

“Sunrise Peer Support-led Recovery Community Center at Home Is Key”

RFP for Coronavirus State and Local Fiscal Recovery Funds

Sunrise Community for Recovery and Wellness

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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.

“Sunrise Peer Support-led Recovery Community Center at Home Is Key”

Amount of Funds Requested*

\$542,151.00

Recovery Fund Eligible Category*

Please select one:

Enhance behavioral and mental health services

Brief Project Description*

Provide a short summary of your proposed project.

Sunrise Community for Recovery and Wellness, Inc. (Sunrise) in Buncombe County, North Carolina, is a non-profit 501(c)(3). We are proposing to create and run a Peer Support Specialist (PSS)-led Recovery Community Center (RCC) at Home Is Key. This is a permanent supportive housing site for 85 chronically unsheltered individuals slated to open in Dec. 2022 by Homeward Bound of WNC (Homeward Bound).

RFP for Coronavirus State and Local Fiscal Recovery

Our mission at Sunrise is to empower individuals and communities to manage and overcome substance use and mental health challenges. Our RCC at Home Is Key will assist residents seeking recovery for substance use and/or co-occurring mental health, and those with re-entry challenges. Through the valuable lived experience of our Peer Support Specialists (PSS), we will provide daily groups, individual peer support, education and training, referrals, resource linkage, and volunteer opportunities, all focused on building healthier and more sustainable recovery lifestyles.

Project Plan*

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

Sunrise Peer Support Specialists (PSS) will create and operate a PSS-led Recovery Community Center (RCC) at the Home Is Key permanent supportive housing site.

Prior to the Dec. 2022 Home Is Key opening, Sunrise will participate in meetings and planning with Homeward Bound to coordinate strategic timelines, ensuring readiness for launch. This will include in-person/virtual meetings, technical advice, site visits, and collaboration on physical-space for activities and services.

Sunrise will hire a coordinator 4-6 months prior to the Home Is Key opening to manage the final steps of program implementation and operation, including:

Staffing – 2 full-time equivalent (FTE) PSSs + 2 part-time PSSs

Hours – Mon-Fri 8 hrs/day (possible weekend PSSs to support/enhance cohesion and stability). Initial start/end times (e.g., 9am-5pm) may be adjusted (e.g., 11am-7pm) to best serve residents. Our PSSs always work in pairs to ensure safety and security for one other and for clients.

Home Is Key residents will have access to regularly scheduled cost-free recovery and wellness groups daily (in-person and virtual). Groups will follow Sunrise's existing schedules for Zoom, along with a daily group on-site. We will offer individual peer support for assisting residents in accessing and navigating community resources. These may include resume building, job applications, HepC/HIV/STD testing, volunteer opportunities, recovery events, and education and training.

Our PSS-led RCC will help create a safe place for Home Is Key residents to interact with others. RCC services will provide a sense of connection and create opportunities for residents to form healthy natural supports. They will develop social relationships, reconnect to primary care and mental health services (which likely lapsed or were greatly reduced during COVID-19), and get involved in recovery. Access to these services is crucial to the overall health and wellbeing of Home Is Key residents. This will align with current goals of the city and county and broader WNC region as we seek to support the fragile, chronically unsheltered people facing substance use and mental health challenges. Special attention will be focused on racial and cultural disparities.

With COVID-19, we experienced higher call volumes to our 24/7 Peer Support Warmline, which shares the same line as our 24/7 Peer Respite line. In Apr-June 2020 our Warmline received 122 calls vs 452 calls in Apr-June 2021. The Warmline received 1,758 calls this past year and the severity, length, and intensity of calls increased. We are requesting part of the funding to increase staffing for the 24/7 Warmline immediately upon award (see budget narrative).

Sunrise will offer Peer University and Recovery Coach Academy for those interested in volunteering or training (including initial shadowing as volunteers, paid internships, and potential PSS certification training and hours).

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 Buncombe County, 31% of the unsheltered have serious mental illness, 27% experience substance use disorders, and 19% are domestic violence victims.¹

Asheville's 2021 Point-in-Time (PIT) count showed 527 homeless in the area on any given night.² The PIT count also revealed a 78% increase from 2020-2021 in those staying in unsheltered settings (sleeping outside in streets or encampments), representing over a fifth of the total homeless population.^{2,4}

Homeward Bound listed 225 chronically unsheltered in 2021.³ These are the most vulnerable with the greatest need for permanent housing and the fewest opportunities for access. Many have lived outside for years and have mental illness, substance use, and chronic health issues, often with histories of interacting with public safety and healthcare systems due to behaviors related to living outside (staying on unfit or undesignated property, public intoxication, shoplifting, etc.).³

With integrated services, Home Is Key projects the annual cost of caring for 85 residents may be reduced from \$3-4 million to approximately \$1 million.³ As part of the integrated services, our RCC will promote safety and cohesiveness, contributing to the lowered need for expensive resources. Peer support models help cost-effectively reduce justice system involvement, hospitalizations, and relapse risk for folks with substance use/mental health issues, while improving housing stability, treatment retention, and social connections.⁵ Our own outcomes have shown decreases in substance use, court/jail involvement, ER use, inpatient stays and outpatient consultations (cost savings); and improvements in housing, employment, and functioning.⁶

Sources:[1]Buncombe County Community Health Assessment - 2015 [2]City of Asheville's Point In Time Count – 2021 [3]Homeward Bound brochure – July 2021 [4] Mountain Xpress on Shelters and Housing Gaps – June 2021 [5] SAMHSA: The Value of Peers - 2017 [6]Sunrise, positive recovery impacts, ATR voucher, Appendix E

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.

In the wake of COVID-19-related unemployment, evictions, and increased demands for services, our community support systems struggled to help the existing (and newly) homeless. As COVID-19 cases rose, many businesses reduced hours of operation or completely closed due to "shelter in place" restrictions and social distancing requirements, leading to lay-offs and firings. Many who lost jobs were evicted and sought supportive services, but service providers also needed to reduce or discontinue offerings due to pandemic-related restrictions.

Based on input from homeless support providers, the pandemic had considerable impact on community and social services in the past 16 months. Churches stopped offering rotating shelters in order to reduce exposures and meet social distancing requirements. Laundromats stopped washing clothes for the unsheltered. Community outreach and social support programs (needle exchange, drop-in centers) and in-person mental health and substance use services paused or drastically decreased services. Area shelters were obligated to increase space between beds and designate quarantine areas and many required negative COVID-19 tests for entry, leading to reduced bed availability and services. Support workers encountered longer waitlists and logistical challenges helping to secure housing because of COVID-19 restrictions.¹

Many of the folks who will be at Home Is Key were impacted by COVID-related service reductions/discontinuations and experienced exacerbations of existing conditions due to the stress of the pandemic. Sunrise worked to cover gaps, more than doubling the service episodes provided in our first four years (11,000) to 13,500 in the past year.

Our PSS-led RCC team will continue working to connect folks to supportive services and empower them to focus on overcoming substance use disorders and mental health challenges and to re-engage in building toward recovery.

[1]Homeward Bound Dwelling podcast Ep. 1|COVID-19 – August 28, 2020

Population Served*

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

The 85 chronically unsheltered residents we will serve via our PSS-led RCC at Home Is Key are predominantly from WNC. Homeward Bound's tracking data indicates 70% of the individuals on their chronic-by-name-list are from our local region. Approximately 83% report Buncombe County or another WNC county as the last place of residence, while another 7% report mid- to eastern-NC as the last place of residence.

The 2015 Buncombe County Community Health Assessment noted 1/3 of the homeless population has a serious mental illness or substance use disorder and 1/5 are domestic violence victims. The chronically unsheltered are the most vulnerable and have the greatest need for permanent housing. Many have lived outside for years and struggle with mental illness, substance use, and chronic health issues. They often have a history of interacting with public safety and healthcare systems due to behaviors related to surviving while living outside. This group's needs impose a heavy financial burden on our community. Homeward Bound indicates the national average cost per chronically homeless individual per year is \$30,000 to \$50,000), due to their greater need for and use of services (e.g., crisis centers, hospitals, ERs, ambulances, law enforcement).

The city's 2021 PIT count outlined key demographic characteristics of the area's homeless:

Age: 93% were 18 or older

Gender:

25.4% female; 74.2% male

.2% transgender and .2% gender nonconforming

Race/Ethnicity:

Nearly 3% Hispanic/Latinx ethnicity

Nearly 25% black

Another 6% indigenous, Asian, or of multiple races

In June of 2021, Sunrise surveyed 9.7% of the 527 unsheltered population in the city's PIT count. When respondents were asked about their primary reason for inability to maintain long-term housing, 17.5% indicated substance use instability and another 17.5% identified mental health instability. We recognize the necessity of providing services that are informed by systemic racism, discrimination and equity concerns.

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.

By operating our PSS-led RCC at Home Is Key, we envision positive recovery impacts in residents' engagement with services and improved overall functioning and wellbeing. As they work to increase recovery and balance, they will likely need (and seek) fewer high-cost services and require less intervention by EMS, mental health crisis services, law enforcement, and the courts.

Sunrise PSSs will conduct Self-Report Check-Ins (SCIs) with Home Is Key clients at regular intervals (e.g., at 1-, 3-, and 6-month intervals); timing will be determined in collaboration with Home Is Key.

Using baselines established through intake and the planning process, core performance measures will track at least the first three items initially, and likely many others, via the SCIs with Home Is Key residents:

- Participation in peer support volunteering and training (goal to track interest/participation levels)
- Establishment/re-establishment of/participation in routine primary medical care (goal to track establishment of and participation in care)
- Increased engagement with other services (mental health, job training, résumé or financial planning education)
- Frequency of substance use (goal to decrease)
- Number of times experienced mental health crises (goal to decrease)
- Number of days since last engaged in crisis services for mental health (goal to decrease)
- Number of ER visits (goal to decrease)
- Employment (goal to secure employment)
- Participation in financial planning/wellness activities (goal to track participation levels)

We have been in conversation with Home Is Key and plan to regularly collaborate with them regarding outcome data and tracking to ensure optimal efficiency and consistency across organizations.

We will also continue examining other areas of outcome data that we believe are critical to the recovery community and to our work (e.g., may incorporate an SCI item asking about Perceived Quality of Life).

Evaluation*

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

Peer Support Specialists (PSSs) at the RCC will work with Home Is Key residents to ensure completion of Self-Report Check-Ins (SCIs) at appropriate time intervals. The SCIs will incorporate questions and rating items tying in key aspects of the Eight Dimensions of Wellness, as used by SAMSHA, including: emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual.¹

The SCIs will be used to gather self-reported input/data from residents on the following areas: engagement in peer support volunteering and training; establishment/re-establishment of/participation in routine primary medical care; and increased engagement with other services (mental health, job training, résumé or financial planning education).

In coordination with Home Is Key, our SCIs will also likely track aspects of self-reported substance use, mental health crises, ER use, need for/use of mental health crisis services, employment status, and others. Using the SCI data, we will be able to report on service/outreach completions and trends in various aspects of residents' functioning.

Each client's unique needs and abilities will be taken into account in completing the SCIs. PSSs will go over the SCI with residents to determine the best approach for self-reporting (e.g., filling out by hand, completing via online secure portal, or offering to read items aloud and assist with completion, if needed). Sunrise uses a Google Doc system to store and aggregate data for auto-generated reports, facilitating analysis of outcomes and allowing for assessment of items needing deeper review.

We create, design, and utilize our own unique data tracking plans and systems for each of our distinct programs. We will ensure that our tracking system for this project is tailored to meet the reporting requirements. We will also use the Recovery Data Portal (RDP) software.

Source:

1 - SAMHSA – Eight Dimensions of Wellness - 2017

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?

Homeward Bound notes many of the Home Is Key future residents are part of the chronically homeless population sleeping unsheltered outside in encampments, abandoned vehicles, behind buildings, etc. While some had been sleeping outside long-term prior to COVID-19 (due to shelter requirements, disallowance of pets, substance use, safety concerns, PTSD, feelings of disenfranchisement, etc.), this group's number grew dramatically from 2020 to 2021. During the pandemic, these folks became more scattered with less access to (and availability of) programs and services. Because of COVID-19, shelters limited or discontinued offerings and there were drastic reductions or discontinuation of in-person mental health and substance use services.

Approximately 80% of the prospective Home Is Key clients have documented severe and persistent mental illness (SPMI) or substance use disorders and many have chronic health issues. Our PSS-led RCC will provide crucial services in supporting the residents as they address these areas. Our goal is to help remediate at least some of the inequities in service they experienced during COVID-19, while supporting their work on root causes of their co-occurring issues, leading to a more sustainable recovery with increased balance and wellbeing.

The city's 2021 PIT count listed nearly 30% of the area's homeless as black, indigenous, and persons of color. The disproportionate numbers of non-white people in unsheltered living point to the importance of this work. We recognize the critical necessity of providing services that are sensitive to and informed by an engaged awareness of systemic racism, discrimination, and equity issues. We are committed to this and have established relationships with non-white organizations such as Umoja, Beloved, and Jordan Peer Recovery. We also created a committee specifically focused on reviewing outreach and marketing materials to ensure our programming, practices, procedures, and protocols reflect equity and inclusion

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.

Sunrise's key collaborative partner is Homeward Bound, who is developing the Home Is Key permanent supportive housing site where our PSS-led RCC services will be provided. We have been and will continue to be involved in regular collective planning with Homeward Bound to ensure the launch of our PSS-led RCC coincides with the planned opening of Home Is Key in December 2022.

We will also continue collaborative partnerships with Asheville-Buncombe Technical Community College (AB Tech) and with Goodwill for linkage to employment training and opportunities.

We plan to use a portion of this financial support, if awarded, to fund peer support specialist training provided virtually across the state by Vaya Health.

We anticipate some contracting for peer support training and alternative therapies such as acupuncture or Reiki. We do expect a variety of non-funded key partners (engaged by Homeward Bound/Home Is Key) who will be critical to our PSS-led RCC and with whom we will work closely. It is possible these will include

psychiatry services provided by MAHEC, primary care medical services by the Appalachian Mountain Community Health Center/Dale Fell Health Center, EMS services by the county, and others yet to be identified.

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.

Sunrise became a 501(c)(3) nonprofit in 2015, after several years of recovery advocacy and organizing work. Our founders recognized the value of Peer Support Specialists (PSSs) and advocated for a local Recovery-Oriented System of Care (ROSC).

Our mission is to empower individuals and the community to manage and overcome substance use disorders and mental health challenges.

We are the only peer-run organization in WNC, with over 60% of our board and 100% of our staff being persons in recovery. We are highly skilled in developing/providing accessible programs and services and effectively engaging those impacted by substance use and mental health difficulties—including folks experiencing poverty and homelessness, justice-involvement, or the effects of trauma.

The RCC model offers peer support, peer-led recovery groups, information about recovery resources and services, and volunteer and internship opportunities. Our RCC in Asheville serves as a hub for outreach, community education, and training, including Recovery Coach Academy and Wellness Recovery Action Plan.

In the past six years, we have provided over 24,000 episodes of peer support, training and recovery advocacy. We have partnered successfully with the county justice system to provide Peer Support Specialists as a significant part of their recovery support offerings. Many of us participate in numerous groups' boards and committees and are involved in organizing and supporting local, regional, and statewide recovery initiatives.

We have grown from a small, volunteer-driven, peer-led network to a successful, regional nonprofit organization and leading recovery resource. Our initial funding was \$50,000 from Recovery Communities of North Carolina and we are now diversely funded with an annual budget of over \$2,000,000. Our staff has grown from one paid PSS to 48 full- and part-time PSSs. We've also built strategic partnerships with community organizations and stakeholders and now operate 11 peer-led programs.

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.

Bunc Co Covid Recovery Sunrise Community - Sheet1.pdf

Special Considerations*

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

Sunrise Community is the only 100% peer run and managed organization in WNC. These funds would support authentic peer support services in our community. Sunrise looks forward to continued partnerships and collaborations with Buncombe County.

File Attachment Summary

Applicant File Uploads

- Bunc Co Covid Recovery Sunrise Community - Sheet1.pdf

Organization Name:	Sunrise Community for Recovery Wellness				
Project Name:	<i>Sunrise Peer Support-led Recovery Community Center at Home Is Key</i>				
Amount Requested:					
Proposed Project Revenue Funder		Amount	Confirmed or Pending?	Notes	
Proposed Buncombe COVID Recovery Funds					
List other sources here					
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List other sources here					
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List other sources here					
List other sources here					
List other sources here					
List other sources here					
List other sources here					
List other sources here					
List other sources here					
List other sources here					
Total	\$ -				
Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
List expenses here	2 .5 FTE PSS for Warmline		\$34,200	Operating	This will expand warmline capacity and will need to be funded immediately (Sept-dec)
List expenses here	12% Fringe Benefits		\$4,104	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, onboarding (background check, DL checks, ETC)
List expenses here	phone stipend for staff		\$500	Operating	\$ 50 phone stipend for each full time employee and \$25 for part time, per month
List expenses here	Phone and monthly service		\$500	Capital/Operating	One time cost of 250 for the phone and 140 for service (4 months)
List expenses here	10% Overhead		\$3,930	Operating	
List expenses here	2021 Year Total for Warmline expansion (18 weeks)		\$43,234		
List expenses here					
List expenses here	RCC Coordinator 1FTE		\$23,920	Operating	Begins July 1 2022 for planning 23/hour FTE for 6 months

List expenses here	Laptop and printer for Coord.		\$1,200	Capital	
List expenses here	12% Fringe		\$2,870	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, onboarding (background check, DL checks, ETC)
List expenses here	2.5 FTE Warmline Staff		\$98,800	Operating	\$19 hr/ 2.5 FTE
List expenses here	12%Fringe Benefits		\$11,856	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, onboarding (background check, DL checks, ETC)
List expenses here	Phone Stipends for Staff		\$1,500	Operating	\$ 50 phone stipend for each full time employee and \$25 for part time, per month
List expenses here	Monthly Service for Warm line		\$400	Operating	33.33 per month for service x12
List expenses here	10% Overhead		\$13,935	Operating	
List expenses here	Total for year 2022		\$154,481		
List expenses here			\$ -		
List expenses here	2.5 FTE Warmline Staff		\$98,800	Operating	\$19 hr/ 2.5 FTE
List expenses here	12%Fringe Benefits		\$11,856	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, onboarding (background check, DL checks, ETC)
List expenses here	Phone Stipends for Staff		\$1,500	Operating	\$ 50 phone stipend for each full time employee and \$25 for part time, per month
List expenses here	Monthly Service for Warm line		\$400	Operating	33.33 per month for service x12
List expenses here	RCC Coordinator		\$47,840	Operating	FTE 23hr/40 hrs
List expenses here	12% Fringe Benefits		\$5,741	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, onboarding (background check, DL checks, ETC)
List expenses here	RCC Staff		\$118,560	Operating	3 FTE
List expenses here	12% Fringe		\$14,227	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, onboarding (background check, DL checks, ETC)
List expenses here	RCC Supplies		\$5,000	Operating	General Office supplies- Paper, pens, paperclips, stickynotes. Group Supplies-art supplies, light snacks or pizza water etc
List expenses here	Equipment-Laptops, printers, TV		\$2,800	Capital	2 laptops for staff and 1 laptop for participants and a printer, TV for RCC
List expenses here	Zoom Acct		\$200	Operating	zoom acct for RCC 14/month
List expenses here	Outreach (flyers, cards, brochures)		\$1,500	Capital	Printing costs for flyers, brochures and business cards.
List expenses here	Staff Development		\$2,000	Operating	500 per employee, anticipating some turnover and the need to train new employees CRM,MI, deescalation, CPR, etc

List expenses here	Subcontracting/ Professional Services		\$1,700	Operating	Holistic Practitioners-Reiki, Therapeutic massage, sound healing, etc. PSS training- subcontract with trainer to train participants as peer support specialist
List expenses here	Bookkeeping services		\$1,000	Operating	
List expenses here	10% Overhead		\$31,312		
List expenses here	Total for year 2023		\$344,436		
List expenses here					
List expenses here					
List expenses here					
List expenses here					
List expenses here					
List expenses here			\$ -		
Total		\$542,151			