City of
Evanston™

HOUSING & COMMUNITY DEVELOPMENT ACT COMMITTEE
and
MENTAL HEALTH BOARD
Tuesday, February 16, 202
Remotely at 7:00 pm

AGENDA

As the result of an executive order issued by Governor J.B. Pritzker suspending in-person attendance requirements for public meetings, HCDA and MHB members and City staff will be participating in this meeting remotely.

Due to public health concerns, residents will not be able to provide public comment in-person at the meeting. Those wishing to make public comments at the joint meeting of the Housing & Community Development Act Committee and the Mental Health Board may submit written comments in advance or sign up to provide public comment by phone or video during the meeting by completing the Housing & Community Development Act Committee and Mental Health Board online comment form available by clicking here or visiting the HCDA webpage or the Mental Health Board webpage and clicking on Public Comment Form.

Community members may watch the HCDA & MHB meeting online through the Zoom platform:

Please click the link below to join the webinar:
https://zoom.us/j/96424411286?pwd=M0ttZjVNc3hmSjk3bW1UNGlCcDY5QT09
Passcode: 380279

**Or join by phone:**
   Dial US: +1 312 626 6799
   Webinar ID: 964 2441 1286   Passcode: 380279

I. CALL TO ORDER/DECLARATION OF QUORUM

II. PUBLIC COMMENT

III. ALLOCATION PROCESS FOR MHB/CDBG PUBLIC SERVICES FUNDS

IV. STAFF REPORTS

V. ADJOURNMENT

The next meeting of the Housing & Community Development Act Committee is scheduled for
Tuesday, March 15, 2021 at 7PM.

The next meeting of the Mental Health Board is scheduled for
Thursday, March 11, 2021 at 7PM.

Order of agenda items is subject to change

Memorandum

City of Evanston
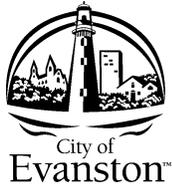
To: Housing & Community Development Act Committee and Mental Health Board

From: Sarah Flax, Housing & Grants Manager
Jessica Wingader, Senior Grants and Compliance Specialist
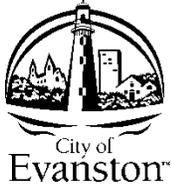
Subject: February 16, 2021 Meeting Cover Memo

Date: February 12, 2021

Attached please find:
- The meeting agenda
- Allocation Process for MHB/CDBG Public Services Funds
    a. Proposed CDBG/MHB Funding Allocation Process Presentation
    b. Social Services Assessment Presentation

We look forward to seeing you on February 16th.

Memorandum

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To: Members of the Housing & Community Development Act Committee and Mental Health Board

From: Johanna Leonard, Community Development Director
Sarah Flax, Housing and Grants Manager
Jessica Wingader, Sr. Grants & Compliance Specialist

Subject: Allocation Process for MHB/CDBG Public Services funds

Date: February 16, 2021

Summary:

This memorandum outlines the new unified process for allocating Mental Health Board (MHB) and Community Development Block Grant (CDBG) Public Services funding to external agencies to address inequities in our community created by systemic barriers that impact our lower income residents, particularly African-Americans, Latinos and other people of color. It supports the City of Evanston's recovery from the COVID-19 pandemic that has further amplified those disparities, and acknowledges that a return to a pre-COVID "normal" will not address these injustices.

The allocation process incorporates recommendations made by the City's Social Services Core Committee (SSCC) in 2019 and aligns with City Council goals (Equity, Job Creation and Affordable Housing):

- Focus funding to promote equity and mitigate impact of COVID-19 leading with a radial equity lens
- Employ a "client focused" approach that incorporates residents' needs and perspectives
- Fund programs that provide quantifiable services and measurable outcomes
- Use contractual fee-for-services agreements where appropriate for specific needs/services
- Condition the release of payments and continued funding on the achievement of specified outcomes.

It also incorporates input from the Community Needs Assessment Survey conducted in 2019 that informed the development of the City's 2020-2024 Consolidated Plan. The survey gathered input from residents, businesses and non-profit agencies about housing, economic and community development needs, focused on low- and moderate-income residents who are the primary beneficiaries of CDBG funding. Responses from

agency representatives support the need to improve access to services among this population, with 65% reporting that eligible clients were unable to access services due to a lack of financial resources.

The COVID-19 pandemic has magnified the importance of this change. Its disparate impact on minorities, who comprise a disproportionate percent of our low income population and already suffer from long-standing inequities, is evident: 68% of homeless people moved into hotels for shelter are Black. And 27% of Blacks, 20% of Latinos, but 8% of Whites responded that it was very difficult to pay for usual household expenses in the US Census Chicago Metro Area Pulse Survey Week 21 in December 2020. The pandemic has increased the number of individuals and families who are unable to meet their most basic needs, including housing, employment, food and medical care. This includes people and families made homeless by the pandemic, as well as those who remain housed but have suffered loss of income, have rent or mortgage delinquencies, lack medical insurance, etc.

The funding categories in the new CDBG and MHB allocation process are:
- **Case management** for client-centric support by developing individualized plans for highest-need clients
- **Support services** to provide case management clients quick access to needed services identified in their plans including primary and mental health care, child care, substance abuse counseling, legal services, employment services, training programs, etc.
- **Safety net services** including food, domestic violence services, emergency shelter, street outreach and drop-in services

Case Management: Clients with complex needs work with case managers to develop individualized plans to overcome challenges and access services that enable them to gain self-sufficiency. Holistic case management programs would be grant funded; funding would serve the dual purpose of expanding the capacity of case management programs to accept additional households and connect those new clients to additional services in the community. People in greatest need require the most help accessing services and navigating systems of support; they also often have the fewest resources to obtain additional support services beyond those offered through the case management relationship, so funding will also be used to provide needed support services.

Support Services: The most equitable and efficient way to meet the individual needs of different clients is to fund support services identified by clients participating in wrap-around case management plans. By funding support services, either through procurement or fee for service contracts, clients receive identified services that lead to self-sufficiency that they would otherwise be unable to access due to financial hardship or lack of resources.

Safety Net Services: Programs and services include homeless shelter operations, street outreach and drop-in programs, and domestic violence services that are also critical for connecting with at-risk residents and engaging them in case management and other needed services. Programs that provide food are essential to meet a most basic need for households that experience job loss or other economic stress and prioritize paying rent over other necessities.

Staff invited all agencies funded in 2020 to virtual meetings and provided information on the client-centered service delivery model and restructured funding allocation process. Agency representatives discussed the changes, asked questions, and provided feedback using an interactive virtual white board.

- The most frequently identified area of concern was how to choose the correct funding category or categories for their programs or services
- How fee for services that lack an existing payment schedule would be established
- Financial impact for agencies of using fee schedules like Medicaid and CCAP that do not cover the full cost of service
- If joint applications could be submitted
- How reporting and program measures would be affected
- How fee for services payments would be made
- If CDBG Public Facilities applications would be considered in 2021

Agencies also identified advantages to the new structure including the ability to provide holistic support to clients and the ability to apply under multiple categories. Staff will continue to provide group information/discussions and individualized sessions to help agencies define services and submit applications.

Staff will develop a ZoomGrants application for Case Management Services and determine if Safety Net Services will use the same application with branching questions, or if a separate application will be needed. Fee for services will not use ZoomGrants.

Timeline for the application and review process:
- Case management and safety net services
  - Applications open in late March
  - HCDA/MHB application review & allocation meetings late April - mid May
  - Council approval in May
  - Agreements in June
- Support services
  - Identify needed services
  - Develop payment schedules and determine providers

Application Review and Funding Process

The new unified application process will affect how CDBG and MHB funds are used to fund categories as outlined in the presentation to the Rules Committee on October 5. CDBG will fund Case Management and Safety Net programs as grants using subrecipient agreements. CDBG can't be used on a fee for services payment basis. MHB funds will be used for Case Management and Safety Net programs as grants and will be the only funding source for Support Services using fee for services agreements. There is a benefit to using both MHB and CDBG funds for grant funded programs. Due to the timing of federal appropriations bills, CDBG is generally not available until July and has been as late as September in some years. This creates a financial burden and cash flow issues for programs that begin on January 1. To mitigate this, staff proposes that grant funded programs receive both MHB funds, which are available on January 1, primarily for first and second quarter payments, and CDBG primarily for third and fourth quarter payments. All programs report income and race/ethnicity data following federal requirements and use the same reporting system since the application processes were combined in 2016.

Because agencies will apply by category, not by funding source, a combined MHB/HCDA board/committee will be needed to review applications and recommend allocations to individual programs. This could include all members of MHB and HCDA or some portion of members from each.
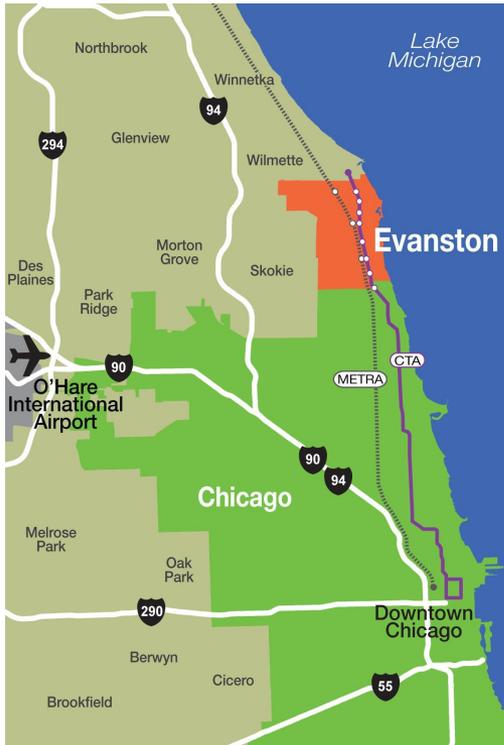
Estimated Funding and Allocations By Category

The City expects to receive its 2021 CDBG, HOME and ESG grant amounts on or about February 22. The 2021 CDBG program was funded at $3.5B, an increase of about 14% over 2020, so estimating conservatively by taking 15% of our 2020 grant provides $275,400 for CDBG Public Services. MHB funding for 2021 is $763,373 for a combined total of $1,038,773. Staff proposes that estimated funding by category for Case Management, Support Services and Safety Net Services be developed based on funding allocations in prior years to provide a framework for agencies, following the practice used by other organizations including the United Way that have different categories. However, consideration of the impact of COVID-19 on the need for safety net services and the goal of expanding case management capacity to address the increased numbers of people struggling to provide for the basic needs of their families should be taken into account. Funding for categories can be changed based on the number and quality of applicants for different categories during the review process.

Attachments:
- Proposed CDBG/MHB Funding Allocation Process slide deck presented to Rules Committee October 5, 2020
- Social Services Assessment Presentation

Proposed CDBG/MHB Funding Allocation Process

Housing and Grants Division   **October 5, 2020**

Objectives of New Process

- Achieve City goal of eliminating systemic inequities in service delivery, particularly for Blacks/Latinos/POC
- Use a service delivery process that is *customer* rather than provider focused
- Facilitate Evanston's recovery from COVID-19 pandemic taking into account the disparate impact on Blacks, Latinos and other POC

Social Services Core Committee

Vision

Establish a community where members have equitable opportunities to achieve their full potential

Mission Statement

To identify systemic inequities, dismantle institutional barriers, and focus resources on the greatest need

COVID-19 Impact

Acknowledge that returning to pre-COVID-19 "normal" will not address racial inequities or focus on greatest needs

Key Recommendations from SSCC

- Lead with a racial equity lens to address long-standing barriers for Black/African-American residents.

- Employ a "client focused" approach that incorporates residents' needs and perspectives.

- Reduce the stigma of social services by reframing as a way to improve residents' quality of life.

- Fund programs that provide quantifiable services and measurable outcomes.

- Use contractual fee-for-services agreements where appropriate for specific needs/services.

- Condition the release of payments and continued funding on the achievement of specified outcomes.

Marginalized Residents Most Impacted by COVID-19

- Black, Latino and other POC

- Extremely low & very low income (30% & 50% AMI)

- Homeless or unstably housed

- Disaffected youth and young adults

- Low-income seniors

- Negatively impacted by the criminal justice system

- Victims of sexual abuse and domestic violence

- Families that lack resources to provide equitable opportunity for children

- Essential workers without work from home option

Focus Funding on Highest Needs

Collaboration with Non-Profits & Community Resources

- Intensive case management for client-centric service delivery for highest-need clients
- Referral system for quick access to primary care and mental health care, child care, substance abuse counseling, legal services, employment services, etc.
- Safety net services including: food, domestic violence, emergency shelter, street outreach & drop-in services

Funding Based on Program/Service and Source

- CDBG would use grants - subrecipient agreements

- MHB/Human Services Fund would use grants and fee-for-services agreements based on existing payment schedules (Medicaid & Illinois Child Care Assistance Program)

  - Ability to include health care professionals in private practice, particularly Black/Latino/POC to address cultural barriers to seeking services

  - Potential to address income/wealth disparities with payments 5% more than payment schedule for Black/Latino/POC professionals based on M/W/EBE precedent

- Grant funded programs could be funded with CDBG & MHB to mitigate cash flow issues due to late releases of CDBG funding

What Might This Look Like?

Grants for:

- Case management for targeted populations
- Food - expand or supplement food pantries, home-delivered meals & groceries for COVID-vulnerable populations
- Emergency shelter, street outreach, drop-in, and DV services

Fee for services agreements for:

- Health/mental health care, child care, including diagnostic services for preschoolers, etc.,
- Referrals of clients in intensive case management and from CoE

Combination of grants and fee for services based on populations served:

- Child care, elementary & middle school programs to address COVID-19
- Post-secondary education/training - college supports, technical training for local jobs like residential construction, project management
- Employment services
- Services for residents with intellectual/developmental disabilities & victims of sexual violence

Community Collaboration to Develop Process

Convene meetings about different needs, available services, and gaps to build on EOC subcommittees and CDBG-CV & ESG-CV planning work:

- Case management
- Food
- Child care (0-5 years), elementary, middle and high school students
- Primary Care and Mental Health Services
- Other Groups TBD

Implementation

Timing:

- October 2020 – January 2021: work with community partners to develop new structure.
- Open applications for CDBG Public Services and MHB funds February 1, 2021, with funding allocations in April
- Open applications for other CDBG funding categories (Public Facilities/ Infrastructure, Housing Rehab & Economic Development) November 1, 2020, with estimated funding allocations in December 2020

Rationale:

- Late release of MHB (May 2020) and CDBG Public Services (September 2020)
- Current focus on implementing programs and services with CARES Act funds
- Flexibility to respond to changing COVID-19 needs and potential changes in Federal and state funding based on November 3 election outcome

Social Services Assessment Recommendations

Kimberly Richardson

Deputy City Manager
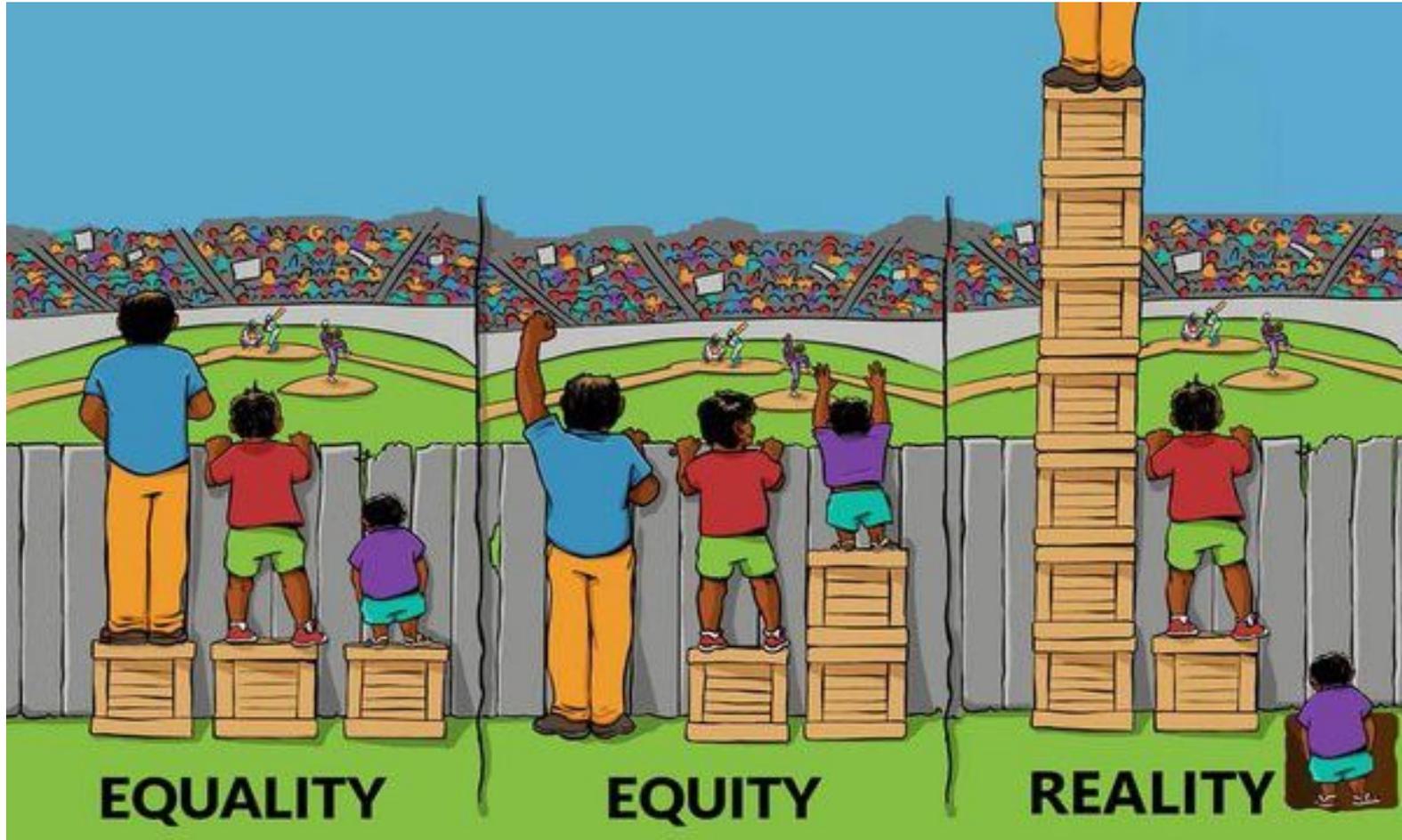
August 5, 2019

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Overview

Government service delivery needs to emphasize connecting residents to programs and services, which many are administered by nonprofit partners.

It is understood that government cannot be everything to everyone due to resources and priorities, but it should be a central point of contact that then connects residents to the resources that are both internal and external in delivery.

Purpose

A comprehensive look at all social services offered by City departments to measure the potential equity impacts of program service delivery to ensure City programs are meeting the needs of the impacted community members.

Equity is sometimes about offering more to those who need more.

Racial Equity Impact Assessment

- The Racial Equity Impact Assessment (REIA) tool evaluates potential policies benefits and burdens before decision-making.

- An REIA aims to intentionally focus on advancing racial equity, which can only be done by actively bringing those most impacted to the table.

- **In this practice, racial equity is defined as both a process and an outcome.**

- As an outcome, racial equity is achieved when one's racial identity no longer determines one's life outcomes.

Core REIA questions

Our REIA included the following core questions for consideration:

1. What is the proposal and its intentions?
2. What does the data tell us about the most impacted groups and program/policy quality?
3. What have we learned in the community engagement process about these plans benefits and burdens?
4. What alternative opportunities exist to promote racial equity within this plan?
5. How can we best support implementation and accountability?

Social Services Core Committee

Our core work:

● Identify the challenges community members experience when interacting with the City in regard to social services.

● Convene meetings with core stakeholder groups to identify both problems and solutions.

● Compile and organize the feedback collected during the meetings

● Analyze patterns in barriers and develop solutions.

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Process

The Social Services Core Committee formed in March 2019 and began holding meetings with various groups to gather information about what **barriers** exist in social service delivery, what **solutions** could exist and then formulated **recommendations** which address those barriers.

SSCC — City Staff — Non-Profit Orgs. — General Asst./ Senior Services Participants — Community

Identified Barriers

Lack of...

- Transparency
- Inconsistent goal-setting
- Application of rules
- Justifications for budget changes

Identified Solutions

- Leadership must commit to an equity-driven performance management process.

- The City should…
    - Reward collaboration and
    - Transparency and
    - Inclusion in its funding structures.
    - Make programs more accessible.

Recommendations

1. Resident-focused Intake Process

2. Community Engagement Integration

3. Prioritize Mental Health Board and CDBG Public Services Funding to External Partners

4. Realignment of Health and Human Services Department

Recommendation #1

Resident-focused Intake Process

- Adopt integrated service delivery policies and procedures.

- Require implicit bias and cultural humility training for staff.

- Incorporate resident needs and perspectives into program development.

- Fully utilize client management software by city staff.

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Recommendation #2

Community Engagement Integration

- Engage community leadership to effect meaningful change.

- Make a clear what services are provided and how one can access them.

- Reduce the stigma of social services by reframing it as a way to improve community members quality of life.

Recommendation #3

Prioritize Mental Health Board and CDBG Public Services Funding to External Partners

- Identify the specific needs of targeted populations to address Council goals (Equity, Job Creation and Affordable Housing).

- Target funds to programs that provide quantifiable services and measurable outcomes.

- Evaluate using services contracts where appropriate for specific needs/services.

- Condition the release of payments and continued funding on the achievement of specified outcome.

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Recommendation #4

Realignment of the Health and Human Services Department

Social services programs being placed under one department will better address **Recommendations 1-3**, while continuing to serve our most marginalized populations in Evanston.

Proposed Organizational Chart
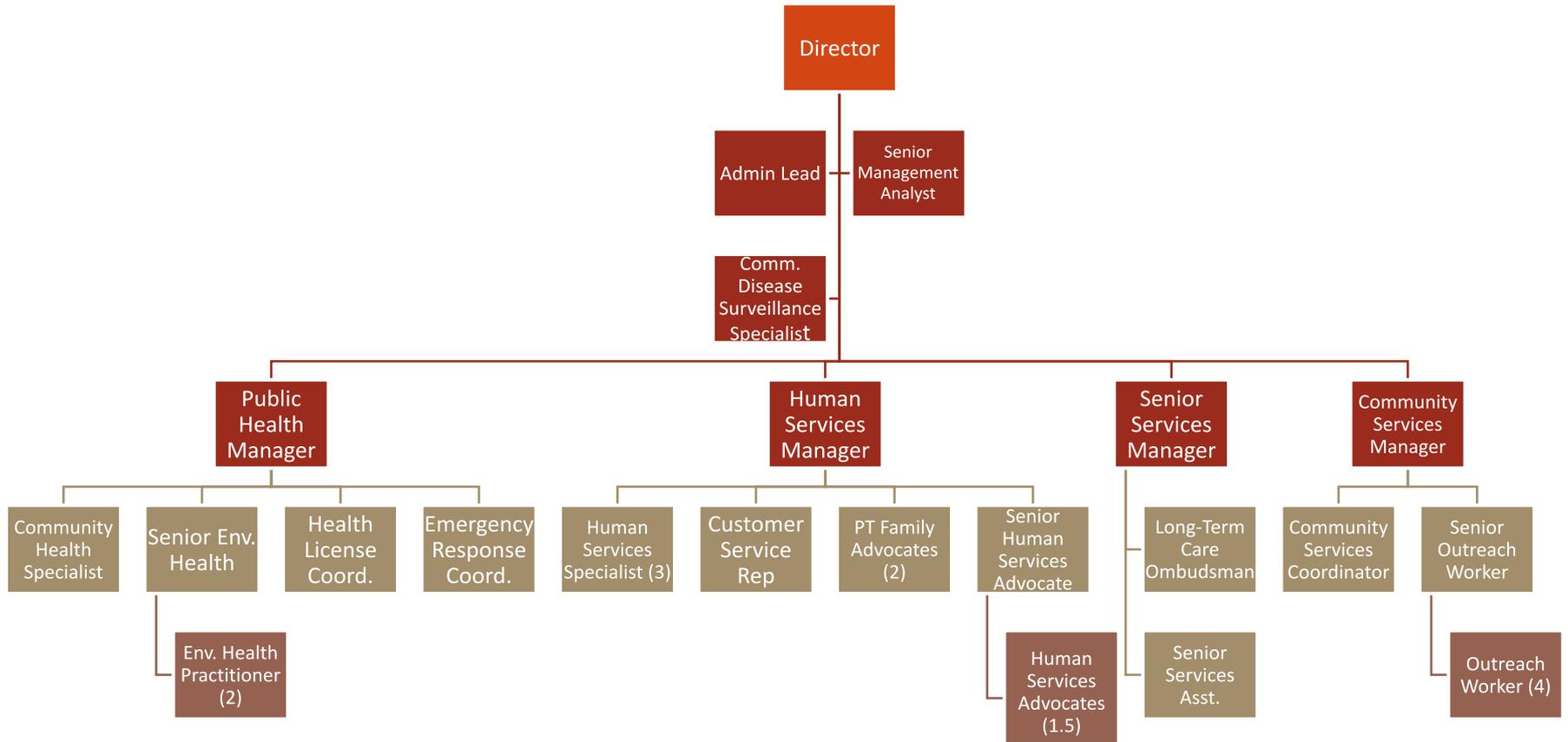
Realignment Proposed Plans

Division Realignment
- Move Youth and Young Adults to HHS (7 FTE)
- Move Senior Services Programs to HHS (2 FTE)
- Move Senior Property Maintenance staff to Community Development (5 FTE)

Reclassification of Existing Positions
- Program Coordinator (Y/YA) to Community Services Coordinator
- Assistant Program Coordinator (Y/YA) to Senior Outreach Worker
- Senior Ombudsman to Long-term Care Ombudsman
- Assistant Ombudsman to Assistant Senior Services
- Business Workforce Compliance Coordinator to Workforce Development Coordinator
- General Assistance Specialist to Human Services Specialist
- Youth Advocate to Family Advocate

New Positions
- Senior Services Manager
- Community Health Project Specialist
- Part-time Human Services Advocates

The impact to the City budget is between $250,000 to $300,000 with the creation of new positions impacting the general fund and general assistance tax levy.

Positions partially funded through Grants: Long-term Care Ombudsman & Community Health Project Specialist

Next Steps

Racial equity is not just about outcomes but also a process...

- Using the REIA's implementation and accountability phases to ensure we remain transparent and committed to impact.

- The Core Committee reconvenes to begin the process of implementation of Recommendations 1-3, along with collection data with the intent of establishing baseline community indicators.

- Creation of a subcommittee to work on a realignment plan to be presented during the budget process.

- The Committee will prioritize programs to review beginning at the end of this year.

- Continue to report to the Human Services Committee on the progress of the SSCC.

Thank You!

Social Services Core Committee Members
- **Deanna Howlett**, PRCS -Youth Outreach Worker
- **Indira Perkins,** HHS, Health and Human Services Manager
- **Sarah Flax,** CD, Housing and Grants Manager
- **Audrey Thompson,** PRCS, Senior Ombudsman
- **Wynn Shawver,** Library, Chief Development Officer
- **Jill Skwerski,** Library, Engagement Services Manager
- **Greg Olsen,** HHS, Interim Public Health Manager
- **Jessica Wingader,** CD, Grants/Compliance Specialist
- **Paulina Martinez,** CMO, Asst. to the City Manager
- **Kevin Brown**, PRCS, Community Services Manager
- **Carter Craig,** CMO Intern
- **Kimberly Richardson,** CMO, Deputy City Manager
- **Consultant - Dr. Kathleen Yang-Clayton,** UIC, Clinical Assistant Professor for the Department of Public Administration

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