

**2024**

**Street-Based Outreach**

**Services for Unsheltered Individuals**

 **Request for Qualification (RFQ)**

# APPLICATION

## HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this Request for Qualifications (RFQ) and may include any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application. Submit applications via HSD Online Submissions System at <http://web6.seattle.gov/hsd/rfi/index.aspx> **OR** Email to HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov. Applications that do not follow the required format may lose points. **Complete application packets are due by 12:00 p.m. PST on Friday, July 19, 2024.**

Required format for written application:

* Typed and formatted to letter-size (8 ½ x 11-inch) document.
* One-inch margins, single spacing, and size 11-point font.
* Be no longer than six pages (requested attachments will not count towards the page limit).

When submitting documents, name them as following:

|  |  |
| --- | --- |
| **Document Type** | **Document Name** |
| Narrative Response | Narrative |
| Attachment 2: Application Cover Sheet | Cover Sheet |
| Attachment 3: Proposal Budget | \*Proposal Budget |
| Attachment 4: Proposal Personnel Detail Budget | \*Personnel Detail Budget |
| Attachment 5: Summary of Proposed Staffing  |  \*Proposed Staffing |
| Memorandum of Agreement from subcontracted agency | \*\*Memorandum of Agreement |
| Letter of agreement from fiscal sponsor | \*\*Letter of Agreement |
| Letter of collaboration from partner | \*\*Letter of Collaboration |
| Start-up timeline  | Start-up timeline |

\*Submit the Proposal Budget and Personnel Detail Budget in Excel.

\*\*If applicable

The 2024 Street-Based Outreach Services for Unsheltered Individuals Request for Qualifications (RFQ) Guidelines is a separate document that provides background on HSD’s guiding principles and Results-Based Accountability framework, and an overview of the 2024 Street-Based Outreach Services for Unsheltered Individuals Request for Qualifications (RFQ) program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on proprietary and confidential information, agency eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, Theory of Change, and the process for selecting successful applications.

**PROPOSAL NARRATIVE & RATING CRITERIA**

Please complete sections A through D with narrative responses that fully answer each question. Do not exceed a total of six pages for sections A – D combined. Proposals will be evaluated against the rating criteria listed next to each section of questions. Highly rated proposals will describe how the applicant will meet **all** rating criteria.

## APPLICATION QUESTIONS

|  |  |  |
| --- | --- | --- |
| * + - 1. **PROGRAM DESCRIPTION:**
 |  | **RATING CRITERIA POINTS: 35**  |
| 1. Applicants applying for neighborhood-specific AND/OR population-specific outreach, please complete Summary of Proposed Staffing (Attachment 5). This will not count toward the six-page narrative limit.
2. Identify the priority and focus population(s) your agency proposes to serve (see Section D in Funding Guidelines). Describe your understanding of the unique characteristics, experiences, and needs of these populations.
3. Describe how you will implement the selected outreach services to meet the program expectations in Attachment 6. Include when and where (locations, times, days of week, etc.) services will be delivered, and by whom, to conduct 30-40 hours of services a week per proposed FTE. Describe the specific activities your agency will utilize to achieve the required outcomes.
4. Share how your agency will work with other service providers to refer individuals to services and ensure they enroll in such services as intended to lift them out of homelessness.
5. If the proposal includes formal collaborations and/or partnerships, name the partners and explain their roles and responsibilities. Provide signed letters of intent, memorandums of agreement, etc. from any such partner. HSD reserves the right to contact any named partner organization. Partnership letters will not be counted toward the maximum page limit. **(No Points)**
 | * Applicant indicates neighborhood, population, and number of FTEs according to each section. (No Points)
* Applicant clearly demonstrates a strong connection to, understanding of, and likely success in serving the priority and/or focus population(s) identified.
* Applicant presents a thorough overview of the program that aligns with Program Expectations. Responses should include detailed and credible descriptions of each service activity and evidence of likely success in meeting outcomes.
* Applicant demonstrates excellent understanding of the service provider landscape and describes effective partnerships and collaborations that link people to services to improve their opportunities for housing.
* Applicant submitted signed letters of intent from formal partners. (No Points)
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| * + - 1. **CAPACITY AND EXPERIENCE:**
 |  | **RATING CRITERIA POINTS: 35** |
| * 1. Describe, using examples and data (if available), your agency’s success providing outreach to unsheltered individuals. Include items such as:
		1. Experience engaging in person-centered approach, trauma informed care, motivational interviewing, skill-based assessments, stages of change/engagement.
		2. Receiving and responding to referrals for outreach.
		3. Housing First and By-Name List coordination efforts.
		4. Creating needs assessments, goal plans and effective connections to services for unsheltered individuals.
		5. Agency’s ability to address changes in funding, staffing, community needs, and developing and/or maintaining board or leadership support.
		6. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity. Attach a start-up timeline.
	2. Provide a list of, and a brief job description for, all key personnel with a significant role in program coordination and service delivery. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not count toward the 6-page narrative limit).
	3. Describe your plan for staff recruitment, training, supervision, and retention. Things to include:
		1. Training in harm reduction practices including providing information on rights related to drug overdose (e.g. Good Samaritan Law); drug treatment options, including Medication Assisted Treatment (Buprenorphine and Methadone); and focusing on minimizing physical, social, and legal harms. Street-based staff should have additional training on safe needle exchange & disposal and carrying, using, and training others to use Narcan.
		2. Training in self-care practices related to secondary trauma and burn out.
	4. Describe your organization’s experience with using HMIS or like required data systems. What is your technical capacity for tracking client information in the field? How do you utilize data to inform service delivery?
 | * Applicant demonstrates the agency’s success for at least two years in delivering services in a person-centered, trauma informed manner; responding to referrals, assessing needs; and creating effective service connections aimed at achieving permanent housing, OR the applicant presents a clear and realistic description and timeline for launching a new service (for those providing the service for the first time).
* The staffing plan demonstrates the agency has the necessary staff capacity and expertise needed to successfully deliver the services requested in this RFQ. If applying for behavioral/mental health outreach, staff must have a strong background in the field and/or have a mental health or chemical dependency practitioner certification.
* Applicant describes processes for maintaining quality staff and appropriate trainings for working with people who are unsheltered that matches the levels needed to run the program as described.
* Applicant demonstrates an understanding of and capacity for HMIS data management and reporting, or similar systems.
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| * + - 1. **CULTURALLY RESPONSIVE SERVICES**
 |  | **RATING CRITERIA POINTS: 20** |
| 1. Describe your experience providing services to diverse groups, including BIPOC communities, immigrants and refugees, and low-income populations. If experience is limited, what steps will you take to provide culturally responsive services?
2. Describe your strategy for ensuring cultural and linguistic responsive services are infused through your policies and practices.
3. How will your program solicit and incorporate input from priority and focus populations into your outreach services? If possible, share example of your agency’s past efforts and success in achieving this.
 | * Applicant demonstrates understanding and proven track record of culturally responsive services and describes how they are incorporated into service delivery, OR the applicant presents a clear and realistic description and timeline for providing culturally responsive services (for applicants with limited experience).
* Applicant describes existing policies and strategies that demonstrate humility, respect, and appreciation for the cultural and linguistic characteristics of the priority population(s) and focus population(s).
* Response indicates expertise in meaningfully engaging program participants for feedback on services to inform their program and the broader outreach program. Specific examples are provided.
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| * + - 1. **BUDGET AND LEVERAGING**
 | **RATING CRITERIA POINTS: 10** |
| 1. Complete the Proposed Program Budget (Attachment 3) Budget worksheets will not count toward the six-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget.
2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.
	1. If requesting flexible funding, explain how you calculated the amount to request and what the anticipated funding is likely to be used on.
3. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be selected under the terms of this funding opportunity? Entities without such capabilities must establish a relationship with an agency to serve as fiscal agent.
4. Describe how your agency has the capability to meet program expenses in advance of reimbursement. If not, please describe the steps your agency will take to ensure this can be accomplished.
 | * Budget is aligned with work plan and expenses tied directly to the proposed services. Costs are reasonable based on the proposed level of services and outcomes.
* Applicant demonstrates financial stability and management capacity to secure funding for operations and plan and implement its proposed project.
* Applicant has a fiscal management system or fiscal sponsor which maintains checks and balances and follows Generally Accepted Accounting Principles.
* Agency has the ability to meet program expenses in advance of City reimbursement.
 |

|  |  |
| --- | --- |
| **TOTAL** | **100 POINTS**  |

# COMPLETED APPLICATION REQUIREMENTS

## Application Submittal

The proposal **must** include:

* A completed and signed Application Cover Sheet (Attachment 2).
* A completed Narrative Response that is a maximum of six pages, not counting the budget and other documents.
* A completed Proposal Budget (Attachment 3), in Excel.
* A completed Proposal Personnel Detail Budget (Attachment 4), in Excel.
* A completed Summary of Proposal Staffing (Attachment 5).
* If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
* Signed partnership letters and/or collaboration letters of intent.
* Completed applications are due by **Friday, July 19, 2024, at 12:00 p.m.** Pacific Standard Time.
* Proposals must be submitted through the HSD Online Submission System **OR** via email. No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

*Subcontracting:*

* If you are proposing a subcontract with another agency, attach a signed letter of commitment from that agency’s Director or other authorized representative. The letter should clearly state the subcontractor’s responsibilities and expectations, as well as in the narrative responses.

*Fiscal Sponsorship:*

* If you have a fiscal sponsor, attach a signed letter of agreement from that agency’s Director or other authorized representative.

You may apply through **one** of the following methods only. Please note HSD will consider your latest submission as the final submission if there are multiple attempts in applying. Once your application has been submitted, you will receive a written confirmation:

1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx>). HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher at sola.plumacher@seattle.gov.

**OR**

1. **Via Email** **HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov****.**  Email attachments are limited to 30 MB. **The subject heading must be titled: 2024 Street-Based Outreach Services for Unsheltered Individuals RFQ**. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records) Under Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states that all materials received or created by the City of Seattle are considered public records. These records include but are not limited to: RFQ narrative responses, budget worksheets, board rosters, other RFQ materials, including written/or electronic correspondence. In addition, HSD RFQ application materials are released to rating committee members and all rating committee members must sign and adhere to the Confidentiality and Conflict of Interest Statement. **Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

If funding is awarded, HSD will request copies of the following documents if they are not already on file.

* 1. The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
	2. The most recent audit report.
	3. The most recent fiscal year-ending Form 990 report.
	4. A current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to General Terms and Conditions requirements at the start of the contract).
	5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
	6. Proof of federally approved indirect rate, if applicable.

## List of Attachments & Related Materials

* Attachment 1: Application Checklist
* Attachment 2: Application Cover Sheet
* Attachment 3: Proposed Program Budget
* Attachment 4: Proposed Personnel Detail Budget
* Attachment 5: Summary of Proposal Staffing
* Attachment 6: Program Expectations

### Attachment 1 - Application Checklist

This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

[ ]  **Read and understood the following additional documents found on the**

[Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

[ ]  HSD Agency Minimum Eligibility Requirements

[ ]  HSD Client Data and Program Reporting Requirements

[ ]  HSD Contracting Requirements

[ ]  HSD Fiscal Sponsor Requirements

[ ]  HSD Funding Opportunity Selection Process

[ ]  HSD Appeal Process

[ ]  HSD Commitment to Funding Culturally Responsive Services

[ ]  HSD Guiding Principles

[ ]  HSD General Terms and Conditions Sample

[ ]  HSD Street-Based Outreach Services Theory of Change

[ ]  **Completed and signed the Application Cover Sheet (Attachment 2)? \***

[ ]  If your application names specific partner agencies, representatives from these agencies must also

sign the application cover sheet.

[ ]  If your application names a fiscal sponsor, authorized representatives from this agency must have

 read and understood the HSD Fiscal Sponsor Requirements document and must sign the application cover sheet.

[ ]  **Completed each section of the Application Questions?**

* Must not exceed six pages (8 ½ x 11), single spaced, size 11 font, with 1-inch margins. Page count does not include the required forms and supporting documents requested in this funding opportunity.

[ ]  **Completed the full Proposed Program Budget (Attachment 3)? \***

[ ]  **Completed the full Proposed Personnel Detail Budget (attachment 4)? \***

[ ]  **Completed the full Summary of Proposal Staffing (attachment 5)? \***

[ ]  **If you are proposing to provide any new services (for your agency), have you attached a start-**

**up timeline for each service, beginning date. \***

[ ]  **If you are proposing a subcontract with another agency, attach a signed Memorandum of Agreement (MOA) from that agency’s director or other authorized representative. \***

[ ]  **If you are proposing a significant collaboration with another agency, have you attached a**

**signed letter of intent from that agency’s Director or other authorized representative? \***

**\****These documents do not count against the 6-page limit.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. PST on Friday, July 19, 2024.** See Section I for submission instructions.

### Attachment 2 - Application Cover Sheet

|  |  |
| --- | --- |
| 1. Applicant Agency:
 |  |
| 1. Agency Executive Director:
 |       |
| 1. Agency Primary Contact:
 |
|  | Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       |
|  | Phone #: |       |
| 1. Agency Type
 |
|  | [ ]  Non-Profit | [ ]  For Profit | [ ]  Public Agency | [ ]  Other (Specify):       |
| 1. Federal Tax ID or EIN:
 |       | 1. DUNS Number:
 |       |
| 1. WA Business License Number:
 |       |
| 1. Proposed Program Name:
 |       |
| 1. Eligibility for Funding (Checking all boxes is required to be eligible for funding and will be contractually required. These are required expectations of the funded organizations):
 | [ ]  Our organization is fully prepared to provide services according to the care coordination program expectations in Attachment 6[ ]  Our organization staff will collaborate with the HSD Regional Coordinators and other organizations to case conference specific individuals, and assist with encampment draw down, when requested.[ ]  Are prepared to respond to referred individuals from HSD Regional Coordinator or neighborhood outreach teams in all Seattle neighborhoods within 72 business hours.  |
| 1. Proposed Services:
 | [ ]  Street-Based Care Coordination[ ]  Vehicle Residency Outreach[ ]  Behavioral/Mental Health Outreach[ ]  Population-Specific Outreach |
| 1. Funding Amount Requested:
 |       |
| 1. Staffing Plan proposed per neighborhood.
 |       FTE in Neighborhood 1       FTE in Neighborhood 2       FTE in Neighborhood 3       FTE in Neighborhood 4       FTE in Neighborhood 5       FTE in Neighborhood 6       FTE in Neighborhood 7  |
| 1. Provide a high- level (200 words or less) program description:

      |
| 1. Partner Agency (if applicable):

Contact Name:       Title:      Address:      Email:       Phone Number:      Description of partner agency proposed activities:      |
| 1. Fiscal Sponsor (if applicable):

Contact Name:       Title:      Address:       Email:       Phone Number:      *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*Signature of Fiscal Sponsor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Authorized physical signature of applicant/lead agency***To the best of my knowledge and belief, all the information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all the contractual obligations if the applicant is awarded funding. If awarded funding, I will submit financial documents within 4 business days of request or may forfeit awarded funds.* Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Attachment 3 - Proposal Budget

**January 1, 2025 – December 31, 2025**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Agency Name:** |       |
| **Proposed Program Name:** |       |

|  |  |  |
| --- | --- | --- |
|  | **Amount by Fund Source** |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Program** |
| **PERSONNEL SERVICES**Salaries (Full- & Part-Time) | $  | $  | $ | $  | $  |
| Fringe Benefits | $ | $ | $ | $  | $  |
| **SUBTOTAL - PERSONNEL SERVICES** | **$**  | **$**  | **$**  | **$** | **$**  |
| **SUPPLIES, OTHER SERVICES & CHARGES**Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) |  $ | $  | $  | $  | $  |
| Operating Supplies2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) | $ | $  | $  | $  | $  |
| Rent  | $ | $  | $ | $  | $  |
| Contractual Employment/Other Professional Services3 | $ | $  | $  | $  | $  |
| Travel (includes mileage, parking) | $ | $ | $  | $  | $  |
| Insurance | $  | $  | $  | $  | $  |
| Utilities (includes electric, internet, phone) | $ | $ | $ | $  | $  |
| Other Miscellaneous Expenses4 | $ | $  | $  | $  | $  |
| Indirect Facilities and Administration (F&A) Costs5  | $ | $  | $  | $  | $  |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$**  | **$**  | **$**  | **$**  |  **$**  |
| **TOTAL EXPENDITURES** | **$**  | **$** | **$** | **$**  |  **$**  |

|  |  |  |
| --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: |  | 2 Operating Expenses- Itemize below (Do not include Office Supplies): |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
| **Total** | **$**  |  | **Total** | **$**  |
|  |  |  |  |  |  |
| 3 Contractual Employment/Other Professional Services |  | 4 Other Miscellaneous Expenses- Itemize below: |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
| **Total** | **$**  |  | **Total** | **$**  |
|  |  |  |  |  |  |
| 5 Indirect Facilities and Administration (F&A) Costs- Itemize below: |
|   | $  |
|   | $  |
|   | $  |
|   | $  |
| **Total** | **$**  |

5 Indirect Facilities and Administration (F&A) Costs: Those costs referred to as overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an agency and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those indirect F&A expenses include:

* General Administration
* Departmental Administration
* Operation and Maintenance
* Building and Equipment Depreciation
* Non-Capitalized Interest

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the agency have a federally approved rate? | [ ]  | Yes | [ ]  | No |
| If yes, provide the rate. |       |

### Attachment 4 - Proposal Personnel Detail Budget

**January 1, 2025 – December 31, 2025**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Agency Name:** |       |
| **Proposed Program Name:** |       |
| **Agency’s Full-Time Equivalent (FTE) =** |  | **hours/week** | **Amount by Fund Source(s)** |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
| **Subtotal – Salaries & Wages** | **$** | **$** | **$** | **$** | **$** |
| **Personnel Benefits:** |
| **FICA** |  |  |  |  | $ |
| **Pensions/Retirement** |  |  |  |  | $ |
| **Industrial Insurance** |  |  |  |  | $ |
| **Health/Dental** |  |  |  |  | $ |
| **Unemployment Compensation** |  |  |  |  | $ |
| **Other Employee Benefits** |  |  |  |  | $ |
| **Subtotal – Personnel Benefits:** | **$** | **$** | **$** | **$** | **$** |
| **Total Personnel Costs (Salaries & Benefits):** | **$** | **$** | **$** | **$** | **$** |

### Attachment 5- Summary of Proposed Staffing

|  |  |
| --- | --- |
| Neighborhood-Specific | Population-Specific |
| Indicate how many FTEs you intend to dedicate for each outreach service area and in which neighborhoods. See district map.

|  |  |
| --- | --- |
| Neighborhood 1 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |
| Neighborhood 2 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |
| Neighborhood 3 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |
| Neighborhood 4 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |
| Neighborhood 5 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |
| Neighborhood 6 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |
| Neighborhood 7 | \_\_\_\_ Street-Based Care Coordinators (Minimum of 2)\_\_\_\_ Behavioral Health Outreach (Minimum of 1)\_\_\_\_ Vehicle Resident Outreach (Minimum of 1)  |

 | Indicate the number of dedicated FTEs your agency will provide to serve each specific population throughout the city of Seattle at identified sites.How many FTEs will serve unaccompanied Youth and Young Adults unsheltered at identified sites? (Minimum 2)\_\_\_\_ Number of FTEsHow many FTEs will serve people who are Black and/or African American unsheltered at identified sites? (Minimum 2) \_\_\_\_ Number of FTEsHow many FTEs will serve people who are Hispanic/Latino/Latinx unsheltered at identified sites? (Minimum 2) \_\_\_\_ Number of FTEsHow many FTEs will serve people who are American Indian, Indigenous or Alaska Natives unsheltered at identified sites? (Minimum 2) \_\_\_\_ Number of FTEs |

### Attachment 6 – Program Expectations

Street-based outreach services are person-centered with persistent engagement linking to and/or bringing services directly to the people who are unsheltered and who are not yet or cannot engage in the shelter and housing system. The purpose is to coordinate services to address barriers to shelter and housing in close connection with the person enrolled, and to eventually move them inside and closer to temporary or permanent housing that is appropriate and wanted.

|  |  |
| --- | --- |
| Population | Outreach services will support people and households living outside in the City of Seattle.  |
| Eligibility Requirements | Eligibility for outreach services are:* People or households who are living unsheltered in Seattle who typically decline shelter, have tried and are not successful in shelters, do not want to move indoors, or are not eligible for shelters.
 |
| Eligible Use of Funds | Eligible costs vary, and are available for the following types of services: treatment and recovery; legal barriers; vehicle assistance; income assistance; mental health treatment or services; physical or disability services/supports; housing readiness; and basic food needs |
| Program Expectations | **Key requirements for the three Neighborhood-Specific Outreach Services are as follows:*** Deploy assigned staff daily (Monday through Friday) to engage unsheltered individuals in the assigned geographic area(s),
* Build trusting relationships, assess needs and match them to appropriate services. These include, but are not limited to, permanent housing, shelter, basic needs, document readiness, treatment and recovery services, physical and/or disability services, and vehicle assistance.
* Work directly with the HSD Regional Coordinator and other agencies assigned to the neighborhood outreach team to coordinate outreach services. This includes, but is not limited to, attending weekly outreach meetings led by HSD Regional Coordinators, and assisting in populating and addressing “By Name” Lists.
* Upon receiving a referral from the HSD Regional Coordinator or other agencies assigned to the neighborhood outreach team, attempt to engage/contact the person or household referred within 72 business hours (attempting to meet the person at the location provided).
* Referred individual or household should be engaged regularly at a minimum of once a month.
* Exit the individual or household from services when they have fully transitioned and are stable in their permanent housing, are connected with a housing case manager at a shelter, ultimately decline services, or have not been engaged for six months or more.
* Along with the above requirements, specific outreach service area duties are as follows:
	+ **Street-Based Care Coordination**: Directly refer individuals living alone or together in tents, encampments, or other places not meant for human habitation (aside from vehicles) to shelter and permanent housing.
	+ **Vehicle Residency Outreach**: Directly refer individuals living in vehicles to shelter, safe lots, and/or permanent housing; provide vehicle repair/maintenance assistance; and/or ensure vehicles are mobile and parked legally.
	+ **Behavioral and Mental Health**: Directly refer participants to licensed behavioral health and/or physical health care services, verify services are provided either where the individual resides or at the behavioral health provider’s location, and coordinate care with any existing provider working with the individual.

**Population Specific Care Coordination (Youth/Young Adults, American Indian/Alaska Native; Black/African American; Hispanic/Latino):*** Deploy assigned staff daily (Monday through Friday) to engage unsheltered individuals citywide.
* Build trusting relationships, assess needs, and match individuals to appropriate services. These include, but are not limited to, permanent housing, shelter, basic needs, treatment and recovery services, physical and/or disability services, and vehicle assistance.
* Upon referral from an HSD Regional Coordinator or neighborhood outreach team, attempt to engage/contact the person or household referred within 72 business hours (attempting to meet the person at the location provided).
* Attend weekly outreach meetings as applies, based on the location of people referred from the neighborhood outreach teams.
* Referred individual or household should be engaged regularly at a minimum of once a month.
* Exit the individual or household from services when they have fully transitioned and are stable in their permanent housing, are connected with a housing case manager at a shelter, ultimately decline services, or have not been engaged for six months or more.
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| Key Staff and Staffing Level | Selected agencies must have a training plan for all staff using evidence-based or promising approaches that includes, but is not limited to, person-centered approach, trauma informed care, motivational interviewing, skill-based assessments and harm reduction practices.  Agencies selected for behavioral/mental health outreach must have staff with a strong background in the field and/or have a mental health or chemical dependency practitioner certification. Such agencies’ training plans should also use evidence-based or promising approaches to serving individuals with mental/behavioral health and substance use disorders. Highly qualified agencies will have staff, structures, and supports that reflect the communities to be served through this award, including Black, Indigenous, and People of Color (BIPOC) individuals who have lived experience of homelessness. Highly qualified agencies will also demonstrate organization practices to solicit feedback from unsheltered individuals to inform and enhance service delivery. |

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| HSD Performance Indicators | Quantity:* # of people referred to agency (overall and by referral source)
* # of people enrolled in outreach services
* # of referrals to services such as treatment and recovery services, legal assistance, vehicle assistance, income increase assistance, mental health treatment or services, physical health or/and disability services and supports, housing readiness, basic needs
 | Quality:* # and % of individuals who are having contacts at least once a month
* % of referrals engaged within an average of 72 business hours
* % of weekly meetings agency attends

Impact:* % of people enroll in shelter, housing or treatment
* % of people actively participating in outreach services
 |
| Expected Types of Data | * Demographic data by person (HMIS)
* Exits from Care Coordination (HMIS/pending)
* Referrals/enrollments in services indicated above (HMIS/pending)
* Sites attended (pending)
* Referrals to shelter live (HMIS/Housing Inventory/Coordinated Entry)
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