



APPLICATION Request for Proposals Seeking Collaboration of Service Providers for Tree Lane Apartments

The Request for Proposals seeking collaboration of service providers for Tree Lane Apartments requires the following elements be included in the response. Applications must be submitted electronically to the City of Madison Community Development Division by **noon (CST) on June 7, 2019**. Email to: CDDapplications@cityofmadison.com

APPLICANT INFORMATION

Name of Lead Applicant:	Sankofa Behavioral & Community Health		
Mailing Address:	1955 W. Broadway STE 102, Monona, WI 53713		
Telephone:	608.285.9101	Fax:	608-467-9635
Project Contact:	Valerie Henderson	Email Address:	dr.henderson@sankofabch.org
Federal EIN:	80-0906744	DUNS #:	

AFFIRMATIVE ACTION

If selected, applicant hereby agrees to comply with the 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/aaFormsID.cfm>.

LOBBYING REGULATED

Notice regarding lobbying ordinance: If you are seeking approval of a development that has over 40,000 gross square feet of non-residential space, or a residential development of over 10 dwelling units, or if you are seeking assistance from the City with a value of over \$10,000 (this includes grants, loans, TIF, or similar assistance), then you likely are subject to Madison's lobbying ordinance, sec. 2.40, MGO. You are required to register and report your lobbying. Please consult the City Clerk for more information. Failure to comply with the lobbying ordinance may result in fines of \$1,000 to \$5,000.

CITY OF MADISON CONTRACTS

If selected, applicant agrees to comply with all applicable local, state and federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at (608) 266-6520.

The City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

SIGNATURE OF APPLICANT

Enter Name: Valerie Henderson

By entering your initials in this box **VH** you are electronically signing your name as the submitter of the application and agree to the terms listed above.

Date: 6.2.2019



A. LEAD AGENCY QUALIFICATIONS

1. Agency Mission Statement

SankofaBCH is a leader in behavioral health. We understand that mental health and environmental conditions may interfere with a person's well-being. SankofaBCH strives to provide the most effective treatment that is available. We know that effective treatment means comprehensive, wrap around services. Our goal is to address folks emotional needs, as well as explore overall wellness through our therapeutic services and community partnerships.

SankofaBCH is a community organization and adheres to the African proverb that states, "If you want to go quickly, go alone. If you want to go far, go together." As such, we seek long-term solutions, which we know are more likely to be sustained when each of us, our families, and our communities are returned to health.



2. Describe your organization's history and general administrative capacity to be the lead entity for this project. Include any examples of effectively managing various service partnership in order to serve your clients.



Sankofa is a certified outpatient behavioral health clinic. The agency was officially established in December of 2012, but its origin was in the childhood experiences of its founder, Dr. Valerie Henderson. Being reared in the South by a poor, black mother with untreated mental wellness challenges, Dr. Henderson and her family experienced a multitude of ecological barriers. Her mother's wellness challenges resulted in her family experiencing chronic homelessness, hunger, separation, and despair. Dr. Henderson frequently recalls being hungry and remembers that her only outlet to hunger was school. She reports going to school, "just for lunch". She noted that her mother's wellness, social status, and ethnicity often impacted their ability to gain access to healthcare and a stable education. Before the age of 17, Dr. Henderson resided in more than 21 homes and attended 17 schools. Her education was heavily impacted by her family's instability, so much that by the time she was in the third grade she was diagnosed as "mentally retarded" and spent a year in extremely remedial courses. Sankofa became the dream of Dr. Henderson. She believed that if she or her mother had mental health support, her mother's life would have had a different trajectory. Therefore, Dr. Henderson had a desire and drive to create a space in which black, poor folks could receive comprehensive treatment in a culturally-validating and resolution-focused environment. We believe that this Tree Lane RFP is a continuation of Sankofa's mission and dedication to service.

Sankofa Behavioral & Community Health is credentialed by the state of Wisconsin to provide the highest standard of mental health care. We stand on our values of respect, integrity, cultural diversity, commitment, excellence, responsibility, social justice, and resilience. We provide comprehensive behavioral health services in Dane County. Many of our consumers are low-income, ecologically distressed, identify as LGBTQ, and may be experiencing homelessness. We competently work with children, adolescents, adults, couples and families in both individual and group settings. We provide wrap around services to our consumers, including screening and assessment, service planning, service facilitation, diagnostic evaluations, medication management, individual skill development, individual and family psychoeducation, psychotherapy, substance use treatment, and outreach.

We are proud of the people that we are able to serve. Many of our employees are not strangers to homelessness and other ecological barriers. We have a unique emic (insider) perspective of the many barriers a struggling person may have. We believe that there is no one better equipped to serve those who are fighting for a better life than those who have lived it and can be a constant representation of what success can look like.

Sankofa was officially incorporated in 2012. Within seven short years, Sankofa has developed community partnerships and services that best support and address the needs of our consumers. Sankofa has effectively managed to add programming that enhances the functioning and wellness of our community members each year. Our agency has sought and obtained contracts with the City of Madison to address homelessness and judiciary concerns of severely disenfranchised folks. We have contracts with Rise to provide culturally-appropriate mental health services and court assessments. We have contracts with the Department of Vocational Rehabilitation to address the chronic unemployment and underemployment of our consumers. Additionally, we have been sought out by local organizations to provide behavioral health services to their consumers in their homes, children's schools, and other community settings.

We are aware that choosing our agency to serve this RFP has pros and cons, particularly the youth of the agency. Undoubtedly, there will be a number of larger programs that will have longer years in-service than us. However, Sankofa's success and experience is unparalleled. There is no other agency that has the emic expertise of working with black women. Our worldview is based on that of a black woman's experience and we use that lens to effectively serve our consumers. We are trail blazers in Dane County, providing culturally-effective services and programming. Our Agency has demonstrated its ability to work with various populations effectively through both education as well as lived experience. The tenants of Tree Lane apartments deserve to work with a team who can relate to their experiences as well as best support and understand them.



3. Describe your agency's qualification to be the core case management services provider. Include your agency's experience in working with families experiencing homelessness and providing services that are trauma informed and based on housing first and harm reduction philosophy.



SankofaBCH is a team of about 20 clinical social workers, marriage family therapists, substance abuse counselors, case managers, a support team, and a psychologist. As an agency, Sankofa's work is always rooted in addressing etiological concerns such as homelessness, oppression, as well as social, mental and emotional wellness. We work with many homeless people to provide mental health services, case management, and life skills with the hopes of increasing stability, overall wellness, and helping folks get their basic needs met.

The National Alliance to End Homelessness has identified four core principles for effective re-housing. Services need to be client-driven, retention-focused, home-based and collaborative. We plan for our case management to be client driven through active engagement and utilizing a strengths-based approach to focus on empowering individuals and families. Our team will also be focused on retention through individualized plans for tenants and helping to problem solve through mediation between tenants and Heartland Housing. We plan to use the home-based approach; offering clients the choice of where and when we will meet with them to provide the most effective case management. Our team will focus on respecting the tenants space, property, and wishes if and when we provide in-home services. Finally, we will work collaboratively with tenants to build a supportive network, connect with community resources, and develop independent problem-solving skills.

Through these core principles, we believe we can provide effective and successful case management at Tree Lane apartments. We will utilize community connections, including churches, legal and financial assistance, utility support, and parent/parenting support. These connections will be in addition to our medical and mental health support, which includes therapy, youth programming, and family psychoeducation. .

A key piece to success in supporting homeless folks in obtaining and retaining housing is through knowledge and support for survivors. We will focus on individuals and families goals to increase engagement. We will also remove the idea of "enforcement" to decrease intrusiveness and increase advocacy. We want to work as a team with the tenants as well as Heartland Housing to create a safe and supportive environment. Finally, our case management philosophy will be based on our agencies values. All clients have the ability to improve their situations, they are experts in their own lives, and we will both advocate and facilitate the connections they need to thrive at Tree Lane apartments. We have often worked with chronically homeless people, both within our office and in our outreach services. In some ways, the populations are different. In outreach, it can be a challenging process to engage people who are street homeless to get into housing. We know that there is a need for deep care and compassion for people as they move through the process from being chronically homeless to having permanent housing. There are many barriers folks encounter during this journey, 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 records, lack of housing history, lack of employment, poor credit history, a history of evictions, racism, ableism, sexism, homophobia, and transphobia.

For many homeless folx seeking treatment, many are single women who are the sole caregivers of dependent-aged children. While many experience some of the same problems that they experienced prior to finding housing, once folks are housed there can be an additional struggle in adjusting to being housed. They are attempting to understand and identify their own "new normal" that occurs with housing and stability. Many women are struggling with their own past, the traumas their children experienced while being homeless or separated from them. Folks may be re-establishing relationships with family and friends. Many are struggling with conflicting identities (homeless vs. being housed) and the different expectations and requirements. Many are struggling with changes in relationships, abiding by new regulations and adhering to authority figures. Housing allows folks the opportunity, at times, to regain custody of their children or to re-establish parental rights.

Our agency works collaboratively with many homeless organizations. We facilitate the local homeless outreach meeting for service providers. We are responsible for planning and implementing point in time



counts for local/federal government reports and we help Coordinated Entry maintain up-to-date data on homeless individuals.

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 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 a long history of connecting homeless folks to services 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.

In a recent study done by the National Center on Family Homelessness, they identified two predictors for long-term residential instability, trauma and low self-esteem. Ninety-three percent of adult females identified having histories of trauma, including interpersonal victimization, sexual abuse, childhood sexual and physical abuse. With this information we understand that, as providers, each family deserves to be treated and offered trauma-informed care.

Our team is trained in providing trauma-informed care to both children and adults. We also focus on trauma in both individual and group settings to allow folks to connect better with one another and feel less alone in their struggles. The standard perspective of trauma informed care involves the principles of safety, transparency/trustworthiness, choice, collaboration, mutuality, and empowerment. Sankofa also adopts a model of care for black women identified by H.E.R.S. (her-story, empowerment, resiliency, and spirituality). The HERS model is a strength-based model that outlines healthy coping strategies that have been effective in the lives of black women.

Sankofa believes in the housing-first model. We believe that all people are born with the right to have stable, safe housing. We do not believe that individuals need acceptable credit scores, proper letters of references, an acceptable rental history, etc., prior to being "ready" to have safe, stable housing. We believe all people are deserving of a beautiful, comfortable and safe place to sleep at night. We believe this is a human right. We acknowledge that people who have experienced homelessness may need significant support and understanding from their landlords. That requirement of flexibility on behalf of the landlords' may be difficult at times. Sankofa hopes to bridge the gap between landlord and tenants by providing programming to support recovery, culturally-based resolutions, community support, and tenant-driven change. We also believe that to make Tree Lane successful there needs to be flexibility, supportive accommodations, as well as education and learning for tenants, landlords, and the supporting agencies.

Sankofa has had partnerships with multiple agencies working within the Housing First program including with the Road Home for whom we provided in-home therapy to families.. Our services have been sought out and used by Briarpatch, Housing Initiatives, Freedom Inc, and other organizations. Some of the aforementioned agencies utilize project based vouchers (PBV) to provide housing for low-income individuals. In addition, our agency actively assists our consumers in attaining PBVs whenever possible. We understand the regulatory requirements for individuals to maintain their housing, which is one of our primary goals with Tree Lane residents.

Sankofa has significant experience in providing services to people who are resistant to working with housing and homeless programs. Part of our approach is slowly building trust while authentically meeting people "where they are at", both mentally and emotionally. They have often been let down by service providers, experienced trauma, racism, sexual assault, PTSD from serving in the military among other struggles. Our harm reduction approach is grounded in a 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, while encouraging long-term change through experience and feelings of self-efficacy. Many of our team members have experienced homelessness themselves, thus we have a deeper understanding of homelessness and have special relationships with Madison homeless people that is based on trust and recognition of a common struggle.



Many folx who have experienced trauma have learned to adapt. Many have learned both healthy and unhealthy methods of coping. Similar to other black women who have experienced homelessness, the individuals at Tree Lane have likely experienced multiple forms of trauma over a lifespan. When trauma is chronic and multi-faceted, it is extremely difficult to simply “unlearn” the unhealthy coping behaviors. Also, it should be noted that while many of us outsiders may view tenants’ behaviors as “unhealthy”, those behaviors have often served a purpose and helped them survive traumas. As a result, we recognize that simply attempting to teach people skills with the expectation that they can implement them immediately is unrealistic. Therefore, Sankofa would support the implementation of behavioral plans for all of our tenants experiencing difficulty adjusting to the requirements of stakeholders. Sankofa would serve as a mediator between tenants and stakeholders. We will understand tenants from their trauma history and develop plans that focus on reducing harm and risks. Plans will specifically include behaviors that can jeopardize housing and encourage a realistic and sustainable way of adopting healthier coping skills based on a tenant’s current life circumstances.



4. Describe how you integrate, or will integrate, both community and stakeholder input into your agency's operations and program planning (e.g., input or involvement in the creation, design, implementation, and feedback for services).



Consistent with a housing first model, we believe that tenants should have input in the programming that is present in their homes. We will ask tenants what services could be helpful in maintaining their housing, increase functioning, and help them accomplish goals. We want tenants to dream big. For so long many have been denied the opportunity to dream. Now, with significant support and stable housing, they can accomplish dreams.

We have created the foundations for a successful program at Tree Lane based on our expertise and research. In our program, the whole person is addressed as well as their ecological barriers. Ecological theory is based on Bronfenbrenner's developmental perspective that the presence or absence of strong environments influences and impacts an individual's attitude and social growth. Therefore, we believe that the best programming will include in-house services to all residents. It should be noted that the services listed below will be the baseline services, and additional services will be offered based on residents and stakeholders' requests and needs.

We have designed a program that occurs within the homes of residents, within Tree Lane community areas, and within the community. We will offer parental programming which includes mental health services, direct case management, psychoeducation, community engagement, and family support.

Mental health & family support: an in-house mental health provider will be important to Tree Lane occupants. The mental health provider will be present to destigmatize mental wellness challenges and normalize the help seeking process. A therapist will address immediate mental health crisis, aid in developing coping skills, support healthy family interactions, and serve as a liaison between tenants who are enrolled in mental health services and outside agencies (eg, children's school). The family within the black community is a central component of social support. The family can serve as a stressor or mediate and even reduce the effects of stressful events. The therapist will also take part in promoting healthier family dynamics to increase the overall wellness of the Tree Lane community.

Case management: The case management team roles will be to assist in connecting, teaching, and advocating for Consumers. The case management team's goals will always be to help the tenant and their family become self-sufficient. They will do that by forming an alliance with the tenants. Similarly to a therapist, the tenant must feel connected to the case manager or feel that the case manager is a supporter of the tenant in order to utilize this team. We hope there will be a 25% increase of tenants using case management services at Tree Lane. Our goal is to teach tenants about resources available in the community and how to negotiate those resources.

Tenants may also benefit from advocacy and assistance with local resources. An effective case manager will use their own power, knowledge, and privilege to assist tenants in accessing resources that may have been previously denied to them (i.e, health care, psychotropics, extracurricular activities, vocational activities, etc.).

We briefly discussed that effective case management with previously homeless folx hse to be retention focused. We believe that case managers should be viewed as members of the therapeutic team. They should have expertise in working with people who have mental wellness challenges, people of color, and folx who have experienced trauma. With a limited knowledge in any of these areas or understanding of intersectional identities, it will be difficult to ensure that tenants will remain engaged in services.

Tenants will benefit from our team approach. Using an integrated, collaborative team to address concerns and provide holistic treatment and services has been is important. It reduces triangulation among service providers and reinforces that everyone is working in the best interest of the tenant. A tenant/family/community approach helps address a tenant's distress, as well as the concurrent distress experienced by families and communities. For each residence, an individualized case management plan will be created to explore the specific needs of each residence. Case management is most effective when we are providing specific, supportive services.

The proposed program is psycho-education heavy. We hope to explore money management, understanding your lease, expectations of landlords, living in a community (being a good neighbor,



monitoring guest, etc). We hope to bring education in the building for both parents and youth. Both volunteers and external resources (i.e., Omega and Odyssey programs) will be utilized to supplement educational goals for parents. Youth program will have educational components that will be coordinated with the local elementary school. In psychoeducation, parents will learn how trauma may impact their children's educational experiences and expectations of parent involvement. We will introduce in-home access to DVR programming for any qualified individuals 14 and over. We will refer out to established DVR programming that offers traditional views of employment as well as those with an entrepreneurialship focus.

Youth programming. Generally, youth programming has been designed as a method of keeping kids busy. Our youth programming will have both a physical health and mental health component to it. The youth programming that we are recommending involves exposure, activities, supporting healthy parent-child interactions/relationships, healthy mentoring, conflict resolution, identity development, and empowerment/resiliency training.

Community and stakeholder's programming. Again, wrap around support is essential when we are discussing long-term, crystallized improvements. Therefore, our Supervisor will have an outreach role to engage community. We will gather input and support for Tree Lane, its residents, and its purpose. We propose engaging community members in programming by increasing volunteering. We want community members to serve as mentors by using their expertise to provide opportunities to tenants. We recognize that community buy-in to Tree Lane is important. We hope to sponsor active listening and solution sessions. Listening sessions often become group-think moments in which negative perspectives dominate and even taint the constructive process. Therefore, sessions will need to be structured and solution focused under the guiding perspective of how Tree Lane neighbors can help. The goal would be to have monthly meetings.

We are offering a myriad of services through community collaborations. We are currently in talks to add spiritual components to programming, legal assistance, and physical health. With such a rich and diverse programming, we hope to see an increase of tenant involvement with supportive services by 25% within the first year. We also expect to see a 25% reduction of tenants leaving Tree Lane in an unfavorable fashion. A benefit of choosing Sankofa BCH is that we currently provide the majority of these services and are able to do most of the work in-house. Sankofa provides mental health services, case management, and youth programming. We believe we can effectively provide these services to the Tree Lane residents.



5. Describe the proposed organizational structure for your agency's team including their roles, reporting responsibilities, and interface with Heartland, United Way, and the City.

In general practice Sankofa believes in a community approach to providing services. Therefore, if community members/agencies are supporting an individual's wellness, we'd value and integrate their input into our treatment programming. Therefore, Sankofa is excited to work with both Heartland, United Way, and the City of Madison. Sankofa's team of direct service providers will consist of the following:

1. Program Clinical Supervisor: Dr. Henderson will supervise the program to ensure that clinical needs of tenants are being met, proper programming is in place, assessments are conducted regularly. Dr. Henderson will oversee the entire grant and ensure communication is occurring among providers and Heartland, United Way, and the City. Sankofa under Dr. Henderson's leadership has demonstrated its ability to meet deadlines, accomplish outcome goals set the City, and response to any concerns of grant. She has been responsive and pro-active in communicating with stakeholders under current grants.

2. Case managers (2 1/2): Providing direct case management services through support, connecting, and advocacy. (Discussed the role of case management in-depth above).

3. On-site Supervisor. Our on-site supervisor will serve multiple roles. They will supervise and assist in the coordination of the programming at Tree Lane. Our agency believes that developing health and wellness is more than just "talk", it is about action. We will hope to offer programming six-days a week for either parents and/or children. The supervisor will be responsible for getting programming scheduled and approved.

a. Serve as the community outreach coordinator with Tree Lane neighbors. We are aware that neighbors have concerns and have investment in Tree Lane being successful. As a supervisor of this project, it could the on-site supervisor will be helpful to gathering input into the neighborhood needs, bring those concerns back to the Tree Lane community, and determine what programming can be helpful to assist in community connection, involvement, and support of Tree Lane residence. This could be accomplished by creating a friends/neighbors of Tree Lane Committee consisting of business owners, school officials, providers, and neighbors who are dedicated to the success of the programming.

b. Consult and keep the lines of communication open among Sankofa staff and supervisors, Tree Lane residence, stakeholders, and neighbors of Tree Lane. Schedule and attend all meetings needed to maintain Stakeholder's confidence in the success of services.

c. Attend coordinated entry meetings, be responsible for maintaining measures tenant of needs and which resources they'd like within Tree Lane.

d. Continue re-assessing effectiveness of programing and establishing partnerships to that may contribute to long-term success of Tree Lane residents.

4. Therapist: The onsite therapist will provide clinical insight into potential mental health concerns that may impact Consumer's functioning, interactions with other residence, and their ability to maintain their household/housing. An on-site therapist is important given that many consumers may need to form a strong therapeutic alliance with someone that they see on a regular basis and can begin to build trust. The onsite therapist will provide triaging and crisis management.

Given that Sankofa recognizes the importance of family in the overall wellness of consumers. A major stress for parents has been education for their children. Sankofa has an established relationship John Muir elementary school. Many of Tree Lane elementary aged children are attending John Muir and need additional support. In 2018, Sankofa was requested to provide services to students John Muir to provide behavioral health services specially to Tree Lane residence. We are negotiating our ability to provide assistance with John Muir. We hope to provide in-school individual therapy and possibly family therapy as requested by the principal to Tree Lane youth during school hours. The Principal has expressed interest in promoting family therapy as well. By providing in school services, barriers such as transportation, parental scheduling, and access to youth will be reduced. Any school work that will be potentially impacted will be addressed in the homework youth programming.



6. Describe your agency's experience in leveraging various sources of non-governmental funding such as private fundraising and Medicaid billing.

Sankofa is an outpatient behavioral health clinic. As such, our clinicians can bill for services via Medicaid, Group Health, ICare, CARE WI, Quartz, and Dean (in-process of contracting), and Medicare. We also receive funding from programs like Children Come First, Comprehensive Community Services (CCS), and Department of Vocational Rehabilitation to aid our consumers. Historically, our Agency's source of funding is fee-for-services. If we attain the Tree Lane grant we will incorporate our ability to bill for mental health care services to supplement the cost of services. We estimate that a minimum of \$30,000 within the first year. Additionally, at least two of our prospective collaborations will be CCS certified which will make it easier to ensure wrap around services for tenants. As far as funding Sankofa does not actively engage in fundraising. However, we have received private donations from various sources including a local medical center. We have verbal agreements from CCS providers like Nature's Ark Behavioral Health Services. Nature's Ark specializes in providing cultural, pro-African spiritual and art services to distressed communities.

It should be noted that we are aware that our collaborations may be fewer than other organizations applying for this RFP. We can also acknowledge that many other agencies have to have a long list of collaborators. Our agency does not because we have created programming specifically for this population. This is who we serve and who we have served since the beginning of this agency.

7. List all paid staff that will be working on the proposed project.

Title of Staff Position Include only One Employee per Line	FTE		For Part-Time only: # of Hours per Week Employed	Duties	Proposed Hourly Wage ¹	2019 Wage and Fringe		2020 Wage and Fringe	
	FTE	PTE				CDD Funds	Total Cost	CDD Funds	Total Cost
Therapist	1		40		\$27.00	\$65328 .12	\$65328 .12	\$65328 .12	\$65328. 12
Case Manager Supervisor	1		40		\$30.00	\$72235 .8	\$72235 .8	\$72235 .8	\$72235. 8
SF/Case Manager	1		40		\$21.00	\$51512 .76	\$51512 .76	\$51512 .76	\$51512. 76



Title of Staff Position Include only One Employee per Line	FTE		For Part-Time only: # of Hours per Week Employed	Duties	Proposed Hourly Wage ¹	2019 Wage and Fringe		2020 Wage and Fringe	
	FTE	PTE				CDD Funds	Total Cost	CDD Funds	Total Cost
SF/Case Manager	1		40		\$21.00	\$51512.76	\$51512.76	\$51512.76	\$51512.76
Youth Coordinator	1		40		\$21.00	\$51512.76	\$51512.76	\$51512.76	\$51512.76
Youth Supervisor	1		40		\$25.00	\$60723	\$60723	\$60723	\$60723
Service Facilitator		0.5	20		\$21.00	\$24176.88	\$24176.88	\$24176.88	\$24176.88
Admin		0.15	6		\$25.00	\$8634.6	\$8634.6	\$8634.6	\$8634.6
Director		0.25	10		\$72.12	\$41515.16	\$41515.16	\$41515.16	\$41515.16
TOTAL						\$42715.84	\$42715.84	\$42715.84	\$42715.84

*FTE = Full Time Equivalent (1.00, .75, .50, etc.) 2080 hours = 1.00 FTE

B. LEAD AGENCY PROJECT PLAN

- Describe the services that your agency proposes to provide. Include key aspects of service design, staffing structure, expected frequency of participant contact, duration of participant contact, etc.

A key aspect of service design is based on our philosophy of 1) alliance, 2) access, 3) repetition, and 4) consistency. Tenants need to feel that supportive staff are in-alliance with them. The staff will provide in-home services to assist in tenants wellness, but never become identified as a gate-keeper or reinforcer of oppressive infrastructures. Creating that alliance with tenants is one where we build trust with them. It does not mean that we engage in any damaging dynamics between stakeholders and tenants. It does mean that we provide an avenue for mediation to occur all while providing psychoeducation to all parties involved.

Many tenants have never had access to the type of help we are proposing. Our services, service structure, and service design would help maintain tenant's housing by increasing their mental/physical health care, education, life-sustaining employment, community connections, and family services. Our program will offer many of these services within the tenants residence and individual homes.

As previously discussed, we expect to have a case manager supervisor, two and a half case managers, a youth programs director, one part-time youth program specialist, and a therapist. All providers will be available for director services or contact with tenants at Tree Lane.

Our perspective about engagement is simple, we want tenants to feel comfortable enough to see us multiple times per week. We hope that any consumer who participates in service will receive calls



and/or actively participate in services each week. Our providers will normalize their interactions with tenants by being present and offering services. We understand that tenants willingness to engage with providers with such frequency is requiring a lot. However, we believe that establishing this as the expectation initially is important. It allows tenants to be confident that Sankofa is at Tree Lane to be a service to them. Some tenants may find this repetitive calls and check-ins may feel slightly intrusive. It is also part of the relationship-building process and learning to negotiate the expectations of stakeholders.

We understand that there will be conflict and resistance, initially. Conflict with tenants, conflict with stakeholders, conflict with community members. Conflict is a necessary component of group dynamics. Yalom, the "father" of group therapy, states that resistance and conflict is part of the process when creating a successful working group. At some point, the group settles, establishes its own way of engaging, and accepting the rules of the group. Our repetitive contact creates consistency and eventually trust. We believe that regular contact with tenants should occur throughout a tenant's tenure at Tree Lane.

This group relationship-building process is not only something that needs to be developed between the new service providers and tenants, but this process will also occur with the new support staff and Heartland/other stakeholders as well. We expect that weekly meetings with Heartland staff. The goal will be to establish our unified perspective and voice. We expect there to be conflict and disagreements, this is referred to as the process of "storming" according to Yalom. We recognize that with time and constant communication about the process, stakeholders and support providers will have method of engaging with tenants that is clear, supportive, and unified. We will establish this working relationship through debriefing team meetings that occur twice per week. Debriefing team meetings with providers will be helpful because they allow providers to discuss and 'be on the same page" about any changes occurring within the building, behaviors being observed, and methods of engaging.

We support monthly recovery team meetings with tenants who are involved in services. In those meetings support staff will be present to discuss any tenant goals and progress that has been made. Monthly meetings is a great way of reinforcing a tenant's progress. Many times people can't always see their accomplishments until it's pointed out to them by someone else. As providers, it will be our job to ensure that tenants are making progress and can see it.

2. Describe the industry standards or best practices your agency will adopt in order to achieve the supportive housing indicators of success identified in the RFP.

Tenants stay housed: In order to ensure that tenants remained housed, we will take a blended management approach. For Sankofa, a blended management approach means that every stakeholder (tenant, Heartland, & Sankofa) accepts some responsibility to ensuring that our program is effective and tenants remained housed. For Tree Lane tenants we will offer mental wellness and case management services. Also, tenants will be educated on their rights and responsibilities as a tenant. For many people who have a history of wellness challenges and homelessness, addressing immediate needs have taken precedence over planning for long-term goal accomplishment. For example, many people who are homeless may use their entire month worth of benefits on hotel rooms for a week. Then by the end of the week, they are without money and without shelter for the remainder of the month. While this is an over-simplistic example, it does create a pattern of reinforcement that becomes difficult to break once housed. This pattern impacts ability to forgo immediate reinforcements for longer-term planning. Also, recently housed homeless folk, may feel a sense of accomplishment in having attained their goal of housing, without the recognition that new goals have to be developed in order to maintain housing. Therefore, tenants will be offered programming on finances, budgeting, and



encouraged to plan for their and their children's future. They will also be offered psychoeducation on goals and how certain behaviors must be maintained or developed to sustain their accomplishments. This programming will also ensure that tenants have successful exits from Tree Lane by establishing a positive rental history and maintaining vouchers.

In Housing First, Trauma-Informed Care, and Blended Management models, there is an underlying recognition that individuals need to feel empowered in order to feel motivated to create positive change within their lives. We plan on accomplishing that by offering both mental and physical health activities, cultural programming to increase feelings of community, connectedness, unity, and validation. We have already invited and have partnership agreements with multiple community members that are well known in the black community to offer services to Tree Lane tenants.

We also believe that it is important to provide psychoeducational services regarding healthy advocacy. We will offer group services to address safety (family, community, and self) and relationships (SAAMHSA indicates relationships are the primary cause of women relapsing) at Tree Lane. Tenants will also have access to Sankofa programming off-site which includes, black women's, women's, men's, AODA groups, youth, and LGBTQ groups.

Tenants maintain or increase their income. To efficiently address the needs of limited income, unemployment, and underemployment within our communities, Sankofa has become a Department of Vocational Rehabilitation provider. As such, we can offer assessments and assist in job placements for tenants ages fourteen and up. Tenants may be eligible to receive a paid employment placement for up to three months, paid internships to explore careers, develop work references, and acquire work skills. Long-term supportive employment may also be available.

Sankofa supports entrepreneurialship as well. We recognize that individuals with significant legal histories may have many more barriers to employment than the average person. As a result, we will offer traditional avenues to employment and entrepreneurialship programming. We will invite local community business owners to provide examples of how it can be done and to validate that it is possible to be black entrepreneurs in Madison.

Tenants are satisfied with services. Tenant satisfaction will be measured in multiple ways. As a certified outpatient clinic, our agency is required to assess consumer satisfaction every six months through measures. Our measure will be adaptive to Tree Lane tenants. We currently assess for changes positive changes in their environments, connection to resources, and improvement in their wellness. We will include both Heartland and tenants in any revision of the assessment to ensure that we are measuring what's important to residents.

Tenants have social/community connections. Community connection will involve offering programming such as family night, parent night, game night, and cooking nights. Community connection outside of Tree Lane will include getting tenants engaged in various activities that aid their growth.

Our method of engagement will be lead by the H.E.R.S. model. H.E.R.S. is a model created by and for black women when providing services. Essentially it means that while engaging we always have to be acknowledging a herstory, be empowering, respecting their resiliency, and any spiritual beliefs that has aided a consumer in the past. Our engagements will be based on respect of tenants experiences. For example, we recognize that many tenants will have varying herstories of education. Generally, anytime we advertise programming, we will hang up fliers. However, for a person with limited education, flyers may be completely ineffective due to their difficulty reading. Therefore, we will use word of mouth, announcements, and other forms of communication to advertise. Each month we will offer a list of programs via calendars, handouts, door-to-door services if possible. We will let tenants know about programming and if they are interested, during their weekly call we will remind them about that specific programming is approaching. We will also invite trusted leaders and providers in the community to engage in interactions and services with the tenants. We have invited local playwrights and artists to assist.



3. Describe how your agency will actively engage with the Tree Lane tenants to provide proposed services.

Our method of engagement will be lead by the H.E.R.S. model. H.E.R.S. is a model created by and for black women when providing services. Essentially it means that while engaging we always have to be acknowledging a herstory, be empowering, respecting their resiliency, and any spiritual beliefs that has aided a consumer in the past. Our engagements will be based on respect of tenants experiences. For example, we recognize that may tenants will have varying herstories of education. Generally, anytime we advertise programming, we will hang up fliers. However, for a person with limited education, flyers may be completely ineffective due to their difficulty reading. Therefore, we will use word of mouth, announcements, and other forms of communication to advertise. Each month we will offer a list of programs via calendars, handouts, door-to-door services if possible. We will let tenants know about programming and if they are interested, during their weekly call we will remind them about that specific programming is approaching. We will also invite trusted leaders and providers in the community to engage in interactions and services with the tenants. We have invited local playwrights and artists to assist.

4. Describe your agency's efforts to improve service qualities and outcomes for the proposed program.

Our agency will continually assess and re-assess the services that are being offered at Tree Lane. We will use assessments, tenant's verbal reports, and stakeholders/community feedback to ensure that we are reaching our outcomes.

C. PROVIDER COLLABORATION

List the proposed project team and partnering agencies below. If your agency identified service components to be provided through partnership but has not identified the partnering agencies, note that partner agency is to be determined.

Partner Agency Name	Venus Inspires
Contact Name	Venus Washington
Contact Email	venusinspires8@gmail.com
Contact Phone	414.467.3957
Type of Service To Be Provided (e.g. mental health, youth programming, peer support etc.)	Mental wellness/physical wellness. Program involves mind-sprit-body. Being that everything beings from within and
Brief Description of Service, including staff title, FTE, frequency of service, location of service Include experience in Housing First, trauma informed care, and providing culturally competent services	Day time for adults Weekly sessions for adults and weekend services for kids (2x per month). Some sessions will be family including working with parents and kids health. Group sessions. Provider is able to 30-45 for youth and adults 1 hour. Services will be at Tree Lane. It is similar to her Get Moving program. about \$100 per session.



	www.venuswashington.com
	Beginning September 1, 2019
2019 Proposed Budget Amount	\$5,000
2020 Proposed Budget Amount	\$10,000

Partner Agency Name	
Contact Name	
Contact Email	
Contact Phone	
Type of Service To Be Provided (e.g. mental health, youth programming, peer support etc.)	
Brief Description of Service, including staff title, FTE, frequency of service, location of service Include experience in Housing First, trauma informed care, and providing culturally competent services	
2019 Proposed Budget Amount	
2020 Proposed Budget Amount	

Partner Agency Name	
Contact Name	
Contact Email	
Contact Phone	
Type of Service To Be Provided (e.g. mental health, youth programming, peer support etc.)	
Brief Description of Service, including staff title, FTE, frequency of service, location of service Include experience in Housing First, trauma informed care, and providing culturally competent services	



2019 Proposed Budget Amount	
2020 Proposed Budget Amount	

Partner Agency Name	
Contact Name	
Contact Email	
Contact Phone	
Type of Service To Be Provided (e.g. mental health, youth programming, peer support etc.)	
Brief Description of Service, including staff title, FTE, frequency of service, location of service Include experience in Housing First, trauma informed care, and providing culturally competent services	
2019 Proposed Budget Amount	
2020 Proposed Budget Amount	

June 6, 2019

Re: Letter of support for the grant application from Sankofa

John Muir Elementary School is a 4K-5 school in the Madison Metropolitan School District. In August 2018, our school enrollment experienced a significant change in student population when we belatedly received confirmation of 37 formerly homeless students whose families had moved into new permanent supportive housing within our neighborhood. These were families who scored among the most vulnerable and in highest need of housing and they were moved into a new housing complex in a new neighborhood and a new school all at once in the summer of 2018.

This past school year has taught us just how much more is needed beyond a physical housing structure. My staff and I have incorporated multiple tactical efforts from on-site registration to busing modifications and school supply provisions. We've increased snack and meal options and hosted community meal events.

At the core of our response lies the social and emotional support needed by these students who have experienced much trauma—and may continue to do so. I've worked hard within the school district to increase our social worker allocation, behavior support specialists, and after-school programming. We have reached out as never before to build a comprehensive network of community advocates, childhood homelessness supports and therapies, and connections to city homeless services.

These students have permanent supportive housing, and yet we know how much intensive support and collaboration must continue to happen between our school community and the larger neighborhood in which they reside. For many families, their housed status has not yet resolved many deep underlying mental health issues that may well put their future housing status at risk.

Sankofa provides culturally-specific mental health care for Dane county residents- many who are similar to the children that we serve at John Muir. I have been speaking with Dr. Henderson and Sankofa for almost a year. We have been looking to establish a partnership to address the needs of many of students; however, due to the lack of funding, we were unable to move ahead as we had hoped.

I firmly believe that our students can benefit from Sankofa's specific services. I feel strongly that our students would benefit from having black leaders assisting black families. There is a dearth of mental health services for our minority students and families. Services by black therapists/case workers providing exceptional counseling and connection is what is needed for our students and families. Sankofa staff uses culturally specific practices and community support to ensure that clients feel heard and cared for. They develop and strengthen youth, families and communities through their holistic care.

I fully support Sankofa and Dr. Henderson and recommend them for funding. This grant opportunity offers the framework and the resources to strengthen our connections to the city

housing and support services conversations. Our part in the budget is modest: food, transportation, additional professional development and mental health supports. These are part of the building blocks of relationship-building. We know that we need more community engagement to develop dialogue that can break down the isolation and the stigma that these schoolchildren face. We have studied the community school model and strive to be that welcoming place to bring different neighbors together. We want to create the stability that can heal the factors that contributed to homelessness. We welcome the United Way's commitment to build this cross-sector framework through building the capacity of many community members and stakeholders in this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Amanda Kraft". The signature is fluid and cursive, with the first name "Amanda" written in a larger, more prominent script than the last name "Kraft".



June 7th, 2019

To Whom it May Concern:

Since 2013, Housing Initiatives has had a long working history with Sankofa. Housing Initiatives is a permanent supportive housing agency for clients who were chronically homeless with a diagnosed mental illness. Because we are a 'Housing First' agency, we take some of the 'harder to house' clients.

Sankofa has been provided Case Management services to our clients. They have been the support we've needed to help our Housing First clients find stability in their new housing.

Dr Henderson and her staff have a genuine, warm-hearted approach to Case Management. As the Program Director at Housing Initiatives, I have had to reach out to Sankofa's Case Managers when our clients are cycling through some of the rough patches of their mental illness. Sankofa's team has always been available and compassionate. Other case management agencies would sometimes be less engaged and not so eager to offer support to our agency.

Along with the compassion and patience to work with the hardest of clients, Sankofa has the professionalism to make sure Housing Initiatives program requirements were met. I can't say enough good things about Dr Henderson the team she has pulled together. I'm sure her clients would say the same.

Feel free to contact me with any questions you may have.

Sincerely =

Christine Verdico
Program Director
Housing Initiatives, Inc
608-277-8330



Dane County Department of Human Services Division of Children, Youth & Families

Joe Parissi
DANE COUNTY EXECUTIVE

Director – Shawn Tessman
Division Administrator – Martha Stacker

May 23, 2019

To Whom It May Concern:

I am pleased to write a letter of recommendation in support of Sankofa Behavioral and Community Health, Inc.

I had the pleasure of working with Sankofa and a few families on my caseload. My clients and their parents were extremely pleased with the professionalism and the progress made while in their program. Since, I have known and worked with Sankofa; I have taken great pleasure with their approach of including the entire family in the client's case plan. It is this workers opinion that their staff contribute beyond the program's required time. My clients often told me that they were delighted with the staff follow-up during crisis situations.

It is to Sankofa credit that their staffs are diligent, creative, passionate, and extraordinarily capable to understanding how things work, especially when focusing from a cultural competent perspective. During my time working with their agency, I cannot recall an instance where their staff failed to navigate, or complete any task asked of this worker. As a senior social worker (30 years), I have had several experiences with many agencies in Dane county. It is this workers opinion that Sankofa's approach stands out as important and unique. Sankofa staff has shown a great capacity to motivate youth, and having complete buy-in with parents in many of our core programs such as Right Track Plus, Intensive Supervision Service, Boys and Girls Group. Sankofa staff showed no fear with these kids. Our staff case load consisted of both boys and girls. Their staff excelled in working with the client's family, and most important had no problem giving out correct advice to them when needed.

Finally, Sankofa staff is compassionate about their work. There are several instances where they stayed late at the office or arrived early to meet with clients in order to get the job done. In my opinion, Sankofa is a highly respected agency, especially when dealing with groups from different cultures. I am more than confident that if given an opportunity, you would be very happy with their work.

If you would like any further information or elaboration on any of the detail mentioned above, please feel free to call me at 608-288-2419.

Sincerely,

Bobby Moore, MBA, LSW
DCNIP Senior Social Worker-Youth Justice

1. AGENCY OVERVIEW

This chart describes your agency's total budget for 3 separate years. Where possible, use audited figures for 2018 Actual.

Account Description	2018 Actual	2019 Current Budget	2020 Proposed
A. PERSONNEL			
Salary (including benefits)	193,848	387,696	
Taxes	19,728	39,455	
Subtotal A	213,576	427,152	-
B. OPERATING			
All "Operating" Costs	13,588	27,175	
Subtotal B	13,588	27,175	-
C. SPACE			
Rent/Utilities/Maintenance			
Mortgage/Depreciation/Taxes			
Subtotal C	-	-	-
D. SPECIAL COSTS			
Subcontracts			
Deposits to Reserves			
Debt Service (Excl Mortgage)			
Other: (Specify)			
Coolaboration	30,000	60,000	
Subtotal D	30,000	60,000	-
Total Operating Expenses:	257,163	514,327	-
REVENUE			
Direct Public Grants			
Direct Public Support			
Indirect Public Support			
Miscellaneous Revenue			
Restricted Funds Released			
Program Income			
Total Income	-	-	-
Net Income	(257,163)	(514,327)	-

AGENCY, PROGRAM AND CITY SHARE EXPENSES

Agency & Program:

Sankofa Behavioral & Community Health

ACCOUNT CATEGORY	CDD FUNDED PROGRAM	CDD FUNDED ADMIN	2019 TOTAL CDD BUDGET
A. PERSONNEL			
Salary	323,440	45,302	368,742
Taxes/Benefits	53,562	4,847	58,409
Subtotal A.	377,002	50,149	427,151
B. OTHER OPERATING			
Insurance	3,300		3,300
Professional Fees			0
Audit	1,000		1,000
Postage/Office and Program Supplies	1,500		1,500
Equipment/Furnishings/Depreciation	3,595		3,595
Telephone	2,200		2,200
Training/Conferences	2,000		2,000
Food/Household Supplies	4,400		4,400
Auto Allowance/Travel			0
Vehicle Costs/Depreciation	9,180		9,180
Other (Specify):			0
Subtotal B.	27,175	0	27,175
C. SPACE			
Rent			0
Utilities			0
Maintenance			0
Mortgage Principal/Interest/Depreciation			0
Property Taxes			0
Subtotal C.	0	0	0
D. SPECIAL COSTS			
Rent Assistance (Rent Arrears, Security Deposit, Application Fee)			0
Utility Assistance			0
Assistance to Individuals (Non-Rent or Utility)			0
Service/Program Subcontracts			
Service/Program Subcontracts			
Service/Program Subcontracts			
Service/Program Subcontracts			
Service/Program Subcontracts			0
Other (Specify): Coolaboration	60,000		60,000
Subtotal D.	60,000	0	60,000
TOTAL (A.-D.)	464,177	50,149	514,326

NOTES:

AGENCY, PROGRAM AND CITY SHARE EXPENSES

Agency & Program:

Sankofa Behavioral & Community Health

ACCOUNT CATEGORY	CDD FUNDED PROGRAM	CDD FUNDED ADMIN	2020 TOTAL CDD BUDGET
A. PERSONNEL			
Salary	323,440	45,302	368,742
Taxes/Benefits	53,562	4,847	58,409
Subtotal A.	377,002	50,150	427,152
B. OTHER OPERATING			
Insurance	3,300		3,300
Professional Fees			0
Audit	1,000		1,000
Postage/Office and Program Supplies	1,500		1,500
Equipment/Furnishings/Depreciation	3,595		3,595
Telephone	2,200		2,200
Training/Conferences	2,000		2,000
Food/Household Supplies	4,400		4,400
Auto Allowance/Travel			0
Vehicle Costs/Depreciation	9,180		9,180
Other (Specify):			0
Subtotal B.	27,175	0	27,175
C. SPACE			
Rent			0
Utilities			0
Maintenance			0
Mortgage Principal/Interest/Depreciation			0
Property Taxes			0
Subtotal C.	0	0	0
D. SPECIAL COSTS			
Rent Assistance (Rent Arrears, Security Deposit, Application Fee)			0
Utility Assistance			0
Assistance to Individuals (Non-Rent or Utility)			0
Service/Program Subcontracts			
Service/Program Subcontracts			
Service/Program Subcontracts			
Service/Program Subcontracts			
Service/Program Subcontracts			0
Other (Specify): Coolaboration	60,000		60,000
Subtotal D.	60,000	0	60,000
TOTAL (A.-D.)	464,177	50,150	514,327

NOTES: