2022 Application Cycle

Part 2 – Shelter Program Response Questions Instructions

Shelter Operations RFP

Program Description

1. **Program Information** – In the form fields provided, please enter the following information:
   * Enter a shelter name
   * Enter the location(s) where the shelter services will be provided
   * Enter the service area of the program
   * Give a brief description of the shelter and its target population **(Word Limit – 100)**
   * Enter the number of shelter beds the program will provide during 2022.
   * Indicate the type of shelter beds that will be provided during 2022:

🞏 Drop-in Shelter

* + Offer night-by-night living arrangements that allow households to enter and exit the program on a daily or irregular basis and do not guarantee households a bed from one night to the next.
  + There is no limit it to the shelter guest’s length of stay.
  + The program may include (but are not required to include) irregular, one-time, or “light touch” interactions with case management staff.

🞏 Continuous-stay Shelter

* Offer living arrangements where households have a room or bed assigned to them throughout the duration of their stay.
* There is no limit to the shelter guest’s length of stay.
* Ideally the shelter, and shelter beds, are accessible to guests 24/7.
* Housing Stability Case Management is provided to all shelter guest households on a regular on-going basis and the Kitsap County Housing Stability Planning and Progress Reports (HSPPR) is used by case managers for all shelter guest households.

🞏 Enhanced Services Shelter

* + Offer living arrangements where households have a room or bed assigned to them throughout the duration of their stay.
  + The shelter is open and available to clients 24 hours a day and 7 days a week, with a staffing model that supports this access. Guests’ shelter beds are accessible to them 24/7.
  + There is no limit to the shelter guest’s length of stay.
  + The program is “low-barrier” and prioritized for people with high behavioral health needs. Low-barrier is defined as not screening homeless households out of eligibility for the program for:
    - having too little or no income,
    - having poor credit or financial history,
    - having poor or lack of rental history,
    - having involvement with the criminal justice system,
    - having active or a history of alcohol and/or substance use,
    - having a history of victimization,
    - the type or extent of disability-related services or supports that are needed,
    - lacking ID or proof of US Residency status, or
    - having other behaviors that are perceived as a lack of “housing readiness,” including resistance to receiving services.
  + Behavioral health (mental health and substance use disorder) case management is offered “on site” by program staff (rather than shelter guests being referred to a partner agency).
  + Partners and pets are allowed and welcomed to stay at the shelter. Storage for possessions is available while the household stays at the shelter.
  + Program rules are minimal and behavior-based. A priority is placed on keeping people in the program/shelter, rather than discharging people back to homelessness.
  + Housing Stability Case Management is provided to all clients on a regular basis (preferably weekly) and the Kitsap County Housing Stability Planning and Progress Reports (HSPPR) form is used by case managers for all shelter guests.

1. **Agency Information** – In the form fields provided, please enter the following information:
   * Enter the staff contact for this application
   * Enter the staff contact’s title
   * Enter the staff contact’s phone number
   * Enter the staff contact’s email address
2. **Type of Expenses** – Please indicate the type of expenses being requested (check all that apply):

🞏 Shelter building operations and maintenance, including janitorial staff and supplies, building maintenance, landscaping, utilities, property management expenses, equipment repair (but not replacement or upgrade of equipment or property with a useful life of over one year), real estate taxes, building insurance, building security, and other expenses related to operating the shelter building.

*Indirect administrative expenses are not allowed for shelter building operations and maintenance.*

🞏 Shelter program operations, including staff salaries and benefits for program administration (but NOT case management expenses), , advertising, program supplies, office supplies, staff training and travel, program audit, accounting, client direct services (paid to other entities on behalf of services provided to the client, but not including rent or housing-related costs or food, e.g. bus tokens), program administrative costs, and indirect administrative costs (only if the agency has a federally negotiated indirect rate).

🞏 Case management for housing stability, including salaries and benefits for case management staff, staff travel, training, and other costs directly related to providing case management that supports housing. Case managers must use the Kitsap County Housing Stability Planning and Progress Reports (HSPPR) to assist clients. Case managers should be, at a minimum, trained in ACES/Resiliency, trauma-informed care, racial equity, gender identity, progressive engagement, and mental health first aid.

1. **Program Summary** **(Word Limit - 300)**– Provide a detailed description of your program, its operations, and specific activities it will provide.
2. **Program Staff (Word Limit - 300)**– In the text box provided, please describe:
   * The staffing structure for the shelter program,
   * Required qualifications and experience for staff members,
   * Required training for staff members; and
   * Any changes to staff or program management in the last six months or anticipated in the next six months.
3. **Challenges (Word Limit - 200)–** In the text box provided:
   * Provide a description of the challenges that face this shelter program
     + Include challenges such as serving a difficult to reach population, lack of stable funding, outcomes that are difficult to measure; and
   * How you plan to address these challenges.

Program Requirements

1. **Coordinated Entry Referrals (Word Limit - 200)–** In the text box provided:
   * Describe the shelter’s participation with the Housing Solutions Center and the HSC Advisory Board.
2. **Bed Availability Tool**

* Describe the process by which the online HSC Bed Availability tool is updated to make referrals, and staff involved in maintaining these updates. If your shelter is not regularly updating the HSC Bed Availability tool, please indicate the method regularly used to inform HSC about capacity and availability.
* If your shelter is not regularly updating the Bed Availability tool or communicating capacity and availability, please describe the actions your organization will take to commit to ensure HSC is updated regularly regarding shelter capacity and availability.

1. **Data Collection and Entry** **(Word Limit - 200)**– In the text box provided:
   * Describe the process by which data gets entered into HMIS, including which staff are responsible, at what point in the relationship with the shelter guests are entered, and the target timeframe for data entry.
   * Determine the Project Start and Project Exit Timeliness for HMIS data entry for the date range 1/1/21 - 5/31/21. See [Determining Data Quality – Timeliness using Clarity HMIS Reports](https://www.kitsapgov.com/hs/HOUSINGBLOCK/Determining%20Data%20Quality%20Timeliness.pdf) for instructions on calculating this measure.
     + Enter Project Start Timeliness
     + Enter Project Exit Timeliness
     + If Project Start Timeliness or Project Exit Timeliness measures are less than 90%, please describe the actions being taken to improve these measures.
2. **Coordination with other Agencies (Word Limit - 200)**– In the text box provided:
   * Please indicate which staff are responsible for attending Kitsap Housing and Homelessness Coalition meetings, their level of participation, any sub-committees on which they serve, or activities in which they participate.
   * Discuss any other ways in which the shelter program actively works with other organizations to provide coordinated and seamless care for shelter guests.
3. **Non-discrimination and Religious Activities** – By checking the boxes below, verify that the program does not discriminate or require participation in religious activities:

**🞏 Non-Discrimination:** The shelter program ensures equal access for people experiencing homelessness regardless of race, national origin, gender identity, sexual orientation, marital status, age, veteran or military status, disability, or the use of an assistance animal.

**🞏 Religious Activities:**  County grant funds are not used to support any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, nor may the provision of shelter services provided be conditioned upon a program participant’s engaging in any such explicitly religious activities.

1. **Complaint Process** **(Word Limit - 200)**– In the text box below, respond to the following:
   * Please describe the shelter’s complaint process (when a shelter guest has a complaint) and how the shelter responds to complaints.
   * Please describe how shelter guests are informed about the complaint process and how the program ensures that shelter guests feel safe to make complaints.
2. **Staff Training** – Please check the boxes of all training that is required for staff that work directly with shelter guests:

🞏 ACES/Resiliency

🞏 Trauma-informed Care

🞏 Progressive Engagement

🞏 Racial Equity

🞏 Gender Identity  
🞏 Mental Health First Aid

🞏 Motivational Interviewing

* + Describe any additional training that is required for staff that work directly with shelter guests. **(Word Limit - 200)**

1. **Housing Stability Case Management** **(Word Limit - 100)**– Shelters that provide case management are required to use the Kitsap Housing Stability Planning and Progress Report (HSPPR) to assist shelter guest households with setting housing stability goals and tracking progress towards these goals. In the text box below, please describe when and how the HSPPR form is being used by staff or case managers. If the HSPPR form is not currently being used for case managed clients explain when and which staff will be involved implementing use of the form.
2. **Racial Equity (Word Limit - 200) -** How is your organization working to advance racial equity?

Community Impact

1. **Shelter Guests Served** – In the boxes below enter the appropriate numbers:
   * Enter the estimated number of unduplicated **individuals** that will be served in the shelter in 2022.
   * Enter the estimated number of unduplicated **households** that will be served in the shelter in 2022.
2. **Performance Measurement –**

*REQUIRED PERFORMANCE MEASURES –**Washington State is in the process of determining new performance metrics for different types of homeless and housing programs. Once these statewide performance metrics are determined, Kitsap County will incorporate them into our countywide performance measurement system and will include them in the appropriate sub-contracts, including responses to this RFP. Kitsap County will work with sub-contractors to understand and report on these forthcoming performance measures for 2022.*

**ADDITIONAL PERFORMANCE MEASURES** – In the boxes provided, list AT LEAST TWO ADDITIONAL performance measures that the shelter program will track and report on in 2022.

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **2021 YTD Performance** (if using same measure in 2021 YTD and 2022) | **Estimated 2022 Performance** | **Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Measuring Success (Word Limit - 200)–** In the text box provided please answer the following:
   * What are you measuring so you know if the shelter program is successful?
   * How are you measuring these things?
   * How this information is used to make changes to improve your program?

Shelter Financial Information

1. **Program Budget –** Download the Excel workbook, 2022 Shelter Program Budget and fill it out depicting your program budget. Upload the completed workbook. Please note:
   * The workbook has three worksheets. The first tab contains instructions; please read first. The second tab is set up for you to determine the estimated amount of the award based on the number of beds provided and the type of shelter. You will also enter your program budget. The third tab is for you to complete if a budget category is 10% or more than the total budget.
   * The total of the requested funds column should match the estimated amount of the award.
   * The total budget should equal the total of all sources.
   * DO NOT overwrite the GREY cells, which will automatically provide totals for you.
2. **Sources of Financing –** Download the Excel form, 2022 Sources of Financing and fill it out to describe what sources of funding you anticipate using for the program and whether the sources are committed, conditional, or tentative. Upload the completed form. Please note:
   * Funds that are committed or conditional should have a letter or email from the funder
     + Conditional funding would be conditioned on something like local matching funds
   * The total of all sources should equal the total budget
   * The total grant request at the top of the form should equal the estimated award amount from the 2022 Shelter Program Budget.
3. **Funding Commitments** 
   * Indicate if you have funds shown in the committed or conditional columns on the Sources of Financing form
     + If yes, upload documentation from the funding source to show the commitment. This is typically a letter or an email from the funder.
     + If no, you may skip the upload and proceed to the next question
4. **Board and Fundraising** – Funding from these grant sources should not be the sole funding for the shelter program. In the text box below:

* Indicate the amount of the gap in funding between how much these funding sources will provide (at the estimated bed rate listed in the RFP) and the cost to operate the shelter program.
* Describe how the agency will secure the additional funds to support the program operations.
* Describe the Board’s involvement in, and activities to, support the shelter program funding.

1. **Sustainability (Word Limit - 200)–** Describe your agency’s plan for financial sustainability for this program.
2. **Last Words (Word Limit - 200) –** Is there anything else you would like to share about this shelter program?

**This is the end of the Shelter Operations RFP Response Questions.**