



Proposal for RFP # 8511-0-2016-SM Community Development Division Street Outreach Team

Submit application to CDDapplications@cityofmadison.com

Deadline: 12:00 pm (noon) on Wednesday, January 27, 2016
PROPOSALS RECEIVED AFTER 12:00 NOON WILL NOT BE ACCEPTED.

Please limit your proposal and responses to the form provided. Any materials submitted in addition to this application form will not be considered in the evaluation of the proposal. *Do not attempt to unlock or alter this form.*

Applicant Organization:	Heartland Health Outreach Inc.		
Contact Person:	Joan Liautaud		
Address:	4750 N. Sheridan Rd., Suite 500; Chicago, IL 60640		
E-Mail:	jliautaud@heartlandalliance.org		
Website:	www.heartlandhealthoutreach.org	Telephone:	1-312-961-6194
Federal EIN	363775696		
Legal Status:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> 501 (c) 3		

Required Proposal Narrative

1. Please provide a detailed description of the proposed project team. Be sure to address the following issues in your response.
 - a. Respondents must propose use of a street outreach team that includes at least one licensed social worker with two to three years of experience working with persons with behavioral health issues. Preference will be given to proposals that include:
 - b. At least one team member with lived experience dealing with homelessness and substance abuse or mental health issues;
 - c. At least one team member with working knowledge of the local homeless services network.

The proposed team will be comprised of one supervisor who will be a Licensed Clinical Social Worker (LCSW) and one Community Health Worker. The licensed team member will have at least two years experience working with individuals with a behavioral health diagnosis; and will provide direct services as well as team supervision and oversight. HHO is committed to a team that reflects the demographics of the target population and has prioritized diversity within its hiring process. The Community Health Worker will have some case management experience as well as lived experience (personal history of homelessness and/or behavioral health issue). HHO has experience hiring and cultivating staff with both credentials. Emphasis will be placed on hiring individuals with knowledge of area homeless service and social services resources.

2. Please provide a detailed project plan. Be sure to address the following issues in your response:
 - a. Respondents must describe both how they will utilize the community's PSH prioritization list and work with local non-profit service agencies in their plans to engage homeless persons.
 - b. Plan includes strategies to engage homeless persons who are resistant to working with housing and homeless service providers.
 - c. Proposal describes approach to developing a treatment/service plan designed to achieve long-term housing stability.
 - d. Proposal describes how clients will be connected with long-term housing and needed supports.
 - e. Respondents must identify specific performance outcome goals and how they will be measured.

HHO's outreach teams have a long history of working as part of agency and multiple system-wide initiatives to mitigate the effects of, and to end, homelessness. As part of this initiative, HHO's team will utilize Madison's PSH prioritization list as its guide for reaching out to individuals most in need of housing. HHO will also participate in community-based provider meetings and actively reach out to local homeless services providers to develop and foster relationships. Further, the team will accompany individuals to intake and other appointments to improve inter-agency collaboration. To this end, relationships with intake and other contact staff will be carefully managed in an effort to bridge gaps and ensure participants are linked to needed services. Current HHO outreach team members are experienced in using the Vulnerability Index (VI-SPDAT) tool to screen and prioritize vulnerable homeless people. The team is currently using the VI-SPDAT as part of its participation in the 25 Cities initiative to end veteran homelessness. In addition, HHO outreach teams specialize in, and are extremely successful working with Chicago's local continuum of care and utilizing its PSH prioritization list (CRS -- Central Referral System) to locate, outreach and engage homeless individuals who have been prioritized for permanent supportive housing. The Madison outreach team will be informed by these successful practices, processes, tracking, and documentation in reaching out to those on Madison's PSH prioritization list.

The HHO Madison outreach team will be designed to and charged with outreach to the most disenfranchised and difficult-to-reach among the homeless population—those with a serious mental illness and concurrent substance use disorders. Recognizing that people experiencing long-term homelessness are often resistant to services, the outreach staff will use harm reduction and motivational interviewing techniques to meet and engage homeless individuals on their own terms. The team will persist in outreaching even the most difficult to engage individuals and equally as important, will work to get to know the people they serve as people in order to identify their needs and partner with them to access services and housing. Outreach will take place in shelters, the streets, and other unsheltered environments. The outreach team will keep a detailed log of outreach encounters, documenting the location of the individual, the date and time the individual was at the location, other locations the individual frequents, and additional contacts when that information is known.

As the team builds a relationship with an individual, they will complete an assessment and treatment plan that documents observed and reported medical conditions; emotional conditions and developmental disabilities; substance use and associated risk behaviors; and history of homelessness. HHO's outreach team will also be trained to assess for and document urgent and crisis needs. Until individuals are linked to permanent housing and services, the outreach workers will provide interim case management and help individuals initiate benefits applications to assist with self-sufficiency and stability once housed.

In summary, the team will conduct street and shelter outreach; work with local homeless services providers to locate those already determined to be highly vulnerable and who are on the PSH prioritization list and utilize the VI-SPDAT tool to screen those who are not on the list. The team will develop and maintain a working knowledge of local PSH housing programs as well as market-rate SRO units and affordable fair market properties in order to house individuals in these sites as is appropriate. These components will lead the Madison outreach team to achieve the following outcomes:

Outcome 1: Engage and link to housing Madison's most vulnerable residents, with a focus on chronically homeless individuals who are identified as highly vulnerable on the community's PSH prioritization list.

Indicator: HHO's Madison outreach team will link to housing at least 60 chronically homeless individuals by the end of 2016. At least 25 of the 60 individuals will be housed in partnership with the Veteran's Administration homeless outreach team.

Outcome 2: Individuals who are engaged by the outreach team will be screened and linked to benefits to promote independence and stability.

Indicator: 90% of individuals who are engaged by HHO's outreach team will be screened for benefits. 65% of individuals will be linked to benefits within 6 months of enrollment.

Outcome 3: Increase self-sufficiency and long-term housing stability.

Indicator: 90% of individuals enrolled will have a service plan with at least one goal that promotes long-term housing stability and one goal that promotes increased self-determination.

Outcome 4: Individuals will be invited into care.

Indicator: 70% of individuals with behavioral health or medical needs will be linked to services within three months of enrollment.

3. Please describe the qualifications of the application organization. Be sure to address the following issues in your response:

- a. Working knowledge of and experience implementing a Housing First approach.
- b. Ability to collaborate with housing and service providers in order to help chronically homeless persons achieve long-term housing stability.
- c. Proficiency in using HMIS and related HUD data systems.
- d. Demonstrated history of effective organizational and fiscal management, including timely and accurate reporting.
- e. Commitment to principles of human rights, self determination and a service philosophy dedicated to treating all persons with dignity and respect.

Those individuals who live on the street and who face multiple issues and potential barriers to housing including mental illness and substance use require low-threshold housing programs that operate from a "Housing First" philosophy. Heartland Health Outreach programs practice "Housing First" principles including:

- Units targeted to the most vulnerable;
- Placing individuals into housing from streets and shelters without preconditions of accepting treatment or complying with residency mandates;
- Delivery of robust support services based on comprehensive assessment and assertive engagement; and
- Engagement and services informed by harm reduction strategies that are geared to support recovery from mental illness, substance use, and homelessness.

HHO's unwavering commitment to harm reduction means we meet participants where they are, and provide the services they articulate that they need, without requiring abstinence from substance use. Its Midwest Harm Reduction Institute is a leader in training and providing technical support on Housing First Practices to permanent supportive housing providers.

HHO's outreach teams have a long history of collaborating with housing providers, health care systems, and city and state initiatives to address issues of long-term homelessness. The teams bring with them a history of working within multiple initiatives, most recently the veteran's homelessness initiative, to connect the most vulnerable among the homeless population to housing and services. As an agency, HHO has served in multiple capacities on Chicago's continuum of homeless services and housing—educating housing providers about and advocating for the needs of people who are homeless with serious mental health and substance use issues. Our Madison outreach team will collaborate with homeless service system groups and entities to ensure that the most vulnerable homeless people have access to resources and housing. The team will advocate for participants by educating treatment agencies, landlords, and other community providers about the unique features and challenges that people who are homeless face. As a result, access to other systems of housing and care will be expanded for homeless participants, enhancing their ability to maintain stability in the community.

HHO outreach and housing staff are trained on the utilization of HMIS and the system is currently used by HHO to enter data for all of its ten HUD funded housing programs. In Chicago, HMIS is also utilized to coordinate outreach efforts throughout the city. HHO allows staff time out of the office to attend trainings and other activities to support their knowledge of HMIS. HHO also employs a manager who stays abreast of all new HMIS policies and protocols and who then routinely updates managers and other staff responsible for data collection and oversight of HHO housing program and outreach activities and services. This manager will support the outreach team's HMIS needs in Madison.

HHO has effective organizational and financial processes in place. Organizational processes are formulated in a Board approved organizational annual plan that outlines operational and strategic goals and steps to achieve them. Budgets are aligned with the operational plan and goals to support achievement. Agency goals are then reflected in department, program, and individual staff success objectives which are both qualitative and quantitative. Progress toward success objectives are reported monthly and monitored by HHO senior directors. Corrective action plans are immediately put in place for objectives that are falling below target. HHO's Philosophy of Care outlines a participant centered, strength based, trauma informed service philosophy. All staff are trained in the Philosophy of Care and ongoing trauma informed and harm reduction consultation groups are available. Heartland Alliance, HHO's parent company has a human rights philosophy on which all staff receive training at orientation. The principles of the philosophy advance programming based on self-determination, respect for and inclusion of all people, and non-discriminatory practices.

Since 2007, Heartland Alliance, HHO's parent company responsible for financial and back office services, has utilized Blackbaud's Financial Edge (FE) accounting system, along with other adjunctive software to compile data which is brought into FE for reporting purposes. FE provides strategic financial management that allows the agency to track expenses and details associated with projects and grants within one system; generate multiple budget scenarios that streamline the budget preparation process; comply with all nonprofit-specific reporting requirements; generate financial reports in a wide variety of formats; manage multiple funds; and run analysis across fiscal years. FE provides real time analysis for cash flow, budget vs. actual, revenue and expense by grant, outstanding invoices, and pending purchase orders. Heartland Alliance is committed to continued quality improvement in all administrative areas and prioritizes accurate and timely results.

4. Please provide a timeline of key activities.

February - March: Hire, onboard and train two-person outreach team. Training will include on the ground technical assistance in harm reduction, trauma informed services, Housing First practices, HMIS, crisis intervention, VI-SPDAT, and HHO's Philosophy of Care. Madison's outreach team will shadow HHO's seasoned outreach team while they provide ongoing outreach in Chicago. With this, Madison's outreach team will experience real time outreach services at various stages of engagement including initial contacts with homeless individuals as well as more extended outreach relationships. HHO's outreach team will also

travel to Madison to provide real time consultation and training as the Madison outreach team starts engaging homeless individuals. The outreach team will work out of office space and use equipment provided by the funder at launch and thereafter by Rethke upon completion of outreach objectives and transition to treatment services.

March - June: Begin outreaching individuals on Madison's PSH prioritization list and collaboration with VA's outreach team to house at least 12 individuals by June 1st.

July - October: The team will link to housing 12 individuals by the first of each month with all 60 units being occupied by October 1st.

5. Disclosures:

A. Disclosure of Conflict of Interest. Disclose any potential conflict of interest due to any other clients, contracts, or property interests, e.g. direct connections to other funders or City funded or potentially funded organizations, or with the City of Madison.

NA

B. Disclosure of Contract Failures, Litigations. Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation or investigation pending within the last three (3) years which involves your firm. List any contracts in which your firm and any subcontractor that has been found guilty or liable, or which may affect the performance of service to be rendered.

None

6. Budget:

Summarize the budget for this project budget by estimated costs.

BUDGET EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CITY \$ REQUESTED	AMOUNT OF NON-CITY REVENUE	SOURCE OF NON CITY FUNDED PORTION
A. Personnel Costs (Complete Personnel chart below)				
1. Salaries/Wages (show detail below)	64,895	64,895		
2. Fringe Benefits and Payroll Taxes	16,309	16,309		
B. Program Costs				
1. Program supplies and equipment				
2. Office Supplies	210	210		
3. Transportation	1,200	1,200		
4. Other (explain *)	16,126			
C. Space Costs				
5. Rent/Utilities/Telephone	1,260			

BUDGET EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CITY \$ REQUESTED	AMOUNT OF NON-CITY REVENUE	SOURCE OF NON CITY FUNDED PORTION
6. Other (explain):				
D. TOTAL (A + B + C)	100,000			

Explanation of "Other" expenses: (500 characters)

Other Expenses include Staff Development (\$324), Professional Liability Insurance (\$439), client assistance with transportation (\$1,200), and our federally negotiated indirect expense (\$14,163)

Please note: Wages/Stipends/Fringe costs for interns should not be included in the budget expenditures above. These expenses will be paid by each of the City Departments/Divisions that host an intern through the contract awarded through the Community Development Division.

7. Personnel Chart:

Identify and describe the role of key staff positions and affiliate partners who would become directly responsible for the various aspects of the contract, if awarded. For each position, please note if duties will be provided by a current staff position (no additional FTE), a new position, or expanded hours for a current staff position (additional FTE)

Title of Staff Position	Total Expected hours to be spent in this project	Proposed Hourly Wage*	Role With This Project
Supervisor	1,566	\$21.44	Provide administrative and clinical oversight to project and team members. Conduct outreach and engagement activities. This will be a new position.
Community Health Worker	2088	\$15	Conduct outreach and engagement activities. This will be a new position
		\$	
		\$	
		\$	
TOTAL	64,895		

***Note: All employees involved in programs receiving City of Madison funds must be paid the established Living Wage as required under City of Madison Ordinance 4.20. Effective January 1, 2016 – December 31, 2016, the Living Wage is \$12.83 per hour.**

-SIGNATURE PAGE-

1. Affirmative Action:

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02 and file either an exemption or an Affirmative Action Plan with the Department of Civil Rights. A model Affirmative Action Plan and instructions are available at <http://www.cityofmadison.com/dcr/aaplans.cfm>.

2. Living Wage Ordinance:

All employees involved in programs supported by City of Madison funds must be paid the established Living Wage as required under City of Madison Ordinance 4.20 Effective January 1, 2016 through December 31, 2016, the Living Wage will be \$12.83 per hour. For more information on Living Wage requirements, go to <http://www.cityofmadison.com/finance/wage/>.

3. City of Madison Contracts:

If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that includes standard provisions is attached to the RFP Guidelines document. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

4. Acknowledgement

By entering signature below applicant acknowledges receipt of City of Madison Community Development Division # 8511-0-2016-SM RFP Guidelines and Requirements document.

5. Signature: ***(Any applications submitted without a signature will be considered incomplete and will not be considered.)***

Enter Name: Ed Stellan

By entering your initials in the box,

ES

You are electronically signing your name and agreeing to the terms above.

Date: January 26, 2016