



ATTACHMENT D

Proposal for RFP #8628-0-2017-LR Community Development Division Housing Focused Street Outreach Team

Submit application to CDDapplications@cityofmadison.com

Deadline: 12:00 pm (noon) on Wednesday, April 26, 2017
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:	Sankofa Behavioral & Community Health, Inc		
Contact Person:	Z! Haukeness		
Address:	6400 Gisholt Drive, STE 209, Monona WI 53718		
E-Mail:	zhaukeness@gmail.com		
Website:	sankofabch.org and owh-wi.org	Telephone:	608-358-9993
Federal EIN	80-0906744		
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 clinician who is certified in the State of WI to diagnose disabilities with two or 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 of homelessness and substance abuse or mental health issues;**
 - c. At least one team member with working knowledge of the local homeless services network.**
 - d. Collaboration with a provider of primary health care services.**

Sankofa Behavioral & Community Health, Inc (SankofaBCH) and Operation Welcome Home (OWH) are excited to apply for the Homeless Street Outreach RFP. We are two agencies that are rooted in the liberation of homeless people. Our organizations will be solid team members to take on this role. We will provide quality services to strengthen the overall Continuum of Care, Coordinated Entry, and Homeless Priorities List to ensure that our consumers obtain permanent housing.

SankofaBCH is a team of twenty licensed clinical social workers, substance abuse counselors, and a psychologist. Additionally, we have case managers and individual skill developers. SankofaBCH is a certified outpatient mental health program. We have a great relationship with CCS and was one of the first providers in the Dane County network. As an agency, SankofaBCH's work is always rooted in addressing etiological concerns such as homelessness or oppression as well as social, mental and emotional wellness. We work with many homeless people to provide mental health, case management, and life skills with the hopes of increasing stability and overall wellness.

Operation Welcome Home has done the work of street outreach for many years. We have worked closely with Shine608 which ran the temporary Homeless Day Resource Center in 2012-2013. We have been a diligent member of the collective advocacy efforts to create the much-needed permanent day resource center in Madison. We have many collaborative relationships with grassroots and professional, as well as with many homeless people. We bring unique approaches to the work of harm reduction, restorative justice, racial justice, and peer support. Our work is rooted in building up homeless and formerly homeless people. Many of the homeless folks with whom we collaborated have adopted powerful leadership roles which has aided in their personal healing and other community member's healing.

The team will consist of co-coordinators of the project, a primary health care provider, a full-time outreach coordinator, a half-time outreach worker, and a team of part-time outreach workers.

Project Co-Coordinator Z! Haukeness has been tirelessly organizing for homeless service and homeless organizing for many years. Z! understands the landscape of homeless services in Madison and has relationships with the network of homeless people across Madison. Z! coordinates the Homeless Restorative Justice (HRJ) project. HRJ has been instrumental in assisting many homeless people through the process of removing tickets related to homelessness from their record. From 2012 to 2013, Z! helped run the homeless day resource center. Z! has coordinated many campaigns and projects in the area of housing and homelessness.

Co-Coordinator Dr. Henderson is the founder and Executive Director of SankofaBCH. She is a licensed clinical psychologist who will coordinate the mental and physical health portions of the project. Dr. Henderson holds a PHD in Psychology and has personally experienced homelessness.

She understands the impact that homeless has not only on individuals, but families and the community at large. She is passionate about ending homelessness and providing the best care for people while they are without stable housing and transitioning into housing.

Sankofa's team of therapists will be available to work with the consumers, provide diagnosis, and walk through the CCS application process, if appropriate. They will be available for ongoing mental health provision through CCS or other insurance. The other therapists include Ashley Ball who is a Licensed Marriage and Family Therapist, Josh Paul and Ali Brooks who are both Licensed Clinical Social Workers. The mental health team will also spend one hour a week doing outreach at a high density location to talk about mental health resources and education on dealing with mental wellness struggles.

Our outreach worker will be Candice Kent. She is a current part-time staff with OWH that would be transitioning into a full time position. She has a Master's in social work. She has worked in the mental health and case management fields. Additionally, she has significant experience working with low-income people, people of color, and is a woman of color herself.

The outreach team consists of Michael Walton, Myesha Stafford, and Nhanh Khamphoumy. These are OWH staff who have been working as outreach workers and peer support specialists with the restorative justice project the past few years. They are formerly homeless and have a great pulse on the community.

We will be working in partnership with Matt Julian with Meriter Unity-Point Health who is the HEALTH program coordinator and a medical case manager and outreach worker. He will work to assess the health of our consumers, get people to insurance, a primary care physician, needed medical services, and help with basic follow up to ongoing health treatment. We will also hire a part-time primary health care provider to be available for basic treatment while new clients are getting connected to services and helping with short-term follow up.

While we don't currently have someone who is HMIS certified we will certainly do it within the first 30 days. We will also be trained on VI-SPDAT and a full SPDAT assessment.

2. Please provide a detailed project plan. Be sure to address the following issues in your response:

- a) Respondents must describe how they will coordinate with and work with local non-profit service agencies. Proposals should specifically describe how they will work with Coordinated Entry and the Day Resource Center.**
- 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 both achieve long-term housing stability and enroll clients into Comprehensive Community Services (CCS).**
- d) Respondents must describe hours of operation and proposed space for meeting with clients.**
- e) Respondent must submit a budget that is clear and leverages additional resources, if possible.**
- f) Respondents must identify specific performance outcome goals and how they will be measured.**

We are excited that the new Day Resource Center will be opening in 2017. As previously mentioned, the OWH staff helped run a day resource center in 2012-2013 with Shine608. Additionally, OWH have worked with Bethel Homeless Ministries and conducted outreach on behalf their day center since 2013. It should be noted that we have already met with the coordinator of the new Day Resource Center to discuss how to collaborate. Our goal is to have a strong presence at the Center by having a consistent schedule. Our presence will aide in our ability connect with homeless people and begin forming trusting relationships which is the foundation for a successful collaboration with our homeless brethren. We will regularly attend Coordinated Entry meetings and participate in the HSC and Continuum of Care. We will build stronger relationships with the people in these positions to have streamlined communication.

We are very familiar with working with people who are resistant to working with housing and homeless providers. Part of our approach is slowly building trust while authentically meeting people “where they are,” both emotionally and physically. They have often been let down by service providers, they have experienced trauma, racism, sexual assault, PTSD from serving in the military among other struggles. Our harm reduction approach that is grounded in mental health foundation. This approach is based on acceptance of an individual’s stage of change, finding motivations for change, and implementing healthier methods of coping while experiencing homelessness. This process is intended to reduce immediate harm, but also encourage long-term change with experience and feelings self-efficacy. Our team of outreach workers have experienced homelessness themselves. Thus, they have deeper understanding of homelessness and have special relationships with Madison homeless people that is based on trust and recognition of a common struggle.

We will work with various housing programs including Rapid Rehousing, Housing First, Housing Initiatives, The Road Home, various shelters, the YWCA, Briarpatch, Coordinated Entry, HSC, and

many others to move people towards long-term sustainable housing. OWH is also starting a landlord education program to teach more landlords about renting to homeless people with criminal records and other barriers to housing.

SankofaBCH has a great relationship with and is an established organization of CCS. We are well positioned to refer consumers through the CCS program and can serve as service facilitators, independent skill development specialists, and mental health clinicians. Furthermore, SankofaBCH is one of the few CCS credentialed agencies that is authorized to provide most CCS services, including medication management.

SankofaBCH has a primary location at 6400 Gisholt Dr #209 Monona, WI 53713. This location may be where therapy, assessment and diagnosing, and other services take place. However, understanding the barriers to treatment for many homeless people, SankofaBCH staff may also provide mental health services outside of our office. Operation Welcome Home has an office downtown at 30 W. Mifflin Street, next to the Capitol building, where intake conversations will take place. OWH has physical space for private mental health consultations and individual or small groups, if needed. It is a highly accessible location. Both OWH and SankofaBCH believe that we should go where “the people are” and be available when they need us. Therefore, our office hours will be from 9-5, with some morning and night outreach. Additionally, we will be on call from 8 am to 9 pm and provide after hours services on an emergency basis.

We will coordinate our outreach services with other outreach services. Our primary recruitment/service area will be downtown since our office is close by and we already are doing outreach in that area. Other locations for services will include the library, the storage center, meal sites, and certain camping areas that have a high population of homeless. We will participate in the Point In Time count and adjust our outreach as needed.

We will be helping our consumers with their disability verification, seeking employment, developing entrepreneurial projects, and budgeting, if needed. We know that financial stability is another key component to people finding and sustaining permanent housing.

Performance outcome goals:

- We will reach and engage 150 of Madison’s most vulnerable homeless people and connect them to community support services. We will classify them in this category based on multiple qualifiers: not otherwise receiving services, in need of physical or mental health care, chronically homeless, and significant barriers to housing. We will have contact with 200 people in this situation and will get 50 new people onto the priority housing list.
- Of these, 25% will be youth ages 18-24, 25% will be families with children.

- We will sign up 100 people on the VI-SPDAT or SPDAT and the priority housing list.
- We will connect 50 people to emergency shelter.
- We will connect 75 people to mental health services, AODA, employment services, case management services.
- We will help 50 consumers establish needed designation of chronic homelessness, length of homelessness verification, and/or disability verification and move them along in the process into permanent supportive housing.
- We will get 10% of the people who are on the top 25% of the priority list into housing by helping them stay in communication, make sure they remain eligible, and follow through with the process.
- We will work with people who have frequent detox, emergency room, and police contact. Our goal is to reduce their reported contact with these resources by 25%.
- Primary health care provider, Outreach team, and and SankofaBCH will assist 100 people in maintaining and or scheduling doctor's visits and monitoring their ongoing health.
- Connect 100 people to new CCS services.

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, Harm Reduction case management and motivational interviewing.**
- 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. Ability to enter data while in the field.**
- d) **Demonstrated history of effective organizational and fiscal management, including timely and accurate reporting.**
- e) **Commitment to principles of human rights and self determination as well as a service philosophy dedicated to treating all persons with dignity and respect**

SankofaBCH and OWH are organizations that have many years of experience understanding homeless and providing services to homeless people. SankofaBCH currently has partnerships with various non-profits whose primary constituents are homeless individuals and families. One of those partnerships is with the Road Home for whom we are providing in-home therapy with families through their Housing First program. Operation Welcome home has been a huge proponent of Housing First and ran a version of a housing first program for multiple years for our core members. We believe in the philosophy of getting someone into housing as a first step in meeting their needs and goals.

We have a long history of connecting to resources such as AODA, mental health, employment and case management as well as a host of other resources such as sex work support, HIV/AIDS support, needle use support, and other services that necessitate a harm reduction approach.

The therapists of SankofaBCH are very familiar with motivational interviewing and are highly trained in this practice. SankofaBCH practitioners recognize that in order to have sustainable wellness and housing, every person must be personally intrinsically invested. Therefore, we utilize motivational interviewing techniques to assist our homeless consumers in finding their own reasons to maintain their health and housing.

We have often worked with Chronically Homeless people. It is a challenging process to engage people to be ready to get into housing. We know that there is a need for deep care and compassion for people as they move through the process of being chronic homelessness to having permanent housing. Many barriers block this path including internal barriers such as mental illness, addiction, and post traumatic stress. While we address the internal barriers to housing, we concurrently address the external barriers of criminal record, lack of housing history, lack of employment, poor credit history, a history of evictions, racism, ableism, sexism, heterosexism, and transphobia.

We are highly competent in HMIS and HUD related systems. To provide time appropriate reporting, we will have HMIS on our cellular phones and IPADs to do reporting in the field.

SankofaBCH has multiple years of effective organizational and fiscal management, as evident by our agency's ability to support 15 full time staff. As a mental health provider working with CCS, Physicians Plus, GHC, Medicaid, and various other systems, we are subjected to annual audits to maintain our contracts. We have proven that we have the infrastructure and the capacity to do this well. OWH has a similar record of reporting for grants and keeping exceptional financial records.

We are some of the leading local organizations in the area of human rights, self-determination, and treating people with dignity and respect. SankofaBCH is rooted in culturally-relevant practice racial justice, social Justice, LGBTQ justice, ability justice. OWH is rooted in black liberation, making housing a human right, ending the criminalization of homeless people, working through a restorative justice model and promoting self-determination of homeless and all oppressed people.

Both organizations work with a variety of individuals, families and youth. OWH has provided housing for youth and for adults, and our base members represent a people of various ages. SankofaBCH also works with youth and families on a regular basis.

4. Please provide a timeline of key activities.

- *Week of July 1st -*
 - Initial team meeting to make work plans for the first month
- *July -*
 - HMSI training for outreach workers as well as VI-SPDAT training
 - Staff trainings on all parts of the work
 - Review goals for the project and develop 6 month plan
 - Develop outreach plan and clarify roles for the team
 - Develop mental health plan and clarify roles
 - Develop physical health care plan and clarify roles
 - Develop and post job announcement for new positions
 - Develop outreach materials including flyers and brochures
 - Meet with other service providers to make plan for collaboration
 - Create internal reporting systems and training on these systems
 - Begin outreach in key areas
 - Weekly staff meetings, create structure and internal education topics to cover
- *August -*
 - Develop 6 month plan for the project
 - Continued training on key parts of the work
 - More in-depth outreach efforts
 - Continued meetings with key stakeholders and service providers
 - Perform first disability diagnosis
 - Continue weekly staff meetings and reporting check ins
- *Sept -*
 - Deepen outreach efforts in various places including more remote camping areas
 - Have established a well known presence in the homeless community and the service provider community. Particularly other homeless outreach programs, housing first and permanent supportive housing, youth services such as Briarpatch, and homeless services centering families such as the Road Home, Salvation Army and the YWCA.
 - Have met with 10 homeless people unconnected to services and connected them to ongoing support
 - Find opportunities for further professional development for staff
- *December -*
 - Set up ongoing office hours at the Day Resource Center
- *January -*
 - 6 month review with team to evaluate progress and make adjustments
 - Will have reached half of our goals listed above including: 75 of madison's most vulnerable homeless people will be connected to services including getting 25 onto the

high priority housing list, 50 filled out a new VI-SPDAT and put on the high priority housing list, 25 consumers establish needed designation of chronic homelessness, length of homelessness verification, and/or disability verification and move them along in the process into permanent supportive housing, and supporting 50 people with securing and maintaining needed health care.

- *April* -
 - Second assessment and look towards the coming year and re-application.
- *July* -
 - One year assessment.
 - Will have met our goals listed above.

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.

To our knowledge, there are none.

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.

To our knowledge, there are 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)	128,588	114,500	14,088	OWH Grant and General SankofaBCH income
2. Fringe Benefits and Payroll Taxes	29,436	28,500	936	
B. Program Costs				
1. Program supplies and equipment	3,000	3,000		
2. Office Supplies				
3. Transportation	3,000	3,000		
4. Other (explain *) - Assistance Money, Training costs	14,000	14,000		
C. Space Costs				
5. Rent/Utilities/Telephone	11,800	7,000	4,800	OWH Grant and General SankofaBCH income
6. Other (explain):				
D. TOTAL (A + B + C)	189,824	170,000	19,824	

Explanation of "Other" expenses: (500 characters)

Assistance Fund \$10,000: Used for emergency funding for rent, co-pays, gas voucher, bus tickets, etc.

Trainings \$4,000: We would like to provide professional development opportunities. This includes the trainings mentioned in the RFP, as well as other trainings that will help employees be successful in fulfilling the grant at a superior level.

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
Outreach Manager	40hrs/week	\$ 18	Outreach, reporting, managing all outreach efforts,
Co-Coordinator (Mental Health Supervisor)	3 hrs/week	\$ 72	Supervising Mental health clinicians and overall mental health aspects of project
Co-Coordinator 2 (Outreach Supervisor)	7.5 hrs/week	\$ 25	Contracted position Supervising Outreach manager and and overall outreach aspects of project
Part-Time Outreach Worker1	20hrs/week	\$ 18	Assists Outreach Manager in regular outreach and reporting
Part-time outreach worker	7.5hrs/week	\$ 18	Contract position regular street outreach
Part-time outreach worker	7.5hrs/week	\$ 18	Contract position regular street outreach
Part-time outreach worker	7.5hrs/week	\$ 18	Contract position regular street outreach
Primary Care Provider	4hrs/week	\$ 38	Contracted position to assess, and connect to long-term service
Mental Health Clinicians	6 hrs/week	\$ 72	Mental Health Assessments and 1 hour outreach
TOTAL	103		

****Note: All employees involved in programs receiving City of Madison funds must be paid the established Living Wage required under City of Madison Ordinance 4.20. Effective January 1, 2017 – December 31, 2017, the Living Wage is \$12.85 per hour. On January 1, 2018 Living Wage increases to \$13.01.***

-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, 2017 through December 31, 2017, the Living Wage will be \$12.85 per hour. On January 1, 2018 Living Wage increases to \$13.01. 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 **RFP #8628-0-2017-LR** Guidelines and Requirements document.

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

Enter Name: Z! Haukeness

By entering your initials in the box,

ZH

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

Date: 4/24/17