

City of Burlington / 2014 CDBG Application Form

Project Name: Ethan Allen Residence Expansion

Project Location / Address: 1200 North Ave., Burlington, VT 05408

Applicant Organization / Agency: Awakening Sanctuary, Inc dba Living Well Community Care Home

Mailing Address: 71 Maple St, Bristol, Vermont 05443

Physical Address: Same

Contact: Dee DeLuca Title: Executive Director Phone #: 802.453.2627

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EIN #: 03-0358421 DUNS #: 010693351

CDBG Funding Request: \$ <u>36,000</u>
Check <u>ONE</u>: <u>X</u> 1 year <u> </u> 2 years (Equal Access, Health) (Housing, Homeless, Hunger)

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 | |

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

3. List of Board of Directors: Please attach.

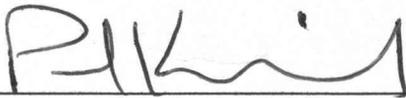
Certification

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.


Signature of Authorized Official

PAUL KERVIK
Name of Authorized Official

President
Title

1/12/14
Date

I. Demonstrated Need

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

Living Well is a residential community care home addressing health disparities in our greater community through innovative approaches and programs that help break the cycle of chronic illnesses often faced by low- to moderate-income elderly Vermonters. Living Well's Ethan Allen Residence in Burlington, Vermont, currently serves 30 elders: 10 are low-income, Medicaid clients and the remaining 20 are moderate-income seniors. This project will increase Living Well's Medicaid-eligible services at Ethan Allen to 32 low-income residents; and 40 moderate-income residents; including 1 very-low-income; 1 low-income; and 2 moderate-income current Burlington residents.

In 2010, the Rockefeller Institute's Health Policy Research Center's report found that in Vermont, there were 2,550 Home- and Community-Based Service Medicaid Waiver Participants or only 25% of eligible seniors received residential care under Vermont's Medicaid waiver program. According to the Vermont State Plan on Aging for FY 2011-2014, Vermont's older (65+) adult population is growing at a rapid pace with projections for 2030 showing a 149% increase over 2000 census numbers. According to the *U.S. Census Bureau, Population Division, Interim State Population Projections by Selected Age Groups: April 1, 2000 to July 1, 2030*, by 2016 the number of seniors with disabilities will increase 19% and the number of seniors living in the community with disabilities will increase 45%. The 2010 US Census reports that of Burlington's residents 65 or older 8.8% live below the federal poverty level.

As described in HUD's Guide to National Objectives and Eligible Activities for State CDBG Programs, Section 101(c) of the authorizing statute sets forth the primary objective of the program as the development of viable communities by the provision of decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate- income. This project meets the CDBG objectives of Benefiting Low- and Moderate-Income Persons; and Meeting Urgent Needs by providing low-income residents Level III care in a residential environment. In addition to safe housing, Living Well provides core programs including: Living Arts Program including art, movement and gardening; Integrative Medicine Program: Coordinating naturopathic medicine with primary care physician/specialists; Whole Foods/Nutrition Program: Promoting wellness through quality nutrition and supporting local growers and food-based nonprofits; Education, Community Outreach and Fund-Raising Programs: State-of-the-art social networking and partnering with UVM Medical School to pursue Community Based Participatory Research programs; Care for Veterans: Maintaining current and emerging VA regulations and population-based care issues; Licensed Nursing Assistant Program: Provides local accessibility for licensing to employees and local community members.

II. Program/Project Design

Describe the program/project activities. [UWCC]

The project is to renovate and expand Ethan Allen Residence, a Level III Residential Care Community, in Burlington's New North End. Prior to the acquisition by Living Well, the Ethan Allen Residence did not admit residents who required a subsidy to afford the rents. However, if a private pay resident ran out of funds, the community would accept ERC and ACCS funds to subsidize the rent. Living Well is working to increase the number of beds in the community to 72 with approximately 32 beds committed to low-income residents.

To accomplish this expansion with minimum disruption, the project will have to be accomplished in three phases. Phase I, the lower level of the building will be renovated to create rooms to house the residents living in the section of the building that will be replaced with a new structure. Phase II includes a new three-story wing of the building being constructed. During Phase III the residents of the old wing will move into the new wing while the existing wing is renovated.

The design program for the expansion is focused on creating six "neighborhoods" that will house 12-14 residents each. Within each neighborhood Ethan Allen will include 3-4 residents with memory challenges. Unlike most communities with memory impaired residents, Ethan Allen will not isolate them from the other residents. By integrating these residents with the general population, we increase the quality of their life and that of the other residents. By designing the community with small residential neighborhoods, Ethan Allen will be able to create a more comfortable, home-like environment with familiar cues to help orient the

residents. By keeping the social groups small it will be easier for all residents to participate in the daily activities of their home and the facility at large.

1. 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 limited number of beds for low- and moderate-income elderly Burlington residents creates a very strong demand and a high level of unmet needs, especially for alzheimer/memory challenged residents. Living Well's goal is to create a community that addresses the needs of all of its residents including those with limited resources and memory challenges. To provide the quality of services required, we need to create a mix of residents and resources that has approximately 60% market-rate beds and 40% subsidized or Medicaid-eligible beds.

While the neighborhood design of this facility is more expensive to create, the experience that Living Well Residents have in Bristol (a 13-bed, Level III Residential Care Community) with the benefits of a small social group for seniors with and without memory loss demonstrates the advantages of living in a small social group where most of the activities of daily living are shared like a family. Living in smaller groups the residents all become more engaged in the process of improving the quality of all of their lives. They develop a sense of purpose and a feeling of living with family. They become connected again after losing a spouse and having to move out of a home they have lived in for decades. Their level of activity increases. They eat a more healthy diet. The neighborhood design limits the likelihood of isolation and reduces levels of confusion and isolation created by a larger group.

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

Including Ethan Allen Residence, there are four Level III Residential Care Homes in Burlington serving approximately 159 seniors. Using Ethan Allen's current statistic of 33% of its residents being Medicaid eligible, and **assuming** the other Residential Care Homes in Burlington accept Medicaid-eligible residents, there are approximately 53 low-income seniors currently served. This project increases the number of low-income seniors served by 42%.

Living Well's Ethan Allen Expansion Project will contribute to the City' anti-poverty strategy in several ways: As stated in the City's 2013 Consolidated Plan Strategic Plan, this project meets the goals of DH 2.1 *Produce new affordable rental units* and DH 1.2 *Protect the Vulnerable New Permanent Supportive Housing*. Living Well is defining its development plans based on input from neighborhood committees, residents, families, and city and state officials. This development also meets the basic needs and stabilizing living situations, including access to and retention of affordable housing and to income supports; increasing and protecting asset accumulation and resident net worth; decreasing social isolation and increasing social capital, especially for marginalized populations.

In Vermont, including the City of Burlington, most low-income seniors in need of long-term care end up being admitted into nursing homes, where their choices and opportunities are more limited. This is due in part to the federal Medicaid waiver rules and regulations, but also because the number of beds available in residential care settings is limited. Providing safe, enriching, and community-centered residential care for low-income seniors will provide an affordable and holistic continuum of care while affording these seniors more choices and autonomy in their economic security. Living Well has proven that holistic, integrative, enriching care is possible within the parameters of Medicaid, and we are now poised to expand this effective care model. This project also meets the criteria of *Retain and Increase Number of Jobs* in the City through expanding the need for additional staff, nurses, and aids in the future.

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

Living Well has been presenting its model of care and development plans to Ward 4 and 7 Neighborhood Planning Assemblies, we will be undertaking numerous charettes/slide show presentations for assessing concerns and obtaining creative input for our expansion vision from a variety of community stakeholders, including: city officials, neighbors, Ward committee members, social service groups, residents and their families, staff and our management team, meeting with state and city officials, and reaching out to neighborhood senior service providers to assess the community's needs and identify specific services not currently provided. It was in a meeting with Burlington City officials that the need for additional Medicaid-eligible beds for seniors was identified as an important priority of the city.

Living Well staff, board, residents, and family members are all involved in the planning and design through the use of the Dynamic Governance system, where the consent principle governs decision-making. There are multiple overlapping circles; a Circle is a group of persons who are functionally related. Each Circle has its own aim and has the authority and responsibility to execute, measure, and control its own activities consistent with these Bylaws and other Governing Documents, and the limitations set by the next higher Circle. There are staff circles, family circles, resident circles, and so on. Each circle overlaps with another circle and each circle has a representative from an overlapping circle.

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]

Intended outcomes include 32 units for low-income seniors, of which at least 4 will serve current Burlington residents; 40 beds for moderate-income residents some with physical and/or memory challenges; a new state-of-the-art facility that will enhance the community and provide opportunities for collaboration, education, and activities not currently found in residential community care homes; a working model of care that provides high-quality, integrative services to residents regardless of their ability to pay that may serve as a model to other residential care homes.

Additional intended outcomes include an expanded community residential care home that serves the needs of a wide array of its residents through meaningful connections with their care providers and extended family, with each other, and with members of the broader community where they reside. Family input and engagement also offer opportunities to design personal health plans and activities. Exercise, strength training and healthful diets are all part of daily life that honors individual needs and preferences. The healthful benefits of local, natural foods, holistic medication management, and abundant opportunities for physical and social activity complete the circle of wellness, connection and engagement.

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

Living Well's Ethan Allen expansion's goals are: 30 existing units will be rehabilitated; 42 new units will be built; 72 individuals and their families will be served through this expansion, including 32 low-income residents.

Activities include: Scope of work and capital improvement plans in process; funding sources identified and applications submitted (CDBG, VHCB, VFHA, private funders), site and building plans completed; permits, site assessment, approvals from all appropriate state and city agencies; Phase I initiated in Nov 2014, renovate first floor into 6 units of housing for 12 residents and relocate residents in existing wing into newly renovated first floor rooms; Phase II renovate kitchen and dining room and build the new, three-story addition, Phase III: residents move into new building and renovate existing second floor of building. Energy efficiency improvements will be completed during each phase per recommendations from Vermont Gas and BED.

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]

Currently, Living Well has baseline health data for all residents (13 residents at the Bristol location and 30 residents at the Burlington location) based on their annual resident assessments. We do not yet have data using the holistic measures (sleep, pain, fall risk, spirituality, depression, self-esteem, and cognition), but are working with UVM service-learning student groups to obtain these additional measures. Thus far, residents and family members have expressed satisfaction to staff and administrators with the services provided. Nurses complete an annual resident assessment on all Living Well residents. This assessment was developed by the state of Vermont and quantifies caregiving needs [activities of daily living (ADLs), instrumental activities of daily living (IADLs), and medications used on a regular basis]. Additional holistic

health status measures that will be added using nationally recognized evidence-based tools include: sleep, pain, fall risk, spirituality, depression, self-esteem, and cognition.

Living Well staff will also document outcomes achieved from the relationship levels to assess caregiver burden in both the custodial caregivers employed by Living Well and the family caregiver who is the primary contact person for the resident. At the organizational level, Living Well will standardize the following: specific care processes related to the delivery of ADLs and IADLs; food services to be congruent with the DASH diet; complementary and alternative therapies (painting therapy, physical activity programs, music therapy, and reminiscence groups); and social activities. At the community level, we prioritize purchasing supplies and services from local providers, particularly with regard to food. We also collaborate with local universities to provide service learning opportunities for medical, nursing, and nutrition students. At the policy level, Living Well plans to recommend to the state that fall prevention programs need to be implemented in residential care homes as a condition of licensure. Living Well also plans to work with the National Gerontological Nurses' Association to develop a Vermont chapter.

- 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.**

Living Well has not received a CDBG grant in the past. Achievements from the past year include: increasing the depth and breadth of its board through careful selection of new members, developing the Farm to Care program with funding from Ben & Jerry's Foundation to connect local food producers with our two facilities to provide, local, fresh foods in a consistent manner, purchasing Ethan Allen Residence in Burlington and developing new staff, patient, and family protocols, which reflect our mission, expertise, and belief that vital aging requires a vital community and a multi-pronged approach to wellness.

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

We are using our baseline data to identify areas for growth. We realized that the state's resident assessment was insufficient in measuring the holistic health of our residents. As a result, we have identified tools in order to track other holistic health measures. Second, we will standardize our meal plans to a nationally recognized evidence-based program and have adopted the DASH diet to use in both facilities. Third, we have long been offering physical activity programs including tai chi and Bone Builders to residents at our Bristol location. However we are now closely tracking resident participation in these programs so that we can compare participation with specific holistic health outcomes. Fourth, based on our informal feedback from residents and family caregivers, we have developed a resident/family caregiver satisfaction questionnaire to track satisfaction with our services on an annual basis.

V. Experience / Organizational Capacity

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

Incorporated as a nonprofit entity in 2004, Living Well is licensed by the State of Vermont as a Level III residential care home addressing health disparities in our greater community through innovative approaches and outreach programs that help break the cycle of chronic illnesses often faced by low- to moderate-income elders and disabled Vermonters. Living Well's mission is resident-focused caring for elders that promotes wellbeing within a wide range of community connections.

As innovators in residential elder care, Living Well is currently poised to more broadly influence systemic change in providing quality, equitable health care for elders. Living Well is committed to replicating the financial, as well as social profitability, of its model. Living Well received the Governor's Excellence Award, Vermont Health Care Association's Licensed Nursing Assistant of the Year (2008) and Administrator of the Year (2009) awards, as well as the 2010 Employer of the Year Award from Vermont's Department of Vocational Rehabilitation.

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.

Since Living Well purchased Ethan Allen Residence in July 2013, we have made significant changes to the management team, staff, and professionalism of all staff. The management team includes: Dr. Donna Powell, M.D, Kathleen Hall, R.N., Ph.D, Susan Sweetser, M.B.A, J.D, Mary Bolton B.S., R.N, former survey nurse for State of Vermont, Martha Loving, M.F.A, Dee DeLuca, M.Ed. The management team is developing new systems and protocols for all documentation and best practices for all facets of the facility. All staff are enrolled in the Alzheimer's Association CARES training. The initial State of Vermont survey assessment was completed recently for Ethan Allen and the only deficiency was a need to improve the documentation of the training provided to staff. Living Well is in the process of improving that system. Living Well is also reaching out to the VNA, SASH, and additional hospitals to see what partnerships may be possible.

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

Living Well's staff is comprised of people from Bosnia, India, Pakistan, and other people of color, so the organization is reaching out to the Vermont Refugee Resettlement Program to improve its workplace for New American's and also has begun training staff on working across cultural and language differences. Ethan Allen residence is implementing a pilot program to provide sensitivity training with staff who are experiencing difficulties in the work place. Living Well is an Equal Opportunity Employer and is committed to a policy of providing equal employment opportunities to all.

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 target a specific (solely) 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. 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
Renovate and/or build 42 new Ethan Allen units. Increase Ethan Allen's residents to 72. (All Ethan Allen residents are Burlington residents.)	72 persons	15	17	40	

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]

Living Well's constituency is low- to moderate-income, ages 40 and older, Vermonters and residents of our Level III community care homes. Many residents suffer from chronic illnesses or some form of disability and some are veterans with associated mental health challenges. Living Well Bristol serves 13 elders and Living

Well Ethan Allen serves 30 residents. Of the 43 elders currently served, there are 2 persons of color, 10 veterans, 10 males, and 33 females. Twenty-two of the 47 residents meet the nursing home level of care, which means their care is supervised by a physician and administered by a Registered Nurse or Licensed Practical Nurse. The Ethan Allen expansion will increase numbers served by Living Well to 85.

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

Living Well has a variety of means to reach intended target population. In addition to word-of-mouth, the organization has undertaken a media campaign in local print media, our website offers a comprehensive description of the organization and its services, in addition, board members are implementing a community-based education and outreach campaign to describe Living Well's goals and mission.

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

Living Well has developed a process of reaching out and educating individuals, organizations, and officials within our community to engage the community with Living Well and our residents, and our residents and staff with their communities. Activities include: Community potluck dinners, outreach to local schools including at risk high school students, local farming communities for our Farm to Care whole foods program, and local religious organizations and social service organizations. The Ethan Allen expansion will include a community space for hosting educational and social events open to the whole community; in particular reaching out to those elders who may be at home and needing social engagement: music concerts, health educational offerings, art events, meditation and health oriented classes. Currently, Living Well (LW) has 20 committed volunteers, and is a site placement for Americorps*VISTA volunteers at both Burlington and Bristol (currently these placements are on hold due to the federal budget negotiations) to increase the number and scope of our community volunteers. We recognize the need to establish a vibrant group of volunteers to provide a more active and socially connected experience for our residents. Future volunteer coordinators will work to develop a group of 75 volunteers to provide additional activities, community outreach and education on Living Well's mission and programs, and vital events and activities.

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]

The CDBG grant will support the costs for the Phase I basement renovation including handicap accessible/ADA compliant improvements, HVAC, and mechanicals.

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.* N/A

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Property Acquisition	\$	\$1,510,000	\$1,510,000
Phase I: Basement Renovation: Including ADA compliance improvements, HVAC and new rooms	\$36,000	\$599,960	\$635,960
Phase II: New Building Addition	\$	\$ 4,248,000	\$ 4,248,000
Phase III: First and Second Floor Renovation	\$	\$ 1,030,500	\$ 1,030,500
Loan Interest Carry	\$	\$ 238,833	\$ 238,833

4. Funding Sources	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$0	\$36,000	\$0	\$36,000
State (specify)				
VHCB	\$10,000	\$360,000	\$10,000	\$360,000
VHFA		\$5,682,293	\$0	\$5,682,293

Federal (specify)	0	0	0	0
United Way	0	0	0	0
Private (specify)				
VT Community Loan Fund	\$550,000	0	\$1,050,000	0
Merchants Bank	\$550,000	0	\$550,000	0
Private investor	\$400,000	\$50,000	\$400,000	\$50,000
Program Income Resident Room & Board (including private and public insurances); VT Medicaid Remittances			\$2,300,000	\$5,000,000
Other (specify) Foundation Grants		\$25,000	\$10,000	\$50,000
Total	\$1,510,000	\$6,153,293	\$4,320,000	\$11,178,293

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

$$\frac{\$ \underline{36,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{7,663,293}}{\text{Total Project Cost}} = \underline{.5} \% \text{ Percentage}$$

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

\$7,663,293 ÷ 72 = \$10,6434* this isn't per person but for the life of each resident and all future residents

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

This project meets HUD's and the City's goals for use of CDBG funds and will benefit the City, the New North End, and surrounding neighborhoods through compassionate, professional services that honor the individual, and are innovative, accessible, inclusive and engaged in our communities for decades to come.

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?

Living Well's ability to secure Vermont Housing Conservation Board's grant, Vermont Housing Finance Agency's investment, private foundation grants and private investor funds are greatly improved by the City's commitment to the project via a CDBG grant award.

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

In the past year, Living Well has experienced smart growth through the purchase of Ethan Allen Residence. The pre-purchase assessment and planning, the support of private investors, and mortgage investors has increased program revenue due to serving more residents and has helped leverage funds for the expansion. Living Well's FY 2013 budget increased from \$500,000 to \$2.3 million. Funding from private foundations and government agencies has increased from 0 to \$70,000 during the first 7 months of owning the facility.

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

The design of both the renovations and the "neighborhood" addition will result in more efficient of systems for caregiving services, housekeeping, and food service, more efficient delivery of services and increase resident's engagement and quality of life in their community. There are myriad ways that an integrative/holistic approach reduces costs and increases quality of life: two residents have COPD and were being prescribed steroid-based inhalers and medicines at a very high cost. This treatment was not delivering the desired results, and so in conjunction with the patient's doctors, Living Well's naturopathic doctor is running a parallel protocol using a liquid tincture to treat their disease. The prescriptions costs \$500/month versus \$5/month for the tincture, and the results seem very promising in helping these residents breathe better and function more actively with fewer side effects.

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]

Living Well collaborates with numerous partners and organizations, including: UVM Center on Aging Community Council member; UVM Community-based Research Placement Site for graduate student projects; UVM Integrative Medicine Course Student internship placements; Member Vermont Elder Resource Group Organization serving Vermont senior population; Member Vermont Healthcare Association Organization advocating on behalf Vermont's nursing, residential care, and assisted living homes and communities. Past recipient Administrator of the Year award; Schwartz Center for Compassionate Health Care 2013 nominee for the compassionate caregiver award from national nonprofit dedicated to strengthening the relationship between patients and their clinical caregivers; High School Partners match computer lab students to teach Living Well residents computer skills; Vermont Health Care Association Annual Conference; Northern Organic Farmers Association Annual Conference; 50+ EXPO Annual Conference; Vermont Elder Resource Group meetings; UVM Gerontology Symposium; Green Mountain Care Board Annual Conference presenter.

2. Describe your agency's efforts at becoming more efficient in achieving your outcomes or managing your project/program.

Since purchasing the Ethan Allen facility in June 2013, Living Well has invested \$150,000 in staff training and professional development and has implemented new internal systems to operate the residence at an efficiency level that decreased operating expenses within the first two months and will carry over to the expansion, these include: energy efficiency improvements, new methods of care giving, redesigning procurement systems, offering local, healthy foods, and installing an IT system for effective internal communications and case management.

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

The greater Burlington area has four Level III residential care facilities, Ethan Allen Residence, Lakeview Community Care Home; St. Joseph Residential Care Home; and Converse Home. Living Well's Ethan Allen Residence is the only residential care home to offer holistic care to low-income residents. There are no other Level III residential facilities planning an expansion for Medicaid-eligible Burlington seniors.

IX. Sustainability

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

Living Well's Ethan Allen expansion will have a long-term benefit to Burlington by: creating 32 Medicaid-eligible units in a sustainable and holistic residential care home setting; providing 40 market-rate units to elders, people with disabilities, and veterans; providing art, music, movement therapies to residents; developing a sense-of-place for residents with both other residents and community members through the design of the facility, programming, and outings; providing nutritious local meals and nutrition education so residents eat well and maintain their health; offering residents and their families input in the day-to-day activities as well as the long-term programs and goals; becoming an integral part of the new north end neighborhood and collaborating with other service providers and agencies. These benefits will all continue as Living Well will be developing and maintaining this expansion as part of their business plan and mission.

2. If CDBG funding ends, will the project be able to continue?

Yes, the revenue from the additional 42 residents will increase sources of income, including: Resident Room & Board (including private and public insurances); VT Medicaid Remittances; and grants. Ethan Allen's FY 2014 program income is approximately \$1.7million, after the expansion is completed, it will increase to \$4.5 million.