City of Burlington / 2016 CDBG Application Form

Project Name: Safe Recovery Opioid Recovery Case Manager

Project Location / Address: 45 Clark Street, Burlington VT

Applicant Organization / Agency: Howard Center, Inc.

Mailing Address: 208 Flynn Ave, Suite 3J, Burlington, VT 05401

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Contact: Mike Glod Title: Sr. Development and Communications Dir. Phone #: 802.488.6905

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EIN #: 03-0179433 DUNS #: 1708901720000

CDBG Funding Request: $ 47,250

Check ONE: **x 1 year** (Equal Access, Health, Development Projects) **____ 2 years** (Housing, Homeless, Hunger)

1. Type of Organization

____ Local Government
____ For-Profit Organization
____ Faith-Based Organization
x Non-Profit Organization (please provide copy of your IRS 501(c)(3) tax exemption letter)
____ Institution of Higher Education

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

3. List of Board of Directors: x 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, 2016.

Signature of Authorized Official

Michael Glod
Name of Authorized Official

Sr. Development and Communications Director
Title

January 14, 2016
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?

Safe Recovery helps prevent drug overdose fatalities and the transmission of diseases like HIV among community members who are using heroin or other opioids and helps people transition from active drug use to long-term recovery. Services include drug treatment options counseling and referrals, HIV and hepatitis C testing and referrals, hepatitis A and B vaccination, distribution of overdose rescue kits, syringe exchange, basic needs assistance, and related supports. A recently concluded federal grant has left the program with inadequate staffing to meet current demand. The addition of a Recovery Case Manager will restore a portion of the program's capacity.

The need for such programming can be seen in the ongoing opioid epidemic and increases in opioid-related emergency room visits and overdoses. Between 2010 and 2014, the number of people treated in the Vermont Substance Abuse Treatment System for opioids increased from 2,569 to 5,229. The number of emergency department visits related to opioids increased from 1 per 10,000 Vermonters in 2010 to 3.4 per 10,000 in 2014. Over the same period, the number of fatalities involving opioids doubled from 0.5 per 10,000 Vermonters to 1 per 10,000.

Our proposed activity meets the national CDBG objectives in that it benefits low- and moderate-income persons and addresses the opioid crisis which poses a serious and immediate threat to the health and welfare of the community.

II. Program/Project Design

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

Opioid dependence is a medical condition characterized by compulsive use of opioids in spite of negative consequences. Recovery from opioid dependence is a process that takes place over time and frequently includes periods of active drug use, especially during early recovery. To help people move toward recovery, we provide treatment options counseling and recovery case management. To help keep current users safe and prevent the spread of disease in the community, we provide HIV and hepatitis C testing, hepatitis A and B vaccination, syringe exchange, and overdose prevention kits. A recovery case manager will work directly with clients, providing all of these services.

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]

Unlike most drug treatment and recovery programs, Safe Recovery continuously engages with people living with opioid dependence throughout the entire recovery process, including during periods of active drug use. In this way, we can help people transition from active injection drug use to sustained recovery while promptly addressing periods of relapse. This public health based approach also allows us to promote individual and community health and safety through the recovery process.

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

This proposal most directly speaks to the City's priority need to provide public services to at risk populations (page SP-11 of the Consolidated Plan) including those with chronic substance abuse, and is a goal addressing the provision of public services for at risk groups within the subject of health. Other populations served include those who are mentally ill or homeless. We conduct targeted outreach to veterans, pregnant

women, DCF-involved parents, and people under criminal justice supervision. The program advances the "Homeless Outreach and Prevention" need by both serving a large number of people who are or have been homeless (85% of our clients), and by supporting people to move into recovery and stabilize their lives.

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

Our program has periodic community advisory meetings and we invite a broad spectrum of community stakeholders including business leaders and local law enforcement to attend. Program clients participate in agency boards. Our program and agency are committed to hiring staff from the communities we serve. We gather feedback from clients on an ongoing basis through conversations and formal client satisfaction surveys. We encourage clients to identify their own needs and intentions, and we seek to support them in the way they see fit.

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]

Our goals:

- Reduce the transmission of HIV and hepatitis A, B, and C
- Support healthy behavior change
- Increase access to drug treatment, mental health care, and medical care
- Reduce incidence of drug overdose and death when overdoses occur
- Reduce incidence of incarceration
- Reduce incidence of homelessness
- Reduce incidence of child abuse/neglect and avoid the need for termination of parental rights

People in the program who are using or experiencing relapse are safer because of counseling, education, access to overdose prevention kits, hepatitis A and B vaccinations, and access to sterile syringes. They also receive referrals for mental health and medical care. Clients receive counseling about recovery and treatment options and assistance moving into a recovery program (Safe Recovery is the most active source of referrals to the medication-assisted recovery program at Howard Center's Chittenden Clinic). In this way, periods of relapse can be avoided or limited in duration. By supporting people throughout the recovery process, whether they are actively using or not, we help them build stability in their lives so they can find and keep employment and housing and avoid incarceration.

The wider community benefits through the reduced transmission of disease, and reduced rates of homelessness, drug overdose, incarceration and individual/family crisis. In addition, active users are a common catalyst for introducing new Vermonters to drug use. By supporting people in transitioning to recovery, we are lessening the chances that they will invite or pressure others to join them in using.

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

We hope to hire a full time recovery case manager. This will allow us to provide 250 sessions of drug treatment options counseling. We will also provide outreach to 25 pregnant or parenting individuals with DCF involvement.

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]**

We implemented a computerized data tracking system in 2012. Now, when a client comes in to access service, we can see at a glance which services that person has already accessed, and when. This means we have gotten much better at reminding people about when they are due for an HIV test, for example. And we have gotten much more targeted in offering services that they have not yet accessed, such as hepatitis A/B vaccination.

We collect a broad range of statistics for use in evaluating the success of our work. Data is collected daily and used to generate internal quarterly and annual data reports. Data elements we track include number of documented overdose reversals, number of linkages to drug treatment, number of HIV and Hepatitis C tests conducted, and number of hepatitis A/B vaccinations provided.

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 2015 (or June 2014). For non-CDBG participants – just report on your achievements from the previous year.**

During the year ending on November 30, 2015, Safe Recovery provided case management to 334 clients and HIV testing and counseling to 150 clients. The 61 clients who tested positive also received next steps counseling. We provided Hepatitis C counseling and testing to 90 clients during the same period. During monthly vaccination clinics organized in partnership with the Vermont Department of Health, we provided 46 doses of hepatitis A vaccine and 45 doses of hepatitis B vaccine. In addition, we provided 8 HPV vaccinations, 27 PPSV vaccinations, and 12 Tdap vaccinations.

During this period, we provided 537,056 sterile syringes to 1,396 unduplicated individuals, and exchange members reported an additional 8,919 secondary exchanges. Membership in the exchange increased significantly with 209 new intakes recorded for a total of 3,832 syringe exchange members.

We provided 883 one-on-one HIV prevention information sessions along with 5,263 drug treatment information sessions and many referrals for residential, intensive outpatient, self-help, peer support, and other treatment programs. We made 167 referrals to the Chittenden Clinic opioid treatment hub.

We also distributed 1,674 naloxone (overdose prevention) kits and provided 1,207 overdose prevention sessions to 800 unique individuals. During the year, we documented 286 overdose reversals.

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

The outcomes noted point to a tremendous and urgent need for these services and we believe we are providing the correct mix of services, though we are struggling to provide them in sufficient volume. Because our federal grant ended, our immediate focus is on identifying new funding streams so we can maintain the highest possible level of service.

V. Experience / Organizational Capacity

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

Our mission is to improve the well-being of children, adults, families, and communities. Common characteristics among the people we see at Safe Recovery include dual diagnosis, high risk of HIV or other

infection, criminal justice involvement, periods of homelessness, and serious health issues. These are individuals who struggle each day and who desperately need help to stabilize their lives.

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.**

Safe Recovery is a program of Howard Center, a designated agency in the state system of care. Howard Center operates the state's largest medication-assisted recovery program and is a hub in the state hub and spoke system. Safe Recovery program supervisor Tom Dalton is a licensed alcohol and drug counselor with over 15 years of experience working with people who are addicted to heroin or other opioids. Safe Recovery staff receive extensive training in cultural competency, counseling, overdose prevention, and HIV/hepatitis prevention. Safe Recovery is a recipient of the Outstanding Program Award from the Burlington Partnership for a Healthy Community.

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

In FY14, Howard Center began the three-year process of implementing inclusion and diversity strategies across the agency. The strategy is divided into three primary elements (Workforce, Workplace, and Marketplace), each with goals and a number of action items. To drive the process, Howard Center employs a Diversity Coordinator.

4. **Have you received Federal or State grant funds in the past three years? _x_Yes ___No**

5. **Were the activities funded by these sources successfully completed? _x_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 <u>ONE</u> below:**

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

2. **For your proposed project, please estimate how the <u>Burlington residents</u> will break out into the following income categories during the total grant period. Use the Income Table at <u>https://www.burlingtonvt.gov/CEDO/2015-HUD-Income-Limits</u>**

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Addiction Recovery Case Management Services	**275**	**275** This figure is estimated. We do not keep income data on clients although most have reported that they are or have been homeless.			

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]**

Safe Recovery serves people who are opioid dependent including those who are in early recovery as well as current users. All of our clients have substance abuse treatment needs and most have co-occurring mental health treatment needs. Eighty-five percent report being homeless at some point, and 38% report being homeless at the time of program intake. About 43% have witnessed an overdose and 26% have overdosed themselves. As injection drug users, clients are at increased risk for hepatitis A, B, and C, and for HIV. About one-third of clients are on a treatment wait list at the time of intake.

The average age of individuals in the program is 34. The majority of clients (56%) are between the ages of 25 and 35, while 15.1% are under the age of 25. Most self-identify as white and non-Hispanic (94% and 98% respectively), with 3% self-identifying as black, 1% as Alaska Native or American Indian, 1% as Asian, and less than 1% as Native Hawaiian or Pacific Islander. About 61% are male and 39% are female with less than 1% identifying as transgender.

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

Safe Recovery is widely known throughout the local recovery community. Word-of-mouth referrals account for most of our intakes. We currently are experiencing significant unmet demand for services due to a combination of recent funding/staff reductions and a growing opioid crisis in the community.

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

Howard Center prioritizes the ongoing development and implementation of a system of care maintaining both awareness of and responsivity to the varying needs of a diverse clientele. Howard Center maintains a directory of cultural competency resources available to all staff, as well as providing access to the Vermont Cultural Competency Resource Manual, created by the Champlain Valley Health Education Center. Successful completion of cultural awareness training is mandatory for all staff members upon hire. Howard Center is also dedicated to the elimination of limited English proficiency as a barrier to timely and equitable service. Interpreters and translators, screened for competence and suitability, are provided for the facilitation of care and services whenever necessary, and written information regarding access to language assistance is provided to program participants in the language of their choosing. In addition, the Safe Recovery offices are handicap accessible.

Safe Recovery services are easy to access. Walk-ins are welcome, and there is no penalty for a missed appointment. Many of our services can be accessed anonymously. All services are offered free of charge. Our staff is friendly, welcoming and respectful. We address immediate needs identified by the client, and present other services as voluntary options. Our staff is experienced and very good at engaging and retaining clients in services. We have an excellent reputation as being knowledgeable, helpful and trustworthy among members of the population we serve. In particular, our clients appreciate our understanding of addiction, trauma-informed approaches, and how stigma affects our client's experiences in accessing services in the community.

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]**

CDBG funding would support the salary and fringe for one FTE recovery case manager. If less that the requested amount is provided, we would likely elect to hire a part-time recovery case manager.

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
Case management, counseling, referrals, HIV and hep. C testing, hep A&B vaccination, needle exchange, client education, syringe exchange, and related duties	Recovery Case Manager	Case management, counseling, referrals, HIV and hep. C testing, hep A&B vaccination, needle exchange, client education, syringe exchange, and related duties	37.5	37.5

3. **Program/Project Budget**

Line Item	CDBG Funds	Other	Total
Recovery Case Manager (includes $35,000 salary plus 35% fringe)	$47,250	$	$47,250

4. **Funding Sources**

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	$	$ 47,250	$	$ 66,000
State (specify) Includes state grants and Medicaid via the state				79,269,120
Federal (specify) HUD and other grants				4,770,772
United Way				328,101
Private (specify) Donations				19,933
Program Income				4,105,064
Other (specify) Local and other sources				1,307,741

Total	$	$ 47,250	$	$89,866,731.00

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

$ 47,250 (CDBG Funding) ÷ $ 47,250 (Total Program/Project Costs) = 100 % (Percentage)

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

$ 47,250 (Total Program/Project Cost) ÷ 275 (# Proposed Beneficiaries) = $ 171.82 (Cost Per Person)

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

Safe Recovery meets the goals of the city's consolidated plan and this grant program by improving the health and well-being of city residents who are active drug users and those who have recently entered recovery. Because opioid addiction is a key driver of crime, homelessness, and family crisis in the community, addressing the needs of people who are actively using opioids and helping them transition to drug treatment and recovery has profound secondary benefits for all members of the community. The program currently has support from other sources including the Wal-Mart Foundation and the Comer Foundation. CDBG funding will allow us to add staffing so we can serve more people.

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?

We are requesting support only for the direct costs (salary and benefits) associated with hiring a recovery case manager. Related costs including human resources support, payroll, and facilities costs will be absorbed by Howard Center. In the past, we have been unable to use volunteers at Safe Recovery because the nature of our services requires specialized training. We are exploring opportunities to partner with the University of Vermont to permit nurse practitioner students to do service learning hours at Safe Recovery.

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

A multi-year federal grant to Safe Recovery ended recently. CDBG funding will help restore some of the program capacity lost as a result.

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

We have reduced program staffing from 6.5 FTE to 2 FTE.

VIII. Collaboration/Efficiency

1. Share specific examples of how your agency collaborates with other programs or agencies to address the needs of the people you serve. Do not just list organizations with whom you collaborate. [UWCC]

Howard Center is the largest private, non-profit provider of mental health and drug treatment services in the state. It began operating the first syringe exchange program in 2001 (Safe Recovery), the first methadone clinic in 2002 (Chittenden Clinic), and the first community-based naloxone distribution program in 2013 (Safe Recovery). Safe Recovery provides practical health supports to people who are currently using heroin

or other opioids and helps people transition from active drug use to long-term recovery. The Chittenden Clinic provides outpatient pharmacotherapy (methadone or buprenorphine) and evidenced-based treatment to individuals who are affected by opioid addiction. MAT is provided in addition to medical consultation. These Howard Center programs work together to serve clients at various stages of recovery. Staff at these programs also work to make appropriate referrals and have a coordinated effort with other service providers throughout the state, including: DOC, the UVM Medical Center, DCF, state and local housing authorities, drug court, probation and parole, and other mental health and drug treatment providers.

In addition, Safe Recovery partners with the Vermont Department of Heath to provide free monthly vaccination clinics and worked collaboratively with the DOH to implement distribution of overdose prevention kits. We also work with the Department of Corrections to provide services in two correctional facilities to provide services including re-entry planning with a special focus on access to drug treatment and recovery support.

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

We implemented a computerized data tracking system in 2012. Now, when a client comes in to access service, we can see at a glance which services that person has already accessed, and when. This means we have gotten much better at reminding people about when they are due for an HIV test, for example. And we have gotten much more targeted in offering services that they have not yet accessed, such as hepatitis A/B vaccination. We have also reduced program staff size and are working to achieve a staff size that is both sustainable and reasonable to meet the community need for services.

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

Safe Recovery is the only program in Chittenden County that provides many of our services including syringe exchange, overdose prevention with naloxone, and drug treatment options counseling. Safe Recovery is also unique in that it provides access to recovery support and other services whether or not the person seeking services is currently using.

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?

If the program were to end, the long-term benefits to the city would be found in the residual benefits experienced by our clients living in the city including lower incidence of HIV and other disease, greater numbers of people in recovery rather than actively using, and lower rates of homelessness and incarceration. These benefits would likely diminish somewhat over time as some clients relapse and are unable to stay safe or return to recovery without the support of Safe Recovery.

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

Safe Recovery was created in 2000 and is an important component of Howard Center's addiction recovery programming. Howard Center is determined to sustain Safe Recovery indefinitely and has devoted significant fundraising resources to finding support for the program. As long as funding remains available and the need persists, we intend to continue to offer Safe Recovery. The size and scope of the program will vary depending on the availability of funding.