

CITY OF BURLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT - 2020 APPLICATION

*Application must be no more than 9 total pages (including cover page) with 12 point font.
Refer to NOFA for required information for each question.*

Project Name: Housing Support and Case Worker for People Experiencing Homelessness

Project Location / Address: Safe Harbor Health Center: 184 South Winooski Avenue, Burlington, VT 05401

Applicant Organization / Agency: Community Health Centers of Burlington (CHCB)

Mailing Address: 617 Riverside Avenue, Burlington, VT 05401

Physical Address: 184 South Winooski Avenue, Burlington, VT 05401

Contact: Kim Anderson Title: Director of Development & Communications Phone #: 802-264-8193

Web Address: www.chcb.org E-mail: kanderson@chcb.org

EIN #: 23-7182584

DUNS #: 020655023

<p>CDBG Funding Request: \$ <u>112,500</u></p> <p>Total Estimated Program/Project Cost: \$ <u>112,500</u></p> <p>Grant Duration: mark one _____ 1 Year _____ X 2 Year <i>(Only Public Service programs with a focus on Housing and Homelessness are eligible for 2 year grant this year)</i></p> <p>Development: mark one _____ <i>Economic Development</i> _____ <i>Construction</i></p> <p>Public Service: _____ <i>Housing</i> _____ X <i>Homelessness</i> _____ <i>Health</i> _____ <i>Econ Opportunity</i> <small>Mark one</small></p>

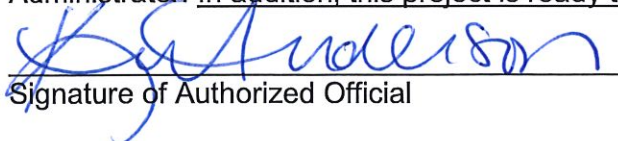
1. Type of Organization

- | | |
|--|---|
| <p>_____ Local Government</p> <p>_____ For-Profit Organization</p> <p>_____ Faith-Based Organization</p> | <p>_____ X Non-Profit Organization (please provide copy of your
IRS 501(c)(3) tax exemption letter)</p> <p>_____ Institution of Higher Education</p> |
|--|---|

Certification

To the best of my knowledge and belief, data in this proposal are true and correct.
I have been duly authorized to apply for this funding on behalf of this agency.
I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2020.


Signature of Authorized Official

Kim Anderson
Name of Authorized Official

Director of Development and Communications
Title

1/14/2020
Date

Questions with an asterisk () are collaborative questions that may be found on funding applications for the United Way of Northwest Vermont.*

I. Demonstrated Need

1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives? *

The Community Health Centers of Burlington (CHCB) would like to utilize CDBG funding for a full-time Housing Support and Case Worker position with their Homeless Healthcare Program (HHP). Current case managers through PATH are limited to serving homeless patients with a severe and persistent mental illness and is limited to single adults. Our one HHP case manager who can service other homeless individuals is maxed out in terms of caseload. We desperately need another who can serve the general homeless population. CHCB operates Vermont's only Homeless Healthcare Program, caring for homeless community members through two downtown walk-in health centers. Primary and preventative care, dental care, and social services are offered at no-cost to community members experiencing homelessness. CHCB also uses a field-based model where our providers and case workers take to the streets providing outreach, with connection to wrap-around services and programs, to families and individuals living in encampments and emergency shelters. This position will expand our current housing support and case work services, allowing us to serve more individuals experiencing homelessness and decrease recidivisms.

This position will contribute to CDBG national objectives as first, benefiting low or extremely low-income community residents. Second, access to holistic case work, including supportive housing and health care connections, is an essential facet of lifting people out of poverty. Health care and homelessness are inextricably linked; secure lives are simply not possible with untreated addictions, mental illness, chronic disease or disability.

II. Program/Project Design

1. Give us a short summary (2 sentences) that describe the program/project.

We propose to hire a Housing Support and Case Worker position. This position is responsible for working with individuals and families who need support to establish and maintain stable housing through case management and collaboration; duties include connection to benefits, other area agencies, health care services and, once housed, providing consistent follow-up that promotes ongoing stability and skills necessary to maintain independent housing.

2. Explain why the program activities are the right strategies to use to achieve the intended outcomes. Why is the program designed the way it is? (cite evidence, best practices, or community input)*

Over time it has become very clear that the population of people experiencing homelessness in VT, specifically the greater Burlington area, need more than the physical structure of a home to establish and maintain overall stability in their lives. Our HHP has utilized the evidence-based practices of Housing First and Permanent Supportive Housing for over a decade. The implementation of these two practices allows us to simultaneously encourage and allow for the highest level of independence each person or family is capable of, while being able to offer more intensive services as needed. As we continue to work on housing the people on our community-wide wait list, it is clear that someone very rarely fits neatly into one category or their needs remain at the same level over time. As is much the case for everyone, familial, medical, social and emotional issues (among many other challenges) are unpredictable and can destabilize anyone, particularly people who have a history of precarious living circumstances.

Additionally, VT Digger recently reported that over half a million dollars in housing vouchers have gone unused since 2017, in large part due to a lack of case management support

(https://vtdigger.org/2019/12/09/more-than-500000-in-housing-vouchers-unused-since-2017/?fbclid=IwAR14V_3JamzFCS1dHJy3XF091t5VNznXUIOof0hXNY9ITY6me29eb56RLH8).

Both Shelter plus Care and Rapid Rehousing voucher programs require case management or housing retention services for people using the services. The addition of the position for which we seek funding would allow more flexibility in who and how we serve, while simultaneously working to avoid recidivism to homelessness.

3. How will this program/project contribute to the City's anti-poverty strategy?

Access to health care is intertwined with lifting someone out of poverty and into stability. Through our Homeless Healthcare Program, we provide needed primary care, fix teeth for good nutrition and employable smiles, we treat addiction and mental illness, provide safe and secure housing, and develop a trusting forever Health Care Home for our most vulnerable citizens. Simply put, we provide access to the comprehensive services that address the root causes of poverty and homelessness: addiction, mental illness, chronic disease and disability.

4. How do you use community and/or participant input in planning the program design and activities?*

By design, CHCB is a consumer-driven organization. CHCB is bound by federal regulation and organizational policy to have the majority of its Board of Directors be patients and represent the community. We consistently meet these standards to ensure that the leadership of CHCB genuinely represents those who use our health and human services. These directors steward our mission of care, approve our services and programs, and assess community needs in order to respond appropriately. Patient and community data is a tool for CHCB Board and leadership, and we regularly survey patients for program satisfaction and needs assessments. We also conduct regular Patient Forums at all CHCB sites to solicit feedback and encourage engagement in CHCB services.

As the single largest medical provider in the state to the homeless population, CHCB earns a seat at many tables throughout the community and works hard to advocate for our patient population which also informs our planning. For example, CHCB collaborates with the Burlington Housing Authority, Champlain Housing Trust, Veteran's Administration, and other community partners through monthly Chittenden County Homeless Alliance meetings and through the PATH Intended Use Plan. In these meetings, the clear and constant message is that more robust safety systems in the form of case management is needed to reduce chronic homelessness. In addition, we work with UVM Medical Center and a collaboration of community partners to develop a Community Health Needs Assessment for Chittenden and Grand Isle Counties, a comprehensive review of health data and community input on health issues designed to identify the largest health care needs in the two counties.

III. Proposed Outcomes

1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating?

The intention would be to expand the number of people we are able to help establish stable homes and work closely on an as-needed basis in regard to retention. Our program approaches retention services in a holistic manner, assisting clients in multiple areas of their lives so that the whole fits together to support their goals. This includes establishing and maintaining benefits, working with the client to connect with needed services throughout the community in areas such as mental health and/or substance abuse treatment, vocational work, specialty medical care, regular primary care, developing a support network, and simply being an active member in their community. The explicit intent of the role is to diminish the chances of returning to homelessness and to build upon their initial stability and success.

2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)

We will be working with the local housing authority (Burlington Housing Authority) to use already-awarded subsidies in our community that are underutilized at this time, in large part due to the lack of support services needed to accompany them and ensure success. We anticipate being able to house at least 10 more households (meaning single adults or couples) through these funds, but to also offer support to those who have alternative subsidy or pay for their own housing but still have service coordination needs to ensure their ongoing stability and success. We anticipate an average caseload of 30 households per year who will need various levels of support at any given time. We are dedicated to preserving the housing of

people who may return to us when they are again at risk of returning to homelessness and this expansion of staff would help us in doing that in a more mindful and comprehensive way.

IV. Impact / Evaluation

- 1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected. ***

Patients are better off and they are healthier because of our services. As a health center and Patient Centered Medical Home, our most typical program outcomes are health indicators. We assess outcomes through our Quality Program, which produces a Quality Dashboard for review at Quality Meetings. These are basic health indicators that we track for our federal funding. Some examples include control of diabetes, heart disease, and rates of success in treating depression. Because part of our federal funding stream is designated Healthcare for the Homeless HCH – section 330(h), in addition to the clinical measures required by HRSA, we must also report on homeless-specific measures like Hepatitis C Antibody Screening. We collect data from each and every patient through our Electronic Health Records. Health indicators are reported quarterly to our Board of Directors. We can also make use of the Homeless Management Information System (HMIS) to run reports on services provided to the homeless individuals case managed by this new position. This system also provides information on when someone is housed and activities provided pre- and post-housing.

- 2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C) from June 2019 (or June 2018). For non-CDBG participants – report on your achievements from the previous year.**

Our first request for CDBG funding for a Housing Support and Case Worker position was denied in 2018, so there is no precedent for this particular grant. However, the local community is now acutely aware of the need for and importance of these supportive housing case management services for chronically homeless individuals (<https://vtdigger.org/2019/05/20/chittenden-officials-disturbed-drastic-rise-chronically-homeless/>).

We have been a longtime recipient of CDBG funds which have helped provide dental care to unfunded homeless residents as well as construction at our Safe Harbor Health Center and handicapped accessibility improvements at various CHCB sites. Our organization's recent major achievements include caring for over 30,000 patients at eight sites, including almost 1,500 homeless residents just last year alone, continuing case management services to assist in placing people experiencing homelessness or who are marginally housed into long-term or medical respite housing, and continuing our Outreach Program which seeks out homeless residents wherever they are. Our Housing First Program successfully placed homeless adults who face severe mental health or medical problems into long-term housing. Overall, the number of homeless people we serve, the comprehensiveness of services, and clinical aspects of our care remain unique in Burlington.

V. Experience / Organizational Capacity

- 1. What is your agency's mission, and how do the proposed activities fit with your mission?**

Since 1971, the Community Health Centers of Burlington have provided exceptional health care to people of all ages, backgrounds, and life circumstances. Under our umbrella of comprehensive services, community members can access primary and preventive medical care, dental services, psychiatry, and mental health and substance abuse treatment provided in a compassionate, respectful, and professional manner. Our mission is to improve the health of all within the communities we serve with respect and compassion, and with a commitment to serving people regardless of financial status or life circumstance. For over 30 years, we have been intimately involved with the specialized needs of the homeless community. Providing case

management services, with an emphasis on stabilizing individuals experiencing homelessness and helping them secure housing, is a perfect example of how we make our mission a reality.

2. Explain how your agency has the capacity to carry out the proposed activity (i.e. staff qualifications, years of experience related to this type of activity, etc.)*

For over 48 years, CHCB has been the premier safety net provider in care for vulnerable populations in Burlington. The breadth and scope of our health care and support services not only makes us one of the largest primary care facilities in the area, but an expert in care for homeless, low-income and refugee/immigrant populations. CHCB earned Patient Centered Medical Home (PCMH) National Accreditation first in 2012 and then re-certified every cycle thereafter. Achievement of PCMH indicated the highest quality chronic disease management for our patients and our ranking as a comprehensive Health Care Home. As a result of this accreditation, CHCB joined Vermont's Blueprint for Health, our state's largest quality initiative with the goal of redesigning primary care for best outcomes. We work together with all of the Blueprint members, including the hospital, to exchange ideas and best practices. In addition, as Chittenden County's only Federally Qualified Health Center, we must meet rigorous clinical and administrative systems benchmarks set by the federal Agency of Health and Human Services. We receive data routinely, which compares us to other Vermont FQHCs and national standards and are required to submit yearly progress reports on clinical and administrative goals.

3. What steps has your organization/board taken in the past year to become more culturally competent internally?

As the community's home for refugee health care, we serve a diverse population of patients who communicate in nearly 30 different languages on any given day and we continue to uphold our already very strong cultural competency initiatives. We work hard to hire staff that reflect our community. CHCB staff consists of French speaking Africans, Nepali, Bosnians, gay, lesbian, transgender and non-binary individuals. At CHCB, we recognize that even if we hire the right staff, we must train them well. As such, all new employees are required to complete an orientation, including a cultural competency component.

4. Have you received Federal or State grant funds in the past three years? Yes No

5. Were the activities funded by these sources successfully completed? Yes No
 N/A

If No, please explain:

VI. Proposed Low & Moderate Income Beneficiaries / Commitment to Diversity

1. Will the program solely serve a specific group of people? If so, check ONE below:

- Abused Children Elderly (62 years +) People with AIDS
 Battered Spouses Homeless Persons Illiterate Adults
 People with Severe Disabilities

2. a. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <https://www.burlingtonvt.gov/CEDO/2019-HUD-Income-Limits>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income (30% median)	# Very Low-Income (50% median)	# Low-Income (80% median)	# Above Income Limits (above 80% median)
Housing Support and Case Worker	Up to 30 homeless residents throughout two years	25	5		

b. All CDBG grantees serving limited clientele will be required to use CEDO's *CDBG Beneficiary Self-Certification* form to collect beneficiary data including race, ethnicity, annual income, and family size. Is your organization willing and prepared to add this documentation to the intake process for your CDBG funded program by July 1, 2020?

Yes NO Not Serving Limited Clientele

3. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location or other characteristic of the people this program is intended to serve. How do you select and reach your target population?

This project is designed to benefit homeless patients who receive their health care at CHCB. Specifically, our Safe Harbor Health Center is located in the downtown area of Burlington and exists to serve this target population who, overwhelmingly, live in poverty and face barriers to care such as no telephones, inadequate transportation, lack of literacy, mental illness, addiction or other chronic diseases. Individuals are able to walk in without an appointment and are encouraged to come in for care by our outreach staff who visit encampments, shelters and the street.

4. Describe the steps you take to make the project/program accessible, inclusive and culturally appropriate for the target population. *

We ensure our programs are accessible to all and are culturally appropriate through our mission, HRSA regulation, and with international symbols and Braille signage. For all services, we offer confidential and quality interpreter services through a national phone service. CHCB provides enrichment programs for newly-arrived refugees; a patient support center, internally-produced orientation videos to CHCB systems, a Refugee Medical Case Manager to support New Americans, and a Refugee Health Coach for women at risk of heart disease or diabetes. Finally, CHCB is an equal opportunity employer and states so in our advertising and our Board-approved personnel policies.

VII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the project/program. How will you spend the money? Give specific details.

Total estimated project cost includes salary and fringe benefits. Based on years of similar work, we know that it is the mission of our program and the right person in the position that is the most important investment.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.

a.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG
Establish and maintain housing for homeless residents	Housing Support and Case Worker	Establishing and maintaining benefits, working with the client to connect with needed services in areas such as mental health and/or substance abuse treatment,	40 hours/week	100%

		vocational work, specialty medical care, regular primary care, and developing a support network.		
--	--	--	--	--

b. All CDBG grantees that use CDBG funds for salaries must submit timesheets that capture total time and effort of staff members funded with CDBG. These timesheets must record CDBG hours worked, other hours worked, all funding sources, and a narrative for all CDBG and non-CDBG funded activities, and they must be signed by the employee and supervisor. Does your organization have the ability to implement a timekeeping system for CDBG funded staff that meets these requirements by July 1, 2020? Yes No Not funding salaries

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Housing Support and Case Worker Salary (includes 25% fringe benefits) – 2 years	\$112,500	\$0	\$112,500

4. Funding Sources*

	Project – One Year		Agency – One Year	
	Current	Projected	Current	Projected
CDBG	\$0	\$56,250	\$0	\$56,250
State (specify)	\$0	\$0	\$1,877,173	\$1,599,405
Federal (specify)	\$0	\$0	\$3,294,727	\$3,487,261
United Way	\$0	\$0	\$65,000	\$40,000
Private (specify)	\$0	\$0	\$623,208	\$672,840
Program Income	\$0	\$0	\$21,700,888	\$23,565,912
Other (specify)	\$0	\$0	\$2,976,625	\$3,179,352
Total	\$0	\$56,250	\$30,537,620	\$32,601,020

*The above Funding Sources section is for the first year only, as we only project our organizational budget out one year.

5. Of the total project cost, what percentage will be financed with CDBG?

$$\frac{\$ 112,500}{\text{CDBG Funding}} \div \frac{\$ 112,500}{\text{Total Program/Project Costs}} = \frac{100\%}{\text{Percentage}}$$

6. Of the total project cost, what would be the total cost per person?

$$\frac{\$ 112,500}{\text{Total Program/Project Cost}} \div \frac{30}{\# \text{ Total Proposed Beneficiaries}} = \frac{\$ 3,750}{\text{Cost Per Person}}$$

$$\frac{\$ 112,500}{\text{Total Amount of CDBG Funding}} \div \frac{30}{\# \text{ Total Proposed CDBG Beneficiaries}} = \frac{\$ 3,750}{\text{Cost Per Person CDBG Investment}}$$

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

CDBG resources are designed to support exactly what we do; lift community residents out of poverty with access to basic services. We are a local leader in the treatment of our city's most fragile and vulnerable populations. With more attention being drawn to the closure of encampments and relocation challenges, our request is especially timely and our specialized services are central to the City's success in ending homelessness. **Housing is health care**; it is the broader impact of subsidized health care for the homeless that CDBG would ultimately be investing in by funding this position.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?*

As previously stated, we will be working with the Burlington Housing Authority to use already-awarded vouchers in our community that are underutilized at this time, in large part due to the lack of support services needed to accompany them and ensure success. As Margaret Bozik, Director of Asset Management and Special Initiatives for the Champlain Housing Trust, noted in the above VT Digger article that 'while progress had been made in recent years [to eliminate homelessness], it appears to have hit a wall.' We intend to leverage the vouchers to progress beyond that wall.

VIII. Collaboration/Efficiency

1. Give 1 or 2 examples of key successful collaboration(s) between your program/project and another agency/program/group to address the needs of the people you serve.

CHCB collaborates with other agencies and community partners on a variety of different projects. One recent example of this is our work with the Beacon Apartments. In January 2016, CHCB, Champlain Housing Trust (CHT), and the Burlington Housing Authority (BHA) launched the Beacon Apartments. This model uses longstanding, proven programmatic characteristics to enable participants to transition out of their homeless circumstance in an environment encouraging self-management and self-empowerment. Located in a fully-renovated former motel in South Burlington, 19 of the most chronically homeless individuals in the area were identified and invited to participate in the program. CHT provided the building by purchasing and renovating a motel into 19 efficiency and one-bedroom apartments, BHA provides rental assistance, and CHCB provides medical care and onsite case management. This is a great example of an extension of our Homeless Healthcare Program that CDBG funds have continually supported.

2. Do identical or similar community programs exist? How does this program complement or collaborate rather than duplicate services? What makes this program unique?

CHCB is the only FQHC in Chittenden and southern Grand Isle counties and since 1989 have been the only Healthcare for the Homeless Program grantee in the State of Vermont. While CHCB may not be the most visible local homeless service provider, we served almost 1,500 community residents last year through our Homeless Healthcare Program. There is no one else in the area who offers this specialized clinical care with wrap-around services to this most fragile population. Our program is different as we approach

homelessness as clinicians; with treatment that reduces the barriers of the stigma for poor health and addiction, and providing the proactive treatment, education and access to ongoing preventive services, especially for homeless children.

3. Provide 1 example of how your agency has become more efficient in achieving your outcomes or managing your project/program.

We define success as quality care and meeting the need. As a Federally Qualified Health Center, CHCB is required to select and reach quality benchmarks in every program. Our quality markers for these programs are to continue to increase the number of preventive care visits we provide to the community, and move residents from an urgent-care-only model. CHCB tracks and measures these program outcomes through our Electronic Health Record System and billing department that records and codes each payer so we can precisely count the number served and the amount of care subsidized through the programs. As an FQHC, we are required to report yearly progress on our selected goals, including the measure of preventive visits. These reports are run quarterly and reviewed for progress. CHCB is also required to host periodic site visits from federal officials to ensure quality and compliance in all of our services.

IX. Sustainability

1. How will this project have a long-term benefit to the City of Burlington? If this program/project ends, how will that benefit continue?

This project will have a long-term benefit to the City of Burlington by continuing the efforts CHCB has already put in place to lift barriers to health care and housing connections for our most vulnerable community residents. Access to a long-term Health Care Home is absolutely necessary to lead a productive life. At the same time, it is important to note our work supports every Burlington resident who pays a health care bill; we keep people out of the ER and connect to them cost-effective preventive care and education. This benefit will continue as long as our doors are open.

2. CDBG funding is intended for new or expanded services. If CDBG funding ends, will the project be able to continue?

This is both a new position and an expansion of the supportive housing services we are currently offering in our homeless programming. As previously stated, it would allow us to draw down more of that same community funding but would also allow us to provide ongoing support for people who need it but may receive funding that does not mandate retention work and that often leaves them vulnerable/at-risk of returning to homelessness.

3. How will you prioritize the proposed project activities if you do not receive the full amount requested?

Unfortunately, the status quo would remain. We would serve fewer people and draw down less of the money available in our community via the local housing authority. We would not be able to offer as robust a retention service as we would like.