FY2023 Continuum of Care
New Project Application – Supplemental Questions

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snaps by September 11, 2023 at Noon. Agencies may choose to complete the alternative word document application, New Project Application (E-snaps), for the due date of **Tuesday, August 29, 2023 at Noon**. In addition, agencies must complete this New Project Application –Supplemental Questions for each program.

This form is due on **Tuesday, August 29, 2023 at NOON** by e-mail to hsc@cityofmadison.com. **Late or incomplete applications will not be considered. Please do not wait until the deadline to submit the application. No grace period will be granted.** If you have questions, please contact Torrie Kopp Mueller, tkoppmueller@cityofmadison.com or call 608-266-6254.

Agencies with more than one CoC project must submit a separate form for <u>EACH</u> project.

Agency Name	**Urban Triage**
Project Name	**Homeless Youth Domestic Violence Initiative**
Project Type	___Permanent Supportive Housing (PSH) ___Rapid Rehousing (RRH) _X__Joint Transitional Housing – Rapid Rehousing (TH-RRH)

Project Contact Name	Brandi Grayson
Phone Number	608 520 3062
E-Mail	bgrayson@urbantriage.org

Funding Request	**$707,314**
Proposed # of Units	7
Proposed # of Beds	14
DV Bonus Project – Yes or No?	Yes

Threshold Criteria

Does the agency have any outstanding HUD monitoring findings? If yes, please provide explanation.	__Yes _X_No
Does the project comply with the CoC Interim Rule 24 CFR 578?	_X_Yes __No
Does the agency have a SAM.gov registration?	_X_Yes __No
Does the agency have an active Unique Entity ID (formerly DUNS Number)?	_X_Yes __No
Does the agency have any delinquent federal debt? If yes, please provide an explanation.	__Yes _X_No
Is the agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? If yes, please provide an explanation.	__Yes _X_No
Does the agency currently enter data into the Homeless Management Information System (HMIS) or comparable database for Domestic Violence providers? If no, please explain how the agency plans to become an HMIS agency by the project start date in the narrative below.	_X_Yes __No
Does the agency commit to participating in system-wide continuous quality improvement activities?	_X_Yes __No
Does the agency agree to participate in the Coordinated Entry System and follow Coordinated Entry policies and procedures?	_X_Yes __No
Does the agency agree to follow the Dane CoC Written Standards?	_X_Yes __No

Please answer the following questions:
Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule and FY23 CoC NOFA.

1. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention.

There have been few past or existing efforts to implement youth homeless prevention interventions. Dane County Human Services completed a pilot program for youth aging out of foster care or who had a previous foster care placement and were ages 17.5-21. The program was called PATHS (Permanent Connections, Academics, Training & Employment, Housing, Social & Emotional Wellbeing). Youth were paired with a roommate and provided an apartment with an area landlord. Dane County collaborated with Orion Family Services to provide support to achieve positive outcomes for youth. This program

encountered challenges. Youth were engaging in typical behaviors: parties, friends staying over, and drug and alcohol use.

Landlords were paying more attention to these behaviors and reacting with harsher consequences. However, our community has several colleges and universities, with many young people renting apartments and engaging in similar behaviors who do not suffer the same consequences. The roommate model resulted in roommate conflicts, which were exacerbated because the youth had previous experiences of trauma. The community learned this type of programming could be better implemented if an agency familiar with the needs of youth, owned the building had control over the handling of lease violations, and was able to offer on-site services. The community recognizes there is a delicate balance between supporting youth through on-site staff with programming options and supporting them with weekly home visits that are much less intensive.

Our community also attempted a rapid re-housing program for youth. A non-youth services provider implemented the program at a single-site facility. The provider needed to prepare for the unique needs of the youth. The set-up of the single-site facility could have been a better fit as approximately 80 other tenants were outside the program, and many were much older. Staff were housed on-site, and participants found it helpful to have easy access to services. The provider should have realized how unfamiliar the youth would be with renting and following a lease. The community learned that the typical services provided to adults would not fit for youth.

Additionally, our community attempted a Transitional Living Program for youth 18-22, operated by Briarpatch Youth Services, which ended in 2019 due to capacity and lack of funding. The program participants reported a lack of intensive support services and cited staff turnover as contributing to exits to homelessness. Some participants reported positive experiences directly correlated to low ACE scores and high Casey Life Skills scores. The main lessons learned were that staff with formal mental health/substance use training were needed to provide intensive case management and structured life skills, education, and employment training programming would increase the likelihood of positive outcomes.

Urban Triage staff and leadership are deeply invested in learning from our community's past challenges and successes to enhance service delivery. From the organization's inception, we have employed the people we serve. We are dedicated to meeting people where they are with kindness and non-judgment to strengthen and heal Black and other vulnerable people. We center cooperation and build relationships to meet the needs of Black and other vulnerable people and demonstrate respect for clients, community, and partners. A recurrent theme that has emerged since the Youth Action Board (YAB) was created is that youth voices have not been centered or even taken seriously. This is not an issue only in our community, but it is one we strive to correct. We strongly believe that people are the experts on their needs, which leads to sustainable solutions through utilizing strengths – put, the power of people is the solution. By centering youth – For Us. By Us. Positive outcomes are inevitable.

The 2018 Permanent and Temporary Housing Intervention Needs Projection was completed by the CoC Funders Committee, composed of representatives from the City of Madison, Dane County, United Way Dane County, and CoC Board of Directors, and reviewed by the CoC Core Operating Committee. It was completed by analyzing various data sets, including FY2017 AHAR and System Performance Measures, 2018 Point in Time, and Housing Inventory Chart. Based on the projection, Dane County needs the following housing interventions for youth ages 18-24 in addition to the existing stock to meet the identified needs 11 PSH units for family households with parenting youth, 15 PSH units for individuals,

59 units of RRH or other housing interventions for parenting youth families; 131 units of RRH or other housing interventions for individuals; 37 emergency shelter or transitional housing for individuals. The 2019 Community Roadmap for Opportunity Youth was conducted by Operation Fresh Start (OFS), a nonprofit agency focusing on youth employment and member of the CoC's Committee to End Youth Homelessness, initiated a robust outreach and research effort in 2018, funded by the Hovde Foundation, to develop a Community Roadmap for Opportunity Youth.

Opportunity Youth refers to people ages 16-24 who need to be more engaged in education or employment. The report estimates that there are over 4,000 Opportunity Youth in Dane County. The community needs assessment process included data gathering and focus group conversations with 90 youth ages 16-24 and 20 community partners, including local businesses, education providers, nonprofits, the CoC members, workforce development organizations, Dane County, and the City of Madison.

The report finds that trauma, fear, and anxiety built through childhood experiences, including homelessness, food insecurity, and family-of-origin issues, are youth's main barriers to success. Over half of the youth respondents identified housing as an unmet need, making it the top resource. Other unmet needs identified include resource connections to food, mental health treatment, and transportation; career counseling assessment; driver's license attainment; and industry-specific, short-term employment training targeting young adults.

Very few prevention resources are available in Dane County for youth and young adults. Most resources currently available in Dane County are for those at imminent risk of homelessness or are presently homeless and consist of brief case management, eviction prevention, financial assistance, and housing navigation (only available when HUD Cat 1-4 Homeless). Of the available resources – legal aid, housing counseling, and financial assistance from various church groups (ranging up to $500 annually) most youth are unaware of their existence or how to access them. Additionally, there are very few prevention and intervention resources for youth in domestic violence situations that are experiencing homelessness and housing insecurities.

Addressing the needs of unhoused youth in domestic violence situations requires a comprehensive approach that involves various stakeholders. It is crucial to provide safe and supportive housing options specifically designed for this population. These services should offer not only a roof over their heads but also access to counseling services, educational support, healthcare, and job training programs. In response to this need, we will implement the Unhoused Youth Domestic Violence Initiative. Our Unhoused Youth Domestic Violence Initiative provides rapid rehousing and transitional housing for unhoused youth ages 17 to 24 in a domestic violence situation. To provide this level of support and services to our most vulnerable, Urban Triage will be purchasing a four-unit complex. One unit will house our staff dedicated to providing the level of support necessary to assist this vulnerable population with housing stability. Another unit will be used for training and other educational support services. The two remaining units will be 2- and/or 3-bedroom units to provide transitional housing for youth and youth-headed families.

In order to assist youth with housing stability, this initiative will provide housing support and case management services to youth surviving domestic violence ages 17 to 24 years old. This initiative helps to identify and overcome the barriers to housing stability for our most vulnerable population - unhoused youth in domestic violence situations. Youth surviving and/or fleeing domestic violence situations face numerous barriers to housing retention. These barriers can significantly impact their ability to secure

and maintain safe and stable housing. It is important to address these barriers in order to provide effective support and assistance to these vulnerable individuals.

Some of the key barriers that youth in domestic violence situations experience are financial constraints and resources necessary to secure stable housing; lack of affordable housing option; limited access to support services to help them navigate the challenges they face; lack of knowledge about services available to them; emotional and psychological trauma making it challenging for them to cope with the demands of independent living; lack of support networks; legal barriers such as evictions due to an abusive partner; transportation challenges or lack of reliable transportation to get them to access support services or maintain employment; and childcare responsibilities which can impact their ability to work or attend school, ultimately affecting their financial stability and housing retention.

In order to address these barriers and support these surviving youth with housing retention, it is crucial for comprehensive strategies and interventions to be implemented. These strategies should focus on providing financial assistance, increasing the availability of affordable housing, improving access to support services, raising awareness about available resources, and addressing the emotional and psychological needs of these youth.

Our initiative is committed to taking proactive steps to minimize or overcome barriers to housing retention. We recognize that housing retention is crucial for individuals and families to maintain stability and avoid homelessness. Therefore, we have implemented several strategies to address these barriers effectively.

Rapid Rehousing Units:
Rapid rehousing is an intervention designed to quickly move individuals and families experiencing homelessness into permanent housing. It focuses on providing short-term rental assistance, case management services, and connections to community resources to help households stabilize their housing situation. Our initiative is grounded in the Housing First approach and prioritizes providing immediate access to permanent housing without preconditions or requirements. This approach recognizes that stable housing is a fundamental human right and a crucial foundation for addressing other challenges individuals may face.

A larger barrier to many rapid rehousing and transitional housing programs is the lack of affordable housing in the Dane County area. Urban Triage has staff dedicated to building relationships with landlords and developers in Dane County. We have been doing this work for a few years successfully. These landlord and developer relationships are crucial to ensuring rapid rehousing initiatives like this are successful. We also have a team dedicated to providing outreach services to our unhoused population through our Unhoused Neighbors Initiative. We will hire an additional staff through these funds to manage these relationships for the youth involved in this initiative.

We currently support 3 rapid rehousing units through other programming. We plan to add an additional 5 units with this initiative. Our initiative will also provide time-limited financial assistance to cover rental costs such as security deposits, move-in expenses, and ongoing rental subsidies to reduce the cost burden for participants. This support will help participants bridge the gap between homelessness and self-sufficiency. Alongside rental assistance, we will provide intensive case management services tailored to the needs of each participant. We will hire 2 Transformative Case Managers to work with participants to develop individualized housing stability plans, identify employment opportunities, access healthcare services, connect with educational resources, and address any other barriers that may hinder

long-term housing stability. They will also facilitate access to supportive services, including mental health counseling, substance abuse treatment, job training, and childcare assistance. These services aim to address the underlying causes of homelessness and enhance individuals' ability to maintain housing stability.

Transitional Housing Units:
Transitional housing is another approach that helps individuals and families transition from homelessness to permanent housing. Unlike rapid rehousing, transitional housing provides a longer-term solution by offering temporary housing with supportive services. Urban Triage will purchase a four unit building which will provide transitional housing for participants. We will hire 1 staff to oversee these units to ensure participants are adhering to the specific rules and requirements participants in these units must follow. These rules may include curfews, participation in case management meetings, employment or education expectations, and adherence to program guidelines.

Participants will receive comprehensive supportive services and case management to address their underlying causes of homelessness. These services may include life skills training, employment assistance, mental health counseling, substance abuse treatment, and educational support. They will stay in these units for up to 12 months and receive these supportive services to work towards achieving their goals, such as securing stable employment or obtaining permanent housing.

Comprehensive Support Services:
One of the primary ways we tackle barriers to housing retention is by providing comprehensive support services to individuals and families. We understand that housing stability goes beyond just having a roof over one's head. Therefore, our initiative offers a range of services such as case management, trauma-informed care, financial assistance, employment support, peer support, and access to healthcare. By addressing the underlying issues that may lead to housing instability, we aim to empower individuals and families to maintain their homes successfully.

Collaboration with Community Partners:
We believe that collaboration with community partners is essential in overcoming barriers to housing retention. Our initiative actively engages with local government agencies, non-profit organizations, and other stakeholders involved in youth, domestic violence, housing, and homelessness prevention efforts. By working together, we can leverage resources, expertise, and knowledge to develop innovative solutions and provide comprehensive support networks for individuals at risk of losing their homes.

Education and Empowerment:
Another crucial aspect of our approach is education and empowerment. We understand that many individuals facing housing retention challenges may lack knowledge about their rights, available resources, or how to navigate complex systems. Therefore, our initiative focuses on providing education and empowering individuals with the necessary skills and information to advocate for themselves effectively. This includes workshops on tenant rights, financial literacy training, and assistance in accessing legal aid if needed.

Early Intervention and Prevention:
To minimize barriers to housing retention, our initiative emphasizes early intervention and prevention strategies. We strive to identify individuals or families at risk of losing their homes before they reach a crisis point. By intervening early, we can provide targeted support services tailored to their specific

needs, preventing homelessness from occurring in the first place. This may include mediation services, rental assistance programs, or connecting individuals with community resources.

Continuous Evaluation and Improvement:
Lastly, our initiative is committed to continuous evaluation and improvement of our strategies. We regularly assess the effectiveness of our programs and services to identify areas for enhancement. By collecting data, soliciting feedback from participants, and conducting research, we can refine our approach and ensure that we are effectively minimizing barriers to housing retention.

Our initiative will take proactive steps to minimize or overcome barriers to housing retention through comprehensive support services, collaboration with community partners, education and empowerment, early intervention and prevention strategies, and continuous evaluation and improvement. By addressing the underlying issues that contribute to housing instability and providing youth in domestic violence situations with the necessary tools and resources, we aim to empower them to maintain stable housing.

2. Describe your agency's overall quality improvement efforts. Please include how you solicit and incorporate feedback from program participants.

Urban Triage's mission is to transform culture, institutions, and communities to ensure a humane future. We recognize the importance of delivering high-quality services and are dedicated to continuously improving our processes to meet or exceed customer expectations. We are committed to quality improvement as it is not just a one-time effort but an ongoing commitment embedded in our organization's culture evidenced through leadership support, resource allocation, and employee engagement.

Program data is a critical tool for quality improvement efforts and measuring performance on client outcomes. By analyzing program data, we identify areas for improvement, track progress, and make data-driven decisions to improve the quality of support we provide. Our program data drives quality improvement efforts by identifying trends and patterns in client outcomes. For example, clients who receive a certain type of intervention have better outcomes than those who do not. This information supports us in making informed decisions about which interventions to prioritize and allocate resources towards. Program data is used to monitor and evaluate the effectiveness of specific interventions or programs. We track client outcomes over time, and we can determine whether their interventions are producing the desired results. If outcomes are not improving as expected, we adjust our approach or consider alternative interventions. In addition to improving client outcomes, we use data to enhance organizational performance and efficiency. By analyzing data on staff productivity, resource utilization, and other key performance indicators, we identify opportunities to streamline operations and reduce costs. Our program data is critical in driving quality improvement efforts and measuring performance on client outcomes. By leveraging the power of data analytics, we make informed decisions that improve the quality of care we provide.

Urban Triage has two years of experience working with HMIS (Homeless Management Information System) and partnering with organizations via our Unhoused Neighbors Initiative. We also have two years of experience working in the Neighborly database, which tracks data and meets client confidentiality requirements. Neighborly is used by the City of Madison and Dane County to track data and for treasury reporting. Additionally, we have our own Customer Relationship Management (CRM) database which we have been utilizing for almost four years to track data. All of the databases described

allow us to monitor, review, and correct data entry errors and support us in grant reporting and generating service reports, including utilization, and ensuring data security to protect confidential client information.

We value flexibility and meeting community members where they are. Evaluations help us achieve this. We review monthly staff meetings' outputs, inputs, and indicators to ensure accountability. We assess our programs and analyze the data using a SWOT analysis to determine what is working and what isn't and where we might need to pivot. Quarterly and annual evaluations help us monitor and improve our programming and executive team's efficiency and effectiveness. We review program personnel performance indicators in regularly scheduled, structured, and data-driven meetings. We rely heavily on data in our meetings and discussions but use non-quantitative information.

Surveys are one of the most popular methods we use to collect client feedback. We email surveys, post them on our website, and/or social media pages. These surveys often involve multiple-choice questions, rating scales, or open-ended questions. We also use focus groups as another way to gather feedback from clients. Focus groups involve bringing together a small group of clients to discuss their experiences with our organization. We also use customer reviews. They're a valuable source of feedback for us. Customers can leave reviews on our website, social media pages, or third-party sites like Yelp or Google Reviews. We use these reviews to identify areas for improvement and respond to concerns. Additionally, we monitor social media as another way to collect feedback from clients. Monitoring social media platforms like Twitter, Facebook, and Instagram allows us to see what individuals are saying about us in real-time.

An example of how we have incorporated the feedback received from our quality improvement efforts would be the creation of the Director of Compliance position. This position was created due to a SWOT analysis. We found that our staff needed help doing the work for the people, performing audits, training, and coaching staff. Thus, we made a position to ensure case management and compliance audits were being performed regularly (every 90 days), and structures and processes were created to ensure that staff could do the work with the people and not become overwhelmed with the paperwork. It also allowed us to delegate tasks under the umbrella of Operations to the Compliance Director, which provided the Operations Director space and time to coach staff more regularly. We have also created a position for Quality Assurance which provides staff coaching and training and supports the Director of Compliance. Our CEO/Founder leads our group case management, staff development, and in-house workgroup for staff. She also provides staff trauma-informed coaching, personal development, and personal change tools and skills. Her philosophy is that we can't model what it takes to be successful for participants and community members if we aren't doing the "down-and-in" (trauma recovery work) ourselves. She spends 3.5 hours with staff every week, addressing bumps in the road for clients and for staff. In addition, every week, staff are given homework assignments to support them in strengthening their communication skills and self-awareness. More than 80% of our staff are people we have served through our programming in one facet or another. We believe in employing the people we serve. They can connect with community members on a deeper interpersonal level, which is required to build trust and house people. One of our internal surveys found that our CEO must delegate some of her tasks due to the amount of work she takes on and the space she holds for others in order to support her not burning out.

Our Board of Directors also plays a crucial role in our quality assurance efforts. They provide guidance and advice to balance staff and community perspectives. This is accomplished through regularly scheduled, structured, and data-driven meetings to review performance indicators with program

personnel. We directly survey program participants, staff, executive leaders, and advisory board members and gather feedback from partners and stakeholders in key service sectors.

3. CoC-funded projects are required to comply with the Dane County Written Standards. Describe how the agency plans on ensuring compliance with the Written Standards including plans for internal review and monitoring of project policies and practices.

Urban Triage has developed a comprehensive plan to ensure compliance with the Dane County Written Standards (the "Written Standards"), which includes robust internal review and monitoring of project policies and practices. This plan is designed to promote adherence to the established guidelines and regulations, as well as to identify and rectify any potential non-compliance issues promptly.

To ensure compliance with the Written Standards, we have implemented an internal review process that involves regular assessments of the initiative's policies and practices. This process includes the following steps:

- Policy Development: We have established a dedicated team responsible for developing and updating initiative policies in accordance with the Written Standards. This team conducts thorough research and analysis to ensure that all policies are aligned with relevant laws, regulations, and best practices.
- Policy Implementation: Once the policies are developed or updated, we ensure their effective implementation across all initiatives. This involves providing clear guidance to our Unhoused Neighbors and Unhoused Youth teams on how to adhere to the policies and incorporate them into project management processes.
- Internal Audits: We will conduct regular internal audits to assess compliance with the Written Standards. These audits are carried out by our Quality Assurance staff who are not directly involved in the initiatives being reviewed. The staff evaluates various aspects of initiative policies and practices, including documentation, processes, and outcomes.
- Identification of Non-Compliance: During the internal audit process, any instances of non-compliance are identified and documented. These may include deviations from established policies or failure to meet regulatory requirements. The identification of non-compliance triggers further investigation and corrective actions.
- Corrective Actions: When non-compliance is identified, we take immediate corrective actions to address the issues. This may involve revising policies, providing additional training to staff, or implementing new control measures. The effectiveness of these corrective actions is closely monitored to ensure that they effectively resolve the non-compliance issues.

In addition to the internal review process, our agency has established monitoring practices to ensure ongoing compliance with the Written Standards. These practices include:

- Regular Reporting: Staff is required to provide regular reports on their adherence to this initiative's policies and practices. These reports are reviewed by designated staff within our organization to identify any potential non-compliance issues.
- Data Analysis: We utilize data analysis techniques to monitor compliance trends and identify areas of potential risk. By analyzing project data, patterns of non-compliance can be detected, allowing for proactive measures to be taken.
- Training and Education: Urban Triage places a strong emphasis on training and education to promote compliance awareness among staff. Regular training sessions are conducted to ensure

that all staff are well-informed about the Written Standards and understand their responsibilities in maintaining compliance.

- External Audits: Our organization engages external auditors or independent third-party organizations to conduct audits of our compliance practices. These audits provide an unbiased assessment of our adherence to the Written Standards and help identify areas for improvement.

4. All projects, including non-housing projects, must operate with the Housing First approach as described in the CoC Written Standards general requirements. Describe how the Housing First approach will be applied to the proposed project. Include aspects of project policies and staff training that can support the Housing First approach such as trauma-informed care and harm reduction.

Our programs are rooted in the Housing First assistance model that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. We believe that a homeless individual or household's first and primary need is to obtain stable housing, and other household issues can and should be addressed once housing is obtained. In contrast, many programs operate from a model of "housing readiness" — that is, an individual or household must address other issues that may have led to the episode of homelessness before entering permanent housing. How can people address other issues when they have nowhere to rest or to live? It's impossible.

Unlike any other nonprofit organization in the country, all contractors and employees of Urban Triage go through our trauma recovery, personal leadership, advocacy, and development training - "Supporting Healthy Families" (SHF). Our SHF workgroups cultivate and sustain an organizational culture of service, analysis, leadership, and action.

We will also conduct 14 days of training for staff who work with our housing stability programs and housing navigation. All staff members assigned to the Unhoused Youth Domestic Violence initiative will be trained on the program guidelines, contract language, federal requirements, trauma-informed case management, and strategies for housing navigation. During those 14 days, staff will also receive additional training on de-escalation. They'll learn verbal and nonverbal communication skills to slow the sequence of events, enhance situational awareness, and conduct proper threat assessments to reduce the likelihood of escalations into physical confrontation or injury.

Progressive engagement is what we do in all of our programs and initiatives. Staff assigned to this initiative will learn additional progressive engagement techniques when engaging clients over a longer period. They will also learn the magic of "what" questions versus "how", why or where questions when engaging in housing navigation, outreach, and case management. In addition, Urban Triage staff will offer resources and training for partner organizations to spread the word about our unhoused youth domestic violence services to ensure that other organizations can easily direct those seeking support.

In addition to the two-week staff SHF training, our staff meets weekly regarding our clients and provides weekly leadership training to leaders and all our staff using the SHF curriculum. Every Monday morning, our leadership team meets from 9:15 am to 10:30 am to set priorities, to check in about staff, and discuss anything else we may need to be aware of. We have our in-house SHF workgroup and group case management on Thursdays from 9:00 am to 12:30 pm. We also have leadership training on Thursdays from 1:30 pm to 3:30 pm. Training topics include coaching, de-escalation, LGBTQIA, differently abled, communication skills, policy guidelines, leading to cultivate leaders, and much more. In

addition, our staff will participate in group case management with clients two times per month or every other Saturday. SHF workgroup will be offered to clients, as well as in-person assessments and 90-day reviews. We're committed to the development and enlightenment of our staff and our clients. Most of our staff were our clients at one point. We're committed to their success the same way we're committed to the success of those we serve. We understand that our client's success is tied to how our staff shows up and their embodiment of transformational leadership and justice.

5. Describe key partnerships your agency has established that will help with implementation of this project.

Our work is deeply rooted in community partnerships, including the Homeless Services Consortium of Dane County which includes 92 member organizations and the Dane County Collaboration of Black Services Providers which includes 15 member organizations. In addition, we have connections to churches, food pantries, private landlords, Community Development Authority, and others. We have worked to develop trust and relationships within our community for years. Thus, individuals and organizations know they can come to us for support in various areas.

Our collaboration with the Youth Action Board (YAB), City of Madison, Institute for Community Alliances (ICA), Homeless Consortium agencies, LGBTQ Outreach, Freedom Inc, Fosters, Mt. Zion, Nehemiah, landlords across Dane County, the Beacon, Our Generations, Healing our Hearts, Anesis, Black Women Wellness Foundation, Madison Metropolitan School District (MMSD), UW Hospital physicians, Urban League of Greater Madison, Boys & Girls Club of Dane County, and many others provides us with the supports and direct access points required to support vulnerable populations with navigating systems, health care support, mental wellness support, job placement/training, and housing support during our programming and following exiting our programs. Our partnerships enable us to connect community members quickly to outside support and services. Our partnerships are essential in meeting the requirements of this NOFA.

6. What percentage of staff members identify as Black, Indigenous or a Person of Color?

Of our 22 current staff members, 91% identify as Black, Indigenous, or a Person of Color.

7. How does this program work against systemic racism and other structures of oppression?

Our program works against systemic racism by centering those we serve by starting with our staff. In addition to providing transformative education and trauma recovery. Our talent strategy is to hire staff based on their will, commitment to serving our community, and professional experience. We put a premium value on the lived experience of surviving poverty. While we live in a predominantly white city, we never have trouble hiring people whose background reflects that of our constituents. We always have more applicants than job openings. Additionally, our staff includes people with diverse gender identities and sexual orientations. We also make our agency more welcoming to people with diverse gender identities and sexual orientations through staff training and policies.

Urban Triage is founded and grounded in transformative education. Our curriculum, methodology, and organizational culture are designed "for the people, by the people." Everything we do, including our services, is guided by this principle and the needs of those most vulnerable. Urban Triage started as a grassroots organization by organizing and mobilizing people around State violence, including mass

incarceration, housing, and police brutality. As a transformative organization, our social capital and community trust were built from community work and community-led campaigns. Community movements and campaigns that made history and continue to this day include "FreeThe350" and "Build People, Not Jails". Our movement laid the foundation for who we are today as an organization. We organized community members and provided support for people across gender, class, and race. We were mobilizing one of the largest movements in the history of Madison, WI. The movement's work taught us how to remain revolutionary and not to bend our principles or goals because of how things appear to others or how it occurs in the context of politricks. It also taught us to work across systems, agencies, races, gender, and class. In addition, it taught us what true collaboration and partnership are. We also learned how to and the importance of providing support and engaging differently-abled people; it taught us to be human-centered. The work taught us that racism is not about race but power. As a result of what we've learned, we continue to unapologetically center those who are most vulnerable in our community - Black families, LGBTQIA, and youth.

We hire the people we serve, we hire from within, we promote from within, and we provide leadership training to those wanting to move up. We engage those we serve, and our programs are based on the needs of those we serve. We pivot our programming based on the needs of our community. This qualifies us to develop a people-focused, stigma-free, transformative program that engages, empowers, and inspires clients to self-actualize. No one can do what we do because no one has the history, the trust, the social capital, or the reach to engage and provide the services families need to stabilize, including our level of community partnerships and volunteer support.

Everyone employed with Urban Triage must take our Supporting Healthy Families Workgroup (SHF), designed to lead participants on self-discovery and personal change. All employees must do the trauma work within themselves as well with the understanding that we can't serve people or hold space for people experiencing traumatic events if we haven't done the work ourselves. Through movement work, we discovered what was missing--trauma recovery. We found we harmed each other greatly because we had yet to learn or practice self-awareness, nor did we learn how white supremacy characteristics showed up in us and how we projected them on each other. We were initiating anti-Blackness and upholding misogyny and patriarchy to eradicate white supremacy racism. Our Integrity is our number one value. We say what we mean and mean what we say. We deliver on our word. We are for the people, by the people. We are a Black woman-led organization. We provide community members the tools and skills to transform their lives and the resources to make it happen. All of this is required to increase the probability of permanent stabilized housing for vulnerable families.

8. How will this program and its practices be culturally responsive to the population(s) who participate?

Urban Triage is culturally responsive in all we do. Our organization is unapologetic in centering Black families and other vulnerable populations, their needs, and communities. Our programs include positive racial socialization strategies, messages, and techniques to help promote trust, social capital, and resilience in the most vulnerable communities. Racial socialization provides vital protective factors, including positive racial identity attitudes, self-esteem, and lower internalizing behaviors, including depression, anxiety, and anger. Our intentional framework moves marginalized populations from victims to victors with the support of those who look like them and have been in the same shoes.

Our staff is provided with personal development and personal change training, trauma recovery, wellness initiatives, and psychotherapy with the understanding that we must teach not only transformative leadership but also be transformative. We recognize trauma's role in an individual's life, including our staff. As such, all Urban Triage staff undergo our personal leadership, advocacy, and development training, "Supporting Healthy Families." This training cultivates and sustains an organizational culture of service, self-analysis, trauma-informed care, leadership, and action. The Workgroup experience equips staff with the skills needed to engage with individuals in a person-centered approach, utilizing a housing-first philosophy and the tools to practice and prioritize self-care to combat burnout and the effects of secondary trauma. The trauma-informed portion of the workgroup addresses the trauma experienced in an individual's life, the historical trauma faced because of racism, and how it impacts people's day-to-day lives.

At this time, Urban Triage employs 22 full-time and two part-time employees, with 91% of our staff identifying as Black, 86% identifying as women, and 14% identifying as LGBTQIA. Black residents of Dane County lead us. We understand how systems work within the county and the barriers that exist for nonwhite people as they navigate pervasive systemic and institutional racism. Ultimately, our work is relational, and we have built trust within the community because we understand people's experiences, allowing us to connect and better serve them.

Further, we develop our systems, programs, and outreach with an explicit goal of working to subvert and remedy the many factors that affect the ability of many to thrive, including systemic and institutional racism, economic disparities, and lack of utilization of services due to lack of cultural competency. We offer tools that help individuals understand and effectively navigate racist systems. We offer those tools to a diverse range of individuals, including white individuals, through our Co-Conspirator Workgroups and consulting services. Our services include anti-racism training, keynote, strategic planning, and program design. A commitment to social justice and racial equity is embedded in everything we do. We understand that transformation requires individual, system, and institutional change among all cultural and racial groups. The greater Dane County area knows Urban Triage as an organization that is for the people by people and community-centered. We are unapologetic in our love and support for the most vulnerable.

1. We'll ensure that all levels of the organization are involved in our Supporting Healthy Black Families workgroup, which provides analysis, tools, and skills for navigating systemic racism, including board members, staff, volunteers, and community members.
2. Our workgroups and our community engagement support us in our conversations, action plans, strategies, and goals. Our CEO facilitates our conversations. She's an expert in racism--providing consulting to other agencies, including government-led institutions, on system change theory, strategies, DEI, and systems change programming.
3. We make sure that our talk matches our walk. We get into the weeds and review not just our company policies for equitable treatment but also our daily operational practices with a racial equity lens.

9. What barriers does your project have for participation by Black, Indigenous and Persons of Color (e.g. lack of outreach)? What steps has your agency taken or will take to eliminate the identified barriers?

With housing programs, there are a number of barriers faced by Black, Indigenous, and Persons of Color, especially youth identifying as such. Numerous state-level reports have been recently published that support the deep need for prevention services targeting youth, specifically youth of color, parenting youth, and LGBTQIA2S+ youth. Though it is well documented that Wisconsin has an excessive history of racial inequity, it is often overlooked how detrimental racial inequity is specifically for Black and Brown youth in all aspects of life – health, education, employment, incarceration, mortality (including maternal morbidity and mortality) rates being among the most common. These reports and studies document the real-life impacts and cite stable housing and holistic services as foundational to positive outcomes.

 The 2022 Wisconsin Interagency Council on Homelessness published the Statewide Action Plan for Homelessness 2021-2023, which reported that Black Wisconsinites are nearly 11 times more likely to experience homelessness than white Wisconsinites. The Center on Wisconsin Strategy's 2019 report Race in the Heartland demonstrates the extreme disparities from Birth to the Ballot Box over a broad range of factors most notable infant mortality (Black babies are 3x more likely to die than white babies), child poverty (1 of 3 Black children live in poverty), 8th grade math scores (worst in the nation), out of school suspensions (Black students are 7.5x more likely than white students to face out-of-school suspensions – 2nd worse in the nation), employment (Wisconsin ranks worst in the nation for Black prime age workers with only 61% employed), Unemployment (Black Wisconsinites are 3x more likely to be unemployed – this is the worse disparity in the nation), income (Black Wisconsinites rank as the 3rd worst in the nation – annual White household income is just over $59,500 whereas Black households average $29,000 – nearly half that of White households), home ownership (only 27% of Black families own their homes whereas 70% of white households own – marking WI as the 8th worse in the nation for Black home ownership), voter participation (WI ranks as the 3rd worse in the nation for Black voter participation which is only preceded by the Dakotas). Over the last 40 years, opportunities and outcomes for Black residents have fallen below national averages, and the racial divide has grown. Closer to home, numerous published reports demonstrate how dire circumstances are here in Dane County for youth who experience or are at risk of experiencing homelessness.

We are dedicated to meeting people where they are with kindness and non-judgment to strengthen and heal Black and other vulnerable people. We center cooperation and build relationships to meet the needs of Black and other vulnerable people and demonstrate respect for clients, community, and partners. A recurrent theme that has emerged since the Youth Action Board (YAB) was created is that youth voices have not been centered or even taken seriously. This is not an issue only in our community, but it is one we strive to correct. We strongly believe that people are the experts on their needs, which leads to sustainable solutions through utilizing strength – put, the power of people is the solution. By centering youth – For Us. By Us. positive outcomes are inevitable.

Urban Triage is culturally responsive in all we do. Our organization is unapologetic in centering Black families and other vulnerable populations, their needs, and communities. Our programs include positive racial socialization strategies, messages, and techniques to help promote trust, social capital, and resilience in the most vulnerable communities. Racial socialization provides vital protective factors, including positive racial identity attitudes, self-esteem, and lower internalizing behaviors, including depression, anxiety, and anger. Our intentional framework moves marginalized populations from victims to victors with the support of those who look like them and have been in the same shoes.

Our staff is provided with personal development and personal change training, trauma recovery, wellness initiatives, and psychotherapy with the understanding that we must teach not only transformative leadership but also be transformative. We recognize trauma's role in an individual's life,

including our staff. As such, all Urban Triage staff undergo our personal leadership, advocacy, and development training, "Supporting Healthy Families." This training cultivates and sustains an organizational culture of service, self-analysis, trauma-informed care, leadership, and action. The Workgroup experience equips staff with the skills needed to engage with individuals in a person-centered approach, utilizing a housing-first philosophy and the tools to practice and prioritize self-care to combat burnout and the effects of secondary trauma. The trauma-informed portion of the workgroup addresses the trauma experienced in an individual's life, the historical trauma faced as a result of racism, and how it impacts people's day-to-day lives.

Additionally, we have implemented the following in order to support participants and eliminate the identified barriers above:

Outreach and Engagement
Outreach and engagement strategies support us in reaching underserved and vulnerable populations to reduce barriers to accessing services. We engage in targeted outreach to communities that face barriers to accessing services, such as communities of color or low-income communities, including partnering with community-based organizations and engaging potential participants with culturally relevant messaging and materials.

Fair Housing Compliance
Ensuring compliance with fair housing laws is essential to ensuring nondiscrimination in the delivery of services. We provide training to staff on fair housing laws and regulations, and our policies and procedures ensure that services are delivered nondiscriminatory.

Currently, Urban Triage employs 22 full-time and two part-time employees, with 91% of our staff identifying as Black, 95% identifying as women, and 14% identifying as LGBTQIA. Additionally, we have bilingual staff to assist individuals in their native language. Black residents of Dane County lead us. We understand how systems work within the county and the barriers that exist for nonwhite people as they navigate pervasive systemic and institutional racism. Ultimately, our work is relational, and we have built trust within the community because we understand people's experiences, allowing us to connect and better serve them. WE also use partner agencies to support non-English-speaking community members.

10. **FOR RRH Projects** – Please describe the method the project uses for providing rental assistance (progressive engagement, flat fee for all participants, tiered payments, etc) and the rationale for this approach.

Urban Triage currently uses a progressive engagement approach when working with our program participants. Progressive engagement is a person-centered approach to ending someone's homelessness. It is based on tailoring assistance to each individual or household's needs and assessing what works best for them, with their specific strengths, and in their specific situation. It starts by helping people with their immediate needs, in order to stay housed. Therefore, our rental support and housing programs prioritize those most in need. In doing so, we also ensure that we are working with agencies who are doing the work. Our housing programs fill service gaps and address the needs of our most vulnerable neighbors. In order to support those most vulnerable, we take a holistic and individualized

approach based on self-sufficiency and draw on our extensive network, community reach, and social capital to provide rental support and housing services.

Our process starts with an initial assessment of the individual or family's housing situation and needs. This assessment determines the level of assistance required and identifies any additional support services that may be beneficial. Next, we provide immediate short-term rental assistance to prevent eviction or homelessness which may include emergency funds to cover rent arrears, utility bills, or security deposits. The goal is to stabilize the housing situation and ensure that individuals and families have a safe and secure place to live. Next, we provide immediate relief and begin focusing on addressing the root causes of housing instability through longer-term interventions. This may involve connecting individuals and families with case management services, employment support, mental health counseling, substance abuse treatment, or other relevant resources. This comprehensive approach aims to empower individuals and families to regain stability and self-sufficiency. It recognizes that rental assistance alone may not be enough to break the cycle of housing insecurity and aims to address the underlying issues that contribute to homelessness or housing instability.

Our housing programs (Unhoused Neighbors Initiative, Unhoused Youth Initiative, and Rental Support Programs) aim to place participants in permanent housing, offer them access to resources, and empower them to stay in housing. The strength of our program lies in our existing relationships in our community, social capital, and community work. We are trusted, so people engage with us differently than other nonprofits. We aim to house people quickly, increase self-sufficiency, and keep them housed. Resources and services are tailored to each individual's needs as part of our rapid re-housing program without regard to employment, income, criminal record, or sobriety.

The services we provide to program participants include housing identification and landlord negotiation assistance, short-term rent and move-in costs, and rapid re-housing case management and services. Our program is based on evidence-based models of RRH that include housing identification, rent, and move-in assistance, and intensive case management support for individuals and families experiencing homelessness to obtain and maintain permanent housing. We have shown that our model reduces homelessness and improves housing stability. The majority of our program participants leave homelessness permanently. Intensive case management has also been critical in helping individuals and families overcome barriers to housing stability, such as employment and health-related challenges.

11. **For PSH Projects** – Please describe any resources, formal partnerships or best practices the project has to serve participants with the most severe needs.

N/A

12. How did you hear about the CoC funding opportunity? (INFO ONLY)

City of Madison

BONUS POINTS
    PSH and RRH projects that leverage housing and healthcare resources are eligible for up to 20 bonus points. For housing leverage, please attach a letter of commitment, contract, or other formal documents that demonstrate the number of subsidies being provided or units being provided to support

this project. For healthcare leverage, please attach a written commitment that includes the value of the commitment and dates the healthcare resources will be provided.

Information for Bonus points, from p. 103-104 of the NOFO

Leveraging Housing Resources: CoCs will receive full points by demonstrating that they have applied for at least one PSH or RRH project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs. The CoC must demonstrate that these housing units will:

-in the case of PSH, provide at least 25% of the units included in the project

-in the case of RRH, serve at least 25% of the program participants anticipated to be served by the project

Housing leverage can come from the following sources: private organizations, state or local government (including through the use of HOME funding provided through the American Rescue Plan), Public Housing Agencies (including through the use of a set aside or limited preference), faith-based organizations or federal programs other than the CoC or ESG programs.

Leveraging Healthcare Resources: CoCs must demonstrate through a written commitment from a healthcare organization that:

-in the case of a substance use disorder treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify an choose those services; or

-the value of assistance being provides is at least an amount that is equivalent to 25% of the funding being requested for the project, which will be covered by the healthcare organization.

Sources of healthcare resources include: direct contributions from a public or private health insurance provider to the project (e.g. Medicaid) and provision of health care services by a private or public organization (e.g., Ryan White funded organization) tailored to the program participants of the projects.