



Green & Healthy Homes Initiative

Utica-Oneida County Work Plan

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I. The Green & Healthy Homes Initiative

The Green & Healthy Homes Initiative (GHHI) is dedicated to breaking the link between unhealthy housing and unhealthy families. The GHHI model was designed to integrate stand-alone housing intervention programs so that families receive a coordinated intervention. As a result, families don't have to navigate the service delivery system on their own, and they don't have to risk losing a service they qualify for, simply because they don't know about it (i.e., "No Wrong Door"). This model produces sustainable, green, healthy, and safe homes, which results in improved health, economic, and social outcomes for families. This model was designed to be flexible – it can be used to address home hazards like asthma, lead, and mold, in addition to improving energy efficiency and age-in-place outcomes.

Nationally, thirty million Americans still live in unhealthy housing, and children miss fourteen million days of school each year because of their asthma – typically triggered by environmental hazards in their own homes. With this in mind, the GHHI model was formed with key innovations such as cross-training the crews who were previously remediating lead hazards to address all of the other hazards that are keeping families sick, and braiding every applicable state, local, and federal funding source to pay for the comprehensive intervention work. Today, GHHI is working with over 30 cities to implement this holistic model, integrating services that make homes healthier and more energy efficient, and ensuring that families are receiving the education and medical services they need to keep their kids out of beds at the hospital and back in their desks at school.

The GHHI model streamlines programs that address health, safety, lead hazard reduction, energy efficiency, and weatherization into an integrated, comprehensive "whole house" approach to better serve low- and moderate-income populations at the local level. The GHHI approach achieves multiple benefits, including healthier and more energy efficient homes, higher quality green jobs, increased economic opportunities for low income communities, and better health outcomes for children and families. These benefits are attained by leveraging the nation's investment in weatherization, energy efficiency, lead hazard reduction and Healthy Homes interventions.

Over the short term, GHHI ensures that comprehensive housing interventions will be conducted in a manner that poses no harm (i.e. increased incidence of emergency visits due to asthma or greater lead dust hazards due to improperly sealed homes) to residents. In the long-term, GHHI aims to increase the stock of green, healthy, maintainable and sustainable housing in low to moderate income communities and to create substantially better health, environmental, and economic outcomes for residents and their children.

This Work Plan represents a collaborative effort of members of the Utica-Oneida County Learning Network and GHHI's national staff in establishing the fundamentals of the GHHI model in the city and county. It will serve as the Learning Network's coordination plan and will outline the services currently available and corresponding eligibility criteria, a workflow process that is designed to deliver services comprehensively, and the steps that can be taken to towards its implementation and evaluation of outcomes. The available services and their corresponding qualification criteria are part of a broader analysis to identify local assets, and crucially, to create a development plan designed to fill any gaps that might exist.

This document will be consistently updated to account for changes in the coordination plan, Learning Network members and services available to community members in Utica-Oneida County.

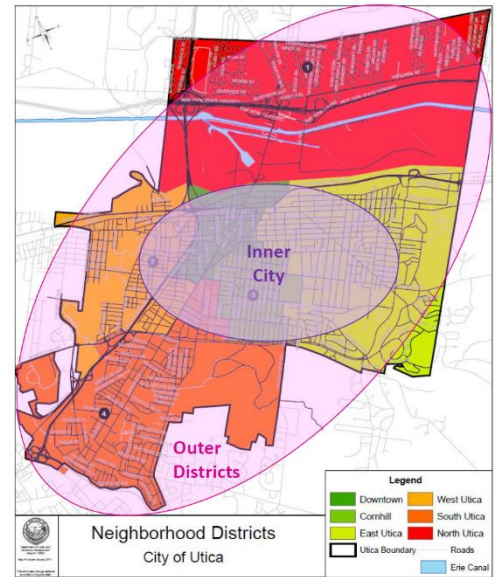
II. Overview of Need in Utica-Oneida County

About Utica-Oneida County

Oneida County is located in the center of upstate New York State within the Mohawk Valley Region. The City of Utica is the county seat of Oneida County and was established in 1832. This original geography now constitutes the inner city with a commercial area at its core. Outer districts were established to the north and south as post WWII housing was built in the 1950s creating “suburb” style neighborhoods.

The City of Utica is surrounded by more prosperous suburbs including Deerfield, Marcy, Whitesboro and New Hartford.

According to the US Census American Community Survey (2018), the City of Utica’s total population is 60,100, and the county population is 229,577.



Geography	April 1, 2010		Population Estimate (as of July 1)								
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017	2018
Utica City, New York	62,235	62,239	62,206	62,030	61,883	61,683	61,297	60,911	60,616	60,402	60,100
Oneida County, New York	234,878	234,869	234,763	234,203	233,766	233,356	232,626	231,234	230,348	230,127	229,577

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table S0101

The city is governed by a Mayor and Common Council, with the mayor acting as the primary executive officer and the Common Council as the legislative body. The Common Council consists of 10 members, 6 of whom each represent a municipal district and 4 at-large members. Oneida County government is managed by a county executive and a 23-seat county Board of Legislators.

The city’s Department of Urban and Economic Development administers entitlement funding allocated by the U.S. Department of Housing and Urban Development, as well as funds awarded by HUD Department of Lead Hazard Control and Healthy Homes. The City’s Section 8 Housing Office and Utica Municipal Housing Authority (MHA) administers HUD’s Housing Choice Voucher Program (HCV) within the city limits. The county administers health department services including the Childhood Lead Poisoning Primary Prevention Program (CLPPP), primary prevention, and the Lead Poisoning Prevention Program (LPPP), secondary prevention. As well as public assistance programs through their Department of Social Services including Supplemental Nutrition Assistance Program (SNAP), and Home Energy Assistance Program (HEAP) to help low-income people pay the cost of healthy food and heating their homes.

As part of the Mohawk Valley region, the Cities of Utica, Rome, and Oneida County fall under the Regional Economic Development Councils (REDC) which are the strategic economic advisory boards for each Region in New York State that in part selects and administers NYS grant programs. Many of our local GHHI Learning Network Partners have projects or receive funding directly through the Department of Environmental Conservation (DEC), Homes and Community renewal (HCR), Department of Health

(DOH), and New York State Energy Research and Development Authority (NYSERDA) at the State level. The Regional Economic Development Councils, we have replaced the 'one-size fits all' approach to economic growth with a 'ground-up' strategy that focuses on cooperation and investing in regional assets to generate opportunity with priorities that are driven locally.

In addition to these city and county government services, other anchor institutions in the community that have supported adoption of the GHHI model include the Community Foundation of Herkimer & Oneida Counties, Cornell Cooperative Extension of Oneida County, HomeOwnershipCenter, and Mohawk Valley Community Action Agency.

Community Residents and Housing Stock

In the City of Utica, approximately 63% of the population is white, 15% is black, 12% is Asian, 1% is Native American, 5% is two or more races, and 4% is another race. 14% of the total population is Hispanic or Latino. There are about 15,197 children under age 18 who live in the City of Utica. 7% of these children are under the age of 5. Approximately 46% of Utica's children live below the poverty line. 9,344 individuals, about 15% of the population, is age 65 or older. The median household income for city residents is \$35,394. ([U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Tables B02001, B03002, S0101, S1701, S1903](#))

In Oneida County, approximately 87% of the population is white, 8% is black, 4% is Asian, <1% is Native American, 1% is another race and 2% is two or more races. 5% of the total population is Hispanic or Latino. Similar to Utica, 6% of children in the County are under 5 years old and 28% of children live below the poverty line. 18% of the population is age 65 or older. Median household income for county residents is \$53,844. . ([U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Tables B02001, B03002, S0101, S1701, S1903](#))

The City has a 200-year history of welcoming immigrants and refugees. Utica, through the formal establishment of a federal program with the 1980 Refugee Act, became a United Nations Resettlement City. Individuals from over 35 countries have settle in Utica, and new Americans continue to stabilize the population and the economy. Over 16,500+ individuals have resettled in the Mohawk Valley region. 19.4% of the Utica's population, nearly 1 in 5 people, is foreign born. (Sources: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Tables DP05/S2503/DP02)

The city has about 23,520 occupied housing units; 38.5% of occupied units are single detached homes. Many of the other occupied housing units are large single-family homes that have been subdivided into multiple units. 29% of occupied homes are two-household units and 11.8% are 3- to 4unit homes. 47.8% of units are owner-occupied and 52.2% are renter occupied. About 91.6% of units were built in 1979 or before. Of homeowners in Utica with a mortgage, 19% spend more than 35% of their monthly income on their homes. 50% of renters spend more than 35% of their monthly income on their rent. Unsurprisingly, there is a high correlation between the areas with higher housing burden and higher poverty. ([U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Table DP04](#))

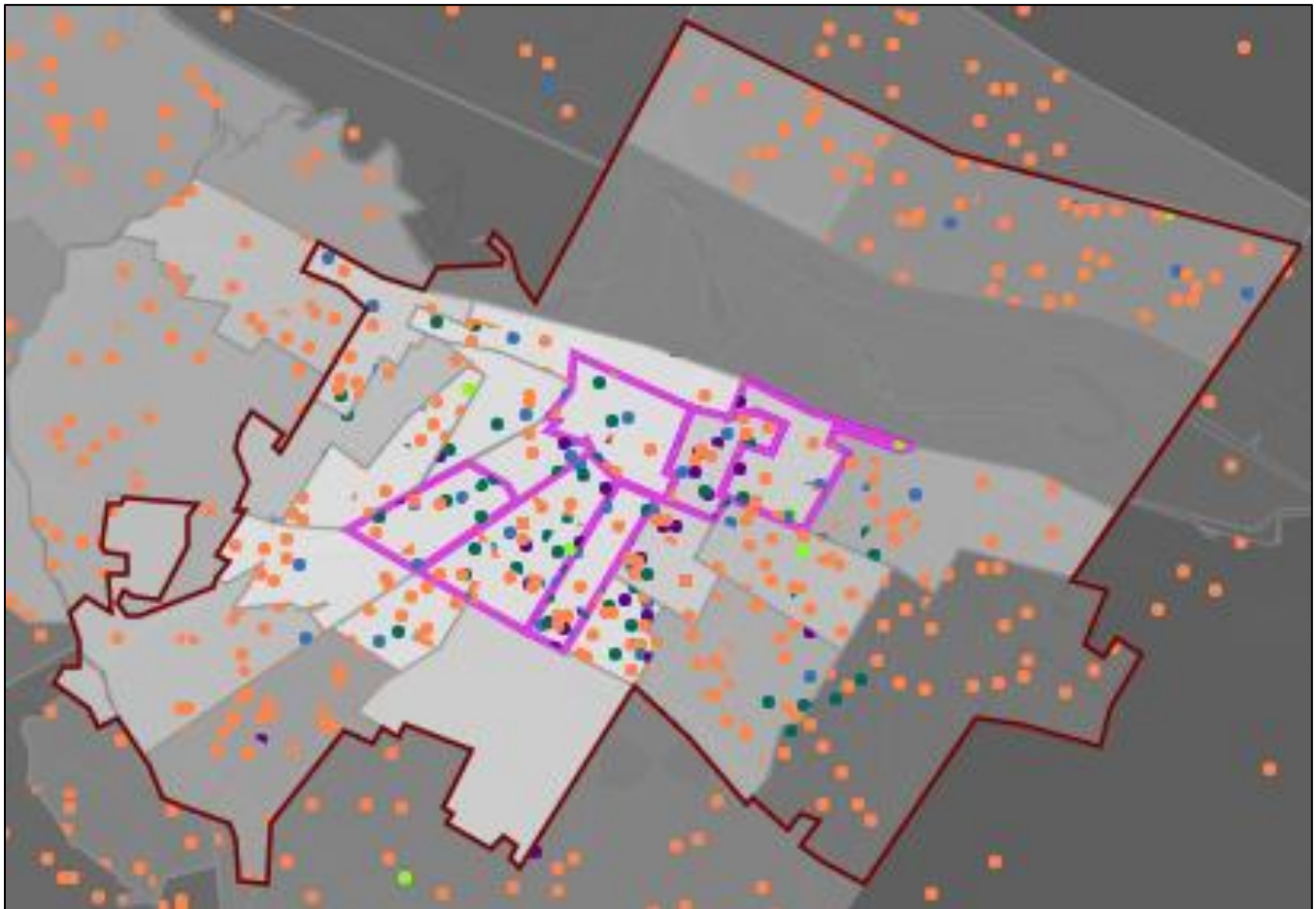
Oneida County has an estimated 88,871 occupied housing units, about 60% of which are single unit detached homes. 66.3% are owner-occupied and 33.7% are renter occupied. About 79.7% of units were built in 1979 or before. 17.5% of homeowners with a mortgage spend more than 35% of their

income on housing costs. 40.7% of renters spend more than 35% of their income on housing. ([Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Tables DP04](#))

Many of our GHHI partners also belong the Mohawk Valley Housing & Homeless Coalition which acts as our area's HUD Continuum of Care (CoC). They use a Coordinated Entry System for homeless services in our region that is designed to support persons and families who wish to move into permanent housing. This community-wide process facilitates all homeless providers working together to quickly move people into available housing options. It includes a common assessment that is conducted at all HUD-funded shelters and at other locations to inform the selection of the most appropriate permanent housing option to meet people's needs. The Continuum of Care (CoC) has a process that ensures that the highest need, most vulnerable households in the community are prioritized for services.

HUD's Affirmatively Furthering Fair Housing Mapping Tool shows several indicators that neighborhoods with high concentrations of non-white residents also have more concentrated poverty, higher housing cost burdens, and poorer environmental health when compared to majority white areas. (Areas with pink borders are Ethnically and Racially Concentrated Areas of Poverty.)

Environmental Health and Race/Ethnicity (City of Utica)



[Source: HUD, Affirmatively Furthering Fair Housing Mapping Tool, 2017 AFFHT0004 Data](#)

Legend

Demographics 2010

1 Dot = 75

- White, Non-Hispanic
- Black, Non-Hispanic
- Native American, Non-Hispanic

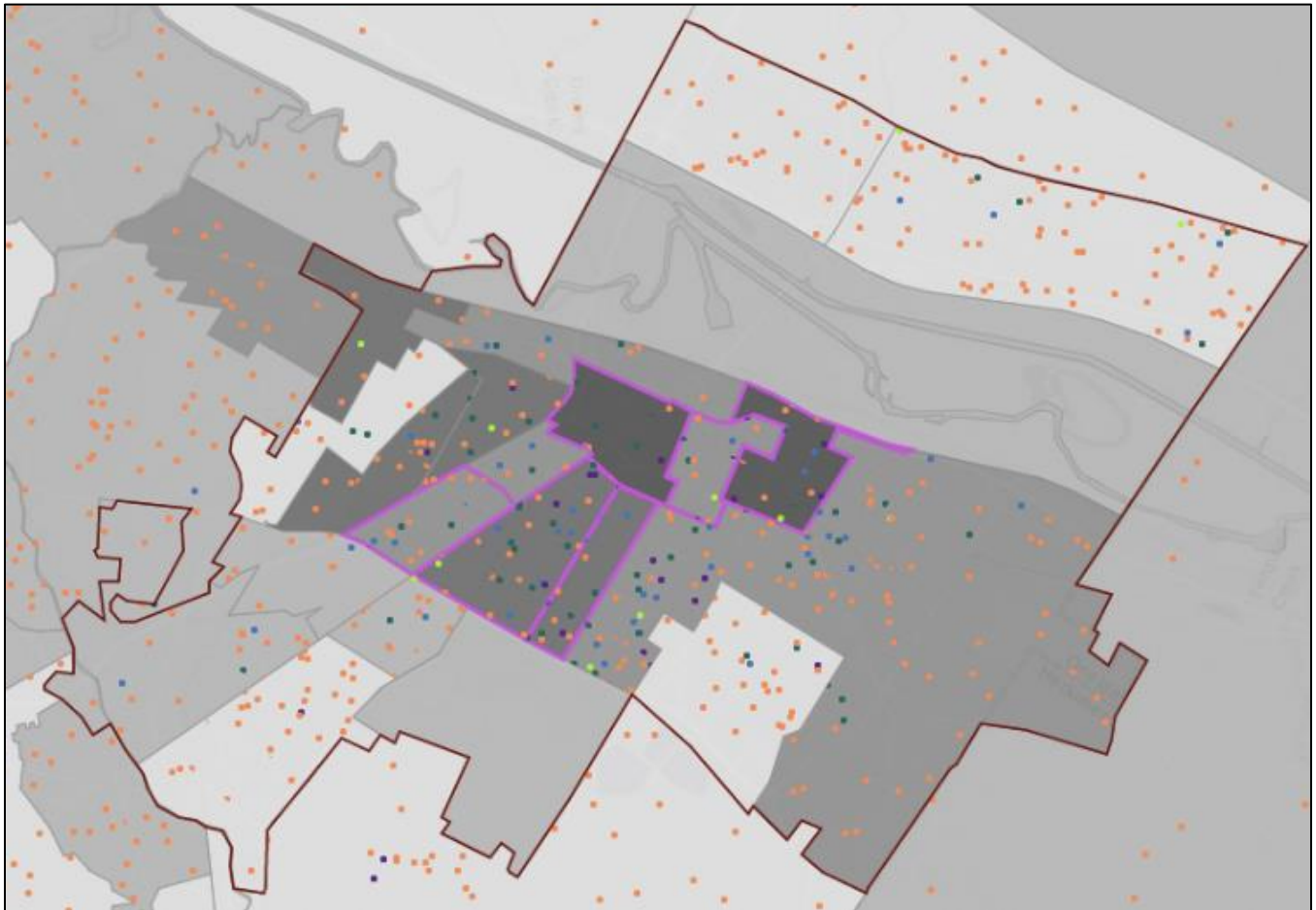
- Asian/Pacific Islander, Non-Hispanic
- Hispanic
- Other, Non-Hispanic
- Multi-racial, Non-Hispanic

Environmental Health Index

- 0 - 10
- 10.1 - 20
- 20.1 - 30
- 30.1 - 40
- 40.1 - 50
- 50.1 - 60
- 60.1 - 70
- 70.1 - 80
- 80.1 - 90
- 90.1 - 100

(Environmental Health Index: higher index ranges indicate less exposure to air toxins)

Households Experiencing Housing Cost Burdens and Race/Ethnicity (City of Utica)



Source: HUD, Affirmatively Furthering Fair Housing Mapping Tool, 2017 AFFHT0004 Data

Legend

Demographics 2010

1 Dot = 75

- White, Non-Hispanic
- Black, Non-Hispanic
- Native American, Non-Hispanic

- Asian/Pacific Islander, Non-Hispanic
- Hispanic
- Other, Non-Hispanic
- Multi-racial, Non-Hispanic

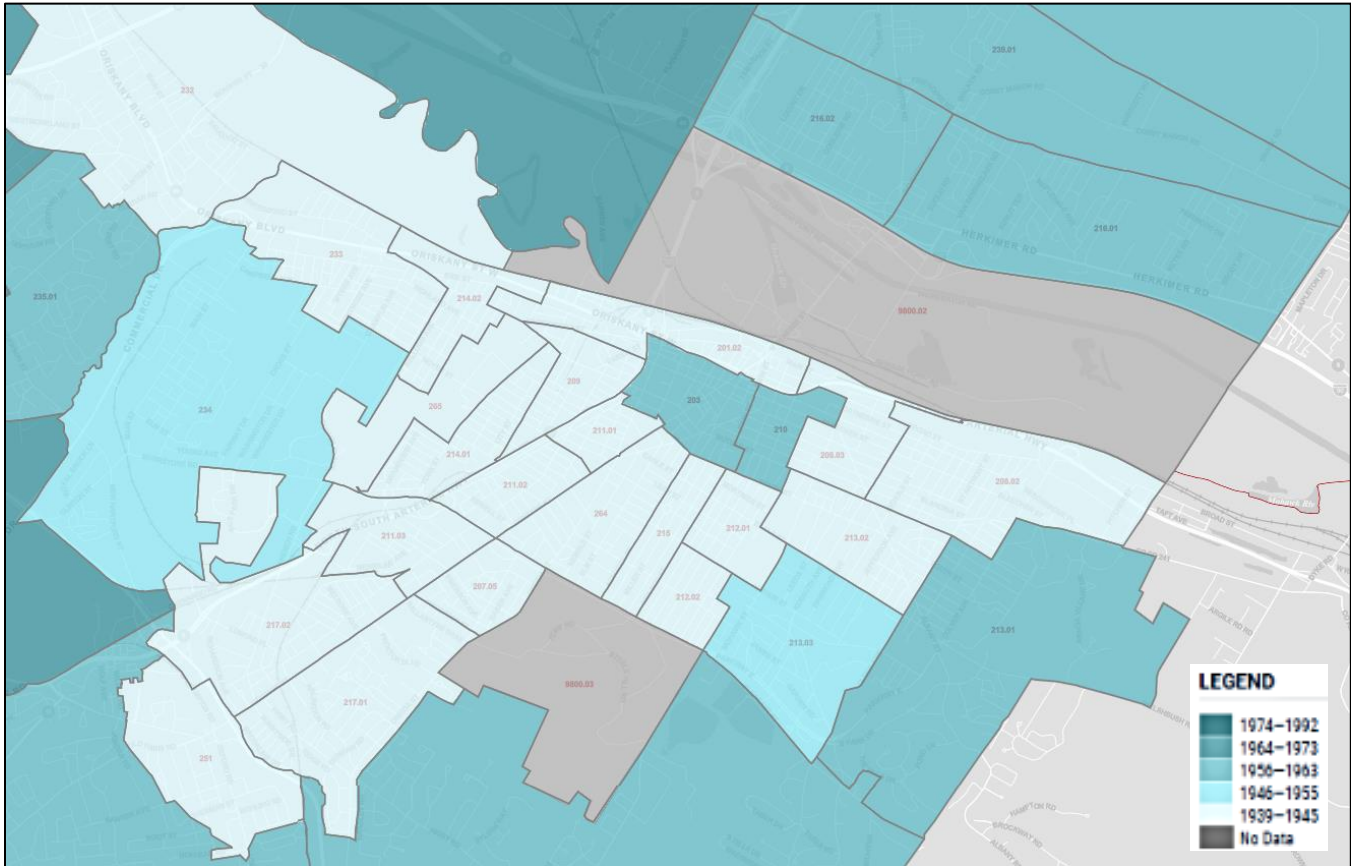
Percent Households with Burden

- < 25.56 %
- 25.56 % - 33.55 %
- 33.55 % - 44.39 %
- 44.39 % - 60.58 %
- 60.58 % - 100 %

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters living in the inner city. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, medical, childcare, and transportation. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

The majority of the homes in Utica, approx. 92% (25,000+) were built before 1978 and 64% of homes built before 1950. Older housing units are more likely to contain lead-based paint, and older housing units that are not as well-maintained are disproportionately occupied by low income families. Accordingly, Utica’s aging housing stock is putting these low-income families at increased risk of exposure to lead hazards. Moreover, the Region’s aging housing stock leaves residents vulnerable to dangerous environmental health hazards beyond lead-based paint. Hazards like mold and other allergens can trigger asthma episodes or exacerbate respiratory conditions. Residents and families living in areas with the highest housing burden are generally more likely to be exposed to severe environment health hazards.

Age of Housing Stock (City of Utica)



Source: U.S. Census Bureau, 2010-2018 American Community Survey, Median Year Structure Built, Table B25035

Lead Poisoning Indicators

The New York State Department of Health (NYSDOH) has provided City level data on the number of children tested for blood lead levels and the number of children with an elevation of 5µg/dL or above from 2011-2017. In 2017, 259 children under age 6, or nearly 17.5% of tested children, had an elevated blood lead level of > 5µg/dL.

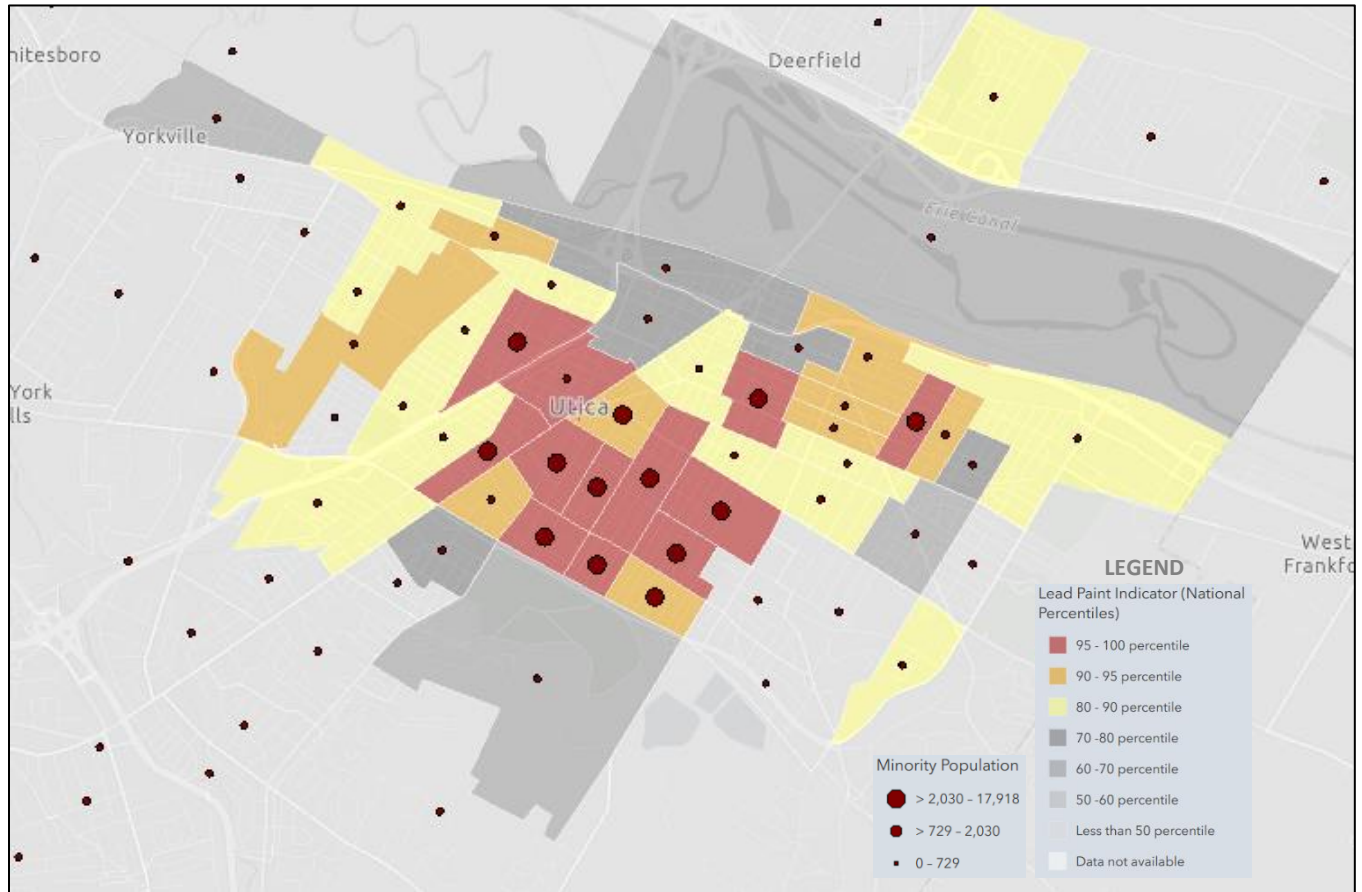
Utica Target Area Blood Lead Testing and EBL Data

Test Year	Number of UNIQUE children under the age of six (6) tested for elevated blood lead level in Utica	Number of children under the age of six (6) with an elevated blood lead level of 5 µg/dL or above in Utica	Percentage of children tested for elevated blood lead levels that tested at 5 µg/dL or above

2011	1072	300	27.99%
2012	947	264	27.88%
2013	1054	232	22.01%
2014	1157	248	21.43%
2015	1380	234	16.96%
2016	805	108	13.42%
2017	1483	259	17.46%

Source: NYS Department of Health, 2011-2017 EBL Data

Lead Paint and Race/Ethnicity (City of Utica)



Source: U.S. EPA, Environmental Justice Screening and Mapping Tool (Version 2019), 2013-2017 American Community Survey

Other Housing Related Health Indicators

Hazardous conditions in home environments can cause illness, injuries and accidents that negatively impact long-term health of residents, particularly for children, low-income families, and older adults.

Jurisdiction	Child Environmental Health Indicators (Year)	Total/Rate
Oneida County	Total Number of Children under 18	48,780
Oneida County	Total Number of Children under 6	32.1%
Oneida County	Children for whom poverty status is determined	25.7%
Oneida County	Children living in households with SSI, SNAP or other public assistance	33.5%
Oneida County	Children under 6 with public health insurance	53.9%
Oneida County	Children receiving blood lead tests	4,431

Oneida County	Children with confirmed EBLL @ 5mcg/dL or more younger than 72 months	519
Oneida County	Asthma related ED visits per 10,000 residents (adjusted rate)	47.6

Sources: [American Community Survey 2018 5-Year Estimates Table Children Characteristics \(ID S0901\)](#)
[CDC Lead Surveillance Data New York State County Level Summary 2017](#)
[Asthma Age-Adjusted Hospitalizations per 10,000, New York State, 2014-2016](#)

Jurisdiction	Older Adult Environmental Health Indicators	Total/Rate
Oneida County	Total population age 65 and older	41,650
Oneida County	Age 65 and older enrolled in Medicaid	12.6%
Oneida County	Rate of hospitalizations due to falls per 10,000 (Age 65+ years)	256.7
Oneida County	COPD Age-Adjusted ED Visits (rate per 10,000)	59.08

[American Community Survey 2018 5-Year Estimates Table Population 65 Years and Over \(ID S0103\)](#)
[Oneida County Indicators for Tracking Public Health Priority Areas, 2013-2017 \(Data Years 2008-2010\)](#)
[COPD ED Visits and Hospitalizations, New York State, 2014-2016](#)

Left unaddressed at a national scale, poor quality housing has created over \$100 billion in annual healthcare costs based on medical expenses associated with treatments for lead poisoning, asthma, and injuries and accidents in housing environments. GHHI and its partnering communities can use the federal Healthy People 2020 framework for identifying resources and intervention strategies to address housing conditions as a social determinant of health and build cross-sector partnerships to drive reduction in the prevalence and severity of these health conditions through housing interventions. (See the Logic Model in Section IX for more details.)

There are four (4) medical clinics serve Utica’s low-income neighborhoods - the MVHS Sister Rose Vincent Family Medicine Center in Cornhill, Upstate Family Medical Clinic in West Utica, OCHD Elizabeth Street Clinic between Downtown and East Utica, and Mosaic Federally Qualified Health Center near Oneida Square.

Access to healthcare services is also an important neighborhood level indicator for quality of life. While most Utica residents at all ages have health insurance coverage, many neighborhoods with known environmental health hazards are medically underserved, defined as areas known to have concentrated poverty and high infant mortality or high percentage of elderly resident with a shortage of primary care providers.

Medically Underserved Areas (City of Utica)

Data	Data collection process, roles and system in place	May 2020
Workforce Development	Workforce resource gap scan; training needs in work plan	May 2020
Marketing	Site marketing plan adopted; GHHI brand standards observed	May 2020
Fundraising	Site asset and gap analysis complete; fundraising goals identified	May 2020
Policy	Local policy barriers identified in work plan; engaged in GHHI National policy initiatives	May 2020

B. Political Will, Planning & Partnership: GHHI Site Learning Network

The development of the GHHI Model’s holistic and streamlined intervention model was started with the joint support of the Mayor of Utica, Oneida County Executive, and local agency partners. Community engagement that provides a deep understanding of the priorities, challenges, and needs in Utica is critical to the development and implementation of this model. As a result, the Utica-Oneida County Learning Network was convened to build out and implement coordination strategies, customized for Utica and the surrounding community. Members of the Learning Network were recruited because of their resources and expertise at the intersection of housing, health, and policy. Numerous other agencies, and community organizations also participate periodically and contribute to the Learning Network which will continue to expand to include additional partners.

The goals and principles in this Work Plan are the result of a collaborative process. Likewise, the responsibility for implementing these goals and principles will require a partnership of many parties, including city and county departments, state and federal agency partners, non-profits, foundations, community organizations, private companies, and communities throughout the city and county.

The GHHI Utica-Oneida County Learning Network currently includes the following partners and organizational capacity:

a. City of Utica

- **Mayor's Office** coordinates all City codes, housing, economic and community planning activities related to lead and healthy housing.
- **Codes Enforcement** conducts visual inspections for peeling and chipping paint, then uses IPS software to coordinate their findings with other lead and healthy housing programs.
- **Housing Office (Section 8)** administers Utica’s HUD Housing Choice Voucher Program (HCVP) and will refer housing choice voucher renters and owners for lead inspections and hazard control work. Voucher recipients will be prioritized for LHC work in order to further Lead Safe Housing Rule compliance.
- **Urban & Economic Development (UED)** administers the City’s HUD Entitlement CDBG, HOME, ESG and CARES programs to help maintain adequate housing and a suitable living environment; emergency solutions assistance; COVID-19 response; Community Development and Neighborhood Revitalization.
- **Urban Renewal Agency (URA)** provides access for individuals interested in redeveloping tax-foreclosed, abandoned and distressed properties acquired by the City of Utica. URA can refer family homebuyers of City-owned vacant rental properties.
- **Utica Municipal Housing Authority (MHA)** can refer housing choice voucher recipients and landlords for lead inspections and hazard control work. Voucher recipients will be prioritized for

LHC work in order to further Lead Safe Housing Rule compliance. HUD Lead-Based Paint Capital Funds (LBPCF) will be used in Utica Municipal Housing Authority complexes (Round #1 - Adrean Terrace, F.X. Matt & N. D. Peters; Round #2 - Humphrey Gardens and Gilmore Village) to address lead-based paint hazards and ensure that housing units are safe.

- b. **The Community Foundation of Herkimer & Oneida Counties, Inc. (CF) / Lead-Free Mohawk Valley (LFMV)** provides backbone support for the local Lead coalition, including 40+ member organizations, to build stronger partnerships that better address childhood lead poisoning.
- c. **Cornell Cooperative Extension Oneida County (CCE)** has been funded to host the Utica-Oneida County Outcome Broker position.
- d. **Environmental Education Associates (EEA)** offers Renovation, Repair and Painting (RRP) initial and recertification courses for contractors at Utica's Mohawk Valley Community College.
- e. **HomeOwnershipCenter (HOC)**, Utica Neighborhood Housing Services, Inc., has 40 years of housing rehabilitation experience. HOC is a HUD-approved Community Housing Development Organizations (CHDO), a Community Development Financial Institution (CDFI), a NeighborWorks® America affiliate.
- f. **Legal Services of Central New York (LSCNY)** provides legal assistance to low-income tenants and currently hosts a community organizer to garner resident advocacy for, and engagement in, implementing change in lead related, pre-rental inspection policies.
- a. **Mohawk Valley Community Action Agency (MVCAA)** Housing Division administers programs to address the physical housing needs of low-to-moderate income households including the DOE NYSHCR Weatherization Assistance Program (WAP), NYSERDA Empower NY, Fuel Conversion, NYS Affordable Housing Corporation (AHC) Home Improvement, RESTORE, and the Rental Assistance Program.
- b. **Mohawk Valley Hospital System (MVHS)** operates the local hospital system and a community clinic in the target area. MVHS can accept referrals for children who lack a BLL test.
- c. **Mohawk Valley Housing and Homeless Coalition / Continuum of Care (CoC)** administers the City of Utica's HUD ESG program to prevent and end homelessness through safe, decent, affordable housing development that supports and reduces the costs of physical and behavioral health, and criminal justice.
- d. **Mohawk Valley Resource Center for Refugees (The Center)** can loan HEPA vacuums for lead safe cleaning and RRP compliance, provide bilingual interpreters to refer and assist applicants.
- e. **NYS Homes and Community Renewal (HCR)** develops, preserves and protects affordable housing and invests in economically vibrant communities.
- f. **Oneida County**
 - **Executive's Office** coordinates all County environmental health, social services and planning activities related to lead and healthy housing.
 - **Department of Planning** can map demographic, lead, healthy homes, and other related data using GIS platforms.
 - **Oneida County Health Department (OCHD)** through direct outreach will refer parents and guardians of children under age 6 with elevated blood lead levels of 5 µg/dL or higher to the LHR grant to be fast tracked for assessment and intervention services. OCHD also offers blood lead testing at its clinic, located in the CLPPPP target area, for children lacking a pediatrician or health insurer to get a required blood lead test. The Lead Poisoning Prevention Program (LPPP) provides medical case management and environmental investigation for EBL children. The Childhood Lead Poisoning Primary Prevention Program (CLPPPP) offers free lead risk assessments to residents in the target area and lead related community outreach events, in-

home education services, referrals HEPA vacuum loaner program, safe cleaning kits and techniques.

- **Oneida County Department of Social Services (DSS)** administers the Home Energy Assistance Program (HEAP) that assists low-income residents with utility bills and heating/cooling through Regular, Emergency, Clean and Tune, and Heating Equipment Repair Replacement (HERR) services.
- g. **Oneida Square Project - Cornerstone Church (OSP)**, a social enterprise, can provide applicant referrals from the neighborhoods it serves and help train construction crews to provide workforce development, including referral of Section 3 residents from the target area.
- h. **Rescue Mission of Utica, Inc. (RMU)**, a faith-based organization, provides annual building trades training for 3 residents, including lead abatement worker training and can refer residents to job openings created by housing rehab programs.
- i. **Rust2Green Utica (R2G)** assisted UED to complete a HUD CNA 2-Year Action Plan. Aligned with the CNA, R2G helped develop a PZ application, strategic plan and target area. As a PZ finalist, UED received technical assistance from HUD on the development an impactful LHR Program. The rehabilitation of aging and deteriorated housing through a HUD lead grant was identified as a critical need.
- j. **Oneida County Workforce Development / Workforce Investment Board (WIB)** oversees processes and services within the Working Solutions career centers to promote and ensure continuous improvement of the workforce which includes training for construction workers and managers.

The goal of the holistic GHHI Utica-Oneida County model will be to coordinate the delivery of otherwise-disconnected home intervention services to address environmental health hazards and energy inefficiency. These defects and hazards should be addressed, regardless of whether (1) residents knew they existed or (2) the required services exist within the same agency or organization.

The Learning Network will continue to work to develop and implement an integrated service delivery model and program structure as outlined in the Service Delivery Process Workflow. Ideally, the full Learning Network group will meet at least quarterly as the program structure is established and modified by partners. There will be several working subcommittees focusing on different aspects of the GHHI site development such as Housing Triage, Policy and Codes, Fundraising and Data and Evaluation. The working subcommittees will meet and report out activity to the full Learning Network. New subcommittees will be created as the need arises for more in-depth research or site development work in those areas.

C. Outcome Broker

The GHHI Outcome Broker serves in a Project Manager capacity and drives site development and implementation of the GHHI model in partnership with the Learning Network. Outcome Brokers work closely with partner organizations and agencies to formulate and implement GHHI goals, objectives, and strategies. Because the stakeholders typically involved in GHHI sites are diverse and include municipal and state governments, local philanthropies, community-based organizations, healthcare providers, utilities, weatherization, housing rehabilitation and lead remediation contractors, academia, and others, Outcome Brokers can build from a diverse set of professional experiences to be successful in their roles.

The Community Foundation of Herkimer and Oneida Counties will fund staffing of the GHHI Utica Outcome Broker at Cornell Cooperative Extension Oneida County for the first two years of site development and will work with the Learning Network to identify sustainable staff funding for future years. GHHI will support Outcome Broker onboarding and engage the new staff member, once identified, through National Learning Network programming.

D. Unit Production: Housing Triage Team

The Housing Triage Team is the subset of the broader Utica Learning Network that provides relevant resident education, makes interagency referrals, and/or delivers home intervention services through an integrated process. The Triage Team is responsible for prioritizing and coordinating the delivery of services. Typically, the Triage Team will meet twice per month to discuss their queue of homes. Their on-the-ground knowledge and experience is key to developing and adopting a Combined Program Application and a Comprehensive Home Assessment Tool.

Both of these resources are development opportunities for the Utica-Oneida County partnership. The goal of both is to streamline two of the most involved portions of the service delivery process. To this end, the Combined Application will enable residents to only fill out one form and submit qualification document once before their case can be fully reviewed by every partner in the Learning Network. Once developed and adopted, there will be no need to fill out multiple applications or submit, e.g., pay stubs more than once.

While the Learning Network works together to create this Combined Application, they have adopted a Combined Intake Form. This 1-page document allows a resident to provide basic information about themselves and their families and to self-identify hazards/needs in their homes. Triage Team members will use this form to make referrals to partners who can address the issues listed on the form and to pre-qualify residents for services. The intake form was not designed to replace existing program applications. Instead, it is a tool to quickly match residents, needs, qualification criteria, and the appropriate service provider.

On the service provider-side, the Comprehensive Assessment Tool will allow a home assessor to identify all hazards and defects in a home during one walkthrough. The goal of this form is to eliminate the need for multiple assessors from different agencies to schedule separate times to inspect a home – thus repeatedly disrupting a resident’s daily routine for a similar reason.

Based on preliminary discussions of Triage Team planning, the Learning Network is anticipated to produce up to 36 GHHI units over the first 12-month period of site work. The estimated number of units is based on the HomeOwnershipCenter’s goal of enrolling 6 units per month in the lead hazard reduction program and the projection that half of these units will be eligible for leverage resources from an aligning healthy homes or efficiency intervention program. The proposed program flow chart is included in Section IX. The Data & Evaluation Team will work with the Triage Team and other work teams to evaluate outcomes of the Triage process to determine plans for future Learning Network efforts, including modifications to the coordination plan, resources gap closure planning, and policy development.

E. Data & Evaluation

The Utica-Oneida County Learning Network includes several agencies that will support development of a robust data collection, management and evaluation process. The agencies engaged in the Triage Team will collect data on clients, housing units, intervention services, and outcomes of interventions and work with the Data and Evaluation Team to determine ideal data management, sharing, and evaluation practices for the network. Data related to program assessment, interventions, process assessment, health and safety outcomes, energy outcomes, workforce development measures, costs, and unit production will be stored in partnering agency databases with the goal of eventually having a shared data platform.

Data analysis and evaluation will be conducted by Learning Network partners as well on pre and post intervention metrics. Local partners will agree upon and develop tracking mechanisms for indicators and outcomes at the site through the Data and Evaluation Subcommittee to measure client outcomes, unit interventions, in-home resident education, resources leveraged, client deferrals reduced and program efficiencies achieved among other metrics. GHHI recommends that the Learning Network create and regularly convene a Data & Evaluation work team to support data management planning of the Triage Team and to plan for development of client case studies to evaluate the outcomes of unit production in the first 12 months of site work. The GHHI Logic Model in Section VIII is a planning resource for site evaluation.

The Community Foundation of Herkimer & Oneida Counties is coordinating with the City of Utica to procure Effort to Outcomes (ETO) as the network's data management system. GHHI will continue to work with the Learning Network through ETO system implementation in 2020 and 2021 to plan data collection and sharing technical assistance. Anticipated projects include creation of site touchpoints, quarterly unit production reports, data sharing agreements, and end-user trainings. The Learning Network has also expressed a goal of developing case studies of families participating in the lead program to support development of future marketing materials.

F. Workforce Development

Successful implementation of plans to administer the GHHI model for comprehensive housing interventions relies on workforce capacity to perform environmental health assessments of housing units; lead-safe repair, renovation, and painting activities; energy audits; resident education; and other related professional services. As part of onboarding Utica-Oneida County Learning Network members performing intake, inspection, and intervention activities completed training for use of the GHHI Comprehensive Assessment Tool. Future workforce training plans will include opportunities to cross train Triage Team members to increase the number of intervention specialists who can provide environmental health and energy efficiency services simultaneously.

Site leaders have indicated that Utica and Oneida County need to build capacity of local contractors to complete lead hazard control and healthy homes repair services. GHHI will continue to discuss training and credentialing needs with the Triage Team for private sector repair workers in order to support sustainable procurement of these services. The Gap Closure Plan will outline any fundraising needs to support this site goal.

G. Marketing

At the onset of site work the Learning Network will receive brand standards to guide use of the GHHI logo in communications regarding Learning Network activities. GHHI recommends using the logo when

the Learning Network is promoting and hosting community-based events, producing information about other activities with collective impact, and creating evaluation reports about site activities. GHHI will provide ongoing guidance for site marketing as part of the GHHI National Learning Network programming to support site development activities.

The Community Foundation of Herkimer & Oneida Counties through their Lead-Free Mohawk Valley initiative will be the primary Learning Network agency to plan use of GHHI branding and support site marketing planning. Other Learning Network marketing initiatives will include efforts to market housing intervention services to build sustainable client intake pipelines. As the primary agency completing client outreach and intake services, the HomeOwnershipCenter is leading program marketing for the repair services that support GHHI unit production. The Oneida County Health Department, Cornell Cooperative Extension, Mohawk Valley Community Action Agency, and other Learning Network member agencies all have their own agency marketing needs and goals that will support coordination of client intake.

H. Fundraising

A driving objective of the Learning Network is to ensure that their work remains sustainable in the long term. Fundraising is an ongoing effort for many of the active agencies in the Learning Network because their services are financed through a combination of federal, state, and local government as well as philanthropic and healthcare sector resources. Successful Learning Networks actively share information about these fundraising efforts of individual agencies and support development of collective impact fundraising strategies to address any gaps in financing the full implementation of the GHHI model.

The Gap Closure Plan in Section VI has a summary of fundraising priorities for continued development of the site. The current priorities identified are:

- Lead Hazard Control for units with a scope of work that exceeds \$10,000,
- Contractor capacity building for lead hazard control and healthy homes repair services,
- Comprehensive housing repair needs for units with a scope of work that exceeds \$70,000,
- Incorporate asthma trigger control services in GHHI unit production,
- Incorporate aging in place services in GHHI unit production; and,
- Scale weatherization and efficiency services for all GHHI units with energy cost burdens.

The local Learning Network will continue to participate in GHHI site development activities as members of the GHHI National Learning Network, including participating in trainings, identifying social enterprise opportunities, tapping into nontraditional funding sources, creating “evergreen” resources for home intervention services.

I. Policy

Public policies influence the work of the Learning Network from a variety of sectors and levels of government administration. Local practices in lead poisoning prevention, healthcare, housing, property maintenance code enforcement, finance, program administration, and efficiency and utility service policies will all impact the outcomes of the network’s projects. Typically, sites planning to implement the GHHI model by coordinating services for housing health, safety and efficiency will identify stakeholder needs to adopt or update state and local policies and administrative practices.

Common policy development goals are:

- 1) Ensure partners can identify people impacted by home health hazards and refer them to hazard reduction services,
- 2) Enable secure and timely coordination of case management across agencies,
- 3) Increase funding resources for housing intervention services and braiding of funds across housing, health, and energy sectors,
- 4) Reduce deferrals of program applicants of limited repair programs because repair needs are beyond a single or limited program scope; and,
- 5) Protect tenants vulnerable to hazard exposure, energy cost burdens, and displacement from retaliatory evictions if unmet repair needs are identified.

A key policy development priority for the first 12 months of site development in Utica is to enable collaboration between the Triage Team and the City of Utica Code Department. The Triage Team is working with the City of Utica and other community partners to support enforcement of property maintenance codes and rental registration programs through regular unit inspections and create a streamlined process for referring units with lead hazards to the HomeOwnershipCenter for lead program eligibility screening. The Lead-Free MV Policy Work Group and Legal Services of Central New York (LSCNY) are currently supporting a community organizer to garner grassroots community backing for a local pre-rental lead inspection ordinance. Other policy development needs may be identified using the site policy checklist and incorporated into the work plan for the incoming Outcome Broker.

A driving objective of the Learning Network is to ensure that their work remains sustainable in the long term. The Outcome Broker will work closely with partner organizations and agencies to formulate and implement GHHI goals, objectives, and strategies to ensure that partners most effectively coordinate and leverage their collective resources to ensure the ongoing success of the GHHI site.

IV. Service Delivery Process and Workflow

A. Client Intake and Enrollment

For the coordinated GHHI Utica-Oneida County interventions, clients will enter into the system from a myriad of intake sources, including health care providers, client self-referrals, city and county agencies focusing on housing, health, and social services, community groups, and weatherization and energy efficiency providers. Despite the varied points of client entry, clients will be assessed by each partnering program through the intake and assessment process and homes will be identified as good candidates for GHHI Utica-Oneida County units and braided funding. Once identified, in home assessments and financial/eligibility requirements can be expanded to maximize identification of total household needs and the resources available. A more comprehensive and streamlined intake process will improve client sharing, reduce the time it takes to determine eligibility and collect verification documents, and create more comprehensive work/management plans. From the funding perspective, an expanded intake will assist in determining funding eligibility across varying grant and loan resources and more clearly identify gaps where new resources can be sought. Through the development of a single stream intake portal, interagency partnerships will be established so that a client entering in the GHHI network from any intake source will have the opportunity to receive services from the full GHHI partnership.

B. Comprehensive Environmental Assessment/Energy Audit

Following client intake, GHHI clients will receive a comprehensive health and housing assessment which will use a common assessment tool agreed upon by the GHHI Utica-Oneida County partners. The

assessment will include an energy audit (visual inspection, IR camera, blower door test, combustion analysis, duct testing), an environmental health and safety assessment (indoor allergens, lead-based paint hazards, asthma triggers, home injury hazards, and other home-based environmental health hazards) and resident education. The Environmental Assessor-Energy Auditor will be responsible for conducting a comprehensive technical intervention assessment, generating assessment reports, and developing a scope of work for contractors. The Environmental Assessment-Energy Auditor includes diagnostic assessments for building energy efficiency, health and safety.

Health & Safety Environmental Assessment

The Environmental Assessor-Energy Auditor will conduct health & safety visual inspection and diagnostic assessment, which includes the inspection of the property for hazards including:

- Lead Hazards
- Asthma Triggers
- Structural Hazards
- Fire Hazards
- Electrical Hazards
- Mold
- Asbestos
- Radon
- Pests
- Trip and Fall and Household Injury Risks
- Child, Senior, and other Safety Hazards
- Carbon Monoxide and Fuel Combustion Appliances
- Water Infiltration, drainage and plumbing problems
- Presence and Storage of Chemicals
- Volatile Organic Compounds
- Personal Hygiene and Sanitation
- Other home-based environmental health hazards

Weatherization/Energy Efficiency Energy Audit

The Environmental Assessor-Energy Auditor will conduct energy efficiency diagnostic assessments, which include the inspection for among others:

- Building Envelope
- Foundation
- Defective Windows and Doors
- Lack of Insulation
- Lighting
- Appliances
- Combustible Systems Diagnostic
- Heating and Cooling Systems
- Heat and Cooling Distribution Systems
- Hot Water Systems
- Water Conservation
- Moisture and Water Infiltration
- Mechanical Ventilation
- Air Infiltration Reduction and Air Sealing

C. Resident Education

The assessment and resident education team will consist of an Environmental Assessor-Energy Auditor who focuses on the assessment of the physical property and a Resident Educator (Community Health Worker) position focused on the simultaneous education of the resident family. A resource of Healthy Homes educational materials will be developed by GHHI Utica-Oneida County partners to provide to the resident on important topics such as asthma triggers, lead poisoning prevention, household injury prevention and energy efficiency education.

The education will encompass healthy homes and energy efficiency practices, and the program staff will collect initial assessment and pre-intervention information from the clients. Resident educators will be

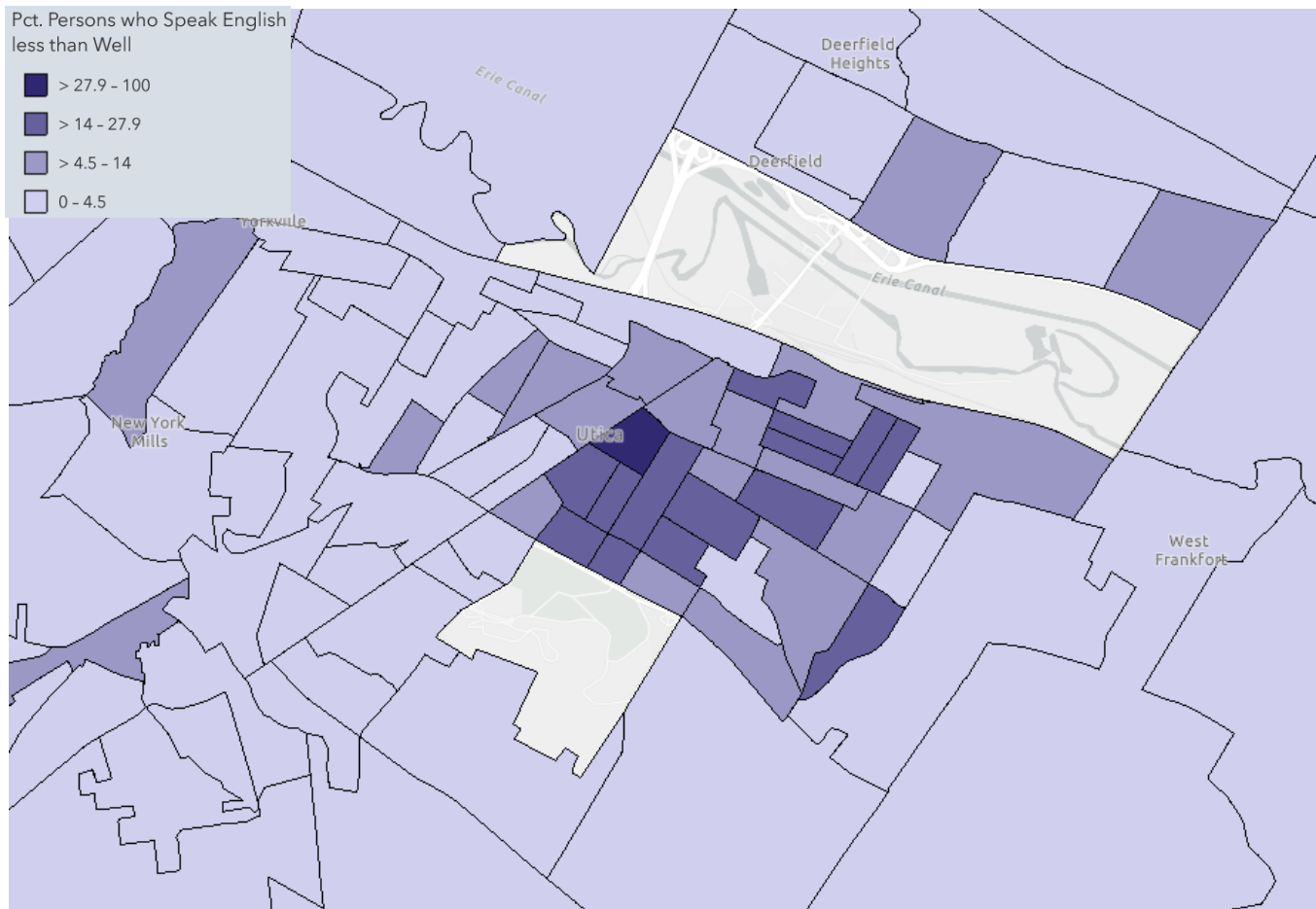
responsible for conducting **behavioral assessments** that provide key information on how client residents maintain their dwelling units and what behavioral changes the client can undertake to enhance and maintain the impact of the housing interventions. Resident Educators will also provide initial education on observed health, safety and energy efficiency issues identified during the first home visit.

Prior to the intervention, Resident Educators will conduct either an in-home one on one resident client lesson or a group education session that explains what interventions will occur in the property and how the resident can contribute to helping reduce home-based environmental health hazards in their property. Based on the initial assessment/energy audit as well as resident surveys, the Resident Educators will develop a resident action plan to help educate residents on behavior changes that would benefit the health, safety and energy efficiency of their homes and what steps can be taken to reduce hazards and improve energy efficiency (asthma triggers, clutter, thermostat setting, etc.)

Language Barriers

There are more than 50 languages or dialects spoken locally and The Mohawk Valley Resource Center for Refugees (The Center), continues to assist refugees, immigrants, and those with limited English language proficiency throughout the integration process and helps them achieve independence by developing services that can assist new Americans to secure employment and housing. Education materials have been translated into several languages, as well as graphic content for those not literate in their native language.

English Proficiency (City of Utica)



Source: U.S. EPA, Environmental Justice Screening and Mapping Tool (Version 2019), 2013-2017 American Community Survey

D. Scope of Work Development

Based upon the findings of the environmental assessment and energy audit and using tools such as GHHI’s Comprehensive Assessment Tool, lead testing and risk assessments, local energy auditing software, the Environmental Assessor-Energy Auditor will utilize the findings of the to create a comprehensive Scope of Work report which will include intervention measures to address:

- Lead and Health Homes Hazards (asthma trigger reduction, household injury and safety risk remediation, other home-based environmental health hazard remediation)
- Weatherization and Energy Efficiency Needs
- Housing Rehabilitation and Structural Defects

The Scope of Work will be developed to address all of the deficiencies in the home and a determination will be made of what braiding funding sources will be needed from various partners to complete an integrated, comprehensive intervention. Unlike traditional Scopes of Work, the GHHI Utica-Oneida County Scope of Work will allow the partnership to tap into multiple funding streams that serve the needs of local residents, including federal programs from HUD, DOE, EPA, HHS, state and local housing programs, philanthropic funds, NGOs, and private sector resources.

A plan for a coordinated intervention will be developed from the Scope of Work by the Housing Triage Team or the partnering agencies, and the participating agencies will sort out the intervention strategy, intervention phasing and roles for the integrated property intervention. The Scopes will be provided to the owner and resident with a GHHI partner agency taking a lead role in coordinating all of the services

that will be brought into that particular home. There will be additional education provided by the Resident Educator to support the intervention.

E. Coordinated Housing Interventions

An integrated intervention will be conducted based on the comprehensive scope of work and client eligibility, and could consist of a range of services such as lead-based paint stabilization, radon testing and mediation, indoor allergen reduction, integrated pest management, mold remediation, carpet removal, air filters and air conditioners, mattress and pillow cover installation, HEPA vacuum distribution, weather-stripping, air leakage sealing, window replacement, appliance replacement, programmable thermostat, structural deficiencies, gutter and downspout replacement, and trip and fall hazard prevention. Once the work specifications are approved, contractors are chosen based on a sealed bid process and awarded the project. The contractor will coordinate a schedule of work with the client resident and complete the project according to approved specifications in the Scope of Work. GHHI Utica-Oneida County intervention components may include among others:

Healthy Homes Intervention Services

- Safety kit Installation including smoke alarms with 10-year lithium battery on each floor of the house, carbon monoxide alarms, electric outlet covers and cabinet locks
- Repair of safety hazards (trip and fall, fire, etc.)
- Insuring proper venting to exterior of house for dryers and bathrooms
- Provision of air filtering system in asthma diagnosed child's bedroom
- Provision to residents of indoor allergen and lead dust cleaning kit consisting of buckets, mop, replacement mop heads/pads, disposable wipes/towels gloves, cleaning solution
- Integrated Pest Management
- Mattress and pillow cover installation
- Removal of carpets/flooring replacement
- Steam cleaning of carpets
- Provision of air conditioner
- Provision of dehumidifier
- Mold remediation (if applicable)
- Radon remediation (if applicable)
- Asbestos remediation (if applicable)
- HEPA Vacuum distribution
- Replacement of forced-air furnace filters
- Provision of first aid kit

Lead Hazard Reduction Intervention Services

- Paint stabilization
- Window replacement (Energy Star) and other component replacement where applicable
- Lead specific cleaning including HEPA vacuum and wet cleaning

Weatherization/Energy Efficiency Intervention Services

- Caulking to seal structural air leakages
- Replacement or installation of gutters/downspouts
- Replacement of defective windows (Energy Star)
- Installation of water heater insulation blankets
- Sealing leaks found in exposed forced air duct systems
- Replacement of air filters for forced air HVAC systems
- Installation of programmable thermostat
- Furnace cleaning, tune-up and repair
- Installation of low flow showerheads and faucet aerators
- Insulation – blown and rolled
- Air sealing
- Weatherstripping
- Foam insulation
- Roof repair or Cool Roofs
- Pipe insulation
- Installation of CFL light bulbs
- Dryer and bathroom venting
- Plumbing repair

F. Service Delivery Process Workflow

The following coordination plan was developed by the Utica-Oneida County Learning Network. It details, step-by-step, how partners will work together to streamline their integrated service delivery model. This coordination plan will be edited and updated as new tools, resources, processes, and Triage Team members are added.

1) Outreach and Recruitment

- a. Step 1: Service providers give residents the Combined Intake Form during their traditional outreach/marketing work.
 - i. Purpose: Ensure that residents have a chance to identify all need in their homes and provide high-level eligibility information about themselves – enabling easy case review

2) Client Intake

- a. Step 1: The service provider who conducted the initial outreach to a resident will either assist the resident in filling out their organization's program specific application or the Network's general Combined Intake Form.
- b. Step 2: The original provider will review the application and/or the Intake Form to determine whether the resident would qualify for their organization's services.
- c. Step 3A: If the resident fills out a full application and is approved for services, the original provider schedules and conducts a home inspection, visually inspecting for the presence of defects and hazards that make a home unhealthy or energy inefficient.
 - i. If the resident does not qualify for the original provider's services, the original provider refers the case to the Triage Team for further review.
 - ii. Note: The Triage Team's home assessors will be cross-trained to identify potential defects and hazards.
- d. Step 3B: Regardless of whether a resident only fills out a Combined Intake Form or a full application, the original provider will share all information they have about the resident (e.g., home assessment, eligibility documentation, completed intake/application forms, etc.) to the Triage Team.
 - i. The Triage Team reviews Intake Forms to pre-qualify residents for services.
 - ii. The Triage Team reviews the original provider's home assessment to identify defects that each service provider might be able to address.
- e. Step 4: A representative from the Triage Team will:
 - i. Gather program applications from each of the service providers who have determined that a resident is pre-qualified for services
 - ii. Deliver those program applications to the resident
 - iii. Make formal connections between all service providers involved and the resident
- f. Step 5: The resident fills out any additionally needed program applications, with the help of each service provider associated with those applications.
- g. Step 6: Each service provider reviews the completed program applications and either approves or defers the resident for services.
- h. Step 7: Each service provider who received a program application notifies the resident of their approval or deferral. Each service provider determines whether they can deliver a service.
- i. Development Opportunity: Create a combined program application that all service providers will use, replacing their existing individual program applications.
 - i. Purpose: Allow residents to only fill out one form versus multiple applications.

3) Home Environmental Assessment and Energy Audit

- a. Step 1: All providers who qualify a resident for services will coordinate a day or set of days to complete their home assessments, ideally using the comprehensive assessment framework.
 - i. Purpose: Minimize the number of missed days of work needed to meet home assessors
 - ii. If the original provider conducts an initial assessment and identifies areas of need in the home beyond their own program's capacity, they help the resident complete a Combined Intake Form
- b. Development Opportunity: Adopt a comprehensive assessment form that assesses for all hazards with an associated service and that can be used across the Triage Team, replacing existing individual assessment forms
- c. Development Opportunity: Continue cross training all assessors so that instead of assessors from multiple service providers visiting a home, one assessor from the original provider can fill out the comprehensive assessment form and identify all hazards existing within a home.

4) Comprehensive Scope of Work

- a. Step 1: Assessors/service providers follow their own traditional processes of creating scopes of work.
- b. Step 2: The original provider facilitates the coordination between service providers to:
 - i. Identify the order in which services must be delivered (i.e., first standing water must be removed, then mold can be remediated, then a new furnace can be installed, etc.)
 - ii. Identify a day or set of days that they are all available to deliver services
- c. Step 3: The original provider coordinates with the resident to select a day or set of days for services to be delivered.
- d. Development Opportunity: Once assessors are cross-trained to assess a home comprehensively, they can create one, comprehensive scope of work.

5) Resident Education

- a. Step 1: Each service provider follows its own traditional process for resident education
- b. Step 2: Each service provider uses this interaction with the resident to collect pre-intervention metrics identified in the Data and Evaluation plan through a pre-intervention health survey and other data collection tools.
- c. Development Opportunity: Cross-train resident educators across the full range of services/hazard information to minimize the number of times a resident is contacted.

6) Housing Intervention

- a. Step 1: Each service provider follows its own traditional process for delivering services on their predetermined day/days.
- b. Development Opportunity: Cross-train all service providers' crews/contractors to deliver all services associated with the Triage Team's service areas.

7) Quality Control

- a. Step 1: Each service provider follows its own traditional process for quality control/quality assurance.
- b. Step 2: Each service provider uses this interaction and follow-up interactions with the resident to collect post-intervention metrics identified in the Data and Evaluation plan.
- c. Development Opportunity: A single Quality Control process can be developed once all crews/contractors are cross-trained to deliver services across the range of focus areas.

8) Data and Evaluation

A health survey will be conducted post intervention to provide measurements of health outcomes and feedback on how to better services for resident clients. Data collection will also be conducted on energy consumption and costs medical costs, and other indicators as applicable. Data related to program assessment, interventions, process assessment, health and safety outcomes, energy outcomes, workforce development measures, costs, and unit production will be stored in partnering agency databases with the goal of eventually having a shared GHHI Utica-Oneida County data platform. Data analysis and evaluation will be conducted by Learning Network partners as well on pre and post intervention metrics. Local partners will agree upon and develop tracking mechanisms for indicators and outcomes at the site through the Data and Evaluation Subcommittee to measure client outcomes, unit interventions, in-home resident education, resources leveraged, client deferrals reduced and program efficiencies achieved among other metrics. Key site indicators that may be tracked include:

Primary Impacts:

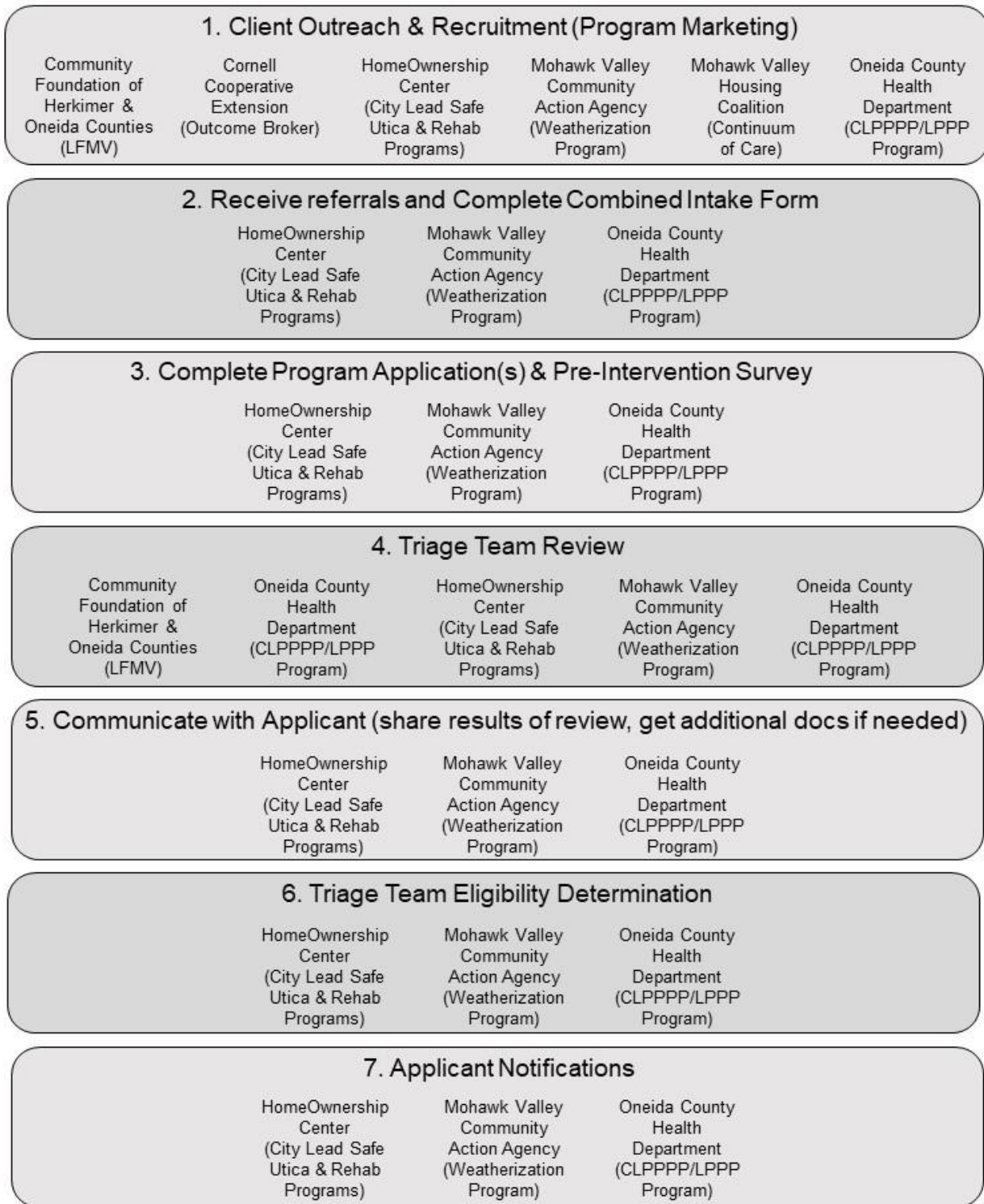
1. Incidence of lead poisoning
2. Asthma control and morbidity measures
3. Incidence of trip/fall and other household injuries
4. Energy consumption and costs
5. Missed school and workdays
6. Medical costs
7. Green job creation and retention
8. Efficiencies of integrated program delivery and cost savings

Secondary Impacts:

1. Reduction in unemployed and underemployed residents
2. Improved school attendance and performance
3. Increased household wages and wealth retention
4. Improvements in housing stability and neighborhood stabilization
5. Improved client service delivery



GHHI Utica-Oneida County Triage Team Intake Workflow



V. Federal, State, and Local Resources in Alignment with Utica

Type of Funding	Past Allocations	Description	Grantee
Community Foundation Lead-Free MV Initiative	2014-2018 - \$1M 2019-2029 - \$5M	To support a community-based coalition focused on reducing childhood lead poisoning rates in Herkimer and Oneida Counties through medical, policy and environmental projects	Various Lead-Free MV Coalition Non-profit Partner Organizations
Childhood Lead Poisoning Primary Prevention Program (CLPPPP)	2015-2020 - \$193,000+	Work with property owners to remove lead paint hazards from housing in "high risk" census tracts designated in a "Community of Concern" for lead poisoning comprising ZIP codes 13501 & 13502	Oneida County Health Department (OCHD)
HUD Entitlement Programs HOME / CDBG / ESG	2019 \$2.4M+ – CDBG \$614,774 – HOME \$207,655 – ESG 2020 \$2.5M+ – CDBG \$658,390 – HOME \$215,750 – ESG	Maintain adequate housing and a suitable living environment; emergency solutions assistance; Community Development & Neighborhood Revitalization in the City of Utica. The City of Rome is also a grantee for HUD entitlement \$1M CDBG and the Healthy Neighborhoods Programs through OCHD.	City of Utica Department of Urban & Economic Development (UED) w/ HomeOwnershipCenter (HOC) as HOME Subrecipient and Continuum of Care (CoC) as ESG Subrecipient
HUD CARES Act CDBG / ESG Supplement	2020 \$1.5M – CARES CDBG \$743,966 – CARES ESG	Emergency assistance for COVID-19 community response in the City of Utica	City of Utica Department of Urban & Economic Development (UED)
HUD Lead-Based Paint Capital Fund (LBPCF)	2017 - \$1M 2018 - \$1M	Lead hazard control interventions in public housing units within the City of Utica	Utica Municipal Housing Authority (MHA)
HUD Lead Hazard Reduction Grant Program (LHR)	2018 - \$2.9M+	Lead-based paint hazard reduction interventions in the City of Utica	City of Utica Department of Urban & Economic Development w/ HomeOwnershipCenter (HOC) as Subrecipient
HUD Healthy Homes Supplemental Funding (HHSF)	2018 - \$600,000	Healthy Homes interventions to reduce home-based environmental health hazards	City of Utica Department of Urban & Economic Development w/ HomeOwnershipCenter (HOC) as Subrecipient
Mother Cabrini Utica Healthy Homes Grant	2020 - \$974,000	Healthy Homes interventions to reduce home-based environmental health hazards in HUD LHR units within the City of Utica	Community Foundation w/ HomeOwnershipCenter (HOC) as Implementation Partner
Home Energy Assistance Program (HEAP)	2020 - \$	Low-income assistance with utility bill, provide heating/cooling through Regular and Emergency HEAP, Clean and Tune, Heating Equipment Repair Replacement (HERR) in Herkimer and Oneida Counties	Oneida County Department of Social Services (DSS)
Weatherization Assistance Program (WAP)	2020 - \$1,4M+	Weatherization and energy efficiency intervention services in Herkimer and Oneida Counties	Mohawk Valley Community Action Agency (MVCAA)

VI. Utica-Oneida County Asset Map

Program	Agency	Scope	Cost	Clients	Notes
Name / Description	Organization	Work Often Covered	Per Unit	# Served	Additional Information/Eligibility
Blood Lead Level Testing	MVHS Sister Rose Vincent Family Medicine Center	<ul style="list-style-type: none"> BLL / LeadCare II Testing / Lab services Primary family medical care Resident education 		31 home visit patients, 30,000 outpatient visits	•
	Upstate Family Medical Clinics	<ul style="list-style-type: none"> BLL / LeadCare II Testing / Lab services Primary family medical care 			•
	OCHD Clinic	<ul style="list-style-type: none"> BLL / Lab services Health services and disease prevention 			•
GHHI Utica-Oneida County	CCE Oneida County	<ul style="list-style-type: none"> GHHI Outcome Broker Triage Coordination 			•
HUD Housing Choice Voucher (HCV) Federal Subsidized Rent Program	City of Utica Section 8	<ul style="list-style-type: none"> Housing Quality Standards (HQS) Inspection Any housing that meets the requirements of the program and is not limited to subsidized housing projects 			<ul style="list-style-type: none"> Assists very low-income families, the elderly, and the disabled to rent decent, safe, and sanitary housing in the private market
	Utica MHA	<ul style="list-style-type: none"> Housing Quality Standards (HQS) Inspection 			<ul style="list-style-type: none"> Project-based vouchers are also available
	MVCAA	<ul style="list-style-type: none"> Housing Quality Standards (HQS) Inspection 			<ul style="list-style-type: none"> Program for areas outside the Cities of Utica and Rome
HUD Lead Safe Housing Rule (LSHR)	City of Utica Section 8	<ul style="list-style-type: none"> Visual housing inspections 			<ul style="list-style-type: none"> Units have not yet been addressed under LSHR to understand work often / rarely covered.
	Utica MHA	<ul style="list-style-type: none"> Visual housing inspections 			<ul style="list-style-type: none"> Units have not yet been addressed under LSHR to understand work often / rarely covered.
HUD Lead Capital Fund	Utica MHA	<ul style="list-style-type: none"> Lead Hazard Control interventions in public housing units 			<ul style="list-style-type: none"> RAD conversion must be completed prior to lead work commencing
HUD HOME / CDBG Entitlement Funds	City of Utica Department of Urban & Economic Development (By Subrecipient)	<ul style="list-style-type: none"> Hard costs: meeting rehabilitation standards, applicable codes/ordinances, essential improvements, energy-related improvements, lead-based paint hazard reduction, accessibility for disabled persons Soft costs: financing fees, credit reports, title binders and insurance, recordation fees, transaction taxes, legal fees, appraisals, architectural/engineering fees 	HOME maximum of \$30,000/unit, minimum of \$1,000/unit		<ul style="list-style-type: none"> HOC Serves the counties of Herkimer, Madison, Oneida, Otsego, Fulton, Montgomery Some HUD rehab programs through NYS HCR are also offered outside the Cities of Utica and Rome
	HOC (As Subrecipient)	<ul style="list-style-type: none"> Roof Siding Windows / Doors Lead Hazard Reduction Energy efficiency measures Fascia & Soffits Porches 	Up to \$50,000		<ul style="list-style-type: none"> There is a waiting list for HOME and CDBG funding. This is not EMERGENCY funding; there is no quick turnaround for these projects. MUST be spent within the CDBG target area for the City of Utica There are lien requirements for this money There are rental restrictions if home is multi-unit

		<ul style="list-style-type: none"> • Exterior stairs • Foundation purging / repairs (minor-moderate) • Accessibility modifications • Insulation • Plumbing Repairs • Electrical repairs and upgrades • Flooring • Ventilation • Heating systems • Water Tanks 			<ul style="list-style-type: none"> • There are income restrictions for both HOME and CDBG money
Home Buyer Programs	HOC	<ul style="list-style-type: none"> • First-time Homebuyer Assistance • Financial / Homeowner Counseling 			<ul style="list-style-type: none"> • CDFI Loan Products • Classes offered monthly
HUD Lead Hazard Reduction (LHR) Grant	City of Utica / HOC (As Subrecipient)	<ul style="list-style-type: none"> • Window Replacement • Door Replacement • Siding • Paint Film stabilization • LBP Encapsulation • LBP Enclosure • LBP Removal 	\$10,000	180 units	<ul style="list-style-type: none"> • Unit must Have a child under 6 years old, or a pregnant woman living in the home, or a child under 6 who spends significant time in the home. • Qualify as a low-income household • Built before 1978
HUD LHR Healthy Homes Supplemental Funds (HHSF)	City of Utica / HOC (As Subrecipient)	<ul style="list-style-type: none"> • Replace active knob and tube wiring • Mold abatement • Remediation asthma triggers • Ventilation repairs • Plumbing repairs • Pest control 	\$6,000	60 Units	<ul style="list-style-type: none"> • Can only be used in conjunction with HUD Lead Hazard Reduction Grant
Mother Cabrini Healthy Homes Grant	Community Foundation / HOC (As Subrecipient)		Average \$3,000 per unit	60 Units	<ul style="list-style-type: none"> • This is the first time we have received this funding. We should have a better idea about what is often / rarely covered once the grant is complete.
Temporary Assistance	Oneida County DSS	<ul style="list-style-type: none"> • Replacement of furniture • Moving expenses • Repair or replacement of essential equipment 			
Home Energy Assistance Program (HEAP)	Oneida County DSS	<ul style="list-style-type: none"> • Chimney liner or repair 			
Weatherization Assistance Program (WAP)	MVCAA	<ul style="list-style-type: none"> • Replace windows 5% of the time • Replace doors 5% of the time • Replace furnace 10% of the time • Replace hot water tank 15% of the time • Knob and tube replacement 	Average around \$7,000	175	

AHC Energy Restore	MVCAA				<ul style="list-style-type: none"> Needs NYS approval – can delay
EmPower NY	MVCAA	<ul style="list-style-type: none"> Replace windows Replace doors Replace furnace Replace hot water tank 	Average around \$4,500		<p>Other Empower Contractors:</p> <ul style="list-style-type: none"> Country Suburban Environmental Contracting Euro and American Contracting Standard Insulating
Health & Safety (Form 15)	MVCAA	<ul style="list-style-type: none"> ASHRAE bathroom fans/ rangehoods Install smoke and CO detectors Hard pipe dryer vent and vent outside Vent bathroom fans outside Clean and tune furnace and DHW Line chimney Furnace filters Blow off tube Cover sump pump pit Vapor barrier Add ventilation to attic Repair windows 			
Affordable Housing Corporation (AHC)	HOC	<ul style="list-style-type: none"> Exterior Rehabilitation including roof, siding, porches, windows, doors, stairs, foundation and electrical entrances 			<ul style="list-style-type: none"> Can be paired with HOME/CDBG/HUD
	MVCAA	<ul style="list-style-type: none"> Necessary home repairs and improvements Systems and structures Roofs Foundations Windows / Doors Electrical Plumbing Heating / Cooling Accessibility modifications Lead hazard control Mold remediation 			<ul style="list-style-type: none"> Funds up to 60% of a total project cost, the homeowner must contribute the remaining cost of the entire project from other sources. Property must be owner-occupied, single family located in Oneida or Herkimer County Household income must be determined to be at or below 112% of the Area Median Income Household assets cannot exceed \$15,000 Property taxes and/or mortgage must be current Must maintain homeowners / flood insurance A lien in the form of a forgivable loan is required
Lead Poisoning Prevention Program (LPPP)	OCHD	<ul style="list-style-type: none"> Conduct environmental investigations with lead risk assessments and clearances when children have a high level of lead in their blood (≥ 5 ug/dl) Developmental assessments of lead poisoned children are offered to families LPPP staff offer education related to lead poisoning prevention and nutrition to families receiving services OCHD offers community presentations 	There is no charge for the testing for families with EBLL child		<ul style="list-style-type: none"> Child with EBLL or pregnant woman must list/visit property

Childhood Lead Poisoning Primary Prevention Program (CLPPPP)	OCHD	<p>Oneida County CLPPPP program serves the City of Utica target area by:</p> <ul style="list-style-type: none"> Inspecting properties by referral from partner agencies or code enforcement or requests from owners or tenants. (consists of an interior / exterior visual inspection and dust wipes) Provides extensive education on lead hazards and lead poisoning prevention and cleaning supplies. Training referrals for landlords, homeowners, and contractors in lead-safe work practices 	NYSDOH grant covers the costs for education and testing	In-home Visits 50	<ul style="list-style-type: none"> Must reside in target area
RRP course	EEA	<ul style="list-style-type: none"> MVCC offers a variety of courses each month in multiple locations to ensure ease of access for contractors and rental property owners to be trained in lead safe work practices 			
Asbestos (Roofing only)	HOC				<ul style="list-style-type: none"> Must be part of a project being done by HOC
Radon	MVCAA				<ul style="list-style-type: none"> Must be part of a project being done by MVCAA
	OCHD			HNP 600+	<ul style="list-style-type: none"> Healthy Neighborhoods Program in Rome only
	HOC				<ul style="list-style-type: none"> As part of the LHR HHSF projects
Asthma Interventions	HOC				
	OCHD			HNP 600+	<ul style="list-style-type: none"> Healthy Neighborhoods Program in Rome only
	MVCAA				<ul style="list-style-type: none"> Must be part of a project being done by MVCAA
Integrated Pest Management (IPM)	MVCAA				<ul style="list-style-type: none"> Must be part of a project being done by MVCAA
	HOC				<ul style="list-style-type: none"> Must be part of a project being done by HOC
Senior / Independent Living	Resource Center for Independent living (RCIL)	<ul style="list-style-type: none"> Independent Living Modifications Adaptive Equipment Installation SAFE program 			
Codes Access / Enforcement	City of Utica Codes Fire Department	<ul style="list-style-type: none"> Home Inspections to ensure minimum maintenance standards are met 		75+	

VII. Gap Closure Plan

The GHHI Gap Closure Plan is a tool for developing fundraising strategies for the site Learning Network. This analysis is based on a comparison of the elements of the GHHI model and the resources identified in the site Asset Map. The Gap Closure Plan is not a definitive list of fundraising needs for the GHHI Learning Network or its participating agencies, but rather a list of anticipated priorities to support development and long-term sustainability of unit production. The Learning Network will review and update the Gap Closure Plan during regular convenings based on site activities, partnership development, and other progress in GHHI model implementation.

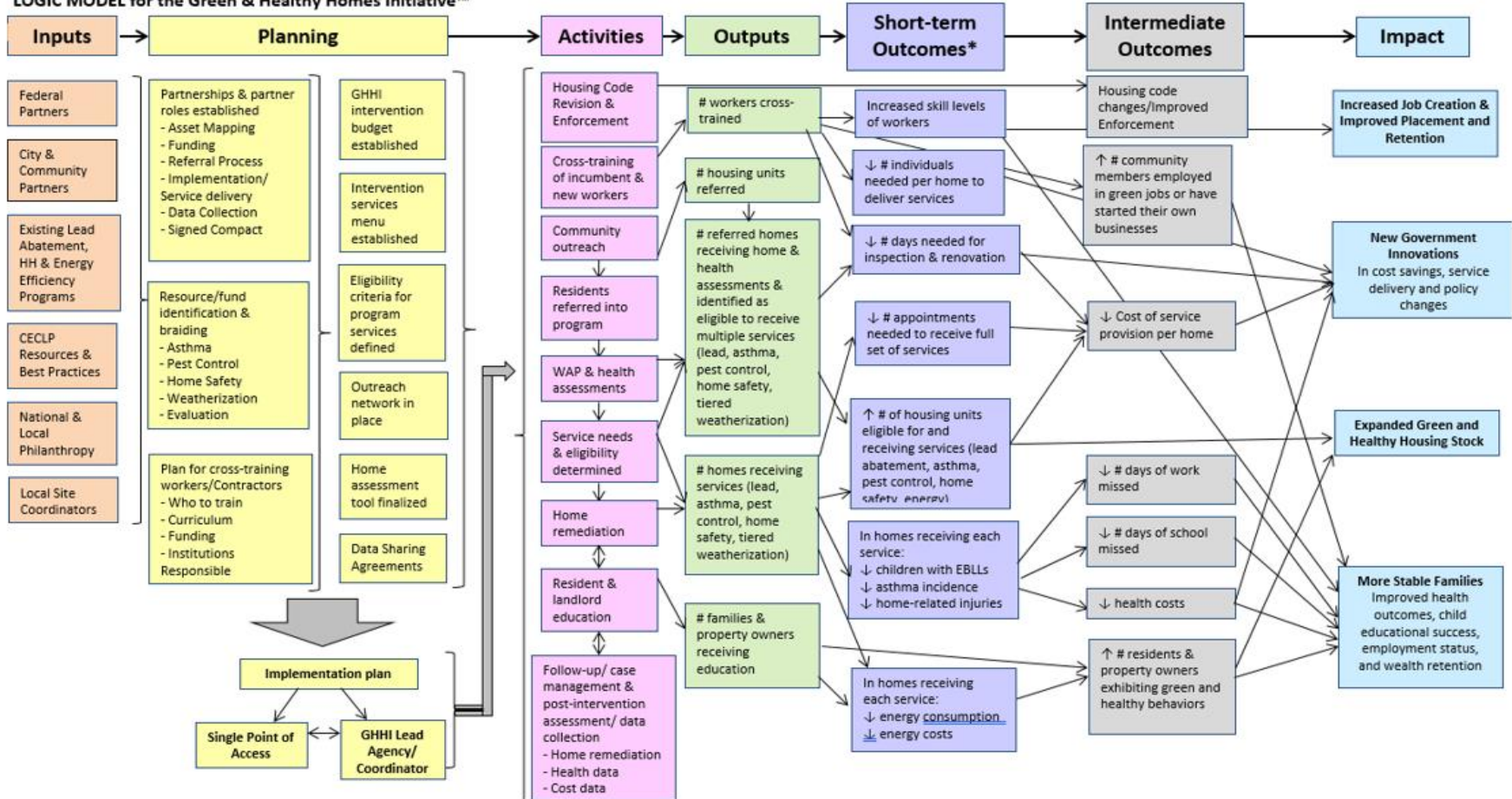
Learning Network Resource Gap	Need & Value Add to Learning Network	Planning for Gap Closure	Potential Financing Resources
Older adult engagement plan (Staffing, materials & equipment)	Support sustainable client intake pipeline for lead and healthy homes interventions and identify unit aging in place needs not being currently addressed	HomeOwnershipCenter is developing plans for Senior Center Outreach, need to engage the Office for the Aging, develop funding request for Aging in Place planning	AARP, New York Foundation for Senior Citizens, N. Utica and Parkway Senior Centers
Contractor Capacity Building (Workforce)	Increase number of qualified contractors for lead hazard control to support completion of program benchmarks	HomeOwnershipCenter and City of Utica will determine needs for training and service procurement. Outreach plan includes Youth Build, Utica Rescue Mission, and Oneida Square Project at Cornerstone Church	Hospital Community Benefits, Mohawk Valley REDC, Workforce Investment Board (WIB), determine eligibility for HUD lead grant funds
Lead Hazard Control (Intervention Services)	Funding to address lead hazard control needs out of scope eligible for HUD grant funding (Above \$10k per unit)	Discussing scope of work adjustment with HUD GTR, may seek additional leverage funds for window and door replacements from private foundations, exploring feasibility to access CHIP funds	Child Health Insurance Program (CHIP); Philanthropy
Comprehensive repairs (Intervention Services)	Create referral source for houses with more than \$70k of repair needs due to significant health hazards	Discuss units with City of Utica and Triage Team to develop long-term plans for significant repair units	HOME funds, Affordable Housing Corporation / Trust Funds, Low Income Housing Tax Credits
Asthma trigger control (client intake and assessments, Intervention Services, cleaning kits?)	Develop referral pipeline for children with asthma control needs into Triage Team eligibility screening; ensure households receive resident education and home maintenance resources for asthma control	Partnership development with local health systems and federally qualified health centers; determine funding opportunities for asthma control resources	Hospital Community Benefits, Medicaid or CHIP
Weatherization and efficiency (intervention or education services?)	Scale weatherization and efficiency programs to address energy cost burdens for program clients	Develop proposal for all New York GHHI sites in National Grid service area	Work with GHHI national team to advance

VIII. Strategic Planning Template

GHHI Partnership/Learning Network: Strategic Planning Template			
GHHI Learning Network Goal Write a brief statement of a shared goal for all Learning Network partners.	<i>Example: The GHHI Learning Network will work through existing administrative infrastructure to improve service delivery to families in need of healthier and more energy efficient housing.</i>		
Justification Explain why this goal addresses a priority issue within your community or network.	<i>Example: Integrated service delivery will reduce duplication of administrative services among agencies and reduce time away from work and school for families.</i>		
Objective(s) Describe specific activities that the Learning Network will complete in 2020 that will support achievement of this goal.	<i>Example: The Learning Network will develop and implement use of a common application for all housing repair programs within the city.</i>		
Work Plan Determine what steps need to be taken to complete the objective above. Ensure each step is assigned to a work group with a deadline.	Step 1	Step 2	Step 3
Assign to Work Group(s) (circle one or more) Unit Production Data & Evaluation Steering Education & Outreach Workforce Development Other: _____	<i>Example: The Data & Evaluation Team will collect all current program applications, analyze common and different elements, and present findings by Month, Year.</i>	<i>Example: The Unit Production Team will review findings and develop a draft common application by Month, Year.</i>	<i>Example: The Learning Network will approve a final draft of the common application and adopt its use by Month, Year.</i>
Anticipated Constraints & Barriers Describe external circumstances that may hinder achievement of objectives.			

IX. GHHI Logic Model

LOGIC MODEL for the Green & Healthy Homes Initiative™



*Short-term outcomes should be expected within 1 year of implementation; intermediate outcomes expected within 1-3 years.

X. Proposed Pilot Project Flow Chart

Full descriptions of Triage Team Activities are listed in Section III. Full descriptions of Participating Agencies and their programs for implementation are listed in Section V.

Pilot Project Purpose: Test efficacy of the planned Coordinated Workflow for comprehensive housing interventions, evaluate outcomes for participating clients and administrative agencies, determine gaps in resources to fully implement the GHHI model, and identify resources needed to scale an effective model.

Unit Production Goal:

Triage Team Activity	Unit Benchmark	Participating Agencies
1. Client Outreach	144	City of Utica HomeOwnershipCenter Cornell Cooperative Extension Oneida County Oneida County Childhood Lead Poisoning Prevention (LPPP, CLPPPP) Mohawk Valley Community Action Agency
2. Client Intake & Enrollment	72	HomeOwnershipCenter Cornell Cooperative Extension Oneida County Oneida County Childhood Lead Poisoning Prevention (LPPP, CLPPPP) Mohawk Valley Community Action Agency
3. Environmental Assessment & Energy Audit	36	HomeOwnershipCenter Mohawk Valley Community Action Agency
4. Comprehensive Scope of Work	36	HomeOwnershipCenter Mohawk Valley Community Action Agency
5. Resident Education	36	HomeOwnershipCenter Cornell Cooperative Extension Oneida County Oneida County Childhood Lead Poisoning Prevention (LPPP, CLPPPP)
6. Housing Intervention	36	HomeOwnershipCenter Mohawk Valley Community Action Agency
7. Quality Control	36	HomeOwnershipCenter Mohawk Valley Community Action Agency
8. Evaluation	36	Cornell Cooperative Extension Oneida County