

FY22 FRCoC Cover Letter for VHSP Funding

A separate cover sheet is required for each project application.

Applicant

Legal Name: Micah Ecumenical Ministries

Type of Applicant (select one): Non-Profit Housing Authority PDC Unit of Local Government

EIN/TIN: 20-4044884

Address: PO Box 3277, Fredericksburg VA 22402

Application Contact

Name: Meghann Cotter

Title: Executive Servant-Leader

Phone: 540-479-4116

Email: meghann@dolovewalk.net

Project Name:

Project Type (select one):

- Coordinated Assessment Outreach Emergency Shelter Operations
 Rapid Re-Housing Targeted Prevention Housing Location
 CoC Planning (*Only the CoC Lead Agency is eligible to apply for CoC Planning VHSP funding.*)

Type of Application (select one):

- Renewal (requesting level or reduced funding for existing project)
 Renewal with Expansion (requesting increased funding for existing project)

Renewal Amount Requested: \$27,115

Expansion Amount Requested: n/a

Approximate number of people this program will serve: 75

The applicant organization's governing board discussed and/or approved this application for funding at a meeting held on _____ (date). If this application has not yet been discussed, it will be discussed at the next meeting of the governing board, which will be held on ____May 11, 2021____ (date).

The applicant organization named above will act as the responsible fiscal agent for any funds received and will comply with applicable tax laws, regulations, and CoC policies. By signing this application, we agree that we have read and approve of the content of this application.

Board Chair:

 Joel M. Rankin, IV April 18, 2021
Signature Date

Executive Director:

 [Signature] April 19, 2021
Signature Date

FY22 FRCoC Application for VHSP Funding Outreach; Emergency Shelter Operations; Rapid Re-Housing; Targeted Prevention

Please complete a separate application form for each outreach, emergency shelter operations, rapid re-housing, and targeted prevention project.

Application Information

Type of Application (select one):

- Renewal (requesting level or reduced funding for existing project)
- Renewal with Expansion (requesting increased funding for existing project)

Applicant

Applicant Name: **Micah Ecumenical Ministries**
Project Name: **Residential Recovery Program**

Line-Item Budget

Please complete line-item budget below. Budget amounts should reflect the VHSP request only.

Note: Renewal projects can apply for renewal HMIS and Administration amounts up to the grantee's total FY21 HMIS and Administration amounts regardless of 5% and 3% caps. HMIS and Administration amounts across all FY22 project applications will not exceed allowable 5% and 3% caps across the community.

Expansion projects can apply for an HMIS expansion up to the amount where the combined renewal/expansion HMIS request is 5% of the combined renewal/expansion project subtotal and an Administration expansion up to the amount where the combined renewal/expansion Administration request is 3% of the combined renewal/expansion project subtotal.

	Renewal Amount	Expansion Amount
Emergency Shelter Operations		
Case Management	\$ 27,115	
Limited Support Services		
Maintenance		
Rent		
Security		
Supplies		
Utilities		
Other (specify)		
Subtotal	\$ 27,115	
HMIS (up to 5% of subtotal)		
Computer Costs		
Fees and Licenses		
HMIS Staffing		

Training		
Other (specify)		
Administration (up to 3% of subtotal)		
Administration		
Total	\$ 27,115	

Match

Please indicate sources of match. Match must equal 25% of requested amount and must be spent on eligible VHSP expenses, but does not need to be of the same VHSP Category as the request. Match must be from local or private sources. If the project is requesting partial or full waiver of the match requirement, please explain. (See Page 19 of the Virginia Homeless and Special Needs Housing Funding Guidelines 2020-2022 for full explanation of the match requirement.)

Type	Source	VHSP Category	Amount
Cash	Mary Washington Hospital	Emergency Shelter Operations	\$11,500
Choose an item.		Choose an item.	
Choose an item.		Choose an item.	

Narrative Responses

Provide a description that addresses the entire scope of the proposed project. (Character Limit: 3,000)

The Residential Recovery Program is an eight-bed shelter that serves homeless exiting the hospital in need of temporary or terminal care. The facility, located at 1512 Princess Anne Street in Fredericksburg, offers 24-hour supervision, round-the clock referral capability, nutritious meals, dedicated care coordination, transportation and a health care hub for the homeless. Entering patients must be homeless, have an identified medical or mental health need, and be referred by a physician. Referrals include basic demographics, doctor's orders for medications, discharge instructions and a prescribed amount of time the physician believes the patient needs to stay.

Upon arrival, staff assesses patient needs, begins enrollment with a primary care provider (i.e. Moss Clinic, Fredericksburg Christian or the Community Health Clinic) and obtains initial prescriptions. Medication is managed by staff during the person's time in the program.

Each person receives initial length of stay based on recommendation of discharging doctor. Within the first week, the Health Services Navigator works with the patient to develop goals he/she hopes to accomplish during his/her stay. Immediate goals typically include doctor's appointments, enrollment with RACSB, substance abuse treatment, and applying for charity care and other benefits.

Most enrollment applications are completed on site. Potential disability cases are proactively supported in applying for social security through SOAR, an expedited process available to homeless individuals. Patients identified with mental health issues are connected with an internal PATH (Partners Assisting in Transitions from Homelessness) outreach worker who streamlines their entry into the Rappahannock Community Services Board (RACSB).

Through Micah's Hospitality Center, participants may access a community-based eligibility worker who helps with food stamp and Medicaid applications. A Veteran's Administration representative comes once a week to connect eligible people to housing vouchers, assistance programs and medical benefits. DMV has also started visiting the center each month, and a volunteer is available each week to help clients access free phones.

If renewal funding is being requested, explain how the project continues to meet a community need. If expansion funding is being requested, explain how the additional funds will increase system capacity and justify the community need for additional capacity. Additionally, please use the table below to provide data that supports your response. (Character Limit: 3,000)

Without stable housing as a discharge option for homeless patients, they are three to four times more likely to die prematurely than their housed counterparts. Thus, the Residential Recovery Program serves to meet a crucial need for the target population.

The Residential Recovery Program also serves to lessen the burden on the health care system that the chronically homeless can place upon the system. Of the 207 people counted as homeless during Fredericksburg's 2020 point-in time count, 57% visited a hospital emergency room in a three-month period; 44% stayed inpatient in the last year; and 39% said the hospital emergency room was their first stop when they needed to see a doctor. According to the National Health Care for the Homeless Council, National Alliance on Mental Illness and the Substance Abuse, Mental Health Services Administration, people experiencing homelessness have higher rates of serious mental illness (26% vs. 4.2% of the general population), substance abuse (38% alcohol; 26% other drugs vs. 6.3 % alcohol; 9.4% drug use among the general population) and chronic disease (80% vs. 45% of the general population). As a result, hospital stays among the homeless are twice as long as the national average and they are five times more likely to be readmitted within 30 days of discharge.

The instability associated with lack of housing leaves the average U.S. homeless person with a life expectancy of 42-52, even though most Americans live to 78. As evidenced by the pattern of our CoC's prioritization list, the most vulnerable homeless in our community are generally sleeping in places not meant for human habitation. The eight beds available through the Residential Recovery Program at least offer some respite to these individuals when their complex medical and mental health conditions lead them to the hospital.

Renewal funding for the Residential Recovery Program includes the primary share (.75 FTE) of the Health Care Navigator position, the primary case manager on site.

It is important for the Residential Recovery Program to maintain two professional staff at all times due to the high needs of those being referred to the program. In addition, having two people allows flexibility in transporting guests to appointments and assisting them with necessary tasks in the community. As a program licensed through the state Department of Behavioral Health and Developmental Services, credentialed staff must be available 24-hours a day, 7 days a week. As part of the Micah team, staff at the Residential Recovery Program are frequently assisting with the health needs of other clients in our housing program and Day Center, which additionally pulls on their time. The high needs of the residents requires dedicated staffing in the Residential Recovery Program in order for the program to run successfully and achieve good outcomes.

	Relevant data, metrics and/or cost analysis
Current Need	As indicated above, homeless people are three to four times more likely to die prematurely than their housed counterparts. The Residential Recovery Program strives to reduce that number not just by providing temporary housing and medical stabilization, but by improving health outcomes. During calendar year 2020, 98 percent of clients who went through the Residential Recovery Program improved their 'benchmark status score' by three points or more, from the time they entered the program until exiting. The benchmark status scores most often improved are medication management and income development. Likewise, during calendar year 2020, only 10 of the 54 clients who moved through the Residential Recovery Program returned to the hospital during their stay or in the 30 days following their discharge.
How Renewal/Expansion Funding Will Meet Need	Renewal funding will continue to allow the dedicated professional management that guides these positive outcomes, primarily funding the Health Care Navigator.

Please indicate the breakdown of household types targeted by this project:

	Renewal	Expansion
Households with Children	0%	%
Households without Children	100%	%
Total	100%	100%

Certify that the project will adhere to the *FRCoC Coordinated Entry Policies & Procedures*, including the following requirements of the document:

- Follow the Housing First model
- Participate in the FRCoC Coordinated Entry Process and/or the Victim Service Coordinated Entry Process (including coordinated assessment for shelter/prevention and prioritization for rapid re-housing)
- Adhere to established project standards (including *FRCoC Rapid Re-Housing Policies & Procedures*)
- Collect data through HMIS or a comparable database

What percentage of households will be served through the Victim Service Coordinated Entry Process (including coordinated assessment for shelter/prevention and prioritization for rapid re-housing)?

	Renewal	Expansion
Households Served through Victim Service Coordinated Entry Process	0%	0%

Provide the following data. These numbers will be used to calculate anticipated number of households served by the project.

	Renewal	Expansion
Number of FTE Case Managers Dedicated to Project (could be fraction)	.75	

Ideal Caseload for 1 FTE Case Manager	8
Average Length of Stay for Project Participants	48 days
Average Financial Assistance Cost per Household (RRH/Prevention Only)	n/a
Shelter Beds for Households without Children (Shelter Operations Only)	8
Shelter Beds for Households with Children (Shelter Operations Only)	0
Shelter Units for Households with Children (Shelter Operations Only)	0

Are there any unresolved monitoring or audit findings for any grants operated by the applicant or potential subrecipients? If yes, please explain. (Character Limit: 1,000)

Yes No

Attachments

Organizational Certifications and Assurances (once per agency; template provided)

DV Renewal Projects ONLY: FRCoC Data Form (each project; template provided)