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## COVER SHEET

- **Organization Name and Authorized Representative**

Hope Center, Inc.  
Cecil Dunn, Executive Director

- **Organization Address, Phone Number and E-mail**

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- **Title of proposed project**

Hope Center Street Outreach Program

- **Brief summary of proposed project**

Hope Center, Inc. proposes an innovative and research-based Street Outreach Program in response to the Lexington-Fayette Urban County Government Request for Proposal (RFP) #57-2015 Street Outreach Project. The proposed Hope Center Street Outreach Project will use research-based assertive outreach best practices to provide street outreach to unsheltered homeless persons residing on the streets in Lexington, Kentucky. The proposed Hope Center Street Outreach Project will provide assertive outreach to an unduplicated 40 unsheltered homeless persons in Fayette County annually, including Veterans, youth ages 18-24, families with children, victims of intimate partner violence, people with severe mental illness, people with addiction/substance use challenges, and people with HIV/AIDS. Many street outreach participants will belong to more than one of these categories. To maximize effectiveness of this project, Hope Center will partner with community providers with specific expertise in specific homeless populations. Hope Center requests \$75,000 per year for three years from LFUCG for this project, and brings \$60,753 to the 3-year project in cash match, for a total 3-year project budget of \$285,753. \$311,514 in leverage has been committed to this project over three years, including \$210,000 from community collaborators. Both match and leverage exceed required amounts for each project year.

# Project Narrative

## Project Design

### Overview

Hope Center, Inc. proposes an innovative and research-based Street Outreach Program in response to the Lexington-Fayette Urban County Government Request for Proposal (RFP) #57-2015 Street Outreach Project. The proposed Hope Center Street Outreach Project will use assertive outreach best practices to provide street outreach to unsheltered homeless persons residing on the streets in Lexington, Kentucky. The proposed Hope Center Street Outreach Project will provide assertive outreach to all unsheltered homeless persons in Fayette County, including Veterans, youth ages 18-24, families with children, victims of intimate partner violence, people with severe mental illness, people with addiction/substance use challenges, and people with HIV/AIDS. Many street outreach participants will belong to more than one of these categories. To maximize effectiveness of this project, Hope Center will partner with community providers with specific expertise in specific homeless populations.

Hope Center, Inc. proposes to serve 40 unduplicated individuals/families through this street outreach project, using practices and principles from research-based outreach models.

Hope Center will use an assertive street outreach model that incorporates research. Research has shown that unsheltered homeless people can be enormously difficult to engage in services leading to stability and housing. For example, some individuals reject services because they distrust and are frustrated with fragmented mental health, drug treatment, and medical care systems that are unable to coordinate services to meet their needs (especially the need for housing) (Tsemberis and Eisenberg, 2000), and because homeless people have different perceptions of their needs than do service providers; and that willingness to accept services is

strongly related to the perceived relevance of services to needs (Dattalo, 1990; Martin, 1990; Shern et al, 1997). Several studies found that consumer self-determination is a strong predictor of whether or not services are accepted (Tsemberis and Eisenberg, 2000). One study (Jost et al, 2010) found that service resistance was related to unsuccessful previous encounters with social services and choice, with the availability of believable housing options, combined with support provided by outreach workers acting as a catalyst for positive change. Specifically, the study found that outreach to engage unsheltered homeless persons, combined with support to help them make the transition to permanent housing and the availability of direct placement into housing (without “housing readiness” requirements) could be successful.

**Awareness of the needs among Lexington’s population of people experiencing homelessness..**

The 2015 Lexington-Fayette County Point-in-Time homeless count (Lexingtonky.gov) identified 1,267 homeless people, including 39 people living unsheltered. Among the unsheltered, 31 were male and 8 were female. There was one Veteran. Of the 650 people living in emergency shelters at the time of the count, 468 were male, 182 female, and 47 were under age 18. There were 87 Veterans.

Levitt et al (2009) completed interviews with 1,093 unduplicated unsheltered homeless persons to compare health and social characteristics of chronically unsheltered (defined for this study as sleeping without shelter at least 9 of the previous 24 months) to homeless persons in shelters. Of the 1,093 persons interviewed, two-thirds met the definition of chronically unsheltered and one-third did not. Comparison of the two groups revealed that the chronically unsheltered were older, had longer lifetime and current durations of homelessness, were slightly more likely to be male, were more likely to be a U.S. Veteran (20% versus 13%), were much more likely to have slept outdoors the past winter (46% versus 14%) than to have slept in a home

(own or with family or friend), emergency shelter, or other place. More of the chronically unsheltered had jail (76% versus 70%) or prison (41% versus 33%) incarcerations. Slightly less than half of both groups had health insurance; and slightly more than half of both groups had history of repeated trauma. The chronically unsheltered had higher rates of lifetime mental illness, substance abuse, co-occurring disorders, and serious medical issues. The study concluded that the “very sick and aged nature of the unsheltered homeless population suggests that more aggressive efforts should be undertaken to enroll [them] in income and health benefits and to create adequate housing opportunities...(p. 61).”

Nyamathi et al (2000) compared sheltered versus nonsheltered homeless women. In this study, 18% of women interviewed were unsheltered. Compared to the sheltered women, the unsheltered were younger, more likely to be white, and more likely to have been homeless for a year or more. Unsheltered women were much more likely (60% versus 33%) to report fair or poor physical health, pain (74% versus 57%), and poor mental health (93% versus 48%). The unsheltered women had higher rates of injection drug use and alcohol or non-injection drug use in the past six months compared to sheltered women; and higher rates of multiple sex partners and STDs in the past six months. They had much higher rates of adult victimization, including physical assault, sexual assault, and robbery. Unsheltered women had significantly lower rates of access to services, including speaking with a health care professional in the past year, dental care, screenings for cancer, TB, and HIV, and drug treatment. One noted conclusion was that “the streets are becoming a congregating place for persons with poor mental health (p. 570).”

Hope Center provides a Housing First Pilot Program in Lexington. This Pilot project has resulted in over 226 homeless people completing the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). The results of the VI-SPDAT indicate that Lexington’s

unsheltered homeless population is not very different from those studied in larger cities. The VI-SPDAT results to date show that Lexington's chronically unsheltered homeless are mostly male, and that a significant number are aging (8.4% overall are over age 60). Most (72.8%) had experienced two or more years of homelessness, with about a quarter (27.2%) with less than two years. Many had ongoing health needs, with nearly one-fifth (18%) reporting five or more emergency room visits in the past 6 months; and with 17% of these reporting more than 10 emergency room visits in the past 6 months. In response to a question about interaction with police in the past 6 months 13.4% reported five or more interactions, and 18.6% of these reported greater than 10 interactions. Nearly half (46.3%) reported having been attacked or beaten up since becoming homeless. Nearly half (48%) had ever experienced multiple mental health and substance abuse issues; and 70% responded that they had ever had or been told they had problems with drug or alcohol use/abuse. One-third (33.7%) reported that they had spoken with a mental health professional in the past six months because of their mental health, and 41% reported that they had experienced emotional, physical, psychological, sexual or other type of abuse or trauma in their lifetimes for which they had not sought help and/or which had caused their homelessness. Clearly, Lexington's unsheltered homeless are in grave need of services to help them move to from the streets to housing, and in accessing health and other services.

**Specifically, how will the project identify people who are unsheltered... and how often...**

The street outreach program will target those who are unsheltered, living on the streets. Potential targets will be identified from a variety of sources, including community partners such as the LFUCG Police and Sheriff's departments, OHPI, other shelters, day centers and the Hope Mobile, which already serves many clients who are unsheltered. The program will also employ staff who will go out to locations known to house homeless camps or be utilized by homeless

individuals. Staff will seek to make contact with unsheltered individuals, assess the needs and attempt to make provisions to address the needs of these individuals.

Staff will attempt to make contact with those living on the streets on a weekly basis, if not more often. Unsheltered individuals and families will work with outreach staff to develop a plan and attempt to address immediate needs. Referrals may be made to community partners for services as needed.

**Explain how the project will work with key stakeholders...**

The outreach team will work with Office of Homeless Prevention and Intervention the Sheriff's Department, Lexington Police, homeless shelters, day centers and other organizations that may provide services to homeless individuals or may interact with these unsheltered individuals. Many of these groups are aware of and regularly interact with some of these individuals and are likely to receive information on potential unsheltered individuals. The outreach team will accept referrals from other community stakeholders as well as the general public and will seek to make contact with these individuals.

**Describe in detail how outreach will take place including members... protocols for approaching people/entering camps, and approach to building relationships...**

The outreach team, will include at a minimum the Street Outreach Project Coordinator and the Street Outreach Peer Specialist (both to be hired), and may include staff from other agencies who specialize in particular subpopulations (youth, families, or Veterans, for example), and/or representatives from the Office of the Sheriff or Lexington Police Department (for safety, as needed). The outreach team will seek to make an initial contact with individuals referred to the program or who are identified through active outreach. The team will identify that they are working with the Hope Center and explain the outreach team and, if appropriate, give a brief

explanation of the goal of the program-to address immediate needs, including providing shelter. If the individual is agreeable, staff will complete the VI-SPDAT and gather basic demographic information to meet the HMIS Universal Data Standard requirements. If this is not possible on initial contact, the team will complete as much of the identifying data as possible and request permission to follow up with these individuals at a later time.

The goal will be to complete the VI-SPDAT on all individuals seen on an outreach basis with the understanding that it is the individual's right to refuse to participate. If the screening is refused initially, staff will attempt to complete the screening on subsequent follow ups. The team will also complete a basic intake including HMIS Universal Data Elements.

If an individual is already receiving services from another provider, such as the Hope Mobile or day center, the team may attempt to make initial contact at one of these locations since the individuals are more likely to be comfortable in this setting.

**Describe plans to ensure the safety of both staff and participants.**

If individuals or families are encountered in their camp, the team will make an effort to request permission to enter the area and will not do so against the wishes of the individual. If permission to enter is not granted, the team will offer to meet at an alternate location.

Initial relationship building is very important, so the team will attempt to engage in a way that is comfortable to the individuals and non-threatening whenever possible. If other service providers have established relationships with these individuals, the team may make an effort to also include them in the initial engagement process. For example, many unsheltered clients currently receive some level of services from the Hope Mobile. The team may utilize Hope Mobile staff to make initial contact and attempt to engage the person or family in the program. This will help facilitate building a positive relationship and will help with accurately addressing



the needs of the unsheltered individuals.

The outreach team will always work in pairs (at a minimum) and not seek to engage individuals in camps or other isolated setting while alone. An exception may be made if attempting to engage a person in another public setting such as the day centers, shelters or at the Hope Mobile. The team will also not attempt to engage individuals in any setting that does not appear to be safe, such as very isolated areas after dark, camps with individuals that may be threatening or dangerous or other areas that appear unsafe. In many instances, unsheltered individuals may need assistance while living in such places. As a result, the team may seek to engage law enforcements assistance in such situations. Staff will also be instructed to call law enforcement or 9-1-1 in situations that may arise that necessitate such action.

**Describe the project's plan for interacting with...subpopulations...**

The outreach program will include a variety of individuals with special needs and will see to engage the involvement of community partners and community resources who may specialize in these particular needs. Hope Center already has partnerships with many of these programs and will continue to utilize these resources to serve clients in the Outreach Program. Some of these special populations include:

- **Veterans** - Hope Center currently has a Grant Per Diem transitional housing program operated in partnership with the VA. Participants in the Street Outreach program may be referred to the GPD as appropriate. Referrals will also be made to VA's HUD VASH programs as well as the Volunteers' of America voucher program to assist eligible clients with obtaining permanent housing. Currently, vouchers exist in both of these programs so eligible veterans should be housed very quickly in compliance with Lexington's goal to end Veteran's Homelessness.

- **Youth Ages 18-24** - Again, many of these individuals will be eligible for existing Hope Center programs, including substance abuse treatment, emergency shelter, mental health services and employment services. Arbor Youth Services also currently has street outreach services for this population.
- **Families with Children** - Currently, Salvation Army provides homeless services, including emergency housing to families with children. The Family Shelter program will also be a referral source once that program is available.
- **Victims of Intimate Partner Violence** - Greenhouse 17 currently provides comprehensive services to domestic violence victims and will be utilized for individuals seen through the Street Outreach Program. In additions, Bluegrass.org provides mental health services to those who may be in need of counseling as a result of intimate partner violence.
- **People with Severe Mental Illness** - Hope Center currently serves many of these individuals through our Mental Health program and will continue to make that program available to eligible participants in the Street Outreach Program (open to men only). Referrals will also be made to Bluegrass.org for counseling services and/or medications. Emergency needs will be referred to Eastern State Hospital or Good Samaritan Hospital. New Beginnings and Canaan House are both housing resources for this subpopulation.
- **People with Addiction and Substance Use** - Hope Center operates men's and women's substance abuse programs and both programs would be open to eligible participants. Hope Center operates an 8 bed non-medical, licensed detoxification unit that would also be available to male participants in the program. Women and those needing medical detox will be referred to the University of Kentucky/Good Samaritan.

- **People with HIV/AIDS** - AVOL has agreed to partner with the Hope Center and the Street Outreach program to arrange for appropriate services and care for those with HIV/AIDS.

**Describe how the project will encourage people who are unsheltered to seek immediate shelter while remaining focused on permanent housing.**

The Outreach Team will seek to assist unsheltered individuals with exploring permanent housing options, but will also seek to assist these individuals with finding immediate shelter, including Hope Center Emergency Shelter, Salvation Army and Community Inn. The team will continue to work with individuals on finding housing once placed in emergency shelter and will make appropriate referrals to other services, including mental health, medical and social service programs as needed.

**How will the project interact with and access existing programs/resources to house people...**

The team will work with other service providers and the Housing First program, Lexington Housing Authority, Adult and Tenant Services and other potential sources of permanent housing to meet these needs.

**How will the project approach this requirement to ensure assessments are conducted...**

The VI-SPDAT, as mentioned previously, will be completed on any individuals seen through the outreach program. Refusal to complete the screening will not automatically exclude an individual from participation, but the screening will be attempted at a later time. The VI-SPDAT will be entered into HMIS along with the universal data elements required by HUD. Hope Center, Inc. and the Street Outreach Project will work with the OneDoorLexington coordinated entry system to help people access permanent housing, using approved protocols as they become available.

## **Services and Outcomes**

### **What services will the project provide that aren't currently available? How will the project provide access to these services in a way that is more assertive than a simple referral?**

The project will provide coordinated assertive street outreach, sending team members into the community to seek out individuals and families who are living unsheltered. While some street outreach is available in Lexington, it is usually weather-specific or agency-specific; and may not be assertive over time. This project will provide ongoing assertive street outreach that include coordination of needed resources for participants. Team members will seek to engage participants in the community, providing support and referrals to resources to meet the clients immediate needs and work towards a goal of getting them off the streets and ultimately into permanent housing. The team will also accept referrals made by community partners to help identify those in need. Services will be provided from the time the person is identified until the person or family is housed, and for 6 months after housing.

### **How will transportation be available...**

The street outreach team will have bus passes and will also either provide or arrange transportation for those needing shelter or housing.

### **What services/access to services will the project provide for people experiencing substance abuse and/or mental illness and who will provide those services?**

The team will assist the individuals in need of substance abuse or mental health services by providing referrals to these programs, along with assistance with transportation to the programs. Hope Center currently operates recovery programs for both men and women and also has a Detox unit for men that may be utilized. Other treatment providers may be utilized at the request of the individual.

**Target Chart**

Outputs	Year 1	Year 2	Year 3
Target Number of Unduplicated Outreach Contacts	40	40	40
Outcomes – All	Year 1	Year 2	Year 3
% of total Outreach Contacts (above) who access permanent housing	25% (10)	25% (10)	25% (10)
% of total Outreach Contacts (above) who maintain permanent housing after 6 months	20% (8) (this is 80% of those placed)	20% (8) (this is 80% of those placed)	20% (8) (this is 80% of those placed)
% of total Outreach Contacts (above) who experience a new episode of homelessness after permanent housing has been obtained	20% (2) of those placed in permanent housing	20% (2) of those placed in permanent housing	20% (2) of those placed in permanent housing
% of total Outreach Contacts (above) who access a new mainstream resource (SSDI, SNAP, etc.) they don't already receive	20% (8) of total outreach contacts*	20% (8) of total outreach contacts	20% (8) of total outreach contacts
Outcomes – Unsheltered Only	Year 1	Year 2	Year 3
Target number of Unduplicated Outreach Contacts who are Unsheltered at time of contact	40	40	40
% of Unsheltered Outreach Contacts (above) who move from the street to emergency shelter for at least a nig	20%	20%	20%

\* If this category included access of health insurance, the percent would rise to 85%.

**Sustainability**

Hope Center, Inc. has an established history of sustaining successful programs, and is committed to incorporating Street Outreach as a service delivery model should this project be successful. Hope Center will seek funding through government and other resources. For example, SAMHSA has funded projects that may incorporate street outreach and engagement through Treatment for Homeless and other competitive RFP programs. HUD and the Veterans Administration has funded housing in a number of programs, including HUD-VASH, permanent supportive housing, and VA Supportive Services for Veteran Families competitions. Hope

Center will apply for these and other grant funds as they become available. In Hope Center's Housing First Pilot project, the Housing Authority and community housing providers have provided funds for housing. Hope Center will continue to work with these and others for housing resources. Hope Center could also work towards sustaining the Street Outreach program by supplementing staff and other costs through grants and donations.

## **Organizational Capacity and Experience**

### **Describe the organization's experience with people experiencing homelessness...**

Hope Center, Inc. is a nonprofit organization with a long history of concern and advocacy for the homeless population in the Lexington metropolitan area. The agency provides a comprehensive array of programs and services to care for homeless persons and those at-risk of homelessness in Fayette County. Through the provision of life-sustaining and life-rebuilding services, Hope Center addresses homelessness through provision of services to address substance abuse, mental illness, life management skills, and issues related to employability. Established in 1993 in response to needs identified by a city taskforce, Hope Center serves approximately 2,200 clients annually. Programs and services include emergency shelter, gender-specific Recovery Programs, mental health services with interim housing, employment programs, Transitional Housing Programs, health clinics, a Hispanic Program, mobile outreach, Housing First, a Recovery Program offered at the Fayette County Detention Center, social services, and permanent housing. Most Hope Center clients have multiple needs for assistance to help them achieve lasting self-sufficiency, and Hope Center makes every effort to implement programs and services that are responsive to those needs.

While all of Hope Center's programs are for homeless adults, its Hope Mobile, Emergency Shelter, Housing First, and Mental Health Program provide good examples of the

agency's experience providing direct supportive services for unsheltered homeless people.

The **Hope Mobile** provides basic needs (food, warm clothing, etc.) and direct services through the provision of needs assessment, service linkage, and medical care via a mobile unit that rotates among church parking lots on a regular schedule. The Hope Mobile is the only constant for some of Lexington's chronically homeless, and it provides a good way to develop relationships, trust and engagement with the most vulnerable and hard to reach homeless.

The **Emergency Shelter** was opened in 1993, a result of the Mayor's Task Force on Homelessness. The shelter is the Hope Center's primary function in that it is often the first service offered to a homeless person. In addition to the provision of basic needs, direct services provided at the Emergency Shelter include needs assessment, health screening and health care, linkage to services, assistance with accessing mainstream resources, introduction to Hope Center's other programs such as Recovery and Mental Health, and access to Hope Center's employment, Hispanic, and Veterans programs.

The Hope Center Emergency Shelter provides lodging, food and clothing to homeless adult men in Fayette County. These services are offered on a 24-hour per day basis, 365 days per year. On average, the shelter provides lodging to 180-220 men each night, and has served up to 261. On a monthly basis, the shelter provides an average of 6,000 nights of lodging and 13,000 meals. In 2012, it distributed over 40,859 items of clothing to homeless men.

The Emergency Shelter has never turned anyone away due to lack of capacity. The shelter is often the first exposure homeless men have to the Hope Center, and provides a way for trust to be established, allowing Hope Center to engage hard-to-serve homeless men in other services that may help with housing and life stability.

The Hope Center **Housing First** Pilot Program began last year (2014). It incorporates

research-based best practices, including outreach via the Hope Mobile, shelters, churches, and other community partners; the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), designed to identify and prioritize homeless people for housing based on the fragility of their health; referrals; case management, and immediate permanent housing if at all possible, or immediate emergency shelter if the housing is not available or the participant is not willing to be housed.

During outreach and throughout participation, the Housing First case managers work with participants to get emergency and other needs met, including immediate mental and physical health needs (through Bluegrass.org and HealthFirst, among others). The basic needs of food, clothing and shelter are provided, regardless of whether the person agrees to be housed.

The Vulnerability Index not only helps prioritize participants, but also signals need for other assessments for housing, resource, and support service needs. The Hope Center is experienced in comprehensive needs assessments, and the development and implementation of participant service plans which are agreed upon by participants and updated as goals change. Hope Center is also experienced in working with teams of service providers, including Bluegrass.org, HealthFirst, and others.

Many homeless service providers in Lexington have participated in Housing First Pilot Program. Partners may include the referral source, mental health providers, substance abuse service providers, housing providers, case managers, and others who may be members of participants support or community group. The Housing First Partner Team meets on a regular basis to serve Housing First clients.

Research (Rynearson, S., Barrett, B., Clark, C., 2010, page 10) identified the key components of a model Housing First service array to be: 24-7 crisis support, Psychological



services, Employment/vocational skills, Building social skills/social networks, Money management, Medication management, and Independent living skills. Hope Center provides these key components through case management, through its existing programs, and through collaboration with community providers. The Housing First program maintains a case management ratio of one case manager per 10 participants (1:10), allowing case managers enough time to meet the needs of their clients no matter the level of intensity needed. Hope Center provides the model service array as listed through case management (24-7 crisis support, building social skills/social networks, money management, independent living skills), partnerships with community providers (psychological (mental health) services, medication management), and through its own resources (employment services, money management - including payee services - and other life skills). In addition, Hope Center provides advocacy in Mental Health Courts for legal issues, referrals and consultations with Greenhouse 17 for domestic violence issues, and facilitates access to Hope Center's Hispanic program, Employment program, Veterans program, and other tailored support to increase housing stability as needed.

The Hope Center **Mental Health Program** serves men who are homeless and have chronic mental illness. Simply helping a mentally ill person move from the street into a shelter can be life-saving; and with mental health care, homeless persons with severe mental illness can begin to stabilize. The mental health team not only helps clients to secure permanent housing but also provides ongoing support, including payee services and counseling, to help ensure their success.

Mental Health Program staff are experienced in engaging homeless persons who have chronic mental illness, and providing stabilization, housing, and other. The team provides a wide variety of services, directly and through integrated referral/service provision. Services include

psychiatric assessment and evaluation, medication assistance and monitoring, case management, life skills training, housing support services, service referrals with follow-along case management, and transportation assistance. Long-term success entails helping each client reach his potential for self-sufficient living. Each client is different, and some need more assistance than others in order to live independently. The effort made by the Mental Health team often involves months of work, even years in some cases. The mental health program delivers more than 35,600 services annually through nearly more than 8,100 client visits.

**If the project will utilize a street outreach team, identify who will lead that team (provide resume if person is identified or job description if they are to be hired).**

The street outreach team will be led by a Street Outreach Program Coordinator, to be hired. The Street Outreach Program Coordinator will be responsible for identifying unsheltered individuals living in the community; assisting them, whenever feasible, in obtaining housing in the community; coordinating services; and providing ongoing support and case management services. This position will directly supervise the Street Outreach Peer Specialist, to be hired. The Program Coordinator qualifications include Bachelor's degree in Social Work, Psychology, Counseling, or related field preferred, with mental health experience preferred; and a valid driver's license with acceptable driving record. A Street Outreach Peer Specialist will also be hired. The Street Outreach Peer Specialist will act as a member of the street outreach team, and will assist the Street Outreach Program Coordinator in identifying and screening potential participants in the program, conduct active outreach to engage individuals living on the streets or in shelters to identify referrals, and other duties related to the Street Outreach Program. ***Full job descriptions are included with this application – please see Contents.***

The outreach team may also ask staff from other agencies who specialize in particular subpopulations (youth, families, or Veterans, for example), and/or representatives from the Office of the Sheriff or Lexington Police Department (for safety, as needed) to accompany it on assertive outreach.

**Identify any people and/or organizations who have committed to participate with that team and describe their roles and experience with any particular subpopulation.**

Those who have committed to participate in the project include Arbor Youth (which provides services for at-risk children, youth and families, including street outreach and emergency shelter street outreach, emergency shelter, and transitional living plans with 18-24), AIDS Volunteers of Lexington (AVOL) (which provides housing and supportive services to low income people living with HIV/AIDS and also provides free testing and outreach to at-risk populations), Beacon Property Management (which manages 272 units of affordable housing in the community, and works with Hope Center to provide housing through the Housing First program), Bluegrass.org (which assists individuals, children, and families in the enhancement of their well-being through mental health, intellectual and developmental disabilities, and substance abuse service; and was recently awarded a grant to provide intensive services – including case management – to chronically homeless persons with substance abuse, mental illness, or co-occurring disorders); Canaan House (which provides housing for severely mentally ill adults), Community Action Council (which provides comprehensive services for low income people, and provides permanent housing for homeless people), Community Inn (which provides emergency shelter and other services), Eastern State (which provides an extensive range of inpatient mental health services to adults, including both acute and long-term inpatient psychiatric treatment, specialized services for individuals with acquired brain injuries, and long-term care for those

with psychiatric disabilities requiring nursing facility level of care), Greenhouse 17 (which addresses intimate partner violence through an array of crisis intervention and stabilization services, including a 24-hour hotline, emergency shelter, legal advocacy, individual and group support, medical and dental treatment, budget and credit counseling, supportive housing services, and transportation assistance), HealthFirst Bluegrass (which provides quality medical, dental, pharmacy and support services to homeless and other low income people), Lexington Rescue Mission (which provides community meals, clothing, transportation assistance, medical care, employment training and staffing, community resource referral, and case management to homeless people, in addition to transitional housing for men in recovery) Lighthouse Ministries (which provides housing and support for men, and educational and psychological support for people who are in need of drug, alcohol and vocational rehabilitation), New Beginnings (which provides community-based, recovery-oriented housing and supportive services to persons with severe mental illness), Salvation Army (which provides comprehensive shelter and support for homeless families), the Sheriff's Office, and Volunteers of America (which operates a 40-bed Homeless Veterans Transition Facility at the Leestown Campus of the Lexington VA Medical Center, in partnership with the VAMC).

**If the organization provides any current level of street outreach then describe that service and explain how this project will be an addition/expansion...**

Hope Center currently provides street outreach during cold weather to bring people in to shelter. It also provides outreach through the Hope Mobile. This project is different in that it provides coordinated, assertive street outreach that is ongoing with the goal of permanent housing, and includes outreach not only through referral to shelter or services, but also through the first 6 months of permanent housing.

**Identify the project director and include a resume/CV. Identify where the project will be housed within the organization's structure.**

The Project Director will be David Shadd, who will coordinate services, supervising two Street Outreach staff (to be hired) and other Hope Center staff who will devote program time to the Street Outreach program (Amy Lunsford, a Hope Center employee of Beacon Properties paid in part by Beacon Properties and with access their 272 units of affordable housing in Lexington; Social Services Coordinator Shawn Luchtefeld, who is a Hope Center employee but is paid in part by HealthFirst; Janice James, Hope Center's Deputy Director who is experienced in working with numerous grant-funded programs, facilitating work with outside evaluators, and overall program management and resource coordination; HMIS staff, Accounts Payable staff, the Director of Accounting, and the CFO.).

The project will be housed under the Hope Center's division of homeless programs.

Mr. Shadd will also coordinate housing and services with the broad array of service providers who have offered their support and commitment of services to this project, including Arbor Youth, AVOL, Beacon, Bluegrass.org, Canaan House, Community Action, Community Inn, Eastern State, Greenhouse 17, HealthFirst Lexington, Lexington Rescue Mission, Lighthouse Ministries, New Beginnings, Salvation Army, Volunteers of America, the Office of the Sheriff, and countless other agencies – including faith based – which have long-standing working relationships with Hope Center and provide household needs, volunteers, and other services that help participants become stably housed, connected members of the community.

**Describe the project management plan and provide a timeline for implementation.**

Administrative oversight of the Hope Center Street Outreach Project will be provided by Janice James, Deputy Director and Director of the Women's Recovery Center, at .03 FTE.

David Shadd, Director of Programs, will devote .05FTE to the project, and will supervise the Street Outreach Program Coordinator and the Street Outreach Peer Specialist, to be hired. Mr. Shadd will also be responsible for coordinating HMIS requirements, including obtaining data as needed from other agencies. He will work with Ms. James and other administrative and financial staff to document and report on outputs, outcomes, match, and leverage. Hope Center management meets weekly to discuss programs and goals, and to form action plans as needed. The proposed program will be included in weekly management meetings.

**Project Timeline:** Upon funding notification, an announcement will be prepared and disseminated to collaborators within 24 hours. **Project Operation Start Up Period** (30 days, beginning February 15, 2016): Advertisement for staff will be prepared and published (on-line and in the newspaper) within 3 business days; and interviews/background checks will be conducted during the initial 30 days (it is anticipated that positions will be filled quickly). Hiring and orientation will be completed within 30 days, and program supplies (computers, phones, etc.) will be purchased during this time. Protocols for documentation of leverage and match will be developed, and communication protocols with other agencies for data collection will be agreed upon. The project will begin accepting referral information immediately, and will begin program implementation on or about March 15, 2016 (or 30 days from funding notification).

**Project Implementation:** Services will be conducted on an ongoing basis, with rapid response to referrals and ongoing assertive outreach. The VI-SPDAT will be administered as quickly as possible to each participant. Documentation of service provision (outputs and outcomes, as per chart on page 11) will begin immediately upon implementation and be ongoing; and communication with other providers will be ongoing (including referrals and communication for data collection). Program reporting and other requirements will be ongoing.

**Provide a description of the applicant's experience with grants management and financial accountability.**

Hope Center receives \$2,275,000 in grant funds annually from governmental, foundation, and corporate funders. On average, at any given time, Hope Center is managing more than 20 grant programs. It maintains separate cost centers for each grant funded program, and is experienced in successful grants management, reporting, communication with funding sources, and accountability. In the past 15+ years, the Hope Center has had no audit findings or exceptions.

**Briefly describe the organization's history, service delivery model and philosophy, and governance structure.**

Hope Center, Inc. provides a comprehensive array of programs and services to care for homeless persons and those at-risk of homelessness in Fayette County. Through the provision of life-sustaining and life-rebuilding services, Hope Center addresses the underlying causes of homelessness such as substance abuse, mental illness, life management skills, issues related to employability, and access to permanent housing. Established in 1993 in response to needs identified by a city taskforce, Hope Center serves approximately 2,200 clients annually.

Programs and services include emergency shelter, gender-specific Recovery Programs, mental health services with interim housing, employment programs, Transitional Housing Programs, a health clinic, a Hispanic Program, mobile outreach, a Recovery Program offered at the Fayette County Detention Center, social services, and permanent housing. Most Hope Center clients have multiple needs for assistance to help them achieve lasting self-sufficiency, and Hope Center makes every effort to implement programs and services that are evidence-based, responsive and tailored to individual needs.

Hope Center's service delivery model and philosophy is in keeping with its mission: "To care for homeless and at-risk persons by providing life-sustaining and life-rebuilding services that are comprehensive and address underlying causes". It is committed to implementing an assertive Street Outreach model in the proposed program.

Hope Center, Inc. is a 501(c) 3 nonprofit organization. It is governed by a Board of Directors that meets six times per year. Cecil F. Dunn, Executive Director, reports to the Board of Directors.

**Describe the organization's current participation in HMIS and its plan to ensure full participation in HMIS for the proposed project.**

Hope Center currently participates in HMIS, and has seven HMIS licenses. Staff who enter HMIS data have completed appropriate training. Hope Center enters HMIS data for its recovery programs, emergency shelter, mental health program, and other programs with the exception of its Detention Center Recovery program. Hope Center ensures full participation in HMIS for the proposed Street Outreach program, and understands that full HMIS participation is required for funding.

## **Partnerships and Match/Leverage**

Hope Center has met the full match and leverage requirements outlined in Section 2.2 of the Request for Proposals; and has demonstrated that it is the lead entity for a project that is broad-based and inclusive.

**Match:** If funded, Hope Center, Inc. will provide \$17,643 in cash match (23.52% of the \$75,000 request) in Year 1, \$20,161 in cash match (26.88% of the \$75,000 request) in Year 2, and \$22,949 in cash match (30.59% of the \$75,000 request) in Year 3. The cash match (shown



in detail in the line item budget and budget narrative) is provided through allocation of staff time (salary and fringe benefits), travel, program start-up and ongoing supplies, and smart phone service. The cash match exceeds the required amount for each year. Cash match is documented in a letter from the Hope Center included with this application.

**Leverage:** If funded, Hope Center, Inc. will provide \$33,838 in leverage (documented in a match/leverage letter from Hope Center, Inc.), and has obtained commitments for \$70,000 annually from community service providers (documented in letters from those providers). Hope Center leverage commitment of \$33,838 includes contributed shelter days, units of permanent housing, and clothing for participants. Bluegrass.org has committed to \$50,000 annually in leverage through the provision of intensive services to 25 chronically homeless individuals/families annually (please see letter of commitment from Bluegrass.org). Volunteers of America has committed to \$20,000 annually in leverage for annually helping four homeless Veterans served by the Street Outreach Program access their Homeless Veterans Transitional Treatment Program (please see letter of commitment from Volunteers of America). The total annual committed leverage is \$103,838 annually, which is 138% each of the three grant years, exceeding in each year the required amount. *Please see Match/Leverage Letters.*

Hope Center, Inc. has clearly demonstrated that it is the **lead entity for a project that is broad-based and inclusive** through 16 letters of support and commitment to the project, including letters indicating collaboration from entities serving each of the required subpopulations. *Please see Letters of Commitment to Common Goals.*

## Resources

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007, February).

Capacity for survival: Exploring strengths of homeless street youth. In *Child and Youth Care Forum* (Vol. 36, No. 1, pp. 25-42). Kluwer Academic Publishers-Plenum Publishers.

Corneil, T. A., Kuyper, L. M., Shoveller, J., Hogg, R. S., Li, K., Spittal, P. M., ... & Wood, E.

(2006). Unstable housing, associated risk behaviour, and increased risk for HIV infection among injection drug users. *Health & place*, 12(1), 79-85.

El-Bassel, N., Witte, S. S., Wada, T., Gilbert, L., & Wallace, J. (2001). Correlates of partner

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Jost, J. J., Levitt, A. J., & Porcu, L. (2010). Street to home: the experiences of long-term

unsheltered homeless individuals in an outreach and housing placement program. *Qualitative Social Work*, 1473325010369025.

Kryda, A. D., & Compton, M. T. (2009). Mistrust of outreach workers and lack of confidence in

available services among individuals who are chronically street homeless. *Community mental health journal*, 45(2), 144.

Lam, J. A., & Rosenheck, R. (1999). Street outreach for homeless persons with serious mental

illness: is it effective?. *Medical care*, 37(9), 894-907.

Levitt, A. J., Culhane, D. P., DeGenova, J., O'Quinn, P., & Bainbridge, J. (2009). Health and social characteristics of homeless adults in Manhattan who were chronically or not chronically unsheltered. *Psychiatric services (Washington, DC)*, 60(7), 978.

Nyamathi, A. M., Leake, B., & Gelberg, L. (2000). Sheltered versus nonsheltered homeless women. *Journal of general internal medicine*, 15(8), 565-572.

O'toole, T. P., Conde-Martel, A., Gibbon, J. L., Hanusa, B. H., & Fine, M. J. (2003). Health care of homeless veterans. *Journal of general internal medicine*, 18(11), 929-933.

Rynearson, S., Barrett, B., Clark, C.(2010). *Housing First: A review of the literature*. Prepared for the National Center on Homelessness among Veterans. Tampa, Florida: Louis de la Parte Florida Mental Health Institute.

Tsemberis, S., & Eisenberg, R. F. (2014). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric services*.

## Street Outreach Program Line-Item Budget Years 1-3 Year 1

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR1 Grant	YR1 Match
Project Administrator	3%	Janice James	88,500	2,521		2,521
Project Director	5%	David Shadd	65,000	3,250	1,300	1,950
Street Outreach Program Coord.	100%	to be hired	32,000	32,000	32,000	
Street Outreach Peer Specialist	100%	to be hired	22,000	22,000	22,000	
HMIS Staff	5%	Rick Canady	26,000	1,300		1,300
Accts Payable Clerk	5%	Christina Taylor	31,000	1,550		1,550
Director of Accounting	5%	Jennifer Hertweck	67,000	3,350		3,350
Chief Financial Officer	2%	Jeff Crook	95,000	1,900		1,900
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>55,300</b>	<b>12,571</b>
<b>Fringe</b>						
Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k						
33.5% is calculated on the subtotal for Total Staff Personnel Expense above						
<b>Staff Fringe Benefits/Taxes (33.5%)</b>				<b>22,737</b>	<b>18,445</b>	<b>4,292</b>
<b>Travel</b>						
Staff Mileage (180 miles per month at \$.47/mile)				1,015	1,015	0
Bus Tokens (20 per month)				240	240	0
<b>Total Travel Expense</b>				<b>1,255</b>	<b>1,255</b>	<b>0</b>
<b>Supplies</b>						
Start-up Supplies (one-time cost)				1,600	0	1,600
Program Supplies (\$200 in year 1 is one-time cost)				300	0	300
Smart Phone service				480	0	480
Total Supplies				<b>780</b>	<b>0</b>	<b>780</b>
<b>Total Expenses</b>				<b>92,643</b>	<b>75,000</b>	<b>17,643</b>

## Street Outreach Program Line-Item Budget Years 1-3 Year 2

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR2 Grant	YR2 Match
Project Administrator	3%	Janice James	88,500	2,521		2,596
Project Director	5%	David Shadd	65,000	3,250		3,348
Street Outreach Program Coord.	100%	to be hired	32,000	32,000	32,960	
Street Outreach Peer Specialist	100%	to be hired	22,000	22,000	22,660	
HMIS Staff	5%	Rick Canady	26,000	1,300		1,339
Accts Payable Clerk	5%	Christina Taylor	31,000	1,550		1,597
Director of Accounting	5%	Jennifer Hertweck	67,000	3,350		3,451
Chief Financial Officer	2%	Jeff Crook	95,000	1,900		1,957
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>55,620</b>	<b>14,287</b>

### Fringe

Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k

33.5% is calculated on the subtotal for Total Staff Personnel Expense above

<b>Staff Fringe Benefits/Taxes (33.5%)</b>			<b>Total Fringe Benefits Expense</b>	<b>22,737</b>	<b>18,633</b>	<b>4,786</b>
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### Travel

Staff Mileage (180 miles per month at \$.47/mile)

Bus Tokens (20 per month)

	1,015	747	268
	240	0	240
<b>Total Travel Expense</b>	<b>1,255</b>	<b>747</b>	<b>508</b>

### Supplies

Start-up Supplies (one-time cost)

Program Supplies (\$200 in year 1 is one-time cost)

Smart Phone service

Total Supplies

	1,600	0	0
	300	0	100
	480	0	480
	<b>780</b>	<b>0</b>	<b>580</b>

### Total Expenses

	<b>92,643</b>	<b>75,000</b>	<b>20,161</b>
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## Street Outreach Program Line-Item Budget Years 1-3 Year 3

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR3 Grant	YR3 Match
Project Administrator	3%	Janice James	88,500	2,521		2,674
Project Director	5%	David Shadd	65,000	3,250		3,448
Street Outreach Program Coord.	100%	to be hired	32,000	32,000	33,349	600
Street Outreach Peer Specialist	100%	to be hired	22,000	22,000	22,840	500
HMIS Staff	5%	Rick Canady	26,000	1,300		1,379
Accts Payable Clerk	5%	Christina Taylor	31,000	1,550		1,644
Director of Accounting	5%	Jennifer Hertweck	67,000	3,350		3,554
Chief Financial Officer	2%	Jeff Crook	95,000	1,900		2,016
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>56,189</b>	<b>15,815</b>

### Fringe

Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k

33.5% is calculated on the subtotal for Total Staff Personnel Expense above

<b>Staff Fringe Benefits/Taxes (33.5%)</b>			<b>Total Fringe Benefits Expense</b>	<b>22,737</b>	<b>18,823</b>	<b>5,298</b>
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### Travel

Staff Mileage (180 miles per month at \$.47/mile)

Bus Tokens (20 per month)

	1,015	0	1,015
	240	0	240
<b>Total Travel Expense</b>	<b>1,255</b>	<b>0</b>	<b>1,255</b>

### Supplies

Start-up Supplies (one-time cost)

Program Supplies (\$200 in year 1 is one-time cost)

Smart Phone service

Total Supplies

	1,600	0	0
	300	0	100
	480	0	480
<b>Total Supplies</b>	<b>780</b>	<b>0</b>	<b>580</b>

### Total Expenses

	<b>92,643</b>	<b>75,012</b>	<b>22,949</b>
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## Street Outreach Project Budget Narrative

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR2 Grant	YR2 Match
Project Administrator	3%	Janice James	88,500	2,521		2,596
Project Director	5%	David Shadd	65,000	3,250		3,348
Street Outreach Program Coord.	100%	to be hired	32,000	32,000	32,960	
Street Outreach Peer Specialist	100%	to be hired	22,000	22,000	22,660	
HMIS Staff	5%	Rick Canady	26,000	1,300		1,339
Accts Payable Clerk	5%	Christina Taylor	31,000	1,550		1,597
Director of Accounting	5%	Jennifer Hertweck	67,000	3,350		3,451
Chief Financial Officer	2%	Jeff Crook	95,000	1,900		1,957
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>55,620</b>	<b>14,287</b>

### NARRATIVE: Role and responsibilities of each position.

**Project Administrator**, Janice James, MSW, at .05 FTE. Ms. James will provide support with participation in the evaluation, program development, coordination of services with partners, and other project support as needed.

The **Street Outreach Project Director** (David Shadd) will coordinate services, supervising two street outreach staff (to be hired) and other Hope Center staff who will devote program time to the Street Outreach Project. The project director will also coordinate services and housing with the many Housing First community collaborators.

The **Street Outreach Program Coordinator** will be responsible for identifying unsheltered individuals living in the community; assisting them, whenever feasible, in obtaining housing in the community; coordinating services; and providing ongoing support and case management services. This position will directly supervise the Street Outreach Peer Specialist, to be hired.

The **Street Outreach Peer Specialist** will act as a member of the street outreach team, and will assist the Street Outreach Coordinator in identifying and screening potential participants in the program, conduct active outreach to engage individuals living on the streets or in shelters to identify referrals, and other duties related to the Street Outreach Program.

5% of existing **HMIS staff** time will be allocated to this project for data collection, HMIS input and other reporting requirements.

**Accounts Payable Clerk** reviews all invoices for the entire organization. She reviews costs for each program and trends in spending; codes each invoice by program; and produces checks for payment. 5% of her time is allocated to this project.

**Director of Accounting**, Jennifer Hertweck, will devote 5% FTE to the project and provide accounting oversight, reporting, and program accounting functions.

The **Chief Financial Officer** is responsible budgeting and review of all expenses for each program. He maintains grant reporting and compliance issues regarding all grants. He will maintain financials for the project as he does for each of the organization's programs.

## Street Outreach Project Budget Narrative

<b>Fringe</b>			
Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k			
33.5% is calculated on the subtotal for Total Staff Personnel Expense above			
<b>Staff Fringe Benefits/Taxes (33.5%)</b>	<b>Total Fringe Benefits Expense</b>	<b>22,737</b>	<b>18,633</b>
			<b>4,786</b>
<b>NARRATIVE:</b> Hope Center employees receive fringe benefits at the agency rate of 33.5% of salaries. Fringe benefits are calculated on the percentage of time devoted to the Street Outreach Project.			
<b>Travel</b>			
Staff Mileage (180 miles per month at \$.47/mile)	1,015	747	268
Bus Tokens (20 per month)	240	0	240
	<b>Total Travel Expense</b>	<b>1,255</b>	<b>747</b>
			<b>508</b>
<b>NARRATIVE: Purpose and cost of travel</b>			
Staff Mileage: Calculated at 180 miles per month X 47 cents per mile = \$1,015 annually			
Bus Tokens: Calculated at 20 per month X \$1 per token = \$240 annually			
<b>Supplies</b>			
Start-up Supplies (one-time cost)	1,600	0	0
Program Supplies (\$200 in year 1 is one-time cost)	300	0	100
Smart Phone service	480	0	480
Total Supplies	<b>780</b>	<b>0</b>	<b>580</b>
<b>NARRATIVE: Purpose and cost of travel</b>			
Start-up Supplies: \$800 each 2 staff-includes 2 computers, 2 smart phones			
Program supplies: Includes consumable supplies such as paper, ink, postage, etc estimated to be \$300 in year 1 and \$100 in both year 2 and 3			
Smart Phone service: Estimated at \$40/month for an annual cost of \$480			
<b>Total Expenses</b>	<b>92,643</b>	<b>75,000</b>	<b>20,161</b>



## Street Outreach Project Budget Narrative

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR1 Grant	YR1 Match
Project Administrator	3%	Janice James	88,500	2,521		2,521
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Street Outreach Peer Specialist	100%	to be hired	22,000	22,000	22,000	
HMIS Staff	5%	Rick Canady	26,000	1,300		1,300
Accts Payable Clerk	5%	Christina Taylor	31,000	1,550		1,550
Director of Accounting	5%	Jennifer Hertweck	67,000	3,350		3,350
Chief Financial Officer	2%	Jeff Crook	95,000	1,900		1,900
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>55,300</b>	<b>12,571</b>

**NARRATIVE: Role and responsibilities of each position.**

**Project Administrator**, Janice James, MSW, at .05 FTE. Ms. James will provide support with participation in the evaluation, program development, coordination of services with partners, and other project support as needed.

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<b>Fringe</b>			
Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k			
33.5% is calculated on the subtotal for Total Staff Personnel Expense above			
<b>Staff Fringe Benefits/Taxes (33.5%)</b>	<b>Total Fringe Benefits Expense</b>	<b>22,737</b>	<b>18,445</b>
		<b>4,292</b>	
<b>NARRATIVE:</b> Hope Center employees receive fringe benefits at the agency rate of 33.5% of salaries. Fringe benefits are calculated on the percentage of time devoted to the Street Outreach Project.			
<b>Travel</b>			
Staff Mileage (180 miles per month at \$.47/mile)	1,015	1,015	0
Bus Tokens (20 per month)	240	240	0
	<b>Total Travel Expense</b>	<b>1,255</b>	<b>1,255</b>
		<b>0</b>	
<b>NARRATIVE: Purpose and cost of travel</b>			
Staff Mileage: Calculated at 180 miles per month X 47 cents per mile = \$1,015 annually			
Bus Tokens: Calculated at 20 per month X \$1 per token = \$240 annually			
<b>Supplies</b>			
Start-up Supplies (one-time cost)	1,600	0	1,600
Program Supplies (\$200 in year 1 is one-time cost)	300	0	300
Smart Phone service	480	0	480
Total Supplies	<b>780</b>	<b>0</b>	<b>780</b>
<b>NARRATIVE: Purpose and cost of travel</b>			
Start-up Supplies: \$800 each 2 staff-includes 2 computers, 2 smart phones			
Program supplies: Includes consumable supplies such as paper, ink, postage, etc estimated to be \$300 in year 1 and \$100 in both year 2 and 3			
Smart Phone service: Estimated at \$40/month for an annual cost of \$480			
<b>Total Expenses</b>	<b>92,643</b>	<b>75,000</b>	<b>17,643</b>

## Street Outreach Project Budget Narrative

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR3 Grant	YR3 Match
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Director of Accounting	5%	Jennifer Hertweck	67,000	3,350		3,554
Chief Financial Officer	2%	Jeff Crook	95,000	1,900		2,016
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>56,189</b>	<b>15,815</b>

### NARRATIVE: Role and responsibilities of each position.

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## Street Outreach Project Budget Narrative

<b>Fringe</b>			
Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k			
33.5% is calculated on the subtotal for Total Staff Personnel Expense above			
<b>Staff Fringe Benefits/Taxes (33.5%)</b>	<b>22,737</b>	<b>18,823</b>	<b>5,298</b>
<b>Total Fringe Benefits Expense</b>	<b>22,737</b>	<b>18,823</b>	<b>5,298</b>
<b>NARRATIVE:</b> Hope Center employees receive fringe benefits at the agency rate of 33.5% of salaries. Fringe benefits are calculated on the percentage of time devoted to the Street Outreach Project.			
<b>Travel</b>			
Staff Mileage (180 miles per month at \$.47/mile)	1,015	0	1,015
Bus Tokens (20 per month)	240	0	240
<b>Total Travel Expense</b>	<b>1,255</b>	<b>0</b>	<b>1,255</b>
<b>NARRATIVE: Purpose and cost of travel</b>			
Staff Mileage: Calculated at 180 miles per month X 47 cents per mile = \$1,015 annually			
Bus Tokens: Calculated at 20 per month X \$1 per token = \$240 annually			
<b>Supplies</b>			
Start-up Supplies (one-time cost)	1,600	0	0
Program Supplies (\$200 in year 1 is one-time cost)	300	0	100
Smart Phone service	480	0	480
<b>Total Supplies</b>	<b>780</b>	<b>0</b>	<b>580</b>
<b>NARRATIVE: Purpose and cost of travel</b>			
Start-up Supplies: \$800 each 2 staff-includes 2 computers, 2 smart phones			
Program supplies: Includes consumable supplies such as paper, ink, postage, etc estimated to be \$300 in year 1 and \$100 in both year 2 and 3			
Smart Phone service: Estimated at \$40/month for an annual cost of \$480			
<b>Total Expenses</b>	<b>92,643</b>	<b>75,012</b>	<b>22,949</b>

## Street Outreach Program Line-Item Budget Years 1-3

### Personnel

Position	FTE Effort	Name	Annual Salary	Initial Cost	YR1 Grant	YR1 Match	YR2 Grant	YR2 Match	YR3 Grant	YR3 Match
Project Administrator	3%	Janice James	88,500	2,521		2,521		2,596		2,674
Project Director	5%	David Shadd	65,000	3,250	1,300	1,950		3,348		3,448
Street Outreach Program Coord.	100%	to be hired	32,000	32,000	32,000		32,960		33,349	600
Street Outreach Peer Specialist	100%	to be hired	22,000	22,000	22,000		22,660		22,840	500
HMIS Staff	5%	Rick Canady	26,000	1,300	1,300			1,339		1,379
Accts Payable Clerk	5%	Christina Taylor	31,000	1,550	1,550			1,597		1,644
Director of Accounting	5%	Jennifer Hertweck	67,000	3,350	3,350		3,451			3,554
Chief Financial Officer	2%	Jeff Crook	95,000	1,900	1,900		1,957			2,016
<b>Total Staff Personnel Expense</b>				<b>67,871</b>	<b>55,300</b>	<b>12,571</b>	<b>55,620</b>	<b>14,287</b>	<b>56,189</b>	<b>15,815</b>

### Fringe

Includes Health Ins, Dental Ins, Disability Ins, Life Ins, FICA, 401k  
 33.5% is calculated on the subtotal for Total Staff Personnel Expense above  
**Staff Fringe Benefits/Taxes (33.5%) Total Fringe Benefits Expense 22,737**

### Travel

Staff Mileage (180 miles per month at \$.47/mile) 1,015  
 Bus Tokens (20 per month) 240  
**Total Travel Expense 1,255**

### Supplies

Start-up Supplies (one-time cost) 1,600  
 Program Supplies (\$200 in year 1 is one-time cost) 300  
 Smart Phone service 480  
 Total Supplies 780

### Total Expenses

	<b>92,643</b>	<b>75,000</b>	<b>17,643</b>	<b>75,000</b>	<b>20,161</b>	<b>75,012</b>	<b>22,949</b>
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DAVID ALLEN SHADD, II  
112 PERCY PLACE  
GEORGETOWN, KY 40324  
(859) 229-8543  
dshadd@hopectr.org

**Hope Center, Inc (August 2011-present)**

Director of Programs

- Provide program oversight to all Hope Center Men's Programs, including Men's Recovery Program, Mental Health Program and Shelter Services
- Manage and maintain contracts with the Department of Corrections, Veterans' Affairs, HUD, and LFUCG per guidelines of each agreement
- Oversight and supervision of all activities, services, and personnel of all direct service programs at the Hope Center's Loudon Avenue locations, Hillrise Apartments and the Hope Mobile.
- Develop and/or revise, in collaboration with the Management Team, policies necessary for the effective and efficient delivery of program services.
- Supervise all program coordinators and complete annual performance evaluations
- Recruit, interview, and recommend the hiring of replacement program personnel in collaboration with program coordinators.

**Eastern Kentucky University (January 2014-present)**

- Part-Time Instructor for Psychology Department
- Develop and present lectures for course
- Provide guidance to students enrolled in courses
- Complete assigned trainings and attend meetings as required by department
- Utilize blackboard and textbook associated software as required by the department

**Bluegrass Community and Technical College (August 2007-December 2013)**

- Instructor for Introductory Psychology and Developmental Psychology courses
- Develop and present lectures for course
- Provide guidance to students enrolled in courses
- Complete assigned trainings and attend meetings as required by department
- Utilize blackboard and textbook associated software as required by the department

## **Bluegrass Regional Mental Health/Mental Retardation Board, Inc (May 2002-August 2011)**

### **Director at Central Triage Center at Eastern State Hospital (September 2009-August 2011)**

- Provide administrative oversight for psychiatric hospital admissions and referrals
- Coordinate services with Community Mental Health Agencies and other mental health agencies to provide services
- Perform evaluations for potential admission to the hospital in accordance with KRS 202A
- Provide oversight to the 24 hour crisis line operated
- Provide oversight to the Crisis Stabilization Unit, including supervising staff and overseeing clinical services
- Developing policy and procedures for Central Triage Center, which opened in January 2010 and combined the admission office for Eastern State Hospital with the outpatient 202A evaluation processes.
- Review documentations completed by Qualified Mental Health Professionals to ensure quality of evaluations
- Meet with local judges, law enforcement and other government officials to review new procedures and to address issues and concerns related to process
- Coordinate with other hospital personnel to ensure continuity of care

### **Mental Health Director at Fayette County Detention Center (June 2006-March 2010)**

- Coordinate mental health services for clients in a correctional setting
- Develop and implement screening tools for assessing suicide risk and need for mental health services
- Conduct court-ordered Mental Status Examinations
- Complete psychological testing and evaluations
- Complete substance abuse screenings and referrals for the Fayette County Courts
- Interview and hire mental health staff
- Provide administrative and clinical supervision to staff
- Develop and implement mental health and suicide awareness training for correctional staff
- Coordinate with outside agencies to improve follow up care and to reduce recidivism
- Analyze budget information and manage the programs finances

### **Mental Health Specialist/Assistant Director at Fayette Co Detention Center (Dec 03-June 06)**

- Assist program director with hiring and supervision of clinical staff.
- Complete intake assessments to determine suicide risk, mental illness, and need for psychiatric referrals.
- Conduct court-ordered Mental Status Examinations
- Review recommendations of clinical staff and determine appropriate interventions for clients.
- Advise correctional staff and court system on interventions for difficult and dangerous clients.
- Collect and analyze data, design and present reports to track cost, budget compliance, etc.

- Train correctional officers on mental health issues and interventions
- Collaborate with staff psychiatrists for consultations and treatment plans.
- Consult with medical, custodial, and inmate service groups to coordinate appropriate mental health services for inmate.
- Review medical records and determine need for medications and psychiatric referrals.
- Coordinate outpatient services for treatment and housing for chronically mentally ill inmates prior to release.
- Work with community mental health and government agencies to coordinate services.

Mental Health Associate at Bluegrass Personal Care Home (May 2002-Dec 2003)

- Serve as Unit leader (duties include assigning tasks to on-duty staff, ensure safety and security of staff and patients, ensure all policies and procedures followed, and communicate concerns with supervisor and on-coming shift.)
- Serve as member of a treatment team (evaluate progress of patients, determine safety/security risks for patients, create/revise psychosocial histories and treatment plans, consult with staff psychiatrist, serve as primary clinician/therapist for assigned residents)
- Oversee daily activities of resident (evaluate progress/problems of all residents, update chart according to treatment needs, assist/supervise patients with the completion of daily tasks.)

## **EDUCATION**

Eastern Kentucky University (May 2004)

Master of Science-Clinical Psychology

University of Kentucky (May 2002)

Bachelor of Arts-Psychology

Maysville Community College (December 2001)

Associate of Arts

Harrison County High School (1995)

## **PROFESSIONAL CERTIFICATIONS**

Licensed Psychological Practitioner (2014-present)

Licensed Psychological Associate (2005-2014)

Kentucky Board of Examiners of Psychology



# Hope Center, Inc.

## Job Description

**Job Title:** Street Outreach Coordinator

**Reports to:** Director of Programs

**FLSA Status:** Nonexempt

**Date:** January 8, 2016

**Summary:** Identifies unsheltered individuals living in the community; assists them, whenever feasible, in obtaining housing in the community; coordinates services; and provides ongoing support and case management services.

### **Essential Functions and Responsibilities:**

1. Coordinates services for Street Outreach Program.
2. Identifies and screens potential participants in the program.
3. Assesses homeless clients referred by service providers and serve as contact person for partners to report potential unsheltered individuals.
4. Conducts active outreach to engage individuals living on the streets or in shelters to identify referrals.
5. Works with housing providers in the community to find appropriate permanent housing.
6. Assists clients with filling out paperwork needed to facilitate finding and moving into housing.
7. Maintain contact with individuals living on the streets at least once per week.
8. Works with clients to formulate a treatment plan to help identify goals and needs that will assist with long term stability.
9. Works with landlords/housing providers to address issues to assist clients in maintaining housing.
10. Attempts to engage clients in appropriate services as determined by clients' needs and/or wishes.
11. Coordinates mental health, medical and substance abuse services with Hope Center or other community providers, as needed.
12. Provides or arranges transportation to and from services, including shelter and appointments as needed and works with clients on using public transportation, if possible.
13. Works with clients to identify local community resources as they relate to individual need.
14. Provides education, assistance on meeting basic needs and life skills as appropriate.
15. Attends weekly case management, mental health and Coordinators meetings.
16. Meets regularly with community partners to address client needs.
17. Complete VI-SPDAT on individuals living in the community.
18. Collect basic intake information to comply with HMIS data standards
19. Documents services provided in case notes and in HMIS database, as appropriate.
20. Maintains records and client data as required by agreement with LFUCG.
21. Flexible schedule of 40 hours/week with possible evening and weekend hours based on client needs.
22. Participates in rotating on-call schedule including afterhours outreach in Cold Patrol.
23. Performs outreach during inclement weather.
24. Participates in continuing education and staff training programs.
25. Adheres to all rules and procedures as stated in the Hope Center employee handbook.

**Supervisory Responsibilities:** Direct supervision of Street Outreach Peer Support Specialist

**Education and/or Experience:** Bachelor's degree in Social Work, Psychology, Counseling, or related field preferred. Mental health experience preferred.

**Certificates, Licenses, Registrations:** Current driver's license with acceptable driving record.

**Competencies:** To perform the job successfully, an individual should demonstrate the following competencies:

Client service – Observe strict confidentiality requirements; respond promptly to client needs; manage difficult or emotional client situations with tact.