

CITY OF BURLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT - 2019 APPLICATION

*Application must be no more than 9 total pages (including cover page) with 12 point font.
Refer to NOFA for required information for each question.*

Project Name: CHCB's Safe Harbor Health Center Infrastructure Upgrade

Project Location / Address: 184 South Winooski Avenue, Burlington, VT 05401

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

Mailing Address: 617 Riverside Avenue, Burlington, VT 05401

Physical Address: 184 South Winooski Avenue, Burlington, VT 05401

Contact: Kim Anderson Title: Director of Development & Communications Phone #: 802-264-8193

Web Address: www.chcb.org E-mail: kanderson@chcb.org

EIN #: 23-7182584

DUNS #: 020655023

CDBG Funding Request: \$53,940

Total Estimated Program/Project Cost: \$54,600

Grant Duration: mark one X **1 Year** **2 Year**

(Only Public Service programs with a focus on Early Childhood Ed/Child Care, or Youth Services are eligible for 2 year grant this year)

Development: mark one **Economic Development** X **Construction**

Public Service: **Early Childhood Ed/Childcare** **Youth Services** **Health** **Econ Opportunity**
Mark one

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

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, 2019.


Signature of Authorized Official

Kim Anderson

Name of Authorized Official

Director of Development & Communications

Title

1/14/19

Date

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 (CHCB) contributes to national CDBG objectives and the City of Burlington's five-year goals by continuing to provide access to quality health services to individuals experiencing homelessness through this infrastructure upgrade project at CHCB's Safe Harbor Health Center, located in downtown Burlington. The strategies employed by CHCB are qualified activities of CDBG National Objectives and are reflected as priorities in Burlington's Consolidated Plan: 1.) Objective SL 1.1 Provide Public Services Homeless; and 2.) Objective SL 1.3 Improve Public Facilities and Infrastructure. Through CDBG funding, the City of Burlington plays an active role in providing vital and essential human services for individuals experiencing homelessness and those at risk of becoming homeless.

CHCB offers the only Homeless Healthcare Program in the State of Vermont, which ensures that anyone experiencing homelessness receives walk-in care at no cost. Services include medical care, counseling/substance use treatment, psychiatry, case management, and connection to dental care. CHCB's Safe Harbor Health Center is the hub of our homeless program and this requested infrastructure upgrade includes: 1.) Replacing two 14-year-old cast iron boilers, a vital component to the center's heating system; and 2.) Replacing vinyl flooring throughout the clinical area for increased hygiene, especially near the bathroom and shower we provide to patients.

Though upgrading may seem simple, the benefits of such a project will provide consistent heating to an entire building and increase cleanliness to reduce infection, promote healing, treat chronic diseases, and give over 400 vulnerable individuals who walk through our doors every year a chance at secure lives.

According to the 2018 Vermont Annual Statewide Count of the Homeless Point-in-Time Count Report, 1,291 Vermonters experienced literal homelessness. This is a 66 person, or 5%, increase compared to the 2017 Vermont Annual Statewide Count of the Homeless Point-in-Time Count Report. At Safe Harbor, we see the community need every day and know that health care and homelessness are inextricably linked; secure lives are simply not possible when facing untreated addictions, mental illness, chronic disease or disability while living on the street or in an encampment.

II. Program/Project Design

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

CHCB's Safe Harbor Health Center provides roughly 4,000 patient visits to individuals experiencing homelessness every year and we would like to continue its upgrades and improvements to ensure a decent, safe and energy efficient facility for patients to access the comprehensive services that address the root causes of poverty and homelessness: addiction, mental illness, chronic disease and disability. These upgrades and improvements consist of replacing the two 14-year-old cast iron boilers, the most important part of our central heating system, and new vinyl flooring throughout the clinical area for increased hygiene, especially near the bathroom and shower.

2. Explain why the program activities are the right strategies to use to achieve the intended outcomes. Why is the program designed the way it is? (cite evidence, best practices, or community input)*

This construction project will replace outdated and damaged infrastructure. The two water boilers, located in the basement of Safe Harbor, are old and have needed repairs over the years. If the water boilers were to completely fail, the repairs or replacement would not only be costly, but either would take an exorbitant amount of time, thus disrupting normal business hours and our ability to provide care to our patients. With an evaluation by an engineer, replacing them now has been recommended. As a result, we are being proactive about maintaining the integrity of the building and we are promoting energy efficiency and fiscal responsibility by using contemporary and cost-saving technology.

New vinyl flooring will be installed throughout the clinical areas on the first floor. Carpeting is currently in the behavioral/psychiatry area of this level, which also includes a large shower and bathroom for our patients experiencing homelessness. With a shower and bathrooms made available to hundreds of our homeless patients and shelter guests, we are experiencing an increase in foot traffic which requires constant janitorial cleanup and maintenance. Replacing the carpet will make these areas more hygienic for both patients and staff.

As stated before, this project is simple but its outcomes are profound. The outcome of this project is having a building that has received effective and efficient upgrades to promote the longevity of the infrastructure so that CHCB can continue to offer health and human services to individuals experiencing homelessness in Burlington.

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

CHCB's Safe Harbor Health Center directly contributes to the City's anti-poverty strategy by providing health care and other human services and resources to the most vulnerable Burlington residents: individuals experiencing homelessness. Access to health care is intertwined with lifting someone out of poverty into stability. At Safe Harbor, we address the root causes of poverty and homelessness: addiction, mental illness and chronic disease and disability. Upgrading our facility will ensure the longevity of a safe place for access to these comprehensive services and trusted Health Care Home.

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

By design, CHCB is a community-driven organization. CHCB is bound by federal regulation and organizational policy to have the majority of its Board of Directors be patients and represent the community. We consistently meet these standards to ensure that the leadership of CHCB genuinely represents those who use our services. These directors steward our mission of care, approve our services and programs, and assess community needs in order to respond appropriately. Patient and community data is a tool for CHCB Board and leadership, and we regularly survey patients for program satisfaction and needs assessments. We also conduct regular Patient Forums at all CHCB sites to solicit feedback.

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?

We have two intended outcomes. First, our building will no longer be vulnerable to heating failure due to our proactivity of replacing two 14-year-old water boilers that are outdated. Secondly, our

patients will be in a more hygienic space by replacing the flooring throughout the clinical areas with vinyl, which is far easier to clean and sanitize compared to carpet. With these upgrades, we are ensuring that patients continue to receive services in a safe, warm, and hygienic space.

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

Goals/Objectives	Activities	Outcomes
Improve the infrastructure of Safe Harbor.	Install two new water boilers for reliable and efficient heating throughout Safe Harbor.	Provide 409 homeless patients with access to health and human services in a reliable and warm facility.
Improve the hygiene of Safe Harbor.	Install new vinyl flooring throughout the clinical areas of Safe Harbor.	Provide 409 homeless patients with access to health and human services in a more hygienic facility.
Offer the important connection to a Health Care Home for homeless individuals.	Continue upgrading Safe Harbor to be a welcoming, well-functioning and clean facility.	Provide 409 homeless patients with increased health status.

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. *

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. We track these basic health indicators not only for our federal funder, but also through our participation in Vermont Blueprint for Health 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 Health 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 2018 (or June 2017). For non-CDBG participants – report on your achievements from the previous year.

In 2014, CHCB was granted CDBG funds for water abatement and code deficiencies corrections to ensure the safety of our Safe Harbor Health Center for patients and help us expand our facilities in the basement. The intended beneficiaries for this particular project were 350 homeless persons. The final outcome for this project was 482 homeless persons assisted.

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 life circumstance or financial status. The proposed activities fit perfectly with our mission; Safe Harbor is the hub of access to care for some of our

community's most complex and disadvantaged residents. Without this facility, it's difficult to imagine where they would access this specialized care so conveniently and with such respect.

2. Explain how your agency has the capacity to carry out the proposed activity (i.e. staff qualifications, years of experience related to this type of activity, etc.)*

For over 47 years, CHCB has been the premier safety net provider in care for vulnerable populations in Burlington. The breadth and scope of our health care and support services not only makes us one of the largest primary care facilities in the area, but an expert in care for homeless, low-income and refugee populations. CHCB earned Patient Centered Medical Home (PCMH) National Accreditation first in 2012 and then re-certified every cycle thereafter. Achievement of PCMH indicated the highest quality chronic disease management for our patients and our ranking as a comprehensive Health Care Home. As a result of this accreditation, CHCB joined 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 the hospital, 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.

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

As the community's home for refugee health care, we serve a diverse population of patients who communicate in nearly 30 different languages on any given day and we continue to uphold our already very strong cultural competency initiatives. We work hard to hire staff that reflect our community. CHCB staff consists of French speaking Africans, Nepali, Bosnians, gay, lesbian, transgender and non-binary individuals. At CHCB, we recognize that even if we hire the right staff, we must train them well. As such, all new employees are required to complete an orientation, including a cultural competency component. New this year, we dedicated an all-provider meeting (closing all eight sites to have staff in one space) as well as additional Behavioral Health and Psychiatry trainings for cultural competency, which included care for refugees and LGBTQ+ populations. Additionally, select internal staff from various departments attended an all-day workshop through the Northeastern Vermont Area Health Education Center to achieve a better understanding of cultural and linguistic competency definitions and principles.

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 solely serve a specific 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. a. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <https://www.burlingtonvt.gov/CEDO/2018-HUD-Income-Limits>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low- Income (30% median)	# Very Low- Income (50% median)	# Low- Income (80% median)	# Above Income Limits (above 80% median)
CHCB's Safe Harbor Health Center Infrastructure Upgrade	409	409			

b. All CDBG grantees serving limited clientele will be required to use CEDO's *CDBG Beneficiary Self-Certification* form to collect beneficiary data including race, ethnicity, annual income, and family size. Is your organization willing and prepared to add this documentation to the intake process for your CDBG funded program by July 1, 2019?

☒ Yes ☐ No ☐ Not Serving Limited Clientele (*public facilities only*)

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

This project is designed to benefit homeless patients who receive their health care at our Safe Harbor Health Center. CHCB offers the only Homeless Healthcare Program in the state. This facility, located in the downtown area of Burlington, exists to serve our target population who, overwhelmingly, lives in poverty and faces barriers to care such as no telephones, inadequate transportation, lack of literacy, mental illness, addiction or other chronic diseases. Individuals are able to walk in without an appointment and are encouraged to come in for care by our outreach staff who visit encampments, shelters and the street.

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

We ensure our programs are accessible to all and are culturally appropriate through our mission, HRSA regulation, and with international symbols and Braille signage. For all services, we offer confidential and quality interpreter services through a national phone service. CHCB provides enrichment programs for newly-arrived refugees; a medical system orientation and internal orientation to CHCB systems. We employ a full-time specialist, and new this year, a Refugee Medical Case Manager to support New Americans. Finally, CHCB is an equal opportunity employer and states so in our advertising and our Board-approved personnel policies.

VII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the project/program. How will you spend the money? Give specific details.

We will use CDBG funding to pay for the materials and labor expenses for two companies to take on our project. New England Air Systems has quoted the project of removing dated water boilers and installation of new water boilers at \$49,000. Beaudry Construction Services has quoted the project of removing old flooring and replacing with vinyl flooring of the clinical area at \$4,940. CHCB will fund the time of a project manager through our property management company, ReArch Company.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.

a.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this	% of Hours per Week spent on this Specific

			Specific Service / Activity	Service / Activity to be paid with CDBG
N/A	N/A	N/A	N/A	N/A

b. All CDBG grantees that use CDBG funds for salaries must submit timesheets that capture total time and effort of staff members funded with CDBG. These timesheets must record CDBG hours worked, other hours worked, all funding sources, and a narrative for all CDBG and non-CDBG funded activities, and they must be signed by the employee and supervisor. Does your organization have the ability to implement a timekeeping system for CDBG funded staff that meets these requirements by July 1, 2019? ☐ Yes ☐ No ☒ Not funding salaries

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
New England Air Systems – installation of two (2) water boilers at Safe Harbor.	\$49,000.00	\$	\$49,000.00
Beaudry Construction Services – removal of old flooring and installation of new vinyl flooring at Safe Harbor first floor.	\$4,940	\$	\$4,940.00
ReArch Company – Project Manager	\$	\$660	\$660

4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG		\$53,940		
State (specify)			\$433,179	\$433,179
Federal (specify)			\$3,179,591	\$3,179,591
United Way			\$60,000	\$60,000
Private (specify)			\$534,541	\$534,541
Program Income			\$21,732,844	\$21,732,844
Other (specify) Project "Other" is CHCB. Agency "Other" is fundraising, 340b, investment income, meaningful use, rental income and miscellaneous.		\$660	\$3,509,683	\$3,509,683
Total		\$54,600	\$29,449,838	\$29,449,838

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

$$\frac{\$53,940}{\text{CDBG Funding}} \div \frac{\$54,600}{\text{Total Program/Project Costs}} = \frac{98\%}{\text{Percentage}}$$

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

$$\frac{\$54,600}{\text{Total Program/Project Cost}} \div \frac{409}{\# \text{ Total Proposed Beneficiaries}} = \frac{\$135.50}{\text{Cost Per Person}}$$

$$\frac{\$53,940}{\text{Total Amount of CDBG Funding}} \div \frac{409}{\# \text{ Total Proposed Beneficiaries}} = \frac{\$131.88}{\text{Cost Per Person CDBG Investment}}$$

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project? CDBG resources are designed to support exactly what we do; lift community residents out of poverty with access to basic services. We are a local leader in the treatment of our city's most fragile and vulnerable populations. Our specialized services are central to the City's success in ending homelessness.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?*

Specifically for this project, we are unable to use volunteers for highly technical construction. For leveraging purposes, outside funders appreciate seeing the support of local or state government, so CDBG funds are helpful.

VIII. Collaboration/Efficiency

1. Give 1 or 2 examples of key successful collaboration(s) between your program/project and another agency/program/group to address the needs of the people you serve.

CHCB collaborates with other agencies and community partners on a variety of different projects. One recent example of this is our work with the Beacon Apartments. In January 2016, CHCB, Champlain Housing Trust (CHT), and the Burlington Housing Authority (BHA) launched the Beacon Apartments. This model uses longstanding, proven programmatic characteristics to enable participants to transition out of their homeless circumstance in an environment encouraging self-management and self-empowerment. Located in a fully-renovated former motel in South Burlington, 19 of the most chronically homeless individuals in the area were identified and invited to participate in the program. CHT provided the building by purchasing and renovating a motel into 19 efficiency and one-bedroom apartments, BHA provides rental assistance, and CHCB provides medical care and onsite case management. This is a great example of an extension of our Homeless Healthcare Program that CDBG funds have continually supported.

2. Do identical or similar community programs exist? How does this program compliment or collaborate rather than duplicate services? What makes this program unique?

CHCB is the only FQHC in Chittenden and southern Grand Isle counties and we are the only Healthcare for the Homeless Program grantee in the State of Vermont. While CHCB may not be the most visible local homeless service provider, we served over 1,500 community residents at multiple sites last year through our Homeless Healthcare Program. There is no one else in the area who offers this 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.

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

We define success as quality care and meeting community need. As a Federally Qualified Health Center, CHCB is required to select and reach quality benchmarks in every program. Our quality markers for these programs 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 Health 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 the 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.

IX. Sustainability

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

This project will have a long-term benefit to the City of Burlington by continuing the efforts CHCB has already put in place to lift barriers to health care and housing connections for our most vulnerable community residents. Access to a long-term Health Care Home is absolutely necessary to lead a productive life. 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 them to cost-effective preventive care and education. This benefit will continue as long as our doors are open.

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

Yes, CHCB is asking for one-year funding 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.

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

The project would still move forward with CHCB covering the difference in expenses, however we would research other opportunities for additional funding as to remain fiscally responsible as a nonprofit organization. These upgrades are absolutely necessary to the integrity of our facility in order for CHCB to continue to provide services in a safe and warm setting.



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CDBG Application - Construction Attachment

1. Management of Proposed Activity:

a. *Who* will manage the grant funded construction project? One staff member must be identified as the primary contact for project compliance. *(Include contact information)*

Scott Zuckerman, ReArch Company (CHCB's property management company).

b. Does your organization have experience successfully managing a federally funded construction project? Give an example.

Yes. Our largest federally funded construction project was in 2010 for our Riverside Health Center in Burlington. We received \$10.9 million from HRSA to construct a new facility, doubling the size of our existing facility. The project was completed successfully and included site visits and progress reporting.

c. Does the responsible staff member have experience managing a federally funded construction project? Give an example.

Yes. Scott Zuckerman managed the 2017 Handicapped Accessibility Improvement Project funded by CDBG.

d. Does your organization own the proposed project property?

Yes.

2. Readiness to Proceed:

a. Describe the steps that have *been* completed and/or must *be* completed to bring the project to construction start. *These may include: site control, design, engineering, cost estimates, procurement of permits, testing, consultations concerning life safety, ADA, or other special requirements, traffic studies, zoning, Planning Board approval, etc.*

We have procured cost estimates (with impending permits if funding is granted), had an N.E.A.S engineer evaluate and make recommendations for the heating system, and would only need to schedule the two companies to come in to perform the work.

b. Describe any existing and/or potential impediments to project initiation.

None.

c. What is the estimated date that the project will be construction ready?

We will be ready to begin the project on July 1, 2019 if CDBG funding is granted.



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3. If the project includes an expansion:

Existing facility _____ square feet **Addition** _____ square feet **Total Proposed** _____ square feet

4. Scope of Work: Please insert scope of work here or attach.

New England Air Systems – Water Boilers:

1. Furnish and install (2) new wall hung condensing boilers (120 MBH each) based on Buderus, Trinity, or equal to replace the existing boilers.
2. Install new piping, expansion tank and boiler circulators. Boilers to be located approximately 8 ft from existing boiler location.
3. Install new PVC boiler venting.
4. Provide standalone Tekmar controller for the boilers.
5. Provide limited water balance for the new boilers.
6. Repair limited amount of plumbing piping in the basement.
7. Burlington mechanical and plumbing permits included.

Beaudry Construction Services – Flooring Replacement:

1. Remove and dispose of the existing carpet, carpet squares, and vinyl baseboards.
2. Prepare substrate for new vinyl plank flooring.
3. Install vinyl plank flooring and new vinyl baseboards.