Memorandum

From: Conrad L. Mallett and Nicole Sherard Freeman

To: Council President Brenda Jones

Regarding: (CHC) response to questions presented September 10, 2020

Date: September 11, 2020

1. Please explain how residents that lack digital access will be serviced?

a. How much funding is anticipated to go towards technology assistance?

b. How many devices will be provided?

The Community Health Corps model will rely on non-digital modes of communication to reach and provide support to residents. Our initial outreach will include phone calls, literature drops and follow-up door-knocking. As we work with residents to determine need, we will ensure that each has access to the technology they need to take advantage of programs. This could include being assisted with online applications using the peer counselors device, receiving one-on-one help navigating application processes using a mobile device, or having a peer counselor or case manager apply on behalf of the resident where appropriate and permitted. We fully expect that some residents will enroll into a device-eligible Detroit at Work program (High school completion, GED classes/exam, etc.). Residents who enroll in a device-eligible, device-funded program will be given a device (Chromebook or other similarly priced tablet), internet connectivity for 6 – 12 months (depending on the program), and 1 year of technical support.

City Council recently approved a contract for $1.38MM to help provide digital device packages to adults ages 18+ who are enrolled in eligible Detroit at Work programs. We anticipate that this funding will provide 4700+ devices to Detroit at Work customers, some of whom will be CHC participants. Because CHC participants determine their own economic independence goals, we cannot yet project how many CHC participants will enroll into a device eligible Detroit at Work program.

2. The cost built into the budget for staffing was $461,429. TW

a. Does the cost cover all case managers, social workers, peer counselors, etc?

b. Please provide a detailed breakdown of the funding that will be utilized to support the program.

i. Please include a detailed list of the salaries for staffing.

Yes. The cost built into the budget for staffing includes all staff inclusive of management, case managers, and peer counselors through December 31st. Below is a detailed summary of the amounts included in the budget for salaries.

For the period through December 31st, 100% of the program is expected to be funded through CARES dollars if approved by city council. In subsequent periods, approximately 30-50% of the program costs are expected to be covered through Federal, State and municipal funding. *** There is high confidence that remaining funding will be covered with philanthropic support.

STAFFING	
Management	
Director	94,250
Deputy Director	65,000
Administrative assistant	17,875
Accountant	11,375
Monitor	11,375
Total Management	199,875
Pod	
1 Lead Case Managers	24,863
4 Case Managers	76,618
8 Peer Counselor I	62,401
8 Peer Counselor II	97,672
Total Pod	261,554
Total staff	**461,429**

STAFFING		
Management	Salary	Fringe
Director	145,000	43,500
Deputy Director	120,000	36,000
Administrative assistant	55,000	16,500
Accountant	70,000	21,000
Pod		
1 Lead Case Managers	76,500	22,950
4 Case Managers	58,937	17,681
8 PC I ($23 hr)	48,001	14,400
8 PC II ($18 hr)	37,566	11,270

Lead Case Manager

Salary range: 66,625 – 87,125

Case Manager A, B, C

Salary range: 51,250 – 66,625

CHW/PC II

Salary range: 43,827 – 52,175

CHW/PC I

Salary Range: 33,392 – 41,740

3. Please explain how feedback will be gathered from residents on the implementation of this program.

Prior to implementation, a focus group made up of Detroit residents currently enrolled in case management services from the Detroit Health Department and other nonprofit service agencies is being assembled to directly inform best practices before program launch. Program management will also create a Resident Advisory Council to provide ongoing feedback and advice on program implementation and future strategies. Additionally, U of M Poverty Solutions will conduct resident interviews as part of the annual program evaluation process.

4. How can citizens and the Detroit City Council members refer residents to the program?

In phase one of the CHC implementation, referrals will come from either the Detroit Water and Sewerage Department (DWSD) or Housing Revitalization and Development, and only include residents who are precariously housed individuals, those who need emergency temporary relocation due to a fire or other emergency, those who are basic needs insecure/lack of water service or are at-risk for dangerous living conditions, as determined by a BSEED inspector. We are confirming the CARES funding criteria under which City Council could refer up to 30 residents, as long as they meet funding source requirements. If Council approves phase one of CHC, the leadership team will proceed with philanthropic community fundraising, which will enable us to build a more robust and inclusive referral model. When more flexible funding sources are developed, we will report back to Council on the details of program expansion.

5. What will be the process if someone wants or needs to participate but wasn't notified?

At this point, the CHC model is referral based. CHC leadership would like to work with City Council on the best way to keep track of residents who wish to self-refer into the program.

6. How will residents be notified that the Community Corps will be deployed into their neighborhoods?
Peer counselors and community health workers will drive vehicles that are wrapped with the CHC City of Detroit logo. Staff who visit homes will wear CHC apparel that clearly identify them as CHC staff. Residents who are eligible for assistance will be directly notified. In cases where we are referred to a home where eligible residents may live but no name is available (e.g., precariously housed residents; homes where residency is suspected by unconfirmed, etc.), we will leave literature at the home. Beyond these steps, CHC leadership will work with City Council and the Department of Neighborhoods on the best ways to advise residents that phase one of this program is being launched on a referral-only basis because of staff capacity.

7. For safety precautions, how many people are expected to be going to the residence?
For safety reasons, two peer counselors/community health workers will join each resident visit.

8. What type of safety precautions are in place in case a constituent makes a complaint regarding mishandling during a visit?
We take the safety of staff and residents very seriously. Similar to the recipient rights process in behavioral health, the CHC will have a resident safety protocol and confidential reporting process flyer (including a designated name and direct-line phone number for complaints) which will be shared during the first visit.

9. How many seats will be appointed by the City Council to the Advisory Board?
Deputy Mayor Conrad Mallet will confer with Council President Brenda Jones on the appropriate number of seats to allocate to the Advisory Board. It should be noted that these are volunteer positions that are not mayoral appointees.

10. Who is responsible for evaluating the project and/how will constituents be able to evaluate the program?
CHC leadership is working closely with the University of Michigan Poverty Solutions team, in partnership with the Executive Director, H. Luke Schaefer, PhD. Dr. Schaefer also serves as a special advisor to Robert Gordon, Director of the Michigan Department of Health and Human Services. His network and access to national best practices make him uniquely qualified to consult with us on an evaluation of our work. We will be able to present an evaluation methodology to City Council no later than October 30, 2020.

The U of M Program Evaluation includes pre/post and mid-point interviews with CHC program participants and community partners for their assessment of the effectiveness of the CHC program. These interview surveys will be tabulated and results will be provided as part of the annual program evaluation. Mid-point interview results will be shared with program management to provide opportunities for potential program improvement strategy development.