

A Safe Place to Call Home: Finding Stability After COVID-19

RFP for Coronavirus State and Local Fiscal Recovery Funds

Eleanor Health Foundation

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

Eleanor Health IRS Letter (3) (2).pdf

Name of Project.*

A Safe Place to Call Home: Finding Stability After COVID-19

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

Updated version of previously submitted proposal

Amount of Funds Requested*

\$577,893.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Mental Health/Substance Use

Brief Project Description*

Provide a short summary of your proposed project.

Eleanor Health Foundation's vision is equitable access to addiction services and resources, including treatment, prevention, recovery, and harm reduction. We understand that one of the main barriers to accessing long term recovery is lack of Recovery Capital, notably in the wake of COVID, Social Determinants of Health. Our proposed project sets to expand our current Social Determinants of Health (SDoH) fund to provide a dedicated housing program for Buncombe County, which is our primary site of referrals. In addition to covering items such as full security deposits and first month's rent, our project further aims to provide each individual we assist with a Housing Specialist. In Quarter 4 of 2021, 77% of participants indicated needing help with housing. To better serve these individuals, we need dedicated staff to form relationships with landlords and Coordinated Entry, as well as a dedicated housing funding stream.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

The Housing Specialist will work full time from Buncombe county and report to the Executive Director. The Housing Specialist will provide care in community settings comfortable for the individual needing care. This could be a meeting at their treatment provider site, at AHope, at Detention, at the Buncombe County Health Department or at our office. The Housing Specialist will form critical relationships with landlords and agencies involved in Coordinated Entry.

Leadership and oversight for the program will include Buncombe county residents. Eleanor Health Foundation convened the Western North Carolina Recovery Capital Access Committee (RCAC) to advise on programming and policy. All major program updates and decisions, including ARP funded initiatives, will filter through this Committee.

Timeline of Project Plan Launch

Week 1

- Advertise for the Housing Specialist position.

Month 1

● RCAC convened to advise on how to best meet people where they are at with the Buncombe specific funds.

- Publicize the program on social media and through provider, recovery and harm reduction networks.

Months 2-3

● The Housing Specialist will go through agency training and begin housing services by month three.
 ● Current Eleanor Health Foundation training includes modules on Harm Reduction, Housing First, Managing the Benefits Cliff, Racial Equity and Substance Use Disorder, Naloxone Administration, Patient Brokering, and Suicide Assessment. The Housing Specialist will also be introduced to ATLAS for treatment navigation and NC Cares 360 for those on Medicaid. The Housing Specialist will work hand-in-hand with our Social Determinants of Health Care Navigator and Medicaid Care Navigator to ensure continuity of services.

- The program will be fully launched by the end of month 3.

Months 4-Year 3

● Assertive housing placement, landlord relationship-building and care navigation in Buncombe County. The Housing Specialist will conduct intakes for those who are housing insecure, and assist them in filling out applications for housing. In addition to the intake, individuals will undergo a brief assessment for work-readiness, meaning a review of their recent work history/education shows ability to pay their own way by the 2nd month. The Specialist will refer to other services (primary care, dental, employment, etc.) as needed.

- Sit on City of Asheville Coordinated Entry bi-weekly for housing voucher placements where possible.
- Quarterly Western North Carolina Recovery Capital Access Committee oversight meetings
- Semi-annual outcomes reports to Buncombe County
- Annual extensive program report to Buncombe County

We will run this Buncombe-specific project for at least three years, and provide updates as scheduled with Buncombe County.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

In 2019, it seemed Buncombe County was getting the overdose crisis under control. Overdose deaths dropped by 16% in Buncombe County from 2017-2019 (Buncombe County Register of Deeds, 2020). In December of 2020 the CDC released an overdose alert, stating ““The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard.” (Centers for Disease Control, 2020). Since then,

overdose deaths have been on the rise again locally. In the first 8 months of 2021, overdose deaths had already risen above 2018 levels for Buncombe. (NCDHHS, 2022) Although this represents roughly half of the 30% national surge in overdose deaths, the levy could not hold forever (Katz and Sanger-Katz, 2021).

Locally, unsheltered homelessness doubled in Buncombe County during the pandemic (McDaniel, 2021). In the summer of 2021, Eleanor Health Foundation and MAHEC completed a study of 101 houseless individuals, most of them recently unsheltered, and found that over 79% were using drugs and/or alcohol (Yontz, 2021). Recent national research has highlighted the risk of overdose death in those who are experiencing homelessness, a full twelve times the rate of the general adult population (Fine, et. al., 2022). With a regional vacancy rate of .9% with only .5% Low Income Tax Credit properties available, those with any barriers to housing (low credit score, criminal record, minimum wage) face an almost impossible task in finding housing once housing insecure. (Bowen National Research, 2021). It is no wonder then that all of our amazing treatment, harm reduction and recovery services could not stop the increase in overdose death in the long-term COVID fallout. In the local study, 20% of houseless individuals had lost their jobs or had their hours cut, 9% were subject to an eviction/non-renewal of lease, and 3% faced foreclosure; an additional 12% cited recent incarceration and another 12% abuse by someone they lived with.

[Link to COVID-19*](#)

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

Throughout history, pandemics eventually increase behavioral health challenges, in some instances affecting 1/3rd-1/2 of a population (Eghigian, 2020). The World Health Organization, in 2006, predicted a behavioral health outbreak that would follow a new resistant type of flu. In the words of WHO, "The effects on mental health are usually more marked among populations living under precarious circumstances, who have limited resources and access to social and health services." (Pan American Health Organization, 2006).

COVID has borne this prediction out. Kaiser Family Foundation reports that in January of 2021, 41% of adults reported having symptoms of an anxiety or mood disorder, compared with just 11% in January of 2019 (Panchal, et. al., 2021). Women, BIPOC and essential workers have been disproportionately affected, they note, and 18% of those who have contracted COVID were later diagnosed with a mental health disorder. As is often the case, this rise in anxiety and depression correlates to a rise in substance use as well. In June of 2020, 13% of Americans were reporting starting or increasing substance use as a way to deal with the stress of the pandemic (Abramson, 2021).

Individuals with Substance Use Disorder have been more prone to COVID itself as well. An analysis of millions of EHR records in the US found that while 10.3% of study participants had Substance Use Disorder, they made up 15.6% of those who contracted COVID (National Institutes of Health, 2020). Sadly, study participants with Substance Use Disorder were more likely to suffer the most severe consequences, such as hospitalization and death.

COVID and local homeless data speak to the need for special funding allocated to people with Substance Use Disorder in the recovery from the COVID 19 pandemic. We believe that COVID-19 has created a pressing need for a one-time infusion of funds for housing for those with Substance Use Disorder who reside in Buncombe County.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

We expect to serve roughly 40 individuals a year over 3 years. To honor the reality that return to use is a part of the disease, we will accept repeat applications (for example, eviction prevention once placed) and review them carefully; we anticipate serving 120 unique individuals over 3 years with at least 150 service interventions.

As we do now, we will limit funds to those 200% or less of the Federal Poverty limit. In addition, individuals seeking housing funds must be engaged with treatment or recovery services. If they are not engaged, we will hold their application and a Care Navigator will assist in engagement with a local provider, if they are interested.

As we do now, we will prioritize funds for the following people:

- 1) Those who have had a recent overdose or hospitalization related to substance use
- 2) Black, Indigenous and People of Color
- 3) LGBTQ+
- 4) Homeless
- 5) Those with a co-occurring mental health or physical disability

In order to ensure we are providing equitable care, we disaggregate our data by gender and race/ethnicity of participants. In the last quarter, 12% of our participants were Black, 4% American Indian and 88% White; 35% were Female and 65% Male;

While those who are homeless can be particularly hard to connect with, we have been able to do so by hosting weekly Drop-In hours at Sunrise Community for Recovery and Wellness, and plan to expand our Drop-In Hours to various locations in the coming months. Our new Medicaid Care Navigator, for example, has inquired about tabling at Community Engagement Markets. By hosting drop-in hours and providing low barrier services, roughly 20% of our participants are literally homeless when they first engage with us.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

As addictions are biopsychosocial illnesses, we track metrics related to biopsychosocial recovery on all of the people we serve, including the PHQ9 Depression Scale and GAD7 Anxiety Scale.

We will collect these metrics for all individuals served by the Buncombe ARP funded program, with the goal that the aggregate scales will improve at 90 day follow-up.

We also track outcomes related to key life indicators. In May of 2021, we began assessing for the following at intake and 90 day follow-up. The numbers following represent current baseline percentages at intake:

- 1) Housing status (20% currently homeless or staying with friends/family)
- 2) History of overdose (27% two or more overdoses, 19% one overdose)
- 3) Employment status (38% unemployed, 15% employed part-time, 4% employed full-time, 4% on SSDI/SSI, 4% Family/Friends, 38% unanswered)
- 4) Substance use/alcohol use (100% report misuse of alcohol and/or illicit substances)
- 5) PHQ Depression Scale (Aggregate: 1.66/3)
- 6) GAD7 Anxiety Scale (Aggregate: 1.69/3)

We will continue to measure these items, and expect the following outcomes from Buncombe County awardees under this grant:

- 1) 75% will maintain permanent housing @ 6 months.
- 2) 5% or less will have an overdose episode after award
- 3) 40% will gain employment or increase in hours/pay
- 3) 75% will report reduction in or elimination of one or more illicit substances and/or alcohol
- 4) PHQ9 aggregate score will drop below 1.3
- 5) GAD7 aggregate score will drop below 1.3

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Currently, our team uses Compyle, a HIPAA protected case management system with Clear Impact. Compyle allows not only for intake and follow-up surveys, as well as care coordination notes, it has analytical tools built in that feed directly into Clear Impact's Scorecard to easily display whether or not we are meeting our outcome metrics. Outcomes can be broken down by race and gender, and we will create a separate program in the system to track demographics and outcomes for "A Safe Place to Call Home".

For signing both contract and participant documents, we use the industry leader, DocuSign, which is both HIPAA and FedRamp compliant (re: 42CFR). We utilize RPost to send Personal Health Identifiable Information via email. RPost is HIPAA secure and SOC2 compliant, making it compatible with 42CFR.

Our Housing Specialist will be trained on all of this software, and be responsible for pulling quarterly data for our Buncombe County contract point of contact. The Executive Director will oversee their evaluation work, as well as be available for periodic presentations on the program, when needed. She will also oversee all operational contract requirements.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

As mentioned in the section regarding COVID-19's health harms, individuals with Substance Use Disorders, specifically black individuals, have been disproportionately affected by the COVID 19 pandemic. A study out of Philadelphia indicated that while overdose deaths actually decreased among white individuals by about 31% from February-June of 2020, it increased dramatically among black individuals by over 50%. The researchers correlate this with possible purchasing of more economical drugs with higher likelihood of being laced with fentanyl, as well as lack of equitable opioid treatment, and criminalization (Khatri, et. al., 2021).

In the training "Racism and Substance Use Disorder", our organization shares information on the stark divide in Medicaid payer source between white and black individuals, and what that means in terms of their access to Medication Assisted Treatment (MAT) via Buprenorphine, one of the most well researched evidence based treatments for Opioid Use Disorder (Lagisetty, 2019). We also share the disturbing trend that the War on Drugs promulgated of incarcerating black individuals disproportionately over white individuals for the disease of addiction. (Drug Policy Alliance, 2018) Many are unaware, when it comes to Social Determinants of Health, that incarceration not only affects one's ability to get a job, but also housing assistance.

The Housing Specialist will be tasked with making special efforts to engage communities of color. SAMHSA recently released a report on racial inequity regarding Opioid Use Disorder, and made several recommendations for organizations (Substance Abuse and Mental Health Services Administration, 2020). The Housing Specialist will review these recommendations, and be expected to work the long game at forming trusting relationships at places of worship, culture and congregation for Black, Indigenous and People of Color.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

We rely on our partners for referrals and for services such as treatment, peer support, housing, and other items. These partners currently include: MAHEC Psychiatry, Buncombe County Drug Court, Buncombe County's "Safer Together" Team, Homeward Bound, United Healthcare's Healthier Lives, Sunrise Community for Recovery and Wellness, Jordan Peer Recovery, Pisgah Legal Services, Eleanor Health, Family Preservation Services, RHA, Appalachian Community Health Center, VAYA Health, Seek Healing, JFK Adatc, October Road, From the Ashes, Impact Health, and Haywood St. Respite. Our Housing Specialist will utilize Shatterproof's ATLAS to facilitate referrals to treatment.

In terms of trainings, we included funds in the proposal for the Housing Specialist and Executive Director to attend trainings and conferences related to Substance Use Disorder and Social Determinants of Health. This includes NCDHHS OPDAAC meetings and Opioid Summit, and IVP's Drug User Summit, among others. We are working closely with NCDHHS and the state Attorney General's Office to outlaw patient brokering and provide standards for recovery housing; this work will continue and be integral to our housing work. We anticipate many who we will help into permanent housing will be moving from transitional recovery housing after stabilizing with a job.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

In 2021, we provided services to 141 individuals. Already, this year, we have served over 100 in just the first quarter. This increase in capacity is due to a contract with VAYA Health for Social Determinants of Health and one with Impact Health for the Healthy Opportunities pilot. Currently, we also serve Western North Carolina with Treatment scholarships by a grant from Dogwood Health Trust.

Adding to our capacity, the organization accepted an award last year from artist Janet Elsbach, and continues to receive periodic funding from the national non-profit To Write Love on Her Arms to serve those across North Carolina with Treatment scholarships. The quick growth of this organization in just two years is evidence of the high need for these supports for those with Substance Use Disorder during post-pandemic.

The Executive Director has experience in managing multiple state, federal and private foundation grants and programs, and with her Master in Public Health is well acquainted with program planning, implementation and evaluation. She has over 8 years experience in managing contracts and 6 years of supervisory experience. She managed Buncombe County Health Department's Safer Together federal BJA grant for one and a half years, implementing an in-person Post Overdose program during a pandemic. As a

Certified benefits counselor, she is especially well-equipped to implement and lead a Social Determinants of Health project.

Our Board is comprised of highly accomplished individuals in the treatment and financial sectors. Our Board Chair, who reviews any questionable medication requests, is a Psychiatrist and Medical Director of a nonprofit. Our Treasurer is Chief Medical Officer for a nationally renowned MAT provider. Our staff is comprised of a UNCA graduate who recently worked with WNCAP, a Certified Peer Support Specialist and CDAC, an MSW intern and an MPH intern.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Buncome ARP Budget-A Safe Place to Call Home.xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

Buncombe ARP References.docx

File Attachment Summary

Applicant File Uploads

- Eleanor Health IRS Letter (3) (2).pdf
- Buncome ARP Budget-A Safe Place to Call Home.xlsx
- Buncombe ARP References.docx



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

ELEANOR HEALTH FOUNDATION
221 CRESCENT STREET
WALTHAM, MA 02453

Date:
08/28/2020
Employer ID number:
85-1463864
Person to contact:
Name: Benjamin L Davis
ID number: 0203018
Telephone: (877) 829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
May 20, 2020
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053588008150

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Enclosures:
None

Coronavirus State and Proposed

Organization Name:	Eleanor Health Foundation
Project Name:	A Safe Place to Call Home: Finding Stability After COVID-19
Amount Requested:	577,893

Proposed Project Revenue Funder
Proposed Buncombe COVID Recovery Funds
List other sources here
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Total

Proposed Project Expenses	Proposed Recovery Funds	Other Funds
Housing Specialist	\$142,440	
Housing Specialist Benefits	\$23,400	
Mileage	\$ 5,265.00	
Training	\$ 3,600.00	
Housing Fund (Client Assistance)	\$ 300,000.00	
Focus Group Surveys	\$ 1,125.00	
Survey Incentives	\$ 2,400.00	
Supervision	\$ 56,063.00	

Rent/Utilities	\$	36,000.00	
Printing	\$	3,600.00	
Computer	\$	1,300.00	
Tablet	\$	300.00	
Cell Phone	\$	2,400.00	
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			Total

Local Fiscal Recovery Funds Project Budget

Amount	Confirmed or Pending?	Notes
\$ 577,893.00	Pending	
\$ 577,893.00		

Total	Capital or Operating Expense?	Notes
\$ 142,440.00	Operating	
\$ 23,400.00	Operating	
\$ 5,265.00	Operating	Housing Specialist will have significant travel to meet participants where they are at
\$ 3,600.00	Operating	Two one-day/conferences a year for Specialist and Director: Drug User Summit (IVP); Women in Recovery (MAHEC); APNC; OPDAAC, etc. Includes travel (car rental, hotel if needed)
\$ 300,000.00	Operating	For security deposit/first month's rent @ 1 bdrm rate of \$1099 plus basic housing move-in support
\$ 1,125.00	Operating	To run a focus group for interested awardees to improve program quality
\$ 2,400.00	Operating	To provide gift card incentive to individuals with SUD to complete a short survey to better understand local needs re: housing
\$ 56,063.00	Operating	For supervision of staff and and oversight of contract

\$ 36,000.00	Operating	Rent Office Space in Asheville to meet individuals 1:1. No space 2020-2021 due to COVID
\$ 3,600.00	Operating	For ROI's, receipts, leases, etc.
\$ 1,300.00	Capital	For Housing Specialist, includes Protection plan
\$ 300.00	Capital	1 tablet for Housing Specialist to gather survey responses
\$ 2,400.00	Capital and Operating	For Housing Specialist, includes Protection plan and monthly service
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\$ 577,893.00		

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