



**Tennessee Caucus Agenda**  
**Thursday, Feb. 13, 2025, 10am–3pm ET (9-2CT)**  
**Kingsport Housing Redevelopment Agency**  
**Riverview Place Community Cntr, 285 Louis St., Kingsport, TN 37660**

We are a collective of small businesses serving Tennessee, providing housing opportunities for upward economic mobility. Housing: it is more than a foundation!

- 1) Welcome; Special Guest Introductions; Meeting Call to Order** – Maria Catron  
*Bill Forrester, Rene Mann - 1<sup>st</sup> TN Dev. District Foundation; Sam Edwards, Johnson City Housing Authority, Bill Lord, Katie Moore – THDA; Marisol Torres, Don Harris-USDA-RD; Stephanie Bullock, Director, Creating Homes Initiative, PRT; Farah Amhad*
  
- 2) Around the Horn – Maria has a question** – Updates on the Executive Order Pausing Federal Loan/Grant Programs? Initial thoughts – what can we do to prepare?
  
- 3) Partner Updates – 15 minutes**
  - a. **THDA updates** – Bill Lord (tentative)
    - i. HOME Rehab funds
    - ii. Disaster response updates
  - b. **USDA-RD** – Don Harris, Marisol Torres (tentative)
    - i. Disaster Grants
    - ii. Continuing Resolution
  - c. **FHLB Updates** – Dawn Grace (tentative)
    - i. CMPHF – Window opened Feb. 3 - completion in December
    - ii. DRP available for Hurricane Helene work
    - iii. Welcome Home Program
  - d. **Creating Homes Initiative** – Stephanie Bullock **pp. 3-4**
    - i. Program Introduction – Regional Housing Facilitators
    - ii. Unit Exchange - Mental Illness and Co-occurring Disorders

**CAUCUS TIME**

- 4) Membership Business**
  - a. Review previous Minutes and action items **pp. 5-7**
  - b. Board Election – Sabrina Seamon, TN Nominating Committee Representative
  - c. Request for Membership – Johnson City Housing Authority Presentation
  - d. Eastern 8 CDC Recommends First TN Development District to be a TN Caucus Affiliated Partner – FTNDD Presentation
  - e. Fahe housing Challenge - Vonda, Jim
  - f. 4 Corner Working Groups
    - Capacity – Vonda
    - Narrative - Kevin
    - People – Maggie – Survey Memo **pp. 8-11**
    - Money – Written from Jeneene **pp. 12-14**
  - g. Disaster Recovery – Hurricane Helene
    - i. State perspective – disaster funds release
    - ii. SBP (Saint Bernard Parish) Training – Vonda/Nicole/Pam
  
- 5) TN ARPA Program Update**
  - a. Funds Committed – Updates – Nicole

## 6) Advocacy

- a. Federal Updates – Josh **pp.15-19**
  - i. Appropriations
  - ii. HUD HOME Final Rule Recap – Strategies

## 7) Member Interest – Updates - Traviss Witt

- a. ARC ARISE – Fahe's VITAL Planning Grant progress report
  - i. Training after Spring Retreat
- b. Energy Opportunities – CCIA applications with OFN and ACC

## 1) Fahe Updates

- a. Fahe Board Report: December 2024 - Board Members Jackie Mayo, Lindy Turner
- b. Membership Updates (see packet)
  - Reporting – QE 12-31-24 status – Jackie Weiss **p. 20**
  - Membership Training Opportunities - Jackie Weiss
  - Fahe History Project & Survey – Diedre Kendall, Fahe AmeriCorps VISTA
  - Health and Housing – White Paper – Nicholaus Bormes **pp. 21-35**
- c. Communication Introduction – Lina Page, Kevin Flora – *Share stories* **p. 36**
- d. Loan Servicing – Services Information **p. 37**
- e. Lending – Federal Pause update, planning ahead
  - Community Lending **pp.38-41**
  - JustChoice Lending **pp.42-43**

## Upcoming Events

- **April 15-16** – Fahe Spring Retreat, Berea
- **April 16-17**: Workforce Training following Spring Retreat
- **April 24 - 11 am ET: Fahe Adv. Tool Kit**: Talking About Rural vs. Urban Housing Challenges
- **May** – Second workforce training – TBD
- **May 12-16** – NeighborWorks America Virtual Training Institute
- **May 22 – 11 am ET – Fahe Adv. Tool Kit** – Economic Impact of Fahe Members
- **June 17** – TN Caucus Meeting – **Hosting?**
- **June 26 – 11 am ET – Fahe Advocacy Tool Kit** – Declining Federal Funding...
- **July 24 – 11am ET: Fahe Adv. Tool Kit**: Moving the Neighborhood NIMBY to YIMBY
- **August 25-29** - NeighborWorks America NTI – New Orleans
- **Sept. 30 – Oct. 2** – Fahe Annual Meeting – Meadowview Conference Center
- **Nov. 13** – TN Caucus Meeting – **Hosting?**

Sign up for Fahe's Member Newsletter here: [www.fahemembers.com/signup](http://www.fahemembers.com/signup)

Sign up for Fahe's Blog here: [www.fahe.org/signup](http://www.fahe.org/signup)

TN Caucus page: <https://fahemembers.com/state-caucuses/tn-al-member-information/>

# CREATING HOMES INITIATIVE

A two-decade history of housing Tennesseans living with behavioral health challenges



The Tennessee Creating Homes Initiative (CHI) seeks to assertively and strategically partner with local communities to expand quality, safe, affordable, and permanent housing opportunities for people living with mental illness, substance use disorder, and co-occurring disorders. The program was created in August 2000 by Marie Williams, current TDMHSAS commissioner, in response to the need for housing options for people living with mental illness. The model leverages seed funding from the state to draw on other sources for a multiplier effect, and the result has been tremendous.

SINCE 2000



MORE THAN  
**36,000**

New or Improved Housing Opportunities



MORE THAN  
**\$1.3B**

Leveraged from Federal, State, Local, Foundational, and other funding sources

## HOW IT WORKS



- The state provides framework, incentives, and Regional Housing Facilitators.
- Broad-based local/regional task forces identify needs and prioritize projects.
- Development of permanent housing opportunities such as independent rental and home ownership is emphasized.
- Regional Housing Facilitators work with any appropriate agency.
- Housing is owned and operated by local agencies.

## EXPANDING OUR SCOPE

FY20: Added **CHI 2.0** to expand housing options for people **recovering from addiction**.

FY22: Added **CHI 3.0** to expand housing options for people **getting out of jail or prison**.

## STATEWIDE RESOURCES



# Creating Homes Initiative

## Regional Housing Facilitators



### Region 6

**Regional Housing Facilitator**  
Dena Zipp | 731-571-4072  
Dena.Zipp@careyinc.org

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Jason Postlethwait | 731-499-3952  
jason@aspellrecovery.com

### Region 4

**Regional Housing Facilitator**  
Bill Friskics-Warren | 615-637-6345  
bill.friskics-warren@parkcenter  
nashville.org

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Jack Blum | 615-878-1970  
Jack.Blum@parkcenternashville.org

### Region 2

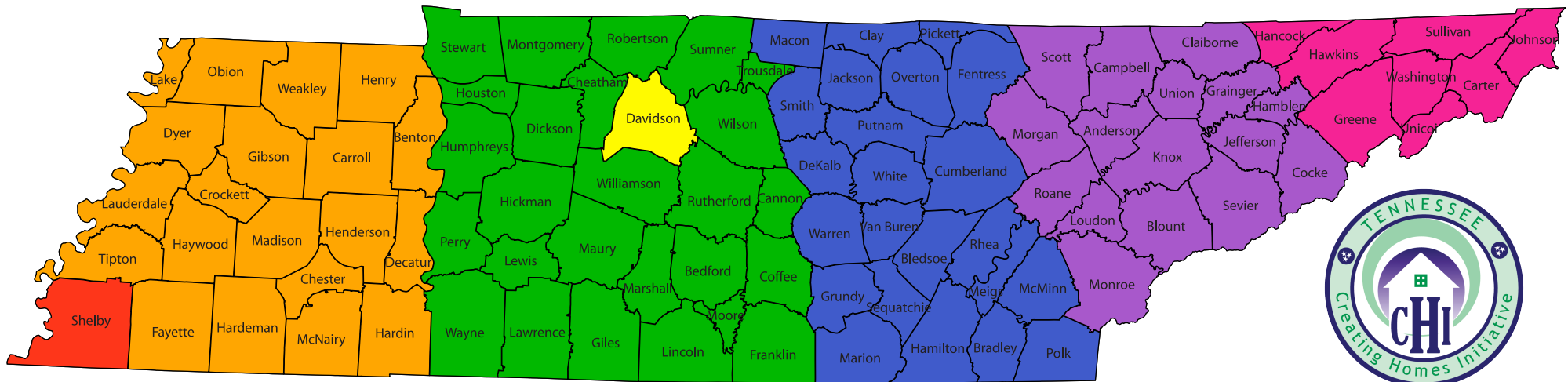
**Regional Housing Facilitator**  
Rosie Cross | 865-399-3144  
crossbr@ridgeview.com

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Sascha Henderson | 865-255-7001  
Sascha.henderson@mcnabb.org

### Region 1

**Regional Housing Facilitator**  
Amy Light-Karlsson | 423-416-1843  
allightkarlsson@frontierhealth.org

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Wendy Ramsey | 423-534-6809  
wrramsey@frontierhealth.org



### Region 7

**Regional Housing Facilitator**  
Lawrence Wilson | 901-277-6101  
lawrence.e.wilson@gmail.com

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Erin Gillylen | 901-598-3942  
egillylen@caapincorporated.com

### Region 5

**Regional Housing Facilitator**  
Shanley Deignan | 615-517-2896  
Shanley.Deignan@parkcenternashville.org

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Greg Keeling | 615-289-7546  
greg.keeling@parkcenternashville.org

### Region 3

**Regional Housing Facilitator**  
Susan H. Greene | 423-648-1003  
susangreene@aimcenterinc.org

**CHI 2.0 Regional Substance Use Housing Facilitator**  
Trish Cunningham | 423-876-9291  
Patricia.Cunningham@mcnabb.org

### Director of Housing and Homeless Services

Neru Gobin | 305-7661  
Neru.Gobin@tn.gov

### Assistant Director

Shay Grier | 615-651-0434  
Shanaya.Maclin@tn.gov

### Director of Regional Housing Facilitators

Stephanie Bullock | 423-483-8606  
sbullock@frontierhealth.org



**Tennessee Caucus Agenda**  
**Wednesday, November 6, 2024, 11am–12pm ET (10-11CT)**  
**Meeting Shortened due to Flood Recovery Response**  
**Virtual: Zoom**

<https://us02web.zoom.us/j/82014840739?pwd=VmJMNvV0VEFqUk5GQ111RnVsNDhBQT09>

**Attendees:**

		<b>Name</b>	<b>Attendance</b>
Madison Beatty	ADFAC		
Joey Collins	ADFAC	Dawn Grace	Guest - FHLB-CIN
	<b>Appalachia HFH</b>	Bridget Ellery	Guest - FHLB-CIN
Haley Peck	ASP	Rene' Mann	Guest - First TN Dev. District
Kristina Rowles	ASP	Sandy Bacon	Guest - First TN Dev. District
	<b>Blount Co. HFH</b>	Bridget Jennings	Guest - Johnson City HA
Lindy Turner	Clinch-Powell	Sam Edwards	Guest - Johnson City HA
Sabrina Seamon	Clinch-Powell	Bill Lord	Guest - THDA
Stace Karge	Clinch-Powell	Rebecca Anderson	Guest - THDA
Sarah Halcott	Creative Compassion	Katie Moore	Guest - THDA
Mark Baldwin	Creative Compassion	Don Harris	Guest - USDA
Victoria Ray	Crossville HA	Brittany Smith	Guest - USDA
Damon Johnson	Eastern 8 CDC	Mary Hickman	Guest - USDA
Kipp Parks	Eastern 8 CDC	Ta'Shiqua Rutherford	Guest - USDA
	<b>Foothills CDC</b>	Courtney King	Fahe
Chris Osborn	HomeSource etn	Diedre Kendall	Fahe AmeriCorps VISTA
Jackie Mayo	HomeSource etn	Jackie Weiss	Fahe
Emily Chase	KHRA	Jim King	Fahe
Michelle Jennings	KHRA	John Niederman	Fahe
Jeremiah Branson	Knoxville Leadership Foundation	Joshua Stewart	Fahe
Chris Callahan	Loudon Co. HFH	Kevin Flora	Fahe
Martha Pierce	Mountain TOP	Kylie Milliken	Fahe
Julie Keel	Mtn TOP/Housing Hub	Lina Page	Fahe
Jim Ratliff	ORHA	Maggie Riden	Fahe
Maria Catron	ORHA	Nicholaus Bormes	Fahe
Kaye Helton	ORHA	Nicole Intagliata	Fahe
Krystal Gibbons	TCAC	Traviss Witt	Fahe
		Vonda Poynter	Fahe

**14 of 17 Members Represented – 82.4% Attendance**

**1) Welcome; Special Guest Introductions; Meeting Call to Order** – Maria Catron

Rene Mann, Sandy Bacon - 1<sup>st</sup> TN Dev. District Foundation; Sam Edwards, Sandy Bacon – Johnson City HA; Bill Lord, Katie Moore, Rebecca Anderson – THDA; Don Harris, Brittany Smith, Mary Hickman, Ta'Shiqua Rutherford - USDA-RD; Dawn Grace, Bridget Ellery – FHLB

**2) Membership Business** – Maria

- a. Discussion – Around the Horn: Hurricane recovery efforts
  - i. Needs/requests/offers from the caucus
    - Don Harris expressed interest in collaborating with Lexington Housing



Authority for a housing project, asked about connecting them with a 502 packager. Jackie Weiss recommended contacting Jamie Puckett for further assistance.

- ii. Recovery Meeting Discussion w/ Jim and Members – every other week
  - Jim King noted that regular calls have been established to support organizations in Tennessee and neighboring states. Groups like the Christian Appalachia Project involved, there is need for a comprehensive relief package from Congress. It is important to ensure that Tennessee and Southwest Virginia do not get overlooked in the federal relief process.
  - The Presence of the First Lady of Tennessee was noted, as well as the active involvement of volunteers. Some rehab will be able to be done but other areas will need new construction.
  - Krystal Gibbons from TCAC commented on the overwhelming support from donations and the logistical challenges of distributing aid effectively.
  - Maria Catron noted that recovery will take time but they have the caucus' full support.

### 3) Partner Updates

#### a. THDA updates – Bill Lord

- i. Emergency Repair Program changes – work with Development Districts
  - ARPA funds: while the initial \$10 million is secured, a \$2.5 million amendment is in routing and will support rehabilitation activities. Emphasized THDA's role as a long-term housing provider rather than a first responder.

#### b. USDA-RD – Don Harris

- i. Disaster Grants
  - Donald Harris shared that FEMA's disaster housing assistance will benefit 378 families by providing temporary housing options.
  - Grant program for low-income homeowners aged 62 and above, which can provide up to \$15,000 for home repairs.

#### c. FHLB Updates – AHP in mid-Nov. – Advisory Council – Dawn Grace

- i. Includes four members from each of the three states and a rotating executive director. The council members serve three-year terms, with a maximum of three terms. Nominations for new members are solicited every three years, and interested individuals can still submit nomination forms. Maria Catron urged members to contribute their insights.
- ii. CMPHF – CMPHF submission window closes with completion in December
  - Requests exceeding available funds. Reminded participants of the December 15th deadline for outstanding funding requests.
  - Dates for 2025 not certain until board approval but likely similar to previous year.
- iii. DRP extended the reservation timeline to 4 years
  - The application deadline has been extended to 48 months, resulting in more requests for funding. The program has disbursed \$8.9 million, with \$4.3 million still available.

## CAUCUS TIME

### 4) Membership Business

Review previous Minutes and action items - Minutes approved.

### 5) TN ARPA Program

- a. Application Process – Nicole
  - i. The Rehab Recon application is open and due November 15th. Those will be reviewed with the round three applications as well, working on those reviews now. There's a chance that there'll be a round four, will get an email if that is the case once round three has been evaluated.

### 6) Advocacy

- a. Federal Updates – Josh
  - i. Ongoing efforts adapting to a new Congress and administration. Kylie Milliken shared details about "Appropriations 101" webinar and a series of workshops aimed at simplifying the advocacy process for members. She encouraged participation and offered to assist those interested in getting involved.

### 7) Fahe Updates

- a. Fahe Board Report: Sept. 20 - Board Members Jackie Mayo, Lindy Turner
  - i. No significant updates from September board meeting. Next board meeting is in December.
  - ii. Board elections during spring retreat, Lindy expressed interest in continuing her role. Consider nominations for both incumbent and at-large seats.
- b. Communication Round up – Welcoming Kevin Flora
  - i. Fahe recently hired a Digital Marketing Manager KEVIN FLORA who will work alongside Lina Page in the Communications Team. Based out of Corbin, KY, he has run a digital marketing agency. He is chartered with expanding visibility and engagement for Fahe as a whole through our online platforms, and he will be working closely with Lina on the new narrative campaign next year.

### 8) For Your Information Membership Updates

- a. Energy Opportunities Updates – Traviss Witt
  - i. Fahe is applying for both of the Greenhouse Gas Reduction opportunities.
  - ii. No word on PRICE yet.
- b. Fahe History Project (survey) - Diedre Kendall, Fahe AmeriCorps VISTA
- c. Fahe Hazard Mitigation Plan Project Final - **Packet**  
Jeremy Cornett AmeriCorps VISTA - Hazard mitigation video presentation in packet.
- d. Lending – Community Lending and JustChoice Lending
- e. Partners for Rural Transformation – Sara Ball
- f. Advocacy – FEMA Questions Guidance / FEMA Application

**Fahe**  
**4 Corners People Working Group**  
**RFP Outline for Survey Company**

**WHAT WILL BE DIFFERENT AS A RESULT OF THIS WORK:**

We will have info we need to continue building a robust and engaged network that is serving our communities. We will have a strong Membership base, with strength in numbers AND in their degree of engagement/participation. We will be more targeted, streamlined and effective in our services to Members (and community). Our members will get less “noise” from Fahe and instead get the information that matters, when it matters. Members can grow their own capacity and operational success through peer learning opportunities- thus strengthening the region.

**Introduction:**

Fahe is a membership organization serving a network of 50+ housing and community development nonprofits serving Central Appalachia. Our membership base is diverse in size, programs, areas of expertise and geography/operating environment.

Members engage with Fahe at varied levels (we’ve identified roughly 3 tiers of Member participation: Active Member, Engaged, Very Engaged), and have historically cited different benefits to Membership. Fahe is currently seeking concrete recommendations on how we can:

- 1) Strengthen existing Member Organization engagement in the network,
- 2) Strategically grow our Membership and partners
- 3) Align Fahe’s internal programmatic, financial and operations to respond to Member needs.

To date, efforts to A) identify what brings and keeps Members in our network, B) determine what drives the depth and degree of their engagement and C) determine satisfaction with existing programs and services, have been internally driven and executed. While this has revealed good insights, we are at a point in our organizational development where a more robust third-party analysis has value.

At this time, we are seeking an external firm that can help us obtain a quantitative data set on Member footprint and services; and both qualitative and quantitative feedback from our Membership to inform how we can better meet the above three goals.

**Ideal Research Partner:**

The ideal partner for this project will



- Understand that our Members are busy serving their communities and have limited bandwidth.
- Appreciate that research fatigue is a major challenge.
- Have experience in quantitative and qualitative methodologies and evidence best practices in research with under-served communities and/or sectors.
- Provide analytic insights and actionable recommendations in visual and/or narrative form to help Fahe's staff better serve our Network.

### Areas of Inquiry:

**Member Operations:** One of our current strategic goals is to 'expand our tent'. Specifically, we're hoping to grow our Membership base, launch a new "Fahe Partners" initiative. In addition, we hope to provide our Members with an update to date gap analysis (geographic and services) to help inform their own strategic growth. Themes and topics include:

- Services provided by each member
- Geography the Member Serves (generally)
- Geographic Service Area (by service/program)
- How members capture and track reporting information (output and impact)
- Areas of self-identified organizational expertise and Member capacity to mentor/coach/support network colleagues
- Areas of self identified growth potential- what would Members like to learn from colleagues (how Members would like to get that )
- Tenure of Member Teams (How long has org been around vs./or including: How many have under vs. over x years with their organization or years in the field? Allow us to say things like "collectively x years of experience" AND it may give us some insight into what we may be facing (or not) in terms of a retirement cliff in the not too distant future.

**Member Perceptions of Benefits and Services:** Fahe gathers basic information on Member participation in our services. A recent review of this data reveals that Members have varied levels of network engagement. Curiously, this does not seem to correlate to Member organizational size, scope, areas of focus or geography. If we are going to successfully increase member engagement in the network, we need to better understand these trends, what services Members currently value (or do not value) and possible gaps in our current offerings that could enhance participation/serve as an incentive to join. Themes and topics include:

- Why do Members join? Why do they stay Members? What do they value in Membership? What do they define as benefits? What are the gaps in our current Benefits?
- Feedback on Existing Service Lines (what they use, what they don't, why, what would improve these lines? )
  - Financial Services: Just Choice Lending, Community Lending, Virtual CFO, 502D intermediary
  - Membership Services: Caucus Meetings, Spring Retreat, Annual Meeting, access to NWA trainings, general networking with colleagues
  - Advocacy Services: Coalition facilitation, toolkits and webinars, coaching
  - Programs Services: Disaster relief, consulting, compliance and reporting, navigating federal requirements,
- What services, training, capacity building do members need as they move along their own organizational development continuum? How can Fahe build a scaffolded set of services that responds to this pathway?

**Member Preferences on Communication:** Fahe has grown naturally over the last 40 years to become a dynamic organization with multiple business lines and service offerings. Fahe staff and teams vary between in person/onsite and virtual. Further, our communications team has been skeletal over the last 5 years. While we've made strides in our internal staff communication, and we've gained increasing clarity on the narrative we seek to share among external stakeholders, we recognize that there is room for improvement in how we communicate with Members. This should include best methods/platforms for members to receive information, recommendations on how to strengthen/evolve our Member website, and strategies to enhance cross-member communication and peer learning. Themes and topics include:

- Feedback on existing member communications (everything from email to newsletters to events):
  - Content
  - Method
  - Frequency
- Feedback on maintaining accurate point of contact(s) with Members
- Feedback/insight on how we can better message the benefits of Membership and active engagement in the network.
- What are some possible strategies to driving comms to specific audiences? Various lists? Different formats? We had some internal convo at the Working Group about Monday mailing. That its very dense. Is there a way to move this to website and do a digest monthly? This would drive some activity to the Member Website that's

organized by topic, or issue? This is a good example of where some of our comms gets a little bit chaotic for Members.

- Members have identified a desire for peer learning and connection platforms, what would they suggest in terms of design/model/platform? What would they realistically use?

**Open Ended Feedback:** Finally, Fahe seeks candid feedback from our Members. We know we're excelling in some ways and falling short in others. Partnering with an external research team provides us an opportunity to solicit unfiltered insights on what we're doing well and areas of growth. The ideal firm will be equipped to analyze open qualitative feedback to isolate the main themes and takeaways for Fahe staff.

## Money 4CWG Report out (general):

The money working group met on the 4<sup>th</sup> Tuesdays of November and January, and were thrilled to welcome several new Members who joined the group following the Annual Meeting. Having more voices in these conversations is adding excellent perspective and energy to the meetings—we welcome others to join anytime, and are especially interested in adding development staffers or other Member staff who may be heading in the direction of managing relationships with, and/or preparing applications/reports to private philanthropy funders (our initial focus for this group).

For these recent two meetings (Nov/Jan), we revisited our three Money Working Group Goals, with a particular emphasis on Goals 2 and 3, described briefly below:

- 2. Capacity/Training:** Through survey and discussion, the group identified and prioritized our first Training, which will focus on Organizational Readiness and Foundation Research. The two trainings we expect to offer this FY are slated for March and June. Invitations to the trainings will be sent to all Members with staff who attend 4CWG Meetings (regardless of which corner they are signed up for). IF the trainings are enthusiastically received, we may consider “re-upping” them for future events (e.g. Annual/Spring Meetings) or platforms (Member website in the future).
- 3. Fundable Projects/Topical Peer Groups:** Much discussion has been dedicated to how to create infrastructure and incentives for more Member staff (beyond “just” the usual attendees to Fahe events) onto working groups and growing their Network through engagement with other Fahe Members’ staff (again, at all levels, not “just” the usual suspects). Within and beyond the conversations happening at the 4CWG meetings, we are hearing a sincere hunger for more connectivity and opportunities to organize Member staff from all levels (program, executive, direct service, etc.) around shared topics of interest and concern—it is incredibly refreshing to be hearing a LOT of “I have knowledge to share and don’t know who needs it or how to get the information to them!” We **\*know\*** that there are many people who want to share, and many people who want to learn from others. This is **music** to the ears of Fahe staff who facilitate and attend the 4CWG meetings—our best conversations and applications/fundable projects are those which are led by and built around the opportunities and perspectives of Member staff/experts in their communities!!

However, we are struggling with how to organize Members into topical peer groups without “just” adding more meetings to the already full calendars of already busy people already connected with Fahe. In the long term, we hope to support this sort of self-organizing by creating more online infrastructure for connectivity, so that Member staff not already familiar with Fahe grow in their engagement and benefit from connecting directly with fellow Network Members and especially staff in similar roles. But in the short term we will be looking to use our existing ways of connecting (Caucus Meetings, Spring/Annual Meetings, Working

Group Meetings, annual surveys, etc.) to begin building a list of topics around which we might practice organizing and which will likely inform future applications for funding. Figuring this out would both meet the Members request for more/better opportunities to connect with other Fahe Members' staff; and it would help address the FOMO that many Fahe Members periodically express.

### **Request for Caucus Meeting Conversation:**

As we touch on briefly above, we are seeing the need to surface topics around which we might help organize and engage existing content experts from within the Network to help grow a shared understanding of what is needed, how we can go further together, and ultimately lead to the formulation of strategies that can be piloted/explored/scaled together and other shared plans around which applications for funding can be built. We fully expect some of the topics that bubble up to require outside expertise before actionable plans can be assembled (e.g. Broadband, forming multi-sector partnership to address complex problems like SUD Recovery, etc.) but in many instances, the expertise exists within our Network and simply needs to be harnessed and organized towards an achievable outcome (e.g. Solar, disaster recovery, wrap around services in multi-family rental, educational/communication campaigns that elevate the importance of housing in the context of an inspiring performance challenge, endowment campaigns that elevate Member's natural milestones—like 50<sup>th</sup> anniversaries—towards formalizing a donor base, the establishment of online community for Members to connect with each other, etc).

In the short term, we are looking for suggestions, thoughts, examples of best practices, and other generative input that will help with

1. Topic Identification: What topics bubble up?  
Money WG suggested starting with the three obvious housing buckets (Ownership, Rental, Rehab/Retrofit) . . . this might help create a deeper conversation that would naturally lead to the next two pieces . . .
2. Process (how and who):
  - a. What information collection process should we use to develop initial list of topics around which we can practice organizing/applying for funding (surveys? Stand up and "vote" with stickers at the Spring Meeting? Interviews? ) ?
  - b. How do we get input from not only the ED's/typical Fahe meeting attendees, but also others who have insight but are not usually engaged in Fahe conversations?
3. Topic Prioritization: For each of the topics, how does it relate to our work? How will connecting with others around [TBD Topic] be useful to individual Member? To the Network/Region? How will working on this [TBD Topic] advance the region towards the greater prosperity/the outcomes presented in the performance challenge?

### **1. Modernize Affordable Housing Trust Fund source fees**

The Affordable Housing Fund (AHF) is a key source of development and capacity funding for nonprofit housing entities. The AHF is currently funded only by a \$20 fee on each transfer of real property and on each sale of a manufactured home. The AHF typically receives about \$1 million per year, but reduced market activity has decreased annual AHF receipts by over \$600,000 (42%) since 2021, and the flat fee—unchanged since enactment in 2001—is not inflation-resilient. We support doubling the AHF source fees, or at minimum indexing them to inflation.

### **2. Renew WV Homeowners Rescue Program**

The COVID-era West Virginia Homeowners Rescue Program provided crucial support for WV homeowners facing financial hardship. Notably, the HRP provided funding for critical home repairs—meaning repairs without which the homeowner would be at risk of displacement—as well as mortgage payment assistance to prevent foreclosures. In a state that ranks near the bottom in new home construction per capita, critical home repair represents an efficient and impactful use of public funds, extending the useable life of a structure while protecting a family’s most important financial asset. Similarly, foreclosure prevention allows families to remain in their homes despite economic hardship. The HRP funds have been exhausted, but significant need remains. We advocate for making the HRP permanent.

### **3. Allow nonprofits to benefit from BUILD WV program**

The BUILD WV Act provides property valuation adjustment credits to developers of affordable housing in several priority areas in WV. The PVAC credit can be taken against personal or corporate income tax of an eligible taxpayer, beginning in the tax year in which construction of the project property is completed and ending in the 10th taxable year thereafter, up to \$100K per project. However, nonprofits are not able to benefit from the PVAC credit under BUILD WV. Making the credits refundable to nonprofits, and/or transferrable to investors, would increase the impact of this beneficial program.

### **4. Direct WVCAD to allocate CDBG funds for housing activities**

Despite certain housing activities being eligible uses for Community Development Block Grants under federal law, the West Virginia Community Advancement and Development Office does not currently use any of the state’s CDBG allocation for housing activities despite significant need. We ask the legislature to direct WVCAD to amend the Consolidated Plan to allow for CDBG funding of eligible housing activities, including homeowner rehabilitation, home purchase assistance, new construction\*, and rental acquisition and/or rehab.

### **5. Promote voucher utilization by funding housing navigators and studying source-of-income discrimination**

An emergent issue in the affordable housing space is source-of-income (SOI) discrimination, the practice of property owners/managers rejecting applicants solely based on their status as a voucher holder (including Section 8 and HUD-VASH). Short of prohibiting this practice as 23 states have done, we encourage the legislature to set aside funding for nonprofits and local government agencies to hire “housing navigators” who work with landlords to dispel misconceptions about risks of accepting vouchers and connect would-be renters with landlords. Furthermore, we encourage the legislature to conduct a study of landlord and voucher-holder experiences in West Virginia, in order to examine and evaluate the reasons why landlords engage in this practice and to better understand the impacts of SOI discrimination.

### **6. Streamline municipalities’ ability to adopt voluntary inclusionary zoning policies**

Municipalities in WV are, in theory, able to enact voluntary inclusionary zoning policies (e.g. reduced lot sizes, setbacks, parking requirements, etc.; greater height allowances; tax breaks; reduced permitting fees and more). However, any such policy change that tends to impact the maximum allowable density in a zone is subject to a cost-prohibitive requirement to deliver written notice to the owners of all parcels within the affected zone, even if the change is consistent with the community’s consolidated plan. We advocate for the removal of this barrier, in order to better allow communities to meet their recognized housing needs.

### **7. Study investor takeovers of mobile home parks**

Residents of several WV mobile home parks are suffering as out-of-state investors have bought up parks and drastically increased lot rents and fees and/or evicted tenants en masse. Due to the difficulty and great expense associated with moving a mobile home, these residents are left with little to no recourse. We encourage the legislature to study this problem and consider establishing guardrails to prevent profiteering off the inability of mobile home park residents to move.

\* Under HUD regulations, new housing construction is an eligible use for CDBG if carried out by a Community-Based Development Organization as part of a neighborhood revitalization or community economic development project.



**Newly-Granted PJ Flexibilities from the 2025 HOME Final Rule**  
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## CHDOs

### 1. Maximum 1/3<sup>rd</sup> Public Officials rule

HUD states: “...the one-third limitation on public officials only applies to CHDOs that were created by the participating jurisdiction or another governmental entity. For CHDOs not created by a governmental entity, the participating jurisdiction must determine that the CHDO is not a governmental entity and is not controlled by a governmental entity”. **Decision: Do Members want to advocate to PJs how this determination should be made?**

### 2. Minimum 1/3<sup>rd</sup> Low-Income Board Member rule

HUD has changed the wording of “*elected officials of low-income neighborhood organizations*” to “*designees of low-income neighborhood organizations*” as eligible to count towards the 1/3<sup>rd</sup> Low-Income Board minimum. **Decision: Do Members want to advocate to PJs about this change?**

### 3. How “community” is defined

HUD rejected our proposals to make it easier to retain CHDO Board Members who move out of, or whose homes were re-designated out of, low-income census tracts. Instead, they say ‘*the Department would like to clarify that the term ‘other low-income community residents’ is already part of the regulation and the term ‘community’ can be considered a multi-county area.*’ This is useless, as it relies on PJs defining CHDO “communities” for these purposes as multi-county areas – rather than as census tracts, as they often do. It does however, open up the opportunity to take this HUD statement to PJs to get them to revisit how they define “communities”. **Decision: Do Members want to advocate to PJs about the definition of “community” in relation to Board composition requirements?**

### 4. Capacity building funds for not-yet CHDO organizations

HUD clarifies that organizations wishing to become CHDOs, but who cannot yet demonstrate capacity, “*may receive HOME funds for operating expenses ... in order to develop demonstrated capacity and qualify as a community housing development organization*”. **Decision: Do Members want to advocate to PJs about their ability to offer these funds to potential CHDOs?**

### 5. Wholly-owned subsidiaries may be for-profit

HUD clarifies that a CHDO may qualify as a “sponsor” of rental housing if it “owns” or “develops” that housing via a subsidiary – and that the subsidiary may be for-profit. **Decision: Do Members want to advocate to PJs about the ability for subsidiaries to be for-profit?**

## **CHDOs (continued)**

### [6. Closing costs and rate buy-downs allowable activities](#)

HUD has changed “Downpayment Assistance” to “Homeownership Assistance”, and explicitly expanded the set of activities which may be conducted. Not just DPA, but “...*payment of closing costs, mortgage rate buy-downs, etc.*” **Decision: Do Members want to advocate to PJs about expanding the list of eligible activities further?**

## **ERR and Predevelopment Costs**

### [7. Environmental review and pre-development soft costs are reimbursable](#)

HUD has provided the opportunity for PJs to include environmental and other pre-development soft costs as eligible for reimbursement, if the costs were incurred within 24 months before the commitment. The Final Rule makes it clear that “*the written agreement must explicitly permit the use of the funds for those purposes*”. **Decision: Do Members want to advocate to PJs about including costs in the written agreements?**

## **Smoke and CO Alarms**

### [8. Hardwired smoke detector waivers](#)

HUD is requiring all HOME projects to have hardwired smoke detectors, but is allowing PJs to provide waivers for infeasibility or undue financial burden for Rehabilitation and Homeownership activities (NOT New Construction). Waivers will allow grantees to instead provide standard sealed, nonrechargeable, 10-year battery powered smoke detectors. **Decision: Do Members want to advocate to PJs about what the waiver application process should look like?**

## **Homebuyer**

### [9. Deadlines for property standards in Homebuyer activities](#)

HUD has allowed up to six months after closing to bring a home bought with HOME Homebuyer funds up to property standards, rather than the old Rule which required that the home met those standards prior to closing. HUD has also given PJs the ability to extend that deadline a further 6 months, for a total of 12 months after closing. **Decision: Do Members want to advocate to PJs about this additional six-month extension ability?**

## **Tenant Protections**

### **10. Termination of Tenancy different for Sec. 8 units**

The new Tenant Protections in the HOME Final Rule, particularly with respect to the “Terminations of Tenancy” section, conflict with the regulations for other HUD programs – including Sec. 8 Housing Choice Vouchers, Sec. 202, and Sec. 811. HUD has provided the ability for owners of HOME-assisted rental properties to terminate the tenancy of individuals in units which are supported by that list of programs according to the regulations for those other programs, and not according to the HOME regulations. **Decision: Do Members want to educate PJs about the flexibilities in the termination of tenancy regulation?**

### **11. “Confidentiality and security”**

HUD is requiring the “confidential and secure” handling of personally identifying information of applicants and residents. HUD has not defined these terms, but indicates in the cover text of the Final Rule that they could mean “*through storing files in locked drawers, password protecting their computers, and using basic encryption... (in) email*”. **Decision: Do Members want to advocate to PJs on what should define “confidential and secure” and how we will have to prove that we meet that definition?**

## **Process**

### **12. Implementation, including deadlines**

The effective date of the Final Rule is February 5, of this year. However, PJs may implement the changes as late as to any funds committed after February 6, 2026. Conversely, PJs may cause existing written agreements to be modified to meet many (but not all) of the new requirements. **Decision: Do Members want to advocate to PJs about how the implementation deadline should be structured, and about whether or not existing written agreements should be modified?**

## **Rental Administration**

### 13. Annual income recertifications

HUD is simplifying the annual certification of income process by accepting the results of other programs that also recertify income: if “...*the family is assisted by a form of Federal, State, or local public assistance (e.g., TANF, Medicaid, LIHTC, local rental subsidy programs, etc.) which examines the annual income of the family each year, then a participating jurisdiction may accept a written statement from a Federal or non-Federal entity administering the assistance.*”

**Decision: Do Members want to advocate to PJs about this flexibility, and what such a written statement would contain?**

### 14. HOME Rent Limit exceptions

HUD has provided an exception to HOME Rent Limits (“*the rent limits do not apply*”) for units that are supported by “*rental assistance or subsidy payment provided under a Federal, State, or local rental assistance or subsidy program.*” In other words, HOME rents may exceed HOME Rent Limits for units receiving rental assistance or subsidies. **Decision: Do Members want to advocate to PJs about using this flexibility, and how it should be enacted?**

### 15. Utility Allowances

HUD is allowing PJs to set Utility Allowances for HOME projects based on the Utility Allowances of the local PHA: “*The participating jurisdiction may use any of the following for its maximum monthly allowances: the HUD Utility Schedule Model, the utility allowance established by the applicable local public housing authority, or another method approved by HUD.*” **Decision: Do Members want to advocate to PJs about using this new ability for setting Utility Allowances?**

## **Small-scale Housing**

### 16. Waiting list policies for Small-scale rental units

HUD has defined a new term, “Small-scale housing” to mean “*a rental housing project of no more than four units, or, a homeownership project with no more than three rental units on the same site*”. With this definition comes new flexibilities on inspections, income recertifications, and waiting-lists. PJs, not HUD, will approve the waitlist policies of small-scale housing owners. **Decision: Do Members want to advocate to PJs about what small-scale housing waitlist policies should or should not be?**

## Fahe Updates

### Quarterly Reporting – 12/31/24

ORG INFORMATION	Report/Communication Sent		
	1/10/2025	1/22/2025	1/28/2025
<b>Org Name</b>			
Aid to Distressed Families of Appalachian Counties (ADFAC)			
Appalachia Service Project (ASP)			
Appalachian Habitat for Humanity (AppHFH)			
Blount County Habitat for Humanity (BCHFH)			
Clinch Powell RC&D (CPC)			
Creative Compassion (CCI)			
Crossville Housing Authority (CH)			
Kingsport Housing & Redevelopment Authority (KHRA)			
Knoxville Leadership Foundation (KLF)			
Loudon Co. HFH (LHFH)			
Mountain T.O.P. (MTOPI)			
Oak Ridge Housing Authority (ORHA)			
Tennessee Community Assistance Corp (TCAC)			
Foothills CDC			

<b>TN Organizations</b>	<b>16</b>	
Turned in by 7/10	4	25.00%
Turned in by 7/15	12	75.00%
Turned in by 7/25	13	81.25%

### Full Membership

With NWOs		
<b>Total Organizations</b>	<b>56</b>	
Turned in by 1/10	16	28.57%
Turned in by 1/22	46	82.14%
Turned in by 1/25	50	89.29%



# Exploring Health and Housing Partnerships in Appalachia

## Executive Summary

This white paper outlines a strategic approach for rural housing organizations to partner with healthcare providers in Appalachia, using Fahe's partnership with Ballad Health as a model. Housing and health are deeply interconnected; housing stability is essential for improved health outcomes, while access to health resources enhances quality of life and housing retention. However, despite clear mutual benefits, such partnerships are often challenging to establish due to funding, reporting requirements, and healthcare interests in Appalachia.

Fahe's collaboration with Ballad Health represents the potential for replicating such partnerships. This white paper explores strategies for other Appalachian housing organizations to adapt similar models for their service area. This document aims to equip Fahe Members with insights into developing partnerships that elevate both community health and housing stability.

## Introduction

Appalachia faces some of the highest rates of poverty and chronic health issues in the United States, with many areas lacking accessible healthcare and affordable, quality housing. Addressing these social determinants of health is crucial to improving community well-being. Non-profit housing organizations and healthcare institutions can collaborate in tackling these intertwined challenges.

Fahe's partnership with Ballad Health, a nonprofit healthcare provider serving Northeast Tennessee and Southwest Virginia, provides a framework for rural, dual-referral, wellness partnerships. The Ballad Collaboration demonstrates how housing stability can be prioritized within a healthcare organization's community health goals, health blueprint, or strategic plan. Through funding and data sharing Fahe and Ballad Health have advanced health outcomes and improved housing conditions for hundreds of families. This white paper examines this partnership and explores actionable steps for Fahe Members to forge similar connections and investigate both the pros and cons of different approaches to partnerships.

## **The Ballad Health Collaboration Model**

### **Background**

Ballad Health is a non-profit health system operating in Northeast Tennessee and Southwest Virginia. Driven by a state mandate from Tennessee, Ballad Health was required to address social determinants of health through community investments. With backing from both Tennessee and Virginia, Ballad implemented the Unite Us platform, a system that allows health and social service providers to refer patients to additional resources for a holistic care approach.

Housing was initially not a primary focus for Ballad. However, through consistent and collaborative advocacy from Fahe and its Members, housing was introduced as a critical social determinant within Ballad's Accountable Care Community framework via discussion at stakeholder meetings. The identification of housing as a social determinant of health has progressed during the 3-year association of Fahe and Ballad Health.

### **Benefits of Health and Housing Partnerships**

Building on the Ballad model, Fahe envisions a future where housing nonprofits across Appalachia work with healthcare providers to:

- Secure sustained funding for housing projects that directly improve health outcomes.
- Collect and share data that highlights the importance of housing as a foundation for community health and a return investment on population outcomes.
- Advocate for increased recognition of housing within healthcare's scope of social determinants; housing is not only part of a healthy life - it is at the core of overall well-being.

By connecting housing stability with healthcare priorities, these partnerships can address root causes of poor health and housing insecurity in Appalachia.

### **Partnership Structure and Goals** (see Appendix 1)

Fahe's partnership with Ballad Health facilitates grant funding for various projects that track the impact on health outcomes. Fahe Members in Northeast Tennessee and Southwest Virginia receive financial support to implement initiatives that address both housing and health needs, while gathering data to support this work, which is in turn provided to Ballad Health. Fahe provides quarterly reports to Ballad, which use the data to inform public health strategies.

## Framework for Replication

To foster partnerships like the one between Fahe and Ballad Health, it is recommended that Members follow a detailed framework for identifying and collaborating with healthcare entities (case examples detailed in Appendix 2).

### 1. **Service Area**

Partnerships are most effective when the healthcare organization has a clear, established presence within Appalachia, especially in areas overlapping with the housing organization's service territory. Additionally, understanding the demographic of the shared service area ensures that the collaboration targets the most pressing needs of the population, i.e. recent disaster events.

### 2. **Commitment to Community Health**

A successful partnership requires a shared vision. Seek healthcare providers whose philosophy explicitly recognizes and prioritizes social determinants of health, *particularly housing*. Assessing mission statements and regional health strategies can provide insight into their level of commitment.

### 3. **Funding**

Evaluate the funding capacity of potential healthcare partners by considering their access to grants, government funding, or private contributions. Determine how financial responsibilities will be shared between organizations and how funds will be allocated to meet project goals. Clarity in financial planning—including understanding the cost of implementation, administrative funding, if any, and direct service delivery ensures the long-term viability of the collaboration.

### 4. **Political Context**

Research state-level initiatives and policies that encourage the integration of social determinants of health into healthcare, such as Medicaid waivers, community benefit requirements, or dedicated funding streams. Collaborating in a supportive policy environment can unlock additional resources and make disengagement opportunities less defensible. Advocacy for favorable policies and alignment with state and regional priorities can further enhance the partnership's impact.

### 5. **Organizational Capacity**

The administrative strength of each partner is a cornerstone of effective collaboration. Both housing and healthcare organizations must have the capacity to manage key functions such as data collection, analysis, reporting, and project oversight.

## Process and Action Steps

The first step is to identify potential partners using the previous framework. Many of these organizations have mandates or strategic goals tied to addressing social determinants of health. Reaching out to these groups with a compelling case for how stable housing improves health outcomes can open the door to partnerships.

Next is building rapport, much like Fahe Members did with Ballad. Housing organizations need to develop the tools and messaging to demonstrate the connection between housing and health. This includes highlighting evidence-based outcomes, such as *how stable housing reduces healthcare costs, improves quality of life, and supports broader public health goals*. A strong advocacy effort can shift perspectives and encourage healthcare providers to prioritize housing in their community initiatives.

In the same vein, Members can leverage community networks and resources to encourage commitment from healthcare organizations. With decades of experience building relationships, Fahe Members have an intimate understanding of the unique cultural, economic, and social dynamics of Appalachia. This expertise can bridge the gap between Members and health organizations who might otherwise be hesitant to engage.

Securing diverse funding streams is also essential to ensure the sustainability of these collaborations. Beyond traditional housing or healthcare funding sources, exploring philanthropic, corporate, and governmental grants aimed at the intersection of health and housing can reinforce the overall sustainability of a project.

Lastly, fostering spaces for continuous dialogue between stakeholders is vital. Regular convenings, whether in-person or virtual, can help maintain momentum and reinforce strategies and adaptability. Many organizations would expect such a commitment – as should the Member expect from them. Establishing long-term networks, akin to Fahe's approach, ensures that these partnerships are resilient and dynamic over time.

All aspects considered, it is important to note that not every relationship will be a golden egg; that is to say, not every partnership will check every box mentioned here. Expectations are an important part of communication while working to frame a partnership – whether long or short term, big or small in scale. Aiming high but tempering expectations can help to assure a steady footing when needing reorient at square one.

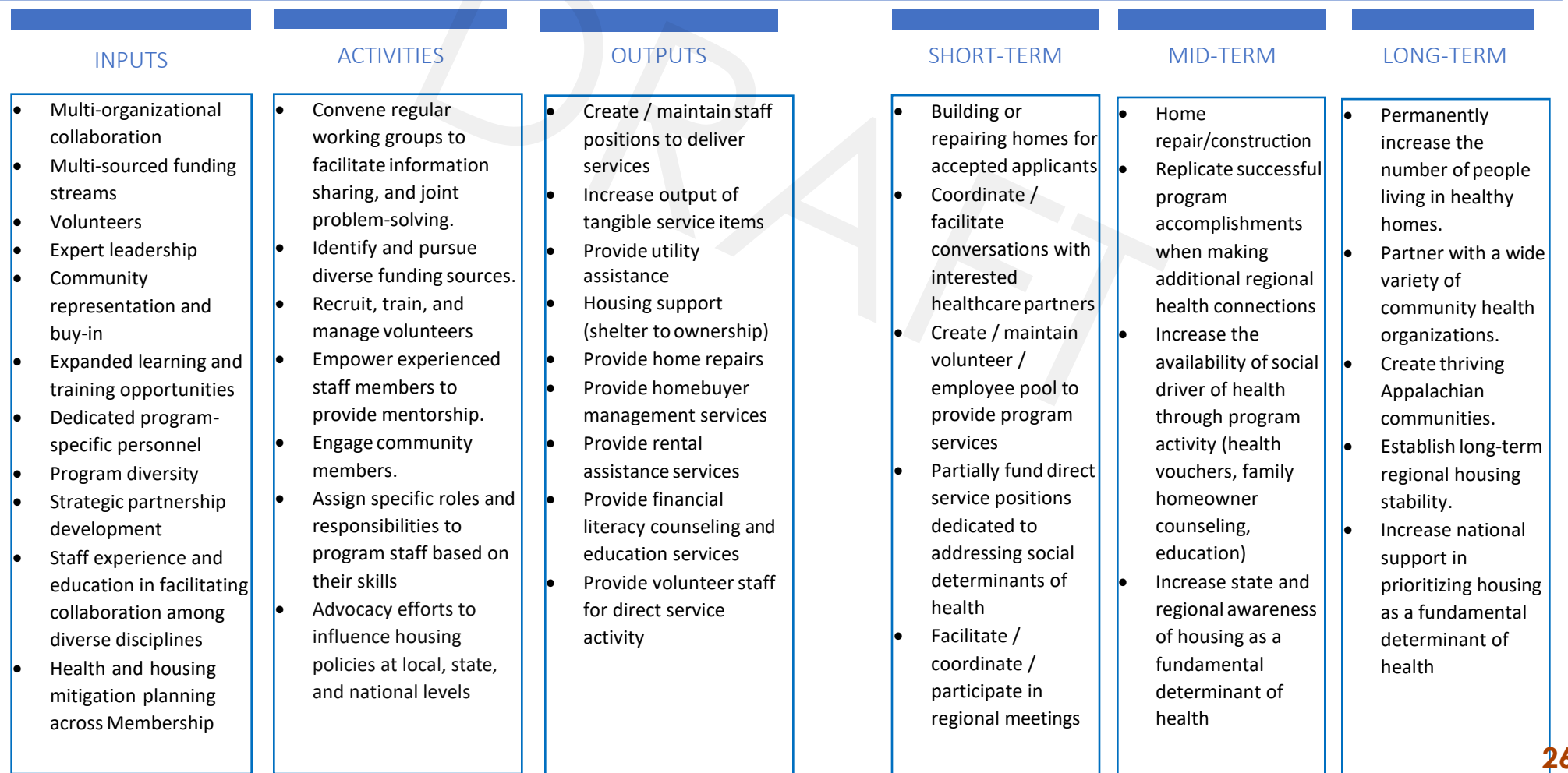
## Challenges to Model Replication

Despite the success of the Ballard partnership, replicating this model across other areas of Appalachia presents several challenges. Through our ongoing collaboration with Ballard, our exploration of other partnership opportunities across the Membership, and research into similar efforts in other parts of the country, a variety of obstacles have emerged. The most noticeable of these challenges are:

- **Funding Requirements:** Fahe's partnership with Ballard Health is heavily dependent on specific funding mandates. This kind of financial backing may not exist in other states or regions, making it difficult to replicate the funding structure needed to sustain such initiatives. Additionally, healthcare providers in other regions may face constraints due to limited budgets or a lack of incentives.
- **Organizational Focus:** Not all healthcare organizations recognize housing as a critical social determinant of health. Some healthcare systems focus narrowly on clinical care and may lack the holistic perspective or institutional commitment to invest in community health initiatives. Resistance to change or a lack of understanding about the long-term benefits of integrating housing and healthcare can further hinder the adoption of such models.
- **Regional Relevance and Capacity:** Appalachia is not monolithic; healthcare and housing needs vary significantly between subregions, influenced by local economies, demographics, and infrastructure. Additionally, the capacity of local organizations to engage in cross-sector partnerships often varies. Smaller organizations may struggle to meet the administrative, reporting, and compliance requirements necessary for partnerships of this scope, further limiting replication potential.
- **Sustainability Concerns:** Even where replication is possible, ensuring the long-term sustainability of such partnerships can be difficult. Funding cycles, leadership changes, or shifting priorities, political or strategic, can jeopardize ongoing efforts, making it challenging to achieve the consistency needed for sustained community impact at the intersection of health and housing.

**Fahe Working Group - Ballad CHI Logic Model**

**Problem Statement:** Access to affordable housing in Appalachia is in crisis due to various intersecting challenges. Rapid urban and metropolitan growth has siphoned resources away from rural areas, exacerbating existing disparities. Rural communities in Appalachia face a housing crisis stemming from low incomes, high energy costs, and dwindling resources, compounded by reduced support for housing subsidies. This crisis is particularly acute in persistent poverty counties, which are predominantly rural, where over 2 million people live. These areas exhibit poverty rates more than twice the national average, with minority poverty rates even higher. Despite relatively low housing costs, affordability remains a significant barrier in over half of these persistent poverty counties. Healthy housing is financially out of reach for many residents. Additionally, inadequate infrastructure is pervasive, with homes lacking proper plumbing at more than double the national rate. Overcrowded living conditions affect over 400,000 individuals, exacerbating quality of life challenges. ([CFRA](#), [Fahe](#), [ARC](#))





## Appendix 2

### **Case Examples of Expansion – KY**

Below are a number of organizations, programs, and potential leads to serve as an example of healthcare connections that are found in Kentucky. This is by no means an exhaustive list and does not imply Fahe's interactions with these programs or institutions directly. This section is meant to showcase potential 'hooks' when researching or identifying opportunities for connection at the intersection of health and housing.

#### **Common Spirit Health Care**

Formed in 2019 through the alignment of Catholic Health Initiatives (CHI) and Dignity Health, CommonSpirit is one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in **21 states coast to coast**, serving 20 million patients in big cities and small towns across America.

#### **Community Health Initiatives – Community Health Improvement Grants**

The annual application period opens on July 17, 2023, and extends to September 8.

Collaborating 501(c)3 non-profit organizations apply to receive grant funds from our hospitals to address significant issues in community health needs assessments. These can include improving access to health care, mental health, social services, health education, **safe shelter and housing**, food, violence prevention, and more. The grant program is offered via restricted charitable contributions for defined projects.

#### **Better Together: Connected Community Network**

The Connected Community Network (CCN) model is a multi-stakeholder initiative formed to address the social, economic, and environmental determinants of health by leveraging the assets and capacities of community anchor institutions and community-based partners.

Now, the CCN model has expanded to include more community-based organizations (CBOs), other stakeholders, and enhanced mechanisms for sustainability to rightly center health in the communities themselves.

(Better Together: Wellness Through Community Collaboration, n.d.)

No Wrong Door policy, a united referral system, and a network of partners are all shared concepts between Fahe and Common Spirit health CCN.

## Eligibility Guidelines – Program Overview Document

### **Key Dates**

<b>July - September</b>	<b>Grant application period is open. Applicant organizations can apply online.</b>
<b>November</b>	<b>Applicants are notified of funding decisions.</b>
<b>December</b>	<b>Grant agreements are signed, followed by grant award payments.</b>
<b>January</b>	<b>Grant project period begins.</b>
<b>July</b>	<b>Mid-year project reports due.</b>
<b>December</b>	<b>Grant project period ends.</b>
<b>February</b>	<b>Final project reports due.</b>

Grants are offered to individual hospitals. Each hospital offers a minimum and maximum grant award, depending on the Number of organizations involved and the size of the project(s). For this reason, a False partnership with multiple participating members within the state may be eligible for meeting or exceeding the maximum award.

<b>Local Grant Leader Contact Information:</b> <a href="mailto:sherri.craig@commonspirit.org">sherri.craig@commonspirit.org</a>		<b>Community Health Needs Assessment:</b> <a href="#">KY CHNA</a>		
<b>State</b>	<b>Hospital</b>	<b>City</b>	<b>Minimum Grant Award</b>	<b>Maximum Grant Award</b>
KY	CHI Saint Joseph Health - Mount Sterling	Mt. Sterling	20,000	32,181
KY	CHI Saint Joseph Health - Flaget Memorial Hospital	Bardstown	10,000	38,354
KY	CHI Saint Joseph Health - London	London	10,000	83,891
KY	CHI Saint Joseph Health - Berea	Berea	20,000	17,828
KY	CHI Saint Joseph Health - Saint Joseph Hospital	Lexington	17,828	100,000
KY	CHI Saint Joseph Health - Saint Joseph East	Lexington	20,000	100,000

<b>Local Grant Leader Contact information:</b> <a href="mailto:Nicole.Brown516@CommonSpirit.org">Nicole.Brown516@CommonSpirit.org</a>		<b>Community Health Needs Assessment:</b> <a href="#">TN CHNA</a>		
<b>State</b>	<b>Hospital</b>	<b>City</b>	<b>Minimum Grant Award</b>	<b>Maximum Grant Award</b>
TN	CHI Memorial Hospital - Chattanooga	Chattanooga	20,000	100,000
TN	CHI Memorial Hospital - Hixson	Hixson	Unlisted	Unlisted



Accepts grant applications on a continuing basis from non-profit organizations that are 501(c)(3) and 509(a) **within their service area.**

Organizations (including co-applicants) that have previously received a grant from the ARH FHC program (either as an individual or a collaborative partner) **must wait five years** to reapply after a successful grant disbursement. Only one grant application per year.

**Grants will not exceed \$5,000.**

Grant awards will be made in **April, July, October, and January.**

The project may be a new program, an expansion or modification of an existing program, or be **a collaborative effort of several agencies.** The project for requested funds must address the needs or opportunities to **improve the quality of life of women and children within the service area.**

Grant Approval Process:

- **Fill out the online application completely with requested attachments. Incomplete applications will not be considered.**
- **The Foundation staff will review the application and submit eligible applications to the Foundation Board for review at their quarterly meeting.**
- **Approval is at the sole discretion of the Foundation Staff and Board based on quality of the application and funds currently available**
- **Grant awards will be made in April, July, October, and January.**

- **Sound plan to increase the health and wellbeing of a group or community within the ARH Service Region.**
- **Specific and measurable goals for project evaluation**
- **Desire to promote coordination and collaboration among organizations or institutions to prevent duplication of services**

The project must have a high degree of focus in at least one of the following areas:

- **Education: Activities that promote or strengthen health and healthy lifestyle education.**
- **Health: Activities that improve health outcomes**
- **Human Services: Activities that support public protection, employment/jobs, food and nutrition, agriculture, housing and shelter, public safety, disaster preparedness and relief**

Funding will **NOT** be considered for any of the following areas:

- **Capital or Endowment Campaigns.**
- **Requests for funding to reduce or retire debt of the organization.**
- **Political parties or campaigns**
- **Operating costs not directly related to the proposed project**
- **Event sponsorships, annual appeals, and membership contributions.**
- **Travel expenses for groups or individuals such as bands, sports teams, or classes.**
- **Scholarships or other grants to individuals.**

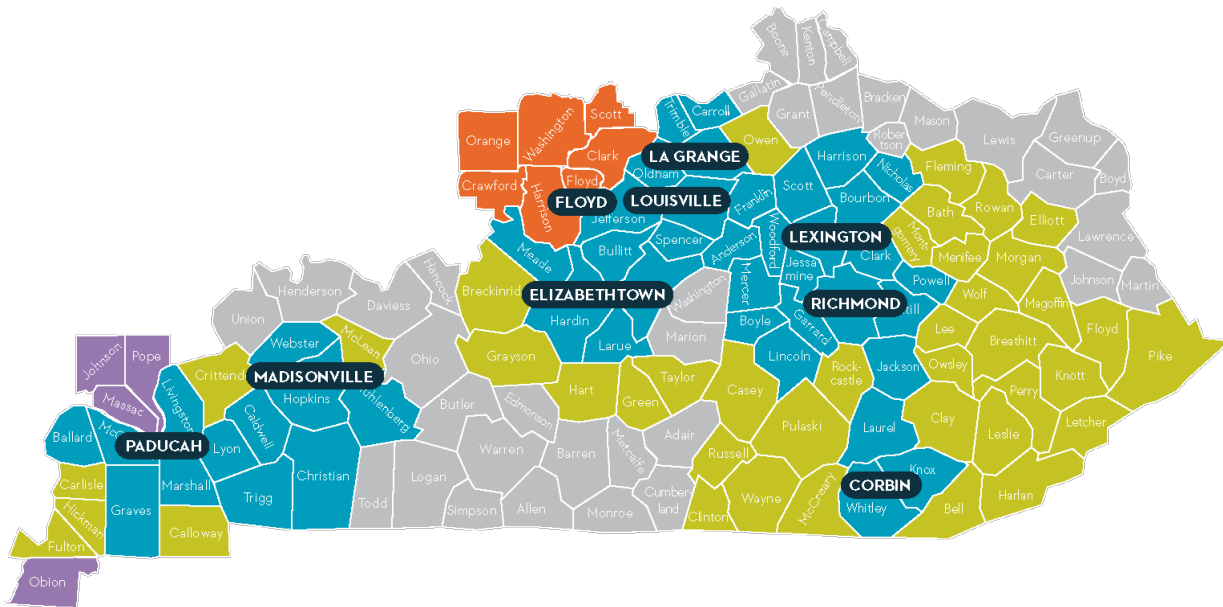
## **Baptist Health**

Baptist Health is a not-for-profit health system of 8 hospitals throughout Kentucky and southern Indiana, including Corbin, Elizabethtown, La Grange, Lexington, Louisville, Paducah, Richmond and New Albany, Indiana. Baptist Health also operates the 410-bed Baptist Health Deaconess Madisonville in Madisonville, Kentucky in a joint venture with Deaconess Health System based in Evansville, Indiana.

## **Baptist Health Foundation**

The Baptist Health Foundation is a 501(c)3 nonprofit organization.

Each local Baptist Health Foundation is built upon two primary principles – that philanthropy raised to support its hospitals creates immediate and meaningful impact; and that major gift fundraising efforts are locally managed, portfolio driven and permission-based relationships with grateful patients, families, and allies.



## Healthier Communities Initiative – Baptist Health Foundation

As a donation foundation, Baptist health Foundation currently only receives donations from the public and other community organizations. Although possibly open to partnership, Baptist Health has not shown a track record of multi-level organizational partnering.

The most recent example of a partnership between Baptist Health and community leaders and organizations is the Healthier Communities Initiative (HCI) of 2018. HCI is a collaboration between Southern Indiana community leaders and Baptist Health Floyd. Funded by the Floyd Memorial Foundation, the HCI strives to create health and well-being to the region by providing screenings, prevention, and education programs to more than 10,000 community residents annually.

As of this writing, the HCI Mini-Grant is listed on the Foundation website for proposal submission. Funding opportunities are considered only if meeting the following criteria:

- **Improve the health of our community as defined in our community health needs assessment.**
- **Improve the lives of people who are medically underserved.**
- **Demonstrate clear, measurable annual goals that benefit the health and well-being of the community.**



The most prominent issue with partnership surrounding Baptist Health and associated outreach programs is the Baptist Health area of service, focusing largely on central Kentucky and Southern Indiana. Programs reaching Eastern Kentucky and parts of Appalachia are rare.

Service area incompatibility coupled with lack of partnership avenues makes Baptist health a low contender for Fahe and Fahe Member partnership. The only course of action is to have a personalized, executive-level conversation with Baptist Health Foundation representatives to see what, if any, partnership opportunities are available.

### **Foundation for a Healthy Kentucky**

Foundation Point-of-Contact: **Heather Bruner-** [hbruner@healthy-ky.org](mailto:hbruner@healthy-ky.org)

The Foundation for a Healthy Kentucky is a nonprofit, nonpartisan organization funded by an endowment. Since it opened its doors in 2001, the Foundation has invested \$29 million in health policy advocacy, research, and demonstration projects across the Commonwealth of Kentucky. The overall goal and mission of Foundation for a Healthy Kentucky is to address the unmet health needs of Kentuckians by developing and influencing policy, improving access to care, **reducing health risks and disparities**, and promoting health equity.

Foundation for a Healthy Kentucky has 12 plus ongoing partnerships with other nonprofit organizations and programs throughout the state.

### **Funding for Recovery Equity and Expansion (FREE)**

The Funding for Recovery Equity and Expansion (FREE) Program aims to expand the capacity of services and programming that raise awareness about substance use disorders. The overall goal of this program is to provide funding to programs and organizations that can work to reduce the overall death rate and improve general states of well-being for **under-resourced and minority communities**.

Applications will be accepted until September and must be submitted in full by midnight for consideration. Selected organizations will be notified of the award before October.

A budget template is available for use by all applicants. Highly recommended but not necessary to include in a full proposal - [Budget Template](#).

Awardees must submit monthly progress reports that capture data related to performance measures identified in their contracts and financial reports detailing project expenditures to allow tracking of funds and measurement of overall impact.

Support is provided in the form of site visitation, monthly meetings with FHKY staff to review financial records and monitor program goals, and monthly collaborative workshops on infrastructure building and program sustainability.

As part of the FREE Program, the Foundation for a Healthy Kentucky will provide grants ranging from \$10,000 - \$50,000 to nonprofit organizations for activities that address the following goals:

- **Overdose prevention / awareness.**
- **Substance Abuse Disorder (SUD) stigma reduction.**
- **Promote access to:**
  - **Substance abuse treatment**
  - **Recovery support**
  - **Harm reduction**
- **Personalized care coordination.**
- **Coalition building among services or organizations that help to meet specialized needs of those in recovery.**

Eligibility requirements to receive grant funding are as follows:

- **Applicant must be a nonprofit organization with 501c status and is in the state of Kentucky.**
- **Applicant provides services in the state of Kentucky to persons that use opioids (e.g., heroin, synthetic opioids such as fentanyl) and/or stimulants (e.g., cocaine, methamphetamine)**
- **Applicant is a community-based organization with established investment and engagement working with communities of color, justice involved individuals, pregnant and parenting women, and/or drug overdose survivors.**

## **Conclusion and Approach**

Nonprofit housing organizations and healthcare institutions have a clear and urgent need to collaborate—something that's been largely missing in discussions about community health. These two sectors intersect in ways that directly impact the lives of people caught in cycles of poor health and low wages.

By forming partnerships, both sectors stand to benefit in ways that go beyond their individual capacities. Data can be leveraged to identify effective strategies for addressing regional healthcare needs, while financial support from healthcare institutions could empower housing organizations to develop sustainable programs. The potential for shared growth and long-term success is immense.

Such partnerships also open doors to untapped funding opportunities allowing organizations to sustain projects that address both housing and healthcare challenges. These efforts address not just immediate solutions but also stronger, more resilient communities for the future.

However, challenges remain—many of which stem from the lingering impacts of the Covid-19 pandemic. Healthcare organizations are still dealing with financial strains and prioritizing their own immediate needs, making it difficult for them to commit to long-term collaborations. The complexity of forming and managing partnerships only adds to their hesitation, as does a broader climate of caution and risk aversion in the post-pandemic landscape.

For some, this uncertain environment can even become an easy rationale to delay or reject new initiatives. While frustrating, this reinforces the importance of persistence and strategic engagement.

Breaking through these barriers will take time and executive-level conversations that highlight the shared value of such collaborations. While the post-pandemic recovery phase is likely to last several years, opportunities will grow as conditions stabilize and trust builds.

By embracing data-driven strategies and maintaining a patient, long-term perspective, we can address systemic issues. Together, we can move beyond temporary fixes to rewrite the story for Appalachia's most vulnerable communities—one rooted in resilience, equity, and support for a stronger future.

## **Fahe Members: Please share your impact stories by February 21!**

There is a housing crisis in Appalachia. Fahe Members are tackling that crisis. However, to double our production and complete 60,000 homes by 2030 we will need an investment of \$3 billion.

Fahe is launching an outreach campaign in 2025 to attract the capital we need from investors, funders, and policymakers.

## **We need your stories for this campaign!**



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Are you in? We are asking for at least one story from every Member. Please share your stories so we can provide examples of success, including:

- Single-Family Lending
- Multifamily Housing Development
- Community-Led Housing Initiatives
- Workforce Housing
- Housing Preservation
- Disaster Recovery and Resiliency
- Veterans' Housing
- Supportive Housing
- Green and Sustainable Housing
- Rural Housing Development
- Mixed Income and Mixed-Use Developments
- Other



Use the QR Code to submit your story online or email us at [CommunicationTeam@Fahe.org](mailto:CommunicationTeam@Fahe.org).

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**Submit your story today!**

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## ONE STOP SERVICING SOLUTION

### Why Choose Fahe?

Fahe operates across 20+ states.

Our team is deeply engaged in the communities we serve. We work directly with other non-profits and organizations, actively contributing to efforts that drive positive change in housing.

Our Loan Servicing model extends beyond the Appalachian region, providing organizations with an effective solution for managing their loan portfolios. We help turn portfolios into revenue-generating assets while minimizing costs.

Let us to handle that for you!

- Loan Boarding
- Payment Processing
- Default Administration
- Client/Investor Reporting
- Escrow Administration
- Customer Service
- Loan Retention
- Bankruptcy
- Loss Mitigation
- Foreclosure



Fahe envisions a future where every individual can reach their full potential through access to quality housing, employment, education, and a higher quality of life.

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For inquiries about loan servicing solutions, please contact

Joy Huffman

Loan Servicing Investor Representative

859-228-2139

JHUFFMAN@FAHE.ORG

Fahe NMLS# 52473





## PROJECT INFO

- Community Lending works with borrowers on projects that range from affordable housing, medical facilities, senior housing, addiction recovery facilities, to working capital for start-up organizations.
- Our footprint is Appalachia, but we do work outside of Appalachia more and more. As long as the project serves a low-income, rural and distressed area.
- We work with non-profits and for-profit borrowers. We can do construction, permanent and bridge loans; along with lines of credit and participation loans.
- We underwrite most of the projects ourselves, in-house. Afterwards, the loan is presented to the loan committee for loan approval.
- The loan committee is made up of a team of financial and banking experts, with a wealth of knowledge in underwriting.
- Our loans range from \$100,000 to \$6,000,000

*Additional information below...*

# Community Lending Products



	PREDEVELOPMENT	ACQUISITION	CONSTRUCTION	RENTAL PERMANENT LOAN
<b>PURPOSE</b>	Provides funding for costs such as reservation fee, market study, Phase I environmental, engineering and design fees, professional fees, etc.	To pay purchase price and closing costs for real property acquisition	To pay hard and soft costs of construction of new or renovation projects	To expand the delivery of affordable multi-family rental housing
<b>PROJECT TYPE</b>	Rental housing; for-sale housing, mixed use projects; health facilities	Acquisition of real property for future development as affordable for-sale S/F, multi-family rental, mixed-use or healthcare	Rental housing; for-sale housing, mixed use projects; health facilities	Rental housing
<b>LOAN AMOUNT</b>	\$25,000 - \$250,000	\$25,000 - \$6,000,000**	\$25,000 - \$6,000,000**	\$100,000 - \$6,000,000
<b>INTEREST RATE</b>	TBD at time of closing	TBD at time of closing	TBD at time of closing	TBD at time of closing
<b>TERM</b>	Up to 18 months	Up to 24 months	Up to 24 months	Up to 30 years
<b>REPAYMENT</b>	Interest only monthly, Principal at closing of construction loan	Interest only monthly	Interest only monthly	Monthly principal and interest payments based on a 30 year amortization schedule. Prepayment penalty in the first 15 years, unless the loan is on a 10 year term.
<b>LOAN FEES</b>	1% + Legal Fees	1% + Legal Fees	1% + Legal Fees	1% + Legal/Closing costs
<b>COLLATERAL</b>	Generally secured, but can be unsecured	Typically the real-estate being purchased, up to 80% L/V	Typically the real estate being developed up to 80% L/V; Assignment of take-out	First lien position on the subject real estate with less than an 80% LTV, property appraisal less than 1.5 years old required

**For more information on Fahe's loan products: Contact Drew Pritchard at [dpritchard@fahe.org](mailto:dpritchard@fahe.org).**

*Terms subject to change. All loans are subject to underwriting and credit approval.*

*\*\*Loans over \$5,000,000 are possible and typically require participation by other lenders.*

*\*\*\*Discounts available with other lending services.*

*.25% for ACH payment withdrawal*

*.25% conversion from Fahe construction to Rental Perm loan*

**.25% Fahe Member Origination Fee discount/Good borrower discount**

Rev. 12/09/2022



# Community Lending Products



	MINI-TERM	BRIDGE	WORKING CAPITAL
<b>PURPOSE</b>	To provide longer term financing for projects requiring stabilization or interim financing	To bridge the timing gap between the project or program costs and receipt of cash from committed or anticipated sources	To provide flexible capital to meet organizational, seasonal or cyclical cash needs
<b>PROJECT TYPE</b>	Rental housing; for-sale housing, mixed use projects; health facilities	Rental housing; for-sale housing, mixed use projects; health facilities; services provided under reimbursement contract or grant	Rental housing; for-sale housing, mixed use projects; health facilities; general operational needs
<b>LOAN AMOUNT</b>	\$25,000 - \$6,000,000	\$25,000 - \$6,000,000**	\$25,000 - \$6,000,000**
<b>INTEREST RATE</b>	7.25% fixed***	7.25% fixed***	7.25% fixed***
<b>TERM</b>	Up to 60 months	Up to 3 years, depending on contract term	Up to 24 months, renewable for another 24 months
<b>REPAYMENT</b>	Depending on project type, amortizing payments based on up to a 25-year amortization. Payable monthly	Interest only monthly	Interest only monthly, annual "rest" typically required
<b>LOAN FEES</b>	1% + Legal Fees	1% + Legal Fees	1% + Legal Fees; renewals at 1%
<b>COLLATERAL</b>	Typically the real-estate being purchased, up to 80% LTV	Bridged receipts; Assignment of contract; or real estate	Generally secured; Unsecured with financial covenants

**For more information on Fahe's loan products: Contact Drew Pritchard at [dpritchard@fahe.org](mailto:dpritchard@fahe.org).**

*\*\*Loans over \$6,000,000 are possible and typically require participation by other lenders.*

*\*\*\*Discounts available with other lending services. Rate subject to change based on closing date.*

*.25% for ACH payment withdrawal*

*.25% conversion from Fahe construction to Rental Perm loan*

*.25% Fahe Member Origination Fee discount/Good borrower discount*

Rev. 02/09/2023

# Community Lending Products



## USDA/RD - COMMUNITY FACILITIES - PERMANENT LOAN

### PURPOSE

Purchase, construct and/or improve essential community facilities where the borrower is a public body or nonprofit corporation located in a USDA eligible rural community of less than 20,000.

### PROJECT TYPE

- Health Care facilities such as hospitals, medical clinics, dental clinics, nursing homes or assisted living facilities.
- Public facilities such as town halls, courthouses, airport hangers, or street improvements.
- Community support services such as child care centers community centers, fairgrounds or transitional housing.
- Public safety service such as fire departments, police stations, prisons, police vehicles, fire trucks, public works vehicles or equipment.
- Educational Services such as museums, libraries, or schools.
- Utility services such as telemedicine or distance learning equipment.
- Local food systems such as community gardens, food pantries, community kitchens, food banks, food hubs or greenhouses.

### LOAN AMOUNT

\$50,000-\$5,000,000\*\*

### INTEREST RATE

TBD at time of closing

### TERM

40 years

### REPAYMENT

Monthly principal and interest

### LOAN FEES

1% + legal/closing costs

### COLLATERAL

First Lien position on the subject real estate or equipment with less than 80% LTV.

**For more information on Fahe's loan products: Contact Drew Pritchard at [dpritchard@fahe.org](mailto:dpritchard@fahe.org).**

*\*\*Loans over \$5,000,000 are possible and typically require participation by other lenders.*

*\*\*\*Discounts available with other lending services.*

*.25% for ACH payment withdrawal*

*.25% conversion from Fahe construction to Rental Perm loan*

*.25% Fahe Member Origination Fee discount/Good borrower discount*

# INSPIRE 100

## LOAN FEATURES:



NO Mortgage  
Insurance Required



\$1,000 Minimum Buyer  
Contribution



30 Year Fixed Rate  
Conventional Mortgage



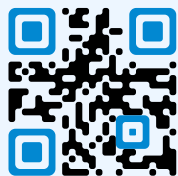
Only One Month  
Reserves Required



97%–100% LTV MAX  
Financing Available



Flexible Underwriting  
Guidelines



**CONTACT US TODAY**

[JustChoiceLending.com](http://JustChoiceLending.com)



NMLS# 52473

*JustChoice Lending is an Equal Opportunity Housing provider and does not discriminate on the basis of handicap, race, color, national origin, religion, sex, familial status, or age.*



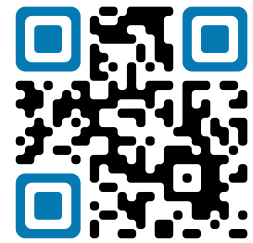
**HOUSING  
PARTNERSHIP  
NETWORK**



# Community Loan Program

## 100% Conventional Financing

- No Down Payment
- No Mortgage Insurance
- Competitive Fixed Interest Rate 1st Mortgage\*
- Fixed 5.50% (5.637% APR) Interest Rate 2nd Mortgage\*
- Homebuyer Education Required
- Must purchase in a target market area and/or be at/below 80% Area Median Income



[Apply Today](#)

319 Oak Street, Berea, KY 40403 | 866.367.0855 | [justchoicelending.com](http://justchoicelending.com)

\*All information contained herein is for informational purposes only. Rates, terms, programs and underwriting policies are subject to change without notice.

This is not an offer to extend credit or a commitment to lend. All loans are subject to underwriting approval. Additional conditions and limitations may apply. Secondary Market, purchase transactions only. Income and purchase restrictions could apply. The Annual Percentage Rate (APR) for the first and second mortgage will not increase after consummation. Your interest rate of the first mortgage is for a secured home loan and may differ based on loan amount, term, and your credit profile. Your interest rate of 5.50% listed for the second mortgage is for a secured home loan. The term (the amount of monthly payments due) of the second mortgage will match the term of the first mortgage.

Payment Example, assumes a 740 Credit Score. Purchase Price: \$200,000 Monthly principal and interest payments for the \$160,000 first mortgage loan at 7% interest rate (7.077% APR) with a term of 30 years would result in 360 monthly payments of \$1,064.48. Monthly principal and interest payments for the \$40,000 second mortgage loan at 5.50% interest rate (5.637% APR) with a term of 30 years would result in 360 monthly payments of \$227.12. Total monthly principal and interest payment for the first and second mortgage with a term of 30 years would result in 360 monthly payments of \$1,291.60. Taxes and insurance not included.

NMLS 52473

