

2016 Social Service Funding Application – Non-Alcohol Funds

Applications for 2016 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@lawrenceks.org by 5:00 pm on Friday, May 15, 2015. Applications received after the deadline or not following the attached format **will not** be reviewed by the Social Service Funding Advisory Board.

General Information: Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental heath
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at http://ldchealth.org/information/about-the-community/community-health-improvement-plan/.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 27. **Applicants are asked to make a contact person available by phone at that time in case questions arise.**

Following their review, the Advisory Board will forward recommendations for funding to the City Commission. Recommendations will be based upon the following criteria:

- availability of city funds
- the stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Please note that funds will be disbursed according to the following schedule unless otherwise agreed to in writing:

- First half of funds will not be disbursed before April 1
- Second half of funds will not be disbursed before October 1

Questions? Contact Casey Toomay, Assistant City Manager at ctoomay@lawrenceks.org or at 785-832-3409.



2016 Social Service Funding Application – Non-Alcohol Funds

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: The Bert Nash Community Mental Health Center

Name of Program for Which Funding is Requested: Homeless Outreach

Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.)

Contact Name and Title: Eunice Ruttinger, Program Director

Address: 200 Maine Lawrence, KS 66044

Telephone: 785-423-4178 Fax: 785-843-8413

Email: eruttinger@bertnash.org

SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2016: \$ 177,888
- B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe: NO
- C. Will these funds be used to leverage other funds? If so, how: NO
- D. Did you receive City funding for this program in 2015? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): \$168,114
 - 1. How would any reduction in city funding in 2016 impact your agency? A reduction of funding would force the program to eliminate the majority of funds that are available to assist clients with rent, deposit, or other kinds of assistance necessary to procure housing and transition out of homelessness, and eliminate monies for further training of staff in service provision.
 - 2. If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used: The Bert Nash Board of Directors approved a 3% increase for all employees. The increase in funding reflects this 3% increase for personnel.

SECTION 3. PROGRAM BUDGET INFORMATION

A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.

2016 Budget Request		Total Budget	Request	BNC Match
Salary		99,730	99,730	
		99,730	99,730	
Position 1	34,986			
Position 2	32,505			
Position 3	5,862			
Benefits		18,241	18,241	
Position 1	6,417			
Position 2	5,962			
Position 3	5,862			
Education		1,200	1,200	
Transportation		17,120	17,120	
Communications		1,000	1,000	
Consumer Flex Funds		11,000	11,000	
Office Supplies		125	125	
Administrative		9,986	9.986	
Overhead				
Other Overhead		27,416	19,486	7,930
Total Expenses		185,818	177,888	7,930

- B. What percent of 2016 program costs are being requested from the City? 96%
- C. Provide a list of all anticipated sources of funding and funding amount for this program in 2016:
 The City of Lawrence will provide \$177,888 of the funds for the program, provided there is no reduction in funding allocation. The remaining \$7,930 will be matched by The Outreach Team billing clients who have Medicaid. The Outreach Team does provide Targeted Case Management and Community Psychiatric Supportive Treatment to a limited number of clients who have Medicaid and can be billed. This is done when possible and the required number of hours to be billed is in the amount needed to achieve the full funding of the grant. Given that the goal of the grant is to serve individuals who do not have benefits and that the majority of the clientele served do not have any benefits, the amount of hours spent with individuals who do have benefits will be kept to a minimum.

SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM

A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.

The Homeless Outreach Program directly addresses the problem of homelessness within The City of Lawrence, KS, a population that averages between 200 and 300 adults and children at any given time, as provided by the annual point-in-time count. The Outreach team has been in contact with an increasing number of households over the years. This past year, the team connected with 253 new individuals, compared to 183 from the previous year. The specific characteristics of the homeless population addressed by the outreach program include, assistance locating and retaining substance abuse treatment, assistance retaining medical coverage and care including mental health treatment, assistance in employment searching, assisting clients with the location of adequate housing/shelter and helping with first month's rent and deposit as well as utilities, assistance negotiating and referring to social services and other assistance programs, helping clients manage their time and resources and overcoming poor socio-economic habits to develop better life practices. The outreach workers also collaborate with other service providers in the community. These providers include The Lawrence Community Shelter, Salvation Army, The Ballard Center, Catholic Charities, The Lawrence Douglas County Housing Authority, the Douglas County Jail and Lawrence Memorial Hospital. Without this service the homeless population and local service providers lose a vital and unique source of assistance for people transitioning out of homelessness.

B. How was the need for this program determined?

The need for this program was originally determined by The City of Lawrence Mayor's Task Force on Homelessness.

C. Why should this problem/need be addressed by the City?

Homeless individuals are a part of the Lawrence community who are temporarily or chronically unable to maintain housing or function successfully in the present social structure. Addressing the needs of the homeless population with direct homeless outreach has proven to be an effective tool in reaching a challenging population that often has little trust of service providers. The city, through the Mayor's Task Force, as well as through numerous committees and boards, has indicated that addressing the needs of the homeless population is of significant importance to the community. Furthermore, because state, federal, and private sources do not provide sufficient resources of assistance for this population and their unique needs the resources that the city provides are crucial.

- D. How does the program align with the Community Health Plan (see page one)?
 - Access to healthy foods

The Community Health Plan's focus in accessing healthy foods is supported by the Outreach Team through

helping clients utilize local nutrition kitchens and pantries, as well as accessing nutrition education groups and classes through the Bert Nash Center and other agencies providing similar services.

Access to health services

The Community Health Plan's focus on accessing health services is supported by the Outreach Team through aiding clients in accessing local health care providers and ensuring they address their health issues, attend their appointments, and follow the prescribed treatment as ordered by their medical provider. Bert Nash is also partnered with the Heartland Community Health Center as a process of streamlining health services and coordinating both mental and physical health care. Bert Nash recently began providing Health Home Services as required by Medicaid. The term "Health Home" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long-term services and supports for people with chronic conditions. Health Homes include links to community and social supports. The Outreach Team encourages all qualifying individuals to participate in the Health Home.

Mental health

The Community Health Plan's focus on mental health is supported by the Outreach Team due to our placement at the Bert Nash Center. Outreach staff members provide mental health services to clients and are able to help clients in accessing mental health care. There is strong statistical data linking mental health and homelessness. In a 2008 survey performed by the U.S. Conference of Mayors, 25 cities were asked for the three largest causes of homelessness in their communities. Mental illness was the third largest cause of homelessness for single adults (mentioned by 48% of cities). For homeless families, mental illness was mentioned by 12% of cities as one of the top 3 causes of homelessness. The Homeless Outreach Team includes one staff member supported by a federal PATH grant. PATH provides services to people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless.

Physical activity

The Community Health Plan's focus on physical activity is supported by the Outreach Team through discussing and engaging clients in addressing their physical health need which includes the need for regular exercise.

Poverty and jobs

The Community Health Plan's focus on poverty and jobs is supported by the Outreach Team by providing basic services to clients that focus in gainful employment and decreasing the level of impoverishment experienced by the individual. The Outreach team refers to and collaborates with programs offering education and employment services. Obtaining or increasing one's income is typically the first step out of homelessness.

SECTION 5. DESCRIPTION OF PROGRAM SERVICES

A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.

This service is a community based outreach team designed to seek out homeless individuals and families, assess their needs, provide support and/or facilitate access to necessary supportive services, housing, employment, medical treatment, mental health treatment, substance abuse treatment, dental care, and other basic needs. All of the team members provide limited billable case management services to homeless clients that qualify for services. The Outreach Team is designed to easily access and interact with local service agencies in the community as well as to provide direct service on the street and at locations where homeless individuals are known to congregate. The Outreach Team provides one on one, face to face interactions with homeless individuals and families as well as collateral contacts with service providers. The team is also available to support the staff of the local shelter in assisting with crisis situations.

The Outreach Team provides the necessary structure, support, and reminders to ensure an effective flow through the service agency systems, decreasing duplication of services, missed appointments, and the repeated starting from scratch that many homeless individuals and families experience. These direct service hours translate into an increase in appointments kept with service providers, accurate

completion of applications for Lawrence Douglas County Housing Authority programs, an increase in received Social Security and DCF benefits, facilitation of medical, dental and substance abuse treatment, improved housing, and an increased access to employment and financial resources for homeless individuals and families. Each outreach worker maintains a case load of 40-100 clients that fluctuates throughout the year depending on seasonal circumstances and characteristics of need. Without the support of the Homeless Outreach Team, individuals and families who are likely to become homeless will be left at greater risk, and those who are currently homeless will face a more difficult time in overcoming homelessness. Additionally, without the aid of the Outreach Team this population would have a significantly more difficult time accessing nutritional food, taking care of their physical and mental health, and reducing their level of poverty.

Upon assisting individuals with obtaining employment and housing, the Outreach Specialists continue to work with these individuals as needed to facilitate reliable transportation, establish and maintain good relationships with landlords, and provide or assist with identifying resources for emergency rent and/or utility support. Once the individual or family seems to be stably housed, referrals to community agencies are made to assist clients in achieving non-housing related goals. This distinctive wrap around service significantly increases the potential for individuals and families to maintain housing and employment beyond the term of service with the Outreach Team. Without continued funding, many of these homeless individuals and families would fall through the cracks due to their inability and lack of skills to negotiate the complex social services network and manage the challenge of securing and sustaining housing.

B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?

Community service providers have limited staff designated to serve Lawrence's homeless population and they do not have the flexibility to be on the streets. The Outreach Team was designed to easily access and interact with local service agencies in the community but at the same time provide the majority of their service in the community. Being on the streets rather than behind a desk, decreases common barriers to services for the homeless individuals who may not feel comfortable coming into a center for assistance. The Outreach Team has presented to various community groups information on the needs of the homeless population. The Outreach Team supervisor holds weekly meetings with the outreach team to identify possible gaps in services, decrease probability of duplication of services and share information in order to increase service effectiveness and better outcomes for the population served. An Outreach Team member also sits on various boards and committees addressing housing and homeless concerns which facilitates communication and coordination of services. The Outreach Team has worked effectively to open communication lines amongst all community service providers. After clients have demonstrated an ability to maintain housing on their own for at least 90 days, no longer require the assistance of the Outreach Team, and have established other service providers, we will discontinue the outreach services allowing the Outreach Team to accept additional clients.

SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2016. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2016," "credit counseling services will be provided to 600 clients in 2016," etc. Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.

- 1. Through each six month period of 2014 the Outreach Team has a goal of housing at least 25 individuals and families.
- 2. The Outreach Team has a goal of assisting 10 individuals with obtaining gainful employment or benefits within each six month period of 2014.
- 3. The Outreach Team will develop a homeless speaker's panel and present to community partners at least twice per year to help educate and reduce stigma.