

B. Experience and Expertise

Lead Applicant:

a. History and Mission: CAMBA provides services which connect people with opportunities to enhance their quality of life. Founded in 1977 as a merchants' block association, the agency has grown in direct response to the needs of the Brooklyn community and beyond. Today, CAMBA provides services to 45,000 individuals and families annually through an integrated set of six program areas: Economic Development, Education and Youth Development, Family Support, Health, Housing, and Legal Services. CAMBA clients are those who are: moving from welfare to work; experiencing homelessness, at risk of or transitioning out of homelessness; living with or at risk of HIV/AIDS; immigrants and refugees; children and young adults; entrepreneurs and others working to become self-sufficient. CAMBA serves clients throughout the five boroughs of New York City. Approximately 80% of our clients have incomes at or near the poverty level, and over half are immigrants from around the globe. CAMBA provides 160 high-quality programs at over 70 locations across New York City.

b. Current Level of Performance: Since 1992, housing has been a core component of CAMBA and the agency has been heavily invested in the operation of facilities and provision of services that address basic housing needs of low-income, disabled and homeless families and individuals. Working in partnership with the New York City Department of Homeless Services (DHS) and other leaders in government and the private sector, CAMBA has developed a continuum of services that rapidly moves homeless and at-risk families and single adults to housing permanency. Our continuum of housing services reaches more than 13,000 low-income households annually and includes homelessness prevention, emergency shelter, transitional housing and permanent supportive housing. CAMBA's homeless shelters reach over 2,500 individuals and families each year and provide a safe, supportive, and drug-free environment so clients can secure long-term permanent housing. We operate five shelters for homeless single adults and two shelters for homeless families. Three of our five single shelters house individuals who are mentally ill and/or chemically addicted. Psychiatric services are delivered on site at these facilities through subcontracts with licensed mental health providers. In our two family shelters, we serve many young parents with children ages 0-4, but we do not provide any on-site, clinical mental health services. In 2014, between our seven homeless shelters and our homeless drop-in center, we placed 762 individuals and families into secure permanent housing. Across our three eviction prevention programs, we prevented 2,737 evictions, representing 140% of our goal of 1,960.

Within our Family Support program area, CAMBA provides home visiting to pregnant women and new mothers with children ages 0-3 years who face multiple barriers to raising children in a safe and healthy environment, including limited access to quality health care, jobs, education, and social support needed to raise a family. Our current suite of home visiting programs collectively reach 500 families each year and focuses on prevention of abuse and neglect, early identification of developmental delays and connections to primary health care and others critical resources to support children's development. Through these services, CAMBA has been able to improve health outcomes and boost pre-kindergarten readiness for families in some of Brooklyn's poorest neighborhoods. For example, in 2014, 100% of the children ages 0-3 years

served by our Healthy Families Program were connected to a medical provider, exceeding our goal of 95%.

c. Staff Size: CAMBA has a total staff of 1,431, including 1,106 full-time and 325 part-time employees. Our total staff includes 1,407 direct service employees.

d. Target Population: CAMBA proposes to deliver services to young homeless families with children ages 0 to 4 who have experienced trauma. Specifically, we seek to build our capacity to infuse assessment, triage, and clinical mental health services into our core housing services at The Landing, a homeless family shelter in East Elmhurst that CAMBA opened on August 24, 2015. The Landing has a maximum census of 169 families or approximately 500 people in total.

While The Landing has been open for less than two months, CAMBA has a demonstrated track record of providing safe, clean shelter for homeless families and helping families move into permanent housing. We have operated the Flagstone Family Center in the Brownsville section of Brooklyn since 2008. Flagstone supports 158 homeless families – approximately 700 people – with ongoing case management, crisis intervention services, and relocation to permanent housing. The primary goal is to help families stabilize by obtaining active benefits, securing employment, searching for permanent housing and developing a better quality of life when returning to the community. To help reach this goal, we are enriching services at Flagstone. We were awarded special initiative SONYC afterschool program for middle school youth. We received a State grant to provide a job readiness training program for teenagers. We also obtained a City Council award, as part of a specialized services in shelter initiative, to provide an evidence-based parenting education program called SafeCare. Over the past three years, Flagstone has placed nearly 200 families into secure permanent housing. Our outcomes as compared to goal for this period are as follows:¹

| <u>Year</u> | <u>Placements – Goal</u> | <u>Placements – Actual</u> |
|-------------|--------------------------|----------------------------|
| 2013 | 105 | 53 |
| 2014 | 114 | 64 |
| 2015 (YTD) | 78 | 81 |

In addition, CAMBA has been a top-notch provider of perinatal home visiting services for nearly 20 years. Our home visitors target pregnant women and new mothers with children ages 0-3 years who face multiple barriers to raising children in a safe and healthy environment, including limited access to quality health care, jobs, education, and social support needed to raise a family. Our current suite of home visiting programs collectively reach 500 families each year and focuses on prevention of abuse and neglect, early identification of developmental delays and connections to primary health care and others critical resources to support children's development. Key outcomes for these programs include childhood immunizations and children's connection to primary medical care. Our accomplishments in these areas over the past three years are as follows:

¹ Our performance at Flagstone reflects the fact that most of our units house large families. It is extremely difficult to find apartments on the private market that are large enough and affordable for these families; however, we are greatly encouraged by our performance in the current year-to-date.

| <u>Year</u> | <u>Immunizations – Goal</u> | <u>Immunizations – Actual</u> | <u>Medical Provider – Goal</u> | <u>Medical Provider – Actual</u> |
|-------------|-----------------------------|-------------------------------|--------------------------------|----------------------------------|
| 2013 | 90% | 95% | 95% | 100% |
| 2014 | 90% | 95% | 95% | 100% |
| 2015 (YTD) | 90% | 92% | 95% | 100% |

e. Mental Health Specific Services: CAMBA does not currently have any mental health specific services at our family shelters, the Flagstone Family Center and The Landing. In our three single adult shelters for mentally ill and/or chemically addicted individuals, we contract with other organizations to provide mental health services. In other programs, such as our home visiting, foster care prevention, or HIV/AIDS prevention programs, we provide referrals to outside organizations.

As an agency, our experience with the direct provision of mental health services is limited to a couple of program types: Supportive Counseling and Family Stabilization, a program for 100 persons living with HIV/AIDS and their families, has an LMSW who provides moderate clinical, but not Medicaid-billable services; and permanent supportive housing facilities that together house 408 individuals and families and have an LCSW-R Director of Mental Health, who provides clinical support to those tenants who need it. All told, barely over 1% of our clients receive mental health specific services from CAMBA.

Mental Health Partner:

a. History and Mission: The Jewish Board of Family and Children's Services is one of New York City's largest human services agencies. For over a century, they have operated community-based programs and residential facilities at 75 sites throughout New York City and Westchester, which now serve over 40,000 people of all backgrounds annually. Hope, recovery and resilience guide The Jewish Board's work, as it helps individuals realize their potential and live as independently as possible. The Jewish Board is fully accredited by the national Council on Accreditation. It employs over 3,200 highly trained and professional employees, including licensed social workers, committed direct care staff, psychologists, educators, nurses and psychiatrists. Their services include the largest network of behavioral health clinics in New York State, recovery-oriented residential and community-based treatment services for adults living with mental illness, residential and day programs for children and adolescents in the mental health or child welfare systems, residential, community-based, and educational programs for developmentally challenged adults and children, domestic violence shelters and community-based counseling/resource programs, preventive service programs for families in the child welfare system, and many others. To support this unparalleled service capacity, the agency also has a robust outcomes program, working to support client's independence, function, recovery, stability, and social relationships through a performance quality improvement process which integrates each client's social determinants and community with individualized, person-centered goals for recovery. Culturally responsive and affirming services, collaborative community partnerships, family-driven strengths-based care, data-driven decision making, and an awareness of the role of trauma are key elements in every service The Jewish Board provides.

Over the last three years, The Jewish Board has worked to make a difference in the lives of over 75,000 individuals and families. The majority of clients are low-income, receiving Medicaid or other public assistance benefits. In addition, The Jewish Board offers a special focus on young children (ages 0-5), young adults with high needs and histories of systems involvement (ages 16-24), and their families, offering a range of programs in its robust Early Childhood programming, and through residential and community programming for young adults. They have served more than 11,000 individuals in the target age groups (young children and young adults) within that period.

b. Experience with the Core Modalities: In keeping with its emphasis on service quality, The Jewish Board operates a comprehensive staff development and training program through the Martha K. Selig Educational Institute, its educational and training arm, which is chartered by the New York State Board of Regents and offers in-service training, clinical training and workshops. In particular, the Educational Institute partners with agency and citywide service programs in developing and implementing evidence-based, person-centered programs and in pioneering the use of trauma-centered interventions and systems of care. Educational Institute staffing includes experts in delivering Motivational Interviewing, Mental Health First Aid, psychoeducation, Child Parent Psychotherapy, and a range of other interventions related to and outside of the scope of this proposal. Training staff are licensed social workers, psychologists, or equivalent, and are fully credentialed in the modalities they teach. Staff access internal and external training curricula, workshops, booster, and certification programs to ensure fidelity and currency. In addition, The Jewish Board has fully-developed curricula in these core modalities and is experienced in delivering this training to a variety of audiences including clinical and non-clinical staff.

c. Current Level of Performance: As described above, The Jewish Board has a special focus on outcomes, impact, and data-driven decision making. It is fully accredited by the Council on Accreditation, and regularly receives high marks from external evaluators including City and State regulators, clinical developers, external funders, and research partners. In a shift towards data-driven decision making and demonstrable impact in communities, The Jewish Board is investing in its ability to track, analyze, and respond to client and community health outcomes for its services, including through the purchase of a new electronic health record, Netsmart myAvatar. Tools for recovery, crisis management, assessment, and screening are being integrated into all services, shaping program approach and evaluation. Newly purchased business intelligence software, *Tableau*, is providing new ways to assess impact and manage change at an organizational level. Through specialized capacity in its new EHR, to advanced reporting on a range of integrated health indicators, The Jewish Board is creating sophisticated analysis systems which drive service innovations and prioritize client voice in treatment, individually and system wide. Beginning last year, and continuing over the course of the next two years, The Jewish Board is focusing on individual areas of agency programming, identifying specific performance indicators and shifting historical program approach, model, and administrative procedures in response to that data at individual and program levels. This process started in our Children's Community Residence Program and Children's Residential (Congregate) Services, and is soon pivoting to specific focus in clinics, early childhood, behavioral health, and other agency program groupings.

d. Experience Training Lay Staff and Providing Technical Assistance: The Jewish Board has a wide range of experience in partnering with community institutions to expand their capacity to identify and respond to mental health issues. As such, many of its training and consultation models have a special focus on working with lay (non-mental health) staff. Programs which focus on community collaborations include a robust School Based Mental Health Program working with teachers and schools staff in multiple boroughs, the Partners in Caring program working towards mental health education and access in over 20 schools and synagogues in New York City, and the widely renowned Early Childhood Consultation and Screening service. This successful, evidence-based Early Childhood Mental Health and Screening Program, which will be adapted for use under the proposed project, partners with child care centers, shelters, pediatricians' offices, and others to train staff in core modalities and competencies around early childhood development, trauma, and family dynamics. The aim in this service is to engage clients and staff in issues of mental health and wellness, to give staff the tools to respond to mental health issues on site, to build the capacity of sites to sustain a culture of mental health and an awareness of the needs of the youngest children, and to establish a strong referral pipeline to Jewish Board and other clinical treatment services. This service, which frequently incorporates all of the core modalities of the Connections to Care initiative, is operational or forthcoming in a wide variety of neighborhoods including Staten Island, Coney Island, Brownsville, Kingsbridge/Riverdale, and more.

e. Configuration of Mental Health Service Professionals: As discussed above, The Jewish Board has the largest network of behavioral health clinics in New York State, with 16 clinics in all five boroughs and Long Island employing over 800 social workers and other clinicians. This network gives it broad capacity to respond to a range of community needs and to quickly accept families into treatment. Behavioral health clinics employ a wide range of staff including licensed social workers, psychologists, psychiatrists, nurses, and others with expertise in a range of therapeutic models and approaches, including those at the core of this RFP and those which are especially relevant to target population, including Child Parent Psychotherapy. The Jewish Board is confident in its capacity to take on new clients within a range of clinics and other mental health support programs in the community, in particular through our nearby Rego Park Clinic.

f. Experience Participating In and/or Managing Collaborations: The Jewish Board has extensive experience in managing collaborations. They have broad networks of partnerships with a range of community providers including mental health providers, shelters, community centers, elder centers, substance use centers and treatment facilities, hospitals, primary care settings, pediatricians' offices, housing supports, vocational centers, schools, and more, in each borough and neighborhood in which it operates. They are members of multiple Health Homes throughout New York City and of multiple Performing Provider Systems (PPS), connecting the Jewish Board to a comprehensive network of referral, partnership, collaboration, and information sharing. The Jewish Board is a lead agency of Coordinated Behavioral Care, a partnership of leading providers in New York City's health and behavioral health sector. Other collaborations in place include extensive school-based work and partnerships/co-locations in a number of nontraditional settings (primary care, social services, shelters, and more). In addition, its Early Childhood Screening and Consultation Service gives it directly relevant structures for collaboration under the proposed initiative. Overall, many agency services and program areas work in a collaborative model of sub-grantees, vendors, and contract relationships, managed

through a sophisticated fiscal, managerial, legal, and quality assurance structure which facilitates all business relationships.

C. Organizational Capability

1. Program Management (of lead applicant CBO)

a. Current Use of Data: CAMBA's performance-based management system includes a real-time client outcome database called Enginuity. Developed in conjunction with AdsysTech, Inc., CAMBA's Enginuity database supports supervisory and managerial staff to enter, share, and manage client data. The system is capable of running various reports, including services delivered and client milestone achievement. This information is, in turn used to inform reporting and decision-making. Reports from Enginuity allow managers to identify areas of deficiency in program performance, starting the process of corrective action planning. Enginuity also spotlights individual staff performance and supports to staff appraisal process. Data from DHS' database, CARES, is imported into Enginuity quarterly, further enhancing the specificity of information that allows CAMBA management to further analyze client characteristics, goal attainment, and program performance.

b. Effective Use of Data: CAMBA has made effective use of data to make significant programmatic changes in operations. For example, we were recently awarded supplemental funding from DHS to provide enhanced mental health services at two of our shelters for homeless single adults. At the Atlantic House Men's Shelter, we demonstrated the need for these services by documenting that from January through June of 2015 there were over 500 incident reports submitted to DHS that involved medical and psychiatric decompensation, threatening behaviors, alcohol and other drug overdose/intoxication and death, and theft. Armed with this need data, we secured funding to hire an additional social services team comprised on a Licensed Social Worker overseeing four case managers and a Peer Specialist, and to provide increased psychiatric services on-site. This added staff will allow us to decrease overall caseloads for all case managers, to reduce cohort size, to convert an existing case manager into a MICA specialist, and to add social services staff coverage to include 3:00 p.m. to 11:00 p.m. Funds are also being used to bring on an additional consultant psychiatrist. We were awarded similar funding at the Magnolia House Women's Shelter based on similar needs data. Another example of the effective use of data was when we were able to demonstrate that homeless families in our evidence-based program SafeCare were 50% less likely to demonstrate mastery of parenting skills than were other families in the program despite having many of the same risk factors. Based on this demonstration, we were awarded City Council funding, through a special Citywide initiative to enhance social services in family shelters, to provide SafeCare services on-site at our Flagstone Family Center with two case planners and a supervisor.

With regard to our experience with external evaluations, our Healthy Families Program has gone through the accreditation and external evaluation process twice in its 20 year history. Representatives from the National Board came on-site to review CAMBA's records, speak with staff and participants, and review the program's policies and procedures and their alignment with national standards.

c. Administrative Responsibilities: CAMBA has built a strong infrastructure to support the organization administratively, including, but not limited to, reporting and records management, data collection, and all aspects of the fiscal operation. CAMBA has a team of administrative professionals sufficient to provide reporting and records management, numbering nearly 20. CAMBA's Grants and Contracts Management Department, numbering 10 staff in total, is charged with fiscal data collection, reporting, management of grants, and ensuring that claims and spending reports are submitted timely. CAMBA's Grants and Contracts Department is supported by General Finance, which manages the general ledger, pays bills, posts expenses (including payroll), and tracks receivables. In addition, CAMBA's Budget Department is charged with preparing program/project budgets with the input of program staff, monitoring budget to expenses, preparing modifications and related tasks.

d. Technological Capacity: CAMBA has the technological capacity and data security systems to protect participants' personal identifiable information (PII) in compliance with HIPAA. We use Microsoft Windows 2012 on all of our servers, and Windows 7 Enterprise for all of our workstations. Our servers and computers are part of a Windows 2012 forest domain using Active Directory, which allows the IT Department to set password and group policies and to limit user access to network resources. We have implemented multiprotocol label switching technology to enable IT staff to manage an agency-wide network. Our network administrators ensure that data access is given only to those who need the data and have authorization to access it. A set of security policies, such as strong password protection and 120-day password reset have been implemented to ensure that data access is appropriately restricted.

The entire CAMBA network is connected to a data center where all data is automatically replicated from the local site server. For easier accessibility, the data can be used by any CAMBA location as long as proper credentials are provided when logging in to the network. This ensures continuity of business even if there are issues at the local site. There are multiple redundancy levels of data backups. The entire network is secured by a firewall at the data center – it is the only point of entry to the CAMBA network. We also use a DMZ to separate our internal network from the Internet, providing greater protection from potential hackers. CAMBA also uses a centralized Symantec Antivirus/Anti-spyware system and a Windows Update system.

e. Executive Role: CAMBA's executive team plays a very hands-on approach in the development and implementation of new programs and initiatives at the agency. Joanne M. Oplustil has been CAMBA's President and Chief Executive Officer for nearly 35 years. During her tenure, she has transformed the agency from a small merchant's block association to one of New York City's leading community-based social services agencies. The Executive Vice President who will oversee the project proposed herein in Valerie Barton-Richardson. She has been with CAMBA for over 20 years, and oversees a portfolio of adult literacy, workforce development, business and entrepreneurial assistance, out of school time and college readiness for youth, homelessness prevention and shelter, and family services with a combined budget of over \$75 million. Senior Vice President Claire Harding-Keefe will be directly involved in the development and management of our Connections to Care initiative. A Licensed Master Social Worker, Ms. Harding-Keefe has been with CAMBA for over 25 years. She oversees CAMBA's portfolio of homeless shelter programs, as well as the agency's homeless drop-in center and respite bed program. Together, this executive team started with one homeless singles shelter in

1996 and built today's portfolio of seven homeless shelters, including five for single adults and two for families. Based on decades of experience trying to meet the need of homeless clients for permanent housing, CAMBA's executive leadership recognized the need to develop more affordable housing. Thus, in 2005, we incorporated CAMBA Housing Ventures, our affiliated affordable housing development corporation.

Our executive team has demonstrated the capacity to play an effective role in program development most recently by opening The Landing in barely more than 30 days. If CAMBA is awarded funding for Connections to Care, Ms. Harding-Keefe, Ms. Barton-Richardson and Ms. Oplustil will follow past practice and be directly and effectively involved in developing, implementing, assessing and overseeing our new program.

f. Experience Managing Collaborations: CAMBBA's successful growth as an agency and tremendous impact on the communities that we serve rests on our intentional and multi-faceted approach to partnership and collaboration. We partner with more than 20 schools to deliver onsite services. We also work closely with networks of medical service providers in our Health Homes Program, and we led a collaborative of over 100 local partners committed to improving educational outcomes in our Flatbush Promise Neighborhood Initiative.

One demonstrative partnership is our relationship with Housing Works at the Flagstone Family Center, a homeless family shelter which we operate in the Brownsville neighborhood in Brooklyn. In April, 2014, Flagstone developed a partnership with Housing Works' mobile medical unit. The partnership was created to provide on-site medical services to the parents of Flagstone and create a link between Flagstone and the Housing Works East New York medical clinic. Originally the mobile medical van came to Flagstone twice a month. Over time it was determined that monthly visits were sufficient as more families were transitioning to the clinic. Flagstone identifies clients in need of medical care as well as those who do not have the required medical documentation on file. The Flagstone Social Services Supervisor communicates directly with the mobile medical staff to schedule appointments and send Medicaid information in advance. The Housing Works unit provides Flagstone with documentation on all clients who are seen in the van, as well as any appointments at the clinic. Housing Works provides two-way transportation to all Flagstone families with clinic appointments. Within the time of the partnership, clinic services have expanded to include a pediatrician so that Flagstone families can now get all of their health care at one site. In this time, Housing Works staff have come to three social service meetings to educate case managers on new services as their East New York health programs develop. Housing Works also facilitated a linkage between Flagstone and Long Island University Hospital (LIU) at the holidays. LIU sponsored five Flagstone families for Christmas.

2. Fiscal Capability

a. Experience Managing Government Grants or Contracts: CAMBA was founded in 1977. Since 1978, we have been funded through government grants and contracts. Today, the agency has an operating budget of over \$120 million; more than 95% of that budget is funded with revenues from government grants and contracts.

b. Compliance of Financial Management Systems: CAMBA maintains its accounting and record keeping systems in conformity with standards set forth by the Financial Standards Accounting Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements for Not-For-Profit Organizations. CAMBA uses an integrated computer-based accounting system developed by Micro Information Products, Inc. (MIP). The MIP accounting system provides high speed transaction processing, data integrity, and system security. Data is maintained and tracked by different funding sources, grants/contracts, programs, functions, and contract reporting periods. Costs can be identified by grant, by program year, and by budget category. Direct costs can be differentiated from indirect costs. The system is able to generate meaningful and timely financial and management reports which include audit ready FASB financial and accounting reports.

c. Financial Strength and Resources: CAMBA, as evidenced by our financial statements, runs a broad spectrum of programs, and accomplishes this while keeping Management and General costs down. Historically, CAMBA's agency overhead rates are far below industry standards. CAMBA has ended each of the last seven fiscal years with a positive change to its agency fund balance. CAMBA also has a credit facility in place with a limit of \$11.5 million, secured by the agency's receivables.

d. Past Federal Awards: CAMBA has had no questioned costs from federal awards in the last three years, nor has it had corrective actions taken during that period on federal awards.

3. Leveraged Funding

a. Leveraging of Additional Private or Public (non-federal) Funding Sources: CAMBA has a successful track record of raising non-federal matching funds and private support. CAMBA has a successful track record of raising non-federal funds. In the last three fiscal years, CAMBA raised \$4.2 million in private grants and contributions from foundations, corporations and individuals. We successfully raised \$1.2 million in required match for \$398,000 in HUD Capacity Building Contracts administered through Enterprise Community Partners during that same time period.

CAMBA will raise the required matching funds principally through fundraising efforts with private donors who can provide unrestricted funds. We have had a preliminary conversation with the Stella and Charles Guttman Foundation, a current CAMBA funder with a strong interest in mental health. Based on that conversation, the Guttman Foundation has asked us to submit our completed Connections to Care proposal to them for review. They expect to make funding decisions after the October 19th deadline for proposal submission to the Mayor's Fund. Through this and other private sources, we expect to be able to raise the required match for the full length of the grant period.

D. Proposed Program Approach

a. Overall Summary: CAMBA and The Jewish Board of Family and Children's Services will implement a Connections to Care initiative at The Landing, a homeless family shelter operated by CAMBA in the East Elmhurst section of Queens. We will deliver clinical mental health services to homeless pregnant mothers and parents of children aged 0-4 who have experienced

trauma. We will utilize an evidence-based Early Childhood Mental Health Consultation model. Pursuant to that model, The Jewish Board will place a licensed Consultant onsite at The Landing to train and support shelter staff in the delivery of the Core Mental Health Package. Early Childhood Mental Health Consultation is an evidence-based model.² It is defined as “a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise.”³ Application of the model in homeless shelters has been a subject of recent research.⁴ A key goal of the Consultation model is the transfer of skills and tasks from the Consultant to front-line shelter staff. The Consultant will also provide short-term clinical interventions to families and direct referrals to The Jewish Board’s nearby clinic for long-term psychotherapy. These tasks will ultimately become the responsibility of CAMBA’s Clinical Coordinator. Implementation of this evidence-based Early Childhood Mental Health Consultation model at The Landing will lead to positive outcomes, such as reduced lengths of stay, quicker placement into permanent housing, reduced involvement by EMS and child welfare, reduced emergency room visits, and better access to high-quality mental health care.

b. Target Population: CAMBA proposed to target homeless pregnant mothers and parents of children aged 0-4 who reside at The Landing, a DHS-funded homeless family shelter operated by CAMBA in East Elmhurst and who have experienced trauma. About one quarter of our parents are age 21 or below; approximately three quarters of our children are under the age of 5. All of our residents receive Public Assistance, thus making the population of The Landing a low-income community.

c. Mental Health Service Needs: CAMBA opened The Landing on August 24, 2015. While a mental health screen is conducted for all of our clients in the DHS CARES database, we do not yet have reliable quantitative data on the mental health needs of our clients. However, our anecdotal evidence suggests that approximately two thirds of our adult residents have untreated mental health service needs. Although we have been open for less than two months, we have already had one emotionally disturbed person (EDP) removal. In our first week of operations, we had three pregnant women heads of household who had to be taken off their anxiety and/or depression medications due to their pregnancies. We also have one young mother who has called EMS on multiple occasions due to her anxiety about her baby. Furthermore, our front-line staff such as our security guards, lack the ability and training needed to handle disturbed clients in an appropriate manner.

d. Need for Mental Health Capacity-Building Among Staff: Staff and operations at The Landing are led by Shelter Director Elizabeth Stephens. Ms. Stephens has two direct-reporting staff – the Director of Social Services and the Director of Security and Operations. The Director of Social Services, Sherre Simmons-Bennett, holds a Masters of Education in School Counseling. She is the only member of Ms. Stephens’s staff who is familiar with the modalities included in the core

² See Perry, D. and Linas, K., Building the Evidence Base for Early Childhood Mental Health Consultation: Where We’ve Been, Where We Are, and Where We Are Going, *Infant Mental Health Journal*, Vol 33(3), 223-225 (2012).

³ *Ibid*, p. 223.

⁴ See Brinamen, C. et. al., Expanding Early Childhood Mental Health Consultation to New Venues: Serving Infants and Young Children in Domestic Violence and Homeless Shelters, *Infant Mental Health Journal*, Vol 33(3), 283-293 (2012).

package of services. Ms. Simmons-Bennett supervises a team that includes a Social Services Supervisor, seven full-time Case Managers and three full-time Housing Specialists. For Connections to Care, we will also be adding an LCSW Clinical Coordinator to the Social Services team. This new employee will have a clinical background and should be familiar with the core package, but s/he will still need to be trained on how we plan to implement these modalities at The Landing. The Director of Security and Operations manages staff that include seven Shift Supervisors (five full-time and two part-time), six Residential Aides (three full-time and three part-time), 45 Security Guards (35 full-time and 10 part-time), and two full-time Driver-Maintenance Workers. Altogether, we will have 72 employees, including all of our front-line staff, who will need to be trained in appropriate elements of the core package of services.

e. Roles of CAMBA and The Jewish Board: As the lead applicant, CAMBA will be responsible for overall management of the Connections to Care Initiative at The Landing. General oversight of the initiative will be provided by Senior Vice President Claire Harding-Keefe. Ms. Harding-Keefe supervises Shelter Director Elizabeth Stephens, who will be responsible for day-to-day management of the initiative. Reporting to Ms. Stephens is Director of Social Services Sherre Simmons-Bennet, who will supervise our LCSW Clinical Coordinator. The Clinical Coordinator, who will be hired specifically for this initiative, will work mainly during the 3:00 to 11:00p.m. shift in order to be available to front-line staff at a time of day when clients are particularly likely to need clinical interventions. The Coordinator will work closely with the Jewish Board's onsite Early Childhood Mental Health Consultant on planning and executing trainings on evidence-based interventions, such as motivational interviewing and mental health first aide, and ensuring that all staff receives ongoing support in learning and implementing new clinical skills. Task shifting will occur when CAMBA's Clinical Coordinator is able to independently complete psychosocial assessments for all families referred for treatment. Working with clients, Case Managers, and the Consultant, s/he will prepare treatment goals for all clients. As appropriate, s/he will arrange for medical, psychiatric, and other tests to determine the causes of client difficulties and indicate remedial measures. In consultation with the Consultant, the Coordinator will assist clients in attaining their goals by engaging in onsite treatment or connecting with community clinical resources, including The Jewish Board's Article 31 site in nearby Rego Park, which is approximately 30 minutes away. S/he will follow up with staff and clients and arrange case conferences as needed. The Clinical Coordinator will be CAMBA's first liaison between our social services staff and the staff of The Jewish Board, ensuring a continuous exchange of information, ideas, concerns and solutions. S/he will serve as our point person for communicating with and reporting to the Mayor's Fund for the Advancement of New York City and the Mayor's Fund Collaborative. S/he will also be our main point of contact responsible for transmitting program data and other information to the external evaluator.

As the mental health partner, The Jewish Board will provide staff training, technical assistance, short-term clinical interventions for participants, and participant referrals to long-term clinical services in the community, including services provided directly at The Jewish Board's Article 31 mental health clinic in nearby Rego Park. To accomplish these objectives, The Jewish Board will place a licensed Early Childhood Mental Health Consultant onsite at The Landing three days (21 hours) a week. Early Childhood Mental Health Consultation is an evidence-based model.⁵ It is

⁵ See Perry, D. and Linas, K., Building the Evidence Base for Early Childhood Mental Health Consultation: Where We've Been, Where We Are, and Where We Are Going, *Infant Mental Health Journal*, Vol 33(3), 223-225 (2012).

defined as “a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise.”⁶ Application of the model in homeless shelters has been a subject of recent research.⁷

At The Landing, The Early Childhood Mental Health Consultant will conduct an assessment of staff needs and develop a training schedule for the Landing. Trainings in the core package of services will be on-site and classroom-based and will be provided in the early months of the first contract year after the start-up period and on a quarterly basis thereafter as needed to reinforce lessons learned and refresh staff knowledge and skills. Trainings will also be incorporated into orientation for new staff in order to prepare them for their expanded roles in the shelter. After staff completes the training relevant to their positions, the Consultant will be on-site three days per week, providing both clinical consultations to clients and coaching and support to staff. S/he will be available to provide support, coaching and consultation in real time as staff deal with client crises and other situations that merit clinical interventions. The Consultant will observe staff as they perform their new tasks as often as possible in a 24/7 facility and will focus on the ability of the Clinical Coordinator to observe and coach the staff, especially the Shift Supervisors of the evening and overnight staff, to ensure that they are supported and implementing the clinical skills. S/he will model appropriate service delivery with clients and will be available as needed to help staff to recognize problematic client behaviors, understand client needs, and intervene effectively. Working alongside staff on a one-on-one basis, s/he will engage in shared problem solving as situations arise and need to be resolved. After staff engages with clients, the Consultant will be involved in co-facilitating debriefing sessions with the Clinical Coordinator to evaluate staff performance and offer suggestions for future improvements. The Consultant will serve as a coach for shelter staff, meeting with them regularly and helping them practice with and improve upon their new skills. Ultimately, all of these tasks will be shifted to CAMBA supervisors, ensuring the sustainability of a new culture of clinical support for clients via the Clinical Coordinator.

f. Program/Partnership Management: Shelter Director Elizabeth Stephens will meet on a regular basis with the Early Childhood Mental Health Consultant and the Clinical coordinator, along with the Director of Social Services, to evaluate program performance, identify challenges, and develop shared solutions. Initially, meetings of the senior shelter administration will take place biweekly onsite at The Landing. As we move forward and a new culture takes hold at the shelter, meeting frequency with the senior shelter administration will be reduced to a monthly basis but biweekly meetings with the Clinical Coordinator will continue. The overarching goal of these meetings is to ensure sufficient task-shifting to make clinical services a part of the life and culture of The Landing.

At the agency management level, CAMBA Senior Vice President Claire Harding-Keefe will meet on a periodic basis with the Consultant's supervisor and, as appropriate, other senior managers at The Jewish Board. Initially, the Consultant will be supervised by Tonia M. Spence,

⁶ Ibid, p. 223.

⁷ See Brinamen, C. et. al., Expanding Early Childhood Mental Health Consultation to New Venues: Serving Infants and Young Children in Domestic Violence and Homeless Shelters, *Infant Mental Health Journal*, Vol 33(3), 283-293 (2012).

LCSW, MS. Ed, The Jewish Board's Senior Director of Early Childhood Services. This role will then be transferred to The Jewish Board's Director of Early Childhood Mental Health Consultation. These meetings will serve to ensure continued management buy-in into the goals of Connections to Care. They will also be a forum for resolution of issues that may arise about the proper roles of each partner and the overall movement of the initiative towards a sustainable shift in knowledge, skills, and workplace culture at The Landing.

g. Details on the Proposed Plan:

i. Number of Participants to Be Served – The Landing has the capacity to house 169 families at any one time. As the average family size is three persons, this works out to approximately 500 people. Most of our families are very young, with one quarter of our parents age 21 or younger. Approximately 75% of our families have children ages 0-4 and, thus, would be eligible for services under our Connections to Care Initiative.⁸ Based on family size and composition, we expect to serve about 250 individuals.

ii. Service Location and Geographic Area – The Landing is located at 94-00 Ditmars Boulevard in the East Elmhurst section of Queens. Services will be located at The Landing, will be available only to shelter residents and will not be provided to the surrounding community.

iii. Estimates of the Target Population Size – The target population is families residing at The Landing who are pregnant or who have children ages 0-4 and who have experienced trauma. Of the 169 families that The Landing can house at any point in time, about 75% currently fit these criteria. Based on an average family size of three, we project that The Landing houses about 500 people, 250 of whom would be in the target population.

iv. Program Services into which Connections to Care will be Integrated – Connections to Care will be integrated into the fabric of services at The Landing. The Landing is a 169-unit homeless family shelter in East Elmhurst, Queens. Staff provides ongoing case management, crisis intervention for any family in need, and relocation to permanent housing. The primary goal is to assist families to become stabilized through securing active benefits, obtaining employment, and locating permanent housing, thereby ensuring a better quality of life when returning to the community. Clinical services provided through Connections to Care will promote family stabilization, reduce lengths of stay, and increase the number of families successfully finding permanent housing.

The Landing is funded through a contract with the New York City Department of Homeless Services (DHS). The contract period is August 24, 2015 through June 30, 2017. We are currently in negotiations with DHS to secure a long-term contract for the facility. We have successfully operated DHS-funded homeless shelters since 1996 and today manage a portfolio of seven shelters, including five for single adults and two for families. Based on our outstanding record of

⁸ We expect that many of our families will fall into more than one of the target populations that can be served with Connections to Care dollars. Thus, we project that we will serve out of school, out of work young adults ages 16-24, as well as unemployed or underemployed low-income working-age adults ages 18 and over receiving employment-related services. Ultimately, we plan to change the culture of The Landing for all of our families.

performance, we expect to encounter no significant obstacles to obtaining long-term funding for The Landing.

v. Strategies to Engage Participants – To engage participants in Connections to Care, CAMBA and The Jewish Board will co-facilitate training for all shelter staff, from Maintenance/Drivers and Security Guards to Case Managers and Housing Specialists, on common mental health conditions and substance use and misuse disorders. Social service staff will be trained in motivational interviewing to help participants recognize the stages of change, while direct service staff such as Security Guards and Residential Aides will be trained in mental health first aid to learn the skills to respond appropriately to the signs of mental illness and refer participants to clinical staff on-site. We will also offer psychoeducational information sessions for parents. At these workshops, the Early Childhood Mental Health Consultant and/or the Clinical Coordinator will help parents address immediate needs with their children, focusing on issues such as attachment and bonding, sleeping and disciplinary challenges, developmental milestones, child anxiety, attention deficit hyperactivity disorder (ADHD), talking to your child about being homeless, trauma, and other matters of direct concern. By providing parents with information they can use immediately to address challenges in their lives, we will introduce them in a favorable manner to Connections to Care. We expect that this will lead parents to seek out further support from staff trained in Motivational Interviewing. We believe that a well-trained staff that are better able to assess needs and to foster a culture of stabilization, as well as positive outcomes from the workshops will encourage parents to seek out the Consultant, the Clinical Coordinator or other trained staff for individual level interventions.

As with other aspects of the initiative, we will focus on task-shifting for the engagement process. The Consultant will provide staff with tools for the workshops and with information that meets parents' real, immediate needs. S/he will train staff on engagement strategies, active listening skills, connecting skills, trust-building and other elements needed so that CAMBA staff can gradually take on the role of workshop facilitator, further promoting the sustainability of the initiative.

vi. Strategies to Retain Participants – The goal of The Landing is to help families to relocate to permanent housing. To keep these families engaged in services and the research study, we will link them to local clinical resources in the community. For families residing at or near The Landing, we will make referrals to The Jewish Board's nearby Article 31 clinic in Rego Park. The Jewish Board has a total of 16 licensed clinics in all five boroughs, so we will also be able to make referrals and connections for families who move away from East Elmhurst or the surrounding neighborhoods. As needed, we will also link families to other familiar mental health providers. To facilitate continued participation in the research study, we will present families who are linked to offsite services the opportunity to sign a release of information authorizing their clinicians to report back on treatment outcomes and/or reasons for service termination. Participants will be retained in the project because they will get positive reinforcement for their participation from all staff. Participants' level of engagement will be rewarded directly as they attend appointments and we also expect indirect recognition of participation by staff who will reward improved behavior in both the parents and the children.

vii. How the Core Package and Additional Evidence-Based Services will be Implemented – CAMBA and The Jewish Board will implement Connections to Care using a consultation model. Under this model, as shelter staff receives training and support that enables them to build a knowledge base and skillset, service delivery will evolve over time, becoming more a responsibility of the shelter team and less the result of direct intervention by the Consultant. While we propose to use all four components of the core package, different front-line staff members will receive different trainings. The Shelter’s administrative team – the Shelter Director, the Director of Social Services, and the Director of Security and Operations – will receive all four. For Screenings, we will train the Clinical Coordinator, the Social Services Supervisor, the Case Managers and the Housing Specialists. For Mental Health First Aide, we will train the Clinical Coordinator, the Residential Aides, the Security Guards, and Shift Supervisors, and the Maintenance staff. Motivational Interviewing training will be delivered to the Clinical Coordinator, the Social Services Supervisor, the Case Managers, and the Housing Specialists. This same group will also receive training in Psychoeducation and how to deliver the above-described engagement workshops.

Training in the core package of services will enable CAMBA’s staff to deliver the short-term interventions that will be sufficient to meet the needs of the majority of our families. Most of our families have experienced some form of trauma. Indeed, the experience of homelessness is itself traumatic. The core package is trauma-informed and thus suitable for most of our target population. However, for families who need long-term interventions (up to a year), we will make referrals to The Jewish Board’s Article 31 mental health clinic in nearby Rego Park for engagement in evidence-based modalities such as Child Parent Psychotherapy.⁹

viii. Number of Front-line Staff that will be Trained and Supported – We anticipate training and supporting 72 front-line staff, including the Clinical Coordinator, Social Services Supervisor, Case Managers, Housing Specialists, Shift Supervisors, Residential Aides, Security Guards, and Maintenance staff. With a projection of serving 250 individuals, this works out to a ratio of one staff person to every three or four clients served.

h. Staffing:

i. Overall Proposed Staffing – CAMBA will hire an LCSW Clinical Coordinator to support implementation of the Connections to Care Initiative. Over time, training and technical assistance tasks will be shifted from the Early Childhood Mental Health Consultant to our Clinical Coordinator. The Clinical Coordinator, working under the supervision of the Director of Social Services, will also take increasing responsibility for providing clients with short-term interventions and making referrals as needed for long-term therapy. Beyond this one new hire, the program will be implemented by existing staff at The Landing. Because our model involves incorporating the core package of services into the daily operations of the shelter, we will empower staff to do their existing jobs more effectively without compromising their prior responsibilities.

⁹ Child Parent Psychotherapy is a treatment for trauma-exposed children ages 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. See Cicchetti, D., Rogosh, F.A., and Toth, S.L., Fostering secure attachment in infants in maltreating families through preventive interventions. Development and Psychopathology, Vol. 18, 623-649 (2006).

ii. Key Staff that will Manage the Program – Day-to-day management of the program will be the responsibility of the Shelter Director, Elizabeth Stephens, and the Director of Social Services, Sherre Simmons-Bennett. The Clinical Coordinator will serve as the point of contact for data an evaluation, with support from the Director of Social Services. Ms. Simmons-Bennett has some experience with research and evaluation. She is familiar with Screenings and Motivational Interviewing.

iii. Experience and Background of All Key Staff Members – General oversight for the program will be provided by Claire Harding-Keefe, CAMBA's Senior Vice President for Homeless and Family Services, a position she has held for over 15 years that includes responsibility for both of CAMBA's homeless family shelters. She has been with CAMBA since 1992 and has spent her entire tenure providing homeless services. She supervises the Shelter Director at The Landing, Elizabeth Stephens, who has been with CAMBA since 2009. In addition to her work at The Landing, Ms. Stephens spent two and one-half years as the Shelter Director at the Flagstone Family Center, CAMBA's first homeless family shelter, and three years as Operations Manager for our Respite Bed Program for street homeless adults. In her current role, Ms. Stephens supervises The Landing's Director of Social Services, Sherre Simmons-Bennett. With a Master's of Education in School Counseling, Ms. Simmons-Bennett has extensive experience working with children and families who have experienced trauma. Overall, she has over 15 years of diverse programmatic experience that is relevant to serving the target population in this proposal. The LCSW Clinical Coordinator, to be hired, will report to Ms. Simmons-Bennet and will have appropriate experience for the position. All staff will receive ongoing training on culturally competent care.

Mental Health Partner staff will be Jewish Board employees. An Early Childhood Mental Health Consultant will be responsible for core service provision including trainings, assessment, consultation, screening, on-site interventions, consultation, capacity building, and referrals/linkage to care, among other tasks. The Consultant will be a licensed mental health professional (LMSW or equivalent) with a background in early childhood work and a high degree of fluency in child development, trauma informed care, culturally affirming and responsive work, and family-based clinical interventions. The Consultant will have the ability to deliver training in core service modalities (Motivational Interviewing, Psychoeducation, and Mental Health First Aid, among others dictated by staff capacity and program/population need), and successful experience working with low-income, high-needs young families as are targeted under the proposed project.

The Early Childhood Mental Health Consultant will be supervised by the Director of Early Childhood Mental Health Consultation. Supervision will take place at the Rego Park Clinic or The Landing, as appropriate, four hours weekly. The Director of Early Childhood Mental Health Consultation will be responsible for ensuring the success of the partnership, managing Jewish Board staff, facilitating referrals and collaborations with other agency and community sites, managing the collaboration between The Jewish Board and CAMBA, and ensuring an appropriate training timeline and curriculum, among other things. The Director will be a Licensed Clinical Social Worker with a minimum of five years' managerial experience working with similar populations and collaborative ventures.

iv. Senior Level Commitment and Staff Level Buy-In – CAMBA Executive Vice President Valerie Barton Richardson and Senior Vice President Claire Harding-Keefe have been directly and intimately involved in the development of CAMBA’s proposal and the program model herein. As described above, both have substantial experience developing new programs for homeless and other families. Both are deeply familiar with the trauma that is endemic in the lives of homeless families are committed to providing trauma-informed care at The Landing. As for the staff at The Landing, our model will effect a culture shift at the shelter. It is a process over time that will make it easier for staff to perform their core functions. We expect to build buy-in over time as staff learns the benefits of their new trainings.

v. How Executives will Play an Effective Role – Executive Vice President Valerie Barton-Richardson and Senior Vice President Claire Harding-Keefe have been directly and deeply involved in the development of this proposal. If we are awarded funding, both will play direct roles in program start-up, including interviewing and hiring of new staff. As noted above, Ms. Harding-Keefe will provide general oversight for the program, including meeting on a regular basis with senior management at The Jewish Board to monitor program progress and engage in shared problem-solving.

i. Where Participants will Receive Mental Health Services Onsite: CAMBA has identified an office in the basement at The Landing that is suitable for the delivery of onsite mental health services. It is discretely located and, with minor cosmetic upgrades, will offer a warm, inviting, private meeting space for meetings between participants and the Early Childhood Mental Health Consultant. The office will be locked and will have features such as a locked filing cabinet for participant case files.

j. Handling Emergencies or Cases where Participants Reveal Something Reportable: DHS, the funder for all of our homeless shelters, has a written incident report procedure which we follow for all emergency situations. Additionally, CAMBA has a written emergency protocol for all of its homeless shelters that provides clear, specific instructions for how staff are to handle medical or psychiatric emergencies, including how to contact and engage the police or EMS and how to arrange for client transport to the hospital.

In addition to written procedures, we provide staff with the skills they need to handle emergencies. Shelter Director Elizabeth Stephens is a trainer in Crisis Prevention and Intervention (CPI), a two-day curriculum on verbal de-escalation. All staff at The Landing receives this training so that they can defuse potentially explosive situations.

With regard to situations in which clients reveal something reportable, it should be noted that all staff at The Landing are mandated reporters and have had appropriate mandated reporter training. This same training will be provided to staff hired for Connections to Care.

k. Mental Health Services to be Provided Onsite and Services to be delivered at Mental Health Partner Location: Services will be provided onsite at The Landing, with referrals for mental health treatment accommodated at the nearby Rego Park Clinic or another of The Jewish Board’s 16 licensed behavioral health clinic locations throughout the five boroughs and Long Island.

Onsite at The Landing, The Jewish Board will work with CAMBA staff in training, consultation, capacity building, and technical assistance. In addition, The Jewish Board will provide screenings to families on site, as well as brief mental health interventions. When more intensive clinical treatment is appropriate, families will be supported to engage in clinical treatment at the Rego Park Clinic or any licensed clinic of their choosing.

To facilitate this connection, the Early Childhood Mental Health Consultant will handle the referral, ensure that appointments are made within one week, support relationships between families and clinicians, share treatment information as appropriate in accordance with HIPPA, support collaborative case planning, and ensure that clinical services align with a families established needs and goals. In addition, the Consultant will ensure referrals and connections to any other necessary community services. The Rego Park clinic is located approximately half an hour from The Landing and is accessible by public transit. As needed, The Landing can also provide van transportation to the clinic. When appropriate, the Consultant or other member of shelter staff may accompany a family to initial visits to ensure comfort, relationship building, and a warm-handoff. CAMBA's current referral protocols already include the utilization of releases for clinical information sharing and consents to treatment in accordance with HIPPA and other regulations on privacy and protected health information.

1. Anticipated Impact and Strategy for Measuring and Achieving Goals:

i. Improvement in Ongoing Performance Areas – The primary goal of The Landing is to assist families in the successful transition to permanent housing in the community. To access and retain permanent housing, families need to attain a significant degree of overall stability. Families who are struggling with anxiety, depression, other impacts of trauma, or more serious mental illnesses often struggle to build the resources they need to afford permanent housing. By providing clinical mental health services to these families at The Landing, we hope to reduce lengths of stay and facilitate quicker placement into permanent housing.

ii. Mental Health Service Access and Improvement – With funding for Connections to Care, we will increase access to mental health services at The Landing from 0 to 21 hours per week. As our entire front-line staff is trained and supported in the core package of services, we will make clinical mental health care a part of the daily fabric of life at The Landing. Through our partnership with The Jewish Board, we will give our clients access to long-term psychotherapy at the Rego Park clinic. Overall, the grant will give our clients greater and higher quality access to care.

iii. Improved Outcomes for the Service Population – We expect the delivery of clinical mental health services at The Landing to lead to improvements in the daily lives of our residents and their children. We expect clients to be involved in far fewer incidents that require the involvement of EMS for emotionally disturbed persons and/or that lead to placement in the emergency rooms of local hospitals. We also expect parents to show improvements in areas such as better attachment, better parent bonding, and reduction in post-partum depression. Over time, we will see increased client participation in clinical and other supportive services. This will lead to additional improvements for families, such as reduced involvement with the Administration for Children's Services (child welfare).

m. Use of Performance Data in Programmatic Decisions: As noted above, the Shelter Director, Elizabeth Stephens, will hold regular meetings with the Early Childhood Mental Health Consultant. Similarly, CAMBA Senior Vice President Claire Harding-Keefe will meet periodically with the Director of Early Childhood Mental Health Consultation. A key purpose of these meetings will be to share performance data on matters including, but not limited to EMS calls, emergency room visits, child welfare involvement, service access, service engagement, and length of stay. Using data from the DHS database CARES, we will track and analyze parents' participation in case management services, and ensure that they are completing Independent Living Plans and making progress towards their goals as set by both their Case Managers and their Housing Specialists. If we do not see anticipated improvements in these areas, the Connections to Care team will develop and implement corrective action plans to get the program back on track.

n. Utilization of Participant and Front-Line Staff Feedback: We will gather front-line staff feedback through several channels. As described above, we will hold debriefing sessions for staff after they are involved in addressing client crises or other situations. During these sessions, we will gather staff feedback on the effectiveness of their training and the quality of the support they are receiving from the Early Childhood Mental Health Consultant. Shelter Director Elizabeth Stephens will also hold staff meetings to review the Connections to Care initiative and to gather staff input on the program. At the end of each training, we will provide participating staff with the opportunity to offer written feedback. As needed, we will also conduct periodic staff focus groups. Direct observation of staff performance with their new skills will also provide valuable feedback. Finally, we expect to learn more by monitoring the frequency with which staff come to the Consultant for assistance and the frequency with which staff refer clients to the Consultant for clinical interventions. Given the delicacy of the services proposed herein, we will gather participant feedback informally through regular staff-to-client encounters.

o. Work Plan/Timeline for Program Start-Up: The 90-day start-up period defined in the RFP should be more than sufficient for CAMBA and The Jewish Board to hire staff and prepare for program implementation. During this period CAMBA will have ample time to hire and orient a qualified and experienced Clinical Coordinator. We may have some challenges due to the fact that the Coordinator will be expected to work evening hours from 3:00 p.m. to 11:00 p.m. However, with intensive advertising and networking, and given the current nature of the job market, we expect to overcome this obstacle in a timely manner. In the start-up period, CAMBA will also renovate and outfit the private office where confidential mental health services will be delivered.

The start-up period will also be adequate for The Jewish Board to hire and/or transfer a licensed Early Childhood Mental Health Consultant with suitable prior experience in early childhood development. The Consultant will have time to build relationships and rapport with staff at The Landing. S/he will engage staff in planning for the initiative, will observe staff in their daily work, and will assess staff training needs.

p. Activities to Support Evaluation Activities: The LCSW Clinical Coordinator will be the first point of contact between our Connections to Care team and the external evaluator. Together with

the Early Childhood Mental Health Consultant, s/he will be responsible for collecting, compiling, and reporting programmatic performance data to the evaluator. Shelter Director Elizabeth Stephens will oversee all evaluation activities and will provide data quality control.

q. Comparison Group: CAMBA and The Jewish Board will implement a Connections to Care initiative that will deliver clinical mental health services to homeless families residing at The Landing, a Tier II homeless family shelter in the East Elmhurst section of Queens. The Landing can house 169 families – approximately 500 people – at any one time. Services will be available to all residents of the shelter.

CAMBA can provide a comparison group for the purposes of the research study. In addition to The Landing, CAMBA also operated the Flagstone Family Center, a Tier II homeless family shelter located in the Brownsville section of Brooklyn. Flagstone can house 158 families – approximately 700 people – at any one time. In most relevant respects, the population at Flagstone is comparable to the population at The Landing. Thus, the Flagstone population should serve as an appropriate comparison group for the research study, contingent upon DHS approval and with their support and involvement.