

June 21, 2024

Office of Community Services (OCS)
Administration for Children and Families (ACF)

Subject: Comments to the CSBG Annual Report 3.0 Revisions

Submitted: infocollection@acf.hhs.gov

The Community Renewal Team, Inc. (CRT) – a community action agency located in Hartford, CT thanks the Office of Community Services for the opportunity to comment on the proposed changes to the CSBG Annual Report. The documentation provided by OCS was comprehensive, but without an accompanying Lexicon to further detail instructions and allowable activities made it difficult to understand what would be allowable under the new and/or revised reporting requirements. **Recommendation: In order to fully respond and offer appropriate feedback a detailed Lexicon for all Module components is needed.**

CRT is fortunate to have staff that have actively been completing the CSBG Annual Report (previous IS Report) since its inception.

CRT is a multi-facet community action agency providing several unique programs to meet the needs of our communities. CRT operates an adult and child behavioral health program, builds, and owns its own low-income housing for a variety of target population; owns and operates an Assisted Living Facility and collaborates with the local police department to respond to non-violent police calls with Peer Responders and a clinician.

Additionally, CRT utilizes its Annual Report submission consistently throughout the year. The depth of data collected via the CSBG Annual Report is a valuable resource. The report is shared with local leaders- Mayors/Legislators and other community leaders during outreach and one on one meetings to document the types of clients receiving services, funding received by the agency and the outcomes achieved by our clients. CRT also utilizes the data in reporting to our funders and in our grant applications.

OVERALL COMMENTS:

1. To accurately collect and report CSBG required data elements, 9+ years ago, CRT invested its resources to develop and create a Case Management database system. The database system was designed to collect the required data elements, complete the CSBG Outcome Service Matrix (OSM) assessment; capture client goals, progress, and achievement of the FNPIs and SRVs; and produce the reports needed to meet State and Federal CSBG reporting requirements. In addition, two other CT community action agencies are utilizing our client case management software. The overall changes proposed by the Office of Community Services is extensive and would require a significant investment in resources to re-program the aging software as well as to develop new training manuals and training modules to re-train staff on the new data collection procedures. **Recommendation: Funding should be made available to local CAAs to be able to pay for data system modifications, new documentation materials and staff training.**

2. Eliminating services is not likely to reduce burden. Eliminating services also has the potential to compromise the quality and comprehensiveness of the report. There should be a balance between reporting burden and ensuring the report captures the full scope and results of the agency.

CSBG AR Section	CSBG AR Item	Comment
MODULE 2		
A.2	CSBG Expenditure Domains	<p>Elimination of Services Supporting Multiple Domains (A.2g in the current report) will create a budgeting and programming concern for CRT. CRT currently operates programs and allocates resources to services supporting multiple domains.</p> <p>Replacing this section with a Transportation Domain does not fully allow CRT to report on the outcomes that span multiple programs and resources assisting our clients. Does not fully show the dynamic and in depth work done with clients.</p> <p>Transportation seems like such a small portion of CAA work that it does not require its own domain, but instead can be incorporated into other domain areas. Recommendation: Keep the CSBG domain: Services Supporting Multiple Domains</p>
C.1	Federal Resources	<p>CRT receives significant funding to work with Veteran and Veteran Families. Recommendation: Add U.S. Department of Veteran Affairs to the list of Federal Funders.</p>
NEW MODULE 3 (FORMERLY MODULE 4)		
SRV2d	The number of individuals receiving early care and education (0-5), outside of Early Head Start and Head Start.	<p>CRT provides School Readiness and Child Day Care services to both infants and toddlers (0-3) and preschool (4-6). Due to community need, CRT has re-allocated and/or expanded slots to increase the demand for infant and toddler slots. This should be reported and reflect like how the report separates Early Head Start and Head Services into 2 SRVs.</p> <p>Recommendation: Create 2 separate SRVs reflecting State funded Infant & Toddlers services separately from pre-school aged children.</p> <p>Additionally, CT has changed the age for kindergarten which means that CT's early care and education services will be potentially serving children up to age 6. Beginning in the 2024-25 school year, CT requires that all children enrolling in kindergarten turn 5 years old by Sept. 1. Lawmakers approved the kindergarten age change during the 2023 legislative session. Recommendation: Change the age range for reporting early care and education services to individuals to (0-6).</p>

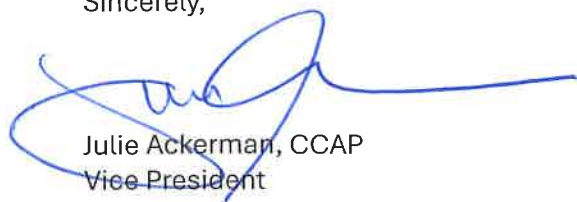
CSBG AR Section	CSBG AR Item	Comment
SRV3	<i>Income & Asset Building Services/Services Supporting Income & Asset Building</i>	CRT provides extensive financial literacy and capability skill training programming to our clients. Elimination of VITA/EITC and other tax preparation programs does not fully reflect the impact of the work done by CAAs. These programs provide CRT with an opportunity to reach a target audience and encourage clients to take advantage of CRT offered financial management training. Recommendation: Add back a SRV outcome to separately document and report the work done via VITA, EITC or other Tax Preparation Program. (Current SRV 3o)
SRV4	<i>Housing Services</i>	CRT has provided significant amounts of client assistance including financial coaching and counseling, rent payments, security deposit payments, and mortgage payments. Combining them into one SRV, does not help measure the impact of each of the different services. Recommendation: Keep the services separate to document the various types of assistance. (Current: SRV 4b Financial Coaching/ Counseling, SRV 4c Rent Payments, SRV 4d Deposit Payments and SRV 4e Mortgage Payments).
SRV5	<i>Health and Nutrition Services/ Mental/Behavioral Health</i>	CRT works closely with the Hartford CT Police Department and Emergency Response System providing on-call services to non-violent police calls. This is a new community level initiative that provides critical services to clients who are experiencing mental health, substance use and/or family conflict issues. By sending out trained clinical professionals combined with a Peer Responder we are better equipped to help individuals in distress access appropriate services than the Police Departments are not trained or capable of dealing with. This is a new model of care that is being rolled out in cities across the nation. CRT responds to close to 1,000 calls per year. Recommendation: Keep SRV 5w (current report) Crisis Response/Call-In Responses as part of the new CSBG Annual Report SRVs.
SRV5	<i>Health and Nutrition Services</i>	In the current report format there was a SRV category Family Skills Development and SRV 5mm Parenting Classes. This has been removed in the proposed new report. CRT works closely with our clients to address holistic family dynamics and goals. Vital to these services is services to single head of households both male and female, grandparents reparenting their grandchildren and work with formerly incarcerated individuals. The services that we provide parenting classes strengthen family dynamics, reunify, and strengthen parent/child bonds and encourage a strong foundation for parents to raise healthy children. Recommendation: Keep

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		<i>SRV 5mm (current Report) Parenting Class as part of the new CSBG Annual Report SRVs.</i>
FNPI5	<i>Housing</i>	With the aging of our population providing services and resources to keep seniors in their homes and out of costly nursing home facilities is vital for our seniors. CRT provides several programs aimed at improving the quality of life for seniors in our community. In addition to addressing malnutrition, transportation, social isolation/loneliness these types of programs increase the quality of life for seniors, improves outcomes for seniors, reduces costly medical services and prevents premature institutionalization. The new report format eliminates the FNPI associated with this programming. CRT consistently reports over 3,500+ annually who receive services that allow them to remain independent in their own homes in the community. <i>Recommendation: Keep FNPI5f (current Report) The number of seniors 65+ who maintained an independent living situation as part of the new CSBG Annual Report FNPIs</i>
FNPI & SRV 7	<i>Indicators and Services Serving Multiple Domains</i>	Inherent in the work that is done at CRT is assisting individuals and families across the life span. We do not provide services in isolation – families who come to CRT for assistance with Child Care are assessed and referred to other agency services that they may need and/or be eligible for. This is our model of service delivery for all Agency programs. Eliminating this domain and incorporating some of the services among the other domains does not fully document the complexity of the achievement of multiple client outcomes. The foundation for this type of work is case management, which at CRT is provided by qualified and certified staff including Certified Community Health Workers, Certified Peer Responders and Clinicians. Completely eliminating/ removing services associated with Case Management, Eligibility Determination, Referrals is a disservice to the work that is being done on behalf of clients as they work towards self-sufficiency. For these three services CRT served 55,524 individuals. <i>Recommendation: Maintain the Multiple Domain category for both Indicators and Services.</i>
CLIENT CHARACTERISTICS		
D9c & D9d	<i>Household Type</i>	Gender specific head of households with children is a valuable statistical data element. CRT has programming specifically targeting women and men. Women's Empowerment Center and Fatherhood Parenting, Employment and Case Management. Additionally, we are

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		seeing increases in the number of single parent Male households accessing CRT services include our homeless shelter. Recommendation: Continue to report gender based (male/female) single parent households.
D.13	<i>Sources of Household Income</i>	Identification of the different sources of income by households shows the complexity of the families we serve. Families served by CRT often have multiple jobs combined with other sources in order to maintain an independent living arrangement – this report data allows us to show the full picture of the families that receive services. Recommendation: Continue to report sources of household income.
E	<i>Number of Individuals Not Included in the Totals Above (due to collection system integration barriers)</i>	CRT did not see this section addressed on the Indicator Disposition Report. This section allows CRT to report fully on the programs operated by the agency. Due to program requirement and data integration we are unable to report the total number of clients that receive Elderly Nutrition Services (approximately 4,500 clients per year) and our utility funded weatherization program (500-900 households per year). Being able to show an aggregate number of clients receiving services allows us to share with constituents the full picture of CRT's impact in the community. Recommendation: Continue to allow CAAs the ability to report individual and household data that is not included in the more comprehensive data elements as required by the CSBG annual report.

If you have any questions on the above comments or need further information please do not hesitate to contact me at ackermanj@crtct.org or 860-560-5772.

Sincerely,



Julie Ackerman, CCAP
Vice President