

# City of Burlington / 2014 CDBG Application Form

Project Name: Safe Harbor Health Center Stabilization and Renovation

Project Location / Address: 184 South Winooski Avenue, Burlington, VT

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

Mailing Address: 617 Riverside Avenue, Burlington, VT

Physical Address: Same

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EIN #: 23-7182584-01

DUNS #: 020655023

**CDBG Funding Request: \$77,877**

**Check ONE:**

**1 year**

**2 years**

(Equal Access, Health) (Housing, Homeless, Hunger)

## 1. Type of Organization

Local Government

Non-Profit Organization (please provide copy of your

For-Profit Organization

IRS 501(c)(3) tax exemption letter)

Faith-Based Organization

Institution of Higher Education

2. Conflict of Interest:  Please complete and sign attached form.

3. List of Board of Directors:  Please attach.

## 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, 2014.

Alison Calderara  
Signature of Authorized Official

Alison Calderara, M. Ed.  
Name of Authorized Official

Director, Community Relations and Development  
Title

1/13/2014  
Date

(Refer to NOFA for required information for each question.)

## **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 operates our region's only Healthcare for the Homeless Program. As such, we offer two health centers designed for access to a broad range of health care services, including primary and preventive care, dental care and mental health and substance abuse counseling. Our Safe Harbor Health Center, located on South Winooski Avenue in Burlington, provides care to homeless adults and families and offers walk-in services and appointments. Safe Harbor conducts TB testing on every resident in the shelters as a basic public health measure. Our Pearl Street Youth Health Center on Pearl Street also offers walk-in services and appointments for primary care especially for at-risk and/or homeless youth under the age of 26. Last year, CHCB cared for 1,640 homeless people at all of our sites combined; the largest single number of patients over the past decade. It is also important to note that CHCB cares for homeless people who are not ready to seek services from other local community partners, such as COTS or Spectrum, and actively seeks out these people in need of services. For example, we conduct outreach to the encampments and other locations where people are living on the streets. As our region's only Homeless Healthcare Program, our approach is uniquely clinical and based on a nationally-established treatment model that offers access to care with the goal of establishing a long-term, trusted health care home. As such, our program contributes to CDBG national objectives as first, benefiting low to moderate income community residents. Second, access to quality health care 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 or disability.

Currently, the basement of our Safe Harbor Health Center is unusable. It has standing water in many places during much of the year due to outside water seepage. If left uncorrected, we fear the foundation structure will suffer and the building may require tremendous repairs down the road. We are proposing to repair and upgrade this building that served us well for so many years, so that we can secure it as the home for our homeless program well into the future. With the help of a donor, CHCB was recently able to purchase our 184 South Winooski Avenue facility from our landlord of 10 years, who otherwise would have sold the building as a commercial investment. This strategic purchase secured our central location close to downtown and now provides with an owner's perspective on how to best maintain the space to best meet the clinical needs of homeless patients.

Specifically, we are asking CDBG to fund water abatement and code deficiencies corrections to ensure the safety of our facility for patients and help us expand our facilities in the repaired basement. A pre-purchase building inspection documented some building deficiencies that must be corrected, including electrical, structural issues and water abatement. Once these basic stabilizations are completed, we can renovate the currently unusable and water-damaged lower level space. This improved use will include two bathrooms with showers for patients with medical issues that require it, washer/dryer for laundry and bedbug containment for health reasons, and a usable, dry storage space for outreach and medical supplies, such as hygiene items, blankets and hand warmers. This project is a major investment in the future of the program; with stabilization and investments now, CHCB can better serve our patients while securing an ideal downtown location property for the future.

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

### **1. Describe the program/project activities. [UWCC]**

CHCB has already begun the project by conducting some immediately needed repairs and removing water damaged dry wall and materials from the basement. With CDBG funding, CHCB will put the following project out to bid and conduct a required environmental review. Current estimates are based on one contractor/building inspector report and our Facilities Manager. After selecting a contractor, they will bring the building up to code, permanently abate basement flooding, rebuild two bathrooms (which are already rough plumbed), create dry storage space and install washer/dryer hookups in the lower level of the facility. Specific tasks include repairing cracks in the exterior brickwork of the building, repairing a support column, repairing water infiltration, waterproofing the east foundation wall, adding two sump pumps and pits with a tie into the city's storm system, pouring a new basement slab with under-slab drainage piping, and installing new lighting, emergency lighting and egress lighting to meet code.

**2. Why is the program /project designed the way it is? Explain why the program activities are the right strategies to use to achieve the intended outcomes. [UWCC]**

The construction project is based on a building inspection report which documented deficiencies that must be remedied, including water abatement in a known flooding area. Once stabilized, the building will result in big benefits for our program’s future. Our facility is the central access point for health and dental care, including dental emergencies and other services, for the homeless population in Burlington. We can remain in a central location for best service to the city with a safe, deficiency-free building for patients. The installation of bathrooms, showers and laundry is based on clinical treatment needs. For homeless patients living outside, not in shelters, there are currently no shower facilities available in the area. Bedbug infestation is a problem and must be better controlled (for both staff and patients) with showers and laundry facilities. Other medical conditions require cleanliness to reduce infection and promote healing.

**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 into stability. At Safe Harbor, we fix teeth for good nutrition and employable smiles, we treat addiction and mental illness, and develop a trusting forever Health Care Home for our most vulnerable citizens. Upgrading our facility will ensure a decent, safe place for access to the comprehensive services that address the root causes of poverty and homelessness: addiction, mental illness and chronic disease and disability. Expanding our program to include the basic cleanliness and hygiene necessary for medical treatment, along with dry suitable storage to support our Outreach Program, and investing in our strategic ability to expand our services in the center of the city, all contributes to the city’s ability to lift residents out of poverty. It will improve self-confidence and even be a conduit for employment.

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

CHCB has two Board members who represent the homeless population. One member receives dental care directly at the site and has firsthand experience with Safe Harbor. The other Board member has significant non-profit experience working with homeless populations and currently works for a local housing agency.

**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? [UWCC]**

We have two intended outcomes. First, our building will be free of deficiencies and up to code. Patients will receive quality care in a safe and clean environment. Second, the construction will result in an entire new level of space available for patient care and storage to support outreach efforts. Bathrooms with showers will ensure patients with certain medical conditions can bathe on-site during the course of a medical visit to ensure immediate compliance and treatment for improved long-term health outcomes. A washer/dryer will control bedbug infestations, for both patients and exposed staff, and reduce costly exterminations; drying clothing for a specified period of time at high heat kills bedbugs. Our intended outcome is to ensure our homeless patients are living healthy and productive lives. With improved health, they have a hope of a better job and improved self-esteem. Because of CHCB, they do not need to go to the Emergency Department for care, and instead, find connection to a lifetime Health Care Home that can offer treatment for physical disability and chronic disease, including mental illness or substance abuse.

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

<b>Goals</b>	<b>Activities</b>	<b>Outcomes</b>
Create a safe and dry environment to provide comprehensive health and human services to homeless persons.	Bring facility up to code by correcting structural deficiencies including supports, cracks and water abatement.	Provide 600 homeless persons with access to health and human services in a safe facility.
Provide basic hygiene and bedbug abatement services to improve health and mental health outcomes.	Install washer/dryer hookups for bedbug control, and rebuild two bathrooms with showers for patients with infestations/and or medical conditions that require hygiene services.	Provide 600 homeless people with access to the expanded hygiene services for better health and mental health outcomes.

Bring isolated homeless people into the trusted Health Care Home that supports transitioning to lives of security and stability.	Dry and expanded storage for medical supplies, survival kits, blankets, and hygiene and dental supplies for Outreach efforts.	110 homeless persons provided with connection to a medical provider/medical care and supplies at encampments, the street, Food Shelf, etc.
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#### ***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. [UWCC]**

Patients are better off and 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 not only our federal funder, but also through our participation in Vermont Blueprint for Care Program. Some examples include control of diabetes, heart disease and rates of success in treating depression. We collect data from each and every patient through our Electronic Dental/Medical Records. Health indicators are reported quarterly to our Board of Directors.

**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 2013. For non-CDBG participants – just report on your achievements from the previous year.**

This is the first year we are asking for CDBG funding for our Safe Harbor Health Center renovations, so there is no precedent for this particular grant. However, we have been a long time recipient for CDBG funds. Last year, CDBG helped provide funding for uncompensated dental care for 538 homeless residents. Our organization’s recent major achievements include caring for over 5,000 new patients in the last two years, including 1,640 homeless residents just last year alone, increasing case management services for the homeless to assist in placing people into long-term housing, and continuing to expand 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.

**2. How does this data reflect beneficial outcomes of this project/program? Has this impacted your program planning at all? [UWCC]**

The sheer number of people we care for is of enormous benefit to all of us living in Burlington. Without CHCB and our Homeless Healthcare Program, access to care would be extremely limited and impact resources we are share, such as the Emergency Department. Our primary care medical home model also emphasizes and tracks our success with preventive care measures and is a major influence in our program planning. As an FQHC, it’s our job to keep the community healthy and ensure a welcoming, preventive care home for all residents, regardless of life circumstances.

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

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

Since 1971, it has been the mission of CHCB to provide quality, confidential, affordable health care and human services to all people regardless of ability to pay. The proposed activities fit perfectly with our mission; our Safe Harbor Health Center is the hub of access to care for some of our community’s most complicated and needy residents. Without this facility, imagine where over 600 (unique patients seen solely at the Safe Harbor site) people would seek access to care.

**2. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, feedback from other programs or organizations you partner with, etc.**

CHCB is a Nationally Accredited Patient Centered Medical Home (PCMH) at the highest level. Achievement of PCMH indicated the highest quality chronic disease management for our patients and our ranking as a comprehensive primary

care home. As a direct result of this accreditation, CHCB joined the 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 FAHC, 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. This federal FQHC system reflects the strict management and demands with documented research confirming the quality and cost-effectiveness of the FQHC model of care.

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

In the past year, we have expanded the job description of the LEP (Limited English Proficiency) Specialist to now include Cultural Competency awareness and trainings for CHCB. This consists of:

- 1.) New staff attend a 30-minute presentation about Cultural Competency as part of their New Staff Orientation as a reminder that CHCB is federally funded and mandated to provide culturally and This training provides instruction on linguistically appropriate health care services (CLAS standards), typical refugee populations and information about background and customs, and basic instruction on how to determine ability to speak and understand English.
- 2.) Our Specialist is conducting focus groups with the LEP population at CHCB to determine patient satisfaction, and how we can improve specific, after-care follow-up and outreach.
- 3.) Front Desk Staff were re-trained on how to determine if a patient needs an interpreter and how to access telephonic interpreters.

**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:**

CHCB receives a federal HRSA grant for operating support and this requires successful site visits and progress reporting yearly to continue funding and follow detailed regulations. Also, federal OIG auditors were onsite at CHCB in 2011 and reviewed all of the AARA federal funding; CHCB passed with flying colors.

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

**1. Will the program target a specific (solely) group of people? If so, check ONE below:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Abused Children                 | <input type="checkbox"/> Elderly (62 years +)        | <input type="checkbox"/> People with AIDS  |
| <input type="checkbox"/> Battered Spouses                | <input checked="" type="checkbox"/> Homeless Persons | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> People with Severe Disabilities |  |  |

**2. 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 <http://www.burlingtonvt.gov/CEDO/CDBG/2013-HUD-Income-Limits/>.**

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Homeless residents receive health and human services in a safe and clean facility (number reflects unique homeless patients seen at Safe Harbor Health Center only.)	602	602			

**3. a. 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. [UWCC]**

Our program will benefit people of all ages experiencing homelessness in Burlington. Eligibility for our Homeless Healthcare Program is based on the federal designation of homelessness and also includes people on the verge of homelessness, such as “couch surfing.” Overwhelmingly, our target population lives in poverty and faces barriers to care such as no telephones, inadequate transportation, lack of literacy, mental illness, addiction or other chronic diseases.

**b. How do you select and reach your target population?**

Community residents walk in, are referred by the ER, or are referred by other nonprofits. Many homeless people enter care through the shelter system; we administer and read a TB test required for a stay. But CHCB doesn’t wait for people to find us. Our Outreach Program finds people in the community who are not connected with typical systems. We provide medical outreach (a physician/ nurse/caseworker) to encampments, on the street, at the Food Shelf and other sites.

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

We ensure our programs are accessible to all and culturally appropriate through our mission, HRSA regulation, and supported by a modern facility that is fully handicapped accessible with international symbols and Braille signage. For all services, we offer confidential and quality interpreter services through a national phone service and this year, are updating our brochures with translated materials. CHCB also provides enrichment programs for Newly Arrived Refugees; a “Passports to Health” medical system orientation and internal orientation to CHCB systems. Finally, CHCB is an equal opportunity employer and states so in all advertising and our Board-approved personnel policies. We have recruitment practices that emphasize a diverse staff with the ability to speak other languages and have staff fluent in 16 different languages; French, Spanish, German, Nepali, Dinka, Vietnamese and Bosnian to name a few.

**VII. Budget / Financial Feasibility**

**1. Budget Narrative: Provide a clear description of what you will do with CDBG’s investment in the program. How will you spend the money? Give specific details. [UWCC]**

We will use CDBG funding to pay for the water abatement and construction necessary to stabilize the building, correct deficiencies, and expand our building space by fitting up the previously water damaged basement at Safe Harbor. We will add two bathrooms with showers in a previously unusable space. The funding will be used to pay for materials and labor needed to complete these projects.

**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.**

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

**3. Program/Project Budget**

Line Item	CDBG Funds	Other	Total
Gutting of damaged basement walls, flooring, frames and studs	\$0	\$12,390	\$12,390
Exterior downspout repair, add drain swales, exterior soffit and fascia repairs	\$0	\$4,647	\$4,647
Exterior brick repair cracks on all sides of facility	\$4,930	\$0	\$4,930
Repair northwest support column	\$3,760	\$0	\$3,760

Repair water infiltration at east wall; includes excavation, waterproofing wall, adding drains/stone/fabric/tie footing to street drain, backfill crushed stone	\$17,690	\$0	\$17,690
Add new sump pits/pumps and tie into city storm system	\$10,000	\$0	\$10,000
Add round stone to 3" high, 10ML VP; new slab on grade pumped	\$8,877	\$0	\$8,877
Temporary opening for access from outside wall	\$2,000	\$0	\$2,000
New lighting, emergency and egress to meet code	\$10,620	\$0	\$10,620
Rebuild two bathrooms with showers	\$20,000	\$0	\$20,000
Storage area fit up and shelving	\$0	\$2,000	\$2,000
Washer/dryer hookups and installation	\$0	\$1,500	\$1,500

#### 4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$ 0	\$ 77,877	\$ 0	\$ 77,877
State (specify)	0	0	200,824	200,824
Federal (specify)	0	0	1,782,069	1,782,069
United Way	0	0	104,000	104,000
Private (specify)		3,500	601,200	601,200
Program Income	17,037	2,500	11,252,199	11,252,199
Other (specify) Fundraising Meaningful Use 340b			485,701	485,701
<b>Total</b>	\$ 17,037	\$ 83,877	\$ 14,425,993	\$ 14,503,870

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

$$\frac{\$ 77,877}{\text{CDBG Funding}} \div \frac{\$ 100,914}{\text{Total Project Cost}} = \frac{77}{\text{Percentage}} \%$$

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

$$\frac{\$ 100,914}{\text{Total Project Cost}} \div \frac{602^*}{\# \text{ Proposed Beneficiaries}} = \$ 167.63 \text{ Cost Per Person}$$

\*Number based on unique homeless patients seen at Safe Harbor.

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

Our Homeless Healthcare Program provides basic services that are absolutely essential to alleviate poverty in our community. Our Safe Harbor Health Center along served over 600 unique homeless residents last year and our entire Homeless Healthcare Program at all sites served 1,640 of our community's most fragile residents. CDBG resources are designed to support exactly what we propose to do: Provide a decent and safe facility and provide access to the basic services homeless people need to stay clean and healthy with chronic diseases treated and given a chance at secure lives.

**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?**

Specifically for this project, we can't use volunteers for highly technical construction work and abatement. However, we do intend to use volunteers for some projects, such as cleaning and minor painting that will support the effort. CHCB is also contributing some resources to the project and will absolutely use CDBG funding to leverage other funders if possible.

**9. If your organization has experienced any significant changes in funding levels during the past year, please explain.**

While we have not experienced any significant changes, we face an uncertain future in funding and cash flow due to the health care environment. While more of our patients will have health insurance, many of them have high deductibles for health care which they cannot afford without using our Sliding-Fee Scale Assistance Program. In addition, about two thirds of our Sliding-Fee Scale Program funds are used to support dental services which will continue to be in heavy demand. It should also be noted that CHCB has taken on 5,000 new patients over the past two years with little or no increase in our base federal grants.

**10. What cost-cutting measures has your organization implemented?**

For the fiscal integrity of CHCB, we instituted two years ago, and are still committed to, a \$1,000 cap on dental services for our homeless patients. We ensure patients are relieved of pain, bleeding and infection, but carefully manage their restorative care.

***VIII. Collaboration/Efficiency***

**1. Please describe other organizations/programs you work with to achieve outcomes for your program participants. How does your program collaborate with other programs, organizations, or services to address the needs of the people you serve? [UWCC]**

CHCB is a critical community health partner with state, local and federal organizations. CHCB shares health initiatives with Vermont state agencies, such as the Department of Health, Vermont Integrated Services Initiative and Ladies First Program. We also partner with local businesses such as pharmacies. CHCB receives grant funding to support projects such as non-English speaking refugee medical orientation, collaborating with UVM medical school volunteers, for increased independence and health outcomes. FAHC is also an essential supporter and partner, with volunteer doctors in dermatology and surgery to provide free clinics to our patients on site for easy access to care. This year, FAHC support is working towards better communication and collaboration around homeless patients, to ensure best efforts to place them in housing and stability while suffering from illness or hospitalization. We partner with the Burlington School District to ensure that all low-income children who arrive into school without a dental home have access to CHCB's dental services right at school. CHCB works closely with other local non-profit caregivers through shared clientele; we partner closely with VRRP to ensure that all new incoming refugees are connected to a long-term medical home. Through our Homeless Healthcare Program, we are part of the local continuum of care team and have an outreach team which connects with other agencies, such as COTS and Spectrum, to ensure people are referred to our health care home. All in all, CHCB is a well-known, active and engaged community partner in all areas of advocacy for our patients.

**2. Describe your agency's efforts at becoming 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 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 Medical 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 our 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.

**3. What other agencies provide similar services or programs? [UWCC]**

CHCB may not be the most visible local homeless service provider, but we quietly served over 1,600 community residents last year in our Healthcare for the Homeless Program. There is no one else in the area who offers the specialized clinical care 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 providing the proactive treatment and education and access to ongoing preventive services, especially for homeless children. Even among other community health centers, our program is unique in the breadth and scope of services we provide.

***IX. Sustainability***

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

One-time investment in our facility will have benefits far into the future. A stable building means less upkeep and repair expense for CHCB in the long-term and the addition will bring basic services our patients need for basic hygiene and good medical care. 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. If CDBG funding ends, will the project be able to continue?**

Yes, CHCB is asking for a one-time development grant that will pay back in our community for years to come. As our community's FQHC since 1993 and homeless health care provider since 1988, we have a demonstrated history of commitment and success in caring for the health of everyone in our community.