separated from the Company.

POLICY AGAINST HARASSMENT, DISCRIMINATION AND RETALIATION

I. PURPOSE OF POLICY

The Company is committed to providing a workplace free of unlawful harassment and discrimination. This includes sexual harassment (which includes harassment based on pregnancy, perceived pregnancy, childbirth, breastfeeding, or related medical conditions) and harassment based on actual or perceived gender, gender identity (including transgender identity and transitioning), gender expression and sex stereotyping, as well as harassment based on such factors as race, color, religion, religious creed (including religious dress and religious grooming), national origin, ancestry, citizenship, age, physical or mental disability, legally-protected medical condition or information (including genetic information), family care or medical leave status, military caregiver status, military status, veteran status, marital status, domestic partner status, sexual orientation, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, engaging in protected communications regarding employee wages, requesting a reasonable accommodation on the basis of disability or bona fide religious belief or practice, or any other basis protected by federal, state, or local laws. The Company strongly disapproves of and will not tolerate harassment of or discrimination against applicants, employees, unpaid interns, or volunteers by managers, supervisors, co-workers or third parties with whom employees come into contact. Similarly, the Company will not tolerate harassment by its employees of non-employees with whom the Company employees have a business, service, or professional relationship.

II. HARASSMENT DEFINED

Harassment includes verbal, physical, and visual conduct that creates an intimidating, offensive, or hostile working environment or that interferes with an employee's work performance. Such conduct constitutes harassment when (1) submission to the conduct is made either an explicit or implicit condition of employment; (2) submission or rejection of the conduct is used as the basis for an employment decision; or (3) the harassment interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment.

Harassing conduct can take many forms and may include, but is not limited to, the following: slurs, jokes, insults, statements, gestures, teasing, assault, impeding or blocking another's movement or otherwise physically interfering with normal work, pictures, posters, symbols, drawings, or cartoons, violating someone's "personal space" (for example by blocking someone's way) foul or obscene language, leering, stalking, staring, unwanted or offensive letters or poems, offensive email or voicemail messages, or any

kind of verbal, visual or physical conduct that denigrates or shows hostility or aversion towards an individual because of any protected characteristic.

Sexually harassing conduct in particular may include all of these prohibited actions, as well as other unwelcome conduct, such as requests for sexual favors, conversation containing sexual comments, and other unwelcome sexual advances. Sexually harassing conduct can be by a person of either the same or opposite sex. Sexually harassing conduct need not be motivated by sexual desire to be violative of this policy.

III. REPORTING AND INVESTIGATING HARASSING, DISCRIMINATORY AND RETALIATORY CONDUCT
All employees, independent contractors, interns, and volunteers of the Company must promptly report any incidents of harassment, discrimination, and retaliation so that the Company can take appropriate action.

A. Complaint Reporting Process
It is the responsibility of all of us to contribute to a work environment that is free of unlawful bias, discrimination, harassment, and retaliation. Failure to bring forth a complaint prevents the Company from having the opportunity to correct the situation.

Any incidents of discrimination, harassment, or retaliation, including work-related harassment by any Company personnel or any other person, or any conduct believed to violate this policy, must be reported immediately to the Human Resources Manager, who is responsible for investigating harassment complaints. An individual is not required to bring a complaint to Human Resources Manager if the individual is uncomfortable doing so for any reason. In that case, complaints should be reported to the Director of Operations.

Managers and supervisors have a special responsibility under this policy. All levels of management and all supervisors are responsible for compliance with this Policy Against Harassment, Discrimination, and Retaliation AND for ensuring that everyone in their department is aware of, understands and adheres to this policy. Supervisors and managers who receive complaints or who observe or learn of discriminatory, harassing, or retaliatory conduct must immediately inform the Human Resources Manager or other appropriate company official so that an investigation may be initiated.

IV. CORRECTIVE ACTION
The Company prohibits conduct severe enough to be unlawful. Yet even more, the Company's workplace conduct standards also prohibit conduct and comments which are not severe enough to violate state or local or federal law—but which are still inappropriate in the workplace. For example, the Company prohibits abusive conduct in the workplace—whether or not it is based on a protected category.

As a result, the Company will take prompt, appropriate, and effective corrective action (e.g., remedial measures) any time it is established that discrimination, harassment, or retaliation in violation of this policy has occurred—whether or not such violation also violates the law.

Corrective action may include, for example: training, referral to counseling, or disciplinary action ranging from a verbal or written warning to termination of employment, depending on the circumstances. With regard to acts of harassment or discrimination by customers or vendors, corrective action will be taken after consultation with the appropriate management personnel.

The Company will not tolerate retaliation against any employee for making a good faith complaint of harassment, discrimination, or retaliation, or for cooperating in an investigation.

BACKGROUND SCREENING DURING EMPLOYMENT

The Company must be able to employ individuals that are trustworthy and able to properly interact with key organizational partners. Employees agree, by signing the acknowledgment provision verifying agreement to this handbook, that the Company does conduct criminal, employment, driving and educational backgrounds on employees as it deems necessary to conduct its operation in a profitable and legal manner. The Company reserves the right to take any and all action it deems necessary to act upon the results of such ongoing screening.

PROMISSORY NOTE POLICY

By executing the acknowledgment form attached to this Handbook, the employee accepts and understands that it may be utilized as an enforceable promissory note. If the employee fails to return any equipment, money, credit cards, or other property assigned to the employee during employment, the Company may first withhold the value of such amount from any final compensation due to the employee including paychecks, paid time-off, or any other such earned benefit in excess of the minimum wage. If such compensation does not exist or is insufficient to offset the value of the property due, the employee understands and agrees that the Company has legal entitlement to such property and will be responsible for such value and the cost of all attorney fees and costs expended in pursuing such property.

EMERGENCY AND OTHER CLOSINGS

At times, emergencies such as severe weather, fires, power failures, or earthquakes, can disrupt operations. In extreme cases, these circumstances may require the closing of the work facility. In the event that such an emergency occurs, employees will be provided appropriate notification.

When operations are officially closed due to emergency conditions, the time off from scheduled work will be unpaid. However, with supervisory approval, employees may use available paid time off benefits.

In cases where an emergency closing is not authorized, employees who fail to report for work will not be paid for the time off. Employees may request to use available paid time off benefits to cover the absence.

Employees in essential operations may be asked to work on a day when operations are officially closed. In these circumstances, employees who work will receive regular pay.

BREASTFEEDING ACCOMMODATION

We recognize the needs of new mothers and provide a reasonable unpaid break time for employees needed to express breast milk for their nursing child. We provide private space that will shield the employee from view and will be wholly free from coworker or public intrusion. If such need arises, simply contact your immediate supervisor and necessary breaks and corresponding space will be provided.

EMPLOYMENT OF MINORS

The Company will not employ any person under the age of 18.

EMPLOYMENT OF RELATIVES

Relatives of present employees may be hired by the Company only if (1) the individuals concerned will not work in a direct supervisory relationship with one another, and (2) the employment will not pose difficulties for supervision, security, safety, or morale. "Relatives" are defined as spouses, children, sisters, brothers, mothers, or fathers, and persons related by marriage. Present employees who marry or who become related by marriage will be permitted to continue employment with the Company only if they do not work in a direct supervisory relationship with one another, or otherwise pose difficulties for supervision, security,

Front Office Portal

Profile

My Account
Change Password

Workspace

Applicants

Contact Us

User Account

* First Name:	Vicki
Middle Name:	
* Last Name:	Butler
* Email:	Vicki.butler@cesctlh.org
* Email Confirm:	Vicki.butler@cesctlh.org
* Default Application Language:	English (U.S.)
* User Name:	Vicki.butler@cesctlh.org

Save

Page Generation Time: < 0.1s

User Account

Front Office Portal	
Profile	*** First Name:** ashley
	Middle Name:
My Account	*** Last Name:** scott
Change Password	
Workspace	*** Email:** ashley.scott@cesctlh.org
	* Email Confirm: ashley.scott@cesctlh.org
Applicants	
Contact Us	*** Default Application Language:** English (U.S.)
	* User Name: ashley.scott@cesctlh.org

Save

Page Generation Time: < 0.1s

My Account

Login Information

Username vicki.butler@cesctlh.org
Password **Change password**

Personal Information

Vicki Butler
tallahassee, FLORIDA 32304
850-729-9000
vicki.butler@cesctlh.org

Organization

Organization Type: Non-profit or For-profit Organization
Organization Name: CESC, Inc.

Update (/hudexchange-portal/?display=editProfile)

HUD Program Experience

The HUD Program Experience information will populate your Learner Profile on HUD Exchange Learn. This information may be used by registrars for reviewing your training registration eligibility.

Update (/hudexchange-portal/my-account/hud-program-experience/)

My Account

Login Information

Username ashley.scott@cesctlh.org
Password **Change password**

Personal Information

ashley scott
tallahassee, FLORIDA 32304
850-729-9000
ashley.scott@cesctlh.org

Organization

Organization Type: Non-profit or For-profit Organization
Organization Name: CESC, Inc

Update (/hudexchange-portal/?display=editProfile)

HUD Program Experience

The HUD Program Experience information will populate your Learner Profile on HUD Exchange Learn. This information may be used by registrars for reviewing your training registration eligibility.

Update (/hudexchange-portal/my-account/hud-program-experience/)

Attachment D
Demonstrated Need

The mission of CESC, Inc. is to offer help and hope by creating solutions that provide a path to self-sufficiency to those in poverty. In service to this mission, we are committed to providing a safe environment that promotes dignity and respect.

This project will support victims of domestic violence. Funds through this project will afford CESC, Inc the opportunity to hire supplemental Navigators, Case Managers, Program Manager and a Mental Health Therapist. These individuals will directly support the program. Additionally, funds will be used to target and support Restorative Dental and diversion services for victims of domestic violence.

CESC, Inc. has two major entities which supports homelessness and housing insecurity. (1) The Kearney Center which is a 24-hour comprehensive emergency service center that serves as a point of entry into assistance by coordinating services and responding to immediate needs of individuals and families until appropriate permanent housing can be arranged.

(2) Health Services Department which we provide holistic approaches to healthcare for individuals in our community who have always been underserved and misunderstood. Our dental and health services programs, respectively support providing a variety of services through doctors and nurses for all our clients.

Our clients are primarily adults experiencing economic distress, homelessness, or housing insecurity. According, to the most recent ESG Caper Report, (January 1, 2022- Present), we have served the following.

838 clients were served in the emergency shelter. 817 individuals were over the age of 18 years old. 798 were heads of households. 566 clients served to date are males. 242 are females, 5 are transgender and 7 clients are unsure. The ages served are 18- 62+, with a significant population served within the 45-54 years of age range.

More than 90% of the clients served suffer from a physical and mental condition. These conditions include mental health, alcohol, developmental disabilities, physical disability, chronic health condition, and/or HIV/AIDS.

133 clients reported that they were victims of domestic violence, 27 individual's were actively fleeing from domestic violence situations.

458 clients reported that they had no income. While 117 reported to receiving Social Security disability.

With regards to insurance, 536 clients indicated that they did not have any insurance. 159 had Medicaid and 78 have Medicare. The majority of client individuals have a stay from 31 to 60 days.

The National Coalition for the Homeless, two trends are largely responsible for homelessness: A growing shortage of affordable rental housing and a simultaneous increase in Americans falling into poverty.

According to the Big Bend CoC (September 2021), System Performance Measures, 875 clients exited to permanent housing.

Diversion, Emergency Shelter, Rapid Re-Housing, and Transitional Housing are social problems within our community.

CESC Case Management (CM) provides a continuum of services to those experiencing economic hardship in Tallahassee including medical/dental care, showers, meals and laundry, because we have found that without these supportive services, housing is often not enough to address all our client's needs. After clients' basic needs are met, we begin assisting them with longer term goals such as housing and employment. More specialized services including job placement and referrals, GED classes, and mental health counseling are also offered on-site by our community partners.

CESC has identified an additional need to improve the outcomes for our CM program - the addition of a Diversion Specialist, Housing Navigator, Case Manager and Program Manager.

A successful program is designed to address our target population's most immediate shelter needs and prevent them from becoming homeless.

Diversion services to clients is a huge gap within our community, The focus of CESC Case Management (CM) is to help clients know and access local housing resources and address barriers that are keeping them from housing stability. The Kearney Center engages in the nationally recognized best practice of bringing services in-house to our clients which improves access to services for clients seeking temporary and permanent housing.

Our housing-focused CM team also works with CESC Health Services to address the medical and behavioral needs of clients so that clients can sustain themselves independently. Case managers work closely with on-site partner organizations who assist clients to obtain employment, disability, food stamps, GED's, counseling and other needs as they work towards obtaining housing. Tallahassee does not currently have an inventory of safe and affordable housing that fully meets demand from its citizens. It is not uncommon for case managers to identify affordable housing that is not livable, and livable housing that is not affordable. Unfortunately, this lack of affordable housing inhibits the speed at which individuals can be rehoused.

▶ **Report Run History**

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
256409	08/26/2022 04:11:28 PM (0.30 mins)	EsgCaper	RRH, Number Served, and Demographics (1 year from today)	Chloe Bare	FL506 - BBCoC: CESC	Chloe Bare	Completed
256408	08/26/2022 04:11:15 PM (0.46 mins)	EsgCaper	RRH, Number Served, and Demographics	Chloe Bare	FL506 - BBCoC: CESC	Chloe Bare	Completed
256167	08/22/2022 02:03:35 PM (0.08 mins)	EsgCaper	April ARPA	Chloe Bare	FL506 - BBCoC: CESC	Chloe Bare	Completed
255996	08/18/2022 10:45:32 AM (0.27 mins)	EsgCaper	Jan. - Dec. 2021	Chloe Bare	FL506 - BBCoC: CESC	Chloe Bare	Completed
255995	08/18/2022 10:45:08 AM (0.53 mins)	EsgCaper	Jan. 2022 - Present	Chloe Bare	FL506 - BBCoC: CESC	Chloe Bare	Completed

Showing 1-5 of 15

Report Options

Name	RRH, Number Served, and Demographics
Description	
Provider Type	⦿ Provider ○ Reporting Group
Provider *	FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES) (6536)
	○ This provider AND its subordinates ⦿ This provider ONLY
Program Date Range *	01/01/2022 to 08/26/2022
Entry/Exit Types *	☐ Basic ☑ HUD ☐ PATH ☐ Quick Call ☐ RHY ☐ Standard ☐ VA ☐ HPRP (Retired)

ESG Report Results - Date Ran: 08/26/2022 04:11:15 PM - Report ID: 256408

Project Identifier in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All

Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider
FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)	6536	FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)	6536	Emergency Shelter (HUD)	Night-by-Night			FL-506	129073	False

Showing 1-1 of 1

Report Validation Table

Report Validation Table

1. Total Number of Persons Served	838
2. Number of Adults (age 18 or over)	817
3. Number of Children (under age 18)	1
4. Number of Persons with Unknown Age	20
5. Number of Leavers	526
6. Number of Adult Leavers	509
7. Number of Adult and Head of Household Leavers	524
8. Number of Stayers	312
9. Number of Adult Stayers	308
10. Number of Veterans	62
11. Number of Chronically Homeless Persons	194
12. Number of Youth Under Age 25	44
13. Number of Parenting Youth Under Age 25 with Children	0
14. Number of Adult Heads of Household	798
15. Number of Child And Unknown-Age Heads of Household	19
16. Heads of Households and Adult Stayers in the Project 365 Days or More	40

Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate

Name (3.1)	0	0	3	3	0%
SSN (3.2)	16	6	33	55	7%
Date of Birth (3.3)	11	15	3	29	3%
Race (3.4)	14	9		23	3%
Ethnicity (3.5)	6	26		32	4%
Gender (3.6)	3	5		8	1%
Overall Score				87	**10%**

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	25	3%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	21	3%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	117	14%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	333	63%
Income and Sources (4.2) at Start	213	25%
Income and Sources (4.2) at Annual Assessment	40	100%
Income and Sources (4.2) at Exit	122	23%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in Institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	836			87	116	118	17%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
Total	836						**17%**

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	642	500
1 - 3 days	36	19
4 - 6 days	13	2
7 - 10 days	4	1
11+ days	14	4

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	118	118	100%
Bed Night (All clients in ES - NBN)	118	118	100%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	817	817	0		0
Children	1		0	1	0
Client Doesn't Know/Client Refused	11	0	0	0	11
Data not collected	9	0	0	0	9
Total	838	817	0	1	20
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

7b - Point in Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	234	233	0	0	1
April	245	242	0	0	3
July	323	317	0	0	6
October	0	0	0	0	0

8a. Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	817	798	0	0	19
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

8b. Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	229	228	0	0	1
April	234	231	0	0	3
July	312	306	0	0	6
October	0	0	0	0	0

9a. Number of Persons Contacted

	All Persons Contacted	First Contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	1	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	1	0	0	0

9b. Number of Persons Engaged

	All Persons Contacted	First Contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0.00	0.00	0.00	0.00

10a. Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	566	566	0	0
Female	242	242	0	0
No Single Gender	1	1	0	0
Questioning	1	1	0	0
Transgender	5	5	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	2	2	0	0
Subtotal	817	817	0	0

10b. Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	1	0	1	0
Female	0	0	0	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	1	0	1	0

10c. Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	8	0	0	0	8
Female	6	0	0	0	6
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0

Transgender			0	0	0	0	0
Client Doesn't Know/Client Refused			3	0	0	0	3
Data not collected			3	0	0	0	3
Subtotal			**20**	**0**	**0**	**0**	**20**

10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-61	Age 62 and over	Client Doesn't Know/Client Refused	Data not collected
Male	575	1	26	447	93	4	4
Female	248	0	14	201	27	4	2
No Single Gender	1	0	0	1	0	0	0
Questioning	1	0	0	1	0	0	0
Transgender	5	0	3	2	0	0	0
Client Doesn't Know/Client Refused	3	0	0	0	0	3	0
Data not collected	5	0	0	2	0	0	3
Subtotal	**838**	**1**	**43**	**654**	**120**	**11**	**9**

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	0		0	0	0
13 - 17	1		0	1	0
18 - 24	43	43	0		0
25 - 34	150	150	0		0
35 - 44	167	167	0		0
45 - 54	(193)	193	0		0
55 - 61	144	144	0		0
62 +	120	120	0		0
Client Doesn't Know/Client Refused	11	0	0	0	11
Data not collected	9	0	0	0	9
Total	**838**	**817**	**0**	**1**	**20**

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	300	297	0	1	2
Black, African American, or African	465	463	0	0	2
Asian or Asian American	7	7	0	0	0
American Indian, Alaska Native, or Indigenous	7	7	0	0	0
Native Hawaiian or Pacific Islander	7	7	0	0	0
Multiple Races	26	26	0	0	0
Client Doesn't Know/Client Refused	17	9	0	0	8
Data not collected	9	1	0	0	8
Total	**838**	**817**	**0**	**1**	**20**

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	751	748	0	1	2
Hispanic/Latin(a)(o)(x)	55	54	0	0	1
Client Doesn't Know/Client Refused	6	0	0	0	6
Data not collected	26	15	0	0	11
Total	**838**	**817**	**0**	**1**	**20**

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	293	293	0	0	0	0
Alcohol Use Disorder	44	44	0	0	0	0
Drug Use Disorder	27	27	0	0	0	0
Both Alcohol and Drug Use Disorders	50	50	0	0	0	0
Chronic Health Condition	182	181	0	0	0	1
HIV/AIDS	16	15	0	0	0	1
Development Disability	39	39	0	0	0	0

Physical Disability	210	209	0	0	0	1

13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	199	199	0	0	0	0
Alcohol Use Disorder	30	30	0	0	0	0
Drug Use Disorder	17	17	0	0	0	0
Both Alcohol and Drug Use Disorders	37	37	0	0	0	0
Chronic Health Condition	122	122	0	0	0	0
HIV/AIDS	11	10	0	0	0	1
Development Disability	28	28	0	0	0	0
Physical Disability	131	131	0	0	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	98	98	0	0	0	0
Alcohol Use Disorder	15	15	0	0	0	0
Drug Use Disorder	10	10	0	0	0	0
Both Alcohol and Drug Use Disorders	13	13	0	0	0	0
Chronic Health Condition	63	62	0	0	0	1
HIV/AIDS	6	6	0	0	0	0
Development Disability	11	11	0	0	0	0
Physical Disability	85	84	0	0	0	1

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	133	133	0	0	0
No	665	661	0	0	4
Client Doesn't Know/Client Refused	19	9	0	0	10
Data not collected	19	14	0	0	5
Total	836	817	0	0	19

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	27	27	0	0	0
No	89	89	0	0	0
Client Doesn't Know/Client Refused	2	2	0	0	0
Data not collected	15	15	0	0	0
Total	133	133	0	0	0

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	47	47	0	0	0
Transitional housing for homeless persons (including homeless youth)	8	8	0	0	0
Place not meant for habitation	442	441	0	0	1
Safe Haven	6	6	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	503	502	0	0	1
Institutional Settings					
Psychiatric hospital or other psychiatric facility	14	14	0	0	0
Substance abuse treatment facility or detox center	3	3	0	0	0
Hospital or other residential non-psychiatric medical facility	32	32	0	0	0
Jail, prison, or juvenile detention facility	52	52	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	2	2	0	0	0
Subtotal	103	103	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	3	3	0	0	0

Owned by client, no ongoing housing subsidy	2	2	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	1	1	0	0	0
Rental by client, no ongoing housing subsidy	17	17	0	0	0
Rental by client, with VASH housing subsidy	2	2	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	2	2	0	0	0
Hotel or motel paid for without emergency shelter voucher	34	32	0	0	2
Staying or living in a friend's room, apartment or house	65	65	0	0	0
Staying or living in a family member's room, apartment or house	50	50	0	0	0
Client Doesn't Know/Client Refused	35	25	0	0	10
Data Not Collected	19	13	0	0	6
Subtotal	230	212	0	0	18
Total	836	817	0	0	19

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	458	0	275
$1 - 150	5	0	1
$151 - $250	6	0	4
$251 - $500	10	0	6
$501 - $1000	145	0	99
$1001 - $1500	43	0	34
$1501 - $2000	24	0	17
$2001 +	21	0	17
Client Doesn't Know/Client Refused	17	0	9
Data Not Collected	88	0	47
Number of adult stayers not yet required to have an annual assessment		268	
Number of adult stayers without required annual assessment		40	
Total Adults	817	308	509

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	58	0	43
Unemployment Insurance	3	0	2
Supplemental Security Income (SSI)	11	0	78
Social Security Disability Insurance (SSDI)	76	0	52
VA Service - Connected Disability Compensation	5	0	4
VA Non-Service Connected Disability Pension	4	0	5
Private Disability Insurance	0	0	0
Worker's Compensation	2	0	1
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	1	0	0
Retirement Income from Social Security	14	0	11
Pension or retirement income from a former job	3	0	1
Child Support	3	0	3
Alimony and other spousal support	1	0	0
Other Source	15	0	12
Adults with Income Information at Start and Annual Assessment/Exit		0	0

19b - Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	9	29	38	24%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	58	11	69	84%	0	0	0	0%	0	0	0	0%

Social Security Disability Insurance (SSDI)	42	4	46	91%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	2	0	2	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	1	1	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	6	3	9	67%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	1	0	1	100%	0	0	0	0%	0	0	0	0%
Child Support	1	1	2	50%	0	0	0	0%	0	0	0	0%
Other Source	4	11	15	27%	0	0	0	0%	0	0	0	0%
No Sources	111	147	258	43%	0	0	0	0%	0	0	0	0%
Unduplicated Total Adults	214	200	414		0	0	0		0	0	0	

20 - Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	222	0	132
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1	0	1
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	6	0	6

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	159	0	109
MEDICARE	78	0	53
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	19	0	19
Employer-Provided Health Insurance	6	0	5
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	8	0	5
State Health Insurance for Adults	6	0	6
Indian Health Services Program	0	0	0
Other	10	0	6
No Health Insurance	536	0	317
Client doesn't know/Client refused	34	0	23
Data not collected	72	40	42
Number of stayers not yet required to have an annual assessment		272	
1 Source of Health Insurance	182	0	130
More than 1 Source of Health Insurance	50	0	35

22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	174	143	31
8 to 14 days	119	92	27
15 to 21 days	64	47	17
22 to 30 days	77	48	29
31 to 60 days	167	109	58
61 to 90 days	57	25	32

		Total		
91 to 180 days		73	28	45
181 to 365 days		57	24	33
366 to 730 Days (1-2 Yrs)		50	10	40
731 to 1,095 Days (2-3 Yrs)		0	0	0
1,096 to 1,460 Days (3-4 Yrs)		0	0	0
1,461 to 1,825 Days (4-5 Yrs)		0	0	0
More than 1,825 Days (>5 Yrs)		0	0	0
Data not collected		0	0	0
Total		838	526	312

27a - Length of Time between Project Start Date and Housing Move-In Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

27b - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	174	167	0	0	7
8 to 14 days	119	115	0	1	3
15 to 21 days	64	62	0	0	2
22 to 30 days	77	74	0	0	3
31 to 60 days	167	162	0	0	5
61 to 90 days	57	57	0	0	0
91 to 180 days	73	73	0	0	0
181 to 365 days	57	57	0	0	0
366 to 730 Days (1-2 Yrs)	50	50	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	838	817	0	1	20

27c - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	105	104	0	0	1
8 to 14 days	51	50	0	1	0
15 to 21 days	21	21	0	0	0
22 to 30 days	33	33	0	0	0
31 to 60 days	66	66	0	0	0
61 to 180 days	133	133	0	0	0
181 to 365 days	76	76	0	0	0
366 to 730 Days (1-2 Yrs)	93	93	0	0	0
731 days or more	165	163	0	0	2
Total (persons moved into housing)	743	739	0	1	3
Not yet moved into housing	0	0	0	0	0
Data Not Collected	95	78	0	0	17
Total Persons	838	817	0	1	20

28a - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household

Type

Permanent Destinations

Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	14	14	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	1	1	0	0	0
Rental by client, other ongoing subsidy	4	4	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	32	31	0	0	1
Staying or living with friends, permanent tenure	6	6	0	0	0
Rental by client, with RRH or equivalent subsidy	6	6	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	**63**	**62**	**0**	**0**	**1**

Temporary Destinations

Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	6	6	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	3	3	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	80	79	0	0	1
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	2	2	0	0	0
Host Home (non-crisis)	1	1	0	0	0
Subtotal	**92**	**91**	**0**	**0**	**1**

Institutional Settings

Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
Hospital or other residential non-psychiatric medical facility	6	6	0	0	0
Jail, prison, or juvenile detention facility	9	8	0	0	1
Long-term care facility or nursing home	2	2	0	0	0
Subtotal	**20**	**19**	**0**	**0**	**1**

Other Destinations

Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	2	2	0	0	0
Other	16	14	0	0	2
Client Doesn't Know/Client Refused	1	1	0	0	0
Data Not Collected (no exit interview completed)	332	320	0	1	11
Subtotal	**351**	**337**	**0**	**1**	**13**
Total	**526**	**509**	**0**	**1**	**16**
Total persons exiting to positive housing destinations	64	63	0	0	1
Total persons whose destinations excluded them from the calculation	10	10	0	0	0
Percentage	12%	13%	0%	0%	6%

24 - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start--With the subsidy they had at project entry	0	0	0	0	0
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit--With on-going subsidy	0	0	0	0	0
Moved to new housing unit--Without an on-going subsidy	0	0	0	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	0	0	0	0	0

Client went to jail/prison	0	0	0	0	0
Client died	0	0	0	0	0
Client doesn't know/Client refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Total	0	0	0	0	0

26a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	20	20	0	0
Non-Chronically Homeless Veteran	42	42	0	0
Not a veteran	730	730	0	0
Client doesn't know/Client refused	11	11	0	0
Data not collected	14	14	0	0
Total	817	817	0	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	194	193	0	0	1
Not Chronically Homeless	463	461	0	1	1
Client Doesn't Know/Client Refused	37	36	0	0	1
Data not collected	144	127	0	0	17
Total	838	817	0	1	20

Include narrative and reference the BBCoC updated HAP indicating how your project will advanced the goals identified in the HAP, citing specific elements to be addressed from the HAP.

The Housing Assistance Plan (HAP) is dedicated to the following goals.

- ➢ Decreasing average length of time homeless
- ➢ Decreasing returns to homelessness
- ➢ Increase placement and retention of permanent housing

Our project is committed to creating solutions that provide a path to self-sufficiency to those in poverty. CESC works to transform lives by connecting everyone with second chances. By providing housing-focused case management to our clients we can help clients identify and overcome barriers that have kept them from housing.

As clients obtain permeant housing, they can grow in personal self-sufficiency, as well as increase and maintain their income.

Additionally, the other objectives are providing: Direct services from Diversion-trained staff Housing search • Creative problem solving Mediation or conflict resolution (with landlords, relatives, friends) Connections to community resources Job search and referral • Credit repair • Legal aid Housing-related costs Rent • Landlord fees • Moving expenses Security deposits • Utility bills • Background check Non-housing-related costs Employment certifications and licenses Interpreter services • Transportation • Work supplies.

Attachment CE.
Coordinated Entry (CE)

CESC, Inc. currently participates in the BBCoC Coordinated Entry Assessment and Referral process. We serve homelessness and people experiencing homelessness regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

We are committed to completing BBCoC efforts listed below.

1. Having a designated set of access points
2. The use of a standardized assessment tool to assess consumer needs
3. Referrals, based on the results of the assessment, to homelessness assistance programs (and other related programs when appropriate)
4. Capturing and managing data related to assessment and referrals in the Homeless Management Information System (HMIS);
5. Prioritization of consumers with the most barriers to returning to housing for more strategic uses of limited resources.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

COMMUNITY
SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:
- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:
- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date DD/MM/YYYY ___/___/_____ ___ ___ ___ ___	**Survey Time**	**Survey Location**

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ___/___/_____	_____	_____	○ Yes ○ No

	SCORE:
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	**0**

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ◯ Shelters
- ◯ Transitional Housing
- ◯ Safe Haven
- ◯ **Outdoors**
- ◯ **Other (specify):**

  _____

- ◯ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE: 1

2. How long has it been since you lived in permanent stable housing?   ___ Years   ☐ Refused

3. In the last three years, how many times have you been homeless?   _____   ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE: 0

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room?   ___   ☐ Refused

   b) Taken an ambulance to the hospital?   ___   ☐ Refused

   c) Been hospitalized as an inpatient?   ___   ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ___   ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ___   ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ___   ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	SCORE: 0

5. Have you been attacked or beaten up since you've become homeless?   ☐ Y   ☐ N   ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	SCORE: 0

7. Do you have any legal stuff going on right now that may result ☐ Y ☐ N ☐ Refused
in you being locked up, having to pay fines, or that make it
more difficult to rent a place to live?

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.	SCORE:
	0

8. Does anybody force or trick you to do things that you do not ☐ Y ☐ N ☐ Refused
want to do?

9. Do you ever do things that may be considered to be risky ☐ Y ☐ N ☐ Refused
like exchange sex for money, run drugs for someone, have
unprotected sex with someone you don't know, share a
needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.	SCORE:
	0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, ☐ Y ☐ N ☐ Refused
or government group like the IRS that thinks you owe them
money?

11. Do you get any money from the government, a pension, ☐ Y ☐ N ☐ Refused
an inheritance, working under the table, a regular job, or
anything like that?

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.	SCORE:
	0

12. Do you have planned activities, other than just surviving, that ☐ Y ☐ N ☐ Refused
make you feel happy and fulfilled?

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.	SCORE:
	0

13. Are you currently able to take care of basic needs like bathing, ☐ Y ☐ N ☐ Refused
changing clothes, using a restroom, getting food and clean
water and other things like that?

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.	SCORE:
	0

14. Is your current homelessness in any way caused by a ☐ Y ☐ N ☐ Refused
relationship that broke down, an unhealthy or abusive
relationship, or because family or friends caused you to
become evicted?

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.	SCORE:
	0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or   ☐ Y   ☐ N   ☐ Refused
other place you were staying because of your physical health?

16. Do you have any chronic health issues with your liver, kidneys,   ☐ Y   ☐ N   ☐ Refused
stomach, lungs or heart?

17. If there was space available in a program that specifically   ☐ Y   ☐ N   ☐ Refused
assists people that live with HIV or AIDS, would that be of
interest to you?

18. Do you have any physical disabilities that would limit the type   ☐ Y   ☐ N   ☐ Refused
of housing you could access, or would make it hard to live
independently because you'd need help?

19. When you are sick or not feeling well, do you avoid getting   ☐ Y   ☐ N   ☐ Refused
help?

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?   ☐ Y   ☐ N   ☐ N/A or
Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE: 0

21. Has your drinking or drug use led you to being kicked out of   ☐ Y   ☐ N   ☐ Refused
an apartment or program where you were staying in the past?

22. Will drinking or drug use make it difficult for you to stay   ☐ Y   ☐ N   ☐ Refused
housed or afford your housing?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE: 0

23. Have you ever had trouble maintaining your housing, or been kicked out of an
apartment, shelter program or other place you were staying, because of:

    a) A mental health issue or concern?   ☐ Y   ☐ N   ☐ Refused

    b) A past head injury?   ☐ Y   ☐ N   ☐ Refused

    c) A learning disability, developmental disability, or other   ☐ Y   ☐ N   ☐ Refused
    impairment?

24. Do you have any mental health or brain issues that would   ☐ Y   ☐ N   ☐ Refused
make it hard for you to live independently because you'd need
help?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE: 0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY.**	SCORE: 0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	SCORE: 0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.	SCORE: 0

Scoring Summary

DOMAIN	SUBTOTAL		RESULTS
PRE-SURVEY	0	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	1	/2	0-3: no housing intervention
B. RISKS	0	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	0	/4	
D. WELLNESS	0	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	0	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues

- legal status in country
- income and source of it
- current restrictions on where a person can legally reside

- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

August 30th, 2022

Big Bend Homeless Continuum of Care
RE: 2022 HUD CoC Competition NOFO

Dear CoC Grant Review Committee

To Whom It May Concern,

Capital City Youth Services (CCYS) is pleased to offer its full support to Kearney Center's request for funding through the 2022 HUD CoC Competition. CCYS is a long time collaborator with the Kearney Center and is excited to see them expand services to a growing population; one that is shared by and served through CCYS.

CCYS is a local non-profit organization dedicated to providing Guidance, Shelter, and Support services to children, youth, and families residing in Leon and the surrounding seven (7) counties. The primary goals of the agency include prevention of violence and victimization by getting youth off the street, family preservation, delinquency prevention, and dependency prevention.

Of the nearly 1,250 youth and families served across the Big Bend last fiscal year, 50 youth and families were Fleeing Domestic Violence. Many more reported experiencing a history of domestic violence. We look forward to partnering with Kearney Center in the areas of outreach and expect to identify roughly the same number, 50 youth and families who are fleeing from Domestic Violence, in the coming year. During this Fiscal year alone, Going Places, has served 12 households fleeing domestic violence.

Any questions regarding this letter of intent may be addressed with Justin Barfield, Outreach & Development Director at (850) 576-6000 or at Justin.Barfield@ccys.org

Sincerely,

Justin Barfield
Outreach & Development Director
CCYS
Justin.Barfield@ccys.org

THE
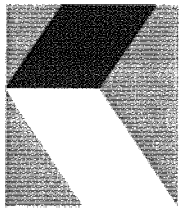
KEARNEY CENTER

Opening Doors to Opportunity, Housing, Independence

Kearney Center Case Management Procedures

Table of Contents

Intro

Welcome to the Housing Case Management Team! As a Housing Case Manager or Housing Navigator, your role is to assist clients in navigating the processes necessary to obtain and retain stable housing. You will refer clients to local resources for housing needs such as income, employment, and mental health regulation as well as conduct assessments and create a housing case plan to fit each clients' strengths and unique housing needs.

At the Kearney Center our case management team will provide services using the Housing First model. People experiencing homelessness will be offered permanent housing opportunities with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. We are a low barrier shelter. We do not screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. We prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments. We utilize Rapid Rehousing funds and Diversion funds to quickly place individuals into housing. Supportive services are readily available, and clients can work with their case managers to access any and all of the services available as the client chooses. They are not required to utilize any to access housing opportunities. Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing are utilized. We educate our clients on their full rights, responsibilities, and legal protections regarding their housing.

Homelessness Management Information System (HMIS)

What is it?

HMIS is a data entry system that is used across the nation to input information concerning services accessed by someone experiencing homelessness. HMIS is meant to streamline services, provide historical information, track client data, and compile data for grant reporting purposes.

Important Components to Know

Release of Information (ROI)

A release of information (ROI) is completed by each client to provide permission to the Housing Case Manager to discuss client information as it relates to the Client's housing plans and achieving stable housing. Approval of the ROI allows the Housing Case Manager to discuss client information with landlords and other service providers, make referrals, and other activities that involve sharing client information.

ROI's must be uploaded and documented in HMIS by completing the following:

3

1. Ensure you're under the "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)" EDA
2. Click on the "ROI" tab in the Client's HMIS profile
3. Click "Add Release of Information"
4. Fill out the fields
   a. Select 'yes' or 'no' based upon the Client's decision
   b. The end date will be five years after the date of signing
   c. Documentation will always be "Signed Statement from Client"
   d. The Witness is the assigned Housing Case Manager
5. Click "Save Release of Information"
6. Click the paperclip icon on the newly created ROI entry
7. Click "Add New File Attachment"
8. Click "Choose File" and upload the ROI
9. Click "Upload"

Add Case Manager

This feature is used to track case manager assignment, connect with case managers with other providers and resources, and provide a point of contact if additional client information is needed.

Once a client is added to a Housing Case Manager's caseload, the Housing Case Manager should add themselves as the Client's Case Manager in HMIS.

To add a case manager, you must:

- Ensure your EDA is "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)"
- Click the "Case Managers" tab in the HMIS profile
- Click "Add Case Manager"
- "Type" will always be "Me"
- Input data for Name, Title, Phone Number, Email Address, and start date
    o Note: The start date should be the date of the first Outreach attempt
- Click "Add Case Manager"

Enter Data As (EDA)

Enter Data As (EDA), is a mechanism in HMIS which allows the user to capture data for specific programs and providers and limits the visibility of case notes and other data to specific providers to ensure confidentiality is upheld.

Commonly used EDAs by CESC Case Management include the following:

- FL506 - BBCoC: Coordinated Entry (9272)
- FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)
- Grant EDA as assigned (if applicable)

EDA policies are subject to change according to grant requirements and agency policies.

Entry/Exit

Entry/Exit is a function within HMIS that tracks programs accessed by clients. This helps providers track shelter stays and review funding and programs previously utilized by clients. Entry/Exits should be entered for the following programs/providers:

- Coordinated Entry
- Shelter Case Management
- Assigned grants (if applicable)
- Grant funding accessed (if applicable)

To add an Entry/Exit, you must:

BBCÖC
BIG BEND CONTINUUM OF CARE

Big Bend Continuum of Care
Coordinated Entry Pre-Screening

Assess Information:

Date: _____   Time: _____ am/pm

Accessor Name: _____

Location: ☐Ability 1st ☐ CCYS ☐HOPE ☐ Kearney ☐2-1-1 ☐Outreach: _____

   ☐Other (Specify Location) _____

1. Client Demographic/ Household Information:

Last: _____ First: _____ MI _____ HMIS ID:_____

DOB: ____/____/_____ SSN: _____-___-_____   Phone: _____-_____-_____ Alt. Phone: _____-_____-_____

Email: _____

Ethnicity: ☐ Non-Latino/Hispanic ☐Latino/Hispanic

Race:

☐ American Indian or Alaskan Native	☐ Asian	☐ Black or African-American	☐ Native Hawaiian or Other Pacific Islander
☐ White	☐ Client doesn't know	☐Client refused	☐ Data Not Collected

Gender:

☐ Female	☐ Trans Female (Male to Female)	☐ Gender Non-Conforming (not exclusively male or female)	☐ Client refused
☐ Male	☐ Trans Male (Female to Male)	☐ Client doesn't know	☐ Data Not Collected

Household Type:
☐Single Adult (25 & over)-VI-SPDAT
☐ Unaccompanied Youth (24 & under)- TAY-VISPDAT
☐Adult Household (head of household is 25 & over w/ dependents)- F-VISPDAT
☐Youth Household (head of household is 24 & under w/ dependents)- F-VISPDAT

Total Number of Persons in Household: _____
Total Number of Children (17 & under): _____
Number of Adults: (18 & older): _____

Relationship to Head of Household:

☐ Self (head of the household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	☐ Other: non-relation member
☐ Head of household's spouse or partner	

2. Veteran Status:

1. Have you ever served in a branch of the United States Military?	☐ Yes ☐ No (if no, Skip to next section)
2. Approximately how long did you serve?	
3. Did you serve Active Duty, in the National Guard, or Reserves? Which one?	☐ No ☐ Yes- Active Duty ☐ Yes- National Guard ☐ Yes- Reserves ☐ Yes- Guard & Reserves
4. What kind of discharge did you have?	☐ Honorable or Under Honorable Conditions ☐ Other Than Honorable but Not Dishonorable ☐ Dishonorable
5. Have you ever registered with the Department of Veteran Affairs?	☐ Yes ☐ No

3. Income

1. Do you receive income? ☐No ☐Yes	Yes (if yes, indicate amount)
Alimony or other spousal support	$
Child support	$
Earned income (i.e. employment income)	$
General Assistance (GA)	$
Other source (if yes, specify):	$
Pension or retirement income from former job	$
Private disability insurance	$
Retirement income from Social Security	$
Supplemental Security Income (SSI)	$
Social Security Disability Income (SSDI)	$
Temporary Assistance for Needy Families (TANF)	$
Unemployment Insurance	$
VA Non-Service-Connected Disability Pension	$
VA Service-Connected Disability Compensation	$
Worker's Compensation	$

2. Do you receive Non-cash benefits? ☐No ☐Yes	Yes (if yes, indicate amount)
Special Supplemental Nutrition Assistance Program (SNAP)	$
Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)	$
TANF Child Care Services (or use local name):	$
TANF transportation services (or use local name):	$
Other TANF-Funded services (or use local name)	$
Section 8, Public Housing, or other rental assistance	$
Temporary rental assistance. If yes, specify source:	$
Other Source (specify):	$

4. Disability

1. Do you have a disability? ☐No ☐Yes

Disability Type	Disability Determination		Approximate Start Date of condition(s)
	Yes	Is disability expected to be long-term and indefinite duration and substantially impairs ability to live independently? (Y/N)	
Alcohol Abuse (only)			
Both Alcohol and Drug abuse			
Chronic Health Condition			
Developmental Condition			
Drug Abuse (only)			
HIV or AIDS			
Mental Health Problem			
Physical Condition			

5. Homeless Status:

1. **Are you homeless (living on the street, staying in a shelter, fleeing domestic violence) or at-risk of homelessness?**
   ☐Yes (Continue to Q. 2)   ☐No If no, refer to other mainstream resources. **Referrals:** _____

2. Where did you stay last night?

___ Place not meant for habitation	___ Foster care home or foster care group home	___ Hotel/motel paid for without emergency shelter voucher
___ Emergency Shelter, including hotel/motel paid for with ES voucher	___ Hospital or other residential non-psychiatric medical facility	___ Owned by client, no ongoing housing subsidy Refer household to foreclosure prevention resources
___ Safe Haven	___ Jail, prison, or juvenile detention center	___ Owned by client with ongoing housing subsidy
___ Permanent housing (other than RRH) for formerly homeless persons	___ Long term care facility or nursing home	___ Staying or living in a family/friend's room, apt, or house If yes, skip to Diversion Question (pg. 6)
___ Substance abuse treatment facility or detox center	___ Psychiatric hospital or other psychiatric facility	___ Rental by client, no ongoing housing subsidy
___ Residential project or halfway house with no homeless criteria	___ Rental by client, with other ongoing housing subsidy	___ Rental by client, with VASH subsidy
___ Transitional housing for homeless persons (incl'd youth)	___ Client doesn't know ___ Client refused	___ Rental by client, with GPD TIP subsidy

3. What brought on your housing crisis?

☐ Problems with landlord If yes, ask what specific issues are. Is Diversion an option?	☐ Evicted or in the process of being evicted from a private dwelling or housing provided by family or friends If situation seems negotiable, skip to Diversion Questions. (pg 6)
☐ Have rental arrears If yes, list the amount owed: $ _____	☐ Have utility arrears If yes, list the amount owed: $ _____
☐ Victim of foreclosure or rental property If yes, skip to Diversion Questions. (pg. 6)	☐ Living in housing that has been condemned If yes, skip to Diversion Questions. (pg. 6)
☐ Unable to pay rent? Rent $ _____	☐ Experiencing high overcrowding If situation seems negotiable, skip to Diversion Questions. (pg. 6)
☐ Violence or abuse occurring in the family's household If in immediate danger, refer them to law enforcement and/or domestic violence provider.	☐ Other(Specify)_____

4. Has household experienced homelessness in the last 12 months? ☐ Yes ☐ No

5. COUNTY OF LAST PERMANENT ADDRESS

☐ Franklin	☐ Gadsden	☐ Jefferson	☐ Leon	☐ Liberty
☐ Madison	☐ Taylor	☐ Wakulla	☐ Other: City/St	

6. On a regular day...	
Where is it easiest to find you?	
When is the best time to find you?	☐ 8am-11am ☐ 12pm-2pm ☐ 3pm-5pm ☐ after 6pm ☐ Other:
7. Is there someone who can safely get in touch with you or take a message for you?	
Contact Name and Phone:	
8. I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ No ☐ Yes

Diversion and Prevention Screening

Diversion Questions

1. **Are you safe in your current living situation?** ☐ Yes ☐ No

If no, but household is otherwise eligible for diversion, divert them to a location other than where they are currently staying and make sure that it is somewhere where the household feels safe.

2. **Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive limited services such as (list services available in community such as case management services/transportation assistance/food pantry/limited financial support/ other referrals)?** ☐ Yes ☐ No

Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might overcome.

If answer to this question is yes, household qualifies for diversion assistance. If answer to this question is no and diversion has therefore been ruled out, go to Prevention Questions.

Prevention Questions

1. **Are you safe in your current living situation?** ☐ Yes ☐ No

If no, and the household is in immediate danger, refer them to law enforcement and/or domestic violence provider.

2. **Do you believe you will become homeless within the next seven (7) days?** ☐ Yes ☐ No

3. **If you are currently housed, what type of assistance would you need to stay there?**
   ☐ Food Assistance ☐ Rental Assistance ☐ Utility Assistance ☐ Tenant/Landlord Mediation

4. **Have you ever been enrolled in a homelessness assistance program before?** ☐ Yes ☐ No

5. **If you answered yes to the previous question, what is the name of the program that assisted you and when did you receive assistance?** _____

Household was diverted? ☐ Yes ☐ No   **Referred for Prevention Assistance?** ☐ Yes ☐ No

Notes:_____

_____

_____

- Ensure you're under the correct EDA for the program
- Click "Entry/Exit" in the Client's HMIS profile
- Click "Add Entry/Exit"
- "Type" will always be "HUD"
- Click "Save & Continue"
- Complete all bolded fields at minimum and provide additional information if obtained
- Click "Save & Exit"

Coordinated Entry Assessment

A Coordinated Entry Assessment provides detailed information about the client's background, experience with homelessness, income, medical information, and benefit information. Coordinated Entry data is processed by the CoC to influence policy and initiatives to combat homelessness in the Big Bend Region.

A client must agree to the PromisSE Release of Information before the Housing Case Manager completes a Coordinated Entry assessment. If not agreed to, the Coordinated Entry should not be completed.

To complete a Coordinated Entry Assessment, you must:

1. Ensure you're under the "FL506 - BBCoC: Coordinated Entry (9272)" EDA
2. Click "Entry/Exit" in the Client's HMIS profile
3. Click "Add Entry/Exit"
4. "Type" will always be "HUD"
5. Click "Save & Continue"
6. Complete all bolded fields at minimum and provide additional information if obtained
7. Complete the "VI-SPDAT for Individuals"
8. Click "Save & Exit"

VI-SPDAT

The VI-SPDAT is part of the Coordinated Entry Assessment. It is a 34-question vulnerability survey utilized to determine the most appropriate form of housing assistance. The VI-SPDAT assesses history of homelessness, risks as it relates to health and criminal history, socialization patterns, and wellness. Once the assessment is completed, it will compute a score which is associated with the type of assistance the is most recommended.

VI-SPDAT scores and recommended resources:

- 0 - 3: No resources recommended
- 4 – 7: Rapid Rehousing recommended

- 8+: Permanent Supportive Housing recommended

*Note: Only "VI-SPDAT for Individuals" should be completed by a Housing Case Manager since Kearney Center only serves single adults.

An additional VI-SPDAT should be completed if:

- The previous VI-SPDAT is over 6 months old
- If there has been a significant life change (i.e change in income, household, or health)

Service Transactions

Service transactions are recorded to capture data about the number and types of services provided and tracks the amount of funding utilized by each client and grant.

A service transaction should be recorded for each appointment and/or interaction with a client using the "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)" EDA.

Service transactions can be completed by using the following steps:

1. Ensure your EDA is "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)"
2. Click the "Service Transactions" tab within the Client's HMIS profile
3. Click "Add Service"
4. Enter the end date as the next following day
5. "Service Type" will always be "Case/Care Management (PH-1000)"
6. Click Continue
7. Complete the following fields
   a. Service Notes: This should be a copy of the corresponding case note
   b. Service Costs: Number of units should always be 1 and cost is always $0
   c. Need Information: Need status is always "Identified" and Outcome of Need is always "Fully Met"
8. Click "Save & Exit"

Case Notes

Entering case notes in HMIS is a critical part of case management as it documents the housing process and holds the Housing Case Manager and the Client accountable. Case notes should be written in 3rd person referring to clients as "the Client" or "CL" and referring to yourself as "Housing Case Manager" or "HCM". Case notes should provide an overview of your appointment with a client, highlighting important topics discussed and outlining actions that should be taken prior to the next appointment. See below for an example of a first appointment case note:

"The CL met with the CM to discuss housing and the CL stated interest in housing. The CM completed a VISPDAT, and the CL scored a 4. The CM told the Client that they qualify for RRH and explained the process. CM stated that the CL will need to obtain an ID and SSC to complete

an application. CM referred the Client to H3LP Florida to obtain an ID card. CM scheduled another appointment with the CL for May 12th, 2022 at 3:00pm."

Case notes can be found in each Clients' HMIS profile under the "Case Plans" tab. If there is an existing goal added within one year to date, continue to create notes under that Goal. To add a case note, you must:

1. Ensure your EDA is "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)"
2. Click the "Case Plans" tab
3. Click the notepad icon under the "Notes" column
4. Click "Add Case Note"
5. Click your name in the "Case Manager" drop-down box
   a. Note: If you don't see your name in the drop-down selection, you did not add yourself as a case manager
6. Create Note
7. Click "Save Case Note"

*Note: All case notes should be entered within 48 hours of client engagement.

If there are no existing goal(s) or if the existing goal(s) are more than one year's old. You must create a new goal. See below instructions on how to create a goal.

How to Create a Goal in Case Plans

1. Ensure your EDA is "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)"
2. Click the "Case Plans" tab in the Client Profile
3. Click "Add Goal"
4. Add yourself as a Case Manager in the drop-down box
   a. Note: If you don't see your name in the drop-down selection, you did not add yourself as a case manager
5. Classification is always "Housing"
6. Type is always "Achieve Housing Stability"
7. Overall Status is always "In Progress"
8. Click "Add Goal"

Back Date

Back dating is a tool used to input historical data in HMIS. If needed, Housing Case Managers and Housing Navigator(s) should back date data entries for case notes, program entry/exits, service transactions, and other data inputs.

To Back Date, you must:

1. Ensure you're in the appropriate EDA
2. Click "Back Date"
3. Enter the desired date and time

4. Click "Set Back Date"
5. Enter desired data inputs

Supervision & Caseload Management

Supervision

The Case Management Supervisor will conduct weekly supervision meetings with each Housing Case Manager and Housing Navigator to discuss and manage caseloads. Discussion topics during supervision include updates for each client case, issues in workflow, resource gaps, issues in the workplace, self-care, and other topics as it relates to client cases and work effectiveness. All information discussed during supervision is confidential.

Caseload Management

All clients within the facility will be assigned a Housing Case Manager within the first two weeks of entry. The Case Management Supervisor will update caseloads the same day of supervision according to the facility roster and discussion in supervision.

Housing Case Managers are allowed to "swap" or transfer clients to another Housing Case Manager's caseload if deemed appropriate and is agreed upon by both parties. Upon client swapping, the Case Management Supervisor must be notified to update caseloads appropriately. Clients must also be properly notified of the change according to the Outreach policy by their new case manager.

Client Case Removal

Clients who are not actively working on their housing plan will be removed from the Housing Case Manager's caseload. Criteria for actively working on a housing plan is decided on a case-by-case basis and it is the responsibility of the Housing Case Manager and Case Management Supervisor to determine if a client is active. Common reasons for caseload removal include non-response to Outreaches, not obtaining required documents in a timely manner, no effort in employment/income obtainment, and/or missing 3 appointments.

If a client has left or is restricted from the facility, they will be subsequently removed from their Housing Case Manager's caseload. Once a client is removed from a caseload, the case manager should:

- Exit the client out of all programs under the Entry/Exit tab **except** for "FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES) (6536)"
- Add an end date to the "Case Managers" entry

If a client returns to the facility, they will be assigned the same Housing Case Manager to ensure continuity of services and rapport building.

*Note: Exit dates should match the date the client left or was restricted from the facility.

*Note: Exits should be made under the EDA that matches the Entry/Exit. For example, the Coordinated Entry Entry/Exit should be exited using the Coordinated Entry EDA.

Outreach

Once a client has been added to a Housing Case Manager's caseload, the Housing Case Manager must conduct an Outreach with a scheduled appointment to the client within two weeks time. Outreach consists of the following:

- Contacting a client via phone and leaving a voicemail
- Leaving an Outreach Note with a Direct Care Specialist in the men's and/or women's wing control booths to give to clients.

Each outreach attempt must be documented in HMIS with the date and time provided to the client in the case notes. After three outreach attempts with no response from the client, the Case Management Supervisor will remove the client from the case manager's caseload.

At time of Outreach, the following should be completed in HMIS:

- **Added the following Entry/Exits:**
    - o Assigned Grant EDA (if applicable)
    - o Shelter Case Management
- **Add yourself as their Case Manager**

*Note: At least one outreach attempt should be conducted using the Outreach Note

Initial Engagement/1st Appointment

Upon initial engagement with a client, the Housing Case Manager is expected to explore the Client's background, begin building rapport, and collaborate with the Client to create a housing plan. In addition, the Housing Case Manager should explore the Client's housing goals, assess for any housing barriers (i.e. evictions, income, criminal history, credit score, etc.), and provide the Client with the next steps in their housing plan.

During the first appointment, a Housing Case Manager should complete the following:

- PromisSE ROI
- Coordinated Entry Assessment
- VI-SPDAT

Additional Appointments

Housing Case Managers are expected to follow up with their clients to obtain updates about their housing plan progress. Additional appointments should be made at the time of the previous appointment and should be scheduled no later than two weeks from the last appointment date. Appointments can be scheduled more frequently if needed.

Requests for Payment

Requests for payment include documents necessary for financial processing. Requests must be submitted to the Case Management Supervisor with all required documents included. Upon signature, the CMS will submit the documentation to the finance department via email, cc'ing the Director and appropriate Case Management staff member. The Case Management Supervisor will return the documents to the respective Case Management staff member to record in the client's file and to issue the Promise to Pay to the entity receiving payment.

Requests for Payment Submissions

When submitting requests for payment, Housing Case Managers and Housing Navigators should submit the following documentation to the Case Management Supervisor:

For Application Fees:

- W9
- Request for Payment
- Promise to Pay

*Upon approval, the Case Management Supervisor will provide the credit card needed for online applications.

For Rent/Deposit Fees:

- W9
- Request for Payment
- Cost Agreement
- Promise to Pay
- Lease

For Rent/Utility Arrears:

- W9
- Request for Payment
- Promise to Pay
- Lease
- Utility bill or rental arrears ledger
- Cost Agreement (For rent only)

Checks/Payments will not be issued without a current W9 included in the submission for the entity receiving payment.

Housing Navigator Transition

Once a client has obtained at least one approved rental application and/or solidified a housing unit, the Housing Case Manager will transition the Client to the Housing Navigator. The transition consists of:

- Notifying the Housing Navigator that a client is ready to transition into permanent housing via email and including the following:
  - o Client name, HMIS number, property contact information, rent cost, deposit cost, and most effective mode of communication for the client
- Providing the Housing Navigator with the physical or electronic client file
- Adding an end date to the corresponding "Case Managers" tab entry
- Uploading the Rapid Rehousing Application portion **only** to HMIS under the corresponding Rapid Rehousing EDA (if applicable)

The Housing Navigator will outreach the client notifying them of their transition via note or electronically by phone or email; whichever is most effective for active client communication.

Note: Clients on PSH will not transition to the Housing Navigator. Housing Case Manager's are expected to support their client through the PSH housing process.

Housing Navigator

The Housing Navigator acts as a guide and support system to the Client throughout the transition to permanent housing. The Housing Navigator will coordinate preparations for move-in such as transportation, move-in kits and supplies, lease education, and unit inspections. The Housing Navigator will also works to identify properties that will accept program funding and accommodate for clients' unique needs. In addition, Housing Navigators strengthen relationships among the community as it relates to housing to build an inventory of housing units available for our clients.

Exit Assessment

Exit interviews are completed to capture updated information such as income, health insurance, benefits, and more at time of exit. An exit interview must be completed on each client who transitions to the Housing Navigator within a week of their move-out date.

The Housing Navigator must complete exit interviews for all EDAs open for CESC except for FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES) (6536).

12

Exit interviews must be completed under the same EDA as the program being exited. For example, the exit interview for the program "FL506 - BBCoC: Coordinated Entry (9272)" must be completed under the "FL506 - BBCoC: Coordinated Entry (9272)" EDA or the program "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)" must be completed under the "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)" EDA.

Conducting Unit Inspection

Once the Client has an approved rental application, the Housing Navigator will connect with the property to schedule a unit inspection.

Unit inspections consist of ensuring the housing unit is free of containments, includes equipment for the client to sustain themselves (stove, refrigerator, etc..), has working utilities, and is equipped with proper fire safety measures.

If the unit does not pass inspection, violations should be documented in HMIS under the appropriate EDA, and an additional inspection should be conducted prior to issuing payment and prior to the Client moving in. The Housing Navigator should continue to conduct inspections until the unit passes. If the property is unable to satisfy inspection requirements within three attempts, they are not eligible to receive funding. **All housing units must pass inspection before assistance is provided.**

*Note: Unit inspections requirements are subject to change

Lease Education

Lease education is provided to Clients to ensure they are aware and understand the expectations of their permanent housing unit. Our goal is for all clients to understand the provisions of their lease before signing to increase housing knowledge and retainment.

The Housing Navigator should review and complete the lease education form with each client before they move out of the facility. The Housing Navigator should review rent cost, rent due date, rent payment method(s), included/excluded costs, maintenance contact, landlord contact, and any major rules of the property with the Client.

Resource Education

Upon Exit, the Housing Navigator should identify any needs the Client may have regarding housing. Clients should be provided resources for food, social services, transportation, and other services as needed. The Housing Navigator will also provide information about the on-going case management services they will provide if applicable to the Client's housing program or agency policy.

Follow Up Visits

Once the Client is housed, the Housing Navigator must conduct monthly follow-up visits for up to 3 months then again at one year to ensure the Client has remained housed. Regarded as

"light touch" case management, follow up visits are conducted to ensure housing retainment by linking clients with to needed resources and additional assistance if necessary.

The Housing Navigator should attempt to schedule and conduct an in-person follow up visit for each of the 30-day, 60-day, and 90-day follow ups. After two attempts to schedule a visit, the Housing Navigator should mail a "We missed you" letter to the client. The Housing Navigator will then attempt to complete the follow-up visit via phone.

During follow-up visits, the Housing Navigator should complete the associated follow-up forms and place completed forms in the Client's physical file.

*Note: Follow up visit requirements are subject to change based upon grant and agency policy

For Rapid Re-housing Monitoring: After the 90 day follow up is completed, the Housing Navigator should upload the housing paperwork portion of the Rapid Rehousing file to HMIS under the corresponding Rapid Rehousing EDA.

Each follow up should be documented as a case note in HMIS under the EDA "FL506 - BBCoC: CESC - Shelter-Case Management (SSO) (6569)".

Attachment F
Racial Equity

Cesc, Inc direct service staff racial and ethnic makeup is reflective of the clients served within the past year.

Our organization employees 64 individual's.

65.6% of the staff employed are males. 34.4% of the staff are females.

76.6% of the population is African American, 21.9% is white. Lastly, 1.6% of employees are Hispanic.

39.1% of staff are Millennials, 18.8% of the population are Baby Boomers. Generation X is 26.6% and Generation Z makes up 15.6%.

Active Filters:

Headcount ⓘ	Hired ⓘ	Termed ⓘ	Growth Rate ⓘ	Average Tenure ⓘ
64	37	38	0	2.0
As of August 2022				(Years)

Active Employees

CC1: Programs ⌄   [%][#]

Department	%
KC-Kearney Center	73%
7-Admin	13%
9-Health Services	9%
11-Fundraising	3%
10-Facilities	2%

(axis: 0% 20% 40% 60% 80%)

Employment Type

20.3%
79.7%
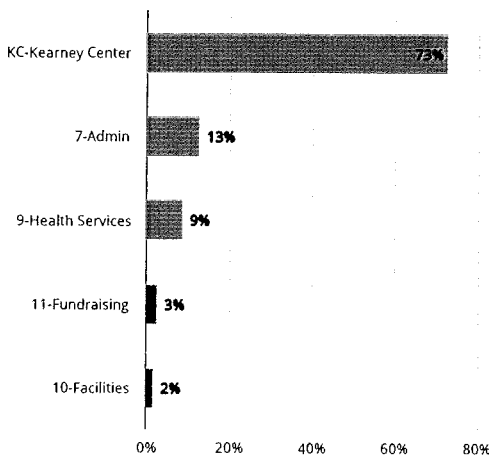
● Regular Full Time   Regular Part Time
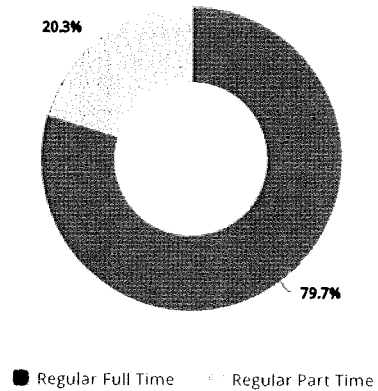
Generation

[Current][Trends]

15.6%
39.1%
18.8%
26.6%

● Millennials   ● Generation X
● Baby Boomers   ● Generation Z

Ethnicity

1.6%
21.9%
76.6%

● Black   White   ● Hispanic

Pay Type

81.3%   18.8%

● Hourly   Salary

Gender (Legal)

65.6%   34.4%

● Female   Male
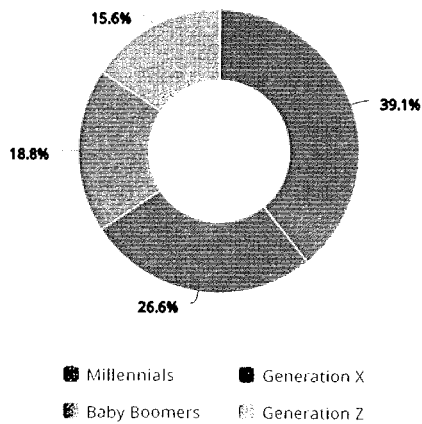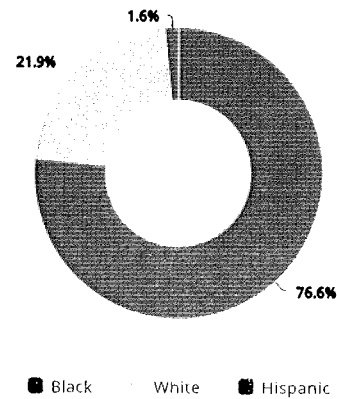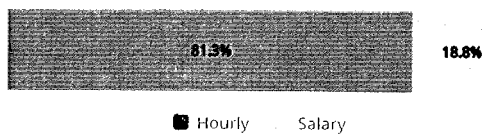
Insights Status

Last data update took place at 8/29/22, 3:25 AM.

Attachment G
Commitment to Housing First

At the Kearney Center our case management team will provide services using the Housing First model. People experiencing homelessness will be offered permanent housing opportunities with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program.

We are a low barrier shelter. We do not screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. We prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments.

We utilize Rapid Rehousing funds and Diversion funds to quickly place individuals into housing. Supportive services are readily available, and clients can work with their case managers to access all of the services available as the client chooses.

They are not required to utilize any to access housing opportunities. Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing are utilized. We educate our clients on their full rights, responsibilities, and legal protections regarding their housing.

Attachment Health
Coordination with Healthcare Organization

Clients participating in this project will receive healthcare needs through our health services department, which is staffed with licensed doctors and nurses. Within our health services department we support clients by providing clinic services as well as prescriptions through licensed health care professionals. Our evening clinic is made available to clients nightly. Additionally, clients receive support from the onsite Bond Clinic Mobile Unit. This unit is a RV that is parked outside of our facility once a week. We also have an existing partnership with the Bond Health Department, and we can send clients over at any time.

Our dental department has licensed dentist and a certified dental assistant to provide cleanings, teeth removal, x-rays, and surgeries for clients. All services are offered and provided to clients in this project.

Currently through our Case Managers, we assist clients with obtaining health insurance through local service providers. We also allow for health insurance companies to provide presentations to clients through our Enrichment Center which is open Monday through Friday from 9am to 5pm.

Attachment H
Staffing Plan

The project will take place at the Kearney Center located in Tallahassee, Florida. Emergency housing support is available 24 Hours per day, 7 days per week. The target dates of hire are October 1, 2022.

Staff qualifications are included in the job descriptions directly attached to this Plan. This project will support Housing Navigators, Case Managers, Program Manager, and a Mental Health Therapist.

The Housing Navigator will assist victims of domestic violence by locating landlords, building relationships with landlords, checking on difficult to house individuals and help keep them housed, and perform home inspections before clients move in. BSW with significant property management experience. BSW or MSW Required with property management and case management experience. (2-3 Years of experience)

Case Managers will work specifically with individuals who are victims of domestic violence in addition to those that are homeless they will assist with connecting clients to benefits and services so that clients can regain self-sufficiency. They are experts at navigating this area. Specialized field.; MSW required or BSW with significant experience (3-5 years).

Program Manager will provide supervision to support staff members and ensure effective delivery of trauma informed, client centered services. MSW required with (2-3 years).

Mental Health Therapist will conduct assessments, treatments, psychotherapy, case management, and referrals to a broad range of clients, including those which are severely mentally ill and those dealing with adjustment issues. Licensed Clinical Therapist is required with significant experience (3-5 years).

Our hiring process consists of Recruitment, Interview and Onboard. Our process is included below.

Recruit
HR to post positions
Applicants to submit resume and references to HM

Interview

HM to conduct interviews

HM conduct references

HM obtain background check form

HM to extend verbal offer

Onboard

HR to send offer letter

HR set-up packet in Paylocity

HR send onboarding packet to Applicant

HM to establish work schedule and trainings.

CESC

Hiring Process Flowchart

Recruit

- HR to post open positions
- Applicants to submit resume and references to HM

Interview

- HM to conduct interviews
- HM conduct references
- HM obtain background check form
- HM to extend verbal offer

Onboard

- HR to send offer letter
- HR set-up packet in Paylocity
- HR send onboarding packet to Applicant
- HM to establish work schedule and trainings

*HM – Hiring Manager
**HR – Human Resources

CESC
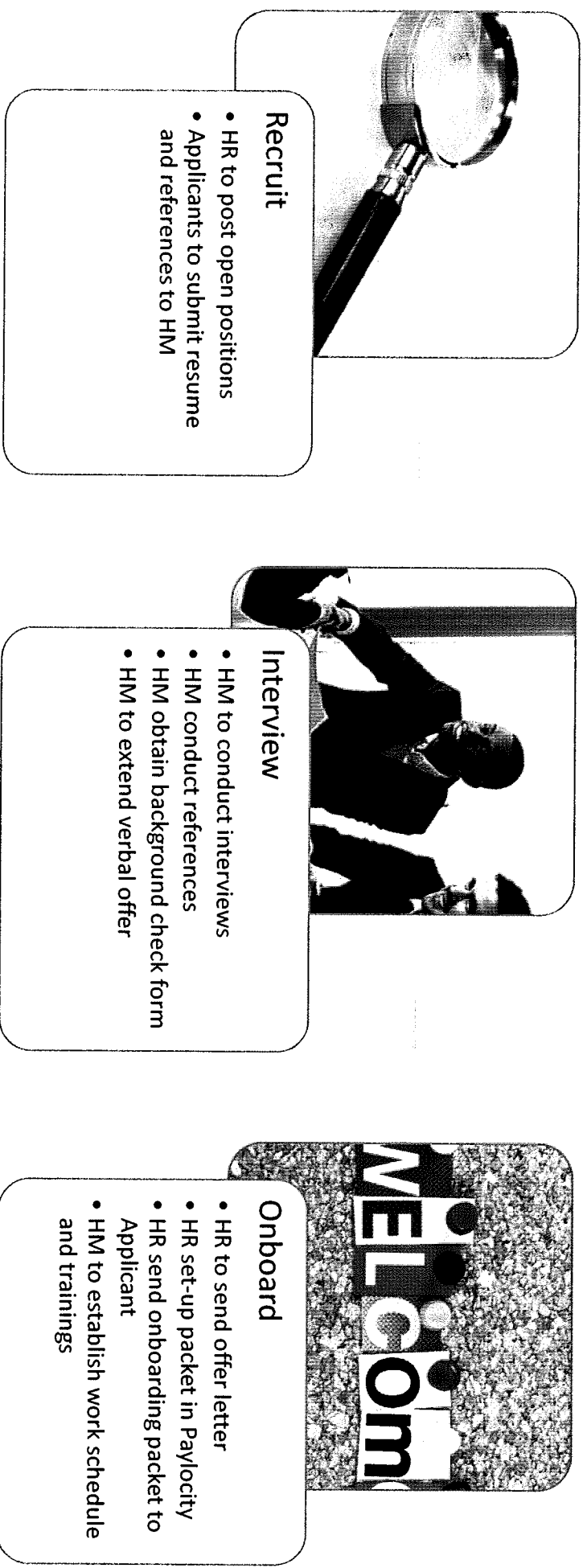
Hiring Process

Determine Need

- If employee recently left position, DH to determine whether duties can be redistributed amongst other staff
- DH to review grant agreements for department to determine whether the position is specified
- If there is a need to refill the position, DH to reach out to HR
- If DH determines there is a need for a new position, contact HR to see if job description on file
- HR to provide DH a job description for review and agreement.
- HR to verify with Finance there is funding available and with Executive Director for formal approval of new position

Posting

- HR will post positions for a minimum of 3 business days
- Job posting sites include Indeed, LinkedIn, FSU job board, Keiser University job board, etc. Others may include INIE and UPHS.
- HM will be listed as primary contact for applications
- All applications require a resume and 3 professional references
- Postings may specify specific criteria depending on the job and needs

Interview

- HM will review all applications to determine if experience and skills meet requirements
    - o May consult with HR on these needs
- HM to schedule interviews with applicants. Interviews must always be with at least two CESC team members and utilize pre-prompted interview questions specific to positions
    - o Team member should always include a supervisor and someone from that team, or HR
- HM to ask applicants regarding background check information in interview and obtain a background check approval form
- Applicants may go through 2 rounds of interviews depending on the role

Offer

- HM to conduct a documented reference check before extending verbal offer to applicant
- HM send PAF, background check form, references, resume, and interview notes to HR
- HR to email offer letter to applicant and copy HM

*DH – Department Head
*HM – Hiring Manager
*HR – Human Resources

April 1, 2022

CESC

Housing Navigator

Position Description

Interested in working in a fast-paced environment with a dynamic team? We are looking for motivated individuals with a client-first mentality and passion for community service to join our team!

The Kearney Center provides temporary emergency shelter and housing focused services to people experiencing homelessness, in a safe environment that promotes dignity and respect.

Position Type:	Part-Time
Hours per week:	29
Supervisor:	Case Management Supervisor
FLSA:	Non-Exempt

Position Responsibilities:

- Provide compassionate, client-centered services assisting with identifying and accessing more stable housing options.
- Providing trauma-informed, housing focused case management, focusing on identifying safe and appropriate alternatives to emergency shelter.
- Utilize a collaborative process with team members and community partners to provide service linkages and support systems to effectively serve clients.
- Honor and maintain strict confidentiality in all areas: written, spoken and observed communication.
- Demonstrate knowledge of Kearney Center and community resources for which people experiencing homelessness qualify and connect clients with these services.
- Possess knowledge of programs and policies that impact people experiencing homelessness.
- Outreach and build relationships with local providers, realtors, landlords, housing developers, and other service providers to identify new and existing housing opportunities.
- Responisble for conducting unit inspections as designated by grant requirements
- Responsible for conducting follow up and "light touch" case management to housed Clients as desgianted by grant requirements
- Assist clients in completing and understanding housing documentation including rental applications, supportive and subsidized housing paperwork, and lease agreements
- Provide support for Clients as they transition from homelessness to housing.
- Responsible for coordinating Clients' move-in process with appropriate staff memebers

- Maintain client records and upkeep appropriate documentation in the agency's designated management information systems (e.g. HMIS), and other reports as directed.
- Establish and maintain positive, productive working relationships with local providers and reosurces.
- Attend team meetings, case conferences, training workshops and community meetings as needed.
- Other tasks as assigned.

Education and Experience:

- Bachelor's Degree in Social Work or related human services preferred
- Experience with property management is preferred
- Experience with case management is preferred

Skills and Qualifications:

- Strong verbal and written interpersonal communication skills
- Good working knowledge of local resources
- Compassionate and open-minded
- Commitment to practicing the values of dignity and respect with clients, coworkers, and community partners
- Ability to remain focused and calm in dynamic, fast-paced environment
- Ability to work independently and utilize initiative
- Cooperative and flexible with people and systems
- Ability to collaborate with and present to partner agencies.
- Must uphold the The Kearney Center's ethics and code of conduct at all times
- Demonstrated proficiency with computers: Windows, MS Office, email, and databases
- Must be able to pass background check to access and utilize the Homeless Management Information System
- Lift a minimum of 25 pounds

Work Environment: Frequent driving, sitting, and standing. Ability to be mobile is required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Compensation: 15.00 – 16.50 hourly non-exempt.

Pay rate is based on skills and experience.

Position will remain open until filled.

CESC, Inc. is an EOE.

ADDRESS: Post Office Box 2194
Tallahassee, FL 32316
EMAIL: info@kearneycenter.org
WEB: www.KearneyCenter.org

By signing below, I agree and understand that I must be able to perform each responsibility set forth above to continue my employment with the Organization.

Employee Signature:_____ Date:_____

ADDRESS: Post Office Box 2194
Tallahassee, FL 32316
EMAIL: info@kearneycenter.org
WEB: www.KearneyCenter.org

CESC

CASE MANAGER
JOB DESCRIPTION

Location: The Kearney Center
Department: Operations and Programs
Supervisor's Title: Case Management Supervisor
FLSA Classification: Non-Exempt

I.   **Summary of the <u>main</u> function/purpose of the position:**
The primary responsibilities of this position is to provide compassionate, client-centered services assisting with identifying and accessing more stable housing options.

II.   **Principal duties/responsibilities:**

Providing trauma-informed, housing focused case management, focusing on development of action plan for housing

Utilize a collaborative networking process with team members and community partners to provide service linkages and support systems to effectively serve clients.

Ensure timely and thorough documentation of all services, including in-person meetings and collateral contacts

Honor and maintain strict confidentiality in all areas: written, spoken and observed communication

Demonstrate knowledge of Kearney Center and community resources for which people experiencing homelessness qualify, and connect clients with these services.

Demonstrate understanding of the needs of people experiencing homelessness.

Possess knowledge of programs and policies that impact people experiencing homelessness.

Participate in weekly supervision and team meetings

III.   **Occasional duties or projects which may be performed at irregular intervals:**

Other assigned activities that build the capacities of guests and staff to fulfill the mission of The Kearney Center.

Date: September 2021

IV.   Accountability: Areas in which the position is accountable/responsible:

Records: Responsible for providing and maintaining accurate records being careful to meet audit and grant requirements.
Safety: Ensures client records and organizational information remains confidential. Operates equipment in accordance with safety regulations.
Customer Service: Maintains excellent rapport with clients, staff, management and the community

V.   Supervisory Responsibility: None

VI.   Business-Related Contacts:

External: Clients, Volunteers, Board Members, Contractors, Vendors, Law Enforcement, State Agencies, Agency Partners,
Internal: All staff, Management

VII.   Educational and/or experience requirements:

Bachelor's Degree in Social Work or related human services field preferred
Experience working with homeless and vulnerable populations may substitute for education.
Strong verbal and written communication skills
Demonstrated ability to remain focused and calm in dynamic, fast-paced environment
Basic familiarity with computers: Windows, MS Office, email, and database use

VIII.   Certification or licensing requirements:

Valid Driver's License or dependable transportation when and where public transportation is not available.

IX.   Specialized equipment or machines used in the course of the duties of the position.

Personal Computer, printer, copier, business telephone system, intercom system, and other standard office equipment

X.   Mental factors:

COMPARING - Judging the readily observable functional, structural, or compositional

2

characteristics (whether similar to or divergent from obvious standards) of data, people, or things.

COPYING - Transcribing, entering, or posting data.

COMPUTING - Performing arithmetic operations and reporting on and/or carrying out a prescribed action in relation to them.

COMPILING - Gathering, collating, or classifying information about data, people, or things. Reporting and/or carrying out a prescribed action in relation to the evaluation is frequently involved.

ANALYZING - Examining and evaluating data. Presenting alternative actions in relation to the evaluation is frequently involved.

COORDINATING - Determining time, place, and sequence of operations or action to be taken on the basis of analysis of data. May include prioritizing multiple responsibilities and/or accomplishing them simultaneously.

SYNTHESIZING - To combine or integrate data to discover facts and/or develop knowledge or creative concepts and/or interpretations.

SUPERVISION (received) - Independence of actions; authority to determine methods of operation.

NEGOTIATING - Exchanging ideas, information, and opinions with others to formulate policies and programs and/or jointly arrive at decisions, conclusions, solutions, or solve disputes.

COMMUNICATING - Talking with and/or listening to and/or signaling people to convey or exchange information; includes giving/receiving assignments and/or directions.

INSTRUCTING - Teaching subject matter to others, or training others through explanation, demonstration, and supervised practice; or making recommendations on the basis of technical disciplines.

INTERPERSONAL SKILLS/BEHAVIORS - Dealing with individuals with a range of moods and behaviors in a tactful, congenial, personal manner so as not to alienate or antagonize them.

XI. Physical factors

SEDENTARY - Exerts up to 10 lbs. of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Involves sitting most of the time, but may involve walking or standing for brief periods of time.

CLIMBING - Ascending or descending using feet and legs and/or hands and arms. Body agility is emphasized.

BALANCING - Maintaining body equilibrium to prevent falling on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing feats of agility.

STOOPING - Bending body downward and forward. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.

CROUCHING - Bending body downward and forward by bending legs and spine.

REACHING - Extending hand(s) and arm(s) in any direction.

3

HANDLING - Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand.
FINGERING - Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.
TALKING - Expressing or exchanging ideas by means of the spoken word. Talking is important for those activities in which workers must impart oral information to clients or to the public, and in those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
HEARING - perceiving the nature of sounds. Used for those activities which require ability to receive detailed information through oral communication, and to make fine discriminations in sounds, such as when making fine adjustments on running engines.
TASTING/SMELLING - Distinguishing, with a degree of accuracy, differences or similarities in intensity or quality of flavors and/or odors, or recognizing particular flavors and/or odors, using tongue and/or nose.
NEAR ACUITY - Clarity of vision at 20 inches or less. Use this factor when special and minute accuracy is demanded.
FAR ACUITY - Clarity of vision at 20 feet or more. Use this factor when visual efficiency in terms of far acuity is required in day and night/dark conditions.
DEPTH PERCEPTION - Three-dimensional vision. Ability to judge distances and spatial relationships so as to see objects where and as they actually are.
ACCOMMODATION - Adjustment of lens of eye to bring an object into sharp focus. Use this factor when requiring near point work at varying distances.
FIELD OF VISION - Observing an area that can be seen up and down or to right or left while eyes are fixed on a given point. Use this factor when job performance requires seeing a large area while keeping the eyes fixed.

XII.   Environmental factors:

General office environment
Lighting is adequate
Temperature is regulated and moderate
Low likelihood of unavoidable hazardous conditions (standard office conditions)
Moderate noise
Moderate dust
Standard office equipment accessible

By signing below, I agree and understand that I must be able to perform each responsibility set forth above to continue my employment with the Organization.

Employee Signature:_____ **Date:**_____

4

CESC

Supportive Programs Supervisor

Position Description:

Interested in working in a fast-paced environment with a dynamic team? We are looking for motivated individuals with a client-first mentality and passion for community service to join our team!

The Kearney Center provides temporary emergency shelter and housing focused services to people experiencing homelessness, in a safe environment that promotes dignity and respect.

Supervisor: Director of Shelter Operations
FLSA: Exempt

Position Responsibilities:

- Provide supervision to support staff members and ensure effective delivery of trauma informed, client centered services.
- Oversee the operation of multiple programs in accordance with organizational goals.
- Coordination of inter-team projects.
- Conduct basic grant reporting on deliverables.
- Conduct program development to further the agencies mission.
- Track and monitor data related to the intake and diversion, and outreach programs.
- Develop program policies and procedures in adherence with grant requirements and program objectives.
- Perform administrative duties, as necessary.
- Conduct the hiring and training of new team members.
- Possess knowledge of programs and policies that impact people experiencing homelessness.
- Participate in weekly supervision.
- Lead weekly team meetings and supervision.
- Honor and maintain strict confidentiality in all areas of written, spoken and observed communication

- Demonstrate knowledge of Kearney Center and community resources for which people experiencing homelessness qualify and connect clients with these services.
- Conduct clinical therapeutic services for clients identified as needing assistance
- Create and facilitate therapeutic groups that will help support the clients and add to their strengths
- Supervise clinical staff and interns to properly educate the most effective and researched Evidence-Based practices for individuals experiencing homelessness
- Adhere to HIPPA regulations for privacy, obtain signed documents (Consent forms, release of information)

Education and Experience:

- Experience with case management and homelessness services preferred
- Master's Degree in Social Work or related human services preferred

Skills and Qualifications:

- Strong verbal and written communication skills
- Good working knowledge of local resources
- Compassionate and open-minded
- Commitment to practicing the values of dignity and respect with clients, coworkers, and community partners
- Ability to remain focused and calm in dynamic, fast-paced environment
- Cooperative and flexible with people and systems
- Basic familiarity with computers: Windows, MS Office, email, and database use
- Must be able to pass background check to access and utilize the Homeless Management Information System

Work Environment: General office environment with standard accessible office equipment. This position does not require unusual physical ability. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Compensation: $48,000 – $52,000 annually, exempt.

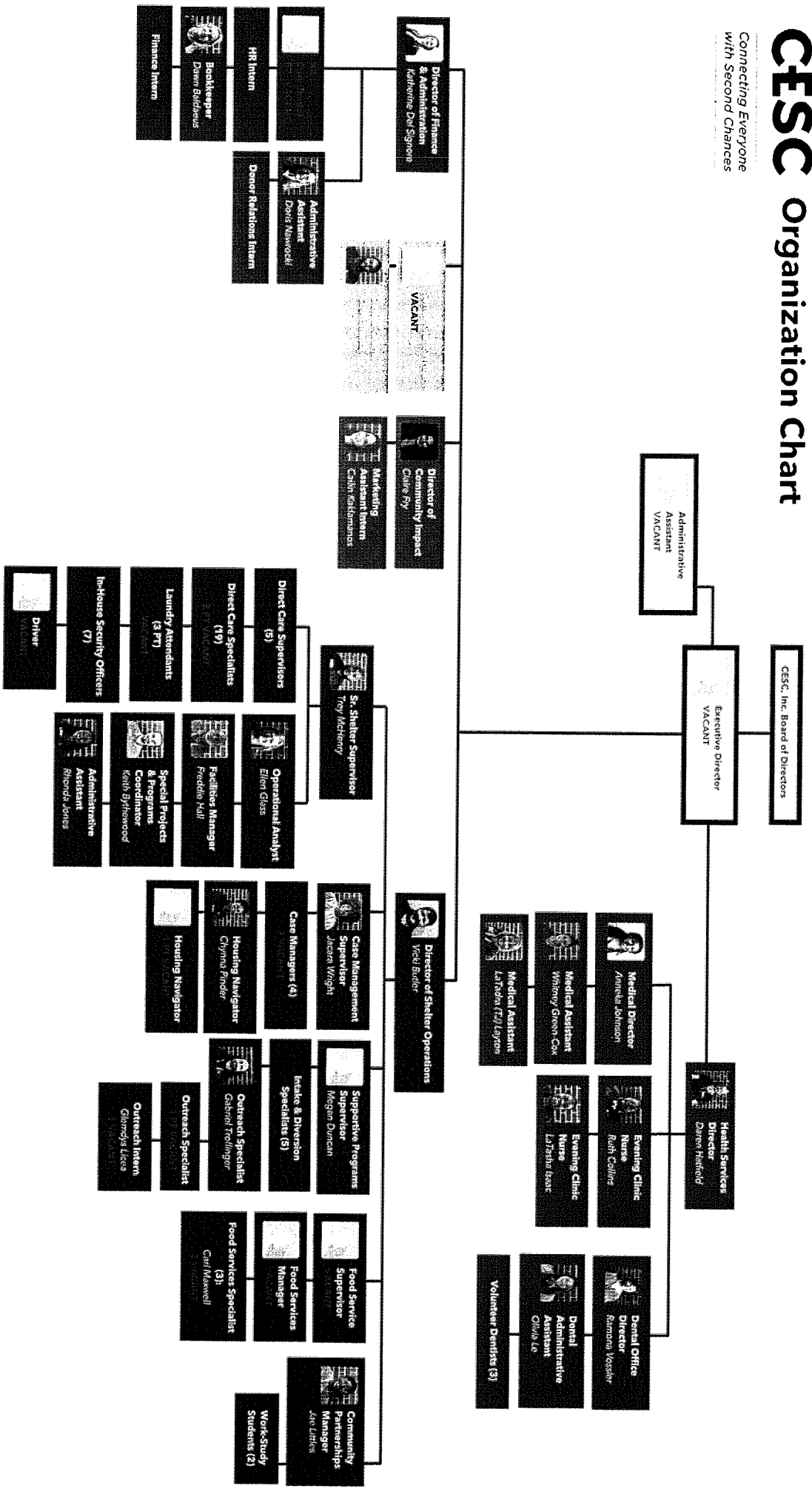Pay rate is based on skills and experience.

By signing below, I agree and understand that I must be able to perform each responsibility set forth above to continue my employment with the Organization.

Employee Signature:_____ **Date:**_____

ADDRESS: Post Office Box 2194
Tallahassee, FL 32316
EMAIL: info@kearneycenter.org
WEB: www.KearneyCenter.org

C€SC Organization Chart

Connecting Everyone
with Second Chances

Attachment 1

CESC, Inc. Board of Directors

Administrative
Assistant
VACANT

Executive Director
VACANT

Director of Finance & Administration
Katherine Del Signore

HR Intern

Bookkeeper
Dawn Baldanus

Finance Intern

Administrative Assistant
Doris Mawrocki

Donor Relations Intern

VACANT

Director of Community Impact
Claire Fry

Marketing Assistant Intern
Colin Kaldmanns

Sr. Shelter Supervisor
Trey McHenry

Driver
VACANT

In-House Security Officers
(7)

Laundry Attendants
(3 PT)
VACANT

Direct Care Specialists
(19)

Direct Care Supervisors
(5)

Organizational Analyst
Ellen Glass

Facilities Manager
Freddie Hall

Special Projects & Programs Coordinator
Keith Bythewood

Administrative Assistant
Rhonda Jones

Director of Shelter Operations
Vicki Butler

Case Management Supervisor
Jacara Wright

Case Managers (4)

Housing Navigator
Chryna Pinder

Housing Navigator

Supportive Programs Supervisor
Megan Duncan

Intake & Diversion Specialists (5)

Outreach Specialist
Gabriel Trollinger

Outreach Specialist

Outreach Intern
Glaredys Licea

Food Service Supervisor

Food Services Manager

Food Services Specialist
(3)
Carl Maxwell

Community Partnerships Manager
Joe Littles

Work-Study Students (2)

Health Services Director
Darlee Hatfield

Medical Director
Aneeda Johnson

Medical Assistant
LaTodra (TJ) Layton

Medical Assistant
Whitney Green-Cox

Evening Clinic Nurse
Ruth Collins

Evening Clinic Nurse
LaTosha Isaac

Dental Office Director
Ramona Vossler

Dental Administrative Assistant
Olivia Le

Volunteer Dentists (3)

Attachment J
Operational Plan

a. Staffing – Hiring: Provide target dates of hire for each project position, indicate what methods of recruitment will be used to advertise positions.

All staff supporting this project will be hired by October 1, 2022. Positions will be advertised using Indeed, Job Board, the CESC, Inc. Website and local staffing agencies.

b. Training Provided:
a. New Staff/Orientation
Staff will begin a 2-week training period after their onboarding is completed. The training begins within 1 week of hire date.

c. New Grantee/HUD JAX
Staff will begin a 2-week training period after their onboarding is completed. The training begins within 1 week of hire date.

d. Trauma Informed Care
Staff will begin a 2-week training period after their onboarding is completed. The training begins within 1 week of hire date.

e. Confidentiality and Security

Staff will begin a 2-week training period after their onboarding is completed. The training begins within 1 week of hire date.

f. Conflict Resolution and Grievance P&P
Staff will begin a 2-week training period after their onboarding is completed. The training begins within 1 week of hire date.

g. Adoption of Policies and Procedures
September 1, 2022

h. Homeless status and eligibility determination
September 1, 2022

i. Programmatic requirements
September 1, 2022

j. Forms and Documentation

September 1, 2022

k. Client screening and eligibility forms
September 1, 2022

l. Data collection forms
September 1, 2022

THE
KEARNEY CENTER
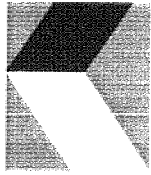
Opening Doors to Opportunity, Housing, Independence

Orientation

Welcome to the Kearney Center! Our mission is to reduce homelessness by providing a safe environment that promotes dignity and respect for individuals in our community to make homelessness rare, brief, and nonrecurring.

Important times to know:

Time	What is occurring
4:00am	Clients may exit the front of the building.
6:30am	Lights on in dorms. Open showers. Strip linen; replace linen (on assigned day).
7:00am	Client laundry begins (10 women and 15 men).
7:00am	Front atrium opens and the front doors are unlocked.
7:30am-8:30am	Breakfast is served in the dining room. Individuals with special needs are served first.
8:00am-12:00pm	Case management and social services are offered to current residents only.
8:00am	Showers close. Start chores.
8:30am-9:00am	Linens brought to the front for exchange with ALSCO/laundry room.
9:00am	Heat treatment is removed/reloaded and distributed.
9:00am-11:00am	Monday- Men's Wing is closed for deep clean. Tuesday- Women's Wing is closed for deep clean. Wednesday- Gathering rooms are closed for deep clean.
11:30am-12:30pm	Lunch is served in the dining room. Individuals with special needs are served first.
3:00pm-4:00pm	Mail call: Show your ID to staff in the Central Control booth when you ask for your mail.
3:00pm-3:30pm	Snacks are available in the dining room.
4:00pm-4:45	Wing Control Booth will be closed to restock items. Heat treatment distributed/reloaded.
5:00pm	Client laundry begins (10 women and 15 men). Showers open.
5:30pm-7:30pm	Evening Clinic open.
6:00pm-7:00pm	Mail call: Show your ID to staff in the Central Control booth when you ask for your mail.
6:00pm-7:00pm	Dinner is served in the dining room. Individuals with special needs are served first.
7:00pm	Clients who are in the center at this time are considered in for the night and are not permitted re-entry to the center if the client leaves the property.
8:00pm	**CURFEW TIME**/Back of the property, dining room and kitchen are closed.
7:00pm-9:00pm	Check-in completed and confirmed. All showers close at 9:00pm.
9:30pm	Central area closed. Only wings are open at this time. Evening chores begin.
10:00pm	Lights out in all dorms. All electronics are off in the dorms. TVs are off in the gathering rooms. All phone calls, conversations, and games need to be enjoyed on the back deck.

Revised January 2022

KEARNEY CENTER RULES & EXPECTATIONS:

For the safety and benefit of everyone at the Kearney Center, please honor the following expectations:

1. Please respect the rights, property and peace of everyone here. This includes no filming or taking pictures on Kearney Center property.
2. Please wear masks in The Center at all times except when eating, sleeping and showering. Please stay a safe distance from others and wash your hands frequently. Hand sanitizer is available throughout the building.
3. Drugs, alcohol and weapons are not permitted on the property.
4. Outside food and drinks are not allowed inside The Kearney Center.
5. All people and belongings must enter through the front entrance and go through the security check.
6. We do not allow gambling, sexual activity, or unwanted physical contact.
7. We do not allow any selling of goods and services at The Kearney Center.
8. Physical or verbal threats or violence are not permitted.
9. Personal property can only be stored in assigned lockers.
10. Please leave all spaces cleaner than you found them.
11. Please use headphones inside the Center if you have personal audio devices.
12. Please use our inside spaces and back outdoor areas. As good neighbors in this neighborhood, we don't hang out in on the sidewalks, parking lot and grassed areas surrounding the Center along Municipal Way and Pensacola Street.
13. We ask that all guests of Kearney Center work toward their housing plan while utilizing shelter resources.

Please note that breaking these expectations will result in restriction from services. Appeals for re-entry from restricted clients are heard Monday and Thursday at 3:00pm. Staff will come out to the covered area at the front entrance at these times to hear your appeal.

Items NOT Allowed:
- Alcohol and illegal drugs.
- Items that can be used as weapons such as scissors, corkscrew, pepper spray, knives, any form of firearm (see Weapons Policy for more information on storage options for these items).
- Food – no outside food is to be brought in the facility. Includes peppermint candies, other candies, gum.
- Beverages- no liquid can be brought into the facility except unopened plastic bottled water. This includes powdered drinks such as Kool-Aid or ground coffee, soda, tea, mouthwash, peroxide, or rubbing alcohol.
- Irons.
- Uncapped syringes (syringes need to be capped).

Items Allowed:

Wet wipes, liquid laundry detergent, hand sanitizer, foot powder, shampoo, body lotion, bar soap, stick or spray deodorant, personal shaving razors, hair straighteners, clothing steamers, toe or fingernail clippers as long as it does not have the sharp pick in it – but not nail scissors). Unopened (seal still intact) plastic bottle of water. Cough drops are OKAY as long as properly labelled as cough drops. Clippers are OKAY to bring in but you cannot charge other clients for cutting hair on Kearney Center property and Kearney Center is not responsible for any injuries that occur as a result of cutting hair. The ONLY liquid medications that are allowed inside of the building are those that have been prescribed by the TMH Transition Center; these medications will have a TMH label printed on them and a specified expiration date.

Revised January 2022

TEXAS
Department of Family
and Protective Services

Trauma Informed Care Training
An Intro-level Training Provided by DFPS
Print Version of the Computer-Based Training
Updated 2022

Table of Contents

<u>Welcome To Trauma Informed Care</u>

This training is a free resource for child welfare system caregivers, professionals, advocates, stakeholders and members of the public who are interested in learning about the impact of trauma.

- Please note this curriculum is a basic introduction to the topics presented. Continuing education is highly encouraged. Please see the information resources provided at the end of the training.
- This DFPS-approved training may be used to meet two hours of required training for foster caregivers under Residential Child Care Licensing minimum standards.
- If you are a residential child care provider, please contact your contract manager for more information about training requirements.

To receive a certificate, you must complete the training activities, post-test, and evaluation.

Talking or reading about trauma can be difficult and may cause strong feelings and reactions. Please take care as you participate in this training. Pay attention to how you are feeling and take breaks as needed.

Objectives

In this training you'll:

- Learn about trauma, secondary trauma, and healing from trauma.
- Understand how trauma impacts the brain, child development, and life functioning.
- Learn how toxic stress and Adverse Childhood Experiences (ACEs) impact health and outcomes.
- Discuss trauma and disproportionality.
- Understand how trauma affects children, adults, caregivers, and child welfare professionals.
- Learn ways to prevent and address secondary traumatic stress.
- Discuss practical strategies for applying trauma-informed knowledge and care.
- Understand the importance of relationships.

Why Do We Need This Training?

This training will help you understand the following:

- Trauma and traumatic stress is higher among children, families, caregivers and professionals involved in the child-welfare system.
- People who care for and help children in the child welfare system must understand the impact of trauma and how to respond with compassion.
- This training will help you understand trauma, learn to recognize it, help cope with it, and share this understanding.

Becoming Trauma-Informed Means

Making a Perspective Shift.

Major human service systems like child welfare, juvenile justice, and health care are promoting perspective and policy shifts to recognize and minimize system-related traumatization and disparity.

What Is Trauma?

The word trauma can be used to describe both an *event that is traumatic* and *the after-effects* of experiencing a traumatic event.

Trauma results from experiences that are:

- Physically or emotionally harmful or life threatening.
- Have lasting adverse effects on a person's functioning.
- Impact mental, physical, social, emotional, or spiritual well-being.

-The Substance Abuse and Mental Health Services Administration (SAMHSA)

What is Trauma-informed Care?

Trauma-Informed Care is a strengths-based framework that:

- Is grounded in an understanding of and responsiveness to the impact of trauma.
- Emphasizes physical, psychological, and emotional safety for both providers and survivors.
- Creates opportunities for survivors to rebuild a sense of control and empowerment.

Hopper, Bassuk, & Olivet, 2010

It's likely that everyone has experienced an event that could be considered traumatic. Many factors influence how a child or an adult will make sense of and cope with traumatic events. Not everyone who experiences a traumatic event shows trauma symptoms or identifies with being traumatized.

What is Toxic Stress?

The term toxic stress describes the excessive activation of stress response systems on a child's developing brain, and its effects on the child's immune system, metabolic regulatory systems, and cardiovascular system.

Harvard Center on the Developing Child

What are Adverse Childhood Experiences (ACEs)?

The term ACEs came from a medical study in 1999 that measured certain childhood experiences in over 17,000 people.

The ACEs study was a breakthrough for understanding the connection between childhood stress, trauma and health. This study asked medical patients if, when they were children, they experienced physical, sexual, or emotional abuse or neglect. The patients were also asked if they experienced other specific issues as children, including:

- A mother who was treated violently.
- Substance abuse in the household.
- A home member with mental illness.
- Parental separation or divorce.
- A home member who was incarcerated.

These experiences were linked to increased risk of:

- Risky health behaviors.
- Chronic health conditions.
- Low life potential.
- Early death.

The ACEs Study

The following chart illustrates how ACEs may progress into poor health outcomes.
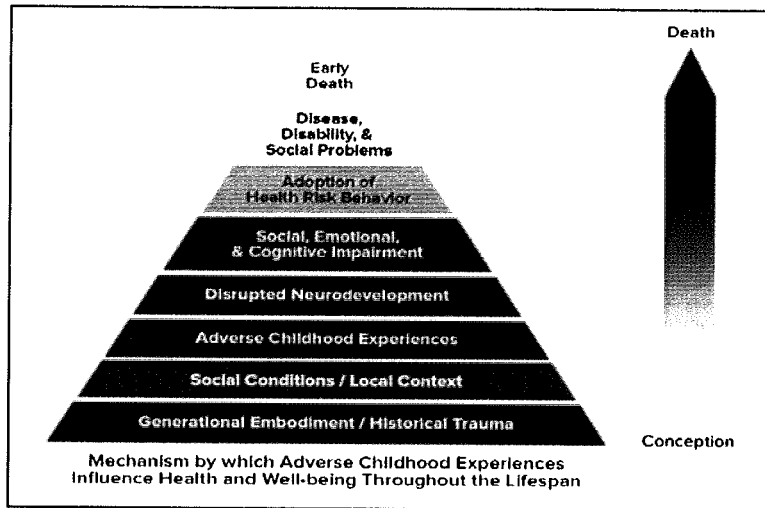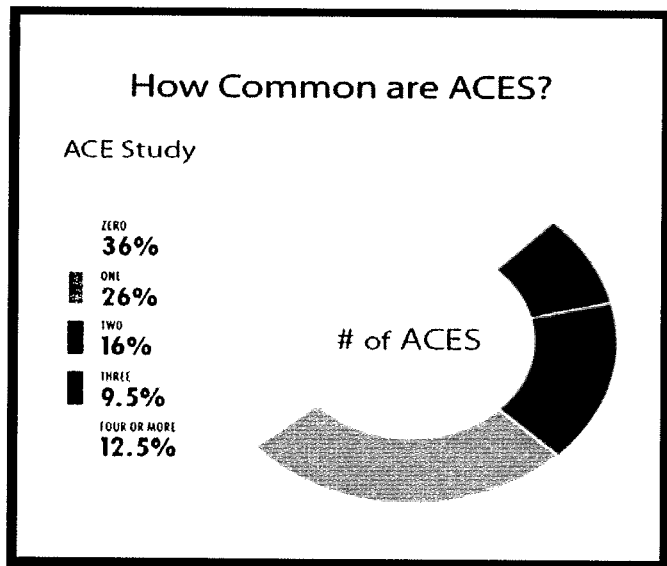

Image: <u>Center for Disease Control and Prevention</u>

The study found that ACEs are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. 64% of participants reported experiencing at least one ACE.

*Participants reflected a cross-section of middle-class American adults.
Image: <u>Center for Disease Control and Prevention</u>

ACEs Correlations

The more ACEs in a person's history, the more likely they are to engage in risky behaviors, including:

- Smoking (and early smoking)
- Alcohol or illicit drug use
- Early sexual activity
- Sexual activity with multiple partners

The more ACEs in a person's history, the more at risk they are to develop medical problems, including:

- Alcoholism
- Depression
- Heart disease
- Liver disease
- Lung diseases
- Sexually transmitted diseases

The more ACEs in a person's history, the more at risk they are for these outcomes:

- Poor academic achievement and work performance
- Financial stress
- Intimate partner violence
- Sexual violence
- Unintended pregnancies
- Fetal death
- Suicide attempts
- Early death

Important to Remember About ACEs

The ACEs study showed that adverse childhood experiences increase the risk of poor health outcomes. The study did not show that these experiences predict poor outcomes. It is important to understand that outcomes depend on the individual and many other factors.

Factors that can protect children from poor outcomes include positive relationships, healthy lifestyle, strong community support, and genetics.

For more detailed information on **toxic stress**, please visit the

Harvard Center for the Developing Child website.

For more detailed information on **Adverse Childhood Experiences** research, please visit the

Center for Disease Control and Prevention website.

"Risk factors are not predictive factors when

balanced with protective factors."

- Center for the Study of Social Policy, 2019
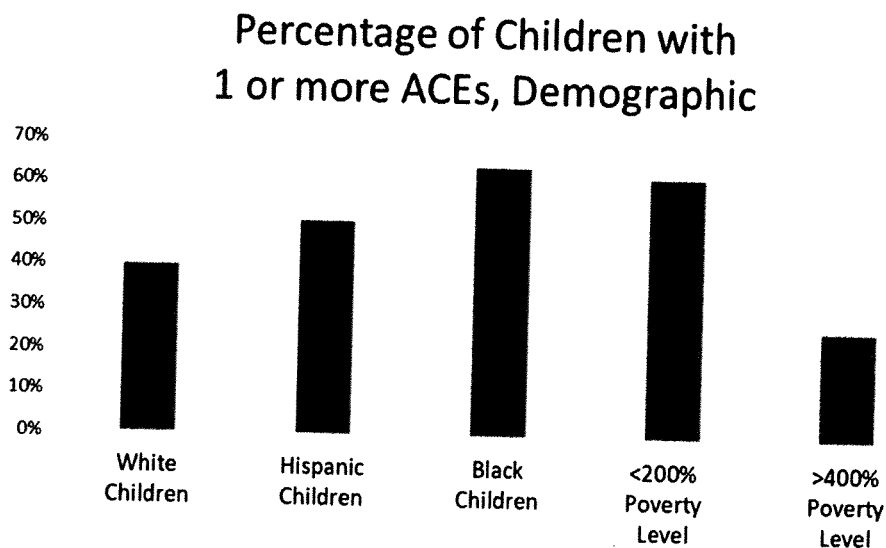

At-Risk Populations

Some groups of children and families are over-represented among people who experience trauma, toxic stress and ACEs. These at-risk populations may be exposed to trauma at high rates and are at increased risk for victimization.

At-Risk Populations include but are not limited to:

- People of Color.
- Persons with Intellectual and Developmental Disorders.
- Persons who are Lesbian, Gay, Bisexual, Transgender, Queer, and/or Questioning (LGBTQ).
- Persons experiencing Homelessness.
- Socio-Economically Stressed Persons.
- Veterans and Military Families.

Chart based on 2016 National Survey of Child's Health

Percentage of Children with 1 or more ACEs, Demographic

For at-risk populations unique adversities can complicate healing from trauma. They may face significant challenges related to access to services or require services that are specially adapted for their needs.

National Child Traumatic Stress Network

Traumatic Events

Traumatic events include but are not limited to:

- Human Trafficking and Child Sexual Exploitation
- Bullying
- Community Violence
- Natural and Man-made Disasters
- Terrorism and Violence
- Traumatic Grief
- Medical Trauma
- Serious Accidents (Example: Vehicle Accidents)
- Immigration and Refugee Experiences
- War-related Trauma
- Poverty
- Race-based Trauma
- Historical and Cultural Trauma
- System-related Trauma
- Secondary Trauma

Race-Based, Historical & Cultural Trauma
What is Race-Based Trauma?

- Race-based Trauma is the cumulative negative impact of racism on the lives of people of color.
- It includes the wide-ranging effects of multigenerational and historical trauma.
- Experiences rooted in racism can create severe distress that can overwhelm a person's and a community's abilities to cope.

What are Historical and Cultural Trauma?

Historical and cultural traumas are collective traumas affecting generations and groups with shared identity.

- Historical and cultural trauma can have a cumulative effect on an individual and generations in a family or group. For example:

- The legacy of slavery among African Americans.
- The impact on American Indians and Alaskan Natives removed from their homelands.
- The impact of the AIDS epidemic on the LGBTQ community.

Historical, cultural, and race-based trauma and are related. When present, they increase the impact of additional traumatic experiences. For example, events like removing children from home may trigger reminders of trauma in an individual's family or community history.

Disproportionality and Disparity

Disproportionality means a particular race or cultural group is over-represented in a program or system.

For example, in Texas:

- A higher percentage of African American children are removed from their homes compared to children of other races and ethnic groups.
- A lower percentage are successfully reunified with their families.
- A higher percentage age out of foster care without an adoptive family or other permanent placement.
- African American and Latinos are less likely to be adopted within 12 months of termination of parental rights.

Disparity refers to differences in outcomes for some groups of people because of unequal treatment or services.

Meeting the needs of children of color requires understanding the disparities in:

- Knowledge about services.
- Access to services.
- Use of available services.
- Quality and appropriate available services.

Important to Remember About Disproportionality

Everyone helping children in the child welfare system has a background. Our backgrounds impact our perception of child traumatic stress. Our backgrounds also affect our decisions about how to respond or intervene.

Therefore, helpers throughout the child welfare system must understand trauma and equity. We should always take into account our own backgrounds and the viewpoints of those we serve.

For more information please visit the <u>DFPS Disproportionality website</u>.

What Is A Traumatic Event from a Child's Perspective?

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

Trauma reactions may persist long after the event. The intensity of physical and emotional responses can overwhelm children.

Several factors affect how a child will respond to a traumatic event, including:

- The age and developmental level of the child.
- How the child perceived the danger.
- The role the child played in the event.
- Previous trauma the child has experienced.

The protective responses of adults involved in the child's life – or lack thereof.

National Child Traumatic Stress Network

Child Trauma and Development

From birth to early adulthood, the brain is developing and rapidly changing.

- Traumatic events can cause lasting changes in the brain - especially in children, teenagers, and adults under 25-30 years old.
- How a child heals – or doesn't heal – from trauma may impact the child's development, and the effects can last into adulthood.

Types of Trauma

Trauma is often described in three categories: Acute, Chronic, and Complex.

Acute trauma is a one-time traumatic event. Acute trauma is usually short term and recovery is likely. Some examples of acute trauma are an automobile accident, or a natural disaster such as a flood or a hurricane.

Chronic trauma describes multiple traumatic events, which may vary in circumstance. For example, a child may be a victim of a physical assault at school, then be in a car accident, then endure medical trauma related to the accident. Chronic trauma can have a cumulative effect.

Complex trauma often begins early in life and may impact a child's development. It can also affect the ability to form secure attachment bonds – a main source of safety and stability. Events that cause complex trauma are severe and often invasive and interpersonal. For example, ongoing abuse by a parent or profound neglect.

Complex trauma is often related to **relational trauma**. It occurs when a parent or primary caregiver is the cause of traumatic stress, abuse, or neglect in early childhood. Infants and young children rely on their parents and primary caregivers to meet their needs, including feeding, soothing and bonding. When primary needs are not met, or attachment bonds are unhealthy or broken, a child's brain changes. These changes may negatively impact development and coping skills into adulthood.

Trauma and a Child's Brain

How can toxic stress and traumatic events affect a child's brain?

Please take a moment to watch this video from the Harvard Center for the Developing Child, "Toxic Stress Derails Healthy Development."

16

Early Childhood

In early childhood, trauma can reduce the size of the cortex, which controls complex functions, such as language and memory.

It can also impact the brain's ability to work between the hemispheres. This includes the parts of the brain that control emotions, which can lead to impaired ability to manage – or regulate – emotions as children grow older. This may also lead to a child feeling constantly fearful and unsafe.

School Age Children

In school-age children, trauma can impact the parts of the brain that are responsible for managing fears, learning, and impulse control. These children may also experience:

- Problems managing behavior or learning.
- Disrupted sleeping patterns.
- Significant difficulty in relationships with others, including caregivers, family, and siblings.

Adolescents

In adolescents, trauma can impact the development of the prefrontal cortex of the brain, which is responsible for:

- Connecting behaviors and consequences
- Problem solving
- Inhibitions
- Impulse control

An under-developed prefrontal cortex increases the likelihood of:

- Risk-taking behavior
- Poor decision-making
- Poor school performance
- Involvement in criminal activity

Trauma and the Adult Brain

When a child does not receive successful intervention for trauma, they are more likely to experience long-term effects into adulthood.

Positive and negative coping skills from childhood continue into adulthood.

When childhood trauma is not healed, individuals may continue to live life in a conscious or unconscious state of fear, alarm, depression, or disassociation.

Correlations

Scientific research shows the correlations between trauma experiences and the following:

- Changes in brain function
- Physical and behavioral health issues
- Mental health issues and diagnoses
- Substance use disorders
- Risk-taking behaviors
- Other concerning behaviors

Common Trauma Responses

Traumatic reactions can include a variety of responses, including but not limited to:

- Behavioral changes
- Anxiety
- Intense and ongoing emotional upset
- Depression symptoms
- Difficulties with self-regulation (managing emotions and needs)
- Problems relating to others
- Problems forming attachments with others
- Regression or loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Difficulty sleeping and eating
- Physical symptoms, such as aches and pains

A Child with Complex Trauma May:

- Believe that the world is and will always be an unsafe place.
- Have trouble depending on a caregiver or other adults, such as teachers or police officers, to keep them safe.
- Have trouble building and maintaining healthy relationships with others.
- Be suspicious or untrusting in relationships.
- Overreact or feel betrayed by a minor misunderstanding or squabble with a friend.
- Respond negatively to seemingly positive events, such as praise.
- Have trouble developing skills and learning.
- Have trouble focusing and processing information.
- Frequently be flooded by overwhelming and unbearable emotions.
- Seem distracted because of trying to predict or avoid the next "bad thing" that will happen.
- Seem very nervous, emotionally intense, or to have a "hair-trigger" response.
- Seem "shut down," numb, and unable to experience or express any emotions.

These responses may seem like:

- Loss of control
- Tantrums
- Outbursts
- Being too sensitive
- Defiance
- Verbal and physical aggression
- Zoning out
- Ignoring
- Not listening
- Nervousness
- Laziness
- Detaching
- Pretending to be ill
- Manipulation

- Other difficult behaviors.

Older youth may also engage in risk behaviors like drug or alcohol use, unhealthy sexual activity, or running away.

Trauma Recovery for Children

Children recovering from trauma often display negative behaviors or signs of emotional stress that are normal responses to what they have been through.

Most children will heal with stability, consistency, nurture, and support of caregivers knowledgeable in trauma-informed care.

For more detailed information and training resources related to childhood trauma, please visit the <u>National Child Traumatic Stress Network website and learning center</u>.

Mental Health Diagnoses

Children with significant and ongoing trauma responses have often been diagnosed with mental health disorders including:

- Reactive Attachment Disorder (RAD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Bipolar Disorder
- Conduct Disorder

Increased awareness of the impact of trauma has expanded understanding of mental health diagnoses, and treatment options for children and adults with trauma symptoms.

Trauma-related stress disorder (TRSD) diagnoses, such as Adjustment disorder, and Post Traumatic Stress Disorder (PTSD), are now more widely understood and used to describe symptoms specifically related to trauma.

Psychotropic Medications

The use of psychotropic medications for children in foster care must be carefully considered by the child's caregiver and medical team.

- Most children in DFPS conservatorship never need psychotropic medications.

- Evidence-based psychosocial therapies, behavior strategies, and other non-medication interventions should be considered *before* or along with psychotropic medications.

- When needed, psychotropic medications may help children function in the short-term to help with emotional regulation, or long-term to treat life-long mental health disorders.

For more information, please see the DFPS Psychotropic Medication website and training for Medical Consenters.

The Importance of Relationships

Positive, stable relationships are necessary for everyone to thrive.

Researchers are learning more each day about the role of early attachment bonds and ongoing positive relationships in strengthening our abilities to be healthy and cope with life and its stressors.

Children are especially in need of positive relationships to promote healthy brain development and functioning.

For children experiencing toxic stress and complex trauma, healthy secure relationships are a key factor in:

- Repairing development
- Improving functioning
- Increasing resilience

Resilience

Please take a moment to watch this video from the Harvard Center for the Developing Child, "The Science of Resilience."

What Does It Mean to be Trauma-Informed?

A program, organization, or system that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system,
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and
- **Seeks** to actively resist re-traumatization.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-informed care or services are characterized by an understanding that problematic behaviors may need to be treated as a result of the ACEs or other traumatic experiences someone has had, as opposed to addressing them as simply willful or punishable actions.

Harvard Center on the Developing Child

Trauma-informed individuals and systems acknowledge the compounding impact of structural inequity and are responsive to the unique needs of diverse individuals and communities.

Eliminating disparities in trauma services requires culturally responsive approaches in order to:

- Overcome stigma
- Reduce barriers
- Address social adversities
- Strengthen families
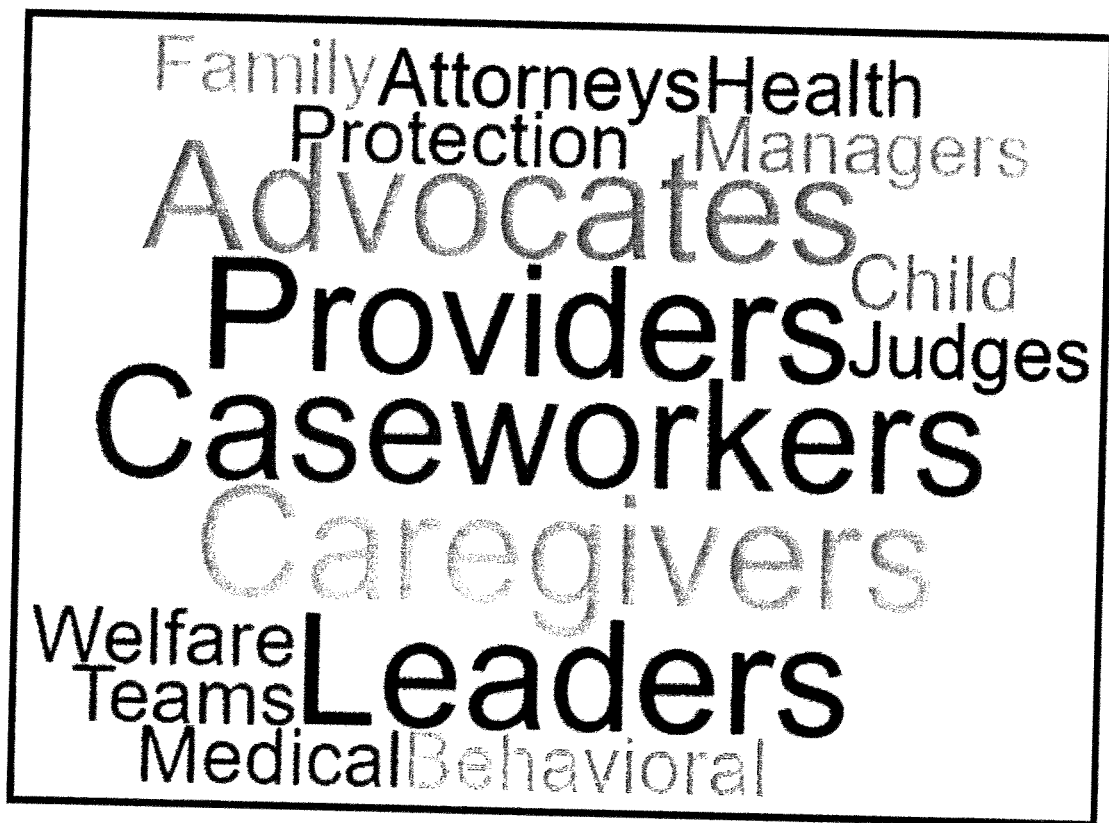- Encourage positive ethnic identity

What Can We Do?

Empower Voices

People must be seen, heard, and engaged to know that they are valued.

Being trauma-informed also means being sure to include people in the decision-making and action-taking that affects their lives.

It is important to involve children, older youth, families, communities, and their advocates in the big and small decisions about their lives.

Family Attorneys Health Protection Managers Advocates Providers Child Judges Caseworkers Caregivers Welfare Teams Leaders Medical Behavioral

Secondary Traumatic Stress

Put on your own oxygen mask first

Perhaps the most important first step in being trauma-informed is understanding and supporting your own well-being. In order to care for others, we must first care for ourselves.

As a helper in the child welfare system, it is not a matter of *if* you will experience secondary traumatic stress, it is a matter of *when*.

Secondary traumatic stress (STS), is also known as vicarious trauma or compassion fatigue. It refers to the experience of people who are exposed to others' traumatic stories.

As a result of this exposure, people can develop their own traumatic symptoms and reactions. Burnout is a term often used to describe the experience of being overwhelmed by STS and compassion fatigue.

Signs of Secondary Traumatic Stress
- Irritability
- Apathy or Lack of empathy
- Loss of Motivation
- Fatigue
- Irritability
- Apathy or Lack of empathy
- Loss of Motivation
- Fatigue

Self-Care for Secondary Traumatic Stress
There's good news! You can use healthy coping skills to buffer secondary traumatic stress.

"It's not the load that breaks us down...it's the way we carry it."
- Anonymous

Use these healthy coping skills to buffer secondary traumatic stress.

- Eat as healthfully as you can, and stay hydrated.
- Exercise and stretch as often as you can. (Even if that's not much!)
- Play! It's just as important for adults as kids.
- Seek out sources of enjoyment and inspiration.
- Allow yourself to feel your emotions, and give yourself time to process through them.
- Stay engaged with your support system.
- Make and keep appropriate boundaries.
- Make a plan. Write it out or use technology! Look up self-care strategies that appeal to you. Many modern self-care approaches are accessible, and simple.
- Practice mindfulness, for example conscious breathing or meditation. Research shows that regular practice can improve brain function and help with stress.
- Prioritize work and life balance. Advocate for it – for yourself and others.
- Expect and request regular supervision and supportive consultation.
- Observe and learn how supporting others in trauma is affecting you, emotionally, behaviorally, and physically.
- Work to understand your background, and how it impacts your well-being and coping.
- Learn your triggers, and warning signs.
- Ask for help!

- Take advantage of any behavioral health benefits available to you.

- Consider individual or group counseling.

- Let others know when you are overwhelmed and need help to maintain your balance.

- Strive to overcome stigma you may feel about taking care of yourself.

It is critical to address secondary traumatic stress early and often. When secondary trauma is not addressed, it can impact physical, behavioral, and emotional well-being.

If you are concerned with your level of secondary traumatic stress, please seek support.

Use a Trauma-informed Lens

How can we be trauma-informed in our care and work with children who have experienced trauma? No matter what role you have in a child's life, your knowledge of the effects of trauma allows you to apply a trauma-informed way of viewing and doing things.

Address Individual Needs

- Understand and respond to diverse individual needs, including but not limited to a person's culture, race, ethnicity, language, sexual orientation, and ability.

- Understand that backgrounds and differences shape an individual's healing process after trauma.

- Know that your life experiences and perspective affect how you view and respond to others.

- Apply the individual's perspective to your understanding and way of working with them.

- Seek out ways to enhance children's connections to their background, communities and individual supports.

Prioritize Physical and Emotional Safety

Ensure the child feels as safe as possible in any situation or setting.

Plan ahead and check in with the child, based on developmental level and individual needs.

Look and listen for any indications that they do not feel safe.

Have a plan to address emotions and triggers in unavoidable situations, such as a court-ordered event. If you can, include the child in the plan.

Meet Basic Needs

Children, especially those with complex trauma, need help regulating their emotions and bodies. They may not be able to tell you in the moment that they *really* need food, water, rest, play, exercise, or comfort to help calm their minds and bodies. Remember that ensuring basic needs are met can prevent and help address concerning behaviors. At home, on a visit, transporting, or at court

- Be proactive.
- Keep healthy snacks and drinks handy. Offer them freely.
- Plan for ample physical activity and rest. Make these easy to do when needed.
- When calm, practice strategies like deep breathing to use when needed to calm down.
- Be creative! Prepare care kits for children and youth. Keep the kits in your home, car, and office. Fill care kits with crackers, juice, lollipops, coloring books, music and headphones, comfort items, books, blankets, pillows, etc.

Strive to view difficult behaviors through a trauma-informed lens.

For example, ask yourself or the child:

- What is really going on behind the behavior?
- What is the child feeling?
- Does the child need food, rest, or exercise?

Observe how a child's difficult behaviors is making *you* feel and ask yourself:

- How is this making me feel?
- Do I need to calm myself before I can respond?

Understand Trauma Reminders

- Work to understand trauma reminders, or "triggers," and watch for the signs and patterns in the lives of children you serve – and in your own life.
- Triggers can include times of day, anniversaries, seasons, activities, locations, sounds, sights, smells, and other stimuli.
- Use words to help separate the trigger from the person. Help children separate the past and present.
- Avoid words and actions that may cause feelings of shame.
- Seek support from your circle of care or a counselor.

Prepare for Transitions

As much as possible, try to have a predictable routine. Remember that transition times are particularly difficult for children coping with trauma. Schedule, location, and activity changes can be challenging. Think ahead to times throughout the day when a child you serve will have a change or transition, and work on strategies to help ease the transition.

For example, if you are going to pick them up early from school for a doctor's appointment:

- Prepare them by talking about it the night before.
- Talk about it again the morning of the appointment.
- Pack healthy snacks and water in the car.
- Build in extra time for any possible delays.
- Be sure to arrive on time to pick up the child.

Helping Infants and Young Children

- Nurture and help create a connection and a sense of safety and opportunity for learning. Babies learn to self-soothe by being soothed by caregivers.

- Give toddlers acceptable ways of sharing strong feelings. For example: let them rip paper, stomp feet, or throw a soft ball when they are mad.

- Young children process emotions through play. Encourage play, even if they are acting out something that seems upsetting. If play seems to distress them, provide gentle redirection.

- Read to them often: It's is a powerful tool for brain development.

Helping School-Age Children

- Work for the child's trust: Always be truthful and only make promises you can keep.

- Label emotions and make it okay to talk about them openly. Explain and model empathy for others. Teach and model positive self-talk. Use books and educational programs focused on emotional development.

- Validate the child's emotions, but maintain consistent boundaries. For example, acknowledge that it is okay to feel angry but it is not okay to hit people.

- Offer safe ways to express feelings: play, drawing, storytelling.

- Promote safe outlets for anger and stress, like naming feelings, breathing, and exercise.

Helping Adolescents and Young Adults

- Support positive, stable, and enduring relationships in their life.

- Be truthful and upfront about their life and your role.

- Be available. Let them choose a safe, comfortable setting to talk when possible.

- Actively listen without showing judgment. Validate their feelings and emotions – even when they are very hard to hear.
- Lead by example. Encourage positive behaviors and coping skills. Support their interests. Offer appropriate praise regularly.
- Give information and tools to help them understand their own history, trauma responses, and coping skills.
- Address inappropriate and destructive behaviors with consistency and calm – even if you have to calm yourself down first or get support.

Support, Accept, and Advocate

- Give positive feedback, encouragement, and praise.
- Help the child see their own strengths, even little things.
- Praise all efforts to regulate their own emotions.
- Choose words that separate the child's worth as a person from their behavior.
- Teach every child that they are worthy of love and acceptance – always.
- Seek out and share opportunities and resources for comprehensive learning.
- Talk about the impact of trauma and trauma-informed approaches with others connected to the child welfare system.
- Advocate for trauma-informed services, practices, and supports for the children and families you serve.

Importance of Relationships

Remember, YOU can help a child heal from trauma.

"Anyone who has a formal or informal role in a young person's life, including birth families, foster families, adoptive families, caseworkers, mental health professionals, and judges, can provide the authentic relationships youth need to succeed after leaving foster care."

Texas Youth Permanency Study

Please take a moment to view this video from Changing Minds Now. It illustrates the importance of relationships, no matter your role.

Supplemental Information
Information and Resources

- <u>National Childhood Traumatic Stress Network</u> (NCTSN) Website, Resource Library and free E-Learning Center

- <u>Substance Abuse Mental Health Administration</u> (SAMHSA)

- <u>Center for Disease Control and Prevention</u> (CDC) – ACEs Study

- <u>Foster Care EDU</u>, Cenpatico / Superior Health Plan – Free Training for Caregivers and Providers, Several on Trauma and Trauma-informed Care

- <u>Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities</u> (MHWIDD) , HHSC – Free Training including Trauma-informed Care for Individuals with IDD

- <u>The Center on the Developing Child</u> , Harvard University

- <u>Texas Institute for Child and Family Wellbeing</u>, University of Texas at Austin

- <u>Karyn Purvis Institute of Child Development</u>, Texas Christian University

- <u>Casey Family Programs</u>

- <u>Texas System of Care</u>

- <u>Child Welfare Information Gateway</u>, Trauma-informed Practice Resources

- <u>Help for Parents, Hope for Kids</u>, DFPS Prevention and Early Intervention

- <u>ACEsTooHigh.com</u> and <u>ACEs Connection Network</u>

Helpful Media and Videos

- Center on the Developing Child Resource Library, Harvard University

- Changing Minds Now, Futures without Violence

- Complex Trauma Films, Center for Child Trauma Assessment, Services and Interventions (CCTASI)

- Historical Trauma Video, Mill City Kids Initiative

- Introduction to Trust-Based Relational Intervention (TBRI), The Karyn Purvis Institute on Child Development

- Nadine Burke Harris, MD: *How Childhood Trauma Affects Health Across the Lifespan*, TED.com

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36

ETHICAL COMMUNICATIONS PROCEDURE

All employees must abide by a code of wholly ethical spoken, written and electronic communications with peers, supervisors, employees, vendors, and clients. Ethical communication enhances human worth and dignity by fostering truthfulness, fairness, responsibility, personal integrity, and respect for self and for others. As such, the following rules should be expressly followed to avoid violating such code:

A. Communicate any and all concerns regarding another's behavior directly with the individual. Sharing such concerns with others that do not have a legitimate reason to know such concerns may quickly amount to gossip - one of the most damaging practices in any workplace. This type of communication should be carried out in a private manner such that other employees are not subject to it.

B. Avoid argumentative tones and comments. Employees should state their position clearly and factually in a normal tone, allowing the other individual an opportunity to share her or his position, and inviting open discussion regarding both such positions.

C. Honesty is always the best procedure. It is critical that employees never engage in deceit, exaggeration, or express dishonesty when dealing with other individuals. While some communication may be extremely difficult to have, employees are always expected to provide them in a candid, but respectful, manner.

D. Respect issues of confidentiality. Employees of CESC, Inc. will be faced with topics of great confidentiality at times and, as such, must avoid sharing any such information with anyone not intended to be part of such confidentiality. This procedure speaks only to issues of confidentiality related exclusively to CESC, Inc.'s purpose and mission and should not be interpreted to include gossip, personal information, and other topics not related to the Company.

Any employee found violating any portion of this procedure may be subject to disciplinary action, up to and including termination.

Inquiry Escalation Policy

Client Inquiries

If a client presents an issue to a staff member, staff members should attempt to resolve the issue themselves. If the staff member is unable to resolve the issue, said staff member should notify their shift or direct supervisor of the issue.

If the shift or direct supervisor is unable to resolve the issue, the supervisor will inform the appropriate administrative personnel. Clients will be notified accordingly once the issue has been resolved.

Client Request

If a client requests to meet specifically with administrative staff, supervisors and/or shift supervisors must be notified. Supervisors and/or shift supervisors must email the appropriate administrative personnel for a meeting request. The email should include the Client's name, HMIS number, contact information, if applicable, and reason for meeting. Administrative personnel will respond with the meeting date and time. It is the responsibility of the supervisor or shift supervisor to communicate the meeting date and time with the client.

All meetings will be held in the glass conference room.

Staff Inquires

If a staff member has a work-related question or issue, the supervisor or shift supervisor should be notified to resolve the issue. If the supervisor or shift supervisor is unable to resolve the issue, the supervisor must notify the Senior Shelter Manager. If the Senior Shelter Manger is unable to resolve the issue, they will notify the appropriate administrative personnel.

This does not include issues related to harassment in the workplace. Issues of harassment should be directed to Human Resources. If staff members feel uncomfortable notifying their supervisor and/or department director of any issues, such staff members should notify human resources immediately.

Staff Request

If a staff member would like to meet with administrative personnel, staff must request a meeting via email with the appropriate administrative personnel. Administrative personnel will coordinate a meeting time and date directly with said staff member.

CLIENT GRIEVANCE POLICY

The Kearney Center strives to treat all clients fairly and with dignity and respect. When a client has a grievance, the following options are available:

1. Discuss the grievance with the staff or supervisor on duty.

2. Submit a written grievance and place it in the black comments box located next to the central front desk near the waiting room. The contents of this box are secure and the Kearney Center Director is the only person with a key. It is checked every Tuesday and the contents are read and reviewed by the Director and a member of the Board of Directors and shared with appropriate management for follow-up.

REPORTING AND INVESTIGATING HARASSING, DISCRIMINATORY AND RETALIATORY CONDUCT

All employees, independent contractors, interns, and volunteers of the Company must promptly report any incidents of harassment, discrimination, and retaliation so that the Company can take appropriate action.

A. Complaint Reporting Process

It is the responsibility of all of us to contribute to a work environment that is free of unlawful bias, discrimination, harassment, and retaliation. Failure to bring forth a complaint prevents the Company from having the opportunity to correct the situation.

Any incidents of discrimination, harassment, or retaliation, including work-related harassment by any Company personnel or any other person, or any conduct believed to violate this policy, must be reported immediately to the Human Resources Manager, who is responsible for investigating harassment complaints. An individual is not required to bring a complaint to Human Resources Manager if the individual is uncomfortable doing so for any reason. In that case, complaints should be reported to the Director of Operations.

Managers and supervisors have a special responsibility under this policy. All levels of management and all supervisors are responsible for compliance with this Policy Against Harassment, Discrimination, and Retaliation AND for ensuring that everyone in their department is aware of, understands and adheres to this policy. Supervisors and managers who receive complaints or who observe or learn of discriminatory, harassing, or retaliatory conduct must immediately inform the Human Resources Manager or other appropriate company official so that an investigation may be initiated.

FY 22-23 - Diversion

Policies

There is a budget of $34,668.44 for the grant year which can be spent on direct client aid / diversion

- There is a $1,500 cost per client cap.
  - This allows the diversion program to serve a total of 23 clients per year.
  - We will evaluate on a case-by-case basis for those in need of financial assistance greater than $1,500.

There will be a 90-day period of ineligibility following the provision of a diversion service, regardless of whether the individual reaches the $1,500 cap.

- Clients will be required to sign off on this at the provision of service.
- After 90 days, the client is once again eligible to receive diversion services.

A W9 tax form is required for all vendors to which payment is to be made

- The name on the W9 MUST match that of the landlord/property manager. Payment will only be issued to the name listed on the W9.

A Kearney Center Release of Information must be collected for ALL individuals whom staff are working to divert.

- This must be completed PRIOR to sharing or requesting any information from outside sources/ clients must provide their permission for you to obtain or release any personal information.

Prior to purchasing any bus ticket, gas card, food card, etc., staff must contact the client's housing option to confirm that it is a safe and stable long-term option.

- A Contact Form will be filled out for any diversion which falls under this category.

Required documentation for rental assistance:

- Copy of signed lease
- W9 from property management or landlord
- Proof of income from client
  - Past 2 paychecks
  - Award letter for benefits
  - Letter from employer
- Eviction notice if request is for payment of back rent
- Ledger if amount requested does not match that on the eviction notice
- Diversion Cost Agreement Form

Revised 8/24/22

- Diversion Request for Payment
- Promise to Pay
- Diversion Service Agreement Form

Required documentation for utility assistance:

- Copy of signed lease
- W9 from utility company
- Proof of income from client (past 2 paychecks and/or award letter)
- Copy of most recent utility bill, and shut off notice (must clearly state the amount owed, due date, and cutoff date)
    - The name on the lease and utility account must match.
    - The address on the lease and utility account must match.
- Diversion Request for Payment
- Promise to Pay
- Diversion Service Agreement Form

Required documentation for bus tickets:

- Contact form. Staff must contact the client's housing option to confirm they can be housed with them for an extended period.
- Bus Ticket Purchase Agreement
- Receipt of purchase

Required documentation for food and gas cards:

- Contact form. Staff must contact client's housing option to confirm that provision of resource will allow client to stay/extend their stay.
- Receipt of purchase.
- Diversion Service Agreement Form

Requirements for referrals to another agency:

- Referral follow-up form
    - The client must make contact with the agency to which they were referred.
    - For it to be considered a successful diversion, staff must call the agency to confirm.

Optional documentation for rental and utility assistance:

- Client budget form
- "What Does My Lease Say" Form

Revised 8/24/22

STAFF MEMBER NAME (Please print):_____

Please place a check mark next to each task that you have completed. An intake is not finished until all requirements have been met. The individual who administers the intake is responsible for all tasks.

_____ Administer the intake, make sure to retrieve all necessary signatures (both CL and staff)

_____ Create an ID for the CL

_____ Upload the CL photo to HMIS

_____ Input the intake into HMIS

_____ Upload the intake form into HMIS

Thank you!!

FOR DATA COLLECTION PURPOSES ONLY:

Today's date _____

Does the client have income? (Please circle)

Yes or No

If yes, amount _____

Was the client diverted? (Please circle)

Yes or No

If yes, to where _____

*Please note that a client is only diverted if a staff member assists them with identifying an immediate alternative to emergency shelter. Diversions are rarely possible outside of normal business hours, however at times family or friends may be a suitable option. If a diversion is pursued please inquire with the client about whether or not the identified option is safe. If you have any questions please email chloe.bare@cesctlh.org.

BBC☼C

PromisSE Release of Information (ROI)

PROMISSE

Continuum of Care (CoC) Program Management Information System of the Southeast (PromisSE)

Client's Last Name_____   First Name_____ MI_____

Date of Birth_____   Social Security Number_____

* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping System. This System was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

PromisSE is a shared, electronic record keeping System that captures information about people experiencing homelessness or near homelessness, including their service needs. Our Agency is participating in PromisSE, a database that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating in PromisSE agencies. This Release of Information will remain in effect for **5 (five) years** and will expire on _____ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE.

Upon a life-threatening emergency or death, my System information will be used for identification purposes.

Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. **This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.**

_____I authorize sharing my data.

_____I do not authorize sharing my data,

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

Client's (Head of Household) Printed Name	Other Adult in HH Printed Name
Client's (Head of Household) Signature	Other Adult in HH Signature
Date (mm/dd/yy)	Date (mm/dd/yy)

Based on the information on the previous page:

_____I authorize sharing my dependent's data.

_____I do not authorize sharing my dependent's data.

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB

Legal Guardian's Authorizing Signature   Date (mm/dd/yy)

Agency Representative's Authorizing Signature

Agency Representative's Printed Name

Date (mm/dd/yy)

FOR STAFF USE ONLY	
_____	Staff obtained telephonic consent from client and dependents under 18 as listed above
_____	Staff did not obtain telephonic consent from client and dependents under 18 as listed above.

General Waiver

In exchange for being allowed access to services at The Kearney Center, I release from liability and waive my right to sue Beatitude Partners, LLC, the Shelter, CESC, Inc., their employees, officers, volunteers and agents from any and all claims, including claims of negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result while at the Kearney Center. Further, I agree and understand that I am solely responsible for my own personal belongings and Center staff reserves the right to search your belongings for contraband at any time.   **General Waiver- Client Initials**_____

Non-Discrimination Policy: This institution is an equal opportunity provider.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.   **Non-Discrimination Policy- Client Initials**_____

Kearney Center Confidentiality Protocol

We will not disclose information about you without your written consent unless:

a. There is a suspected abuse of a child and/or elderly or disabled person.

b. There is reasonable cause to believe that you pose a risk to yourself or others.

c. There is reason to believe that you have committed or are in the process of committing at a crime.

d. Law enforcement is serving an arrest warrant.

e. If you are being investigated by the Department of Children and Families.

f. Verification of residence needed by your probation officer.

g. Verification of residence when required by funding sources.

Confidentiality Protocol - Client Initials_____

My signature below indicates that I have read and understand the General Waiver, Non-Discrimination Policy, and Confidentiality Protocol.

Name: _____

Signature: _____

Date: _____

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each household member and attach to project entry template. (* indicates required field)

*PROJECT ENTRY DATE (e.g., 10/10/2016) *[All clients]*

		/			/				

Month   Day   Year

*NAME (First, Middle, Last Name, Suffix (e.g. Jr, Sr, III) *[All Clients]*

NAME DATA QUALITY *[all clients]*

First Name																	
Middle Name																	
Last Name																	
Suffix																	

- ☐ Full name reported
- ☐ Partial, Street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

*SOCIAL SECURITY NUMBER *[All clients]*

			–			–				

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client Refused

*DATE OF BIRTH (e.g., 05/21/1991) *[All clients]*

		/			/				

- ☐ Full date of birth reported
- ☐ Approximate or partial DOB reported
- ☐ Client doesn't know
- ☐ Client refused

*Sexual Orientation *[All clients]*

☐ Heterosexual	☐ Questioning/unsure
☐ Gay	☐ Other
☐ Lesbian	☐ Client doesn't know
☐ Bisexual	☐ Client refused

*VETERAN STATUS? *[All clients]* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

*ETHNICITY *[All clients]*

☐ Non-Hispanic/Non-Latin(a)(o)(x)	☐ Hispanic/Latin(a)(o)(x)	☐ Client doesn't know	☐ Client refused

*RACE More than one race is permitted. *Client doesn't know* and *Client refused* should only be selected if no other response is selected. *[All clients]*

☐ American Indian, Alaska Native, or Indigenous	☐ Asian or Asian American	☐ Black, African American, or African	☐ Native Hawaiian or Pacific Islander
☐ White	☐ Client doesn't know	Client refused	

*GENDER *[All clients]*

☐ Female	☐ A gender other than singularly male or female	☐ Questioning	☐ Client refused
☐ Male	☐ Transgender	☐ Client doesn't know	☐ Data Not Collected

*RELATIONSHIP TO HEAD OF HOUSEHOLD *[All clients]*

☐ Self (head of the household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	☐ Other: non-relation member
☐ Head of household's spouse or partner	

*COUNTY OF LAST PERMANENT ADDRESS *[All clients]*

☐ Franklin	☐ Gadsden	☐ Jefferson	☐ Leon	☐ Liberty
☐ Madison	☐ Taylor	☐ Wakulla	☐ Other: _____	

*CLIENT LOCATION *[All clients]:* FL-506 (This code identifies the Big Bend CoC region)

Total number of months continuously homeless immediately prior to project entry (round up): _____

*RESIDENCE PRIOR TO PROJECT ENTRY (Mark "x" for the appropriate living condition)

HOMELESS SITUATIONS	INSTITUTIONAL SITUATIONS	TRANSITIONAL AND PERMANENT HOUSING SITUATIONS
___ Place not meant for habitation	___ Foster care home or foster care group home	___ Hotel/motel paid for without emergency shelter voucher
___ Emergency Shelter, including hotel/motel paid for with ES voucher	___ Hospital or other residential non-psychiatric medical facility	___ Owned by client, no ongoing housing subsidy
___ Safe Haven	___ Jail, prison, or juvenile detention center	___ Owned by client with ongoing housing subsidy
___ Interim Housing	___ Long term care facility or nursing home	___ Permanent housing (other than RRH) for formerly homeless persons
___ Client doesn't know	___ Psychiatric hospital or other psychiatric facility	___ Rental by client, no ongoing housing subsidy
___ Client refused	___ Substance abuse treatment facility or detox center	___ Rental by client, with VASH subsidy
		___ Rental by client, with GPD TIP subsidy
		___ Rental by client, with other ongoing housing subsidy
		___ Residential project or halfway house with no homeless criteria
		___ Staying or living in a family member's room, apartment, or house
		___ Staying or living in a friend's room, apartment, or house
		___ Transitional housing for homeless persons (including homeless youth)

LENGTH OF STAY IN PREVIOUS PLACE *[Head of household and adults]*

☐ One night or less   ☐ 2-6 nights   ☐ One week or more; less than one month   ☐ One month or more; less than 90 days

☐ 90 days or more; less than one year   ☐ One year or longer   ☐ Client doesn't know   ☐ Client refused

Approximate Date Homelessness Started _____/_____/_____

Number of TIMES the client has been on the streets, in ES or SH in the past three years, including today?
☐ One time   ☐ Two times   ☐ Three times   ☐ Four or more times   ☐ Client doesn't know   ☐ Client refused

Total number of MONTHS homeless on the streets, in ES, or SH in the past three years?
☐ One month (this is the first month)   ☐ Client doesn't know   ☐ Client refused

☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10   ☐ 11   ☐ 12   ☐ More than 12 months

Updated 5/16/22

Domestic Violence Victim/Survivor?

☐ Yes ☐ No ☐ Client doesn't know ☐ Refused

If yes for "domestic violence victim/survivor; **When experience occurred?**

☐ Within the past three months ☐ 3-6 months ago (excluding six months exactly) ☐ 6-12 months (excluding one year exactly)
☐ More than a year ago ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

If yes for "domestic violence victim/survivor; **Are you currently fleeing?**

☐ Yes ☐ No ☐ Client doesn't know ☐ Refused

Income from any source? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Total monthly income (indicate "0" if no income): $ _____

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	No
Alimony or other spousal support	$	
Child support	$	
Earned income (i.e. employment income)	$	
General Assistance (GA)	$	
Other source (if yes, specify):	$	
Pension or retirement income from former job	$	
Private disability insurance	$	
Retirement income from Social Security	$	
Supplemental Security Income (SSI)	$	
Social Security Disability Income (SSDI)	$	
Temporary Assistance for Needy Families (TANF)	$	
Unemployment Insurance	$	
VA Non-Service-Connected Disability Pension	$	
VA Service-Connected Disability Compensation	$	
Worker's Compensation	$	

Non-cash benefit from any source? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	No
Special Supplemental Nutrition Assistance Program (SNAP)	Amount: $	
Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)		
TANF Child Care Services (or use local name):		
TANF transportation services (or use local name):		
Other TANF-Funded services (or use local name)		
Section 8, Public Housing, or other rental assistance		
Temporary rental assistance. If yes, specify source:		
Other Source (specify):		

Covered by health insurance?
Yes   No
☐ Client doesn't know
☐ Client refused
[Answer 'yes' or 'no' for each health insurance source with an 'x'. Answer 'no' for sources that are not currently active]

Health Insurance Type	Covered?	
	YES	NO
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate):		

*Does the client have a disabling condition? *[All clients]*   ☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused

[Mark "x" for all disabilities and respond to last three columns with "yes/no", and a start date]

Disability Type	Disability Determination						
	Yes	No	Client doesn't know	Client refused	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Long term condition? (Y/N)	Approximate Start Date of condition(s)
Alcohol Use (only)							
Both Alcohol and Drug Use							
Chronic Health Condition							
Developmental Condition							
Drug Use (only)							
HIV or AIDS							
Mental Health Problem							
Physical Condition							

Housing Move-in Date (for PSH & RRH Projects Only): _____/_____/_____

Client's Emergency Contact Information
(for Emergency Shelter use only)

Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Phone:	
Emergency Contact Relationship to Client:	
Emergency Medical Information:	
Primary Care Physician:	
What led to homelessness?	
License / ID Number:	
Valid State ID?	
Client Car: Year, Make, Model, Color, Tag#:	
Convicted Sex Offender?	
When are you available to meet with a Case Manager?	

Participant File Checklist

Client Name: _____ HMIS # _____

Address: _____ Phone: _____

Date Application Approved: _____ Date Housed: _____

Date Exit: _____ VI-SPDAT Score _____ (should be between 4-7)

ELIGIBLITY and INTAKE PAPERWORK

- ☐ Prescreening Application
- ☐ Coordinated Entry Assessment including completed VISPDAT (verify that there is no Diversion funding that has been provided within the last 3 months)
- ☐ Homeless Verification (self-certification of housing status used a last resort only)
- ☐ Income Verification (proof of income sources from last 30 days or Zero OR Self-Certification Income Statement)
- ☐ Copy of I.D.
- ☐ Grievance Policy (and Copy for client)
- ☐ Budget
- ☐ Program Release of Information
- ☐ Housing Stability and/or Individual Service Plan

HOUSING PAPERWORK

- ☐ Landlord W-9
- ☐ Housing Habitability Standards Inspection Checklist Complete
- ☐ Budget
- ☐ Request for Payment
  - ☐ Rent
  - ☐ Utilities (must be in client's name)
- ☐ Rental Assistance Payment Agreement (Move In Cost Agreement)
- ☐ Signed residential lease between participant and landlord
  - ☐ Security deposit less than or equal to 2 months of rent
  - ☐ What does my lease say? Tenant education sheet (provide copy of completed document to client)

PROGRAM EXIT/FOLLOW-UP

- ☐ Resource needs assessment every 4 months
- ☐ HMIS Exit
- ☐ Documentation of 1 contact every 4 months for 1 year after program exit

Pre-screening Application

Referring Agency: **Case Manager / contact #:** **Name of all adults in household:** First: _____ MI: ____ Last: _____ First: _____ MI: ____ Last: _____	**Date**: **Last 4 digits of Social Security #** _____ _____

Phone #:

Have you received previously received Diversion funding within the last 3 months? ▪ Yes   □ No

Is the client's current shelter stay over 90 days?   □ Yes   □ No

Applicants who answer yes to the questions may not eligible.

Homelessness Criteria:

1. Are you and your family living in an emergency shelter or staying in a hotel that is paid for by a charitable organization? □ Yes   □ No

2. Is your permanent nighttime residence a place not meant for human habitation such as a car, abandoned house, or tent?   □ Yes   □ No

3. Are you and your family currently fleeing from domestic or sexual violence?   □ Yes   □ No

Did the applicant answer yes to at least one of the three criteria listed above?   □ Yes   □ No

1. Does your household include children under 18?   □ Yes   □ No
If so, how many? _____

Do you have enough income or benefits to be able to afford to pay rent and utilities each month (In most cases, clients will need at least $900 in monthly income and benefits)?   □ Yes   □ No

Can you move into an apartment/house without this assistance?   □ Yes   □ No

---

□ **Eligible**   □ **Ineligible, reason:** _____

All information above must be complete prior to acceptance of form

Rapid Re-Housing Program: HOMELESSNESS CERTIFICATION

Applicant Name(s): _____ Number of adults in the household: _____

This document is to certify that the above named individual or household currently meets homelessness criteria based on information about current living situation and staff signatures.

Living Situation (Please check one):

☐ Emergency **Shelter (Name):** _____

☐ Transitional **Housing (Name):** _____

☐ Place **not meant for human habitation (describe):** _____

_____

☐ Other: _____

Start and end date of residence: _____

Agency Staff Printed Name & Title: _____

Phone: _____

Agency Staff Signature: _____ Date: _____

I certify that the above statements about my living situation are true and complete. If they are not accurate or complete, please describe your situation below:

_____

_____

_____

Applicant Signature: _____ Date: _____

Rapid Re-housing Staff: Documentation of attempts made for third-party verification:

_____

_____

_____

_____

Rapid Re-housing Staff Signature: _____ Date: _____

Program Certification of Income Eligibility

Applicant Name(s) : _____

Total annual income after taxes will be used to determine the upper income limits for eligibility. Annual income includes but is not limited to the types of income listed below. Please check the box of any sources of income that you receive and enter the amounts in the table below.

☐ The gross amount of income earned before taxes and deductions.

☐ The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.

☐ Monthly interest and dividend income credited to an applicant's bank account and available for use.

☐ The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability, and other similar types of periodic payments.

☐ Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.

☐ Monthly income from government agencies **excluding** amounts designated for shelter, utilities, WIC, food stamps, and childcare.

☐ Alimony, child support, and foster care payments received from organizations or from persons not residing in the dwelling.

☐ All basic pay, special pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Please provide any of the following documentation as proof that you receive the income listed below:
- A letter from employer;
- Two pay stubs or other check stubs dated within the past month that includes the net and gross pay before and after tax and withholdings;
- Statements of benefits, such as social security statements;
- Bank statements from the previous three months.

Type of Documentation	Source	Amount	Frequency
	Total Monthly Income (after taxes)		
	Total Annual Income (above x 12)		

How many people (including yourself) are in your household? _____

What is 80% of your AMI Area Median Income based on your household size (see table below)? _____

80% AMI	1	2	3	4	5	6
Leon	45,000	52,000	58,500	64,950	70,150	75,350

Is your income likely to change in the next three months? ☐Yes ☐No

If so, in what way? _____

Are your expenses likely to change in the next three months? ☐Yes ☐No

If so, in what way? _____

Current Budget	Amount
A) How much money do you have right now in a savings account, checking account or otherwise?	
B) How much money will you earn between now and one month from today?	
C) Total Amount (add A + B):	
D) Amount needed to cover basic expenses between now and one month from today (other than move-in costs)?	
Total amount available to cover move-in costs (C – D):	
If you have an outstanding utility bill, how much is it?	

☐ I certify that the information I have provided about my income and expenses is true and complete and is likely to represent my financial situation for the next 3 months:

Applicant Signature: _____   Date: _____

Staff Verification
- ☐ The applicant has provided sufficient documentation to verify their current income and financial situation.
- ☐ Income of applicant is at or below 30% AMI for their household size.
- ☐ The rapid re-housing specialist has met with the client and determined that their monthly income is sufficient to cover basic family expenses.
- ☐ The rapid re-housing specialist has met with the client and determined that their monthly income is not sufficient to cover basic family expenses.

Notes: _____

_____

_____

Staff Signature: _____ Date: _____

Program Certification of Zero Income

Applicant Name(s) : _____

☐ I, _____ hereby certify that I do not individually receive income from any of the following sources:
- Wages from employment (including commissions, tips, bonuses, fees, pay in lieu of vacation
- or sick time, profit sharing, etc.);
- Income from operation of a business;
- Rental or royalty income from real or personal property, or gain from the sale of a property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policy benefits, distributions from retirement
- funds, pensions, or death benefits;
- Unemployment or disability payments;
- Severance pay;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or regular periodic gifts received from
- persons not living in my household;
- Veteran's benefits;
- Gambling winnings;
- Any other source not named above.

☐ I currently have no household income of any kind and there is no imminent change expected in my financial
status or employment status during the next 12 months.

How many people (including yourself) are in your household? _____

Is your income likely to change in the next three months?　　☐Yes　　☐No

If so, in what way?　　_____

Are your expenses likely to change in the next three months?　　☐Yes　　☐No

If so, in what way?　　_____

Current Budget	Amount
A) How much money do you have right now in a savings account, checking account or otherwise?	
B) How much money will you earn between now and one month from today?	
C) Total Amount (add A + B):	
D) Amount needed to cover basic expenses between now and one month from today (other than move-in costs)?	
Total amount available to cover move-in costs (C – D):	
If you have an outstanding utility bill, how much is it?	

How do you plan to increase your income to sustain housing? _____

_____

_____

☐ I certify that the information I have provided about my income and expenses is true and complete:

Applicant Signature: _____   Date: _____

Notes: _____

_____

_____

Staff Signature: _____ Date: _____

THE
KEARNEY CENTER
Opening Doors to Opportunity, Housing, Independence

Client Grievances:

Client should provide grievance or feedback about the services through the following options so that the center can best be able to respond:

1. Speak with a staff member or a shift supervisor about your concern.
2. To appeal a restriction from services, clients may meet with management Monday or Thursday at 3:00 pm at the front desk. If a Trespassing Warning (TPW) has been issued, clients are not permitted to reenter center property and an appeal onsite is not possible. TPW appeals are held across Dupree Street from the Center every Tuesday at 4pm or clients may call (850-792-9000) to request an alternate appeal time with management.
3. General concerns about Kearney Center can be provided in writing in the locked comment box located at the front of the Enrichment Center.

Client Signature: _____

Staff Signature: _____

Signed copy remains in file, give unsigned copy to client.

THE
KEARNEY CENTER
Opening Doors to Opportunity, Housing, Independence

<u>Client Grievances</u>:

Client should provide grievance or feedback about the services through the following options so that the center can best be able to respond:

1. Speak with a staff member or a shift supervisor about your concern.
2. To appeal a restriction from services, clients may meet with management Monday or Thursday at 3:00 pm at the front desk. If a Trespassing Warning (TPW) has been issued, clients are not permitted to reenter center property and an appeal onsite is not possible. TPW appeals are held across Dupree Street from the Center every Tuesday at 4pm or clients may call (850-792-9000) to request an alternate appeal time with management.
3. General concerns about the Kearney Center can be provided in writing in the locked comment box located at the front of the Enrichment Center.

Rapid Re-housing Monthly Budget:

Client Name _____

INCOME	
Employment wages (net)	
spouse wages	
child support/alimony	
unemployment	
SSI/ disability insurance	
pension/retirement	
other income	
Total Income	

HOUSING COSTS	PROJECTED	ACTUAL
Monthly Rent		
Utilities		
Housing Total		

TRANSPORTATION	
vehicle payment	
insurance	
public transportation	
gasoline	
maintenance/repair	
Transportation Total	

FOOD/PERSONAL CARE	
groceries (covered by food stamps)	( )
groceries (not covered by food stamps)	
eating/dining out	
school/work lunches	
personal products	
laundry/ cleaning supplies	
clothing/shoes	
hair/nails	
Food/Personal Care Total	

Cell/Home Phone Total	

ENTERTAINMENT	
cable/satellite	
internet	
entertainment activities	
other	
Entertainment Total	

MEDICAL	
prescriptions	
co-pay	
monthly medical payments	
other medical expenses	
Medical Total	

DEBTS	
personal loans	
credit cards	
cash advances/title loans	
student loans	
other debt payments	
Debt Total	

MISCELLANEOUS EXPENSES	
child/after-school care	
alimony/child support payments	
other expenses	
life insurance	
Miscellaneous Expense Total	

	PROJECTED	ACTUAL
TOTAL INCOME		
TOTAL EXPENSES		
INCOME - EXPENSES		

Individual Service and Housing Stabilization Plan

Name: _____ HMIS #: _____

I: Obtaining housing

Goal with Action Steps/Expected Target Date

II: Household needs

Goal with Action Steps/Expected Target Date

III: Housing stability

Goal with Action Steps/Expected Target Date

Client Signature: _____ Date: _____

Housing Case Manager: _____ Date: _____

Kearney Center
Authorization to Obtain/Release Information

NAME:_____   DOB:_____   SOCIAL SECURITY NUMBER: _____

This form authorizes that:
CESC / Kearney Center,
2650 Municipal Way, Tallahassee FL 32304

Has my permission to _____ obtain or _____ give the following information:

_____ Intake/Assessment Information   _____ Case Management Plan
_____ Financial Information   _____ Housing Information
_____ Physical/Medical Diagnosis/Treatment   _____ Medical/Hospital Records
_____ Transportation Requirements   _____ Employment Information
_____ Progress Notes   _____ HIV/AIDS/STD information (must specify)
_____ Substance Abuse Assessments/Evaluations/History
_____ Psychological and Psychiatric Evaluation/Consultation/Medication/History
_____ Other: _____

For services covering the dates from _____ to _____

for the specific purpose of _____.

Do not release the following information: _____

Specify who this information can be shared with: _____

_____

_____

- I release the Kearney Center of any legal liability that may arise from the release of the information requested
- I understand that the agency cannot release information obtained from other sources
- I understand that the Kearney Center will not share any information unless it is necessary to meet my needs
- I understand that this authorization for release of information will expire one year from today's date, unless indicated below:
Condition, date or event of earlier expiration: _____

- The specified information can be exchanged between the above designated agencies unless otherwise stated above.
- I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me, but revocation has no effect on action previously taken.

_____   _____
Signature   Date

_____   _____
Witness   Date

ESG Minimum Habitability Standards for Permanent Housing: Checklists

About this Tool

The Emergency Solutions Grants (ESG) Program Interim Rule establishes different habitability standards for permanent housing (the Rapid Re-housing and Homelessness Prevention components).

- **Permanent Housing Standards.** The recipient or subrecipient cannot use ESG funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards under §576.403(c). This restriction applies to all activities under the Homelessness Prevention and Rapid Re-housing components.

Recipients and subrecipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements at §576.403(a). For more discussion about how and when the standards apply, see *ESG Minimum Standards for Emergency Shelters and Permanent Housing,* located at http://OneCPD.info/esg.

The checklists below offer an optional format for documenting compliance with the appropriate standards. These are intended to:

1. Provide a clear summary of the requirements and an adaptable tool so recipients and subrecipients can formally assess their compliance with HUD requirements, identify and carry out corrective actions, and better prepare for monitoring visits by HUD staff.

2. Provide a tool for a recipient to monitor that its subrecipient is in compliance with HUD requirements. Where non-compliance is identified, the ESG recipient can use this information to require or assist the subrecipient to make necessary changes.

Prior to beginning the review, the subrecipient should organize relevant files and documents to help facilitate their review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.), or policy and procedure documents related to emergency shelter facility maintenance or renovations.

Carefully read each statement and indicate the shelter's or unit's status for each requirement (Approved or Deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an "approving official," if the recipient or subrecipient has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action.

Minimum Standards for Permanent Housing

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard *(24 CFR part 576.403(c))*
		1. *Structure and materials*: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. *Space and security*: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. *Interior air quality*: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. *Water Supply*: The water supply is free from contamination.
		5. *Sanitary Facilities*: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. *Thermal environment*: The housing has any necessary heating/cooling facilities in proper operating condition.
		7. *Illumination and electricity*: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. *Food preparation*: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. *Sanitary condition*: The housing is maintained in sanitary condition.

		10. *Fire safety*:
		  a. There is a second means of exiting the building in the event of fire or other emergency.
		  b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.
		  c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
		  d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

		11. Meets additional recipient/subrecipient standards (if any).

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

☐ Property meets <u>all</u> of the above standards.

☐ Property does not meet all of the above standards.

<u>**COMMENTS:**</u>

ESG Recipient Name: _____

ESG Subrecipient Name: _____

Program Participant Name: _____

Street Address: _____

Apartment: _____

City: _____ State: _____ Zip: _____

Evaluator Signature: _____ Date of review: _____

Evaluator Name: _____

Approving Official Signature (if applicable): _____ Date: _____

Approving Official Name (if applicable): _____

Rapid Re-housing Monthly Budget:

Client Name _____

INCOME	
Employment wages (net)	
spouse wages	
child support/alimony	
unemployment	
SSI/ disability insurance	
pension/retirement	
other income	
Total Income	

HOUSING COSTS	PROJECTED	ACTUAL
Monthly Rent		
Utilities		
Housing Total		

TRANSPORTATION	
vehicle payment	
insurance	
public transportation	
gasoline	
maintenance/repair	
Transportation Total	

FOOD/PERSONAL CARE	
groceries (covered by food stamps)	( )
groceries (not covered by food stamps)	
eating/dining out	
school/work lunches	
personal products	
laundry/ cleaning supplies	
clothing/shoes	
hair/nails	
Food/Personal Care Total	

Cell/Home Phone Total	

ENTERTAINMENT	
cable/satellite	
internet	
entertainment activities	
other	
Entertainment Total	

MEDICAL	
prescriptions	
co-pay	
monthly medical payments	
other medical expenses	
Medical Total	

DEBTS	
personal loans	
credit cards	
cash advances/title loans	
student loans	
other debt payments	
Debt Total	

MISCELLANEOUS EXPENSES	
child/after-school care	
alimony/child support payments	
other expenses	
life insurance	
Miscellaneous Expense Total	

	PROJECTED	ACTUAL
TOTAL INCOME		
TOTAL EXPENSES		
INCOME - EXPENSES		

WHAT DOES MY LEASE SAY?

PAYING FOR MY APARTMENT	
How much rent do I pay each month?	
When is my rent due each month?	
Where do I send my rent payment?	
How much is the damage/security deposit?	
If the rent is late, is there a late fee? How much is the late fee?	
When does the landlord start charging a late fee?	
If my check bounces, does that mean it's a late payment?	
When does the landlord start eviction if the rent is not paid?	
What utilities do I have to pay?	
What else do I have to pay? (For example, extra charge for pets, garage, laundry, key deposit, service fee if my check bounces?)	
RULES FOR MY APARTMENT	
What are the rules about noise?	
What pets are allowed? (kind of pet, number of pets, size of pets)	
Are there rules about how I have to do my housecleaning? Do I have to do any yard work?	

What happens if something breaks or someone damages my apartment? What should I do?	
Can the landlord come into my apartment anytime he wants to?	
What are the rules about someone living with me? How long can someone visit me (if they aren't living with me)?	
What happens if there is a police call to my apartment or someone in my family is arrested?	
What happens If someone in my apartment uses illegal drugs?	
How long is my lease? What happens if I want to move before my lease is up?	
What happens when my lease expires?	
If I want to move out, how soon do I have to tell my landlord?	
What do I have to do to get my damage deposit back?	

Rapid Re-housing Program: Move-In Cost Agreement

What is the Rapid Re-housing Program?

Rapid Re-housing is a program that provides **one-time** financial assistance to cover move-in costs for people who are experiencing homelessness who have enough income to be able to afford to pay rent and their basic expenses each month.

As a property manager/ owner, what is my role in this program?

You can use the same application and screening process that you would normally use to select a tenant. You deal directly with the tenant and the tenant is obligated to abide by the terms of the typical lease.

What are the requirements for the program?

The tenant must be able to sign a one-year lease. The landlord should not sign the lease until a letter of guarantee has been received. Program staff must be able to inspect the property to ensure that it meets HUD Housing and Lead-based Paint Standards. The landlord must submit a W-9 form to us for the IRS.

If you have further questions, please do not hesitate to contact the Case Manager working with your prospective tenant at _____

Owner or Property Manager (Payee): _____ **Phone #:** _____

Mailing Address: _____

Rental Property Address and Apt. # _____

Move-in Costs	Amount
Application fees (if required)	
First month's rent	
Last month's rent (if required)	
Security deposit	
Other fees (reservation fees, credit/background check fees)	
Total	

Which utilities (if any) are included in the rent? _____

By signing this document, I certify that the above move-in costs are accurate and complete.

I agree that the client(s) listed above will be able to move into the property (named above) upon receipt of the above amounts as long as he/she/they meet(s) the usual screening requirements and the property is available.

In the event that the client's application is denied for any reason, I understand that any fees paid other than the application and/or processing fees listed above will be returned the CESC / Kearney Center at

Please keep a copy of this form for your records.

_____
Property Owner/Manager Signature   Date

THE KEARNEY CENTER

Opening Doors to Opportunity, Housing, Independence

Kearney Center – Promise to Pay

From: _____

Date: _____

Re: Client HMIS # _____

Letter of Guarantee

To: _____

Email: _____

This form is to certify that the Kearney Center Rapid Rehousing Program will pay the amount listed below within 15 days from the date of this letter
(Please note that this letter is not valid without a signature).

Name on Account: _____

Address: _____

Account: _____

Amount of Payment: _____

Housing Case Manager: _____

Housing Case Manager Supervisor: _____

2650 Municipal Way, Tallahassee, Florida 32304
Phone: (850) 792-9000 • Fax: (850) 536-6053
www.kearneycenter.org

THE KEARNEY CENTER

Rapid Rehousing Request for Payment

HMIS Number:_____   Program: _____

Move-in Costs	Billed To:	Amount
Rent (First/ Last/ Other)		
Security deposit		
Application fees		
Utility deposit & connection fees w/ Utility Account #		
Back utility payments w/ Utility Account #		
Other:		
Total Amount Requested		

Name of Billed To: _____

Company Address (on W-9): _____

Mailing Address: _____

Check Memo: _____

The Housing Case Manager is requesting payment for the above amount(s) to be paid to the biller(s) listed above.

_____
Signature of Housing Case Manager   Date

By signing this document, I approve of and agree to pay the above amount(s) to the biller(s) listed above.

Director Signature   Date

Check cut, date: _____ by (Finance Dept. Signature): _____

THE
KEARNEY CENTER
Opening Doors to Opportunity, Housing, Independence

ADDRESS: Post Office Box 2194
Tallahassee, FL 32316
EMAIL: info@kearneycenter.org
WEB: www.KearneyCenter.org

CESC Diversion Program
Contact Form

Full Name: _____

Contact Information: _____

Date of Birth: _____

Social Security Number: _____

Race:

☐ American Indian / Alaska Native / Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White

Ethnicity:

☐ Hispanic or Latinx
☐ Non-Hispanic / Non-Latinx

Gender:

☐ Male
☐ Female
☐ Transgender
☐ Questioning
☐ A gender other than singularly male or female (e.g., non-binary, genderfluid, agender, etc.)

Military Veteran Status:

☐ Yes
☐ No

Zip code of Current Residence: _____

Current Living Situation: _____

Household Composition: _____

Total Monthly Income: _____

Provide a brief description of the assistance you are seeking:

_____

_____

Date Received by Staff: _____

Are you requesting emergency shelter services? ☐ Yes ☐ No

What is your household composition? (e.g., do you have dependent children, or a partner that you live with?)

_____

Where did you sleep last night? Indicate below

Abandoned building, Camp, Car, Emergency Shelter (List name below), Motel/Hotel paid by an agency, Movie Theater, Park, Public place, Tent, Transitional Housing (List name below), Street or Alley, Under a bridge, Other, Apartment,since evicted, Apartment/house I rent, Apartment rented for me, Friend/relatives house, Home owned,since evicted, Hospital

_____

Why do you have to leave the place where you slept last night? (e.g., problems with landlord, owe back-pay on rent/utilities, violence?

_____

When do you have to leave (where you are staying)?

_____

Are you facing any immediate danger at the place you are currently sleep? ☐ YES ☐ NO

What is your relationship to the person who gave you a place to stay last last?

_____

If the person who gave you a place to stay allows you to continue to stay overnight, will that person put her/his own housing in jeopardy? (violating lease)

☐ YES ☐ NO

Are you paying anything at the place you were staying last night? ☐ YES ☐ NO

Is there something we could assist you with, that would make it possible for you to continue staying there? Indicate below
Air fare, Crisis Intervention, Eviction Prevention Legal Assistance, Landlord/tenant dispute resolution, Local bus fare, Long distance bus fare, Rent payment assistance, Taxi fare, Utility assistance

Is there anyone (in or out of the area) who you can stay with temporarily? ☐ YES ☐ NO

Do you receive income? ☐ YES ☐ NO

Total Monthly Income

_____

(If client receives income) What day do you receive you next check?

_____

What is your current county of residence? Indicate below

Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Other, Santa Rosa, Taylor, Wakulla, Walton, Washington

If other, please specify the county

_____

Zip Code of Current Residence

_____

If we can't house you where will you stay tonight?

_____

Where do you have your personal belongings?

_____

How much money do you have available right now?

_____

What barriers to housing do you face? (e.g., criminal background, debt, evictions, etc.)

_____

If you have a phone number we can reach you at, please enter it here.

_____

Client E-mail Address

_____

STAFF QUESTIONS

Would this client be able to be diverted during regular service hours (8:30 am to 4:30 pm M-F) ?

☐ YES   ☐ NO

Was the client/Household Diverted?

☐ YES   ☐ NO

Attachment K
Client Eligibility

Prospective clients enter The Kearney Center through multiple streams. All Coordinated Entry referrals are managed through our HMIS.

Once clients arrive at The Kearney Center, staff utilize an intake form within our HMIS to determine their eligibility for shelter services. This form collects basic demographic information, income, benefits, emergency contact and medical information, as well as a diversion assessment.

If a client is eligible for services and cannot be immediately diverted from shelter, they will sign a Release of Information, Waiver, and Program Agreement. From here, clients will be assigned to an in-house housing case manager and will have regular access to service providers which work out of our shelter facility.

These service providers include agencies which connect clients with employment opportunities, benefits assistance, health insurance, etc. to promote economic self-sufficiency.

Improvement of System Performance
Attachment L

CESC, Inc. will utilize this project to improve the following HUD System Performances:

1. Length of Time Persons Remain Homeless
2. The extent to which a person who Exit homelessness to permanent housing destinations return to homelessness

Through this project we will be able to serve victims of domestic violence while ensuring that we reduce the amount of time that they remain homeless. Additionally, we are working to move survivors to permanent housing diverting them from homelessness. The resources provided by our team of doctors, specialists, therapists, and case managers will ensure that clients have the proper resources to regain stability and permanent housing. The Housing Navigators are instrumental in connecting with landlords to ensure that our clients exit to permanent housing destinations. They also maintain follow-up with clients and Landlords.

FY2021 - Performance Measurement Module (Sys PM)

Summary Report for FL-506 - Tallahassee/Leon County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)			Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2020	FY 2021		Submitted FY 2020	FY 2021	Difference	Submitted FY 2020	FY 2021	Difference
1.1 Persons in ES and SH	2070	1534		105	106	1	58	54	-4
1.2 Persons in ES, SH, and TH	2180	1655		144	140	-4	65	68	3

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

FY2021 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2020	FY 2021	Submitted FY 2020	FY 2021	Difference	Submitted FY 2020	FY 2021	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2308	1816	463	496	33	182	197	15
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2413	2123	466	498	32	183	225	42

FY2021 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2021	% of Returns	FY 2021	% of Returns	FY 2021	% of Returns	FY 2021	% of Returns
Exit was from SO	34	3	9%	3	9%	1	3%	7	21%
Exit was from ES	424	43	10%	21	5%	13	3%	77	18%
Exit was from TH	52	2	4%	3	6%	5	10%	10	19%
Exit was from SH	0	0		0		0		0	
Exit was from PH	245	6	2%	18	7%	6	2%	30	12%
TOTAL Returns to Homelessness	755	54	7%	45	6%	25	3%	124	16%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

4/6/2022 9:05:40 PM

FY2021 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2020 PIT Count	January 2021 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	805	621	-184
Emergency Shelter Total	551	462	-89
Safe Haven Total	0	0	0
Transitional Housing Total	145	68	-77
Total Sheltered Count	696	530	-166
Unsheltered Count	109	91	-18

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2020	FY 2021	Difference
Universe: Unduplicated Total sheltered homeless persons	2334	1686	-648
Emergency Shelter Total	2220	1564	-656
Safe Haven Total	0	0	0
Transitional Housing Total	127	137	10

FY2021 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults (system stayers)	99	143	44
Number of adults with increased earned income	8	9	1
Percentage of adults who increased earned income	8%	6%	-2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults (system stayers)	99	143	44
Number of adults with increased non-employment cash income	63	67	4
Percentage of adults who increased non-employment cash income	64%	47%	-17%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults (system stayers)	99	143	44
Number of adults with increased total income	69	74	5
Percentage of adults who increased total income	70%	52%	-18%

FY2021 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults who exited (system leavers)	28	26	-2
Number of adults who exited with increased earned income	1	3	2
Percentage of adults who increased earned income	4%	12%	8%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults who exited (system leavers)	28	26	-2
Number of adults who exited with increased non-employment cash income	17	8	-9
Percentage of adults who increased non-employment cash income	61%	31%	-30%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults who exited (system leavers)	28	26	-2
Number of adults who exited with increased total income	18	11	-7
Percentage of adults who increased total income	64%	42%	-22%

FY2021 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2020	FY 2021	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2166	1465	-701
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	988	569	-419
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (I.e. Number of persons experiencing homelessness for the first time)	1178	896	-282

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2020	FY 2021	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2473	1896	-577
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1090	704	-386
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (I.e. Number of persons experiencing homelessness for the first time.)	1383	1192	-191

FY2021 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2021 (Oct 1, 2020 - Sept 30, 2021) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2020	FY 2021	Difference
Universe: Persons who exit Street Outreach	195	106	-89
Of persons above, those who exited to temporary & some institutional destinations	123	41	-82
Of the persons above, those who exited to permanent housing destinations	35	27	-8
% Successful exits	81%	64%	-17%

Metric 7b.1 – Change in exits to permanent housing destinations

FY2021 - Performance Measurement Module (Sys PM)

	Submitted FY 2020	FY 2021	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1954	1547	-407
Of the persons above, those who exited to permanent housing destinations	641	645	4
% Successful exits	33%	42%	9%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2020	FY 2021	Difference
Universe: Persons in all PH projects except PH-RRH	212	359	147
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	205	353	148
% Successful exits/retention	97%	98%	1%

FY2021 - SysPM Data Quality

FL-506 - Tallahassee/Leon County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021
1. Number of non-DV Beds on HIC	407	407	183	295	137	64	659	683	525	10	106	34			
2. Number of HMIS Beds	407	407	183	80	80	64	579	633	490	10	106	34			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	27.12	58.39	100.00	87.86	92.68	93.33	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	3251	2400	1627	157	127	20	448	241	183	337	463	478	712	484	352
5. Total Leavers (HMIS)	2644	1955	1366	97	75	16	45	33	25	261	338	315	587	306	274
6. Destination of Don't Know, Refused, or Missing (HMIS)	1788	1020	590	6	0	0	6	2	1	17	17	31	3	62	40
7. Destination Error Rate (%)	67.62	52.17	43.19	6.19	0.00	0.00	13.33	6.06	4.00	6.51	5.03	9.84	0.51	20.26	14.60

FY2021 - SysPM Data Quality

Attachment M
Project Outcomes

CESC, Inc.'s proposed outcomes include: (1) decreasing the length of stay (2) Exits to permanent housing and (3) serve high need populations.

Goal 1: Decreasing the length of stay
By the end of the grant period 75% of Participants will stay in the project an average of 215 days.

Goal 2: Exits to permanent housing
By the end of the grant period 80% of participants will remain in or move to permanent housing.

Goal 3: Serve high need populations
By the end of the grant period, CESC projects will identify and support 80% chronically homeless clients.

Data will be tracked ongoing and monthly reports will be pulled to ensure that the program is working toward the identified goals. The data elements for the goals listed above will be tracked within the HMIS System.

Attachment N
Project Budget

The funds requested will be allocated as outlined within the approve grant application. CESC, Inc. is utilizing funds to support clients who are victims of domestic violence.

Case Manager
Survivors will have access to a Case Manager. The funds allocated within this grant will support 50% of the Case Manager position. This also corresponds with 17.57% of benefits. Benefits include 7.65% for FICA and Social Security, 7.92% for Retirement and 2% for Workers Compensation.

Housing Manger
Supports finding suitable and permanent housing for survivors. 1 Full Time and 1 Part Time Housing Manager will be employed to support the program. The funds allocated within this grant will support 50% of the Case Manager position. This also corresponds with 17.57% of benefits. Benefits include 7.65% for FICA and Social Security, 7.92% for Retirement and 2% for Workers Compensation.

Program Manager
Is the supervisor and supports the over program. 50% of their time will be allocated towards this project. This also corresponds with 17.57% of benefits. Benefits include 7.65% for FICA and Social Security, 7.92% for Retirement and 2% for Workers Compensation.

Mental Health Therapist
Provides one on one therapy to clients and survivors of domestic violence. 50% of their time will be allocated towards this project. This also corresponds with 17.57% of benefits. Benefits include 7.65% for FICA and Social Security, 7.92% for Retirement and 2% for Workers Compensation.

Restorative Dental Program
Though our Restorative Dental Program, we are looking to serve 50 clients who are victims of domestic violence. 50 clients x $500 per client= $25,000.

Diversion Costs
Supports families and ensures that they remain permanently housed. Funds to support diversion costs include rental assistance, bus tickets, hotel rooms, utilities, meal cards. Each client does not exceed $1,507.32.

Budget Activity	Total Cost	Amount Charged to this Grant Project	Percentage Charged to this Grant Project
1.5 FTE Housing Navigator	$71,549.38	$17,887.35	25%
(Benefits)	$12,571.22	$3,142.80	25%
5 FTE Case Managers	$238,497.96	$59,624.49	25%
(Benefits)	$52,380.11	$10,476.02	25%

1 FTE Program Manager	$67,000	$33,500	50%
(Benefits)	$11,771.90	$5,885.95	50%
1 FTE Mental Health Therapist	$67,000	$33,500	50%
(Benefits)	$11,771.90	$5,885.95	50%
Restorative Dental		25,000	100%
Diversion Costs (Partnership with CCYS)		34,668.44	100%
Total Allocation	$532,542.47	$229,571.00	

August 18, 2022

Dear Big Bend Continuum of Care,

The purpose of this letter is to provide a detail breakout of the match funding for the CESC Inc. Domestic Violence Project. This project will be used to support victims, families, and survivors.

The 2022 HUD NOFO require a 25% Match. 25% of $229,571.00 is $57,392.75.

The required match of $57,392.75 will be taken from General Funds.

Should you have any questions, please do not hesitate to give me call.

Sincerely,

Rick Kearney
CESC, Inc. Board Chair

THE **KEARNEY CENTER**
Opening Doors to Opportunity, Housing, Independence

ADDRESS: Post Office Box 2194
Tallahassee, FL 32316
EMAIL: info@kearneycenter.org
WEB: www.KearneyCenter.org

August 30, 2022

Big Bend Homeless Continuum of Care

RE: 2022 HUD CoC Competition NOFO

Dear COC Grant Review Committee,

CESC, Inc. is the parent organization of The Kearney Center and CESC Health Services based in Tallahassee, Florida. We aim to help lead those experiencing homelessness or economic hardship in the Big Bend region to an independent, sustainable future by providing food, shelter, job placement services, case management, free medical and dental care, and more.

CESC Health Services is home to our Evening Nurse Clinic, TMH Transition Center, and Dental Office. All healthcare and dental services are provided to clients at no cost. Just last fiscal year we provided over $177,481 in value of dental services. We currently have a dedicated volunteer dentist to help meet our mission.

We are humbly requesting at least $25,000 to help serve 50 people with our dental services. We appreciate your consideration of our request and partnership.

Any questions regarding this letter of intent can be directed to Vicki Butler, Director of Shelter Operations at 850-792-9000 or vicki.butler@cesctlh.org.

Sincerely,

Russell B Rainey DMD (Aug 30, 2022 17:13 EDT)

Russell B. Rainey, DMD
CESC Board Vice Chair

WAYS TO GIVE
Web: www.KearneyCenter.org/donate
Cash App: $KearneyCenter
PayPal: PayPal.me/KCTLH