

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 number of unhoused Vermonters is growing at an alarming rate. In January 2023, the Point in Time Count (PIT) found Vermont to have the second highest per-capita rate of homelessness in the country for the second year in a row. From 2022 to 2023, the number of unhoused people grew 18.5% and we will undoubtedly see this number grow again at the next PIT Count in the coming month. Chittenden County has the largest number of unhoused people in our state. Cathedral Square (CS) intends to be part of the solution to ending homelessness in Vermont by using its experience, expertise, and success in innovating around housing and services to develop a pilot model which will enable low-income persons and families to be successfully housed over the long term. CS has developed a Homelessness Prevention Pilot model to implement in our housing communities. While evictions in our communities are rare, we have seen the number of evictions grow each year and the largest percentage are happening with residents that were formerly homeless. In the past year and a half we have initiated 19 evictions – unheard of in CS history – and 12 were for formerly homeless households. The pilot will focus on the formerly homeless residents to provide all the existing layers of services with an added component of financial incentive for participation in a flexible menu of additional support and education options. CS recognizes that although we assuredly need more affordable housing, it takes more than new units alone to end homelessness. Service-enriched housing helps disrupt the cycle of homelessness by providing resources, support networks, and incentives to enable successful housing indefinitely. This program directly contributes to the CDBG national objective of serving low to moderate income people through providing supportive services to people who are unhoused or who were previously unhoused as well as providing housing to low to moderate income people.

II. Program/Project Design

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

Cathedral Square (CS) intends to pilot a model to partner with and assist formerly homeless households retain their housing and partner with new households who came from homelessness keep their housing over the long term. The Homelessness Prevention Pilot is a model focused on supporting formerly homeless residents with all of CS's existing layers of services (SASH, Housing Retention, and Mental Health Clinician services) with an added component of financial incentive for the participation in a flexible menu of additional support and education options, to foster successful long term housing retention.

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)

Cathedral Square's Homelessness Prevention Pilot program's core elements have been developed from examining successes and challenges we have seen in our existing resident program models, as well as programs led by community partners that we have seen to achieve positive outcomes for residents in our housing communities.

Specifically, we know from the successful outcomes we have achieved in our SASH® and SASH for ALL models that residents who have achieved positive outcomes are engaged in setting their own goals, have full decision-making power in activity and goal choices, and have agency over the type and duration of support provided by others. We have learned that our residents' need (and acceptance) of support and partnership from us varies over time, and we must be able to calibrate what we offer based on flexible options and a wide variety of choices. It is for this reason that a cornerstone of this pilot program is a "Menu of Options" that participants can choose from to begin to build the knowledge and capacity they will need to be successful residents in a housing community.

We have also learned from challenges we have confronted with our existing models. For instance, residents just moving in, especially those existing homelessness, often do not want to engage with services and

support right away. In fact, it can sometimes take months to get a resident to accept even the most basic resources and support. They may be feeling overwhelmed, exhausted, or simply not trusting staff. This lack of initial engagement can lead to immediate difficulties as the new resident doesn't understand the basics of community living and may get off to a bad start with their neighbors. These initial negative interactions often become larger and more complicated with time. Our pilot program, which will have no requirements for participation but rather financial incentives for participation, will provide these new residents with the control and agency they need during a time of transition. We have witnessed successful outcomes with financial incentives in our work with Anew Place- a homeless services provider that we have partnered with over many years. We have found that Anew Place clients who become our residents are more ready and willing to engage with our support programs and activities and have therefore had much smoother and successful transitions to our affordable housing communities.

Core elements of the Pilot include (1) Affordable, safe and appropriate housing based on known needs of applicant/resident (ie. private entrance, quiet building, access to bus line, etc.) working with Coordinated Entry and the applicant to determine the best placement. (2) Project based subsidy or individual vouchers available at the locations within this pilot. (3) Comprehensive support services available on-site (not time-limited) and accepted by the participant on the individual AND community (or population) level, including SASH, embedded mental health support and retention services (SHINES). (4) Monetary incentives offered to pilot participants at certain stages over time to motivate and sustain progress towards goal achievement. (5) Escrow account funds are available as a last resort to support residents during difficult times to keep rent current and avoid eviction. (6) Resident Advisory Group is created by CS with selected members with lived experience from each pilot community.

This is a trauma-informed approach to successful housing, designed to be accessible to people of all backgrounds and acknowledging the importance of personalized support. The menu classes offered in this program are designed to target challenges and education gaps more likely experienced by people who have experienced chronic housing instability. Examples of such classes include hoarding prevention, housekeeping skills, financial education, and budgeting support. Through all of this the SASH coordinator and SHINES coach provide personalized support, tailoring the program to best meet resident's needs.

3. How will this program/project contribute to the City's anti-poverty strategy? If this activity is to respond to COVID-19, please also describe how this activity prepares or responds to the impacts of the COVID-19 pandemic.

The Homelessness Prevention Pilot will directly contribute to the City's anti-poverty strategy as this program includes all of the key components.

- *“Meeting basic needs and stabilizing living situations, including access to and retention of safe, decent and healthy, affordable housing and income supports.”* The main priority of this pilot will be stabilizing living situations and enabling the successful retention of safe, decent and healthy, affordable housing.
- *“Increasing and protecting asset accumulation and resident net worth.”* One of the core elements of this program is providing monetary incentives to pilot participants at certain stages over time to motivate and sustain progress towards goal achievement. Additionally, there will be a menu of support/education options for monthly incentives, based on participants' needs, interests and goals, many of which are focused on financial literacy.
- *“Providing access to employment opportunities and/or job training, affordable childcare options, educational opportunities.”* As stated above, there will be a wide variety of educational opportunities for participants. If applicable, employment opportunities and job training will be available.
- *“Decreasing social isolation and increasing social capital.”* Participants will engage in Support And Services at Home (SASH) which includes a wellness nurse, care coordinator, wellness programming,

and SASH Emotional Wellness Clinician. Evidence has shown that building a strong trusted relationship with a helping professional has a positive impact on housing stability. The wellness programming encourages community engagement by providing opportunities for socialization. Examples of this are community meals and coffee hours, bone builders and chair yoga, cooking classes and gardening groups. These social opportunities help curb isolation, create a sense of connectiveness, build peer relationships, reduce stigma around formerly homeless residents, and create a healthy and engaged community environment.

Since the beginning of the Covid-19 pandemic we have seen a drastic increase in the number of unhoused people. In 2020 the PIT Count found 1,110 unhoused people living in Vermont. In 2021, that number jumped to 2,591, over a 133% increase (however no unsheltered people were counted so the number may have been higher). In 2022, the count increased over 7% to 2,780. In January 2023 the count increased a larger 18.5% to 3,295. Additionally, throughout 2022 several pandemic-era supports ended, including the termination of the Vermont Emergency Rental Assistance Program and the expiration of an eviction moratorium in July 2022, further contributing to the growing number of unhoused people in our state. While this pilot program is focused on working to end homelessness, it directly responds to the ongoing impacts of the pandemic.

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

The Homelessness Prevention pilot is an amalgamation of three of our existing successful services models – SASH, SHINES and SASH with a mental health component. The pilot will focus specifically on those residents who come from a period of homelessness or are at risk of homelessness because of challenges in their transition to one of our affordable housing communities. All of our existing services models were designed with extensive participant and partner input. We used a Model Design Team when planning the SASH model over a decade ago which included service provider partners such as the Howard Center, Age Well, UVM Home Health and Hospice among others. Our mental health pilot also began in partnership with OneCare Vermont and Howard Center. Our SHINES coordinator works regularly with the Coordinated Entry program and currently chairs the Housing Retention Subcommittee of the Chittenden County Homelessness Alliance. Anew Place has been a long-standing partner and CVOEO as well. These partnerships will be the foundation of the Homelessness Prevention Pilot.

Partnering with our residents is also core to our program design and implementation work. Like our SASH program, the Homelessness Prevention Pilot will create a Resident Advisory Group with selected members with lived experience from each pilot community. This group will meet regularly, advising on the Pilot's design, acceptance in community, challenges, and ideas for improvement. Additionally, participants will take an annual assessment to assess health, wellness, and social goals.

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?

The pilot will occur at four CS locations – Juniper House, Whitcomb Woods, Cathedral Square Senior Living, and Thayer House – where there is an embedded mental health clinician, SHINES, and SASH programs. CDBG funds will be used for staff time at all of the housing communities with the exception of Whitcomb Woods, as this is located in Essex Junction. There are currently 247 total units of which approximately 30% came from homelessness, or 74 eligible to participate from the three Burlington communities. However, the number of beneficiaries through this CDBG funded program over the course of the first year is dependent on the number of vacancies that occur and new residents that move in over the course of the year. The program will also be available to residents that have moved in within the past year who came from homelessness. From participation in this program, we hope to see lower eviction rates, safer

communities, and improvements in successful tenancy over the long term. This model is designed to last for 5 years, with graduating participants remaining in CS housing.

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

Goals for participants:

- Signing up to be a SASH (Support and Services at Home) Participant, includes service coordination and wellness nursing
- Regularly meeting with SHINES Coach
- Regularly meeting with SASH Emotional Wellness Clinician
- Regular community-wide group programs offered to build peer relationships, reduce stigma around formerly homeless residents, and create a healthy and engaged community environment
- Wellness programs (evidence-based or promising) and health assessments by SASH Wellness Nurse
- Annual assessment to assess health wellness and social goals
- Menu of support/education options for monthly incentive based on participants interests and goals, including: financial counseling, Renter's Ready training, financial education, budgeting support, housekeeping skills workshops, Buried Treasure training program (hoarding support), discussions on supporting friends and family without jeopardizing housing, evidence-based programs or classes through SASH, and additional trainings of choice (with approval by CS).

Expected outcomes include:

- Decreased eviction rates among formerly homeless residents
- Improved quality of life for participants as they assimilate back into stable housing
- Improved financial stability and literacy for participants
- Strong relationships between participants and SASH coordinator/SHINES coach
- Improved relationships between residents and participants
- Education of participants on a variety of topics

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.

Cathedral Square has robust data collection systems in place to gather, track and report out on outcomes for those participating on our services programs. Residents in the Homelessness Prevention Pilot will also be participating in the existing services programs available on site, as appropriate. Therefore, participants will be regularly assessed using validated screens and surveys that make up a full assessment for our SASH program. The data is collected into a data management system, Population Health Logistics, which we manage in-house. Monthly reports are provided to staff and on-demand data requests are available as well. Additionally, we will utilize our property management database, Boston Post, to collect and track outcomes. Specific areas we will track to assess whether our program participants are better off include:

- Housing Stability Index (from SASH for All)
- Length of tenancy (via Boston Post)
- Legal Costs
- Eviction Data
- Health and Wellness measures from annual SASH assessment
- Notice to Quit data
- Indicators of successful housing

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 2023 (or June 2022). For non-CDBG participants – report on your achievements from the previous year.

This is a new pilot that has not been previously funded with CDBG. However, a major component of this program will be connecting with SHINES (Success in Housing, Identifying Needs with Enhanced Support) staff at least quarterly. SHINES staff work to identify and support residents who are at substantial risk of losing their housing. Risk areas include failed inspections, non-payment of rent, and conflict due to mental health challenges. SHINES staff provide relationship building, housing education, transition support for those formerly homeless, and while identifying obstacles, fosters motivation with the goal of preserving housing and ensuring successful housing in the future. SHINES works with residents to overcome challenges that would put their housing at risk prior to legal action and has had significant success in preventing evictions. People who have been previously unhoused are more vulnerable to these types of challenges and being at risk of losing their housing. SHINES has been integral in disrupting the cycle of homelessness by working with residents to successfully retain housing. Additionally, SASH and the service-enriched housing model play a large role in this pilot program. Cathedral Square created SASH 12 years ago and in that time the SASH model thrived and expanded state-wide and is also being replicated in other states.

V. Experience / Organizational Capacity

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

Cathedral Square improves the lives of older adults and people with diverse needs by creating and maintaining quality, affordable, service-enriched housing. We recognize that safe, affordable homes provide the foundation for health, individual and community well-being, and economic, racial, and social justice. This program will help us better achieve our mission by expanding the services we offer with individualized services and supports to successfully house those who have come from homelessness. We recognize that in order to best achieve our mission of providing safe, affordable, healthy homes, we need to ensure that residents are well equipped for successful long-term tenancy. We know that one size does not fit all and that having a menu of services that the participant chooses will have the most impact. We also believe that incentivizing with monetary rewards helps to keep the participant engaged and set up financial learning and support. We also recognize that without these needed supports and incentives, the unsuccessful transition can affect the entire community and put our vulnerable populations at risk. Additionally, we recognize that people of color and people who identify as LGBT+ are disproportionately represented in homeless populations. This program adds another layer of support for residents coming from homelessness, allowing us to fulfill our goal of improving individual and community well-being, and economic, racial, and social justice.

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.)

Cathedral Square has 47 years of experience in developing and maintaining high quality, affordable housing for older adults and 12 years of experience in providing SASH (Support and Services at Home) services that allow residents to remain successfully housed, age safely in place, and support their physical, emotional, and social health. We have over five years of experience having a mental health clinician embedded in two of our housing locations. The Homelessness Prevention pilot is an amalgamation of three of our existing successful services models – SASH, SHINES housing retention services, and SASH with a mental health component. Because of this, we already have the infrastructure in place to facilitate this program successfully. A new SHINES staff person will need to be added to support additional participants, but the staff role has already been well-designed and refined over time to best serve our residents. Additionally, our robust services team has the expertise and capacity to train and support new staff members.

3. What steps has your organization/board taken in the past year to address racial equity, inclusion, and belonging internally? What new commitments have been made to address racial equity, inclusion, and belonging internally in the year ahead?

In July 2023, Cathedral Square formally adopted the most current JEDI (Justice, Diversity, Equity, and Inclusion) Action Plan, which outlines clear goals and procedures for staff recruitment and advancement, staff and resident culture and belonging, education and engagement, HR policies and procedures, and BIPOC business support that are aimed at ensuring our organization is inclusive, equitable, and welcoming for staff and residents of all races, ethnicities, genders, sexual orientations, backgrounds, and abilities. As part of these efforts, we began a comprehensive review of our employee handbook, including seeking legal counsel to ensure our policies are equitable and inclusive. We also expanded our recruitment focus to include regular posting of managerial positions with the Vermont Professionals of Color Network. We’ve also expanded our staff and resident education efforts through our JEDI committee, which sends regular newsletters to staff, residents, and board members on relevant topics and news. The JEDI committee also hosts monthly “coffee and conversations” events where participants come ready to discuss an article or podcast and share an educational and reflective discussion. To encourage participation, we raffle off a gift card to a local BIPOC-owned business; we have seen increases in participation in the past year. For residents, we have created a Non-Discrimination and Anti-Racism Policy which has been added to our Long-Term Care Communities Admission Agreements.

Looking forward, we have embedded JEDI work into the Cathedral Square Strategic Planning Process and now have one vision statement and plan including all of our JEDI priorities. We continue to work on growing the percentage of BIPOC staff at all levels, with a goal of increasing diversity of non-service staff from 5.5 to 10% and having at least 20% of new and turned-over positions be filled by non-white staff by 2031. From a management perspective, we continue to purchase goods and services from Vermont BIPOC-owned firms whenever possible, using Vermont Professionals of Color (vt poc.net), BIPOC Business Directory as one resource, and encourage staff do so if they can beyond CS.

- 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

- 1. Will the program solely serve a specific 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

If this activity/project is designed to serve the population experiencing homelessness through housing or supportive services, is your organization or entity partnered with the Chittenden County Continuum of Care and participating in the Coordinated Entry system for the project:

- Yes No Not applicable to activity/project

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/2023-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)
Homelessness Prevention Pilot	25	25			

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, 2024?
 Yes NO Not Serving Limited Clientele

VII. Commitment to Equity, Inclusion and Belonging

1. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location, race or ethnicity, or other characteristic of the people this program is intended to serve. How do you select and reach your target population?

This pilot is designed to benefit older adults who have experienced homelessness. Specifically, eligibility for the program is for anyone who is identified as (1) currently unhoused and either received housing preference or came to the top of CS's waiting list and accepts the parameters of the program, (2) is coming in through the Coordinated Entry system who accepts the parameters of the program, or who (3) has moved into the pilot locations within the last year, who was formerly homeless. As residents of CS housing, participants will also be older adults or those with disabilities. At Juniper House and Thayer House, all residents are 55 or older and at Cathedral Square Senior Living, all residents are 62 or older or disabled. Older adults can be more vulnerable to experiencing homelessness as they typically have lower average incomes. Additionally, challenges from being unhoused such as a lack of access to health/medical care and exposure to extreme temperatures can be even more dangerous for older adults. Around 30% of the residents at these communities were previously unhoused and could be eligible to participate in this pilot, in addition to new residents upon turnover.

2. Describe the steps you take to ensure the project/program is accessible, inclusive, addressing racially equity, and culturally appropriate for the target population.

This program acknowledges that people coming from homelessness may experience psychological and trauma-based barriers to a successful transition to stable housing, even when their material needs are met. While Cathedral Square maintains low eviction rates and strives to prevent eviction whenever possible, the highest percentage of evictions in our communities are among formerly homeless tenants. This program aims to address the challenges that many formerly homeless residents face when assimilating back into stable housing by providing support and education from the beginning. This is a trauma-informed approach to successful tenancy, designed to be accessible to people of all backgrounds and recognizing that successful housing requires individualized support. Further, people of color and people identifying as LGBT+ are over-represented in homeless populations, according to the most recent Point-In-Time count. As such, this program is likely to serve a larger proportion of people of color and LGBT+ people by default.

Acknowledging these factors, the menu classes offered in this program are designed to target challenges and education gaps likely to be experienced by people who have trauma related to housing instability. Examples of such classes include hoarding prevention, housekeeping skills, budgeting support, and financial education. Additionally, the program offers the option to attend other classes or programs of choice (once approved by CS), which provides opportunities for residents to pursue education and support that feels culturally appropriate for them and their unique identities. Along the way, the SASH coordinator and SHINES coach are by the resident's side to tailor the program to best support their individual needs.

Further, the program provides financial incentives for participation. This is crucial for maintaining accessibility for low-income populations. Participants receive financial incentives in exchange for their time and effort spent in the program, while also working to sustain their long-term housing. This skirts the pitfalls of many well-intentioned programs aimed at low-income populations, which expect participants to be able to spend time meeting program requirements, sometimes at the expense of missing other financial opportunities

or valuable time for self-care. The provision of financial incentives acknowledges the realistic motivation for resident participation.

VIII. 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 are asking for \$105,000 to fund the Homelessness Prevention Pilot model for its first year at three of the four CS locations. This Pilot will happen over five years at four CS locations – Juniper House, Whitcomb Woods, CSSL, and Thayer House – where there is an embedded mental health clinician, SHINES, and SASH programs. Whitcomb Woods will be excluded from this funding request as it is not located in Burlington. CDBG funds would only be used for the first year of this Pilot program in order to stay within the grant period.

CDBG funds will be used to pay for SHINES staff time, including a new SHINES coach that will work specifically with Pilot participants and some time for the SHINES supervisor, and finance staff time. In the first year we anticipate up to \$123,480 in costs for 25 households. This will cover incentives for 30, 60, and 90 days and first year of participation in the program which will cost \$13,750. We anticipate \$95,885 for SHINES staff time. This will be used for one year of salary and benefits for the SHINES coach who will work exclusively with program participants, as well as a small portion of the SHINES supervisor’s salary. We anticipate \$2,620 for one year of finance time, this will cover time for staff accountants work doing reconciliation, writing checks, etc. We anticipate \$11,225 in one year overhead costs for Cathedral Square for serving the three communities in this program that are eligible for CDBG funds.

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 Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG
SHINES services	SHINES coach	Working one-on-one with participants as needed on an ongoing basis	40	100%
SHINES supervisor	SHINES coach	Oversee SHINES coach for Pilot	2	100%
Finance	Staff accountant	Accounts management, checks, reconciliation	1.4	100%

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 hours worked on CDBG-funded programs, hours worked on non-CDBG funded programs and the corresponding program name/funding source(s). Timecards must include a narrative for all CDBG and non-CDBG funded activities, and 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, 2024? Yes No Not funding salaries

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Participant Incentives	\$0	\$284,000	\$284,000
SHINES Staff Time	\$95,885	\$413,178	\$509,063
Finance Time (accounts, checks, reconciliation)	\$2,620	\$11,290	\$13,910

Overhead 10%	\$6,450	\$70,550	\$77,000
Total 5 year Program Budget			\$864,000

4. Funding Sources	Program/Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$	\$ 105,000	\$	\$ 105,000
State (specify): Supportive Services Fund to be established by Legislature in 2024		\$ 409,000		\$6,000,000
Federal (specify)				
United Way				
Private (specify): UVM Health Network		\$ 50,000		
Program Income				
Other (specify): UVM Leahy Rural Partnerships		\$ 300,000		
Total	\$	\$ 864,000	\$	\$

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

$$\frac{\$ \underline{105,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{864,000}}{\text{Total Program/Project Costs}} = \underline{12.1\%} \text{ Percentage}$$

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

$$\frac{\$ \underline{864,000}}{\text{Total Program/Project Cost}} \div \frac{\underline{80}}{\# \text{ Total Proposed Beneficiaries}} = \$ \underline{10,800 \text{ (over 5 years)}} \text{ Cost Per Person}$$

$$\frac{\$ \underline{105,000}}{\text{Total Amount of CDBG Funding}} \div \frac{\underline{25}}{\# \text{ Total Proposed CDBG Beneficiaries}} = \$ \underline{4,200} \text{ Cost Per Person CDBG Investment}$$

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

This program aligns very strongly with national CDBG’s national objectives in housing low to moderate income households, as well as the City of Burlington’s anti-poverty strategy. This targeting of dual national and local objectives makes this program an excellent candidate for CDBG funding. While other funding sources can and will need to be leveraged to make this program successful in the long-term, the 2024 CDBG award is an excellent opportunity for the City to leverage national funds to target one of the most prominent issues facing the City- homelessness. Gaining support from the City for this program will be invaluable and shows united effort in the strategy to end 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?

Cathedral Square has pending applications for a \$300,000 seed grant with the UVM Leahy Institute for Rural Partnerships and a \$50,000 annual commitment for three years from the UVM Medical Center Community Health Investment Fund. CDBG will be used to leverage additional funding for this program. Specifically, we are proposing a \$6 million Supportive Services Fund from the Vermont State Legislature that would help

fund SASH for All, and new initiatives to support those exiting homelessness. The support from the City of Burlington through CDBG would certainly bolster our case for this Fund.

IX. 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.

Participants in our SHINES housing retention programs are sometimes referred from other service agencies and are often participants in other service programs as well. One SHINES participant was referred after failing numerous inspections with Cathedral Square and Burlington Housing Authority (BHA) due to cleaning and hoarding challenges. BHA was able to step in and offer some cleaning support while CS SASH worked with SHINES to build a relationship with the resident and assist with hoarding issues and organization. In this case, there was no duplication of services, and each program was able to step in and offer assistance within their own lane to provide support and keep the resident housed.

Another example is a case where a resident was referred to SHINES for non-payment of rent. We discovered that the resident had a voucher from the state housing authority, but it had not been activated because of confusion with the paperwork. We assisted the resident in resolving this, and connected with Champlain Valley Office of Economic Opportunity, who was willing to provide 3 months of back-rent as long as we continued to work with the resident to resolve the notice to terminate. We continue to work with this resident whose health now requires home health services. However, home health staff were unwilling to enter the apartment due to cleanliness issues. SHINES was able to offer support and work to develop a system for cleaning and organizing that did not put stress on the resident's mental health. This was an extremely successful collaboration between programs to keep a resident housed and healthy.

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

The program was based in part on Anew Place's model which supports homeless individuals in transitioning to rental housing. ANEW collects a low rent and then saves those funds for each participant which the participant receives when they successfully graduate from the 2-year program. Otherwise, there is no similar program that we are aware of that combines the services and the incentives. CS's Homelessness Prevention Pilot offers these services within our housing to target more people and embed the program into our existing layers of SASH services.

This program is unique in that it is integrated into our housing communities, aimed specifically at seniors and those with disabilities (who have increasing rates of homelessness), and extends the success of Anew Place's model into existing housing with services and programs in place that offer continuing support. Having this program embedded in our housing communities helps to streamline the process, serve more people, and offer continuing support in a familiar structure for long-term residents.

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

One example of improved efficiency within existing SHINES and SASH services is an adjusted referral system which helps identify at-risk residents sooner in the process. Flagging failed inspections, non-payment, and community disruption challenges earlier allows SHINES to work with residents before they are within a 30-day notice period to terminate their lease. To facilitate this, we have developed better communication between departments to identify at-risk residents.

X. 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 is a five-year Pilot designed to break the cycle of homelessness by providing additional support to Cathedral Square (CS) residents who are coming from homelessness. The program grows with participants, incentivizing them to learn skills and utilize on-on-one support that will contribute to successful tenancy. The program is designed to have participants graduate after 5 years of stability, where they will remain in CS housing and continue to have the ongoing regular SASH® (Support and Services at Home) support.

Homelessness is an identified top priority in the Mayor's action plan, and this program helps not only to alleviate the symptoms but to address the root causes. Providing support for residents as they transition out of homelessness and into permanent housing is critical for preventing the cycle of homelessness from continuing. This program will support successful tenancy and prevent residents from re-entering the homeless population- an outcome that unfortunately happens too often due to lack of support during the transition into stable housing. If a resident with subsidy is evicted it becomes much harder to secure subsidy in the future, making it near impossible to become housed successfully.

Our participation in this program will give us insight on how to have people be successful transitioning out of homelessness so that even if funding for this program were to end, we will have gained knowledge and insight into how to better provide support for this population. This can be communicated across affordable housing and SASH locations across the State.

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

We are aware that CDBG funding is not sufficient for our entire pilot, and we are actively seeking additional funding sources on an ongoing basis. We are optimistic this will be a successful pilot program given the success of SASH, SHINES, and ANEW's model. The financial, societal, and emotional benefits of a long-term solution to homelessness cannot be understated. We communicate regularly with the Vermont Legislature, federal delegation, state agencies and One Care Vermont on our initiatives and will be updating them on our progress as the pilot moves forward and we continue seeking additional funding. We will seek long-term sustainable funding for the program as long as it shows positive outcomes and proves to be cost-effective. Through our membership in the Housing and Homelessness Alliance of Vermont (HHAV), we are taking a lead on advocating for the establishment of a state funded Housing Services Fund available to scale up and expand services programs, operated by non-profit housing organizations, that are proven or promising. The Homelessness Prevention Pilot would fit under the eligibility criteria being considered for this new state fund.

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

There are several options for amending the proposed program to operate on a smaller budget. First, we could reduce the number of participants in the program based on available funding. Second, we could prioritize the financial incentives as a way to get residents to utilize SASH and SHINES services, so they have individualized support. This would help build this relationship more quickly and direct the appropriate support to the residents. Last, we could reduce the amount of incentive money or years offered and reduce the staff time to require only an additional part-time SHINES staff person. All of these options would allow us to retain the core elements of the program and provide opportunity for expansion given additional funding.