

## City of Jefferson Proposals for Public Service, Community Facilities, and Planning Services Projects

**Due: December 5, 2021**

### **Agency Description, History and Experience:**

Compass Health, Inc. d/b/a Compass Health Network, a 501(c)(3) nonprofit community mental health center and federally qualified health center, is a leading provider of behavioral health care services within the state of Missouri. A community-based organization with a history that spans over 49+ years, Compass Health Network provides services in 46 Missouri Counties. Compass Health Network's clinical programs are designed to meet the individual needs of each person and their loved ones, as well as focus on the strengths of each person to facilitate achievement of their desired goals. Throughout the agency's existence we have transformed service delivery to meet the needs of each community served. Over time, this meant branching out from our historical substance use and mental health service programming into all three health care disciplines – primary medical, dental, and behavioral health. Taking an integrated and holistic approach to service delivery, our system quickly realized that every customer required additional services beyond general healthcare – including housing, employment, and assistance with the navigation of community resources.

Compass Health Network specializes in the areas of co-occurring mental health and addictions treatment services, as well as medical supported detoxification. Compass Health Network utilizes evidence-based practices to provide quality care to customers with qualified and experienced clinical staff and offers an integrated and highly individualized approach to treatment that values partnerships with families and community agencies. Our approach is integrated and highly individualized, valuing partnerships with families and community agencies.

A more recent addition to the Compass Health Network is the development, operation, and site management of housing properties with an emphasis on supportive housing programs. To date, Compass Health Network has developed four housing properties:

CHOICES Apartments	St. Charles	Constructed 2004	14 units	HUD 811	100% Special Needs
Crawford Commons Apartments	Cuba	Constructed 2015	14 units	HUD 811	100% Special Needs
Russell & Betty Holt Apartments	Jefferson City	Constructed 2014	8 units	HUD, HOME, AHAP, FHLB	100% Special Needs
North Creek Apartments	Warrensburg	Constructed 2017	35 units	LIHTC, HOME	17 Units Set Aside for Special Needs

Compass Health Network also has experience in securing and managing several housing support programs including HUD Permanent Supported Housing, Rental Assistance Program, Supported Community Living, Emergency Solutions Grant, Missouri Housing Trust Fund and Missouri Housing Innovation Programs. In 2020, an intensive treatment service program was added to offer additional clinical supports to consumers in independent apartments which

offered an increased level of assistance with daily living skills in order to improve housing stability among these individuals. This program is available in five communities through the Compass Health Network service area, one of which is Jefferson City. In January 2022, Compass Health Network will open a crisis stabilization center in Jefferson City. Many individuals who find themselves in need of crisis services are oftentimes either homeless or on the verge of becoming so which makes more supportive housing units and programs even more valuable. One other new service offering is the addition of Housing Outreach Liaison staff who will work to connect individuals in need of housing with potential housing resources which they may be eligible for by assisting with navigation of the complex and patchwork network of limited housing programs and resources available.

In FY 2021, Compass Health Network served 98,877 customers, providing a cadre of health care programming to Missouri residents. Specific to pandemic related activities, our system of care during the same fiscal year administered 49,539 COVID-19 tests and 61,773 COVID-19 vaccine doses administered. Our agency is the largest Certified Community Behavioral Health Center/Organization (CCBHC/O) in the state of Missouri. The vision of the agency is “full, productive, healthy lives for everyone.” We are driven to excellence by increasing service demands and offer a full continuum of high-quality, fully integrated health care services to our target population - the medically underserved. The compassionate health care system delivers an umbrella of unparalleled health care solutions ranging from traditional behavioral, medical and dental health services to specialized services like tele-psychiatry, medication-assisted treatment, residential substance use disorder treatment, supported housing and employment, x-ray, pharmacy and dental surgeries. With more than 3,000 staff members calling our agency “home,” our system employs more than 600 community-based behavioral health providers in schools, homes, hospitals and other partner organizations throughout Missouri. Compass Health Network is also proud to employ 93 psychiatric providers, including 32 who are certified to provide Medication Assisted Treatment (MAT) of substance use disorders. Compass Health Network is licensed by the Missouri Department of Mental Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent accreditor of health and human service agencies. Mission Statement: **Inspire Hope. Promote Wellness.**

As the Administrative Agent for the Missouri Department of Mental Health in 25 Missouri Counties, Compass Health Network provides targeted case management services to children who are severely emotionally disturbed, adults with serious mental illness, individuals with developmental disabilities and individuals in need of substance use disorder treatment. These targeted services are designed to facilitate intensive community supports for these individuals and are available for Medicaid-enrolled and indigent populations alike.

In addition to critical health care services and supports, Compass Health Network has a wealth of knowledge and expertise in providing housing supports – including the successful development and operation of housing programs throughout Central Missouri and beyond.

### **Identification of Need:**

As of January 2019, Missouri had an estimated 6,179 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). The target population too many times ends up in the emergency room, as well as repeated interaction with local law enforcement – potentially leading to incarceration. The need for access to safe, supportive, and affordable housing options is never ending. Focusing on a housing first model will help us to divert unnecessary hospitalizations and build a better housing continuum of care for those we serve.

According to the 2020 *Missouri Balance of State: A Report of Sheltered and Unsheltered Point-In-Time Count of Homelessness*, 380 households located in Region 5 of the Balance of State Continuum of Care were in homeless shelters on January 29, 2020. Of these 224 were reportedly in a transitional type shelter, 43 households suffered from substance use disorders, and 68 were reported as having mental illness. Ten percent of the 380 homeless households were located in Cole County.

The *Five-Year Strategic Plan for Affordable Housing in the State of Missouri*, prepared by the L.P. Cookingham Institute of Urban Affairs in the Henry W. Bloch School of Management, University of Missouri Kansas City for the Missouri Housing Development Commission in May 2020, identified the top two strategic priorities as follows: Strategic Priority 1: ELI Production and Preservation and Strategic Priority 2: Special Needs and Vulnerable Populations.

This strategic plan reports “a lack of housing affordable for individuals and families at all levels of income has been a national public policy issues for decades...the lack of affordable housing has become severe in many communities in recent years, particularly for those whose incomes are at or below 30% of Area Median Income (AMI).” Households at this level are referred to as Extremely Low Income (ELI) and consist of the working poor as well as seniors, veterans or members of special needs and vulnerable populations (I.e.; persons with disabilities, domestic violence victims, and others). Of the 9,735 total renter households in Cole County, over 15% exceed 50% or more cost burden meaning at least half (or more) of their income is used to pay rent, and Jefferson City Metropolitan Statistical Area (MSA) was found to have 50.73% of all ELI renters as cost burdened. And to add to the severity of the overall need, there is a deficit of affordable and available rental units at 30% AMI or Less of 127,982 (Data source: *Census American Community Survey 2013-2017 5 Year Estimates*).

Special needs and vulnerable populations typically require housing units with income restrictions at or below 30% AMI. It is recommended that MHDC explore the use of HOME funds to supplement LIHTC funding as a means to make special needs and vulnerable population housing financially feasible. It was recommended that MHDC explore how greater collaboration with state agencies serving special needs and vulnerable populations might make available funding for social services for specific developments and incentivize developments intended to serve the general low-income population (e.g., workforce or family housing developments) that include a specified percentage of units for special needs and/or vulnerable populations to help to integrate special needs/vulnerable households into mainstream housing communities (*Five-Year Strategic Plan for Affordable Housing in the State of Missouri*, prepared by the L.P. Cookingham Institute of Urban Affairs in the Henry W. Bloch School of Management, University of Missouri Kansas City for the Missouri Housing Development Commission in May 2020).

The results published in August 2021 from the Community Needs Assessment Survey conducted by the City of Jefferson indicated 50% of those responding rated affordable rental housing as “poor” with 42% responding with a “poor” rating for housing for disabled.

The Compass Health Network Needs Assessment from February 2021 indicated “severe housing problems” as a pre-existing socio-economic risk factor for poor life and health outcomes throughout the organization’s service area. This indicates a need for our organization to prioritize stable housing programs as part of our overall holistic approach to our mission: Promote Hope. Instill Wellness. This same report includes responses received during an Accessibility and Inclusion Focus Group Community and Office-Based Customer Survey which

asked, “What additional services do you need?” A common response to this question was “assistance with housing” making it one of the top ten unmet needs.

Supportive housing is an innovative and proven solution to some of communities' toughest problems. It combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. It involves housing development, property management and supportive services and often requires collaboration between two or more lead organizations, as well as coordination with tenant representatives and other parties. As resources and funding become more limited, collaborative relationships become the most efficient way to match agency talents and the diverse needs of supportive housing tenants. A thorough feasibility study to include economic and operational analysis as well as a proactive analysis of the market demand for affordable housing with supportive services for Jefferson City as a whole and particularly for Census Tracts 105, 106, and 207; preparation, development of partnerships and commitment is necessary for a successful supportive housing program. Unfortunately, the costs associated with the planning for this type of housing, are not eligible for funding assistance through traditional housing development finance/funding programs and organizations who are seeking to create new affordable and supportive housing opportunities must bear the cost of pre-development planning without any assurance that a future project will be funded. It causes many organizations to shy away from this much needed specialized housing.

With this proposal we seek assistance with the costs to ensure a comprehensive planning process that addresses the specific need for development of additional supportive housing programs within the identified Census Tracts of 105, 106 and 207 which are Opportunity Zones due to the high percentage of poverty, minority populations and lack of investment. These areas were also the hardest hit and disparately impacted by the 2019 tornado, which exacerbated the existing socio-economic problems by further reducing the number of rental units, and causing more financial hardship on an already impoverished area. Fortunately, this sentinel event also made the area eligible for future CDBG-Disaster Recovery funding.

We have included an architectural design and planning component to specifically address the need to create healthier structures to mitigate the future health risks within those environments when global health crises such as the COVID-19 pandemic arise. Also, included is an engineering component to address existing infrastructure, site planning and greenspace planning needs.

Lastly, we are including a request for funding for the organizational development (to include specialized technical assistance consulting, training and legal services) of a Community Housing Development Organization (CHDO), a private nonprofit, community-based service organization that has staff with the capacity to develop affordable housing for the community it serves, which will maximize access to the required 15 percent minimum set aside of HOME allocations by Participating Jurisdictions. This set aside is available only to qualified CHDOs who are owners, developers, and/or sponsors of housing projects and housing development activities.

**Compass Health Network has identified the following approaches with PPR Tieback for this CDBG-CV proposal:**

Housing, including Rehabilitation and Reconstruction, Conversion and Acquisition

- Rehabilitation and reconstruction of privately owned properties – Section 105(a)(4)(42 U.S.C 5305(a)(4)); 24 CFR570.202 - Respond to living conditions (such as mold, lead-

based paint, and poor ventilation) associated with more severe coronavirus disease or poorer post-COVID health outcomes by rehabilitating multi-family rental buildings to comport with standard building codes and public health advice

- Acquisition of property for housing – Section 105(a)(1)(42 U.S.C 5305(a)(15)); 24 CFR570.201 (a) and 202 (b)(1) – Respond to residential overcrowding associated with coronavirus spread and with more severe coronavirus disease and poorer post-COVID health outcomes by acquiring property for new construction of affordable housing funded from another source
- New Construction of housing – Section 105(a)(15)(42 U.S.C 5305(a)(1)); 24 CFR570.202 (a) and 202 (b)(1) – Respond to residential overcrowding associated with coronavirus spread and with more severe coronavirus disease and poorer post-COVID health outcomes by constructing affordable housing as part of a neighborhood revitalization project carried out by a Community Based Development Organization

**Estimated Budget:**

For the purposes of this proposal, Compass Health Network is prioritizing efforts on a planning grant in coordination with the City of Jefferson.

The following provides a preliminary budget estimate of the cost to support planning efforts to meet the planning grant objective :

<b>Budget Category</b>	<b>Total Allocation</b>	<b>Request Percentage</b>
Feasibility Study	\$35,000.00	29.6%
Market Analysis	\$10,000.00	8.5%
Legal Counsel/Organizational Development	\$10,000.00	8.5%
Architectural Design/Planning	\$35,000.00	29.6%
Preliminary Engineering	\$10,000.00	8.5%
In-Kind Funding (Compass Health Network)	\$18,000.00	15.3%
<b>Total Project Cost</b>	<b>\$118,000.00</b>	<b>100%</b>
<b>Grant Request</b>	<b>\$100,000.00</b>	<b>84.7%</b>

As outlined within the attached budget, Compass Health Network is requesting 84.7% of the total cost of this planning initiative, while providing \$18,000 (estimated amount) on in-kind support to the planning process. This includes, but is not limited to, staff time of administrative staff to operationalize the planning grant over the course of twelve months (or pre-determined by an executed contract with the city). Administrative staff from Compass Health Network’s housing, finance, research, development and executive team will participate and contribute to the planning process for housing supports in Central Missouri.

**Deliverables:**

- Feasibility study to be used to examine the physical, social, and economic aspects of the identified areas for development of affordable supportive housing within Census Tracts 105, 106, 207 from which further studies and planning can be launched

- Market analysis including focus on special needs and vulnerable populations
- Architectural planning for COVID-19 design into affordable supportive housing site-specific project plans and provide ongoing technical assistance for any zoning, ordinance, subdivision plat issues that may arise from site-specific plan
- Engineering services to plan for site specific infrastructure and greenspace needs in target areas
- Development of CHDO to provide eligibility for additional HOME funding

## **CVPL-1**

### **How will the proposed plan prevent, prepare for, or respond to COVID-19?**

**Response:** The intersection of a national shortage of affordable housing and the need to prepare for a future that includes significant global health risks such as the COVID-19 pandemic is the focus of the planning proposal submitted by Compass Health Network. It is our goal to explore and develop a path and identify a means to achieve envisioning, developing, constructing, and operating safe, decent, healthy and affordable housing while reducing the severe housing cost burden more and more households are faced with.

Our planning proposal includes innovative architectural design and planning for structures that strive to improve the health of those who reside in them. It will seek to embed smart technologies within affordable supportive housing rental properties to proactively plan for and address the need for construction and operation of housing developments designed to incorporate environmental features identified in the lessons learned from the world's recent and ongoing battle to end the COVID-19 pandemic, and features that address the prevention of, preparation for and rapid response to COVID-19 or other infectious diseases that continue to plague our nation and the entire world by promoting better air filtration and fresh air flow, more space to allow for safe distancing in common areas, exterior unit entrances to eliminate interior hallway passages that are traditionally less than 6 feet wide, embedding technology such as discreet and secure remote monitoring components to enable supports to be accessible and available with minimal close human contact through implementation of medication monitoring programs through smart phone apps, virtual check ins, sensors on refrigerator doors, under mattresses, etc.

Incorporating safe space for social interaction, providing better ventilated areas and enhanced air filtration/fresh air flow, more space for safe social distancing for all residents, bringing in more natural light, creating exterior access to units, improving attention to high touch surfaces and providing immediate cleaning opportunities for residents and guests near these areas, embedding technology for 24/7 remote monitoring, and including adequate and connected green space to encourage residents to spend more time outdoors. Our selected and engaged architects will be charged with developing a "healthy building" where we can support the housing needs of our most housing-vulnerable neighbors. All of these opportunities can help us to move forward more secure in the knowledge that if and when global events of this nature occur, each and every residence, neighborhood, community, county, state and country are well positioned to keep it's residents' as safe, healthy, secure and interconnected to reduce isolation and the enhanced risk of mental health issues developing regardless of the anyone's individual socio-economic status, race, gender, or any other demographic category. So that even the most vulnerable populations have an opportunity and do not have to live in overcrowded, rural or resource limited environments.

By engaging an architectural design group with extensive real-world experience and innovative approaches to building new spaces and retrofitting existing structures that promote control of infection and healthier environments both inside and out. Lessons from the COVID-19 pandemic offer an opportunity to view affordable housing design in a new light, one that prioritizes and evaluates it through the lens of the “new normal” to which we all must learn to adapt and exist within. But it is not without its uphill battles and significant challenges as the need to contain per unit costs and minimize corridor widths, value engineering critical heating and cooling systems and downsize common areas which were previously viewed as unnecessary but have now been shown to have a direct connection to negative impacts on residents’ overall physical and mental health. These require a comprehensive approach and plan to educate the funders of traditional housing development programs on the necessity of creating healthier environments. Additionally, supportive housing in and of itself as a service component within the traditional affordable housing finance programs has routinely been the area of the budget in which cuts are made to make a project “fit” within program budget constraints. A definite shift in the way we think about, develop, finance and ultimately operate affordable housing must occur.

Planning will provide an avenue to identify a firm concept upon which pre-development efforts can solidify the focus of the supportive housing mission, context and stakeholders with the Compass Health organization’s overall Mission to Inspire Hope and Promote Wellness. This planning proposal will explore the design opportunities that, while forced to the forefront due to the pandemic, have been needed to promote equality and sustainability for disadvantaged and disabled populations for quite some time. These opportunities present themselves in the form of site identification and development, landscaping, culture, systems, and programming to support and promote stability and will provide the basis for which a positive impact is made.

Planning for creation of a Community Housing Development (CHDO) to enhance and improve future funding opportunities for identified projects and include low and moderate income (LMI) populations in the planning process.

## **CVPL-2**

**Describe how planning decisions may affect members of protected classes, racially and ethnically concentrated areas, as well as concentrated areas of poverty. Include applicant details if the plan will promote the availability of affordable housing in low-poverty, nonminority areas where appropriate.**

**Response:** The identified areas of focus in this proposal have been designated by the Department of Treasury as Opportunity Zones which are intended to stimulate investment in distressed communities to support short- and long-term community objectives. Opportunity Zones were created as part of the 2017 Tax Cuts and Jobs Act. An Opportunity Zone is defined by the Internal Revenue Service as “an economically-distressed community where new investments, under certain conditions, may be eligible for preferential tax treatment.” Many individuals living in these areas are likely members of protected classes due to the high percentage of minority households and poverty levels (51 percent non-white and whose income is \$18, 147 less than the overall median income for the area according to the Needs Assessment survey conducted by the City of Jefferson in August 2021).

The impact of the 2019 tornado caused significant damage and/or destroyed a number the existing limited rental housing stock. These structures were already aging and/or substandard in many neighborhoods within the identified Census Tracts and is yet to be replaced, resulting in

displacement of many households and contributing to an increase in demand for public assistance through other programs. The onset of the COVID-19 pandemic in 2020, which continues at this time, further exacerbated an existing problem when individuals either became ill with the virus, and were quarantined and unable to work, causing a reduction of income through lost wages; or faced a reduction of hours and in some cases loss of employment; or businesses where individuals were employed shuttered their doors temporarily or permanently which also negatively impacted the area.

The two crises contributed to an increase of mental health issues due to economic strain, housing insecurity, displacement, social isolation and need for medical interventions. We recognize that development plans and projects within the identified area may further contribute to an already depleted inventory of rental housing through the process of removing some existing structures, if necessary, to build new ones that will provide safe, decent, healthy and affordable supportive housing to the areas' most vulnerable and fragile citizens. These concerns and potential barriers must be considered and addressed in our planning proposal and, as such, may require additional partnerships, connections and interim solutions for provision of housing until either new construction or the renovation/rehabilitation/remodeling of housing is completed.

### **CVPL-3**

**Will the applicant or procured firm be responsible for the development of the plan? Describe the experience and capacity of the party responsible for the development of the plan.**

**Response:** Compass Health Network will be responsible for the development of the overall plan. The specific components to be included in this comprehensive planning proposal will be procured from firms who have extensive experience in these professional specialty areas: Architectural, Feasibility Study, Market Analysis, and Legal Services. Information obtained from the work provided by these professionals will be used, in part, with our agency's own comprehensive strategic plan and service data to develop a plan to identify specific programs and projects our agency can pursue in the short, medium and long term to develop affordable, supportive housing programs and projects that address prioritized areas of need including but not limited to: creation of healthier environments to proactively prepare for the current global health crisis which is COVID-19, but also to be prepared for future pandemics; developing additional units of affordable housing for disadvantaged and special needs populations; expansion of supportive housing services; promoting community integration; increasing opportunities for rental assistance and reducing the numbers of homeless individuals and families; filling the gap between those in clinical crisis and the need for stable shelter with appropriate supports; identifying opportunities and implement technology innovations where appropriate.

Compass Health Network has years of successful experience in the development, management and operations of supportive housing projects that benefit our most underserved, housing-vulnerable neighbors. As a well-trusted and knowledgeable partner in Central Missouri, Compass Health Network understands the importance of the Planning and Protective Services Department in selecting both projects and partners (including prioritization of projects) slated for inclusion in the CDBG-CV funding offered through the Missouri Department of Economic Development.



Compass Health Network strongly believes in the use of recovery and supportive housing as a key strategy to assist individuals living with substance use and/or mental health disorders in achieving and maintaining full recovery. Providing our customers and neighbors with safe and stable housing can potentially be the necessary foundation for a lifetime of recovery – positively altering their life trajectory. We have found that developing an adult system of care that fosters meaningful coordination between healthcare, community and housing partners will achieve better outcomes by appropriately navigating the local system for success. We have experienced tremendous success in the development and operation of transitional housing, clustered apartments, and permanent housing options – including units specifically designated for the most chronically mentally ill that live in our service region. As a system that focuses on the full person, we work assiduously to address all needs of customers served and meet gaps in service needs that exist within each community served by Compass Health Network. It is through this opportunity offered by the City of Jefferson that we can align efforts with the forthcoming Housing Needs Assessment that is currently being completed by the city (results to be published in 2022) and ensure our proposed efforts are meeting an identified housing gap within the completed assessment.

In addition to similar experience in projects supporting critical housing supports/needs of our most vulnerable neighbors, Compass Health Network finds it imperative to recognize our organization's diversity, inclusion and equity philosophy that is embedded into all services provided by the system – including housing projects and supports. The system has operationalized an Accessibility and Inclusion Committee, which includes two of our senior executives, that fully supports efforts to advance diversity and inclusion into all levels of the organization. We are proud of our diverse staff and governing board and implement our philosophy throughout our system of care, from incorporating into our strategic plan and needs assessment to implementing on the front line with staff and customers.

Compass Health Network is led by a dedicated and diverse team of administrators, featuring individuals with backgrounds in a variety of professional disciplines. The members of our executive team, which provide direct oversight and management of daily activities of the agency, also provide strategic insight for new initiatives, programs, and future growth for our system of care. In addition to these well-tenured professionals (highlighted below), Compass Health Network employs a Research Institute that is led by nationally renowned psychologist and researcher, Dr. Paul Thomlinson. Part of Dr. Thomlinson's duties is to lead the agency's needs assessment analysis. His experience and leadership in strategic planning and needs assessment ensures that Compass Health Network can accurately measure the needs in each community served to create meaningful opportunities to address gaps in services and other demands of our most vulnerable populations and communities. Furthermore, our agency has taken great interest in expanding knowledge and experience in the planning and operation of housing programs and supports that directly benefit the housing stability issues of our most vulnerable customers.

This effort, led by Rhonda Meyer, continues to gain momentum as we become more successful in the identification of housing needs throughout our service regions with viable and successful community-based housing solutions. Through the construction of stand-alone housing facilities developed to provide affordable housing with supportive services, to collaboration with local continuum of care collaboratives on joint HUD housing programs and supportive services, Compass Health Network, under the leadership of Rhonda Meyer, continues to make great strides in the identification and development of functional and effective housing solutions for neighbors and customers who have housing insecurities. The experience that Meyer brings to this planning project, along with the architectural firm Compass Health Network will engage to

design and develop cutting edge, technologically advanced, functional and healthy/safe living spaces, will create the opportunity to design model and unique housing solutions that address the priorities identified in the Compass Health Network and Jefferson City needs assessments.

**Tim Swinfard**, M.S., LPC, President/CEO – 30 years of experience in health care administration and delivery of services both as a clinical leader and an executive; current Chair of the National Council for Mental Wellbeing; former Chair of the Board of, President, and CEO of the Missouri Behavioral Health Council; former Chair of the Missouri Foundation for Health.

**Gloria Miller**, M.S. Missouri Licensed Psychologist, Executive Vice President Chief Behavioral Health Officer – 32 years of experience with Compass developing and administering DBH and grant funded behavioral health clinical services and program mergers

**Katrina McDonald Fuller**, MSW, LCSW, EVP, Corporate Services – 20 years in behavioral health, 16 years overseeing DMH behavioral health programs; 10 years in state government

**Lauren Moyer**, LSCSW, LCSW, EVP, Clinical Innovation – 19 years of experience in behavioral health, including clinical and management experience and oversight of all outpatient behavioral health programs

**Katy Friedebach**, M.D., EVP, Chief Medical Officer – 18 years of experience as a board-certified family physician serving vulnerable populations. 13 years of experience in health administration with part of that time spent as a Chief Clinical/Medical Officer in a Federally Qualified Health Center and the other part as a Chief Medical Officer of Medicaid managed care plans serving over 2 million members.

**Jake Krafve**, CPA, EVP, Chief Financial Officer – 15 years of experience in health care finance experience, with previous experience at BKD, LLP before coming to Crider Health Center and Compass Health Network.

**Mayme Sloan**, J.D., CHC – EVP, Compliance, Quality and General Counsel – 21 years of experience as attorney, 19 years of experience in state government and health care administration, Board Certified in Healthcare Compliance

**Alan Stevens**, MHA, EVP, Chief Operating Officer – 21 years of experience in health care administration, particularly in federally qualified health centers; former CEO of Community Health Center of Central Missouri and Southern Missouri Community Health Center. Current member of the Executive Committee of the Board of Directors for the Missouri Primary Care Association.

**Peter Lyskowski**, J.D., EVP, Chief Administrative Officer – 18 years of experience in state government and health care administration and support

**Diane Coletta**, PHR, SHRM-CP, Vice President, Human Resources - 28 years of experience in human resources, including recruiting, training, and benefits; currently supporting a staff of over 3,100 employees.

**James Byrd**, D.O., Chief of Psychiatry – Child/Adolescent psychiatrist with more than 30 years in practice. Currently provides the clinical leadership for 93 psychiatrists and mid-level behavioral health practitioners and holds an Adjunct Faculty appointment with MU Department of Psychiatry.

**Rhonda Meyer**, MHA, Vice President, Housing Development and Administration – 30 years of experience in nonprofit management and administration, including project and program development, fundraising, facility planning, construction and renovation, and operation of various housing property and subsidy programs (I.e.; HUD 811, HOME, LIHTC, MHDC Affordable Housing Assistance Program (AHAP), FHLB, HUD-Permanent Supportive Housing (PSH), Rental Assistance Program (RAP), Supported Community Living Program (SCLP), MHDC Missouri Housing Trust Fund (MHTF), MHDC Missouri Housing Innovation Program (MoHIP) and Emergency Solutions Grant (ESG)). All of the housing programs to support and actively sustain housing success and sustainability. Meyer has also worked to develop processes and systems on the state-wide level through her previous service as Vice Chair of the Missouri Balance of State (BoS) Continuum of Care (CoC) governing board of directors.

Housing specific systems are employed as we collect and report data to the Homeless Management Information Systems (HMIS) that are utilized in the two HUD Continua of Care in which we operate housing programs.

**CVPL-4**

**Describe the strategy and provide a timeline for the implementation of the plan.**

**Response:** The Plan timeline is flexible and will be adjusted as needed depending on upcoming decision and funding program due dates and timelines:

December 2021	Submit CDBG-CV Planning Proposal and develop Scope of Work for RFP
January 2022	Solicit proposals from qualified agencies for performance of work
February 2022	Select firms for work
March – May 2022	Conduct studies, analyses and planning activities
June 2022	Review draft strategic plan and submit to BOD for approval
July – August 2022	Seat Board of Directors for CHDO & begin preparing for submission of funding applications for prioritized projects- formalize strategic partnerships as needed
August 2022 – July 2023	Individual project and program development implementation

**CVPL-5**

**As the applicant, do you have existing capacity to implement the plan effectively? If the existing capacity to implement the plan doesn't exist, explain how capacity will be built in order to implement the plan.**

**Response:** Compass Health Network has the appropriate and demonstrably effective Infrastructure required for data collection, management, analysis and reporting associated with CBHO and FQHC programming and general operations. Our Quality and EHR Reporting Teams track adherence to standards of care, treatment in conformance with external and internal treatment criteria, and outcomes for customers. To secure and maintain customer confidentiality, Compass uses a Citrix data environment, antivirus software, firewalls, encrypted data communications between Virtual Private Network offices, centralized control for software and hardware

installations, standardized locked- down computer system configurations, and maintains strict adherence to confidentiality policies and procedures. Project data is stored in a database located on a secure network, accessible only to program evaluators, project staff and their respective supervisors. Compass's EHRs meet Meaningful Use objectives and substantially increases our ability to track customer activity and outcomes, and to create meaningful reports for managing, monitoring, and enhancing the CCBHO and FQHC operations of the agency.

Specific to the implementation and measurement of all activities related to this planning grant process, Compass Health Network has both quality assurance systems and processes in place that ensure the necessary infrastructure to appropriately implement the proposed planning initiative within Central Missouri. Compass Health Network's holistic approach to technology infuses technological solutions into everyday work. This full adoption of technology minimizes environmental and customer barriers and maximizes clinical outcomes and customer satisfaction. The system utilizes multiple evidence-based assessment tools to measure customer progress and satisfaction with services and support provided.

Finally, Compass Health Network has an effective and efficient Corporate Compliance Department that is staffed by two attorneys, multiple investigators, auditors, data analysts, and a training specialist. Three of Compass's employees working in and with the Compliance Department are nationally certified by the HCCA (Healthcare Compliance Association). Compliance matters are addressed promptly and handled with the utmost importance. Direct communication and updates with the Compass Health board of directors is provided by the Compliance Officer regularly. These highly trained and capable staff provide an additional layer of assurance and compliance with all contractual obligations the agency engages in – including the proposed planning grant with the city of Jefferson.

Compass Health strongly believes in the use of recovery and supportive housing as a key strategy to assist individuals living with substance use and mental health disorders in achieving and maintaining recovery. Healthcare and housing are inextricably linked and Compass Health follows Housing First model, a best practice in supportive housing for housing insecure individuals. This approach is guided by the belief that people need their basic needs like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that individual choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Ensuring individuals have a safe and stable place to live can potentially be the foundation for a lifetime of recovery. We have found that developing an adult (18 and older) system of care that fosters meaningful coordination among health care and community providers will achieve better health care outcomes by appropriately navigating the local health care setting. We provide a two-fold approach to addressing the needs of individuals through further developing our Clustered Apartment program, a transitional program that seeks to reduce unnecessary emergency room visits, interaction with law enforcement and incarceration. Clustered Apartments provides the following core principles: customer choice, customer preference, timely support, integrated healthcare services, benefits counseling, continuous supports, competitive jobs/employment, and education opportunities for residents.

Individuals in the Clustered Apartment services will have a multi-disciplinary team including their own Integrated Health Specialist (IHS) and medication services staff separate from their housing team at the Clustered Apartment site. Clustered apartment staff are available to individuals 24/7, 365 as needed. The individuals residing in Clustered apartments, will not require 24/7 oversight, but will require frequent oversight and supervision for areas such as, but not limited to: regular on-site oversight, crisis de-escalation/management, teach and role model healthy coping skills; re-direction of self-harming behaviors; and assistance with conflict resolution. Also provided are daily living skills: budgeting, assistance with meal preparation, modeling of basic household chores/cleaning, medication self-management, and utilization of transportation. The overall goal being to decrease the risk of decompensation and achieve problem solving skills to lead to an independent life.

Another current program available through Compass Health Network is the Projects for Assistance in Transition from Homelessness (PATH). This program, funded by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant through the Missouri Department of Behavioral Health, provides services for people with serious mental illness (SMI) experiencing homelessness. The program serves adults who have serious mental illnesses and/or co-occurring substance use disorders who are experiencing or at risk for homelessness and assist them in gaining income and housing stability. PATH program's objective is to connect individuals to mental health services and stable housing.

This objective is more easily accomplished when people have access to the income and health insurance that comes with Social Security benefits, so it also includes staff who are trained to assist with accomplishing this through the SSDI Outreach Access Recover (SOAR) program. SOAR is a national program designed to increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

To further add to Compass Health Network's current capacity and future additional capacity is the soon to be operational crisis stabilization program. Currently in the final construction build out stage, the crisis stabilization program is slated to open in mid to late January 2022, and will be located at one of our current service locations, 227 Metro Drive in Jefferson City. This service will assist individuals in crisis and who may have come to the attention of local law enforcement or emergency departments to receive short term stabilization for mental health issues and provide an opportunity for assisting access to and linkages with other resources to help transition them from the crisis situation to a more stable environment. This may be accomplished through a number of programs, one of which is referral to transitional housing.

We have also recently added newly created Housing Outreach Liaison positions to our housing team. One of these positions is based in Jefferson City. These individuals are tasked with outreaching to housing insecure individuals and assisting them with identifying, connecting with and navigating the complex housing programs for which they may be eligible. They will also be SOAR trained providing additional supports and linkages with the crisis stabilization center, PATH, and Clustered Apartments programs.

## **CVPL-6**

**How does the proposed planning activity relate to the community's strategic plan or other local disaster preparedness.**

**Response:** The proposed planning activity very closely relates to the *Activate Jefferson City 2040 – A Comprehensive Plan for Jefferson City’s Future* which was adopted by the Jefferson City Planning and Zoning Commission on June 10, 2021. In the Executive Summary of this document under one of the six themes and accompanying principles highlighting topics key to the quality of life is: *Housing and Neighborhoods: An equitable housing environment benefits all of Jefferson City residents across different incomes and lifestyles*, there are three main goals. The planning activity we propose will contribute toward efforts to achieve these goals.

- *Goal 1: Enhance Jefferson City’s housing environment, catering to the diverse needs of its residents* – our planning activity focuses on the strategic development of affordable, supportive housing properties and programs that address the housing security and stability needs of individuals who traditionally are the populations’ most vulnerable and fragile. Our plan will seek to promote accessible housing and provide opportunity for aging in place through incorporation of universal design concepts to meet the needs of people with diverse living needs.
- *Goal 2: Promote neighborhood stabilization through the rehabilitation and maintenance of residential properties* – our planning activity will review and try to prioritize the development of new housing opportunities on sites that are currently abandoned and/or deemed dangerous by the City on the Abandoned Buildings and Dangerous Buildings list to focus on revitalizing distressed neighborhoods where new commercial developments are less likely to consider. Listed in the comprehensive plan as “associated concerns”, our proposed plan will address some of the socioeconomically disadvantaged areas, Census Tracts 105 and 207 which is 51 percent non-white and whose income is \$18, 147 less than the overall median income for Jefferson City. Additionally, it will include this area which was hard hit by a tornado in 2019, displacing many residents. This tornado contributed to an increasing shortage of affordable housing in the community.
- *Goal 3: Encourage proactive neighborhood health throughout Jefferson City* – our planning activity will seek to be a proactive partner in proactively promoting neighborhood health – physical, social and economic health. Our planning will utilize a broad definition of health as that if reflective of our organization’s mission to Inspire Hope and Promote Wellness. Through strategically planning developments that are architecturally designed to promote overall health, encourage residents to be outdoors in fresh air, provide common areas where residents can safely social distance to reduce need for isolation which has such as negative impact on individual’s mental and physical health and providing investment into areas that have been falling into disrepair or neglect – the plan will strive to incorporate all of these elements into an overall supportive housing strategic plan to provide an encouragement for others to be proactive as well.

CVPL-7

**Please provide detailed information indicating the unmet needs of this project, specifically detailing all other eligible funding streams that have been otherwise expended (may include, but not be limited to: CARES Act, American Rescue Plan, PPP loans, SPA programs, EDA programs).**

**Response:** Every development project must start somewhere and the means to fund the critical planning phase of the process is noticeably absent from traditional means of project

funding except on the most limited of bases. The funding is generally concentrated on actual bricks and mortar construction than in fully exploring the feasibility – that burden falls upon the entity who can either fund it themselves, seeks pre-development loan funding from certain organizations such as CDFI's, spends valuable staff time and effort on searching out multiple funding sources to cover costs (for which the timing of funding cycles may not align), and/or scale back the pre-development to include the most minimum level that would still allow for the organization to assume the potential risk of undertaking the proposed project.

**Summary of Purpose for Submission of Planning Proposal Funding:**

1. Obtain funding for implementation and execution of planning activities not available from other sources but which are necessary to maximize future project success.
2. Develop comprehensive feasibility study for future affordable supportive housing project(s) in Census Tracts 105, 106, and 207 in preparation for future funding applications for development, construction and operation of these properties.
3. Develop affordable housing market study with emphasis on supportive housing for special needs and vulnerable populations performed by a qualified and MHDC approved appraisal firm for use in potential future LIHTC application for funding.
4. Develop preliminary engineering plans to identify, address and prepare for a strategic approach to funding identified needs in relation to future affordable supportive housing development.
5. Retain an architectural firm specializing in design and planning of healthy structures for special needs and vulnerable populations.
6. Develop expertise in formation of a Community Housing Development Organization (CHDO) through specialized technical assistance, organizational development and legal services to become eligible for the 15% set aside funds each Participating Jurisdiction is required to allocate from its HOME funds to improve funding opportunities for development and operation costs and enable further development projects in the future which will continue to benefit the community.