

Increasing Recovery Capital Through COVID Recovery

RFP for Coronavirus State and Local Fiscal Recovery Funds

Eleanor Health Foundation

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Application Form

Question Group

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

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

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

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

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

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

Coronavirus State and Local Fiscal Recovery Funds*

Name of Project.

Increasing Recovery Capital Through COVID Recovery

Amount of Funds Requested*

\$570,083.00

Recovery Fund Eligible Category*

Please select one:

Assistance to households

Brief Project Description*

Provide a short summary of your proposed project.

Eleanor Health Foundation's vision is equitable access to addiction services and resources, including treatment, prevention, recovery, and harm reduction. We understand that one of the main barriers to accessing long term recovery is lack of Recovery Capital, notably in the wake of COVID, Social Determinants of Health. Our proposed project sets to expand our current Social Determinants of Health (SDoH) fund to

provide a dedicated funding stream for Buncombe County, which has quickly become our principal place of business. In addition to expanding the fund to cover items such as full security deposits, our project further aims to provide each individual we assist with a care navigator. More and more people are reaching out who are not linked with a treatment provider, and our data shows that half of individuals seeking assistance would like help with obtaining health insurance.

Project Plan*

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

The Care Navigator will work full time from Buncombe county and report to the Director of Community Recovery Services. The Care Navigator will provide care virtually and in community settings comfortable for the individual needing care. This could be a meeting at their treatment provider site, at AHope, at Detention, or at the Buncombe County Health Department.

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

Timeline of Project Plan Launch

Week 1

- Publicize the program on social media and through provider, recovery and harm reduction networks so that individuals can apply online.
- Advertise for the Care Navigator position.

Month 1

- RCAC convened to advise on how to best meet people where they are at with the Buncombe specific funds, as well as care navigation.

- The RCAC will assist with creation and review of a detailed evaluation plan.

Months 2-3

- The Care Navigator will go through agency training and begin navigation services by month three.
- Current Eleanor Health Foundation training includes modules on Harm Reduction, Housing First, Managing the Benefits Cliff, Racial Equity and Substance Use Disorder, Naloxone Administration, Patient Brokering and Suicide Assessment. The Care Navigator will also be introduced to ATLAS for treatment navigation and NC Cares 360 for general resource navigation. Eleanor Health Foundation has applied for registration with NC Cares 360. As the Director is certified in benefits counseling, she can help the Care Navigator learn the benefits application processes, if needed.

- The Director will start providing a schedule of health education series to Buncombe County partners and residents, including Eleanor Health Foundation's Social Determinants of Health series which has received approval from NCASPPB for CEU's.

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

Months 4-Year 3

- Assertive Care Navigation provision in Buncombe County
- Recovery Capital support providing Assistance to Households in Buncombe County
- Quarterly Western North Carolina Recovery Capital Access Committee oversight meetings
- Semi-annual outcomes reports to Buncombe County
- Annual extensive program report to Buncombe County

We will run this Buncombe-specific project for at least three years, and provide updates as scheduled with Buncombe County. To ensure we are giving quality data and tracking outcomes disaggregated across race, gender, health and socioeconomic status, we will purchase a case management/survey software platform with a vendor that provides cross-variable analysis software.

Statement of Need*

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

In 2019, it seemed Buncombe County was getting the overdose crisis under control. Overdose deaths dropped by 16% in Buncombe County from 2017-2019 (Buncombe County Register of Deeds, 2020). Several months into the pandemic, it seemed the respite might hold; Buncombe had developed a robust set of opioid response programming which pivoted quickly as agencies found ways to go mobile and advise individuals who could no longer congregate safely about how to more safely use or stop use alone. While the rest of the state was seeing a 20+% increase in ED visits for overdose, Buncombe was remaining steady, and gearing up their Post Overdose Response Team (North Carolina Department of Health and Human Services, 2020).

In December of 2020 the CDC released an overdose alert, stating ““The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard.” (Centers for Disease Control, 2020). Around that same time, ED visits were again on the rise locally; from January-April of 2021 visits were 14% higher than in 2020. (North Carolina Department of Health and Human Services, 2021) Although this represents roughly half of the 30% national surge in overdose deaths, the levy could not hold forever (Katz and Sanger-Katz, 2021).

COVID has had devastating effects on mental health. Kaiser Family Foundation reports that in January of 2021, 41% of adults reported having symptoms of an anxiety or mood disorder, compared with just 11% in January of 2019 (Panchal, et. al., 2021). Women, BIPOC and essential workers have been disproportionately affected, they note, and 18% of those who have contracted COVID were later diagnosed with a mental health disorder. As is often the case, this rise in anxiety and depression correlates to a rise in substance use as well. Alcohol sales went up 34% during COVID and in June of 2020, 13% of Americans were reporting starting or increasing substance use as a way to deal with the stress of the pandemic (Abramson, 2021).

Link to COVID-19*

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

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

COVID has been no exception. Beyond the rise in mental health and substance use challenges during COVID, individuals with Substance Use Disorder have been more prone to COVID itself as well. An analysis of millions of EHR records in the US found that while 10.3% of study participants had Substance Use Disorder, they made up 15.6% of those who contracted COVID (National Institutes of Health, 2020). The study posits this is due to compromised lung function, particularly with Opioid Use and Tobacco Use Disorder. Sadly, study participants with Substance Use Disorder were more likely to suffer the most severe consequences, such as hospitalization and death.

All of this data speaks to the need for special funding allocated to people with Substance Use Disorder in the recovery from the COVID 19 pandemic. This means tending to the special setbacks they faced due to

having a chronic disease while they also tried to get through COVID. While we intend to provide assistance to households on an ongoing basis, we believe that COVID-19 has created a pressing need for a one-time infusion of funds for Social Determinants of Health and care navigation for those with Substance Use Disorder who reside in Buncombe County.

Population Served*

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

We expect to serve roughly 100 individuals a year over 3 years. To honor the reality that return to use is a part of the disease, we will accept repeat applications and review them carefully; we anticipate serving 225-250 unique individuals.

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

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

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

In 2020, 100% of our awardees have indicated Anxiety or Depression, 68% have had physical health concerns, and 41% had a past overdose and/or ER visit. In order to ensure we are providing equitable care, we disaggregate our outcomes by the race/ethnicity of recipients as well. From January to June of this year, 29% of awards have gone to black individuals.

While those who are homeless can be particularly hard to connect with, we have been able to purchase medication for one woman, get another connected with a Treatment Scholarship, approve an individual staying at Haywood St. Respite, and work with several individuals staying in halfway houses. By having a Care Navigator locally who can regularly visit AHope, Haywood St., Rescue Mission, etc., we believe we will be able to serve more homeless individuals. To this end, we have formed a relationship with Buncombe Drug Court for halfway house and other SDoH referrals, and MAHEC Psychiatry as they begin seeing patients at AHope.

Results*

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

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

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

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

- 1) Housing status (35% currently homeless or staying with friends/family)
- 2) History of overdose (41%)
- 3) Employment status (20% unemployed, 20% employed part-time, 20% self-employed, 20% on SSDI/SSI)
- 4) Substance use/alcohol use (100% report misuse of alcohol and/or illicit substances)
- 5) Engagement with primary care (50% lack a primary care doctor)
- 6) Food stamp status (sufficient data not yet available)
- 7) Health insurance status (50% lack health insurance)

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

- 1) 25% will move from homelessness (including “couch surfing”) to transitional or permanent housing.
- 2) 5% or less will have an overdose episode after award
- 3) 30% will gain employment or increase in hours/pay
- 4) 50% will report reduction in or elimination of one or more illicit substances and/or alcohol
- 5) 50% of individuals who have not seen a primary care doctor in the last year will have an appointment with a primary care doctor
- 6) 50% of individuals who were not previously enrolled on food stamps and are eligible will be enrolled
- 7) 20% of those who are uninsured at intake will enroll in Medicaid, the Affordable Care Act, employer healthcare, or enroll for disability benefits.

Evaluation*

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

Currently, our team uses a HIPAA protected Gsuite account, with a signed BAA through Google. While the data is secure, and outcomes can be measured per variable, we are including a license for a formal data analysis product in our proposal in order to facilitate cross-analysis of variables based on demographics and engagement behaviors related to primary care, mental health, benefits, etc. as well as increase our capacity for tracking care navigation activities.

As we become a repository for Social Determinants of Health support, education, and research for Substance Use Disorder, we want to ensure we have the best tools at our disposal for tracking and measuring outcomes. Our choice, Compyle, is not only a survey tool, but also a care coordination system. In terms of data analysis, it directly feeds into Clear Impact, which gives users a Scorecard to easily display outcomes.

Our lead volunteer, appointed by the Board to oversee quality, is the Senior Director of Quality for a national Substance Use Disorder treatment organization.

Equity Impact*

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

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

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

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

Project Partners*

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

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

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

We rely on our partners for referrals and for services such as treatment, peer support, housing, and other items. These partners currently include: MAHEC Psychiatry, Buncombe County Drug Court, Buncombe County’s “Safer Together” Team, Homeward Bound, United Healthcare’s Healthier Lives, Consulta Tu Compa, Sunrise Community for Recovery and Wellness, Jordan Peer Recovery, Pisgah Legal Services, Eleanor Health, Family Preservation Services, RHA, Appalachian Community Health Center, VAYA Health, Seek Healing, and Haywood St. Respite. Our Care Navigator will utilize both NC Cares 360 and Shatterproof’s ATLAS to facilitate referrals out.

In terms of trainings, we included funds in the proposal for the Care Navigator and Director to attend trainings and conferences related to Substance Use Disorder and Social Determinants of Health. This includes NCDHHS OPDAAC meetings and Opioid Summit, and MAHEC’s Drug User Summit, among others. NCDHHS has advised us that the largest anticipated gap with Medicaid Transformation in the first few years of its implementation will be care navigation, which is one of the main reasons we are including a Care Navigator in our proposal. We will continue to seek their guidance in all of our programming.

Capacity*

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

To date, in 2021, we have received over 70 scholarship applications and have made close to 30 awards. We increased our capacity to process and distribute awards after we brought on our Director as a dedicated leader in April. With a dedicated Care Navigator for the Asheville area, we will increase our capacity to serve the increase in applicants from Buncombe County, which has come to represent 50% of applicants. Currently, we serve Western North Carolina with both Treatment and Social Determinants of Health scholarships by a grant from Dogwood Health Trust.

Adding to our capacity, the organization accepted an award earlier this year from artist Janet Elsbach, and a grant in June from the non-profit To Write Love on Her Arms to serve those across North Carolina. The quick growth of this organization in just one year is evidence of the high need for these supports for those with Substance Use Disorder during post-pandemic.

The Director has experience in managing multiple state, federal and private foundation grants and programs, and with her Master in Public Health is well acquainted with program planning, implementation and evaluation. She has over 7 years experience in managing contracts and 5 years of supervisory experience. She managed Buncombe County Health Department's Safer Together federal BJA grant for one and a half years, implementing an in-person Post Overdose program during a pandemic. As a Certified benefits counselor, she is especially well-equipped to implement and lead evaluation on a Social Determinants of Health project.

Our Board is comprised of highly accomplished individuals in the treatment and financial sectors. Our Board Chair, who reviews any questionable medication requests, is a Psychiatrist and Medical Director of a nonprofit. Our interns have unusual accomplishments for college students: one is a Fellow with AAPI Wellness and the other won the 2019 Arkansas Yearbook Editor of the Year award for her reporting on the Little Rock 9.

Budget*

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

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

Eleanor Health Foundation Buncombe ARP Budget.xlsx

Special Considerations*

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

Buncombe ARP References.docx

Please note our Asheville address is: 70 Cherokee Rd. Asheville, NC 28801

We have contacted Buncombe County to change the address on 7/14, as there did not seem to be a way to change it online.

File Attachment Summary

Applicant File Uploads

- Eleanor Health Foundation Buncombe ARP Budget.xlsx
- Buncombe ARP References.docx

Coronavirus St

Organization Name:	Eleanor Health Foundation
Project Name:	Recovery Capital Through COVID Recovery
Amount Requested:	\$570,083

Proposed Project Revenue Funder	
Proposed Buncombe COVID Recovery Funds	
Foundation of Opioid Response Efforts	
Dogwood Health Trust	
Total	

Proposed Project Expenses	Proposed Recovery Funds	Other Funds
0.5 Director Salary	\$ 97,500.00	\$ 97,500.00
0.5 Director Benefits	\$ 29,250.00	\$ 29,250.00
Care Navigator Salary	\$ 156,000.00	
Care Navigator Benefits	\$ 46,800.00	
FICA	\$ 19,393.00	
Care Navigator Mileage	\$ 6,720.00	\$ 3,360.00
Training	\$ 3,000.00	
SDoH Flex Fund	\$ 150,000.00	
Focus Group Incentives	\$ 1,500.00	
Survey Incentives	\$ 1,500.00	
Rent	\$ 36,000.00	\$ 14,400.00

State and Local Fiscal Recovery Funds

Amount	Confirmed or Pending?
\$570,083	Pending
\$600,000	Pending
\$400,000	Confirmed and Pending
\$ 1,570,083.00	

Total	Capital or Operating?
\$ 195,000.00	Operating
\$ 58,500.00	Operating
\$ 156,000.00	Operating
\$ 46,800.00	Operating
\$ 19,393.00	Operating
\$ -	
\$ 10,080.00	Operating
\$ 3,000.00	Operating
\$ -	
\$ 150,000.00	Operating
\$ 1,500.00	Capital
\$ 1,500.00	Capital
\$ -	
\$ 50,400.00	Operating

\$	3,780.00	Operating
\$	-	
\$	14,400.00	Capital
\$	1,300.00	Capital
\$	300.00	Capital
\$	2,640.00	Capital
\$	714,593.00	



Notes
We are working with CareReach on an application to expand RideHealth which will focus on the SDoH of transportation, including adding a transportation coordinator
We currently operate an SDoH fund under Dogwood. We are in conversation with them now on expanding this to contingency management for Stimulant Use Disorder.

Notes
Half-time of Director salary for 3 years
Benefits @ 25%
1 FTE for 3 years
Benefits @ 25%
7.65% of Director and Navigator salary in column B
We expect the Care Navigator to conduct substantial travel to meet people where they are at.
For Care Navigator to participate in statewide trainings from DHHS and MAHEC, as well as other relevant trainings which may arise.
\$75 incentives for 20 individuals to participate in focus groups to help us better understand how best to provide Recovery Capital
\$20 incentives for 75 individuals to participate in a survey to help us better understand the Recovery Capital needs in Buncombe County
For an Asheville based office. Requesting the remaining from Dogwood for regional activities

References:

Abramson (2021). Substance Use During the Pandemic. American Psychological Association, 52(2). Retrieved 7/2/21 from: Substance use during the pandemic (apa.org)

Altekruse (2020). Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC). Retrieved 7/2/21 from: Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC) (plos.org)

Buncombe County Register of Deeds (2020). Exploring the Opioid Epidemic. Retrieved on 7/2/21 from: Exploring the Opioid Epidemic (arcgis.com)

Centers for Disease Control (2020). Overdose Deaths Accelerating During COVID-19. Retrieved 7/2/21 from: Overdose Deaths Accelerating During COVID-19 | CDC Online Newsroom | CDC

Drug Policy Alliance (2018). The Drug War, Mass Incarceration and Race. Retrieved 7/2/21 from: drug-war-mass-incarceration-and-race_01_18_0.pdf (drugpolicy.org)

Eghigian, G. (2020). The Spanish Flu Pandemic and Mental Health: A Historical Perspective. *Psychiatric Times*, 37(5).

Katz, J. and Sanger-Katz, M. (2021). 'It's Huge, It's Historic, It's Unheard of', Overdose Deaths Surge: Drug Overdose Deaths Spike. *The New York Times*, July 14, 2021. Retrieved from: <https://www.nytimes.com/interactive/2021/07/14/upshot/drug-overdose-deaths.html>

Khatri, et. al. (2020). Racial/Ethnic Disparities in Unintentional Fatal and Nonfatal Emergency Medical Services–Attended Opioid Overdoses During the COVID-19 Pandemic in Philadelphia. Retrieved 7/2/21 from: Racial/Ethnic Disparities in Unintentional Fatal and Nonfatal Emergency Medical Services–Attended Opioid Overdoses During the COVID-19 Pandemic in Philadelphia | *Emergency Medicine | JAMA Network Open | JAMA Network*

Lagisetty, et. al. (2019). Buprenorphine Treatment Divide by Race, Ethnicity and Payment. Retrieved 7/2/21 from: Buprenorphine Treatment Divide by Race/Ethnicity and Payment | *Health Disparities | JAMA Psychiatry | JAMA Network*

National Institutes of Health (2020). Substance Use Disorders Linked to COVID-19 Susceptibility. Retrieved 7/2/21 from: Substance use disorders linked to COVID-19 susceptibility | *National Institutes of Health (NIH)*

North Carolina Department of Health and Human Services (2020). NC Opioid and Prescription Drug Advisory Committee, September 2017. Retrieved 7/2/21 from: PowerPoint Presentation (nc.gov)

North Carolina Department of Health and Human Services (2021). Buncombe County Opioid Overdose Emergency Department Visits. Retrieved 7/2/21 from: BuncombeCountyOpioidOverdoseEDVisit.pdf (ncdhhs.gov)

Pan American Health Organization (2006). Protecting Mental Health During Pandemics. Retrieved 7/22/21 from: <https://www.paho.org/hq/dmdocuments/2009/Pandemia-Influenza-ENG-2.pdf>

Panchal, et. al. (2021). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved 7/2/21 from: the-implications-of-covid-19-for-mental-health-and-substance-use

Substance Abuse and Mental Health Services Administration (2020). The Opioid Crisis and the Black/African American Population: An Urgent Issue. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration. Publication No. PEP20-05-02-001.