

City of Burlington / 2016 CDBG Application Form

Project Name: Rapid Intervention Pre-Natal/Parenting Project (RIPP)
Project Location / Address: 77 Charlotte Street, Burlington, VT 0540
Applicant Organization / Agency: Vermont Parent Representation Center, Inc.
Mailing Address: PO Box 4087, Burlington, VT 05406
Physical Address: 77 Charlotte Street, Burlington, VT 05401
Contact: Trine Bech **Title:** Executive Director **Phone #:** 802-540-0200
Web Address: www.vtprc.org **Fax #:** 802-862-7160 **E-mail:** trine.bech@vtprc.org
EIN #: 27-0338459 **DUNS #:** _____

CDBG Funding Request: \$ <u>\$127,000</u>
Check <u>ONE</u>: <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years (Equal Access, Health, (Housing, Homeless, Hunger) Development Projects)

1. Type of Organization

your Local Government Non-Profit Organization (please provide copy of
IRS 501(c)(3) tax exemption letter)
 For-Profit Organization Institution of Higher Education
 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, 2016.

_____ Signature of Authorized Official	Trine Bech Name of Authorized Official
Executive 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?

Our Governor has declared that addiction is a disease and those afflicted deserve treatment not punishment. RIPP is designed to fill service gaps with team-based service interventions in which women in medication assisted treatment (MAT) for opioid dependency have access to effective early engagement, legal education/representation and social services so they can safely parent their young children. The goal of the project is to provide each participant what they need to parent successfully. An overwhelming number of RIPP participants are homeless or vulnerably housed and their children are often removed by the State at birth because the parents have a history of opioid dependency and are homeless. Coordinated services for this vulnerable population, many of whom are not appropriate for, or have not been successful, at Lund Family Center, was identified in 2013 by CDBG as a need, but effective solutions have not yet been developed. RIPP directly targets this vulnerable population.

Infants and young children are coming into state custody at a much higher rate than before and once removed they are not reunited with their parents. State wide the data shows the following:

	10/1/10- 9/01/11	10/1/11- 9/01/12	10/1/12- 9/30/13	10/1/13- 9/30/14	10/1/10- 9/01/11	10/1/11- 9/01/12	10/1/12- 9/30/13	10/1/13- 9/30/14
Entries to Foster Care	Number:				Percent:			
Number of children entering	656	605	678	790				
Age at entry								
0-3 months	44	59	67	98	6.7	9.8	9.9	12.4
4-11 months	31	28	28	41	4.7	4.6	4.1	5.2
1-5 years	182	142	159	246	27.7	23.5	23.5	31.1

Chittenden County comprises approximately 25% of the state wide children in custody. ¹

Once the children are removed from their parents, the data show that too many of them never go home. Vermont has for years had one of the five highest rates of termination of parental rights of children age 0-3 in the nation based on the federal Adoption and Foster Care Analysis Systems (AFCARS) and with the increase in the removal rate, we can expect to rise to the top in the nation in the next few years. ² These families are all suffering from poverty and its effects and the children have been found to be at risk of immediate abuse and neglect or at substantial risk of harm. If you are poor, and homeless, and on MAT you are at high risk of permanently losing your children.

II. Program/Project Design

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

RIPP provides personal engagement, legal education/legal representation, social supports and

¹ Burlington only data is not available.

² AFCARS data is available at <http://cwoutcomes.acf.hhs.gov/data/overview>

mentoring, utilizing a SAMHSA recovery and trauma oriented approach: safety and trustworthiness, client choice, partner-consultant relationships, self-direction and empowerment. Our project wraps families with "up-stream" prevention services before and after birth preventing need for out-of-home care. For clients with prior DCF involvement, RIPP helps explain policies and reasons why DCF intervenes, how to address safety issues and remove barriers to successful parenting. RIPP first meets with participants with their substance abuse clinician to address their level of success in treatment, basic needs and legal issues that may be barriers to successful parenting. We develop an action plan to address each issue. This service fills a gap in the current system by addressing both legal and social issues by meeting women where they are and helping them access what they need to get there.

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]

This project is (in part) modelled off of the success of the Rapid Intervention Community Court.

SAMHSA ³ has identified what works in the implementation of a recovery oriented system of care: providing safety and trustworthiness, client choice, partner-consultant relationships, self-direction and empowerment. Our combination of skill sets uses all of these approaches depending on the families' needs. Research shows that parents first step in recovery is to be successful in treatment which is more likely to happen when their children remain at home. Housing is a basic human need. Our program data show that success in treatment and housing results in safe parenting.

Knowledge of the law provides power to choose and understanding of consequences for each option. Legal confidentiality helps build trust and the advocacy assuages feelings of helplessness. RIPP builds empowerment by equalizing the power balance in service systems perceived to be lopsided. RIPP's supports help parents identify and access what they believe they need. A majority are homeless or vulnerably housed and many are denied economic services benefits to which they are entitled but initially denied.

Trauma and addiction are at the root of our families' unsuccessful parenting attempts. RIPP's combination of law, social work, recovery coaching, mentoring, navigating, transportation chauffeuring in a rich combination is woven together with personal relationships not based in power and control. This requires a wide variety of informal partners who are different with each family. Both formal and informal family partners are employed to support each consumer to move out of poverty and safely parent the children.

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

The services provided by the RIPP project contribute to meeting the basic needs of people living in poverty. Our intensive services lay the groundwork for families to move out of poverty. By supporting families, strengthening their substance abuse recovery and helping clients navigate community services and find housing, RIPP helps clients remove barriers which have previously kept them in poverty.

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

In 2015, we conducted a "deep dive," using a consultant to interview five of our clients. These interviews focused on what elements of our program worked for them and what we can improve upon.

III. Proposed Outcomes

³ Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/>

1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating? [UWCC] As a result of the RIPP project, parents will have greater success in their recovery and not lose custody of their children due to homelessness. The number of children in foster care with an opioid dependent parent will decrease; intact families with a parent on a path to wellness will increase. All who engage with families will view addiction through a disease management lens focused on recovery. Pregnant women with opioid dependency will be treated without experience of shame, blame, bias or judgment just as any mother-to-be with a medical condition requiring synthetic agents to replace what a brain/body cannot produce. Parents will have accessible, equitable treatment. Disadvantaged economically, parents will not miss treatment due to lack of public or private transportation.

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

Our goal is to serve 45 families with the CDBG. Twenty-five families will receive system navigation assistance and legal education services. Twenty families will receive full, intensive case management to meet their identified needs. We anticipate serving approximately 100 children through our interactions with their parents. We expect a minimum of 30 of our families to be Burlington residents.

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]

RIPP utilizes Results Based Accountability to assess our program outcomes. We ask: How much do we do? We measure this by: # stakeholder meetings, # women referred, # women who receive legal education/advocacy/navigation services, # women who receive legal representation. We count # of children impacted in each category. We ask: How Well do we do it? We measure this by: % of women referred who become clients, % of women who remain active in treatment, % of women where Department for Children and Families do an assessment and a RIPP team member is present at the first meeting with family. We identify % of children impacted. We ask: Is anyone better off? We measure this by: % of children who do not have a petition for abuse and neglect filed in family court, % of infants or young children who were removed where the removal was planned, informed and voluntary, % of infants not removed from their mother in excess of 3 days.

We collect data directly from our clients, and partner organizations. Data is collected at time of intake and as the client progresses through the RIPP program.

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.

How much did we do? 28 women were referred to our services, and 25 women with their partners and children became participants. The 25 families comprising 39 children and 35 parents. We conducted 20 stakeholder/partner meetings. All 25 families received legal education/advocacy/navigation services. 10 mothers received legal representation.

How well did we do it? 89% of the women referred became participants in the program. This shows that our stakeholder education of our program resulted in the intended targeted population to seek our services and that we have an effective approach to meeting the needs of the families when they first meet with us. 100% of our mothers remained active in their medication assisted treatment.

93% (14 out of 15) women where Department for Children and Families did an assessment had a RIPP participant present at the first meeting. Many more of our families were DCF involved but many came to us after the assessment were already completed. The impact on client outcomes of this measure is significant. Our lessons learned is that if RIPP is present at the first meeting with DCF the parents feel supported, get their questions answered and a more effective dialogue about needs and how best to meet them, results.

Will it make a difference? 63% (12 out of 19) of our women had a petition filed in court for abuse and neglect. (Some families had already court involvement when RIPP got involved). All of the cases involved risk of harm and not demonstrated abuse or neglect. This is significant because none of our families had a finding of abuse and neglect while we served them and the court petition was filed based on prior history or homelessness. One petition was dismissed at the first hearing due to lack of probably cause. With the current status of filing court petitions and requesting custody of the child or court ordered supervision of the infant, the fact that almost half of our families did not have any court action shows the success of the engagement of our families in treatment and our ability to work with our partners, including DCF. None of our women who had a children removed by the State had a planned, informed and voluntary removal. Of the 12 families who had a court petition filed after RIPP services had begun, the Court ordered custody to DCF in 6 cases, custody to family members in 1 case, conditional custody to the parents in 4 cases and one case was dismissed. The court has now returned the child and dismissed the case in one case, and dismissed one case with conditional custody. In at least 4 of the cases where the court ordered custody, homelessness was the tipping point and once their housing was secured, the court closed the case. Several of our families remain homeless and their children still in custody.

We are in the process of adding legal representation to our performance measures. We represented 3 women in child abuse and neglect petitions, two of whom now have their cases closed. We also represented 4 women in appeals when they were denied economic services to which they were entitled, 100% of whom had their denial overturned.

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

The next stage of our program will concentrate on a better understanding the housing vouchers including Family Unification, rental subsidies, who makes decisions, the standards for the decisions and to help create a system which can be accessed in a rational and fair manner. We have many of our families who have left Lund Family Program unsuccessfully, became homeless pregnant or post-partum who need to be protected and more successfully served. We have begun a process to engage the Agency of Human Services and DCF to insure that women whose children are removed, receive ReachUp for the 180 days to which they are entitled and to look at how to extend that where homelessness is the major reason why the children are not reunited.

V. Experience / Organizational Capacity

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

VPRC's mission is "To ensure through advocacy and support that children who can live safely with their parents are afforded a real opportunity to do so." We use a multi-disciplinary approach with a combination of skills to keep families together. Our legal supports advocate and use counseling to help families through the law and legal options. Our social supports identify family strengths and needs, find options for change and access to the right services. Peer supports listen without judgment and fill gaps in communication.

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.

Our legal education and representation services are provided by attorneys admitted to the bar in Vermont, specializing in family law. Our supportive services are provided by experienced system navigators with knowledge of substance abuse dynamics, trauma informed services, strengths based practice and community child welfare norms. We are sought out by the Chittenden Clinic to work with their patients;

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

We have recently expanded the VPRC Board of Directors to include a person of color and an individual with prior DCF involvement.

4. Have you received Federal or State grant funds in the past three years? ___Yes ___X___No

**5. Were the activities funded by these sources successfully completed? ___Yes ___No ___X___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 <https://www.burlingtonvt.gov/CEDO/2015-HUD-Income-Limits>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Legal Education only	15	10	5		
Full RIPP Participation	15	10	5		

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]

RIPP’s target population consists of pregnant women (and their partners) and parents with children aged 3 and under. Our target population are opiate addicted and either receiving medication assisted treatment (MAT) or attempting to access MAT. They have had prior DCF involvement and or at high risk of future DCF involvement, and facing the loss of custody of their children.

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

We are a no/low barrier service provider. We do not require participants to travel to us, or to complete any tasks prior to accessing our services. We do not have a zero tolerance policy; we understand that relapse is a part of the substance abuse disease recovery process.

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 funds will be used (along with other funding sources) to fully fund the RIPP project as a collaboration of three professionals, two of whom will continue to Co-Direct. VPRC’s Executive Director will administer the RIPP project. Additionally, the Executive Director will work on systemic advocacy and work to build a coalition of service providers to address the needs of this population. A contract attorney will be used to provide legal representation and advocacy to parents in areas where they are not entitled to assigned counsel. GDBG funds will be used to pay our Social Service Director for providing and coordinating intensive “outside of the box” social services to participants. Remaining funds will be used to pay the administrative costs of this project including office rental, equipment, and mileage reimbursement.

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
System Advocacy and coalition building	Executive Director	Hold stakeholder meetings	5	12.5%
Program Administration	Executive Director	Collect data, pay program expenses, process payroll	5	12.5%
Case management	Social Service Director	Meet regularly with clients,	40+	100%
Legal Education and system navigation	Executive Director/Attorney	Answer phone, provide information and referrals, meet with client at intake	20	50%
Legal Representation	Contract Attorney	Represent client in collateral legal proceedings	20	50%

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Executive Director	\$ 30,000	\$ 30,000	\$ 60,000
Social Services Director	\$ 45,000		\$ 45,000
Attorney	\$ 30,000	\$15,000	\$ 45,000
Rent	\$ 10,000		\$ 10,000
Client expenses		\$5000	\$ 5000
Program/Administrative Expenses	\$4,000		\$ 4,000
Professional licensing and development	\$0	\$6,500	\$ 5,500
Transportation expenses	\$8000	\$0	\$ 8,000
Parent consultants	\$0	\$1000	\$ 1,000
			\$183,500

4. Funding Sources

	Project	Agency	Current	Projected
	Current	Projected		
CDBG	\$	\$127,000.00		\$ 127,000
Vermont Community Foundation	\$17,500.00	\$17,500.00	\$17,500.	\$17,500.
Serena Foundation	\$15,000.00	\$15,000.00	\$15,000.	\$15,000
Annie E. Casey	\$30,00.00		\$30,000	
Private (specify) Donations from individuals and local businesses.	\$7,500.00	\$7,500.00	\$7,500	\$7,500.00
Byrne Foundation	\$5000.00	\$5,000.00	\$5000.00	\$5,000.00
Howard Center			\$1000.00	\$1000.00
Other grants in development		\$15,000.00		25,000
Total	\$ 75,000	\$ 184,000	\$ 76,000	\$ 185,000

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

$$\frac{\$ \underline{127,000.00}}{\text{CDBG Funding}} \div \frac{\$ \underline{184,000}}{\text{Total Program/Project Costs}} = \underline{69} \% \text{ Percentage}$$

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

$$\frac{\$ \underline{184,000}}{\text{Total Program/Project Cost}} \div \frac{\underline{45}}{\# \text{ Proposed Beneficiaries}} = \$ \underline{\$4000} \text{ per family**} \quad \text{Cost Per Person= } < \$2000$$

** We intend to serve 45 families, with at least one child, but often more. The above calculation uses only the # of parent beneficiaries. Cost per person will be less than \$2000.

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

The focus and outcomes of this work are directly in alignment with Burlington’s needs as defined in the CDBG plan. Our project will not be able to access state funding until we continue to demonstrate exceptional outcomes.

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?

CDBG will be used to leverage investment from other stakeholders in this vulnerable population and a service model that delivers real results. CDBG funding will allow us to further pursue state funding and larger grants to sustain the project beyond the next year.

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

In the last year VPRC received several new grants to support our RIPP work. Prior to last year, VPRC had not ever received funding from the Vermont Community Foundation. Additionally, we have developed a relationship with Dealer.com that has provided concrete funds for our participant’s emergency needs.

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

We currently operate without traditional office space, or paid employees. We learned that the project could not afford to represent participants in legal proceedings where they are entitled to assigned counsel. We now strategically use our contract attorney in collateral proceedings where representation is not otherwise available.

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]

The RIPP project is first a collaboration between Vermont Parent Representation Center, KIN-KAN Vermont, and VT FACES Network. VT FACES Network brings the experiences of families impacted by substance use, abuse and addiction to local, state, and national initiatives. It serves as a navigator and connector between the mental health and substance abuse community of partners including policy and program makers, providers of supports and services, parents and peers. KIN-KAN Vermont serves as both an advocacy entity and a provider of kinship information and navigation services and support. We work with the Howard Center Chittenden Clinic to identify high-risk participants. We collaborate with Howard Center Safe Recovery and the DVHA MOMS program to provide wrap-around case management.

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

We have learned we need to engage the health community to identify participants as early in their pregnancy as possible so we can address risk factors prior to DCF becoming involved 30 days prior to birth. We began contracting for discreet legal services versus providing full representation in CHINS proceedings. We had built relationships with assigned counsel so that we increase their effectiveness and increase the quality of information presented to the court in a CHINS proceeding.

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

There are currently no other agencies providing intense, wrap-around services to this population in a team-based approach utilizing social service supports and legal education/advocacy.

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?

All who engage with families will view addiction through a disease management lens focused on recovery. Pregnant women with opioid dependency will be treated without experience of shame, blame, bias or judgment just as any mother-to-be with a medical condition requiring synthetic agents to replace what a brain/body cannot produce. This benefit should continue as we remove barriers to residents accessing the help they need.

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

There is a long tradition of evidence-based practices securing state funding only after they have been proven effective through initial support in the private sector. The RIPP project began as a demonstration project and the CDBG funding will allow RIPP to continue to demonstrate the effectiveness and cost-savings of our program. Our intention is to continue to approach agency stakeholders within the Health and Human Services domains to seek state funding for our prevention services.