



CDBG Public Services/MHB Allocation Process

Housing & Grants Division - February 2021

How did we get here?

Equality



Equity





Prioritize MHB/CDBG Public Services Funding

- Align with Council goals (Equity, Job Creation, & Affordable Housing)
- Focus funding to promote equity and mitigate impact of COVID-19
- Provide quantifiable services and measurable results
- Condition the release of payments on achievement of outcomes
- Use service contracts for specific needs/services

Partner Organizations





Populations Served

- Homeless
- Low/Moderate Income
- Victims of DV/Sexual Assault
- People with physical disabilities
- Substance Abuse/Recovery
- People with HIV/AIDS
- People with diagnosed mental health disorders
- Parents/Guardians
- Children (0 to 5)
- Youth (5 to 21)
- Members of LGBTQ community
- Seniors
- Veterans
- People with developmental disabilities

Agency Partnerships and Networking:

98% refer clients to other services

55% track referrals

65% of agencies report eligible clients unable to access services due to identified barriers



Barriers to Receiving Services

- Lack of financial resources
- Lack of stable housing
- Lack of affordable housing
- Lack of health insurance
- Lack of child care
- Lack of education
- Displacement from community
- Transportation
- Stigma
- Operation hours
- Prior incarceration
- Language barriers

COVID-19: Inequities in financial impact

Households who found it very difficult to pay for usual household expenses during the coronavirus pandemic:

27.4% of Black respondents

20% of Hispanic respondents

8% of White respondents



New process - Rules Committee October 2020

- Define populations of greatest need using a racial equity lens
- Agree on highest need services that are eligible for funding
- Develop a wrap-around, client-focused delivery model, in collaboration with non-profit/community providers
- Establish quantifiable requirements, measures and outcomes for programs and services



How will restructure help?



Three Funding Categories

- **Case management:** client-centric for high-need individuals and households
- **Support services:** quick access to needed services identified thru case management e.g., primary and mental health care, child care, substance abuse counseling, legal services, employment services, etc.
- **Safety net services:** food, domestic violence services, emergency shelter, street outreach & drop-in services



Case Management

- Holistic approach
- Goal of self-sufficiency
- Manages/tracks referrals for additional support services, invested in outcome
- Relationship ends when self-sufficiency is achieved (outcome oriented)



Support Services

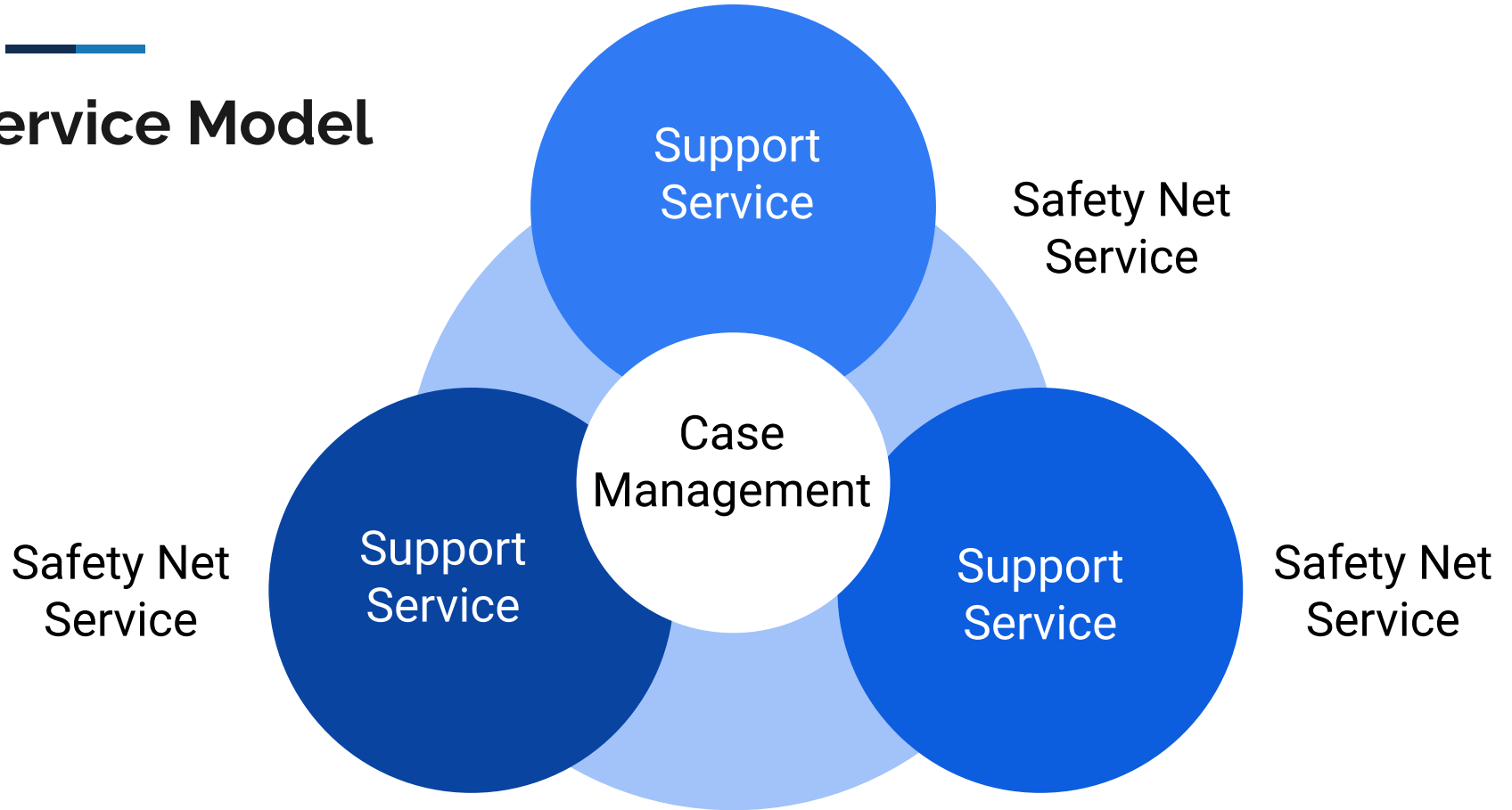
- Address a specific need
- Time limited - relationship ends when service provision ends
- Fee for Service basis/consideration for administrative costs



Safety Net Services

- Address basic needs (e.g. food, shelter)
- Usually urgent or emergency circumstances
- Reaches households at multiple levels of stability
 - Temporary provision of service to maintain HH stability
 - Entry to deeper case management

Service Model



How will applications work?



Questions and input from agencies

- Number 1 question/concern was: how does my agency fit?
- How will fee for services be set if there isn't an existing fee schedule?
- Financial impact of fee schedules like Medicaid/CCAP that don't cover costs
- How/when will fee for services be paid?
- Can joint applications be submitted?
- How will reporting and program measures be affected?
- Will CDBG Public Facilities applications be opened in 2021?
- Increases agencies' ability to provide holistic support to clients
- Opportunity to apply under multiple categories

What are the next steps?



Timeline

- **Case management and safety net services**
 - Applications open in late March
 - HCDA/MHB meetings in late April
 - Recommendations to Council for approval in May
 - Agreements in June
- **Support services**
 - Identify needs
 - Determine providers and payment schedules

How does this impact allocations?



Agencies apply by category, not funding source

- Case management & safety net services will be grant funded with a combination of CDBG & MHB dollars
- Cash flow benefit for agencies - use MHB in January and CDBG later in the year when funds are available
- Support services funded by MHB; infeasible for CDBG that is limited to grant agreements or competitive procurement
- Combined MHB/HCDA committee to review applications and make funding recommendations
- Develop estimated \$\$ for each category, with flexibility to revise based on number and quality of applications

Questions?

