

City of Burlington / 2017 CDBG Application Form

Project Name: Lund's Residential Treatment Program

Project Location / Address: 76 Glen Road, Burlington, VT 05401

Applicant Organization / Agency: Lund

Mailing Address: PO Box 4009, Burlington, VT 05406

Physical Address: 76 Glen Road, Burlington, VT 05401

Contact: Charlotte Blend Title: Foundations Coordinator Phone #: (802) 861-2580

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EIN #: 03-0179434 DUNS #: _____

CDBG Funding Request: \$ \$8,242

All Projects are 1 Year:

X Health, Childcare/Early Childhood/PreSchool, Hunger/Food Access Development

1. Type of Organization

Local Government

For-Profit Organization

Faith-Based Organization

X Non-Profit Organization (please provide copy of your
IRS 501(c)(3) tax exemption letter)

Institution of Higher Education

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

3. List of Board of Directors: X Please attach.

Certification

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2017.

Barbara Rachelson
Signature of Authorized Official

Barbara Rachelson
Name of Authorized Official

Executive Director
Title

1/11/17
Date

(Refer to NOFA for required information for each question.)

I. Demonstrated Need

1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?

Lund's Residential Treatment program has been full with a waiting list for the past few years in part due to opiate crisis and other addictions that Vermonters struggle with. A recent report by the Vermont Department of Health indicated a 253% increase in primary diagnosis of opiate misuse from 2006 to 2014. Women aged between 24 and 35 are the population most at risk of substance abuse disorders. Lund's residential program provides trauma informed, family centered, holistic treatment for mental health and substance abuse issues that pregnant and/or parenting women struggle with. It is the only treatment facility in the state where children up to age 5 can live with their mothers. Children receive developmental screening and assessment services. As well as clinical treatment groups and individual counseling, women participate in parenting education, workforce development, high school completion and planning for life after discharge through our family engagement program. Lund empowers families to break cycles of poverty, abuse and addiction and to become self sufficient, healthy, thriving members of the community capable of moving out of poverty and creating bright futures for their children.

In 2015, a Vermont DCF worker was shot and killed while leaving her office. This crime has set off a wave of threats against social workers in Vermont and follows a trend in increases in threats made to social workers nationally. As of June 2016, the Vermont Department for Children and Families had received more than 180 threats over the past 11 months, according to Ken Schatz, commissioner of the department. These threats have resulted in increased fear and concern of many of our staff and the need for Lund to ensure a greater safety plan. The proposed project to improve safety and security at the residential treatment facility will help to provide the most optimal environment for the women and children who live at Lund.

Since so much of Lund's funding has been level funded, it does not fully cover our programmatic costs each year with our increased expenses. Money to cover the cost to enhance and improve our building unfortunately is not in our budget and few sources exist that will cover these costs. It is our hope that CDBG funding would help with these very important and needed expenses.

II. Program/Project Design

1. Describe the program/project activities.

While Lund's safety enhancements will include additional training and other equipment, policies and procedures, this proposal is to cover some of the physical costs Lund will incur in making building improvements in order to make the program safer. The project will take place at Lund's 76 Glen Road, Burlington building which houses the 26 bed residential program. This will include:

- Upgrading the access control systems at the front and back doors of the residential program which will include the installation of door controls, power supplies, connection to and integration with the server and software
- Installing smart card reader/PIN pad combination door openers at each door

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?

Lund's population is vulnerable. The doors remain locked at all times to ensure the safety of our clients. Visitors, community partners, and everyone else who needs to come into the building has to be buzzed in by staff members. Many of the women and children have experienced multiple traumas and may have been involved with the criminal justice system. Often our clients have also been the victims of crimes, experienced child abuse and/or domestic violence, may be involved in custody disputes with the fathers of their children or other family members, or have had other threats to their personal safety. Many of our clients have restraining orders on people and there are times that Lund must call the police for additional help and support. It is imperative that they and their children feel

protected and secure while engaging in treatment at Lund. Additionally, the number of threats made to our staff and other social workers in Vermont has increased and assuring the safety of our staff is also of paramount importance to us.

Our current door access system is over 10 years old and has become obsolete in the latest thinking of how to keep our clients and staff safe. We need to upgrade the door mechanisms to smart technology including PIN pad entry so that in the case of a lockdown due to a violent intruder or other dangerous situation, law enforcement officials can have unimpeded access. These upgrades will also allow our two buildings (Glen Road and our second building at 50 Joy Drive in South Burlington) to operate on the same platform which will facilitate easier agency wide safety training and allow for safety plans at both buildings to be coordinated.

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

Lund's work helps to move families out of poverty. Having a safe and secure facility where women can engage in treatment and strengthen family bonds and parenting skills is a key element of this. Almost all of the clients in the Residential Treatment program are living in poverty and qualify for Medicaid. Lund works to provide education and job training to help women move off public assistance and move out of poverty. As a Reach UP provider, Lund boasts extremely high success rates of helping mothers to move off public assistance.

This project fits into the City's anti-poverty strategy under the following priority needs:

- Reduce barriers to economic opportunities – Chronic substance abuse is a barrier to finding a job, entering the workforce and being a productive employee. Lund's treatment program helps to remove this and other barriers through integrated treatment, education and family support programs.
- Improve public facilities
- Provide public services to at risk populations - Women living in poverty suffering from substance abuse and mental health issues and their children are one of the most at risk populations in the state.
- Protect the vulnerable – Children of parents suffering from substance abuse is an extremely vulnerable and population group that is increasing at unprecedented rates in Vermont.

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

Lund's management team met with members of the Burlington Police Department in order to discuss safety procedures and protocols at the treatment facility. This included touring the building. We have also consulted with other non profits who work with similar populations or operate residential facilities to learn more about how they prioritize and manage client safety. Lund staff members have attended safety trainings offered by the Department for Children and Families and shared their findings with Lund's Director of Operations who is in charge of safety.

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?

Pregnant/parenting women and their children will feel safe and secure while engaged in treatment for substance abuse and mental health issues. Mothers will transition from the program with decreased frequency of use, increased self sufficiency and increased confidence in parenting. Children will leave have permanency upon leaving the program either living with birth parent, another family member or in a pre-adoptive home. Staff will feel more safe and secure.

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

Objective	Activities	Outcomes
Clients and staff feel safe	<ul style="list-style-type: none"> • Upgrade door access system • Practice exercises and training for staff and clients 	70 women 56 staff members
Women benefit from gender specific, trauma informed treatment for substance abuse and/or mental health issues	<ul style="list-style-type: none"> • Daily clinical and therapeutic offerings in group or individual settings 	70 women
Women transition from the program with decreased frequency of use, increased self sufficiency and increased confidence in parenting.	<ul style="list-style-type: none"> • Daily clinical and therapeutic offerings in group or individual settings • Parenting education • Family engagement work to prepare women for success in their community of choice after leaving Lund 	70 women
Children will transition for the program to a safe and healthy environment	<ul style="list-style-type: none"> • Development screenings and assessment • Parenting education • Family engagement 	60 children

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.

Lund uses the Results Based Accountability (RBA) framework to assess program outcomes. Clients' progress is continually assessed in relation to the treatment goals they establish with their team upon entering the program. Data and assessment of clients is collected by staff members using our agency client management database – Efforts to Outcomes (ETO). We also do intake and discharge surveys with each client in order to report on decrease in frequency of use, increase in social connectedness and increase in parenting confidence.

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 2016 (or June 2015). For non-CDBG participants – just report on your achievements from the previous year.

- 70 mothers engaged in residential treatment with 70 children in residence with them
- 22 babies were born while the mother was in residence at Lund. 100% of them were born free of illicit substances
- 60 mothers worked with family engagement specialists to ensure that they were well connected to the necessary resources in their community of choice and had a stable and strong grounding in parenting and recovery after leaving Lund
- 85% of women showed decreased frequency of use when leaving the program
- 74% of women showed increased parenting confidence
- 81% of women leaving the program reported an increase in self sufficiency

3. Report and comment on results and key findings from your most recent round of data collection to assess outcomes. Have these results or findings impacted your program planning at all?

The findings indicate that Lund's trauma informed, multi-generational, family centered approach is effective for addressing and treating the mom's addiction or mental health issues while also helping to prevent the children from suffering from the same issues later in their lives. Recent data on family engagement has shown that this work is essential in ensuring as strong and healthy a life as possible after leaving Lund.

V. Experience / Organizational Capacity

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

The mission of Lund is to help children thrive by empowering families to break cycles of poverty, addiction & abuse. Lund offers hope and opportunity to families through education, treatment, family support and adoption. Children cannot thrive in families where parental substance abuse is present. Treatment, integrated with other family and educational support is essential in rebuilding healthy families. This project will improve client experience and engagement in our treatment program.

3. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, external evaluations of your program, feedback from other programs or organizations you partner with, etc.

Lund was federally recognized by the U.S. Department of Health and Human Services in 2009 for exemplary delivery of residential treatment services and continues to be lauded by state and community partners as a model program. Lund is licensed by the state of Vermont each year and has been featured as a model program. Lund's Board Program Committee oversees the program review process and Lund is committed to continuous quality improvement. Lund's child care program is a five stars program with the state of Vermont. Lund was given a Lifetime Achievement Award from the March of Dimes. Lund has won a number of awards from the KidSafe Collaborative both for collaboration and for our individual staff members. Lund has received several Congressional Angel in Adoption Awards.

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

Between October 2015 and May 2016, 6 Lund staff members completed the We All Belong training series offered through CEDO and established goals for the agency regarding cultural competency. They brought back information and training materials to the larger staff. Lund's Cultural Competency Committee, comprised of 10 members across all departments in the agency, meets monthly and conducts staff workshops monthly as well. The committee is actively working on providing staff training, updating staff and client forms to better reflect cultural diversity, and bringing education to the Board of Trustees.

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 target a specific (solely) group of people? If so, check ONE below:

☐ Abused Children
☐ Battered Spouses

☐ Elderly (62 years +)
☐ Homeless Persons

☐ People with AIDS
☐ Illiterate Adults

2. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <https://www.burlingtonvt.gov/CEDO/2016-HUD-Income-Limits-0>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Residential Treatment	70	60	5		5

3. a. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location or other characteristic of the people this program is intended to serve.

The target population is pregnant or parenting women aged between 12 and 40 and their children. The majority of these women are living in poverty or extreme poverty.

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

We have selected this target population because it is a priority population for Vermont's Agency of Human Services as well as for National Substance Abuse standards. It is also imperative to begin preventative services with children as early as possible, including during pregnancy, to ensure that they too do not suffer from substance abuse and other associated problems. Strong healthy children begin with strong healthy families.

Clients are referred to Lund by the Department of Children and Families, medical providers, Department of Corrections, short term inpatient rehab facilities, family members or other community organizations. Lund is well established and well known to all of these groups. Our staff is assiduous in their outreach to ensure that people in the community, both in and out of human services, know that full range and scope of Lund's programs.

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

All direct service staff have social work backgrounds and many have specific drug and alcohol treatment qualifications. The women that we work with are at a very vulnerable and often scary time in their lives, facing many unknowns. Our staff is knowledgeable of, and trained in, trauma informed care and sensitive to this in all their interactions with clients. The Cultural Competency Committee is working on making our materials and common spaces functional and welcoming for those whose first language is not English.

VII. Budget / Financial Feasibility

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

We will spend CDBG funds on upgrading the access control system on the two main doors into our Glen Road facility.

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

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

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Door controls, power supplies, input/output boards and smart card/pin combo readers.	\$6000	\$2089.61	\$8089.61
Installation labor	\$600	\$0	\$600
Server and software	\$1642	\$0	\$1642
	\$	\$	\$

4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$	\$8,242	\$8000	\$28,242
State (specify)			\$6,860,119	\$6,860,119
Federal (specify) SAMHSA			\$524,000	\$262,000
United Way			\$94,300	\$94,300
Private (specify)		\$2,089.61	\$1,095,000	\$1,100,000
Program Income			\$519,932	\$535,529

Other (specify)			\$814,068	\$820,000
Medicaid Billing			\$2,000	\$2,030
Fees			\$16,500	\$16,995
Residents' rent			\$5,000	\$5,500
Staff lunches				
Total	\$	\$ 10,331.61	\$9,938,919	\$ 9,724,715

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

$$\frac{\$ \underline{8,242}}{\text{CDBG Funding}} \div \frac{\$ \underline{10,331}}{\text{Total Program/Project Costs}} = \underline{80} \% \text{ Percentage}$$

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

$$\frac{\$ \underline{10,331}}{\text{Total Program/Project Cost}} \div \frac{\underline{70}}{\# \text{ Total Proposed Beneficiaries}} = \$ \underline{147.50} \text{ Cost Per Person}$$

$$\frac{\$ \underline{8,242}}{\text{Total Amount of CDBG Funding}} \div \frac{\underline{70}}{\# \text{ Total Proposed Beneficiaries}} = \$ \underline{117.74} \text{ Cost Per Person CDBG Investment}$$

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

This is a needed upgrade to a building in a Burlington that offers a unique service to families in the Burlington community. These changes will enhance programming that fits multiple objectives in the city's anti-poverty strategy. CDBG funds would be in an investment in a strong, healthy, safe community now and for the future.

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

We have many volunteers who come to the residential treatment program to provide respite to moms, teach classes and groups, organize supplies, do admin work, and help with maintenance and outdoor clean up projects. We do not currently have any volunteer opportunities connected to this project. We do not currently have plans to use CDBG to leverage others sources but displaying a diverse array of funding sources is always attractive to other potential supporters.

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

Lund's FY17 budget is consistent with FY16. Lund's 3 year SAMHSA grant will end during the grant period in October of 2017.

10. What cost-cutting measures has your organization implemented since 2015?

As an agency, Lund is always assessing the cost effectiveness of our programs and looking to make savings without affecting the outcomes for our clients. Over the last year we have implemented a number of initiatives that have has cost cutting effects as well environmental benefits for example purchasing dishware and cutlery for the staff kitchen instead of disposable, preparing lunch food in the kitchen at our Glen Road facility instead of at our early education program which saves on staffing costs and allows us to benefit from bulk food purchases, investing in staff wellness initiatives in order to save on healthcare costs and time lost through staff absences, and switching payroll and retirement management companies in order to save money,

VIII. Collaboration/Efficiency

1. Describe an aspect of your program/project in which you collaborate with another agency or program to address the needs of the people you serve.

Lund works very closely with the Department for Children and Families. The residential treatment program is in part funded by Private Non Medical Insurance which comes to us through DCF. We also work closely with DCF social workers and moms who are reuniting with their children. There are cases when DCF will recommend that a mom come to Lund as a safe and supportive environment where she can receive parenting support and education as well address the issues that may have led to the child being removed from her custody, with the end goal being reunification for mom and child.

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

Lund's residential treatment program is fully using Efforts to Outcome software to manage data and produce programmatic outcome reports as well as needed information on specific clients. We are always working hard to ensure the data that we are reporting to different agencies as consistent as possible so we are not duplicating work.

3. If identical or similar community programs exist, how does this program compliment or collaborate rather than duplicate services? What makes this program unique?

The demand for treatment across Burlington and the rest of Vermont exceeds the capacity. Lund's program is the only one in the state where women can live with their children while they engage in treatment. It is also uniquely located inside a larger family support agency providing wrap around services and continuation of care when women and their children transition from the residential program.

IX. Sustainability

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

Upgrades to the security of our facility will help to create thriving, families with moms who are strong in their recovery which will have a longterm benefit to the city of Burlington in terms of the health and productivity of the community. Children who have a stable family are more likely to be successful in Kindergarten and beyond.

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

This is a one-time project to make specific renovations.

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

If we do not receive the full amount requested we will continue to pursue private funding opportunities to ensure that we are able to complete the project. We need to complete all the pieces of the project to ensure maximum safety for our clients and optimum operation of the system.

