

**CITY OF BURLINGTON**  
**COMMUNITY DEVELOPMENT BLOCK GRANT - 2023 APPLICATION**

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

Project Name: VCJR Re-Entry and Recovery Center with Contingency Management

Project Location / Address: 109 Bank Street, Burlington, Vermont 05401

Applicant Organization / Agency: VCJR (Vermonters for Criminal Justice Reform)

Mailing Address: 109 Bank Street, Burlington, Vermont 05401

Physical Address: 109 Bank Street, Burlington, Vermont 05401

Contact: Tom Dalton Title: Executive Director Phone #: [REDACTED]

Web Address: vcjr.org E-mail: tom@vcjr.org

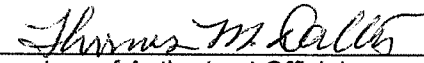
EIN #: [REDACTED] DUNS #: [REDACTED]

<b>CDBG Funding Request: \$157,836</b>
<b>Total Estimated Program/Project Cost: \$358,940</b>
<i>Choose one category from Development <u>OR</u> one category from Public Service:</i>
<b>Development:</b> (choose one) <input type="checkbox"/> Economic Development <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Public Facilities/Improvements
<b><u>OR</u></b>
<b>Public Service:</b> (choose one) <input type="checkbox"/> Early Childhood Ed/Childcare <input type="checkbox"/> Youth Services <input checked="" type="checkbox"/> Health <input type="checkbox"/> Economic Opportunity <input type="checkbox"/> Housing and Homelessness

1. **Type of Organization**
- |   |  |
|---|--|
| <input type="checkbox"/> Local Government         | <input checked="" type="checkbox"/> Non-Profit Organization (please provide copy of your IRS 501(c)(3) tax exemption letter) |
| <input type="checkbox"/> For-Profit Organization  | <input type="checkbox"/> Institution of Higher Education   |
| <input type="checkbox"/> Faith-Based Organization |  |

**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.

 _____ Signature of Authorized Official	<u>Thomas M. Dalton</u> _____ Name of Authorized Official
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<u>Executive Director</u> _____ Title	<u>1-17-23</u> _____ Date
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## ***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?**

Justice-involved people living with substance use disorders and other co-occurring mental health disorders are often among the most vulnerable, stigmatized and difficult to engage individuals in our community. When they are not getting the support they need and are struggling, they are at risk --as are their children, families and communities. It is not surprising that this particularly marginalized group (which includes a disproportionate number of BIPOC people, people with extremely low income, unhoused people and disabled people) is among the most affected by the serious social challenges facing Burlington, including risk of interpersonal violence, housing insecurity and drug overdose death.

Through our work with justice-involved people and their families, Vermonters for Criminal Justice Reform (VCJR) identified a need and opportunity for a low-barrier, walk-in program specifically designed to successfully engage justice-involved people in specialized community re-entry and substance use disorder recovery services. Justice-involved people often have concerns related to trust and authority, sometimes do not feel safe being open about their struggles with substance use, may display challenging behaviors and are often difficult to engage in services. Because our organization and our staff members have established longstanding relationships of trust and earned credibility among justice-involved people in our community over a period of many years, we believed we were best positioned for success.

In August, VCJR opened our specialized re-entry and recovery center for justice-involved people in downtown Burlington, a first in Vermont. The center is focused on attending to the needs of justice-involved individuals living with substance use disorders including overdose prevention, crime prevention and improvement in social functioning. In October, we began providing outpatient drug treatment using an evidence-based intervention called contingency management. Our contingency management program is designed to support abstinence from fentanyl and substances that commonly contain fentanyl (like heroin, cocaine and methamphetamine), which are responsible for the vast majority of overdose deaths in Vermont. We have already engaged 78 very high-risk, justice-involved Burlington residents in re-entry and recovery center services including 60 in contingency management. Program services are designed to address identified needs include case management, post-incarceration community re-entry support, parenting support, professional and peer recovery support (including peer support groups) and basic needs assistance (food, housing, employment, transportation).

Local demand for the project has been well demonstrated in that justice-involved people rapidly enrolled in our program based almost entirely on word of mouth from peers. Intake data indicates that 98% of our program participants said that they were not currently accessing services at an existing recovery center when they chose to access services at VCJR. This confirms data from the needs assessment we conducted prior to launching the project. We had also been guided in our decision to open the center by UVM research data indicating that only 13% of prison staff say that we are adequately preparing people for success upon release from incarceration, and that incarcerated people listed improving re-entry support as their number one need.

The COVID-19 pandemic has contributed to sharp increases in overdose deaths. According to the CDC, Vermont overdose deaths rose 85.1% from March 2020 to March 2021 --the largest increase in the country. The period following release from incarceration is particularly dangerous because

drug tolerance is low, stress is high and many have not been getting linked to timely supports. Risk of overdose death increases over 1,000% in the month following release from incarceration. According to the Vermont Social Autopsy Report, 82% of those who died of overdose had interacted with Vermont State Police and 17% had been incarcerated (often recently released).

Our specialized re-entry and recovery center, including our contingency management program focused on reducing overdose deaths, contributes to CDBG national objectives because it benefits low-income persons. According to our intake data so far, 100% of Burlington residents served by our program meet criteria for “extremely low” or “very low” income.

## ***II. Program/Project Design***

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

VCJR is implementing a new specialized re-entry and recovery center for justice-involved people living with substance use disorders and co-occurring mental health disorders. Key services include case management, re-entry services (for individuals returning to the community after a period of incarceration), professional and peer recovery support, parenting support, basic needs assistance (food, housing, employment, transportation), and overdose prevention using an evidence-based drug treatment called contingency management.

### **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)**

Stigmatized and socially isolated people with low social capital need places they perceive as welcoming and safe to successfully access services. VCJR’s center is designed as a low-barrier, walk-in setting where our population of focus can access a variety of important services and supports free of charge. Our earned trust and credibility among justice-involved people enables us to successfully attract, engage and retain a significant number of high-risk people who otherwise would not access beneficial services. Our services (including case management, reentry services and recovery support) were identified as priority needs by justice-involved people. Contingency management was identified as a priority unmet need by UVM researchers and the City of Burlington’s Community Stat coalition (City-led coalition of community-based organizations addressing substance use and related topics).

### **3. How will this program/project contribute to the City’s anti-poverty strategy? If this activity is to respond to COVID-19, please also describe how this activity prepares or responds to the impacts of the COVID-19 pandemic.**

Our program focuses on a population with high rates of poverty. According to intake data, 100% of people served by our program meet criteria for “extremely low” or “very low” income. Case management and re-entry services, in particular, help people access employment, public benefits and housing (especially at the critical time when someone returns to Burlington after a period of incarceration). Recovery supports promote the stability needed for successful employment.

The COVID-19 pandemic has significantly contributed to the alarming rise in fatal drug overdose over the last several years. VCJR will reduce the incidence of overdose among justice-involved people by providing overdose prevention supplies (fentanyl test strips, naloxone); overdose prevention education and training; professional and peer supports; community reentry support;

help managing the stress and demands associated with justice involvement; drug treatment and treatment retention support; and relapse prevention/response and recovery stabilization support.

The housing crisis is having a disproportionate impact on justice-involved people due to the impacts of the COVID-19 crisis on housing in Vermont compounded by population-specific challenges (must live within certain geographic area, corrections residence approval often required), lack of income, lack of a recent rental history or landlord reference, and inability to pass a criminal background check. Justice-involved people can visit VCJR's center to get help with emergency shelter, transitional housing, sober housing and permanent housing, including support in accessing the Chittenden Coordinated Entry system. VCJR staff help people maintain good relationships with landlords and neighbors, problem-solve housing challenges and improve access to employment, education, job training and disability benefits. VCJR has an MOU in place to provide onsite services to residents of the soon to open Elmwood Emergency Shelter Community.

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

VCJR staff are in daily contact with justice-involved people and their family members. We are directed by these conversations and advocacy requests and focus our activities on the needs and concerns identified by participants. We use an evidence-based survey tool to measure participant satisfaction and success and this tool informs our program design and implementation. The tool was recommended by UVM researchers who have been consulting with us on our program design, implementation and evaluation. We have a bulletin board where program participants post comments and suggestions. VCJR participates in a number of community coalitions where we hear about and discuss community needs including Burlington's Community Stat, Vermont Opioid Settlement Advisory Committee, Vermont Overdose Prevention Network, Treatment Retention Working Group, and Vermont Department of Health's Intervention, Treatment and Recovery Committee. We meet regularly with a variety of policy leaders including the Burlington Mayor, Burlington City Council members and legislators.

### ***III. Proposed Outcomes***

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

Intended outcomes include:

- Fewer overdose deaths
- Fewer people living in poverty
- More people have safe and stable housing
- Improved recovery from substance use disorders/co-occurring mental health disorders
- Less crime, interpersonal violence and resulting community harm
- Less incarceration and related collateral consequences
- Fewer adverse childhood experiences (ACEs) among children of justice-involve parents

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

Goal 1: Reduce drug overdose deaths among justice-involved people with substance use disorder  
Goal 2: Increase the number of justice-involved people in stable and sustained recovery

Goal 3: Address criminogenic risk factors to improve social functioning and reduce risk of crime/interpersonal violence

Objective: Implement a low barrier, specialized re-entry and recovery center for justice-involved individuals living with substance use disorder and co-occurring mental health disorders serving 240 low-income Burlington residents per year

- Activity #1 Provide community re-entry services for the population of focus
- Activity #2 Provide recovery support for the population of focus
- Activity #3 Provide case management services for the population of focus
- Activity #4 Provide overdose prevention services including contingency management, overdose prevention education and skills building, professional and peer support, and access to overdose prevention supplies (fentanyl test strips, naloxone)

	<b>Activity Funded</b>	<b>Outcomes</b>
Justice-involved individuals with unmet needs engage in services designed to address criminogenic risk factors, improve social functioning, meet basic needs and reduce crime	Re-entry and Recovery Center; Case management; Re-entry and recovery support	Implementation of a low barrier re-entry and recovery center successfully attracting and engaging high-risk, justice-involved individuals with substance use disorder in risk reduction services including case management, re-entry services and recovery support
Justice-involved individuals with substance use disorder who are at high risk for overdose death successfully access drug treatment, overdose prevention services and recovery support	Contingency Management; Case management; Re-entry and recovery support	Implementation of a comprehensive overdose prevention program providing overdose prevention supplies (fentanyl test strips, naloxone), overdose prevention education and skills building, professional and peer supports, and contingency management services successfully attracting and engaging high-risk, justice involved individuals with substance use disorder

**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.**

VCJR collects data designed to evaluate our success in meeting previously unmet needs of justice-involved people with substance use disorders. We follow the recommendations of UVM researchers who are consulting with us on our program design, implementation and evaluation.

<b>Data Description</b>	<b>Method/Tool</b>	<b>Who Provides Data</b>	<b>When Collected</b>
Demographic data; social history; risk and needs assessment	Intake Form	Program participants	Upon initial engagement with our case management and/or contingency management programs

Demographic data; residency; household income; income characterization	CDBG Beneficiary Self-Certification Form	Program participants; program staff	Upon intake into our case management and/or contingency management programs
Contacts with people accessing the re-entry and recovery center; interventions by type; referral information	Contact Log	Program participants; program staff	Upon each staff engagement with a program participant visiting our re-entry and recovery center
Program compliance; drug test results; drug use/non-use self-reports; risk reduction information; weekly education topics	CM Progress Form	Program participants in our contingency management program; program staff	Completed weekly during our 24-week drug treatment program
Progress in treatment and recovery within four domains: substance use, health, lifestyle, and community	Treatment Effectiveness Assessment (TEA)  (Evidence-based tool)	Program participants in our contingency management program	Upon completing week 12 (midpoint) and week 24 (endpoint) of our 24-week drug treatment program
Experiences while incarcerated; re-entry risk and needs assessment	Re-entry Survey*  *(New/Proposed)	Program participants transitioning from incarceration	Upon initial program contact following a period of incarceration

**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 2022 (or June 2021). For non-CDBG participants – report on your achievements from the previous year.**

VCJR has been implementing this new project for less than 6 months. In August, we hired two new staff and opened Vermont's first specialized re-entry and recovery center for justice-involved people in the heart of downtown Burlington. We said we would provide recovery support, re-entry services, overdose prevention services and case management to an anticipated 25 beneficiaries in our first quarter of operation. We met this goal reaching 26 very high-risk, very low-income Burlington residents. We began implementation of our innovative new drug treatment/overdose prevention program using an evidenced-based behavioral intervention called contingency management and enrolled over 50 people in just the first 6 weeks. Overall, we have served over 90 high-risk people. Our intake data shows that we are already successfully reaching a significant number of very high-risk members of our community:

- 92% report extremely low income; the other 8% report very low income
- 48% had recently been released from incarceration
- 59% were currently unhoused; 36% said their current housing was temporary or unstable; 91% reported a history of homelessness
- 89% tested positive for stimulants (cocaine or methamphetamine); 82% tested positive for opioids; 77% tested positive for both opioids and stimulants
- 82% were currently using substances via injection
- 80% reported a history of serious wounds, blood infections or endocarditis related to drug use; 29% had current serious wounds or blood infections
- 52% reported serious mental health symptoms related to methamphetamine use

- 82% reported a history of drug overdose; 48% reported an overdose in the last 6 months; 4 reported an overdose within 24 hours prior to intake
- 98% said they were not accessing services at a recovery center prior to visiting VCJR

Staff are supporting parents in successfully complying with Department of Children and Families case plans. Staff are also supporting program participants in successfully complying with legal mandates including treatment court requirements, corrections community supervision requirements, abuse protection orders and sex offender registries. These are important forms of crime prevention and provide significant benefits to our participants and the community.

## ***V. Experience / Organizational Capacity***

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

VCJR helps individuals who are incarcerated, under community supervision or at high risk for criminal justice system involvement live safe, productive and healthy lives through policy reform, advocacy and direct service. Proposed activities are closely tailored to promoting the health, safety and success of justice-involved individuals, their children/families and communities. The proposed activities enhance organizational access to justice-involved people helping us keep the leadership of those with lived experience at the center of our work.

### **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.)**

Our project director is an attorney and a licensed alcohol and drug counselor with over 20 years of experience working with justice-involved people with substance use disorders in Burlington, including as the founder and longtime supervisor of the Howard Center Safe Recovery program. Our services director is a social worker with 7 years of professional experience, including as a program director at the Howard Center. She is also a person with important lived experience (she is a person in long-term recovery from substance use disorders who experienced a range of harms associated with her substance use disorders, including insecure housing, incarceration, injection drug use and overdose). Our case manager has 4 years of professional experience working with justice-involved people and people living with substance use disorders at the Howard Center. She is fluent in Spanish. Our board of directors includes attorneys with the Public Defender's Offices in Chittenden and Franklin counties, and Vermont's first African American state trooper (retired). Half of our board members are people with lived experience. We work closely with UVM researchers who are consulting with us on an ongoing basis on our program design, implementation and evaluation.

### **3. What steps has your organization/board taken in the past year to address racial equity, inclusion, and belonging internally? What new commitments have been made to address racial equity, inclusion, and belonging internally in the year ahead?**

VCJR has been working to improve board and staff diversity with significant success. One of the staff we recently hired with CDBG funding support is a member of the BIPOC community and the other is a formerly incarcerated woman in recovery from substance use disorders. We are currently working toward hiring a member of the BIPOC community with lived experience to help facilitate peer recovery support groups. He has strong ties to the Burlington community and is excited to help us improve our outreach with the goal of engaging as many BIPOC participants as possible. VCJR is a current recipient of a Community Health Equity Partnership grant and we are participating in associated trainings organized by the Vermont Public Health Institute. We will

continue to utilize resources available through the City of Burlington, the Vermont Department of Health and the State of Vermont Office of Racial Equity.

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

Note: We have not received direct funding from the federal government or state government, but we have received state/federal-sourced funds from United Way and CEDO (CDBG). We have also successfully completed private grants in the \$200k to \$500k range in recent years.

5. Were the activities funded by these sources successfully completed?  Yes  No  N/A. If No, please explain:

**VI. Proposed Low & Moderate Income Beneficiaries**

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

- 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/2022-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)
Re-entry services, recovery services, case management, drug treatment/overdose prevention using contingency management	240 persons	200	35	5	0

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, 2023?  
 Yes                       NO                       Not Serving Limited Clientele

**VII. Commitment to Equity, Inclusion and Belonging**

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

Our population of focus is comprised of justice-involved individuals living with substance use disorders (many with co-occurring mental health disorders). Vermont's criminal justice system does not impact all individuals and communities equally. Those impacted tend to be age 25-54, extremely low income/low income, male (about 80% male and 20% female) and disproportionately BIPOC and LGBT+. Many are living with HIV and/or hepatitis C and many experience other life-threatening health issues related to substance use like soft-tissue wounds, blood infections,



endocarditis and overdose. All services are voluntary and open to all justice-involved people with substance use disorders. We reach our population of focus primarily via word of mouth, but also via referrals from community partners. Over the coming year, we have plans to conduct specific outreach to members of the BIPOC community.

**2. Describe the steps you take to ensure the project/program is accessible, inclusive, addressing racially equity, and culturally appropriate for the target population.**

We believe that addressing the needs of justice-involved community members is an important component of a comprehensive movement toward health equity. Staff work hard to ensure the culture and atmosphere at our center is welcoming with the understanding that our participants often do not experience inclusion and equity in their daily lives. We value the participation of those with important lived experience in the formal leadership structure of our organization. Currently, 50% of our staff and board of directors are impacted by incarceration (formerly incarcerated or family members). One of the people we recently hired with CDBG funding support is a formerly incarcerated woman in recovery and another is a member of the BIPOC community. VCJR staff are in daily contact with justice-involved people and their family members. We are directed by these conversations and advocacy requests and focus our activities on the needs and concerns identified by participants. VJCR is a current recipient of a Community Health Equity Partnership grant and we are participating in associated trainings organized by the Vermont Public Health Institute. We have one staff member who is fluent in Spanish, but we do not have a mechanism in place to provide professional, comprehensive translation services. We plan to seek technical assistance on this issue in the coming months.

**VIII. 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.**

As a provider of public services, VCJR will spend CDBG funds primarily for expenses necessary to provide our community and population of focus with a specialized re-entry and recovery center located at an accessible downtown Burlington location (rent, utilities, insurance) and staff the center with highly qualified and experienced staff (wages, payroll taxes and fringe).

**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
Direct Service (case management, re-entry support, recovery support, contingency management); Staff and Program Supervision; Data collection and reporting	Project Director	Direct Service (case management, re-entry support, recovery support, contingency management); Staff and Program Supervision; Data collection and reporting	40	50%
Direct Service; Data collection and reporting	Services Director	Direct Service; Data collection and reporting	40	50%

Direct Service; Data collection and reporting	Case Manager	Direct Service; Data collection and reporting	40	50%
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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 hours worked on CDBG-funded programs, hours worked on non-CDBG funded programs and the corresponding program name/funding source(s). Timecards must include a narrative for all CDBG and non-CDBG funded activities, and 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, 2023?  Yes  No  Not funding salaries

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Wages	\$91,843	\$91,842	\$183,685
Payroll Taxes	\$7,026	\$7,026	\$14,052
Fringe	\$24,767	\$24,767	\$49,534
Rent (Re-entry & Recovery Center)	\$34,200	\$0	\$34,200
Contingency Management Incentives, Fentanyl Testing Supplies, Drug Testing Expenses	\$0	\$45,440	\$45,440
Other Expenses (utilities; telephone/internet; insurance; bookkeeping, payroll, tax and janitorial services; office supplies, staff mileage etc.)	\$0	\$32,029	\$32,029
Total	\$157,836	\$201,104	\$358,940

4. Funding Sources

	Program/Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$153,051	\$157,836	\$153,051	\$157,836
United Way	\$30,000* special one-time funding	\$0	\$30,000	\$0
Hoehl Family Foundation	\$30,000	\$30,000	\$30,000	\$30,000
UVMHC (Community Health Investment Fund)	\$45,350	\$50,000* Invited to apply	\$45,350	\$50,000
Vital Projects Fund	\$0	\$0	\$50,000	\$50,000
Vermont Public Health Institute	\$30,000* special one-time funding	\$0	\$30,000	\$0
Other ( <b>specify</b> ) Small donor contributions and in-kind donations (winter coats, hats, gloves, socks, food	\$10,000	\$10,000	\$15,000	\$15,000
<b>Total</b>	<b>\$268,000</b>	<b>\$247,836</b>	<b>\$353,401</b>	<b>\$302,836</b>

\*Please note: Our current funding deficit is mitigated by staff vacancy savings from the beginning of the fiscal year. Our plan to address our projected deficit is to apply for additional grant funding (we have one grant application pending for \$150,000) and to request a legislative appropriation (perhaps funded via opioid settlement funds).

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

$$\begin{array}{rclcl} \$157,836 & \div & \$358,940 & = & 44\% \\ \text{CDBG Funding} & & \text{Total Program/Project Costs} & & \text{Percentage} \end{array}$$

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

$$\begin{array}{rclcl} \$358,940 & \div & 240 & = & \$1,496 \\ \text{Total Program/Project Cost} & & \# \text{ Total Proposed Beneficiaries} & & \text{Cost Per Person} \\ \\ \$157,836 & \div & 240 & = & \$658 \\ \text{Total Amount of CDBG Funding} & & \# \text{ Total Proposed CDBG Beneficiaries} & & \text{Cost Per Person CDBG Investment} \end{array}$$

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

This project substantively responds to Burlington’s CDBG program goal to reduce poverty and its impacts in Burlington. Proposed services address priority needs identified in the City’s 2018 Consolidated Plan: to provide public services, fund substance use recovery programs, fund programs to provide services that respond to the increase in homelessness since the onset of the COVID-19 pandemic and to protect the vulnerable (including families with children, chronically homeless persons, people with chronic substance use and mental health disorders, persons with HIV/AIDS, victims of domestic violence and people with extremely low incomes). VCJR’s public services are consistent with the City’s Anti-Poverty Strategy (meeting basic needs, decreasing social isolation and increasing social capital), are responsive to national CDBG objectives and have been identified as a priority of the City of Burlington’s Community Stat coalition. The proposed services will impact a range of issues effecting Burlington including public safety, crime prevention, domestic and other interpersonal violence, drug overdose and homelessness.

**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?**

One of the intentions of this program is to provide justice-involved people and other community members with new volunteer opportunities and the positive social connections that provides. Although justice-involved people and their families generally have low income, we usually receive about \$15,000 per year in small, individual donations. CDBG funding will be used to leverage support for a legislative appropriation (possibly via opioid settlement funds), and VCJR is working with city leaders in that effort. CDBG funding will also help us leverage private foundation support.

**IX. Collaboration/Efficiency**

**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.**

VCJR has worked closely with Vermont Legal Aid for several years to successfully secure important reforms to Vermont’s sober housing system. We successfully partnered with the Chittenden County Office of the State’s Attorney on an incarceration diversion program for parents living with substance use disorders.

**Do identical or similar community programs exist? How does this program complement or**

**collaborate rather than duplicate services? What makes this program unique?**

Existing recovery centers have struggled to attract, engage and retain justice-involved people. Our earned trust and credibility with our population of focus gives us an enhanced capacity to successfully engage justice-involved people with substance use disorders and mental health disorders in services. VCJR intentionally offers services that fill unmet needs and complement rather than replicate existing recovery services. For example, existing recovery centers do not provide professional case management, specialized re-entry services or contingency management. UVM Center on Rural Addiction has a contingency management program but that program is limited to rural counties and excludes Chittenden County. VCJR routinely shares cross referrals with other recovery support, harm reduction and drug treatment providers.

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

VCJR is collaborating with the Vermont Department of Corrections to list VCJR services in the handbook provided to each incarcerated person, and to allow VCJR to communicate with incarcerated people electronically via their personal tablets. This will allow Burlington residents who are preparing to be released from incarceration to communicate with VCJR staff via voice calls, video calls and electronic messaging directly from their prison cells. This will make communication and re-entry planning more efficient and supplement in-person visits, which are still heavily restricted by correctional facilities due to staffing shortages and COVID-19 concerns.

**X. 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?**

Helping justice-involved people initiate and maintain long-term recovery from substance use disorder, improve social/family functioning, secure stable housing, establish health care and secure stable income will have profound long-term benefits for themselves, their children and the Burlington community. These benefits impact generational cycles of poverty, substance use, trauma and incarceration, and these benefits will continue to impact our community even after this program/project ends. Expected long-term benefits include fewer drug overdoses; less poverty; less crime and interpersonal violence; less incarceration (and the social disruption and collateral consequences it brings); less transmission of HIV and HCV; and fewer adverse childhood experiences (ACEs) among children of justice-involve parents.

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

VCJR's new specialized re-entry and recovery center for justice-involved people is the first of its kind in Vermont. Our new contingency management program incorporates innovations in drug treatment in Burlington. Both began implementation less than 6 months ago but we are already reaching many very high-risk people and the center has been very well received by community stakeholders. Based on past experience implementing new programs, we anticipate strong success and a growing body of compelling outcome data that will allow us to secure ongoing support for the program through CDBG or other public or private funding sources.

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

We will prioritize implementation of the specialized recovery center and associated case management, re-entry services and recovery support. If we do not receive the full amount requested, we would seek other enhanced support for contingency management.