



**Unsheltered NOFO Continuum of Care
New Project Application**

Agencies that apply for funds through the CoC Unsheltered Funding Process must complete an application for each program in E-snaps. In addition, agencies must complete this New Project Application for each program.

This form is due on **September 20, 2022 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 EACH project.

Agency Name	Madison Area Care for the Homeless (MACH) OneHealth dba Madison Street Medicine
Project Name	Unsheltered Rapid Rehousing

Project Contact Name	Brenda K. Konkel
Phone Number	608-676-7826
E-Mail	brenda@machonehealth.org

Funding Request	\$692,093
Proposed # of Units	10
Proposed # of Beds	10

Threshold Criteria	
Does the agency have any outstanding HUD monitoring findings? If yes, please provide explanation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the project comply with the CoC Interim Rule 24 CFR 578 ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 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 on becoming an HMIS agency by the YHDP project implementation 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 Unsheltered CoC NOFO.

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

CHNA - On a regular basis, we conduct a Community Health Needs Assessment. We ask a series of questions to people experiencing homelessness that are used to help develop new programs and evaluate existing ones. The surveys are administered by people who recently or currently are experiencing homelessness; we pay the survey administrators and the people who take the survey.

Hire people with lived experience - We have 1 - 3 people with recent lived experience of homelessness that work with us doing outreach and other activities, including being in our sociocratic decision making meetings in the areas where they work.

Sociocracy - Our agency uses sociocracy where the people who are doing the work meet at least monthly to discuss their work, identify areas for improvement and debrief on interaction. We

often hear comments about our work from the our clients and this is a time to bring up that feedback and make adjustments to our work based on that feedback.

PDSA - We are working with a volunteer that works in health care quality improvement to teach our staff about PDSA which is a healthcare quality improvement tool that we learned about through Built for Zero and we are planning to utilize this tool in various aspects of our programming.

Surveys - We do informal feedback surveys at our Foot Care Clinic.

2. 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.

We have multiple ways we ensure compliance with written standards

- Training - we do internal training in addition to the training done through ICA. We meet weekly with our staff in their key program areas and incorporate training there.
 - Policies and procedures/guides - We currently have guides in each of our program areas that are available to workers online to consult with on a daily basis. Those guides contain SOPs as well as screenshots to guide staff through various processes.
 - Forms and Templates - We use google to hold templates and forms and checklists that are essentially guides to ensure that if they are completely filled out, we are in compliance with written standards.
 - Client Case Conferencing - We do weekly case conferencing in all our programs to ensure we are meeting the needs of our clients
 - Circle meetings - We do periodic trainings during our circle meetings and aim to review our reports from Clarity on a monthly basis..
 - Supervisor review - We periodically check our files to ensure that we are ready to be audited and catch any on-going issues that may arise. Especially for newer employees.
3. 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.

We are 100% behind the Housing First approach. We will follow all the written standards (as modified for this SNOFO) and go beyond when we can. We will just take the next person on the list who is experiencing unsheltered homelessness without any further screening. Our goal is to get people into housing as quickly as possible. We plan to truly implement progressive engagement and continue engaging with people for at least 6 months after they get into housing.

Our staff are very focused on trauma-informed care, meeting people where they are at (literally and figuratively) and keeping the client at the center of everything we do. It's the Street Medicine model. We also have more experience with harm reduction than we ever thought we would be doing. We are partners with Vivent Health and get and distribute many supplies from

Vivent Health and Madison/Dane County Public Health. All staff are trained in narcan and we provide on-going training on substance use issues as needed.

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

At the time of application we have received word that CDA will have vouchers available for this project, we will continue negotiations with them for roughly 5 vouchers. Due to Dairy Drive we have a close working relationship with Kabba Recovery Services for those who may be interested in substance use disorder assistance. We can work with Second Harvest to help provide food as needed due to our connections at Dairy Drive. We have good relationships with Legal Action of Wisconsin and Tenant Resource Center if our clients have issues with their leases (in addition to our Executive Director being an expert in WI tenant-landlord law.)

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

Madison Street Medicine has 15 staff persons plus two VISTA volunteers and an intern. Of the 17 people it breaks down like this:

- 5 full-time administrative, 3 staff, 2 VISTA volunteers - 1 person of color (20%)
- 3 medical, 2 full-time staff, 1 intern- 1 person of color (33%)
- 4 outreach staff, 3 full time, 1 lived experience part-time position - 1 person of color (25%)
- 6 Dairy Drive Staff, 4 full-time, 2 part-time - 4 people of color (66%)
- Total - 18 personnel, 7 people of color (38.8%)

We also have over 85 volunteers, primarily medical volunteers.

6. How does this program work against systematic racism and other structures of oppression?

This is a new program, but because of the strong experience with tenant-landlord law, as well as Fair Housing Laws, we plan to work with our clients to file fair housing complaints when we spot fair housing issues if they are interested. This may also result in monetary compensation for our clients.

We will be strong advocates for our clients with landlords that discriminate and avoid re-traumatization with clients if we know certain landlords are particularly known to discriminate.

We will also help our clients find housing in the areas of town that are best for them, not just areas where people of color tend to be steered.

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

We have a strong focus on building trust and rapport with our clients, and listening to what they feel they need and learning from our clients instead of making assumptions. We put the person at the center of their care, working with them instead of for them. If we are having issues with building rapport we may change which worker they are working with. We have staff who speak

Spanish and can access the language line if needed for other languages. We are currently working on learning more about narrative medicine and many of the concepts there fit with the work we do.

We also have a group of workers who are in an anti-racism circle that continuously reflects on the work we do and other ways we can be more culturally conscious, being careful to avoid just ticking boxes, but making our in this area tangible and real.

8. 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?

Since this program will take from the top of the RRH list for those who have experienced unsheltered homelessness, we don't have much control or abilities to impact participation in terms of outreach, but we do have outreach programs where we strive to ensure that people have a VISPDAT and get enrolled in the coordinated entry program to get a referral for RRH. We also have become very vigilant about making sure that even if people are not enrolled in our program, we are recording our unsheltered homelessness contacts so that people may qualify for this program.

Since the program hasn't started, we do not know what ways we will see barriers, but we will ensure that our the project staff works with our Anti-racism Circle (currently there are several overlapping members) to participate in Madison Street Medicines anti-racism efforts and examinations of our programs.

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

Emails from CoC Coordinator (Torrie), various HSC meetings