FY2024 Continuum of Care
Special Renewal Project Application

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snaps. In addition, agencies that are applying for a special renewal of a project must complete this application.

This form is due on **Wednesday, September 25, 2024 at 3 PM** 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	Urban Triage
Project Name	**Unhoused Youth Domestic Violence Initiative**
Project Type	___Permanent Supportive Housing(PSH) ____Rapid Rehousing (RRH) _x__Joint TH-RRH

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

Funding Request	$207,681
Proposed # of Units	7
Proposed # of Beds	14

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?	_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 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. Describe your organization's (and sub-recipient(s) if applicable):
   a. Experience in effectively utilizing federal funds and performing the activities proposed in this application

Urban Triage has effectively utilized federal funds and performed the activities proposed in this application since 2016. Most recently, Dane County selected Urban Triage as the exclusive partner to administer approximately $22 million of rental support to non-City of Madison residents through the Dane CORE 2.0. The Dane County CORE 2.0 collaboration with the City of Madison, Community Action Coalition, and Tenant Resource Center provided us with the resources to support landlords and build partnerships. It also provided us with the infrastructure to quickly expand our housing support to meet the requirements described in this application. We offered monetary support, including rental arrears and security deposits. We have the process down for serving our community efficiently. We have served more than 2400 families in the last 12 months, moved more than 307 families from unhoused to housed, and distributed more than $10 million in rental support to residents of Dane County, excluding the City of Madison. We also receive funding from the Roots & Wings Foundation, which allows us to provide resources to those who don't qualify for other housing programs, fill in gaps in funding, and match grants.

The CORE program provided Urban Triage with the opportunity, the wherewithal, and the infrastructure to support community members in obtaining housing, including processing payments and providing landlords and tenants with navigation support and advocacy.

Additionally, Urban Triage has provided housing, outreach, and rental assistance services to Dane County residents since 2016. Due to the increased need for services for unhoused youth, we pivoted our service focus in 2022 to develop robust youth-focused housing services and support programming. Our work is deeply rooted in community partnerships, including the Homeless Services Consortium of Dane County (HSC). We actively participate in training offered via HSC; we attend committee meetings, outreach conference meetings, planning committees, and other meetings. We are a sub-recipient of CoC funding via the Institute for Community Alliances (ICA), which manages the HMIS database. Our work as a subrecipient includes Homeless Outreach and chronic documentation support for those who experience chronic homelessness. Our partnership with ICA aims to support vulnerable populations in obtaining the necessary documentation to secure housing, including voucher programs, and enrolling community members into the coordinated entry system.

Our current housing programs follow CoC written standards, including determining and prioritizing which households will receive Rapid Rehousing (RRH) assistance, how income is calculated, and deciding what percentage or amount of rent each RRH program participant will pay. We also follow the support service requirements for RRH in the written standards of our Supporting Healthy Families Workgroup (SHF) and collaborations. Our workgroups are designed to provide

community members with the skills and knowledge to navigate systems and internal scripts that often keep individuals from achieving their personal goals. Utilizing trauma recovery and psycho-education, we move community members from being recipients of support to self-actualization and self-sufficiency and supporting them in identifying the brain structures that too often get in the way of self-development due to trauma and poverty. Our support services, including our workgroups (which act as group case management), are optional and incentivized with stipends supported by other funding sources (United Way).

Recently, we have partnered with the Youth Action Board (YAB), Homeless Services Consortium (HSC), The Road Home, LGBTQ Outreach, and the City of Madison to launch our Unhoused Youth Initiative that aligns with the Unhoused Youth Domestic Violence Initiative in this application. YAB chose us as the primary lead agency as they believed that we stand for and embody the attributes required to carry out the work. The initiative allows us to serve youth ages 17 1/2 to 24 years old experiencing homelessness, imminent housing insecurity, sexual violence, domestic violence, mental health crises, and other traumas associated with housing instability and homelessness. Youth are encouraged to participate in our Supporting Healthy Families workgroup, which meets weekly.

The Unhoused Youth Initiative, a testament to our commitment and success, is comprised of three (3) components:

- Scattered Transitional Housing Units: Urban Triage will lease two apartment units in our name and, under this grant agreement, provide housing to unhoused youth or youth experiencing imminent housing insecurities. We also offer wrap-around support and case management.
- Rapid Rehousing: Urban Triage works with landlords and property management companies to house youth. We pay a percentage of their rent until they're stabilized and provide case management services.

We've provided Homeless outreach services for the last 3.5 years via ESG and EHH funding and our sub-contract with ICA. In the previous 3.5 years, we've supported over 2,500 community members and provided them with essentials, hot meals, navigation support, case management, and permanent housing. Out of those community members, we've permanently housed 454 members considered homeless, as defined by HUD, by leveraging partnerships we developed through CORE 2.0 and community organizing. Based on our experience, we determined that one of the most significant gaps in services is youth services, and more specifically, youth surviving and fleeing domestic violence and sex trafficking. As a result, our proposal centers on those who are vulnerable to, surviving, and fleeing sex trafficking and domestic violence

We pride ourselves on centering programming around the Housing First model and transformative education, including our work with CoC programming. We focus on individual needs and prioritize individuals with severe service needs for the most intensive interventions. We believe that an unhoused individual needs stable housing.

Participants of the Unhoused Youth Domestic Violence Initiative will receive supportive services up to 6 months after their time has expired in RRH. They will continue to have access to other resources offered through Urban Triage, including fresh organic produce from our farm during the growing season, advocacy support, access to entrepreneurship programs, direct access points to resources, and referrals.

We deeply understand the housing programs available to vulnerable populations, and we know the gaps in services and how to center the most vulnerable Black and LGBTQIA youth. In addition, we are deeply rooted in our community. Giving us the ability to maneuver within communities and systems differently than others. We have the history, knowledge, support, and trust of the people we serve because we are the people we serve. 90% of all Urban Triage employees are people we serve, and 70% of our staff have lived experiences as homeless youth, including our CEO/Founder. Our knowledge includes understanding how to manage and coordinate program eligibility criteria, application processes, and requirements. And ensure all HUD standards are met in financial reporting and case management in HMIS. We recently had an audit done by ICA on all our HMIS programs, which included EHH Outreach, Chronic Documentation (Coordinated Entry Outreach and Engagement), and our RRH Dane County program. We passed all client file audits. There were a couple of areas of improvement regarding signage in our office and computer passwords. We did well for an organization new to the work and HUD standards (3 years or so) and our first-ever audit. In addition to our partnerships with agencies within the Homeless Consortium, we also have experience building relationships with landlords and partnerships with property management companies that house those we serve; in addition, we have a long history in Madison and the Dane County area in working with and serving youth in social justice organizing around housing campaigns and the criminal justice campaigns in addition to the work we do in partnership with MMSD schools which are rooted in housing and connecting families and youth to resources and education (supportive services) which supports this RFP.

Our experience with domestic violence correspondence with our work within the community. Because we center on the most vulnerable, we have supported families and youth fleeing from domestic violence (DV). Currently, 33% of all clients we support are fleeing DV situations or are presently in DV situations. These numbers were self-reported. And what we know based on youth or children who are not reporting is that over 15 million children in the United States live in

households where partner violence has occurred at least once in the last year. This statistic highlights the widespread nature of domestic violence affecting youth. What we also know from the data is that 1 in 6 children under the age of 17 has witnessed a parent being physically assaulted in their lifetime. For older adolescents aged 14 to 17, this figure rises to 1 in 4. These statistics suggest that many youths are exposed to domestic violence situations without necessarily reporting them. It is reasonable to infer from existing data that a substantial portion of those living in violent homes do not disclose their experiences. Given that approximately 30% to 60% of intimate partner violence perpetrators also abuse children in the household, it can be deduced that many youths are involved in these situations without self-reporting. And these numbers double when youth are Black and/or LGBTQia.

Urban Triage is uniquely positioned to support homeless youth who are involved in DV situations due to our connections, youth community trust, relationships, social capital, and our current work within HMIS and CoC programs.

Case Management Expertise: We have experience providing transformative case management services to vulnerable populations, including those served with this initiative. This expertise includes assessing client needs, developing individualized service plans, and providing ongoing support and guidance to clients. We also have the social capital and trust of the most vulnerable populations. This allows us to provide support and coaching to community members with transformative results. Our current ratio is 10:1, with case management services ending when participants are housed or up to 12 months if deemed necessary and applicable based on the grant agreement.

Housing Assistance Experience: We have experience providing housing assistance services, including expertise in identifying suitable housing options, negotiating with landlords, supporting landlords and tenants, mediating breakdowns, educating landlords and tenants, and providing financial assistance to help clients secure and maintain housing.

Knowledge of Fair Housing Laws: We deeply understand fair housing laws and regulations, including the protected classes under the Fair Housing Act and Civil Rights Act and the requirements for nondiscrimination in the delivery of housing services. Over the last year, we've placed hundreds into permanent housing—people in imminent danger of homelessness, chronically homeless, etc. Of these, 75% of participants are still housed. We have the infrastructure, the experience, community partnerships, buy-in from the community we serve, and a great working relationship with Dane County. We managed the 2nd most significant contract in Dane County without misplacing a cent and meeting all deliverables. We provided the fastest turnaround time for processing applications and responding to inquiries. We're excellent at cultivating innovative approaches to community members' obstacles; we offer multiple avenues for community members to engage with us.

We have secured 6 units for Rapid Rehousing for our youth programming and will secure an additional 7 units with this funding. We are already in communication with landlords who have agreed to provide units for the Rapid Rehousing component of this initiative. We aim to achieve a housing stability rate of at least 80% for participants and a return to homelessness rate of no more than 20%. These performance measures will evaluate the program's effectiveness and ensure we meet vulnerable populations' needs. Our processes and structures will ensure clients feel heard, accepted, and not judged. We understand diverse cultures and incorporate the relevant needs of culturally diverse groups and people who are differently abled into our practices. We know the value of an interdisciplinary approach to supporting folks who are surviving poverty. To be successful, a case management plan must thoroughly and critically examine community resources to determine what forms of assistance are available and how case management efforts can help clients attain necessary aid.

In addition, we do outreach to verify resource availability and the effectiveness of our programming. To gauge the effectiveness of our case management, indicators of "success" are defined by benchmarks to measure the case management process, for example, recording how often a client shows up or is engaged and how long it takes us to get high-barrier individuals housed. We also, effective 10/1/2024, are requiring all staff to use Zemedsk for all incoming and outgoing calls. This is for auditing calls and outcomes. In addition, all case managers must make physical contact 1/month for all clients. Since launching our Rapid Rehousing Program in partnership with Dane County and the City of Madison for the YHDP project, we've had time to evaluate what we're doing well and where improvement is needed. Answering the questions, "What are case managers doing, and how does their practice conform to the benchmarks?" Methods of such documentation include maintenance of a simple staff log procedure that measures case managers' activities by contact; reviews of case manager client records to evaluate how service planning and referrals adhere to benchmarks; interviews of case managers, clients collecting information on activities in which case managers engage, to identify how clients' and case managers' views of case management activities differ; analysis of data from our CRM (to examine patterns on the type, number, and duration of case manager contacts with different target populations). Based on these evaluations, we learned that all calls in and out must be recorded for reference, coaching, and development. We also learned the importance of weekly audits of calls and files to ensure and maintain compliance and for training purposes. In addition to

what we learned, our staff requires additional case management training about documentation and coaching clients vs. asking questions and documenting their answers. Our clients need more intensive hand-holding-- as such, we've revamped our training and processes, which will be effective 10/1/2024.

As we prepare to onboard new coordinators. New methods include SMART goals, mandatory referral to our SHBF workgroup, and mandatory documenting of goals set, progress made, and actions taken during each interaction with the client. We also established a goal per department for sending referrals to resources and other agencies. Quarterly bonuses will also be offered effective 10/1/2024 to be covered by unrestricted funding to incentivize the housing of families and youth. As we've discovered, our staff's trauma and challenges with housing become retraumatizing for them at times. For them to check on clients due to their triggers and experiences and clients' trauma too often projected onto the staff. As an organization, the intensive case managing of clients is new to our team. It will take additional support and unpacking as we employ the people we serve, which comes at times with unexpected challenges that we take on gladly. We've found that our staff does well with soft touch case management, such as outreach, chronic documentation, and housing navigation; we're excited to have done the work to know where we stand and what areas need improving. In addition to the incentive, we now offer mock case managing training every Thursday and make group case conferencing on Wednesdays mandatory for staff.

        b.   Experience in leveraging Federal, State, local, and private sector funds

Urban Triage (UT) uses grants we receive and those we have written to encourage giving by individual donors, foundations, and businesses. As an organization, UT values flexibility, agility, and creativity. We recognize that to serve the most vulnerable effectively, we must be adaptable and innovative.

We leverage county funds as matches for HUD funding and use Foundation funding to supplement programs and cover budget gaps. In addition, we use HUD funds to demonstrate the needs and the gaps in housing stability, which encourages private donors to support housing stability and prevention as HUD and other grant funding is restricted to those defined as homeless.

Through our unique approach to advocacy and activism for Black lives, we have successfully overcome many of the challenges posed by COVID-19, leveraging grants, our social capital, and community reputation.

Over the past eight years, we have built our community work, credibility, strategic partnerships, direct access points, and a committed team of 50 volunteers and advocates for UT within institutions. This allows us to navigate systems and complex processes while leveraging state, city, and federal grant funds. Fundraising is no exception. We continuously evaluate our fundraising campaigns to identify what worked and what didn't and adjust our tactics as needed to ensure maximum impact. At the same time, we are using private and unrestricted funding to cover the cost of events and matches to raise funds for budget gaps.

For example, we have found that standard bulk mailings (such as annual and spring appeals) do not inspire our donors to give. What motivates them are online campaigns, in-person events, and email appeals. As a result, we have hired a marketing consultant to help us strategize to enroll more online supporters as recurring donors and volunteers. We recognize the importance of leveraging our 3.1 million engagements on Facebook. We host Facebook Live events with a direct call to action and engage on all social media platforms through strategic and consistent branding.

We have also shifted to strategically utilizing our direct access to institutions, including hosting private donation events with allies within institutions and targeting organizations and donors based on the programs we run. Our community events, as well as other events, cultivate new donors and volunteers. Our approach prioritizes creativity and non-traditional methods. It is based on addressing anti-Blackness in the work while simultaneously engaging in solutions focused on Black people with lived experience. We are providing solutions to the challenges of nonprofit work by centering our achievements and deliverables being met by those we serve and by predominantly Black people.

        c.   Financial management structure (15 points)

Our Board of Directors is responsible for our organization's financial oversight. They ensure that we adhere to the mission while maintaining fiscal responsibility. Within our board, there is a designated Treasurer who specifically oversees financial matters. The treasurer is a member of our Board and is critical in monitoring our organization's finances. She approves budgets, oversees financial reports, and ensures compliance with legal requirements. We do not

have an internal CFO. We employ Kollath CPA to act as our CFO and accountant. They are responsible for working with our Board and Program Director. Developer and CEO in developing financial strategies, managing budgets, forecasting cash flows, and providing insights into financial performance. We have an internal Bookkeeper who manages daily financial transactions, including accounts payable and receivable, payroll processing, and record-keeping. She ensures accurate data entry and maintains up-to-date financial records. As mentioned, Kollath acts as our accountant, performing higher-level functions such as preparing financial statements and ensuring compliance with accounting standards like GAAP (Generally Accepted Accounting Principles). They also provide analysis that informs strategic decision-making. We employ Vesta CPA to perform our yearly single audit. We also have a finance Committee within our board to focus on specific aspects of financial management. This committee includes board members with expertise in finance or accounting who guide budgeting, investments, and risk management. In addition, all payments must be reviewed by three different people before approval and processing. All rental assistance payments must go through our compliance department to ensure that the risk of fraud is mitigated. All purchases outside the budget of over 5k have to be board-approved.

2. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention. (20 points)

Many individuals and families facing housing insecurities struggle with financial burdens and encounter difficulties in finding rental units due to various reasons such as eviction records, involvement in the justice system, low income, disabilities or mental health and medical needs, and poor rental history. With its unique human-centered approach, Urban Triage has built strong relationships with landlords who are willing to accommodate our clients. As a result, we have housed 23 families with a history of chronic homelessness and over 100 families that were considered hard to house. We were able to achieve this through our partnerships with landlords. However, many of our landlords prefer that we do not publicize their support or partnerships due to potential adverse reactions from other tenants and neighbors. Landlords collaborate with us because we are responsive and reliable, and we can de-escalate issues due to our strong relationships with both the tenant and the landlord and the resources we provide to support them during challenging times. We offer support not only to tenants but also to the landlords, engaging with tenants humanely to address their concerns. We provide tenants with financial resources, mental wellness support, and essential needs.

Additionally, we offer onsite support to tenants and landlords to minimize the risk of eviction and conflict and provide trauma-informed case management. We also help landlords navigate the processes used by tenants for rental support. We have learned that when we prioritize people's humanity, they respond with more compassion and willingness to cooperate. We are a human-centered, community-driven organization that unapologetically focuses on the most vulnerable.

Our Outreach Specialists and Case Managers contact landlords and stakeholders, visit communities in Dane County to find vacancies, build and maintain relationships with landlords, and attend meetings with local landlord organizations, neighborhood associations, nonprofit developers, and local management agencies. Engaging and collaborating with housing developers, owners, landlords, management companies, organizations, and other potential partners is essential for increasing access to housing and maintaining housing stability for homeless community members. Our strategies and efforts to build positive relationships with landlords and other housing partners include:

Our case managers and Housing Coordinator actively engage in proactive outreach to landlords and property owners to recruit them to participate in the program. This may involve attending landlord events, contacting landlords through property management associations, or using online resources to find available housing units. Our proactive approach to landlord recruitment demonstrates our commitment to expanding our network of supportive housing partners.

Case managers work to establish positive relationships with landlords by being transparent, responsive, and respectful in all communications. This may involve regular check-ins, timely updates, and offering incentives or other support to landlords. Educating landlords and other housing partners on topics such as fair housing laws, tenant rights and responsibilities, and conflict resolution strategies can help reduce possible issues and increase retention to prevent eviction. Establishing clear lines of communication with landlords and other partners, including providing multiple contact options and responding promptly to inquiries or concerns.

Conflict Resolution: Our staff works with landlords and tenants to identify and address any conflicts, using strategies such as mediation or negotiation to find mutually agreeable solutions.

Tenant Education: Tenant education on budgeting, financial management, and tenant rights and responsibilities is essential to helping participants maintain their housing stability.

Our Housing First approach doesn't require clients to participate in mandatory services to prove they are ready for permanent housing. Our pre-housing placement services vary from case to case based on the individual's immediate needs, ensuring the individual has access to safe housing immediately and securing permanent housing as quickly as possible. Pre-housing services will include in-person meetings and by-phone meetings, tenant education, advocacy and outreach to landlords, side-by-side assistance when completing applications, navigating systems, payment of old rent due and support with immediate needs, job placement support, AODA support, etc., and, if desired, essential needs, transportation, and food access based on funding available.

Our housing programs prioritize 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 folks address other issues when they have nowhere to rest or to live? It's impossible. Housing First is an evidence-based approach to supporting homeless individuals and families that prioritizes immediate access to permanent housing without preconditions or barriers to entry. Our Housing First housing search and case management approach involves the following components to increase the probability of housing stability and sustainability: **Housing Identification**: Case managers work with clients to identify and secure appropriate housing that meets their needs and preferences. This may include rental assistance, security deposits, or other financial assistance to support the move-in process. **Person-Centered Case Management:** Case managers provide ongoing support to clients to help them maintain their housing and address any other needs or challenges they may have. This may include connecting clients to healthcare, mental health or substance use treatment, employment or education services, and other supportive services. **Client Contact:** Case managers have frequent contact with clients, often meeting with them weekly and biweekly in the early stages of the program and gradually reducing the frequency of contact to monthly as clients become more stable in their housing. Contact may be in person, over the phone, or through virtual platforms. **The Housing First** approach is central to the housing search and case management approach, meaning that clients are not required to meet preconditions or barriers to entry to receive housing or services. This includes not requiring clients to be "housing ready" or to demonstrate sobriety, compliance with treatment, or other conditions before accessing housing or services. It's evidence-based and effectively reduces homelessness and improves housing stability, health outcomes, and quality of life for clients. By prioritizing housing as a basic human right and providing person-centered case management and support, the Housing First approach can help individuals and families achieve long-term stability and independence. Once clients are housed and dependent on the program, case managers work with them to develop a Housing Stability Plan tailored to their needs and goals. **The Housing Stability Plan** is an individualized service plan that outlines the steps needed to maintain housing stability and address any other needs or challenges the client may have. The key components of our Housing Stability Plan process include: 1. **Assessment:** Case managers work with clients to complete a comprehensive assessment identifying their strengths, needs, and preferences. This may include identifying co-occurring mental health or substance use issues, physical health needs, employment or education goals, and other factors impacting their housing stability. 2. **Goal Setting**: Based on the assessment, case managers work with clients to set specific, measurable, achievable, relevant, and time-bound (SMART) goals aligned with their needs and preferences. Goals may include maintaining housing stability, accessing healthcare or mental health services, obtaining employment or education, or other objectives that support long-term stability. 3. **Service Planning**: Case managers work with clients to develop a service plan that outlines the steps needed to achieve their goals. The service plan may include referrals to community resources, such as healthcare providers, employment or education programs, or other supportive services. 4. **Trauma-Informed and Harm Reduction Approach**: Our Housing First approach is grounded in a trauma-informed and harm reduction approach, recognizing that many clients have experienced trauma and may be coping with substance use or other challenges. Case managers work with clients to identify and address trauma or substance use issues in a supportive and non-judgmental way. This may include connecting clients to trauma-informed care or harm reduction services that prioritize safety, choice, and control for the client. 5. **Ongoing Support and Monitoring**: Our staff supports clients to help them achieve their goals and maintain housing stability. This may include regular check-ins, budgeting and financial management support, and assistance accessing community resources. Case managers also monitor progress toward goals and adjust the service plan. **O**ur Housing Stability Plan process is an evidence-based approach tailored to each client's unique needs and goals. Case managers support clients in achieving long-term stability and independence by providing trauma-informed (including SHBF and direct referral for psychotherapy) and

harm-reduction services that prioritize safety, choice, and control. This provides holistic support and increases the probability of maintaining housing stability.

3. Describe your agency's efforts to improve service quality and outcomes for the proposed program. Please include how you solicit and incorporate feedback from program participants. Please provide details if your program is working on a Performance Improvement Plan. (15 points)

Urban Triage values 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 our most popular methods of collecting feedback. We email surveys or add them to our newsletter or social media pages. We also do interviews, which clients respond better to than surveys they must complete on time. Our surveys are usually multiple-choice questions, rating scales, or open-ended questions. Focus groups are another way we gather feedback from clients.

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, social media monitoring is another way we collect feedback from clients. Monitoring social media platforms like Twitter, Facebook, and Instagram lets us see what folks say about us in real time. In addition, partner agencies' and contract managers' feedback is monitored and considered as it relates to how we execute programming.

From one 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 quality assurance position to ensure case management and compliance audits were being performed regularly (every 30 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 other program staff, which provided the Operations Manager space and time to coach staff more regularly. Additionally, we created a position for a Quality Assurance Coordinator, which provides staff coaching and training and supports the Director of Programming.

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, aka trauma recovery work. She spends 3.5 hrs with staff every week, addressing bumps in the road for clients and bumps 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. The most recent SWOT analysis led to changes in case management training, staff incentives, office hours, etc., effective 10/1/2024. As an organization, we are constantly changing and refocusing to ensure efficiency and accountability.

As described above in different questions, one of our surveys found that our CEO has to delegate some of her tasks due to the amount of work she takes on the space she holds to support her not burning out.

Our Board of Directors provides guidance and advice to balance staff and community perspectives. We accomplish this 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. We use Basecamp, a project management software, as an organizational tool and repository of program participant data. We also use Keela, a CRM that has been customized to assist us with case management and applications for programs.

4. Describe key partnerships your agency has established that have helped implement this project. (20 points)

Our project technically has yet to begin, and our grant agreement hasn't been sent over yet. However, all items have been submitted to HUD in Esnaps, and all conditions have been met. We're expecting a start date of 10/1/2024 or 11/1/2024.

As it relates to partner organizations, we will work closely with Rape Crisis Center, MMSD, DAIS, and Freedom Inc. to provide outreach, engagement, and enrollment into the Coordinated Entry System, which all folks must be part of to be considered for the program. We have strong partnerships with each organization or institution. In addition, we'll work with organizations, including YAB, that are all part of the Homeless Cortisortium Community to discuss needs, gaps, and support services to ensure we operate from an experience-based lens--specifically the experience of youth/young people. Freedom Inc. will assist us in establishing feedback around the needs of Black LGBTQia youth experiencing DV. We'll attend committee meetings and strengthen our relationships with organizations and systems that have direct contact with youth fleeing DV situations via the Homeless Consortium. To ensure smooth implementation, our most significant partner has been Torrie from the City of Madison, who has supported us in navigating processes, HUD portals, requirements, etc., which has been the beginning of the implementation of the project and getting the program up and running.

5. Describe your agency's commitment to equity and inclusion, including strategies to integrate principles of equity into policies and other organizational work. (10 points)

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.

We use strategies such as language lines to help clients communicate effectively with program staff. This ensures that clients can access services and understand their rights and responsibilities.

Outreach and Engagement: Our outreach and engagement strategies help us reach underserved populations and 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 17 full-time, with 88% of our staff identifying as Black, 80% identifying as women, and 22% identifying as LGBTQIA. Additionally, we have bilingual staff (interns) 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.

6. How are your agency practices culturally responsive to the population(s) who participate? (10 points)

This question was answered in response to question number 5. Additionally, we hire the people we serve. Seventy percent of our staff are individuals previously clients of Urban Triage or recipients of services from Urban Triage. We also understand that trust and relationship building happens outside the building or the office. Thus, we intentionally design events to target and center those most vulnerable in the Black LGBTQIA community, specifically youth and elders, through our activities, vendors, and entertainment. As described above in the answer to question 5, our programming, our organization, and the culture of our organization center are adjusted based on the needs of Black people and families. For clarity, we serve everyone and center Black needs.

By centering racial equity in our agency's service system design, we ensure that clients most in need are getting services. For example, we use data disaggregated by race and ethnicity to identify disparities in service provision and then develop targeted outreach strategies to reach underserved populations. This might involve partnering with community organizations that serve specific racial or ethnic groups, providing translation services for clients who speak languages other than English, or developing culturally responsive service delivery models. Another example of how centering racial equity in our agency's service system design ensures that clients most in need are getting services is addressing systemic barriers to service access. For example, we identified that clients of a certain race or ethnicity are less likely to access services because of transportation barriers. To address this, we partner with NMotion Transportation company to provide free or low-cost transportation to clients who need it.

7. Complete the tables below regarding the agency board of directors and staff composition. (10 points)

	BOARD OF DIRECTORS		AGENCY STAFF	
GENDER	**Current #**	**% of Board**	**Current #**	**% of Staff**
Identify as Female	7	78%	12	70%
Identify as Male	2	22%	5	30%
Identify as Other	0	0%	0	0 %
Data Unknown		%	0	0 %
Total	9	100%	17	100 %

RACE	**Current #**	**% of Board**	**Current #**	**% of Staff**
White/Caucasian	4	44 %	3	18%
Black/African American	4	44 %	14	82%
Asian	0	0 %	0	0 %
American Indian/Alaskan Native	0	0 %	0	%
Native Hawaiian Other Pacific Islander	0	0 %	0	0 %
Multi-Racial	0	0 %	0	%
Other LatinX	1	12 %		%
Data Unknown		%		%
Total	9	100%	17	0 %

Ethnicity	**Current #**	**% of Board**	**Current #**	**% of Staff**
Hispanic or Latino	1	12 %	0	0 %
Not Hispanic or Latino	8	88 %	17	100 %
Data Unknown		%		%
Total	9	100 %	17	100 %

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

The client-to-staff ratio for providing RRH stability case management services to individuals and families will be 10:1. There is no one-size-fits-all answer to the optimal client ratio for evidence-based models of rapid rehousing services, as it can vary based on the specific needs of the population being served and the resources available. The level of navigation support required to house chronically homeless folks was considered when determining our ratio. After community members are housed, our staff will continue to meet with them once a week for three months or longer as needed. When the family stabilizes, they will meet with them every other week for three months and then once a month for the remaining six months. The level of case management offered will depend on the needs of those served. Our progressive case management engagement is a strategic approach to providing tailored support to individuals and families experiencing homelessness. This method emphasizes a person-centered philosophy, focusing on each client's unique needs and circumstances rather than applying a one-size-fits-all solution. Rental assistance offered and provided will also be based on the needs of individual clients. We aim to provide 100% rental assistance for three months, three months at 75%, three months at 50%, and the last three months at 30%.

Progressive engagement allows us flexibility in support levels based on ongoing client needs assessments. As clients progress from homelessness to stable housing, their circumstances may change—such as gaining employment or facing new financial challenges. We will regularly communicate and engage with clients to monitor these changes and adjust support accordingly. This ensures that those with lower needs receive lighter-touch interventions while those facing greater challenges receive more intensive support.

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

Involvement of Individuals with Lived Experience of Homelessness (Only scored by LEC & YAB members)

1. **Feedback Gathering from Current Participants:** Does your agency have a structured process for gathering feedback from individuals with lived experience while they are enrolled in any of your programs? If yes, please provide an example of how this process is executed. If not, please describe your agency's plan for starting this feedback-gathering process. (10 points) We use the same process and structure we outlined under Quality Assurance. Most of the feedback is gathered through surveys and interviews. Surveys have a much lower response rate than interviews. Surveys go out to all clients after six months of enrollment in the programming. We also give surveys during the SHBF Workgroup, where many of our housing clients are enrolled. If improvement is needed in our processes, we will reach out again in 6 months to see if improvements were made regarding their experience of us as an organization or on an individual level.

2. **Post-Program Engagement:** Is there a procedure to reach out to individuals who have recently completed your agency's programs? This outreach may assess their interest in receiving information about safe spaces where they can provide input or suggest changes to address community issues contributing to their experiences of homelessness. If yes, please describe the procedure and give an example of feedback received. If not, please outline your agency's plan for starting such outreach efforts. (10 points)

    We send out surveys at the end of case management to gauge their experience, what worked and didn't work, and housing stability. Our response level to said surveys is low. We get better feedback while clients are in the program. Too often, we have to send requests by email, which aren't responded to. We decided to do ongoing surveys/interview questions--by asking a propping question every time we interact with a client on our caseload. Questions range from: how has this program helped you? What do we need to do better? Do you feel more stable after being in the program? If so, use the scale below.

3. **Staff Capacity Building:** Describe your agency's future plans to build capacity and create safe space/ processes that empower and support staff members who openly self-identify as having lived experience or otherwise identify as being closely impacted by experiences that are replicated within their daily work. Examples could include training, celebrations, mental health and wellness activities, employee benefits, or any initiative aimed at building capacity and resiliency. (10 points)

Urban Triage is good at celebrating staff, offering personal days, random off times, and closing the office due to workload and needs to catch up; we also provide in-house personal leadership training and development training as described above in the previous question. We also cover all mental health appointments for staff and clients through our partnership with Our Generations. In addition, we have spa days for staff where our massage comes in, and massages are given while we eat and watch TV. We offer eight weeks of total vacation time, including two weeks at the end of the year and one week during the summer when our offices are closed. We hang out outside work; we give birthday cakes and gift cards for birthdays and anniversariees. We offer 5 to 10K wellness reimbursement for all health and wellness-related expenses, including gym membership, acupuncture, chiropractic treatment, yoga, etc. We provide annual strategic staff retreats and weekly trauma recovery in-house training.

All staff are encouraged to do shadow work and journal as part of weekly assignments. We start all our meetings by grounding and bringing our presence into the space by asking clearing questions: What are you letting go of? What are you celebrating? What would you like to take away from this meeting? And what are your 3 affirmations? In addition, we provide life insurance, premium dental, disability insurance, vision, and personal days and sick time. We do a lot to support our staff. Because our staff is the people we serve, it is often challenging to do the work inside the organization while serving those in our community who, too, usually have the same trauma and triggers. And too frequently, they are experiencing the same barriers as their clients. Our processes and activities are forever changing to fit current, new, and old employees' needs and to adjust to our ever-evolving program changes and demands.

Please provide any information that will give context to any low scores on the Project Performance Scorecard. This question is not applicable to projects that have not had a full fiscal year of data.

Information Only

1. What has been the most significant challenge in implementing this program?
We haven't gotten started on the program yet. Our grant agreement date is 10/1/2024. We're applying for a re-funding before the program has officially launched.

2. What has been the biggest success in program implementation?
Getting the grant agreement signed and Esnaps errors worked out.

3. What support do you need from the CoC for this program to continue successfully? Please note that the CoC may not be able to provide all support requested.
For this program, none yet. We'll be sure to reach out as needed.