



**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	Outreach Coordinator

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

Funding Request	\$246840
Proposed # of Units	0
Proposed # of Beds	0

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 training 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.

Madison Street Medicine is very involved in the HSC Outreach Committee and Outreach Case Conferencing. We built the spreadsheet that is currently being used. We also are dedicating staff time to keeping the spreadsheet updated. Our staff co-chair those meetings and do the data entry during the meetings. These meetings are vitally important because we track who has VISPDATs and is enrolled in Coordinated Entry, we examine who has the PSH paperwork completed and alert Outreach workers when their clients are at the top of the RRH list. All of these things are dedicated to getting people quickly rehoused.

Having said that, there still is much room for improvement. We will ensure that our staff are trauma-informed, educated about motivational interviewing, and follow best practices for coordinated entry and Housing First. This project will ensure that people who reach out to us are connected to outreach workers who will make sure people complete the VISPDAT and are

enrolled in Coordinated Entry. Our hope is also that our staff can work with ICA to clean up data where needed and to make sure that the people we have on our by-location list have their data entered properly - which will lead to them being housed faster.

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

Madison Street Medicine works most closely with the following outreach programs - Catalyst for Change, Tellurian, VA, Meriter HEALTH and we attend weekly meetings with Briarpatch and other RRH programs (Lutheran Social Services, CAC), Equus (Hotels to Housing), Focus (City TBRA program) and the jail staff. The meetings also include the CoC Coordinator and sometimes the City of Madison and Dane County. We help chair these meetings, coordinate the case conferencing spreadsheet and suggest improvements to the processes this group uses. ICA coordinates the PSH and RRH tabs of the spreadsheet and the CoC Coordinator helps manage the EHV tab. While this coordination is going ok, we believe this grant will help ensure that the outreach teams are working in a more coordinated fashion.

We also have relationships with Safe Haven, Off the Square Club, the Beacon, The Salvation Army and Bethel. These relationships will be key in reaching out to people. We are also developing relationships with the central district police to assess where we can better work together.

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?

In implementing this program we will be diligent to ensure that we are not creating systems that have systemic impacts based on race. We will review data to evaluate if the people getting into the program reflect the same race as the population we are serving in unsheltered homelessness. We will work with ICA and the Core Committee to evaluate any impacts we may be having based on race. Theoretically, if done right, we should be creating a system that is more objective and eliminates the types of systemic racism that can happen in various systems.

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, listening to what they

they need, and learning from them instead of making assumptions. We put the person at the center of their care, working with them instead of for them. We are currently working on learning more about narrative medicine and many of the concepts there fit with the work we do. Our intake person will use these skills when people are reaching out for services. The staff person will explain the options people have for outreach services and give the client the choice of agencies to get the referral. We have staff who speak Spanish and can access the language line if needed for other languages.

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?

We think outreach and advertising will be very important. We also are ready to have mobile intake hours at other locations if needed. One of the main issues we hear in the community is “I didn’t know.” So we will make sure we don’t just do advertising/outreach about the programs in the beginning, but continue it throughout the project, both to clients and service providers since there is high turnover in these jobs.

We will make sure that people can call, contact us electronically and walk into our office - allowing for all types of ways to contact us.

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

Emails from CoC Coordinator (Torrie), various HSC meetings