George Washington Regional Commission (2021)
22 Emergency Shelter Operations (VHSP)

Micah - ESO (Respite) VHSP - HSNH FY23

OaRNXgjb

Applicant details

Agency	Micah Ecumenical Ministries
Agency Type	Non-Profit
EIN/TIN	20-4044884

Applicant Address

1013 Princess Anne St
Fredericksburg, VA 22401

Phone Number	5404794116

Organizational Certification and Assurances

PDF	Micah_signed_Organization... (50 KiB download)

Application details

Application Type	Renewal with Expansion

Project Contact Name	Meghann Cotter
Project Contact Title	Executive Servant-Leader
Project Contact Phone	+15404794116
Project Contact Email	meghann@dolovewalk.net

Household Type
Indicate the percentage (%) breakdown of household types targeted by this project.

		New	Renewal	Expansion
1	Households without Children	0	100	0
2	Households with Children	0	0	0
3	Total	0	100	0

DV Participants
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)?

		New	Renewal	Expansion
1	Households Served through Victim Service Coordinated Entry Process	0	0	0

Review Date The applicant organization's governing board discussed/ will discuss this application for funding at a meeting held on ____ (date).	2022-03-08
Acknowledgement The submitting applicant organization will act as the responsible fiscal agent for any funds received and will comply with applicable tax laws, regulations,	✓

and CoC policies. By submitting this application, we agree that we have read and approve of the content of this application.

Emergency Shelter Operations Budget

		New	Renewal	Expansion
1	Case Management	0	US$27,115.00	US$17,885.00
2	Limited Support Serivces	0	0	0
3	Maintenance	0	0	0
4	Rent	0	0	0
5	Security	0	0	0
6	Supplies	0	0	0
7	Utilities	0	0	0
8	Total	0	US$27,115.00	US$17,885.00

HMIS Budget

		New Amount	Renewal Amount	Expansion Amount
1	Computer Costs	0	0	0
2	Fees and Licenses	0	0	0
3	HMIS Staffing	0	0	0
4	Training	0	0	0
5	Total	0	0	0

Administration Budget

		New Amount	Renewal Amount	Expansion Amount

1	Administration	0	0	US$2,250.00

Budget Narrative
Provide details for each line item requested.

The case management line item of $45,000 (reflecting $27,115 in renewal and $17,885 in expansion) goes toward the salary of the Health Care Navigator, the primary case management on site at the Respite House.
The staff member receiving these support costs focuses primarily on facilitating access to mainstream services and other providers, monitoring and evaluating participant progress, and assisting participants in overcoming immediate barriers to obtaining housing. These tasks work in tandem with the medical management tasks that the Health Services Navigator assists with for the participants in the Residential Recovery program.

Match

XLSX	VHSPProposedMatch Micah R... (29 KiB download)

Other Funding Sources Detail the other funding sources the agency has access to for this project.

Significant funding for the Residential Recovery Program comes from an annual grant from the Mary Washington Hospital Foundation, a private local foundation supporting organizations that advance health care in our community. These funds have been granted in the amount of at least $130,000 since 2010, with more funds granted during certain years.
We are consistently seeking new sources of funding for the Residential Recovery Program as well, with $35,000 received from our local community foundation in 2021.
In 2022, Micah also received a health innovation grant from DHCD, which will strengthen Respite as the health care arm of Micah. It will fund a position to coordinate and incentivize health partnerships across Micah's ministries including Respite, housing, hotel-shelter and street outreach.

Project Scope.
Provide a description that addresses the entire scope of the proposed project.

The Residential Recovery Program is an eight-bed shelter that serves homeless individuals 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 connects eligible people to housing vouchers, assistance programs and medical benefits. DMV also visits the center each month, and a volunteer is available each week to help clients access free phones. Goodwill and other income resources are also on site to help people access employment and other dignified income.

The Residential Recovery Program (aka Respite House) operates under the goal of discharging at least 75 percent of its participants into a stable location. The Respite House does not operate, however, as simply a temporary shelter until housing resources become available for participants. Participants must have a medical need in order to be enrolled, and participants address and work on improving medical outcomes during their stay at the Respite House. The project measures success in terms of improved health outcomes and reduced frequency of readmission to the hospital for the same health conditions.

Community Need.

If renewal funding is being requested, explain how the project continues to meet a community need and/or fill a system gap. If new/expansion funding is being requested, explain how the additional funds will increase system capacity and justify the community need for additional capacity. Be sure to use data to support the demonstrated need and detail the methodology for determining gaps within the system.

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, and renewal funding meets a fundamental need for ongoing specialized support.

The Residential Recovery Program also serves to lessen the burden on the health care system that the chronically homeless can place upon the system.

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 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 a share (roughly .5 FTE) of the Health Care Navigator position, the primary case manager on site.
Expansion funding will cover the full amount of the Health Care Navigator's position, for a total of $45,000 in the case management line item. (This is broken down as $27,115 in renewal funds and $17,885 in expansion funds.)
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.

In this grant year, the Respite House served a total of 49 individuals (a few of whom utilized the program more than once). This lower-than-usual number served is at least partly due to the ongoing impact of COVID in the health services fields. Expansion funding will help to increase the number of participants served by the Respite House, without decreasing the percentage of positive housing outcomes achieved even in a difficult housing market.

Moreover, Micah is the recent recipient of an Innovation project grant to forge new health partnerships to support the complex medical needs of our community. This new project will be centered around the existing Respite program, and will seek contracted partnerships with health care organizations in the community. As this innovation project grows and develops, we anticipate even more more staffing needs.

Thus this application seeks an additional line item of 5 percent for administrative costs to support the ongoing administrative needs of the program.

Eligibility.
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
- ✓ Collect data through HMIS or a comparable database

Prioritization Process. Describe how the project receives referrals, determines eligibility, and prioritizes clients. How were these prioritization criteria developed?

When a person experiencing homelessness becomes sick enough to need family, hospice or home health care, but remains well enough that he/she could go home and rest if he/she had one, they are qualified for the Residential Recovery Program. 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. Priority is given to uninsured individuals discharging from an inpatient facility.
Importantly, the Respite House does not serve to meet only a shelter need for those discharging from an inpatient facility. If not having stable shelter is the only reason a referral is attempted, the Respite House does not accept that referral as an intake. An ongoing medical care need is required as a condition of intake, so that the Respite House can maintain its purpose of improving the health outcomes of homeless individuals.

Leveraging Partnerships.
Describe how the project leverages mainstream resources to support client's immediate housing crisis. Provide project and community level examples.

The Respite House benefits from existing at the center of Micah's wrap-around support system, allowing our participants the connections to all of the mainstream services that co-locate at the Micah Hospitality Center.
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. DMV also visits the center each month, and monthly or bi-monthly vaccine clinics have been held for the last year to provide access to the COVID-19 vaccine for any Micah participant wishing to receive one. Micah also offers a robust income development program that is accessible to those staying in the Residential Recovery Program. Our income team includes people who can help with disability applications using the SOAR process, a Goodwill employment specialist who helps people get jobs and targeted support for people needing to earn a dignified income in non-traditional ways.

Participants in the program benefit from the connections that the Health Care Navigator makes for permanent housing solutions for those with medical needs that impact their ability to live independently.

Service Availability. Are services available to the entire community? Include how the project ensures services for: 1. Households located in all areas of the CoC service area; 2. Singles/families, men/women, and the following harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth; 3. Households with accessibility concerns including language and mobility; 4. Households with limited or no personal phone or internet access.

Although referrals to the Residential Recovery Program must come from a medical or mental health provider (state-licensing requirements), all those entering are screened by the community's Coordinated Assessment. This happens first with a conversation between program staff and the referring party to ensure no other options can be identified. It then happens more specifically when the person arrives, using the community's authorized screening tool. This ensures that the person is in fact homeless, has no other alternatives and that the Respite program is the most appropriate fit for the person.

The program also continues to offer other homeless service providers the opportunity to re-direct high barrier and vulnerable individuals who end up in their shelters when they are ill-equipped to support them.

Likewise, the program's limited beds and focus on highest-need, medically-vulnerable individuals also means that those with less vulnerabilities and higher likelihood of self-resolving may be moved on to other community shelters if they cannot make other arrangements in a short timeframe.

The Respite program operates within the Micah community of support and shelter options, and the larger CoC community of shelter options, to ensure that the most medically-vulnerable homeless individuals have the opportunity for the unique care provided by the Residential Recovery Program.

Housing First.
Describe in detail how your organization implements a Housing First approach. Include specific examples such as organizational or programmatic policies, procedures, guidelines, etc.

Policies and procedures for all of our programs begin with the goal of transitioning people to permanent housing, regardless of their barriers, presumed sustainability or background, making Micah an organization that is built around Housing First principles, without precondition.

Upon assignment in the community prioritization process, Micah's housing team makes a referral to the Housing Locator who starts identifying units. While the locator works on finding housing, a member of case management staff begins housing-focused case management that continues after move in. This process starts with an assessment in eight areas—basic needs, community resources, physical health, mental health, barriers to housing stabilization, income, education and social support. Based on information gathered from this strength-based, trauma informed tool, navigators work with clients to identify the top areas that need to be addressed to support successful transition into housing. Housing-focused goals generally include obtaining identification, identifying a path toward income (i.e. employment/disability), setting up public benefits and addressing identified medical or mental health needs, as prioritized by the client and often most relevant to making a case for disability. The process moves forward regardless of how high the barriers. In other words, the barriers assessment is intended as a tool to determine how to overcome and/or navigate the barriers presented, not as a tool to screen out any participant for a perceived lack of housing readiness.

Requirements for Assistance.
Does either the organization as a whole or this project have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, service participation requirement, etc.)? Please list each requirement, describe the purpose of the requirement(s), and describe the efforts the organization makes to assist households in need of services that do not or cannot meet the requirement(s).

Micah Ministries, as a whole, is an organization geared towards the most vulnerable, with low barriers to entry.
The Residential Recovery Program's unique nature positions it such that the highest needs and most vulnerable are the primary recipients of available beds. The only way into the program is through a medical or mental health provider at the hospital, jail or local clinic. Many participants enter without basic identification documents, any source of income, etc.

Because of the nature of the Residential Recovery Program, sobriety or abstinence from substances is an expectation upon entry into the program. Substance usage while in the facility does not result in an automatic exit, however. Those struggling with addiction are often given multiple warnings and supports to address their usage, unless their behavior imminently interferes with the therapeutic needs of others in the house. Even then, staff will go to great lengths to support the individual in circling back through the program days or weeks later.

Additionally, the program receives a number of referrals from mental health staff at the jail, and does not turn people away based on criminal history. The program does not maintain a "do not admit" list and often receives people multiple times as they move in and out of housing crisis.

The primary reasons that anyone would be denied from the program are needs that require a higher level of care, such as skilled nursing, or lack of bed space. Even when bed space is not immediately available, staff will sometimes coordinate with the hospital to keep the person a few days longer or make other arrangements until a bed can open.

Because of the nature of the program and the support services provided, the Respite House is the project within Micah Ministries with the most "requirements" in order to be admitted and remain in the project. As illustrated above, however, we

aim to assist individuals in every way possible to meet the requirements and provide grace periods and accommodations to help participants stay in the program, or access the program again when the time is right.
We have gone through extensive coaching with our Respite House staff on supportive care for those who may experience relapse or mental health crisis while in the program, including attempts to mediate rule violations, rather than immediate discharge. The rules of the Residential Recovery Program are consolidated into expectations of behavior around three key areas: respect, responsibility and safety. This has made it much easier for guests in the program to understand what is expected and succeed in the project.

Length of Assistance.
How is the length of financial and/or supportive service provision for households in the project determined? How was this process determined?

The recommended length of stay for each participant in the Residential Recovery Program varies depending on their medical needs upon intake. Medical circumstances tend to vary significantly from participant to participant, and so the Respite House does not attempt a "one size fits all" model for length of stay.
Rather, each person receives an initial length of stay based on recommendation of discharging doctor and acuity of managing medical needs. 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.

As a general goal, the Residential Recovery Program aims for an average length of stay of 30-45 days, with the knowledge that some participants necessitate a longer stay based on medical circumstances and housing availability.
The Respite House also serves as a hospice program on occasion, serving as a supportive, comforting, safe environment for a homeless individual to pass away with dignity after a terminal diagnosis. In the previous year, the Respite House served this function for a chronically homeless long-term member of the Micah community.

Barriers to Services.
Are there any existing barriers in the community that would prevent a household from accessing services or permanent housing? What is the project doing to address these barriers?

One significant barrier that all Micah projects face is the lack of affordable housing in our community. This reality does not reflect a barrier to entering any Micah projects. It simply reflects the reality of longer times spent in some projects before exiting to a housing program. In the case of the Residential Recovery Program, this reality reflects the need to sometimes discharge participants to a solution other than permanent housing, when their medical needs are addressed and managed.

One of Micah Ministries' long-term goals is the establishment of a supportive, affordable housing community in our area. We are actively working towards the goal of building a community of small homes that will be supported by on-site case management and volunteer support. We are continuing to advocate in our area for the funds, land, and zoning accommodations that would make this community possible, as a long-term solution for our chronically homeless neighbors.

Another barrier that often challenges Micah's ability to house and maintain individuals in independent apartments is the increasing acuity of those finding themselves in unsheltered situations. There are an increasing number of senior adults becoming homeless, as well, as those who do not yet meet the level of need for nursing home or assisted living but have in home care needs that exceed typical case management responsibilities. Such resources in this community are limited. In partnership With the CoC, Micah has been working to develop new avenues of support so that this group has increased access to support. One of the strategies includes a new grant from DHCD aimed at networking and incentivizing health partners to devise solutions around these needs.

As alluded to earlier in this application, this project seeks medically-vulnerable individuals specifically, in order to improve their health outcomes with knowledgeable case management staff and supervision of their medical needs while in stable, supportive shelter. In a perfect system with adequate affordable housing available, no individual would exit the Respite House back to homelessness or to a temporary housing solution. The long-term goal of establishing the Jeremiah Community is to bring us closer to that vision.

Racial Disparities. Has your project examined its programs and systems for racial disparities? What was the result of this examination and what is the project doing with this information? Have any actions been taken to address the disparities (if applicable)?

Micah has been using racial disparity data to effect change and prioritize services. While we are not aware of racial disparities in the provision or outcome of assistance we provide, we acknowledge that poverty and homelessness impact racial minority populations at higher rates, due to the far-reaching effect of systematic policies that limit access to economic and social equality for minority populations. Thus, strategies include monitoring race among those prioritized for services, recognizing this disproportionate impact.

The homeless population also has a higher rate of serious mental illness, substance abuse, and chronic illness. Organizations like Micah exist because of breakdowns in equality/inclusion in mainstream services. Everything we do, therefore, is about helping those left out, or for whom traditional support systems were not effective.

Micah has also advertised employment positions in networks of color and intentionally looked for qualified candidates of non-Caucasian races, in order to benefit from the perspectives of minority populations at the staff and leadership levels.

Project Staffing.

		New	Renewal	Expansion
1	Number of FTE Case Managers Dedicated to Project (could be fraction)	0	.5	.5

Caseload (ES)

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

1	Ideal Caseload for 1 FTE Case Manager	8
2	Average Length of Stay for Project Participants	48 days
3	Shelter Beds for Households without Children (Shelter Operations Only)	8
4	Shelter Beds for Households with Children	0
5	Shelter Units for Households with Children	0

Staff Capacity.

Provide a description of project staff capacity to include experience and training. Include a list of the applicable certificates of training for direct program staff. If any staff dedicated to the project are also dedicated to other projects, explain the breakdown of hours by project. If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?

Staff at the Residential Recovery Program includes a program manager, one full-time case manager (the Health Services Navigator), and four part-time Residential Aides, who provide the overnight and weekend staff hours. As indicated previously,

the Respite House is staffed 24-hours a day, seven days a week.
The program manager and case manager are qualified mental health professionals, as certified by the Virginia Department of Behavioral Health and Developmental Services. All staff are certified in CPR/First Aid, Therapeutic Options, Mental Health First Aid, Human Rights and Medication Management.
The Health Services Navigator is also currently pursuing a substance abuse counselor certificate. She is supervised by the Community Care Leader, who has a Bachelor's in Human Services and also oversees the Hospitality Center. The connection of these two programs under this position allows for continuity of care between street outreach and sheltering.

The Health innovation project from DHCD will allow us to connect one additional part-time staff person with Respite. This position will coordinate health partnerships, strengthen the Respite team and allow us to take respite-type support to other parts of Micah, such as housing, street outreach and hotel shelter.

While staff is often supporting up to eight guests staying in the Respite House at a time, they are often troubleshooting issues with former guests who have moved on to other shelters or into permanent housing. As appropriate and necessary, professional staff at the Residential Recovery Program have made themselves available to other homeless service agencies to troubleshoot health-related issues of those staying in their programs. This is a capacity the program is willing to do more of, up to and including bringing that person into the Respite House, if the comprehensive services are a better fit for that person's needs.

Organizational Capacity.
Provide evidence of organizational capacity to administer the requested funding and implement VHSP-funded activities, to include governance, leadership, experience, and financial management. Will project activities be ready to begin on July 1, 2022?

Micah is governed by a 13-member Board of Directors, comprised of appointees of each of the nine founding churches. The Board of Directors currently contains members that include a property manager, an attorney, a realtor, a retired CIO for US HUD/Treasury, a public relations counselor, several members of the clergy, volunteers, and others, utilizing a vast array or relevant experience and knowledge. The Board follows a current Strategic Plan for the growth and success of the organization.

Micah has a full-time staff of 19, plus five part-time employees. Finances are managed by a fulltime bookkeeper/administrative position and supported by an Executive Director. Between these two positions, checks are cut on an at least weekly basis, remittances are submitted for grant reimbursement monthly and quarterly reports are complied as requested.

Financial and risk management policies govern financial practices. These written policies are followed and reviewed actively by our Board of Directors and particularly the Finance Committee of the Board. Our organization submits to an annual audit from an independent auditing agency and publishes our financial data, including yearly 990s, to our publicly-accessible website for transparency.

The activities of this project are established and ongoing, and we will be prepared to administer awarded funds in the upcoming fiscal year as well.

Prior Experience.
Describe experience in utilizing state funds, performing proposed eligible activities, and serving proposed target population.

Micah was founded in 2005 by a group of churches whose history with the homeless population extends back to the 1980s. These churches had been serving the needs of the homeless population as individual congregations, and decided to make the most meaningful and effective change by coming together to form Micah Ministries.

Micah's target population has always been the street homeless, particularly those experiencing chronic homelessness, to include those who do not meet the exact HUD definition of "chronic homelessness" due to time spent in institutions, jails, and prisons.

Micah's Residential Recovery Program was started in 2010 and has served to meet the needs of the medically-vulnerable homeless population exclusively since that time.

Even as other members of our CoC have struggled to access federal funding, or have been forced to decrease their capacity due to the challenges posed by the pandemic, Micah Ministries has continued to grow and serve our population. With the benefit of CHERP funding (among other new funding sources), Micah's work has become bigger and more effective since the start of the pandemic. We continue to expend our grant funding year and year and remain on schedule with federal grant reporting each year.

Micah's experience in administering grant funds received from state and federal sources, as well as being a steward of private community grants and donations, has established us as a trusted nonprofit in our community.

Spending Rates. Was the project able to fully expend 100% of the funds initially contracted for this project in FY21?	Yes
Projected Spending. Does the project expect to fully expend 100% of the funds currently contracted for FY22?	Yes
Findings. Are there any unresolved monitoring or audit findings for any grants operated by the applicant or potential subrecipients?	No

CoC - Attachments

Project Policies and Procedures

PDF	rev.GUEST HANDBOOK 8.19.p... (153 KiB download)

Job Descriptions

PDF	10.18Health Care Navigato... (348 KiB download)

FRCoC Data Sheet

XLSX	Copy of file-4.xlsx (19 KiB download)

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