



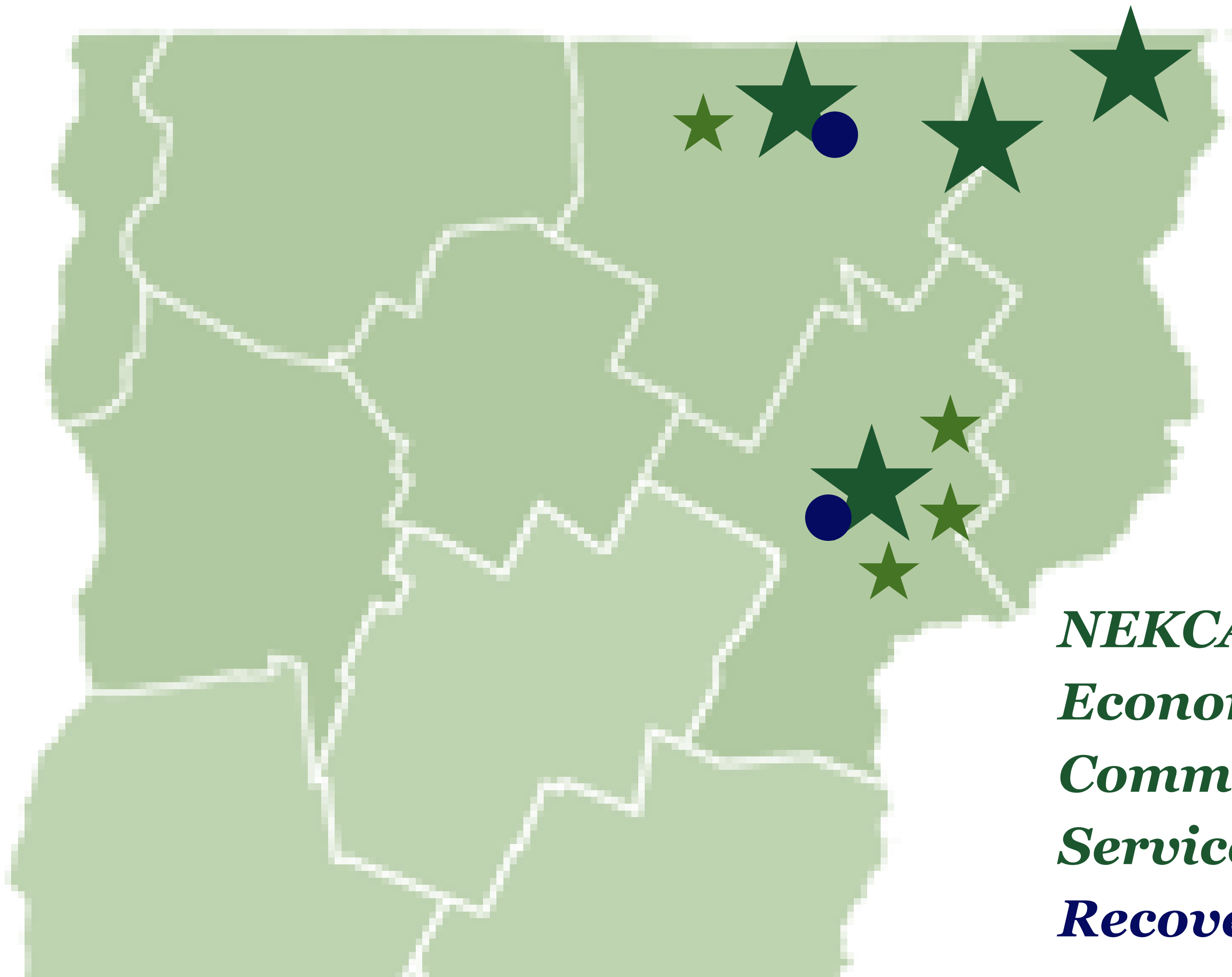
NEK Housing Peer Support Coaches

in partnership with **Journey to Recovery** and **Kingdom Recovery Center**



NEKCA would like to partner with **Journey to Recovery Community Center** (Orleans/Northern Essex Counties) and the **Kingdom Recovery Center** (Caledonia/Southern Essex Counties) to provide housing support to those in recovery who are transitioning out of homelessness to safe, permanent housing.

We would like to hire **4 Housing Peer Support Specialists** to work across the Northeast Kingdom to help people with substance use disorder (SUD) obtain and retain long-term housing. Many people struggling with SUD are often housing insecure and need support and strategies to rebuild their lives.



NEKCA
Economic and
Community Based
Services
Recovery Centers

NEKCA's Mission

to empower all generations in the Northeast Kingdom to grow, prosper, and thrive



Northeast Kingdom Community Action (NEKCA) is a leading non-profit organization in the Northeast Kingdom (NEK) addressing poverty through education, community collaborations, and community action. As an agency, we believe in everyone's potential to grow, prosper, and thrive. We collaborate respectfully and enthusiastically with other agencies in the NEK, striving to support the most vulnerable members of the communities we serve. NEKCA operates housing related programs and services, access to food and mainstream benefits related to strengthening the social determinants of health, various early childhood and family support programs, and implements economic development programs. We also have longer term solutions to poverty and successful community interventions through Head Start, Micro Business Development Programs (MBDP), and job training, Diversion, and youth support. Additionally, our flexibility and creativity during the pandemic is leading to incredible permanent innovation.



NEKCA is the leading housing agency and receives funding from the state Housing Opportunities Program. Additionally, NEKCA operates the **Coordinated Entry** program.

We currently operate:

- a 20-bed shelter
- 9 Emergency Apartments
- 4 suites for women, and 9 transitional beds for men reintegrating into the community after incarceration.
- Provides housing support and Financial Assistance

NEKCA partners throughout the NEK with **RuralEdge** in providing supportive services. Currently, NEKCA lacks the expertise to effectively intervene and support individuals experiencing SUD in our current housing units as well as those transitioning back to the community after treatment. Partnering with the NEK Recovery Centers, people would be better supported in their recovery to maintain permanent housing.

Journey to Recovery's Mission



Our mission is to provide a supportive environment of healing and hope for individuals, families and communities affected by addiction related to substance use and misuse.

Kingdom Recovery's Mission



Kingdom Recovery Center is a non-profit corporation dedicated to enhancing the social and spiritual lives of those who have been affected by alcohol, drugs and other addictions by providing a safe, substance free and welcoming environment for individuals and groups seeking to strengthen their recovery and promote healthy lifestyles.



Recovery Centers hold expertise in their field. They would be able to expand recovery support by expanding the Peer Support network. All peers must have shared and/or lived experience with SUD and have had to rebuild their own lives, before entering the Peer Support workforce. Having similar life experience, peer-to-peer, offers a person-centered approach to recovery and skill building that feels more inviting than only a professional-client relationship might. Peers address topics such as budget management, housekeeping, coping skills and stress management.

What does

Substance Use and Misuse x Homelessness

look like in the NEK today?

2024 Vermont's Annual POINT-IN- TIME COUNT

*of Those Experiencing
Homelessness*



January 24, 2024

The Point in Time (PIT) count is a nationwide count of persons experiencing literal homelessness that occurs on a single, uniform day across the country. This report provides the findings from Vermont's 2024 PIT count. As documented below, Vermont's homelessness crisis surpassed another record this year.

According to the 2024 PIT count, there were **3,458** unhoused Vermonters in a single night, including 737 children and 646 Vermonters 55 years old or older. This number is an undercount, as it reflects only the people who engaged with our state's dedicated and perpetually under-resourced shelter service providers on the PIT count day.

Valley Vista is discharging currently about 7 people each week homeless. This is 7 people who want to be in recovery and who had completed the treatment program and have nowhere to go. The likelihood of relapse is very high.

We have 4 homeless and 15 housing insecure individuals who are engaging in our services every day. Helping them with the resources to become housed and then able to sustain housing is something we need another peer coach for.

Housing is the number one issue our clients face. It is very difficult to support someone in their recovery when they are struggling to meet their basic needs.

-Lila Bennett, Executive Director of Journey to Recovery

In addition, based on qualitative discussions with shelter providers across Vermont, we also believe that the self-reported health-related conditions also represent a large undercount of the true numbers, specifically around self-reported mental health and substance use.

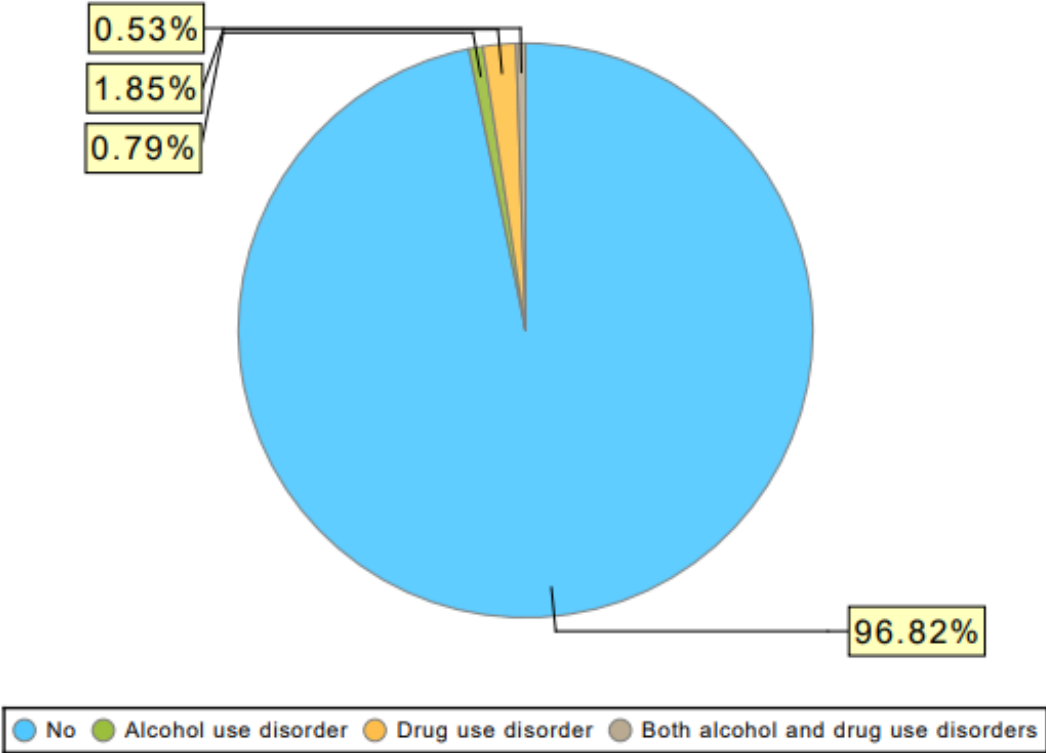
**Mark Helijas Recovery
Pioneer Award**



**2024 Recipient
Lila Bennett
Executive Director
Journey to Recovery**

Qualitative vs Quantitative Data

Substance Use Disorder Chart




Substance Use Disorder	# of Clients
No	731
Alcohol use disorder	6
Drug use disorder	14
Both alcohol and drug use disorders	4
Client doesn't know	0
Client prefers not to answer	0
No Answer	0
Total:	755

“

I am going to tell you this number is low. VERY low because people struggle and do not openly admit to substance use. Often it takes lots of work to develop the relationship to get this information. I can tell you from conversations with my staff and reviewing the current CE list we are currently working with 48 individuals across the NEK who have disclosed substance use as part of their barrier to housing and stability.

-Becca Lewis, NEKCA Housing & Homelessness Program Manager

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One gentleman I have been supporting has been unhoused going on for 4 years. He has had many struggles, the death of his sister, and also his partner who died of an overdose. The client tells me it is hard to get a job when he smells like a dumpster and mildew even with his extensive work history. When I ask him what he thinks he needs to be housed he tells me he needs to detox and go into treatment for his depression and substance use, so he can get a job to sustain his housing.

I met this individual when the St. Johnsbury Chief of Police outreached to support him with housing when a local business called to inform, he was staying behind their dumpster. I was impressed by the our community partners who showed concern for the individual. At this time, he was escalated and not accepting the offer for substance abuse treatment. About a Month later He came into NEKCA to use out food and clothing resource. I offered to meet with him to discuss his housing needs and set up an appointment. He did not make this appointment, but he did come 2 weeks later, used our food and clothing resources and asked to meet with me. He was tearful and informed he was scared he was going to die.

At this time, I supported him with a phone call to Serenity House to start the intake process.

-Becca Lewis, NEKCA





The Shelter at Moose River

72 Moose River Drive, St. Johnsbury

call anytime: 802-624-0949

Email: housinginfo@nekcaut.org

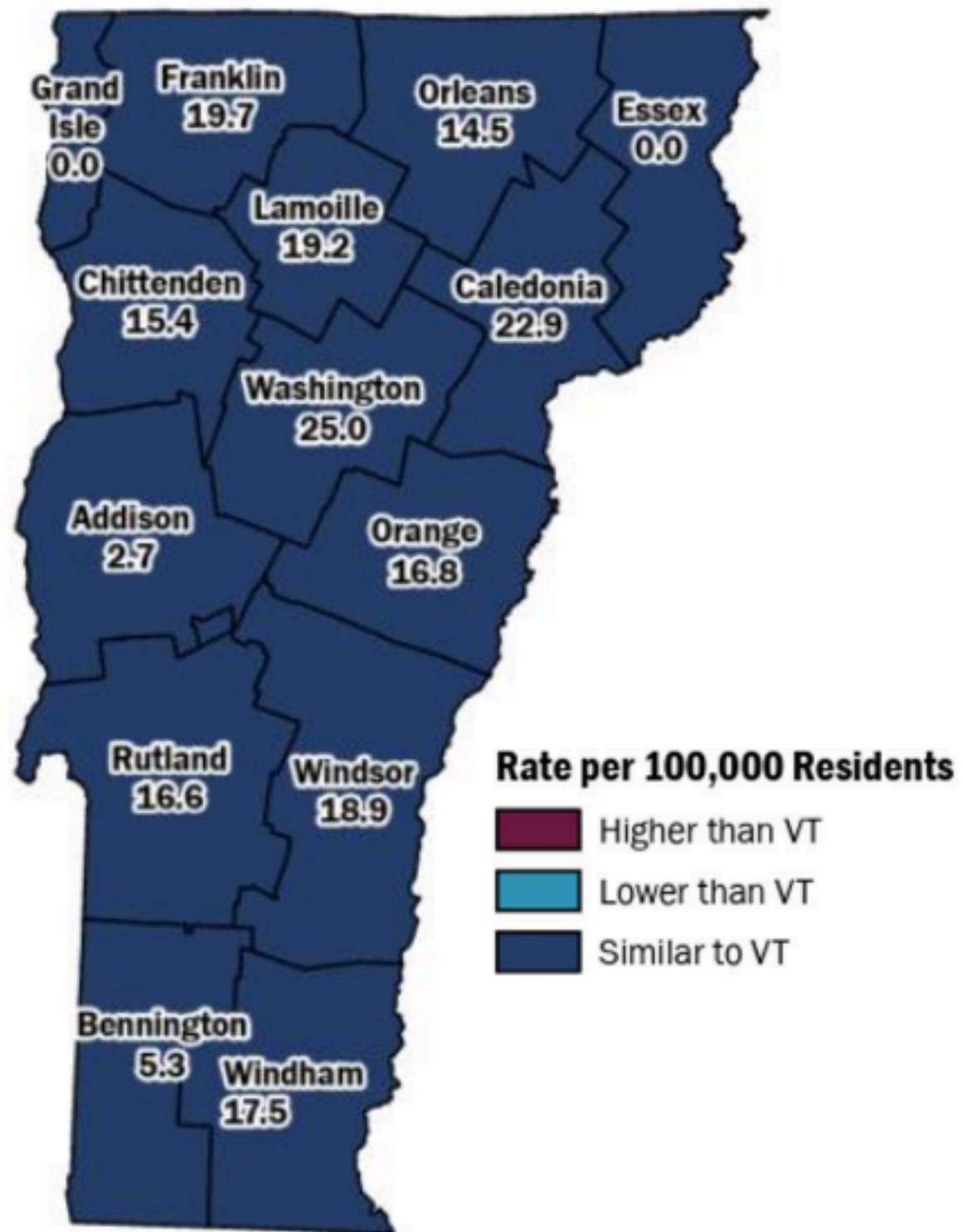


Out of **25** people who have exited the shelters to homelessness so far this year according to our records, **8** were involuntarily discharged due to drug-related activity, or we discovered paraphernalia after they left the shelter without notice and we lost contact. **3** of those individuals were exited twice. **1** guest exited after overdosing.

Deaths

Opioid overdose death rates by county of residence compared to statewide rate (16.1), through July

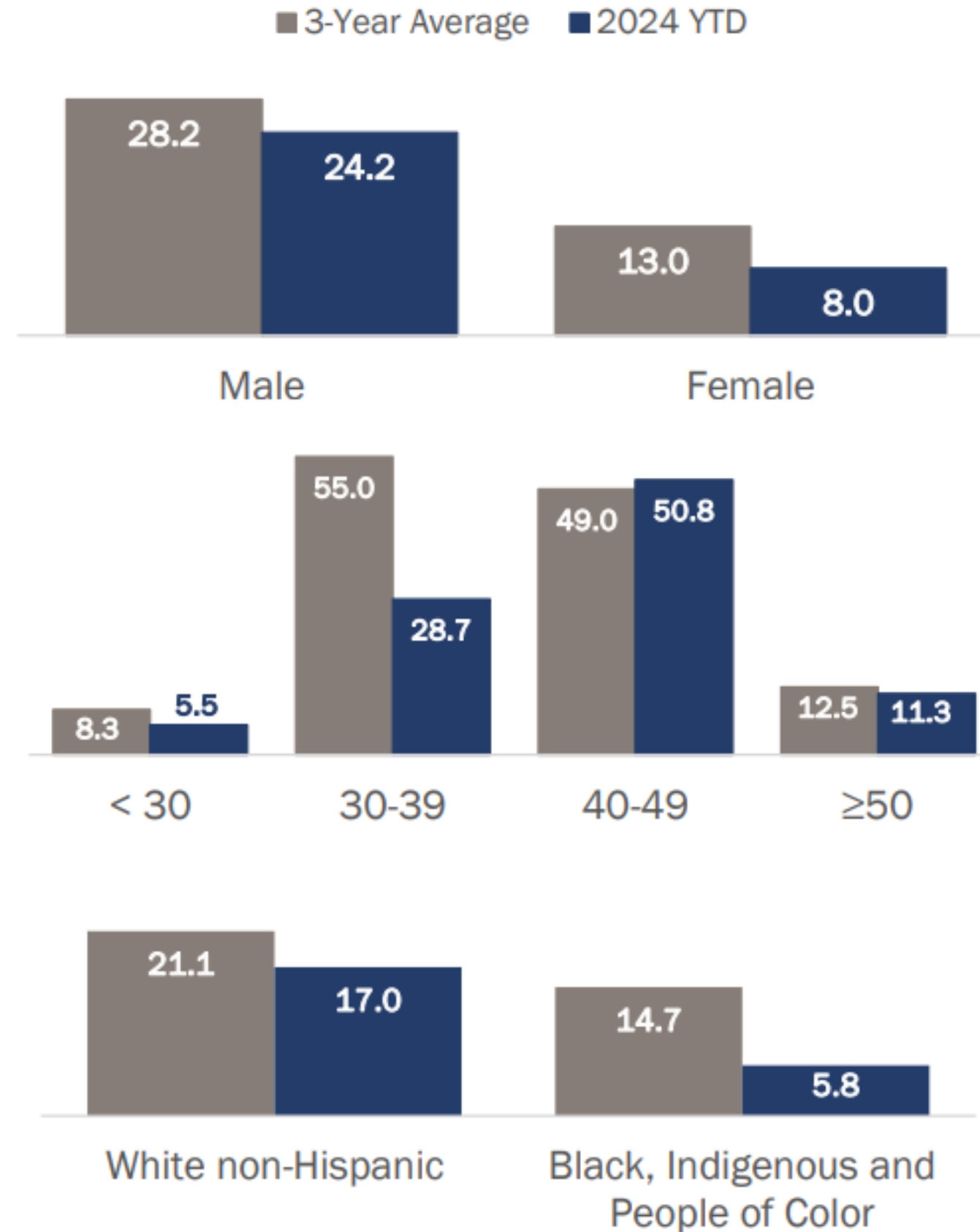
Opioid overdose death rates per 100,000 Vermont residents



Vermont Department of Health

Opioid overdose death rates by sex, age, and race/ethnicity, through July

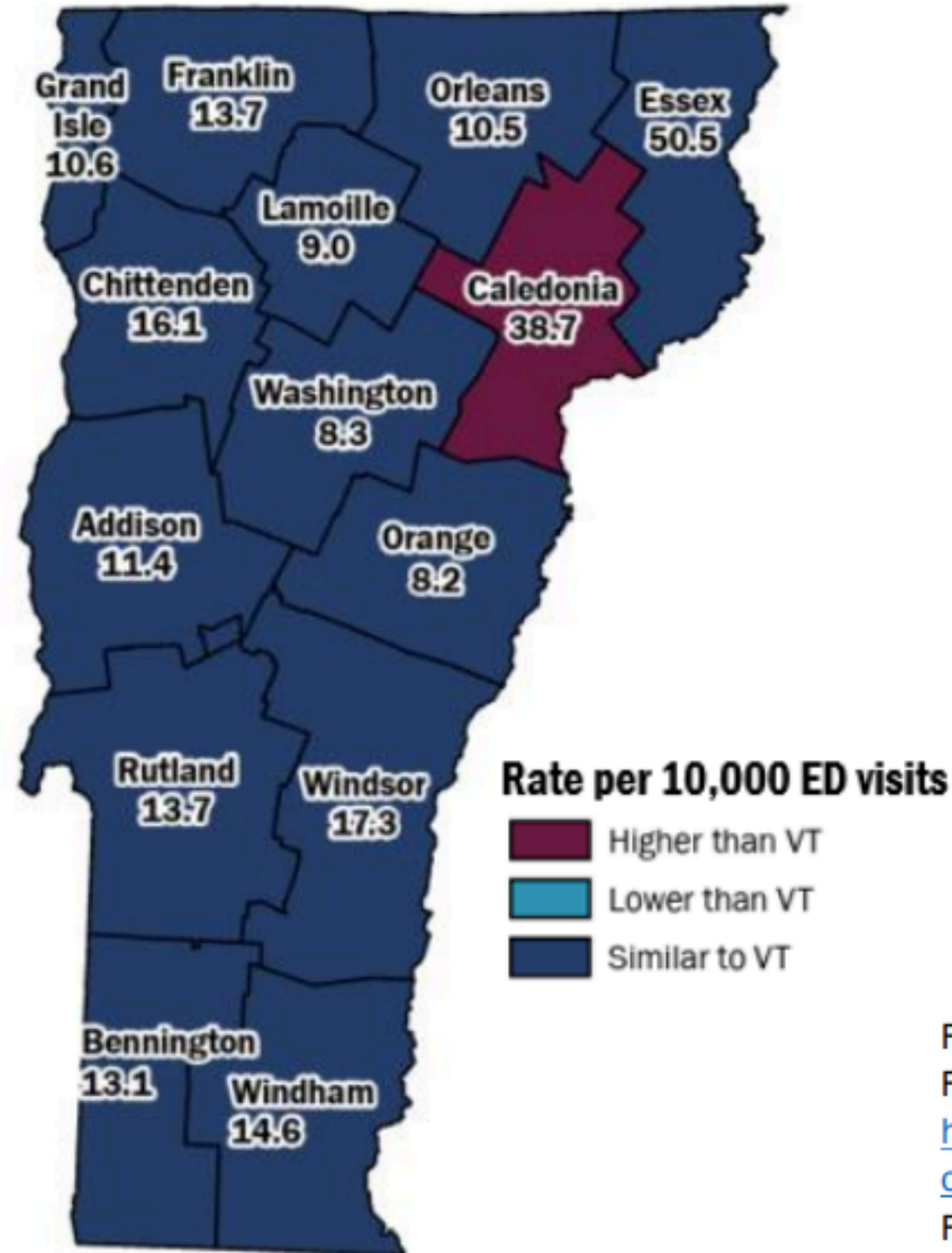
Rate per 100,000 Vermont residents



Syndromic Surveillance

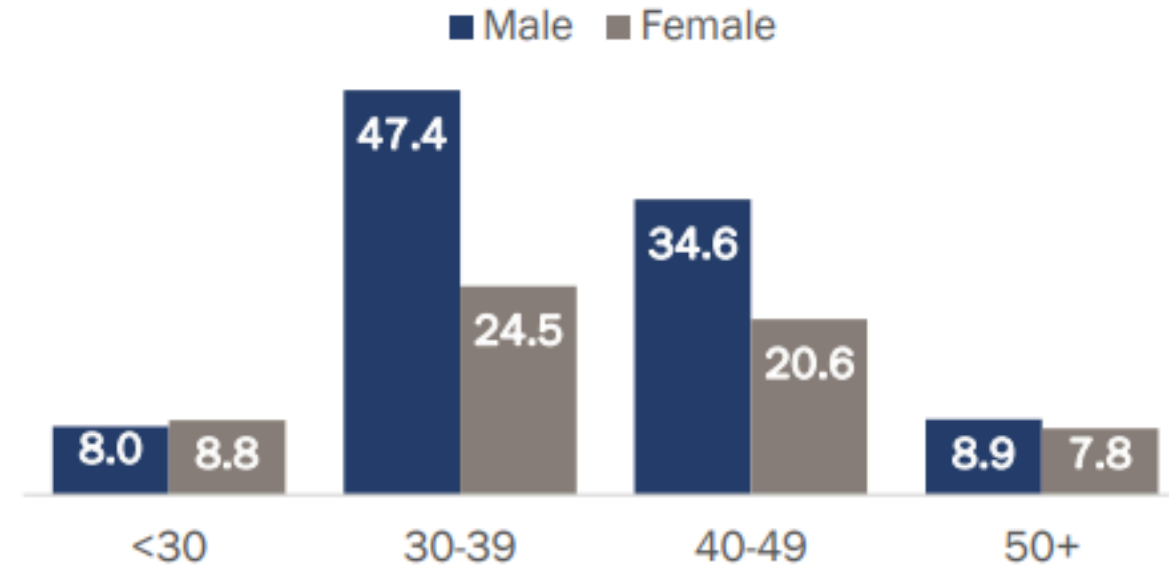
2024 ED visit rates for opioid overdose by county of residence compared to statewide rate (14.7), through July

ED Visit Rates per 10,000 visits.



2024 ED visit rates for opioid overdose by sex and age group, through July

ED Visit Rates per 10,000 ED visits



Summary of 2024 Opioid Overdose-Related ED Visit Data:

- As of October 14th, emergent care visit rates for opioid overdose in 2024 have been lower than the 3-year average.
- The rate of ED visits for opioid overdose is highest among males aged 30-39.
- The rate of opioid-related ED visits in Caledonia County (38.7 per 10,000 visits) is statistically higher than the statewide rate (14.7 per 10,000 visits).

For more information about the data, contact: ahs.vdhoverdosedatavt@vermont.gov

For more data on opioid overdoses in Vermont, see the annual brief:

<https://www.healthvermont.gov/sites/default/files/document/dsu-fatal-opioid-overdoses-2023.pdf>

For more information on opioids in Vermont: <https://www.healthvermont.gov/alcohol-drugs/by-substance/heroin-and-other-opioids>

[Housing Peer Support]

This is where

Recovery Support

meets

Housing Security

through building relationship and connection

where it is needed most

Who will this support?

- 1 People who are unhoused using substances or in recovery
- 2 People who are transitioning out of the ED
- 3 People who are transitioned out of residential treatment

Why Housing Peer Support Coaching?

- **Addressing underlying issues:** Understand and address any underlying issues, such as mental health or substance abuse problems
- **Finding employment:** Seek employment to help with financial security
- **Transitioning to housing:** Find housing stability, which may include sober living or recovery housing
- **Building a support network:** Build a support network and make a long-term plan for financial security
- **Developing a recovery plan:** Create a realistic, individualized recovery plan that includes steps to take if you experience a recurrence of issues
- **Accessing community resources:** Connect with and access community resources, such as transportation and medical treatment and medication management
- **Rebuilding structure:** Rebuilding structure in your daily life can increase your likelihood of success

Budget Proposal

NEK Peer Specialist

Positions funded in part or whole by this agreement:	Hourly Rate	Hours per week	Total Weeks	Total Budget	Explain how the costs entered were determined in the cells below in this column (fringe line item). Please show all calculations
Peer Support Specialist	\$22.00	40	52	\$45,760.00	
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Supervision	\$30.29	8	52	\$12,600.64	
Financial Analyst	\$24.04	4	52	\$5,000.00	
Director Management	\$43.50	4	52	\$9,048.00	

TOTAL Salaries
Fringe
A. Total Personnel Expenses

\$209,688.64	Total projected fringe benefit costs are taken as a percentage of total budgeted salary expense. Rate is 41%. Rate is determined by taking projected expenses divided by projected salaries for the fiscal year.
\$85,972.34	
\$295,660.98	

Budget Proposal

Staff Training/ Professional Dev

Travel

Supplies

Utilities

Computers

Contracted Services

Transportation for Clients

Risk Pool for Landlords

Direct Space

Direct Support

Explain how the costs entered were determined in the cells below in this column. Please show all calculations.	
\$20,000.00	\$5,000 training expense per Peer Support Specialist
\$871.00	Travel to meet clients, attend trainings and participate in meetings. Mileage will be reimbursed based on the IRS published mileage rate, currently \$0.67/mile
\$4,422.81	General supplies are allocated based on the same method as noted below. General supplies represent copier paper, toner, mailing, general office supplies. Supplies purchased specifically for client/staff needs are charged directly to the program.
\$4,800.00	Cell phone and utilities allocation is based on Sq Ft of space used for employee as a % of total building. internet costs, M365 subscriptions and share of IT expense, based on allocation of user as a % of total users The % is based on the square footage of space used and divided by total square footage used by all programs. Projected costs are based on previous years expenditures. Actual expenses are allocated each month.
\$6,000.00	\$1,500 per computer per Peer Support Specialist
\$40,000.00	Recovery Center Supervision
\$20,000.00	Gas Cards, Vehicle repair, taxi voucher, RCT, bus
\$50,000.00	Funding to support rental expenses, security deposits, last months rent, furnishings, home goods
\$25,000.00	Monthly the pooled costs by locations are allocated to those programs/grants based on the ratio of each program/grant's square footage used at the location to the total square footage for that location. The % is based on the square footage of space
\$25,000.00	Funds to directly support client needs, such as food, clothing, and other essential needs supplies
\$196,093.81	

Budget Proposal

B. TOTAL Operating

TOTAL Direct expenses (A+B)

C. Indirect Costs (10% of total modified direct expenses or 15.7% negotiated indirect rate***)

TOTAL Expenses (A+B+C)

***If applicable, please submit copy of Federal or State indirect rate agreement with budget.

\$196,093.81

\$491,754.79

Explain how the costs entered were determined in the cells below in this column. Please show all calculations

\$58,245.21

\$550,000.00

All in Total

Thank you.

