

VERNON COMMUNITY NETWORK

Member Survey

“Top 2 Challenges to Achieving Mission” – A Compilation of 21 Organization Responses

- The five Fetal and Infant Mortality Review (FIMR) programs in the state are still in the budget to be eliminated June 30,2009 (ECHN)
- Parent support(St. Barts)
- Budgeting/Fundraisers (St. Barts)
- We need employers to grant us opportunities that will put people supported to work (Hockanum Industries)
- Funding! (Hockanum Industries)
- Broader service coordination (YSB)
- Continued funding to divert costly inpatient care (Community Health Resources/Genesis Center)
- Funding for ongoing supports and services to increase self-sufficiency and independence (Community Health Resources/Genesis Center)
- On-going up-to-date information on services provided by other organizations, particularly for seniors, to ensure timely and accurate referrals. (Senior Center)
- Transportation for out of area youth (Forensic Health Services)
- More Space, Mentors (Forensic Health Services)
- Enhanced communication with families and work with families around issues that impact attendance and continued learning at home (i.e.: homework, reading) and safe after school activities for students. (Vernon Public Schools)
- Coordinated efforts between health services, courts, DCF, Police and schools to address the well known issues that are impacting families and the community. (i.e.: crime, drug use, additions, mental health services) (Vernon Public Schools)
- Getting the word out that high school diplomas are very important: marketing support (Vernon Regional Adult Basic Education)
- Possibly, some satellite locations for classrooms (Vernon Regional Adult Basic Education)
- Better coordination of services to match needs - one place/person to oversee each family (Nazarene Church)
- Insurance coverage for “faith-based” counseling services (Nazarene Church)

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- Interim or Transitional Housing (between shelter & apt.) (Nazarene Church)
- Accountability of those receiving benefits (Nazarene Church)
- We need a class room at Maple Street School (FRC)
- A central place for families to find information about programs for children. (FRC)
- Unrestricted funding (KIDSAFE)
- More staffing (KIDSAFE)
- Lack of communication/networking between all of the different organizations/agencies (Union Church)
- Social barriers, prejudice, a lack of willingness to “cross” certain lines due to intolerance (Union Church)
- Food stamp program is not sufficient to meet all the needs of all of the people and it is hard to navigate. (Foodshare)
- Surplus food is only enough to fill one third of the total need, 2 lbs. of food per hungry person per week. (Foodshare)
- Funding/Sponsorship (Vernon Parks & Rec)
- Marketing (Vernon Parks & Rec)
- Less bureaucracy in delivery of programs (Vernon Social Services)
- Increased staffing (Vernon Social Services)
- Financial challenges! High rental fees for space make it difficult for our budget. Being a not for profit it can be difficult to be competitive on what we can offer for salaries to recruit the most qualified staff. (Indian Valley YMCA)
- Inconsistent regulations for local and state agencies. Renting space for licensed child care programs is challenging when the schools or landlords don’t need to adhere to the same set of standards. (Indian Valley YMCA)
- None listed (United Way of Central and NE CT)
- None listed (School Readiness)
- None listed (HVCC)

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Executive Committee
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Vicky Rispoli, VP
Angela Atwater, Treasurer
Kim McTighe, Secretary
John Ryan, At-large
Bryan Flint, At Large
Richard Tariff, At Large
David Engelson, Past Pres.

Member Survey

Organization Name: _____

Contact _____ Title _____

E-mail _____

Organization Mission: _____

Please describe your organization's activity in each of the categories below that apply.

Social Services:

i.e. specific counseling
Shelter

Health Care:

i.e. Assistance with
Applications

Faith Based:

i.e. general counseling
Basic needs

Town Services:

Community activities

Education:

i.e. adult, youth

Other:

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 _____

#2 _____



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Member Survey

Organization Name: America Reads

Contact Kathi Young **Title** Coordinator **E-mail** krjockheck@aol.com

Organization Mission: To provide support to the schools in Vernon & Manchester by reading with and mentoring "at-risk" students. The focus is on first through third graders who need and would benefit from individual attention.

Please describe your organization's activity in each of the categories below that apply.

Social Services: _____
i.e. specific counseling
Shelter

Health Care: _____
i.e. Assistance with
Applications

Faith Based: _____
i.e. general counseling
Basic needs

Town Services: _____
Community activities

Education: Volunteers read & mentor 1 hour/week during the school year
i.e. adult, youth

Other: _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Funds for the program/office space

#2 Co-coordinator

Organization Name:

America Reads

Contact Name: Kathi Young

Title: Coordinator

Email: krjockheck@aol.com

List the services provided by your organization

Cross Agency Support (please leave blank)

Mentoring/reading support for grades 1-3

List one service gap that exists in the community:

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Member Survey

Organization Name: Church of the Risen Savior

Contact Leslie Campolongo Title Parish Council Secretary

E-mail Lscampolongo@sbcglobal.net

Organization Mission: Inspiring, experiencing and sharing the reality of Christ with our community

PURPOSE:

To bear witness to the reality of Christ in our community by:

- Reaching out in love and service - to those we meet who do not yet know the Hope of Christ or need to reconnect with His love.
Preaching the Good News of Christ - His truth, love, atonement and forgiveness of sin, with healing and power.
Teaching - the importance of becoming lifelong followers of Christ

Please describe your organization's activity in each of the categories below that apply.

Social Services: NONE

Health Care: NONE

Faith Based: Pastoral Counseling, Financial contributions to Cornerstone Foundation, Tri-Town shelter, Birthright, assorted financial support to Vernon crisis needs, (fire victims, Maple Street School)

Town Services: 1995-1999? - Established Youth Center (for homework assistance, providing mentoring, light meals) utilized by many area teens. Currently, we are investigating re-opening a similar program. Recent member participation in Rockville Community Alliance meetings.

Education: Faith-based Adult Bible study, Teen group/activities, Elementary youth group, Town sponsor of youth softball team, Church members serving as leaders in following organizations: Daisy Girl Scouts, youth softball,

Other: Deliver Holiday-based outreach activities: Halloween Dramas/Movies, Thanksgiving Pies, Christmas musical, Participate in July in the Sky (provide free water), Bi-Centennial parade

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Better community awareness of programs/services available

#2 Children without actively involved parents

Organization Name:

CHURCH OF THE RISEN SAVIOR

Contact Name:

LESLIE CAMPOLONGO

Title:

COUNCIL SECRETARY

Email:

LSCAMPOLONGO@SBCGLOBAL.NET

List the services provided by your organization**Cross Agency Support** (please leave blank)

Pastoral Counseling

Faith based Teen Group

Faith based Youth Group

Religious education

Vacation Bible School (week-long, runs end of July- early Aug)

List one service gap that exists in the community:Crisis Pregnancy Counseling**PLEASE RETURN FORM** no later than April 2nd: aslobodien@vernon-ct.gov



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Member Survey

Organization Name: Cornerstone Foundation

Contact Helen Syriac **Title** Exec. Director

E-mail hdsyriac@sbcglobal.net

Organization Mission: The Cornerstone Foundation, Inc., is a non-profit human services outreach organization. Its mission is to provide a safe, non-threatening atmosphere where one can be listened to affirmed and encouraged. The Cornerstone basic mission is to feed the hungry, clothe the naked and give shelter to the homeless.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: _____
i.e. specific counseling
Shelter

Health Care: Lease space to health clinic. Lease space for HIV project
i.e. Assistance with
Applications

Faith Based: 15 bed shelter – soup kitchen – clothing bank – Community Center
i.e. general counseling
Basic needs

Town Services: _____
Community activities

Education: Tutoring for Cornerstone clients
i.e. adult, youth

Other: 25 years providing Christmas day meal (125 guests) and party for 150 children

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Private Donations

#2 Help w/web design

Organization Name:
Cornerstone Foundation

Contact Name: see above

Title:

Email:

List the services provided by your organization

Cross Agency Support (please leave blank)

15 bed shelter

Soup kitchen

Clothing Bank

Community Center

Provide space to: FRC pre-school groups

Martial arts Program

Crossroads Community Church

Christmas meal

Christmas party for children

Free hair cuts

Free eye glasses (30 max/year)

Case management for shelter clients

Tutoring for Cornerstone clients

List one service gap that exists in the community:

Affordable housing & transitional housing

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Organization Name: Fetal and Infant Mortality Review Program (ECHN is the fiduciary of this state funded program)_____

Contact Candy Parker_____ **Title** FIMR Coordinator_____ **E-mail** Cparker@echn.org_____

Organization Mission: The mission is to help the community work together to make system changes or fill gaps of services. These are identified by looking at the fetal and infant deaths for residents in the towns of Manchester and Vernon using data abstraction and client interviews. The case review team identifies needs and the community action team creates ways to implement changes and carries it out. The community works together to improve the community.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: During individual interviews with grieving parents, needs are identified and if needed referrals are given to them ie grieving groups for parents, children etc._____

i.e. specific counseling
Shelter

Health Care: **Help with finding resources can be given. Education is a major part of our program in health areas**_____

i.e. Assistance with
Applications

Faith Based:

i.e. general counseling
Basic needs

Town Services:

i.e. Parks & Rec, youth
Community activities

Education:

Health education targeting mostly women, especially pregnant and/or teens and families

i.e. adult, youth

Other:

List one service gap that exists in the community:

Dental services for the uninsured

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Member Survey

Organization Name: Foodshare, Inc.

Contact: George Lombardo and Sarah Santora

Title: Community Programs Coordinator and Community Involvement Coordinator, resp.

E-mail: glombardo@foodshare.org ssantora@foodshare.org

Organization Mission: Foodshare will work to end hunger as a part of the overall community effort to alleviate poverty in greater Hartford.

Please describe your organization’s activity in each of the categories below that apply.

Social Services:

i.e. specific counseling
Shelter

_____ see below under other _____

Health Care:

i.e. Assistance with
Applications

Faith Based:

i.e. general counseling
Basic needs

Town Services:

i.e. Parks & Rec, youth
Community activities

Education:

i.e. adult, youth

Other:

Foodshare distributes 15 tons of food each day to partner agencies in Hartford and Tolland counties. Partner agencies represent all of the categories of service providers indicated above. Approximately 350 agencies receive at least some of their food from us. Foodshare’s job is to work with the food industry to secure truckloads of donated food to distribute. We also try to facilitate collaborations at the local level in order to increase community engagement with hunger issues and to promote client self-sufficiency.

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Food stamp program is not sufficient to meet all the needs of all of the people and it is hard to navigate.

#2 Surplus food is only enough to fill one third of the total need, 2 lbs of food per hungry person per week.

Organization Name:

Foodshare, Inc.

Contact Name:

Sarah Santora

Title:

Community Involvement Coordinator

Email:ssantora@foodshare.org

George Lombardo

Community Programs Coordinator

glombardo@foodshare.org**List the services provided by your organization****Cross Agency Support** (please leave blank)

Food

Food Stamp screening and applications

Grants for equipment for partner agencies

Education and outreach on hunger issues

Facilitating agency collaborations at the local level to promote client self-sufficiency.

List one service gap that exists in the community:

It seems that job seeker services could more seamlessly be provided at food distribution points, i.e. food pantries, soup kitchens or shelters.

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Member Survey

Organization Name: Rockville Juvenile Risk Reduction Center

Contact Patricia Skoog **Title** Program Manager **E-mail** pskoog@forensichealthservices.com

Organization Mission: The Rockville JRRC provides research-based outpatient clinical services to juveniles using strength-based treatment to facilitate the development of effective pro-social behaviors.

Please describe your organization’s activity in each of the categories below that apply.

- Social Services:** Cognitive behavioral groups. Motivational Interviewing. Family Therapy
i.e. specific counseling
Shelter
- Health Care:** N/A
i.e. Assistance with
Applications
- Faith Based:** N/A
i.e. general counseling
Basic needs
- Town Services:** N/A
Community activities
- Education:** N/A
i.e. adult, youth
- Other:** N/A

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Transportation for out of area youth

#2 More Space, Mentors

Organization Name:

Rockville juvenile Risk Reduction Center

Contact Name:

Patricia Skoog

Title:

Program Manager

Email:pskoog@forensichealthservices.com**List the services provided by your organization****Cross Agency Support** (please leave blank)

Center based groups:

Anger replacement Therapy (ART)

Trauma and stress reduction management (TARGET)

Motional Interviewing (MI)

Employment opportunities

Girls Group (VOICES)

Family Therapy (BSFT)

Substance Abuse groups (CBT/MET)

List one service gap that exists in the community:Transportation



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Member Survey

Organization Name: ECHN'S Vernon Family Resource Center at Maple Street School

Contact Tess MacKenzie **Title** site coordinator **E-mail** tessmackenzie@hotmail.com

Organization Mission: Improving the health and well being of our community with competence and compassion.

Please describe your organization's activity in each of the categories below that apply.

Social Services: referrals
i.e. specific counseling
Shelter

Health Care: referrals , assistance w/ applications
i.e. Assistance with
Applications

Faith Based: none
i.e. general counseling
Basic needs

Town Services: Community activities for families with preschoolers and school age children
i.e. Parks & Rec, youth
Community activities

Education: Parenting classes, training for childcare providers ,education play groups for the families of preschoolers, collaborative family literacy w/ Adult Ed, after school clubs for elementary school children
i.e. adult, youth

Other: _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 We need a class room at Maple Street School

#2 A central place for families to find information about programs for children.

Organization Name:

ECHN'S Vernon Family Resource Center

Contact Name:

Tess MacKenzie

Title:

site coordinator

Email:tessmackenzie@hotmail.com**List the services provided by your organization****Cross Agency Support** (please leave blank)

Resource and referral for family well being

Families in Training Parents as Teachers (PAT)

Links to Preschool childcare

Links to School Age Child Care

Support and Training for Family Child Care Providers

Links to Adult Education

Positive Youth Development

List one service gap that exists in the community: A group to turn to when people are falling through the cracks in services. We had two families that had fires. They needed more help than agencies were set up to offer.

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Member Survey

Organization Name: Community Health Resources/ Genesis Center

Contact Robert Soderberg **Title** Case Manager Supervisor **E-mail** rsoderberg@chrhealth.org

Organization Mission: private, non-profit community-based, comprehensive, behavioral health system of care conveniently located in the communities east and north of Hartford. Treatment, support, rehabilitation, prevention and education are provided by a well-trained dedicated staff of professionals committed to recovery. Public and private resources are utilized to ensure that care is delivered to htise most in need, utilizing up-to-date service technologies with effective outcomes.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: Adult and child psychiatric clinic of prescribers and therapists, administration, case management programs, jail diversion, clubhouse, child group homes, family support teams, treatment foster care, intensive family reunification.

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

- #1 Continued funding to divert costly inpatient care
- #2 Fundning for ongoing supports and services to increase self-sufficiency and independence

Organization Name: Community Health Resources, Genesis Center, Inc

Contact Name: same as above

List the services provided by your organization	Cross Agency Support (please leave blank)
Adult Psychiatric Prescribers	
Adult Therapy	
Adult Case Management	
Adult Jail Diversion	
Adult Substance Abuse Therapy	
Supportive Housing and Family Adult Jail Diversion	
Adult Clubhouse	
Child Guidance Clinic	
Child Intensive In-Home	
Early Childhood Consultation	
Child Enhanced Care Coordination	
Child Family Support Team	
Child Functional Family Therapy	
Child Treatment Foster Care, Reconnecting Families, Intensive Family Reunification, Group Homes	

List one service gap that exists in the community

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Member Survey

Organization Name: Vernon Community Health Services/East Hartford CommunityHealthCare

Contact Marjorie Berry **Title** CEO

E-mail mberry@ehach.org

Organization Mission: East Hartford Community HealthCare, Inc. is a non-profit health care organization, will positively impact the health and well being of the community by providing appropriate, continuous, comprehensive, high quality health care services without discrimination as to age, gender, race, national origin, creed, political affiliation, sexual orientation, residence or ability to pay.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: _____
i.e. specific counseling
Shelter

Health Care: Provide primary medical care to all residents who seek our services, ie. Physicals, Immunizations, acute care needs, flu vaccines, transportation to our dental sites. We also provide dental hygiene services in the Vernon Elementary and Middle Schools and Head Start.

i.e. Assistance with
Applications
Faith Based: _____
i.e. general counseling
Basic needs

Town Services: _____
Community activities

Education: _____
i.e. adult, youth

Other: _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 _____

#2 _____

Organization Name:

Vernon Community Health Services, satellite of East Hartford Community HealthCare, Inc.

Contact Name:

Marjorie Berry

Title:

CEO

Email:

mberry@ehchc.org

List the services provided by your organization**Cross Agency Support** (please leave blank)

Primary Medical Services:

Acute care

Physicals – children and adults (School, Sports, Disability, DOT)

Immunizations, children and adults

Transportation for dental services to our other sites

Hygiene services in the schools and Head Start

Women's health: OB/Gyn

Health Education

Pediatric care

Adult care

Blood Pressure and Cholesterol screening

List one service gap that exists in the community:



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Member Survey

Organization Name: Hockanum Industries, Inc.

Contact Joan H. McMahon **Title** Executive Director

E-mail jmcMahon@hockanumindustries.org

Organization Mission: Hockanum Industries Inc. is a non profit agency that strives to provide gainful employment, training, support and retirement services to developmentally disabled individuals through the dignity of work, community interaction and structured activities.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: _____
i.e. specific counseling
Shelter

Health Care: _____
i.e. Assistance with
Applications

Faith Based: _____
i.e. general counseling
Basic needs

Town Services: _____
Community activities

Education: _____
i.e. adult, youth

Other: Human Service Agency supporting people with intellectual disabilities in a vocational setting

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 We need employers to grant us opportunities that will put people supported to work

#2 Funding!

Organization Name: Hockanum Industries, Inc.

Contact Name: Joan H. McMahon **Title:** Executive Director
E-Mail: jcmahon@hockanumindustries.org

List the services provided by your organization	Cross Agency Support (please leave blank)
Vocational Supports	
School to Work Transitions	

List one service gap that exists in the community:
Seniors with Intellectual Disabilities receiving Quality retirement supports

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Organization Name: Hockanum Valley Community Council, Inc.

Contact David A. Engelson **Title** Executive Director

E-mail dengelson@hvcchelps.org

Organization Mission: HVCC is an independent non-profit human service agency. It is dedicated to meeting the needs of residents of Tolland County. HVCC provides services to individuals/families in a manner which will promote independence while assuring that basic needs are met regardless of ability to pay.

Please describe your organization's activity in each of the categories below that apply.

Social Services:

i.e. specific counseling
Shelter

Food pantry, counseling, dial-a-ride, elder services (see next page for details)

Health Care:

i.e. Assistance with
Applications

Faith Based:

i.e. general counseling
Basic needs

Town Services:

Community activities

Education:

i.e. adult, youth

Other:

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 _____

#2 _____

Organization Name:

Hockanum Valley Community Council, Inc.

Contact Name:

David A. Engelson

Title:

Executive Director

Email:dengelson@hvcchelps.org**List the services provided by your organization****Cross Agency Support** (please leave blank)

Food Pantry

Elder Services – Outreach, social support, counseling, case management, friendly visitor, volunteer and teen chore services

Mental Health/Substance Abuse Services – family violence, marriage & family therapy, individual therapy, group therapy, psychiatric services

Transportation – medical, work, personal, business, and social appointment rides for people aged 60 and over and disabled of all ages

List one service gap that exists in the community:**PLEASE RETURN FORM no later than April 2nd: aslobodien@vernon-ct.gov**



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

Contact Angela F. Atwater **Title** Executive Director **E-mail** aatwater@kidsafect.com

Organization Mission: _____

The agency mission is “to break the cycle of child abuse and neglect by developing, promoting and implementing programs and services within the communities we serve”.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: In Home Parent Education; Parent education classes (in groups or individualized);counseling- adults, families, children; Youth Drop in Center (Rockville); One on One mentoring for youth; Anger Management classes for adults or youth/adolescents; Co-parenting classes (groups or individualized); Supervised Visitation

Health Care: _____
i.e. Assistance with Applications

Faith Based: _____
i.e. general counseling
Basic needs

Town Services: _____
i.e. Parks & Rec, youth
Community activities

Education: _____
i.e. adult, youth

Other: _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Unrestricted funding

#2 More staffing

Organization Name: KIDSAFE CT

Contact Name: Angela F. Atwater **Title:** Executive Director
Email:aatwater@kidsafect.com

List the services provided by your organization	Cross Agency Support (please leave blank)
In Home Parent Education	
Parent Education classes in groups or individualized	
Youth Drop In Center	
One on One Mentoring for youth	
Anger Management for youth or Adults (groups, individualized)	
Co-parenting classes (groups or individualized)	
Supervised Visitation	

List one service gap that exists in the community:

Low income, supportive or transitional housing

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David Engelson, Past Pres.

Member Survey

Organization Name: Rockville Church of the Nazarene
Contact Raymond "Flick" Grezel **Title Pastor** Pastor **E-mail** flick@rockvill nazarene.com

Organization Mission: The mission of the Church of the Nazarene is to respond to the Great Commission of Christ to "go and make disciples of all nations" (Matthew 28:19) and to advance God's kingdom. As this pertains to our community, we see it as feeding the hungry, clothing the naked, looking after the sick, befriending the outcast and downtrodden, and visiting those in prison. (Matthew 25:34-40)

Please describe your organization's activity in each of the categories below that apply.

Social Services:
i.e. specific counseling
Shelter

Health Care:
i.e. Assistance with
Applications

Faith Based:
i.e. general counseling
Basic needs

Counseling, Food/Grocery store cards, Support Groups
"The Rock" Friday night activities & teachings for Rockville Youth and their parents

Town Services:
i.e. Parks & Rec, youth
Community activities

Education:
i.e. adult, youth

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

- #1 Better coordination of services to match needs - one place/person to oversee each family
- #2 Insurance coverage for "faith-based" counseling services
- #3 Interim or Transitional Housing, (between shelter & apt.)
- #4 Accountability of those receiving benefits

Organization Name:
Rockville Church of the Nazarene

Contact Name: Raymond "Flick" Grezel **Title:** Pastor **Email:** flick@rockvillenazarene.com,

List the services provided by your organization	Cross Agency Support (please leave blank)
CHRISTIAN COUNSELING	
FOOD FOR THE NEEDY: GROCERY CARDS, THANKSGIVING FOOD BASKETS	
"THE ROCK" Friday Night Youth program 7-8:30 PM	
Home Visits to "The Rock" Families	
MEN'S & WOMEN'S SUPPORT GROUPS	
VOLUNTEERS	

List TWO service gaps that exist in the community:

- 1) MENTORING/OVERSEER
- 2) INTERIM/TRANSITIONAL HOUSING

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Executive Committee

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Kim McTighe, Secretary
John Ryan, At-large
Bryan Flint, At Large
Richard Tariff, At Large
David Engelson, Past Pres.

Member Survey

Organization Name: Rockville Community Alliance

Contact Bryan Flint Title President E-mail BryanFlint@aol.com

Organization Mission:

The mission of the "Rockville Community Alliance" is to improve and preserve the greater Rockville area of Vernon through the cooperative efforts of residents, the Town of Vernon, and other stake holders, including but not limited to: businesses, property owners, religious organizations, cultural services, and non-profit organizations.

Please describe your organization's activity in each of the categories below that apply.

Social Services:

i.e. specific counseling
Shelter

Blank lines for social services description

Health Care:

i.e. Assistance with
Applications

Blank lines for health care description

Faith Based:

i.e. general counseling
Basic needs

Blank lines for faith based description

Town Services:

i.e. Parks & Rec, youth
Community activities

Community-building, Event organization, Community problem-solving

Block Watch associated with the Vernon Police Dept.

Education:

i.e. adult, youth

Community safety with Crime prevention/awareness

Other:

Blank lines for other activities

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Funding, for programs & staffing * More volunteers

#2 Increasing collaborations among similar organizations in town

Organization Name:

ROCKVILLE COMMUNITY ALLIANCE

Contact Name:

Bryan Flint

Title:

President

Email:

BryanFlint@aol.com

List the services provided by your organization

Cross Agency Support (please leave blank)

EVENT PRODUCTION

(FOR THE PURPOSE OF COMMUNITY-BUILDING)

CLEAN-UP DAY IN DOWNTOWN
(MAY 16, 2009)

NATIONAL NIGHT OUT
(AUGUST 4, 2009)

Block Watch and Block captains

List one service gap that exists in the community:

Transitional Housing

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David Engelson, Past Pres.

Member Survey

Organization Name: Vernon School Readiness Collaborative

Contact Ann Scharin **Title** Project Manager

E-mail ayscharin@comcast.net

Organization Mission: .To ensure that every child in Vernon starts school “ready to learn”

Please describe your organization’s activity in each of the categories below that apply.

- Social Services:** _____
i.e. specific counseling
Shelter
- Health Care:** _____
i.e. Assistance with
Applications
- Faith Based:** _____
i.e. general counseling
Basic needs
- Town Services:** _____
Community activities
- Education:** _____
i.e. adult, youthn
- Other:** _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 _____

#2 _____

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David Engelson, Past Pres.

Member Survey

Organization Name: VERNON SENIOR CENTER

Contact PENNY RAND **Title** DIRECTOR **E-mail** prand@vernon-ct.gov

Organization Mission: The Vernon Senior Center is committed to assisting Vernon seniors by providing programs that meet their needs and address their concerns.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: Income Tax preparation assistance
i.e. specific counseling
Shelter Rental Rebates application assistance

Health Care: Screenings: blood pressure, blood sugar, cholesterol, and hearing
i.e. Assistance with Applications
Foot care Flu shots

Faith Based:
i.e. general counseling
Basic needs

Town Services: Senior Center – activities and programs
i.e. Parks & Rec, youth
Community activities

Education: Presentations on senior issues
i.e. adult, youth

Other: Referrals to other agencies for services not provided by the Center

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 On-going up-to-date information on services provided by other organizations, particularly for seniors, to ensure timely and accurate referrals.

#2

Organization Name:

VERNON SENIOR CENTER

Contact Name: Penny Rand

Title: Director

Email: prand@vernon-ct.gov

List the services provided by your organization

Cross Agency Support (please leave blank)

Socialization

Activities

Instruction/classes

Health/Wellness Programs

Transportation – senior bus and car

Special events – luncheon with entertainment

Trips and “Out to Lunch”

Presentations on senior issues

Volunteer opportunities

Application assistance – Renter Rebates and Taxes

Information/referrals to other agencies

List one service gap that exists in the community:

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David Engelson, Past Pres.

Member Survey

Organization Name: St. Bartholomew Catholic Church

Contact Vicky Rispoli **Title** Youth Minister

E-mail varispoli@aol.com

Organization Mission: Create environment & programs that will give youth the opportunity to recognize God's presence in lives and in the world. We encourage youth to nourish their minds and hearts with the word of God and to grow as active Christians.

Please describe your organization's activity in each of the categories below that apply.

Social Services: Counseling & spiritual direction
i.e. specific counseling
Shelter

Health Care: _____
i.e. Assistance with
Applications

Faith Based: food, shelter, funding
i.e. general counseling
Basic needs

Town Services: hunger walk, social justice, mission trips & community service activities
Community activities

Education: faith information, parent support
i.e. adult, youth

Other: social & faith based activities, retreats

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Parent support

#2 Budgeting/Fundraisers

Organization Name:

St. Bartholomew Catholic Church

Contact Name: Vicky Rispoli

Title: Youth Minister

Email: varispoli@aol.com

List the services provided by your organization

Cross Agency Support (please leave blank)

Financial Support

Counseling

Spiritual Direction

Referrals

Guidance to clothing, food, shelter

Prayer

Parish Community events: both spiritual and social

List one service gap that exists in the community:

Parent Communications

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Member Survey

Organization Name: Union Church

Contact Lisa Perry / Larry Meehan **Title** Secretary/Moderator

E-mail union.church@sbcglobal.net / larry.meehan@sbcglobal.net

Organization Mission: Part of the Union Church Mission Statement is: To Seek the Eternal Welfare of Rockville; Nurture a Spirit-filled life; Care for one another with Christ-like love; Provide a place for worship and urban ministries; Share with those in need.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: Bev’s Corner Drop in Center, Special Outreach programs, community use of church space such as, Girl Scouts, Brownies, Boy Scouts, and others.

i.e. specific counseling
Shelter

Health Care: _____

i.e. Assistance with
Applications

Faith Based: Bible Studies, and Faith based Outreach Programs, Alpha, Men’s Ministry, Women’s Ministry

i.e. general counseling
Basic needs

Town Services: _____

Community activities

Education: _____

i.e. adult, youth

Other: The church has committed some support to a Christian Counselor who has just received his Masters from John Brown University, this will bring Jason and his family to Rockville where he will begin a practice as a Christian Counselor.

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Lack of communication/networking between all of the different organizations/agencies

#2 Social barriers, prejudice, a lack of willingness to “cross” certain lines due to intolerance

Organization Name:

Union Church

Contact Name:

Lisa Perry

Title:

Secretary

Email:union.church@sbcglobal.net**List the services provided by your organization****Cross Agency Support (please leave blank)**

Bev's Corner Drop in center

Bible studies

Men's Ministry (various activities)

Women's Ministry (various activities)

Outreach (Christmas Jubilee dinner, Service outreach ect)

Alpha Course

List one service gap that exists in the community:

Parenting, Family services (getting parents involved and keeping them involved) to stop the cycle of disconnect between parents/kids.

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Member Survey

Organization Name: United Way of Central and Northeastern CT

Contact Melissa Camacho **Title** Community Investment Manager **E-mail** mcamacho@unitedwayinc.org

Organization Mission: To engage people to improve lives and change community conditions.

Please describe your organization’s activity in each of the categories below that apply.

United Way of Central and Northeastern Connecticut serves 40 towns throughout north central Connecticut, including Vernon. We support over 86 agencies that provide direct services; with our network of partner agencies, volunteers, and community leaders, our United Way takes a leadership role in changing conditions to improve lives in the Greater Hartford region.

Social Services: Support several agencies which provide direct social services to the Vernon Community, including Hockanum Industries, the Community Child Guidance Clinic, MARCH and the Hartford Dispensary.

Health Care: Support several agencies which provide direct health care services to the Vernon community including Visiting Nurse and Health services.

Faith Based: Support several agencies which provide faith based services, such as the Manchester Area Conference of Churches as well as Hockanum Valley Community Council.

Town Services: Partner with United Way of CT 211 Info line to provide a much needed town, community and state referral service system for the residents of Vernon. We also partner with the Town of Manchester Volunteer Income Tax Assistance (VITA) sites to provide free tax preparation services to the surrounding community in order for working families to claim the Earned Income Tax Credit (EITC).

Education: Support Discovery Collaboratives in the Vernon community which provide quality early childhood education opportunities in order to help children to learn and succeed in school.

Other: United Way of Central and Northeastern CT remains committed to supporting the Vernon community by not only funding sustainable programs in the Vernon region, but also by convening and facilitating collaborative opportunities which address systemic issues to better serve residents in areas pertaining to children succeeding, families becoming financially stable, and providing a safety net of services to those in need.

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 _____

#2 _____

Organization Name:

United Way of Central and Northeastern Connecticut

Contact Name:

Melissa Camacho

Title:

Community Investment Manager

Email:mcamacho@unitedwayinc.org**List the services provided by your organization****Cross Agency Support** (please leave blank)

United Way funds sustainable programs which help to improve lives and change community conditions.

United Way is a convener, facilitator and partner of local collaboratives and initiatives which help to address the systemic issues surrounding quality educational opportunities for children, family financial stability and services which serve as a safety net for those in need in the community.

List one service gap that exists in the community:

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David Engelson, Past Pres.

Member Survey

Organization Name: Vernon Regional Adult Basic Education
Contact Dr. Carl Mandell **Title** Regional Supervisor **E-mail** cmandell@vernon-ct.gov

Mission: Offer dynamic, multi-cultural services in an atmosphere of respect, appreciation, and acceptance of all. It is the goal of the Region to empower students with the knowledge and tools necessary to succeed both personally and professionally in a technologically advanced society.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: Calls received from many social service agencies, rehab specialists, courts, etc. seeking information related as to how their clients can continue their education and/or learn English.
i.e. specific counseling
shelter

Health Care: none
i.e. assistance with
applications

Faith Based: none
i.e. general counseling
basic needs

Town Services: We collaborate with community agencies such as Youth Services, YMCA and KidSafe.
i.e. Parks & Rec, youth
community activities

Education: This is our primary service (adult education)
i.e. adult, youth

Other: _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Getting the word out that high school diplomas are very important: marketing support

#2 Possibly, some satellite locations for classrooms.

What is one service gap you identify in Vernon:

1. _____

2. _____

RETURN FORM by e-mail: aslobodien@vernon-ct.gov

Organization Name:

VRABE (Vernon Regional Adult Basic Education)

Contact Name:

Dr. Carl Mandell

Title:

Regional Supervisor

Email:

cmandell@vernon-ct.gov

List the services provided by your organization**Cross Agency Support** (please leave blank)

Adult Basic Education (Basic Math & Reading Skills)

GED

Credit Diploma Program

English as a Second Language

Citizenship Classes

Teen Parent Program

Workforce Preparation

Workplace Education (Brings above programs to the work site)

Technology Training

List one service gap that exists in the community:

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Member Survey

Organization Name: Vernon Parks and Recreation Department

Contact Bruce Dinnie/Amy Locandro **Title** Director/Rec. Supervisor **E-mail** bdinnie@vernon-ct.gov;
alocandro@vernon-ct.gov

Organization Mission: The Department is committed to the effective management of its parks and other facilities in which to provide positive leisure opportunities. The opportunities are to benefit the individual, the economy, environment and entire community of Vernon.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: _____
i.e. specific counseling
Shelter

Health Care: _____
i.e. Assistance with
Applications

Faith Based: _____
i.e. general counseling
Basic needs

Town Services: Preschool programs; Youth Activites, Camps &Sports; Teen i.e. Parks & Rec, youth
Center; Adult Activities, Sport Leagues, Fitness, Social
Groups; Community Events; Bus Trips; Trails; Parks

Education: Language classes
i.e. adult, youth

Other: Facility Rentals

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Funding/Sponsorship

#2 Marketing

Organization Name:

Vernon Parks and Recreation Department

Contact Name: Bruce Dinnie**Title: P&R Director****Email: bdinnie@vernon-ct.gov****List the services provided by your organization****Cross Agency Support** (please leave blank)

Preschool Programs

Youth Activities

Youth Athletics

Teen Center

Teen Athletics

Adult Fitness

Adult Sport Leagues

Adult Social Groups

Summer Camps

Community Events

Bus Trips

Trails & Parks

Facility Rentals

List one service gap that exists in the community:**PLEASE RETURN FORM no later than April 2nd: aslobodien@vernon-ct.gov**



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David Engelson, Past Pres.

Member Survey

Organization Name: Vernon Public School

Contact Patricia Buell **Title** Director of Pupil Personnel Services

E-mail Patricia.Buell@vernonct.org

Organization Mission: Educate all students grades K-12 and address the special needs of students identified as special education via federal and state guidelines from age 3-21 or until graduation.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: Social work services for students based on an individual plan or on an as needed basis.
i.e. specific counseling
Shelter
Students are evaluated and information shared with families and doctors as requested by parents. With permission school personnel communicate with other agencies including counselors and court personnel.

Health Care: Height, weight, vision screening, hearing screening, scoliosis screening, day to day
i.e. Assistance with
Applications
nursing care and contact with families and physicians. Administer first aid and medications.

Faith Based: NA

Town Services: Coordinate with and refer to local agencies as needed. We have received a great deal of support from Vernon Youth Services and our students benefit by the collaboration.
i.e. general counseling
Basic needs

Education: Educate all students from Kindergarten to grade 12 with a focus on increasing student achievement. We promote the well being of students to become successful, productive adults.
i.e. adult, youth

Other: _____

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Enhanced communication with families and work with families around issues that impact attendance and continued learning at home (ie: homework, reading) and safe after school activities for students.

#2 Coordinated efforts between health services, courts, DCF, Police and schools to address the well known issues that are impacting families and the community. (ie: crime, drug use, additions, mental health services)

Organization Name:

Vernon Public Schools

Contact Name:

Patricia Buell

Title:

Director of Pupil Personnel Services

Email:

Patricia.Buell@vernonct.org

List the services provided by your organization

Cross Agency Support (please leave blank)

Education

Counseling

Assessment

Contact to agencies serving students

List one service gap that exists in the community:

Health Services to children and families to support health and well being if drug involved or court involved.

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Member Survey

Organization Name: Town of Vernon Dept of Social Services

Contact Paula Claydon **Title** Director of Social Services **E-mail** pclaydon@vernon-ct.gov

Organization Mission: Our mission is to promote social well being, self sufficiency and quality of life

Please describe your organization’s activity in each of the categories below that apply.

Social Services:
i.e. specific counseling
Shelter

Health Care:
i.e. Assistance with
Applications

Assistance with SAGA, Medicaid applications, assistance with Medicare, supplement plans, Med D

Faith Based:
i.e. general counseling
Basic needs

Town Services:
i.e. Parks & Rec, youth
Community activities

Limited Emergency Assistance

Education:
i.e. adult, youth

Other:

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Less bureaucracy in delivery of programs

#2 Increased staffing

Organization Name:

Town of Vernon Department of Social Services

Contact Name: Paula Claydon**Title: Director****Email:pclaydon@vernon-ct.gov****List the services provided by your organization****Cross Agency Support** (please leave blank)

Energy Assistance

Utility Match Payment Program

Fuel Bank & Operation Fuel

Emergency Fuel & Utility Assistance

Limited Emergency Assistance

Assistance applying for State & Fed programs

Health Insurance counseling for elders

Renter's Rebate program

Housing Rehabilitation Loan Program

Volunteer Income Tax Assistance

Reduced fee for Park & Recreation Camp programs

Salvation Army overnight Camp

New Back to School Clothes for school age children

Salvation Army/Payless Shoes – Boots & Shoe program

Mobile Foodshare for seniors only

Holiday toys

Employment Services

List one service gap that exists in the community:

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David Engelson, Past Pres.

Member Survey

Organization Name: Indian Valley YMCA

Contact Michelle Hill Title Senior Program Director E-mail michelle.hill@ghymca.org

Organization Mission: The YMCA of Greater Hartford is an association, open to all and committed to helping people develop their God-given potential in spirit, mind and body. Our commitment is based on the belief that the purpose of this three-fold development is to live out the values of our Judeo-Christian heritage, including caring, honesty, respect and responsibility.

Please describe your organization's activity in each of the categories below that apply.

Social Services: i.e. specific counseling Shelter

Health Care: i.e. Assistance with Applications

Faith Based: i.e. general counseling Basic needs

Town Services: i.e. Parks & Rec, youth Community activities

Education: i.e. adult, youth

Other: We provide a large variety of preschool and youth programs including after school child development, full day infant toddler, and preschool child development programs, half day nursery school, day camp programs, youth theater and youth sports programs. We also offer adult Judo classes and Pilates. We provide financial assistance for those who are in need. We also have a large variety of volunteer opportunities.

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 Financial challenges! High rental fees for space make it difficult for our budget. Being a non for profit it can be difficult to be competitive on what we can offer for salaries to recruit the most qualified staff.

#2 Inconsistent regulations for local and state agencies. Renting space for licensed child care programs is challenging when the schools or landlords don't need to adhere to the same set of standards.

Organization Name:

Indian Valley YMCA

Contact Name:**Email:** michelle.hill@ghymca.org

Michelle Hill

Title: Senior Program Director**List the services provided by your organization****Cross Agency Support** (please leave blank)

School age childcare including ½ day program for kindergarteners

Full time Infant Toddler Care

Preschool Childcare

½ day nursery school

Youth Theater

Day Camp

Youth sports programs

Pilates

Judo

List one service gap that exists in the community:

Part time infant care, parent workshops or workshops on behavior management

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Richard Tariff, At Large
David Engelson, Past Pres.

Member Survey

Organization Name: Vernon YSB

Contact Alan Slobodien **Title** Director

E-mail aslobodien@vernon-ct.gov

Organization Mission: Vernon YSB is a Town of Vernon Department dedicated to providing Program Coordination, Information and Referral, Prevention Services, Early Intervention Services, Resource Development, Community Involvement and Youth Advocacy.

Please describe your organization’s activity in each of the categories below that apply.

Social Services: Crisis Intervention, brief counseling
i.e. specific counseling
Shelter

Health Care: _____
i.e. Assistance with
Applications

Faith Based: _____
i.e. general counseling
Basic needs

Town Services: Service coordination w/local and area agencies, Peer Advocate, Truancy, Early Childhood Education
Community activities

Education: Substance use, violence etc.
i.e. adult, youth

Other: after school & summer programming, summer nutrition

Please describe the top two needs/challenges that you face that if overcome would speed up or help you fulfill your mission.

#1 broader service coordination

#2 _____

Organization Name:

Vernon YSB

Contact Name:**Title:****Email:****List the services provided by your organization****Cross Agency Support** (please leave blank)

After school Program

Summer Fun Program

Peer Advocate

Truancy Intervention

Early Childhood Education

Summer Nutrition

Service Coordination

Grant Coordination

Community Resource Development

Youth Advocacy/Leadership

Issue specific education

List one service gap that exists in the community:

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