

CITY OF BURLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT - 2024 APPLICATION
Application must be no more than 12 total pages (including cover page) with 12-point font.
Refer to NOFA for required information for each question.

Project Name: Lund's Residential and Community Treatment Services

Project Location / Address: 50 Joy Drive South Burlington, VT 05403

Applicant Organization / Agency: Lund

Mailing Address: 50 Joy Drive South Burlington, VT 05403

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Contact: Sharon Lifschutz Title: Director of Development Phone #: [REDACTED]

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EIN #: [REDACTED] DUNS #: [REDACTED]

<p>CDBG Funding Request: \$35,000</p> <p>Total Estimated Program/Project Cost: \$2,111,154</p> <p>Choose one category from Development <u>OR</u> one category from Public Service:</p> <p>Development: (choose one) ___ Economic Development ___ Affordable Housing ___ Public Facilities/Improvements</p> <p><u>OR</u></p> <p>Public Service: (choose one) ___ Early Childhood Ed/Childcare ___ Youth Services ___ Health ___ Economic Opportunity ___ Housing and Homelessness</p>
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- 1. Type of Organization**
- ___ Local Government ___X___ Non-Profit Organization (please provide copy of your
___ For-Profit Organization IRS 501(c)(3) tax exemption letter
___ Faith-Based Organization ___ 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.



Mary Burns

Signature of Authorized Official

Name of Authorized Official

President and CEO

January 11th, 2024

Title

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?

Lund's Residential and Community Treatment services directly address the critical need for increased accessibility and reduced health disparities among disadvantaged and underserved populations. Specifically, our services cater to pregnant and parenting individuals requiring Substance Use Disorder (SUD) and Mental Health (MH) treatment, children facing mental health challenges and developmental delays, as well as families impacted by parental incarceration.

This initiative contributes significantly to the national objectives outlined by the Community Development Block Grant (CDBG), with a primary focus on supporting the benefit to low- and moderate-income (LMI) individuals. The populations we serve often encounter substantial barriers in accessing tailored services that understand and meet their unique needs. As a result, these groups experience disproportionate health disparities.

Our comprehensive approach, which includes wraparound mental health and substance use services, aligns seamlessly with the CDBG's mission of promoting the well-being of LMI persons. By providing essential support to these vulnerable populations, we actively contribute to the overarching goal of addressing disparities and fostering equitable access to crucial services, in line with CDBG's national objectives.

II. Program/Project Design

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

Lund's program provides crucial access to treatment, family support, and early childhood services aimed at enhancing individual and family well-being. Focused on reducing Adverse Childhood Experiences (ACEs), especially for those facing health disparities, our uniquely positioned services address the specific needs of children, parents, and families who often experience ACEs such as mental illness, emotional neglect and abuse, physical and sexual childhood abuse, substance use, domestic violence, and parental incarceration, ultimately working towards long-term health-related needs reduction.

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)

The strategic design of Lund's program activities, rooted in the Strengthening Families Framework and a proactive universal prevention approach, plays a crucial role in mitigating health disparities among families facing complex challenges. Our comprehensive efforts are not only geared toward enhancing family strengths and preventing adverse outcomes but also contribute significantly to reducing health disparities within our served communities.

By focusing on the five universal family strengths identified in the Strengthening Families Framework—Nurturing and Attachment, Knowledge of Parenting and Child Youth Development, Parental Resilience, Social Connections, and Concrete Supports for Parents—we actively address factors that can contribute to health disparities. These protective factors, when strengthened, create a resilient and supportive family environment that is fundamental to promoting overall well being, both physical and mental.

Moreover, our program's emphasis on universal prevention aims to provide support before issues escalate, directly addressing disparities in access to timely and appropriate services. Recognizing that children are more likely to thrive when families have the necessary support, our proactive approach seeks to bridge gaps and ensure equitable access to resources for all families, thereby contributing to the reduction of health disparities.

In acknowledging and addressing Adverse Childhood Experiences (ACEs), as highlighted by the US Department of Health and Human Services, our trauma-informed interventions not only work towards mitigating negative outcomes but also aim to prevent the exacerbation of existing health disparities that may arise from childhood trauma.

In summary, Lund's program activities are a targeted and proactive response to health disparities. Through the cultivation of protective factors, universal prevention efforts, and trauma-informed interventions, we strive to create an environment where families can thrive, ultimately contributing to the reduction of health disparities within our communities.

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.

Lund's program aligns seamlessly with Burlington's anti-poverty strategy outlined in the 2018-2022 Consolidated Plan for Housing & Community Development. Recognizing the city's focus on Special Needs populations, including those with disabilities and substance abuse and mental health needs, Lund provides wraparound and integrated services in direct support of Burlington's efforts. The program, tailored to meet identified needs, offers a continuum of services, addressing challenges faced by children with developmental disabilities and those dealing with substance abuse and mental health issues.

Embedded in Lund's program design is the Strengthening Families Framework, which aligns with Burlington's strategy to build resilience within families. The emphasis on protective factors contributes to the city's goal of empowering families to break cycles of poverty. Lund's proactive universal prevention approach, intervening before challenges escalate, mirrors

Burlington's anti-poverty strategy, working to prevent the exacerbation of socio-economic disparities.

Lund's wraparound and integrated services, specifically designed for populations identified in Burlington's Consolidated Plan, play a significant role in supporting the city's anti-poverty strategy. By fostering resilience, reducing health disparities, and providing tailored support for Special Needs populations, Lund actively contributes to Burlington's goal of creating a more equitable and inclusive community.

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

Lund employs a diverse range of methods to gather community and participant input for planning program design and activities. Regular input is collected through the Strengthening Families protective factors survey, administered at key intervals throughout the year, allowing participants to provide anonymous feedback on how our services contribute to family and child well-being while offering insights for program enhancements. Additionally, we conduct surveys upon clients' program discharge to gather valuable perspectives on their experiences, identifying strengths and areas for improvement. Looking ahead, our department aims to establish a Parent Advisory Committee by July 2024, comprising participants from various programs who will serve as advisors to leadership and the board, actively shaping program design, activities, and evaluation.

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?

Lund's project aligns with Results-Based Accountability (RBA), emphasizing data-driven decision-making for tangible positive impacts. Key outcome measures include:

1. Quantifiable Impact (How much?): Lund provided Residential and Community Treatment services to a specific number of children, parents, and families, offering a concrete measure of program reach and impact.

2. Effectiveness of Services (How well?): Participant survey data gauges service quality, with metrics covering receiving appropriate help, obtaining needed assistance, respectful treatment, and the perceived positive impact of services on their lives.

- "Received the right help": %
- "Received needed help": %
- "Treated with respect": %
- "Services had a positive impact": %
- "Would recommend services": %

3. Improvement in Protective Factors (Is anyone better off?): Surveys assess families' perceptions of increased protective factors, aligning with the Strengthening Families Protective Factors Framework.

By employing these measures, Lund ensures a comprehensive evaluation of its impact, integrating both quantitative reach and qualitative effectiveness. This approach, rooted in RBA, prioritizes results-oriented outcomes, focusing on real improvements experienced by individuals and families participating in Lund's services.

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

Objective	Activities	Outcomes
Increase access to services for Burlington children, parents, caregivers and families	Provide treatment and family support services to 62 Burlington children, parents/caregivers and families that are designed to meet their unique needs	At least 80% of families surveyed report satisfaction with the services provided by Lund.
Reduce or mitigate Adverse Childhood Experiences (ACEs)	Provide treatment and family support services to 62 Burlington children, parents/caregivers and families that build family strengthening protective factors	At least 80% of Families surveyed report perceiving an increase in Protective Factors because of services received at Lund.
Build Protective Factors and reduce health disparities	Provide treatment and family support services to 62 underserved and at risk Burlington children, parents/caregivers and families that build family strengthening protective factors and reduce health disparities	At least 80% of Families surveyed report perceiving an increase in Protective Factors because of services received at Lund.

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.

We collect RBA data for our Residential and Community Treatment services. This includes quantitative data from our Electronic Health Records (EHR) system as well as qualitative data from surveys sent to clients throughout the year. These results help Lund staff understand how participation in our services is helping building protective factors and reducing ACEs for children and families served.

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.

	Total # Persons Assisted	Extremely Low Income (up to 30% of Median)	Very Low Income (31% to 50% of Median)	Low Income (51% to 80% of Median)	Above Income Limits (81% of Median & Above)
Total: Unduplicated #'s served this period	17	9	1	2	5

Activity #1 *Children are enrolled in childcare and integrated services M-F using intentionally designed curriculum.*

- No turnover in staff has allowed us to continue to meet this activity and provide high-quality, trauma informed care
- 100% of children transitioning to Burlington schools were prepared for kindergarten

Activity #2 *Children receive specialized services to meet their needs via Lund's partnership with The Howard Center.*

- During this quarter we served 7 children with high social emotional needs including displaying aggressive behavior, severe developmental delays, IEPs and receiving Howard Center mental health services.
- 100% of children in need of services have been connected

Activity #3 *Families identified as having barriers in meeting their basic needs are connected to resources.*

- 100% of families in need were engaged with services

V. Experience / Organizational Capacity

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

Our agency's mission at Lund is to empower families to break cycles of poverty, addiction, and abuse, fostering an environment where children can thrive. The proposed activities align seamlessly with this mission by providing essential services such as education, treatment, and family support. Through these initiatives, we aim to offer hope and opportunity to families, creating a foundation for long-term positive change and breaking the cycles that perpetuate adversity.

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.)

Lund's robust team, comprised of highly qualified professionals in social work, child development, and mental health, is well-prepared for the proposed activities. With a rich history in community service, particularly in the Parent Child Center framework, and extensive experience applying the Strengthening Families Framework, Lund demonstrates a deep understanding of family support best practices. As the sole provider of residential treatment for pregnant and parenting individuals and exclusive services for pregnant and parenting persons and their families impacted by incarceration in the state, Lund serves as a subject matter expert, offering valuable insights. The leadership team's longevity and commitment, coupled with a dedication to continual program

improvement through training and evaluation, solidify Lund's capacity to effectively carry out the proposed activities.

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?

Lund places significant emphasis on Diversity, Equity, and Inclusion (DEI), recognizing the positive impact it has on employees, service recipients, partners, and the community. The commitment to DEI is evident in various aspects of Lund's approach:

1. Establishment of DEI goals with ongoing tracking, using data to transparently communicate workforce demographics and employee experiences.
2. The DEI committee plays a crucial role in organizing training and education across all organizational levels. This includes raising awareness, addressing challenges, and fostering a culture of learning through dialogue and feedback.
3. Lund prioritizes fair and inclusive hiring practices to recruit and retain diverse talent. This involves minimizing implicit bias in job descriptions and screening processes, creating an environment supportive of diverse needs and aspirations.
4. Actively celebrating and leveraging organizational diversity, Lund values and encourages the unique contributions of each employee. Collaboration and innovation across teams and perspectives are promoted to benefit all stakeholders.

While proud of progress, Lund remains committed to continuous improvement. Learning from both successes and failures, listening to diverse voices, and taking proactive steps are part of our dedication to creating a more diverse, equitable, and inclusive workplace.

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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Elderly (62 years +) | <input type="checkbox"/> People with AIDS |
| <input type="checkbox"/> Battered Spouses | <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> 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)
Residential and Community Treatment Services	62	52	4	3	3

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?

Lund’s program targets individuals and families grappling with Adverse Childhood Experiences (ACEs), especially those entrenched in generational poverty. Focused on reducing health disparities, our services address specific needs such as mental illness, abuse, substance use, and incarceration. We prioritize pregnant and parenting individuals, as well as incarcerated mothers. Referrals from partners, internal outreach, and word of mouth bring people to our programs, ensuring broad accessibility while tailoring support for specific populations. This approach contributes to reducing long-term health-related disparities within our community.

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

Lund ensures project accessibility, inclusivity, racial equity, and cultural appropriateness through key steps:

1. Staff Training: Regular cultural competence training for staff promotes understanding and respectful interactions.
2. Community Engagement: Actively involving the community informs program development to align with diverse cultural contexts.

3. Tailored Services: Programs are designed to meet the specific needs and preferences of diverse communities.

4. Continuous Feedback: A continuous feedback loop with the community allows for program adjustments and improvements.

5. Community Partnerships: Collaborations with local organizations build trust and facilitate outreach to diverse groups.

These measures create an inclusive environment, ensuring individuals from all backgrounds can access and benefit from Lund's programs.

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 will use CDBG funds to pay a portion of the rent for our Residential and Community Treatment services.

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

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
Rent	\$35,000	\$235,812	\$270,812

4. Funding Sources

	Program/Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$ 10,000	\$ 35,000	\$ 10,000	\$ 35,000
State (specify)			7,556,098	7,286,451
Child Care Subsidy	329,428	390,832	329,428	390,832
School Districts	51,184	65,000	51,184	65,000
Childcare Nutrition Program	26,389	30,000	26,389	30,000
Parent Child Center Grant	146,961	243,631	343,943	480,291
Strengthening Families Grant	33,333	40,000	33,333	40,000
Student Assistant Grant	12,000	30,000	12,000	30,000
KAP DOC Contract	140,919	149,192	140,919	149,192
Healing Together Grant	65,000	65,000	65,000	65,000
ADAP Block Grant	29,567	29,567	29,567	29,567
ARPA	60,000	0	60,000	0
First Steps	18,000	20,000	18,000	20,000
Federal (specify)				
United Way	26,600	14,100	54,500	42,000
Private (Contributions/Donations)	188,592	175,000	1,202,438	1,562,500
Program Income	259,375	390,832	379,316	511,832
Other (specify)			51,951	77,000
Medicaid Billing	292,935	433,000	293,784	433,000
Total	\$ 1,690,283	\$ 2,111,154	\$ 10,657,850	\$ 11,247,665

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

$$\frac{\$ \underline{35,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{2,111,154}}{\text{Total Program/Project Costs}} = \underline{1.7} \% \text{ Percentage}$$

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

$$\frac{\$ \underline{2,111,154}}{\text{CDBG 2024 - Page 10 of 12}} \div \underline{62} = \$ \underline{34,051}$$

Total Program/Project Cost

Total Proposed Beneficiaries

Cost Per Person

$$\frac{\$ \underline{35,000}}{\text{Total Amount of CDBG Funding}} \div \frac{\underline{62}}{\text{\# Total Proposed CDBG Beneficiaries}} = \$ \frac{\underline{564.52}}{\text{Cost Per Person CDBG Investment}}$$

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

CDBG resources should be used for this project due to our services' alignment with community development goals, focus on serving vulnerable populations, emphasis on community engagement, and potential for positive economic impact. CDBG funds uniquely enhance the project's ability to create meaningful and sustainable change for the children and families we serve.

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?

Our project maximizes community resources, notably through a revived volunteer program post-pandemic. Volunteers undergo thorough screening to ensure optimal fit, with popular roles including providing respite in our Residential Treatment Program and assisting with childcare. Although we won't directly leverage CDBG for additional resources, the City of Burlington's support enhances our credibility, expanding donor reach and establishing legitimacy for our services.

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.

A prominent example of a successful collaboration is our partnership with the Community Health Center of Burlington (CHC). Through this collaboration, CHC established an onsite clinic, offering comprehensive medical, dental, and psychiatry services, along with vaccination clinics. This partnership ensures that our children and families access high-quality healthcare, contributing to health equity goals for both organizations. This mutually beneficial collaboration exemplifies a strategic alliance addressing the diverse needs of the people we serve.

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

Lund's programs are unique and often the sole service of their kind in the state of Vermont. Emphasizing the role of collaboration, we work closely with other community entities to ensure no duplication of services. Rather than duplicating services, Lund's approach is characterized by a comprehensive and customized model. We avoid "cookie-cutter" programs, ensuring that our services work in tandem to provide tailored support, meeting families where they are. This uniqueness allows for a more holistic and effective wraparound approach, setting Lund apart as a valuable and distinct resource in the community.

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

One notable example of how our agency has become more efficient in achieving outcomes and managing our program is through the implementation of a systematic and regular review of outcome measures and performance data. Recognizing the importance of staying agile and responsive to the evolving needs of our community, we have established a structured process for ongoing evaluation.

Our team routinely reviews outcome measures and performance data, allowing us to identify trends, successes, and areas that may require improvements or adjustments more proactively. This continual monitoring enables us to make informed decisions swiftly, ensuring that our program remains aligned with the needs of the populations we serve. This approach not only enhances our overall efficiency but also promotes a culture of continuous improvement, fostering adaptability and responsiveness in our pursuit of positive outcomes for the community we support.

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 project's long-term benefits for the City of Burlington encompass breaking cycles of poverty, addiction, and abuse. It contributes to a more resilient community, positive economic impact, reduced strain on public services, and a lasting legacy of support structures. Even if the project ends, the impact of breaking these cycles, coupled with improved well-being and strengthened families, will endure, contributing to the city's sustained positive trajectory.

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

If CDBG funding were to end, the provision of residential and community treatment services will endure due to the critical demand for these essential programs. However, it's crucial to highlight the vital role of CDBG funding in ensuring the continued accessibility of these services for our community. This funding plays a key role in sustaining the quality and reach of our residential and community treatment initiatives, benefiting those who rely on these vital resources in Burlington.

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

In the event that we do not receive the full amount requested, we will prioritize the proposed project activities by actively seeking private funding opportunities. This strategy ensures the continuity of the program and allows us to maintain essential services aligned with our mission and community needs.