



HUD CoC Special NOFO (SNOFO) – Local Process

2022 Unsheltered Homelessness & Encampment Health & Housing Services Request for Proposal (RFP) Overview

Final Rating and Ranking

Approved by the A/C on 10/5/22

- DESC Woodland application was recommended for a reduction in award amount due to the project coming online in 2024. The extra funding was allocated to the KCRHA CoC Planning Grant which was ranked lowest.

2022 HUD Special Notice of Funding Opportunity (NOFO)										
	Rank	Sponsor	Project Name	Target Pop.	Area	Type	Score	Cost	Aggregate \$	
\$4,700,907	1	Plymouth Housing	Blake House	Chronic - SA	SEA	PH-PSH	86	\$1,569,899	\$1,569,899	
	2	DESC	Woodland	Chronic - SA	SEA	PH-PSH	85.1	\$2,759,028	\$4,328,927	
	3	St. Stephen's Housing	Nike Manor	Families	BOC	JC TH-RRH	76	\$230,953	\$4,559,880	
	4	KCRHA	WA-500 CoC Unsheltered Planning Project	All Pops.	BOC	Planning	**	\$141,027	\$4,700,907	
Application TOTAL									\$ 4,700,907	\$14,102,723
Projects Not Selected		DESC	SHARP	Chronic - SA	BOC	PH-PSH	70.1	\$328,374.69		

Final Scores Per Rater/Application

	DESC- Sharp	DESC - Woodland	Plymouth - Blake House	St. Stephens Housing
Rater #1	0	70	71	68
Rater #2	73	85	64	43
Rater #3	87	90	99	100
Rater #4				
Rater #5				
Rater #6				
Rater #7				
Rater #8	92	87	94	79
Rater #9				
Rater #10	89	94	95	
Rater #11	74	80	93	86
Rater #12	76	90	86	70
Rater #13				86
Average Total:	70.14285714	85.14285714	86	76

Rater Comments Per Agency

Plymouth Housing – Blake House

- A- "Harm reduction, housing first, anti-racist, anti-oppression, and trauma informed care guide the services that Plymouth delivers to thousands of tenants." Seeking specificity here. #4 indicates households will be exited for these reasons? B- Tenants can give feedback but does not indicate how that feedback is incorporated. Seeking description of mental health/SUD/behavioral health

services provided specifically. Cannot support with med monitoring? "We expect that many tenants live with a baseline of ambivalence or fear of making changes in their lives..." barrier-driven language. Focus on CMs providing services rather than structural support offered/policies to prevent eviction/MTs. Seeking specificity- "we allow many opportunities for people to recover and conduct case conferences with all involved staff and caregivers to restore housing stability." Expectation that if funded to provide PSH services, that this project not become PSH "lite." Question- couples ok? Inequitable to expect people to live separately from a partner because they are homeless. No information on referral pathway. C- " Plymouth does have limited ability to house undocumented clients.:" Question- can this project house/subsidize undocumented households? What is the burden on clients to provide documentation? Lots of reference to individual CM services in B&C which is good- but limited. Desire for more clear information about policies/practices to support equity on a system level. "Plymouth believes in housing first and understands that these barriers should not be the reasons why a person loses housing." Doesn't indicate a policy or practice around exits. "Plymouth offers regular appeal and grievance processes for concerns related to housing applications or any aspect of their housing." Curious how those processes play out, exit data. No examples of how tenant survey is used to change practices. Board is majority white business leaders. D- CReW BH services, limited eligibility? Project slated to open early 2023. Seeking more detail on partnerships. NO indicated for equitable partnership. No culturally responsive and identity affirming approaches specifically called out.

- The organization clearly met the expectations of the proposal. They have a well-documented history of supporting clients experiencing homelessness. They uphold the housing first principles, racial justice, and inclusive practices. They do seek feedback from clients. Earlier components engagement that shows client participation in generating approach, principles and policy interventions. I would have loved to see some level of proactiveness of engaging clients in the design and planning stages. this ensures that client voices are factored in program and policy decision-making.
- Love their story, I appreciate that they allow their tenants many chances to comply and better themselves before issuing violations. They also assist with budgeting and have a rental assistance plan for when tenants are able to move out on their own. Provides 24 hour support. They have two tenants on the BOD but still shows less than desirable BIPOC%. Love their community partnerships, they have many which provide much needed services to individuals 55+.
- Regarding including people with lived expertise into program operations, there is some narrative about feedback and change in programming because of client input. Had hoped to see more direct involvement in program development from current clients. Maybe that is the case, but the narrative didn't fully state that. This proposal shows really solid, long-term relationships with local partners in all aspects of their work. Regarding data entry, there's mention of an honest mistake, and the quick correction. That level of honesty is nice to see.
- A - Client centered description of agency and services. Humanizes clientele. Anticipates and identifies needs of target population B - Clearly laid out strategy on meeting clientele on where they are at, reducing access barriers, and supporting them in securing and retaining housing (e.g. supportive services like connection to employment, transportation, and housekeeping assistance, rental assistance fund, along with established tenant grievance policies and procedures). Minor concern is the emphasis on enforcement and compliance, but this is assuaged by the commitment to a compassionate approach to tenancy. C - Genuinely impressed by the efforts Plymouth has made to share power and co-create a community where residents can feel safe, supported, and celebrated for their uniqueness. Particularly moved by the intentional conversation around cultural aspects during intake. Appreciate the intentional approach to seeking, gathering, and incorporating clientele feedback in various aspects of their services, along with the intentional effort to include

tenants on the board of directors. Provider must be mindful as to not put too much labor on the backs of BIPOC/PGM individuals, or at the very least compensate residents who are actively involved in the planning of significant cultural events, education around these events, and/or participation in affinity groups. Would like to get an idea of racial demographics of residents. Annual survey is a good start to collect consistent feedback on tenant satisfaction, consider incentives beyond pizza party as most prefer cash incentives. Board can always be more diverse. Appreciate the specific examples. D - Plymouth has established strong medical partners and donors to support this project. Would be stronger if they identified and listed partners that will provide additional culturally responsive services to tenants E - Agency has demonstrated history of sound financial and record-keeping practices and has identified potential areas of growth by calling out errors in data entry due to staff onboarding and discussing how they are mitigating the possibility of this happening again by hiring staff specifically dedicated to data quality.

- This PSH project has received strong support from local capital funders of PSH, and Plymouth is a long-standing operator of PSH with a strong track record and commitment to social justice and the people they serve. This is a good proposal, which clearly identifies important target populations and fits well with the funding opportunity.
- 52 out of 112 units targeted for chronically homeless. Assume will coordinate w/ CEA but not explicitly stated. History of providing housing for homeless. 20 to 1 staff ratio. Outcomes focus on housing retention and occupancy of 95%. ESJ- 2 board seats for residents. Hate speech policy. Trauma informed trainings. DEI Program manager focused on hiring. Annual tenant survey. Cultural events committee. Partnership w/ Swedish of health care and CCS CREW for behavioral health. Work w/ Harborview MH outpatient.
- Plymouth has 2 resident representatives on the Board.
- Behavioral health service connection seem to be lacking or "light"
 - Partners with CCS to provide behavioral health.
 - Clarification and discussion about the partnership was discussed in more detail

DESC - Woodland

- A- No mention of racial equity. B- Question- undocumented households ok? Studio units, but couples not ok- why? Can serve chronically homeless or literal? C- Can this project serve undoc households? What is the burden of documentation? Less than 20% LE on the board.
- The proposal is very detail, clear and direct to the point. it address all the expectations. It is grounded in experience, expertise and strategies. It is outlined approach and plans.
- A lot of this information was exactly the same as the info in SHARP and that is to be expected because they are affiliated. Again, they also seem to be a well oiled machine and are committed to providing the best services and resources possible for the individuals that they assist. Same board as above and again could use some more diversity.
- Really good description of the types of assistance to be provided to clients. There is a solid system of getting client feedback, but the narrative didn't discuss much about the customer voice in planning and implementing this program. Good examples of meaningful partnerships to coordinate all the various services needed by clients.
- A - A - Description of organization's origins and history is good however it is unclear to me how the project promotes safety of clientele and racial equity, along with a detailed description of the model of care B - Demonstrates strong commitment to Housing First principles in proposal. Client driven case management techniques like motivational interviewing and voluntary access to certain supportive services. Recognizes data collection weaknesses amongst certain populations.

Identifies disproportionalities in experiences of homelessness but isn't clear about strategy to address what is within their control e.g. will enroll diverse clientele across organization but want to see specific numbers for this project along with see specific ways of addressing the unique needs of clientele within those identified sub-populations. Like the specific example about referrals who desire a more culturally approach to service provision. Excellent call out of the effects of age as it relates to homelessness and the need for care specific to elders. Curious about demographic data on legal notices and involuntary client exits from housing as collected by the Client Equity in Outcomes group. Are these in line with anti-racism principles? What is the make-up of the group? Who is comprised? C - Doesn't adequately describe how the provider is actively addressing racial equity and disparities beyond staff trainings and referrals for consultants; Doesn't address the needs of immigrants and refugees beyond language barriers, does not describe how they address the needs of individuals with criminal histories. Appreciate the stated intention to support LGBTQ+ clientele, particularly around Pride. Overall, would prefer to see more specifics on how they plan to call out and address the unique needs of each population beyond "All DESC services are designed to engage, support, and empower people belonging to these populations" as a demonstration of agency expertise or a plan to upskill relevant staff on best practices of serving the sub-populations listed. Would like to know more about the CAB and how much oversight DESC leadership has over the group. Board does not seem diverse. What is the staff make-up? Languages and demographics represented? D - Demonstrated history of partnering with organizations to provide quality services. One of the three agencies listed as a partner that provides culturally responsive services recently closed their doors. Would be interested in knowing how they plan to fill that gap in resources, especially as the target population continues to diversify. "Because most tenants have historically had negative experiences with social service providers, we are careful to refer clients to agencies that are culturally responsive to the client's identities, and have providers who are trauma-informed, nonjudgmental, and do not stigmatize people with co-occurring disorders or long histories of homelessness." - How does DESC vet partner agencies, especially after referrals are made, to ensure clientele is happy with services rendered? E - Agency has demonstrated history of sound financial and record-keeping practices and acknowledges potential area of growth in collecting accurate identifying information from clientele using HMIS intake "All housing tenants are given the HMIS consent form at enrollment" doesn't fully discuss how they ensure clientele fully understand HMIS program consent forms and implications of enrollment Would like to look closer at budget detail as number seems high

- This is a PSH project that has received commitments of capital funding from the major local funders of PSH. It is critical that we maximize CoC resources into projects of this type, which have already been funded in our community. DESC is a solid provider, with a long track record and commitment to equity and serving the most vulnerable people in our community.
- Project would serve 100 people PIT PSH Studio. Clear proposal. Incorporates housing first principles, integrated healthcare. Robust in house services. Partners w/in DESC and other orgs for BH, SUD, other behavioral health, healthcare. Understand public health is rooted in harm reduction. 1 to 4 staff/client ratio. Clear on program outcomes of housing retention, Individual client goals, and other factors such as reducing utilization of emergency services/ crisis response, engaging in services. Working to advance racial equity and SJ. Strategic initiative to address institutional racism. Planning process address racial inequity and service delivery to be more culturally competent by increasing knowledge and awareness, review agency policies, procedures, practices to promote ESJ outcomes, incorporate cultural competency and humility into services, committed to continuous improvement. Added capacity and expertise by hiring Dir. of Organizational Equity and Inclusion. Workforce mirror diversity of clients, trainings. Work to

incorporate client voice - comment boxes, surveys Resident Advisory councils, comm. mtgs, consumer advisory board. DESC has strong partnerships w/in DESC and outside.

- Woodland is coming online in 2024 that prompts a reduction

St. Stephen Housing Association – Nike Manor

- A- Am I understanding right that this program will not exit households for failure to participate in services/make progress on plan/improve income? B- "In addition, it will allow us to decrease the time spent in transitional housing for these families and increase through put in the system." Implies families will not be given full TH program length? Will RRH services be limited to KC? TH component listed as Kent. Does that mean only households from one of their TH programs will be able to access RRH? Seeking greater specificity in RRH program structure. Will this mirror existing RHA funded RRH programs that moved from SEA/KC? Seeking clarity on timeline, rental assistance map, program exit guidelines. C- No indication of how RRH program specifically will support racial equity or involve customer feedback. Concern around lack of LE on board and potential "cherry picking" related to staff reaching out to specific past clients. Seeking more specific info on equity practices. D- No partnerships specifically called out for equity/culturally specific/identity affirming services. F- Unclear why operational costs include costs associated with running the TH programs if existing budget should cover that- and in theory, this program would result in shorter TH stays. Unclear how the rental assistance budget is calculated. "Short-term" and "stabilized" are not defined, nor is "case-by-case." How long is the stay in TH- one year or two?
- The proposal was clear, direct to the point, and clearly address the expectations set in the guidelines. The organization does have a plan, strategies, and above all history of working in the housing services industry. They have reported their approach and consistent with using tools and practices that are anti-racist, low barriers, and inclusive. They do not in their proposal to apply client voice in their practices and principles
- Do they qualify? They come from a background of transitional housing, and I thought HUD was no longer going to support transitional housing. I could be wrong. They have been around since 1989 and also seem to have forged many great partners in the community. Again, I would like to see more diversity on the board. They do admit they should include persons with Lived Experience to sit on the board in the future.
- Rater #10 is not scoring this proposal
- A - Org description lines up with KCRHA priorities, including service utilizers who identify as BIPOC and geographic footprint in South King County, a historically and perpetually under-resourced area that continues to host more and more individuals experiencing homelessness as a consequence of many factors, including an aggressive sweep calendar within City of Seattle boundaries. B - Demonstrated effort in eliminating barriers to serve a wide array of individuals "We have no prerequisites around minimum income, substance use, mental health status or history, criminal justice history, credit history, or other unnecessary conditions not required by our funding" C - Committed to servicing priority populations but unclear about specific strategies/initiatives RE: LGBTQ+. The level of case management is responsive to needs of clientele e.g. installing more locks on doors, accompanying clientele to hearings, paying for movers. Monthly community dinners offer program participants an opportunity to regularly share feedback, and participants have direct access to org leadership. How is this critical information informing program design and implementation? Appreciate the recognition of a need to include individuals with lived expertise on the board, and the active recruitment of former program participants D - Partnerships allow for participants to have access to comprehensive wraparound services like physical and mental health

mainstream social service supports, employment, and financial literacy, all critical in promoting a smoother transition to permanent housing E - Agency has demonstrated history of sound financial and record-keeping practices but might benefit from enhancing their system with checks and balances that doesn't hinge entirely on the ED's review.

- I scored this a little lower due to lack of a convincing health care connection. I also rate PSH higher than TH/RRH in terms of the stability provided to households long term.
- Areas of concern centered around the lack of anti -racist training and lived experience voices on boards and committees. They were honest in addressing their shortcomings relating to Racial Equity and Social Justice.
- The proposal does not target chronically homeless. Provides basic housing stability services for families. Requesting funding for follow up services / RRH assistance. Staff ratio 1 to 25. Requesting funding for current TH program that serves up to 9 families. Outcomes are 85% exit to PH and 97% retention after 24 mos. Would like to see outcome goals around how quickly they can exit families from TH and how many HH per year they can assist w/ RRH. ESJ seemed very weak. Desire to examine / make changes but very little concrete actions. Client voice also weak. Hold monthly dinners where clients "have the floor". Partnerships w/ Valley Cities, Parent Trust, Neighborhood house, Urban League, Housing Connector.
- My concern is there are no Lived Experience on the board and I thought that was a requirement?
- This is not prioritizing households experiencing chronic homelessness

DESC – SHARP

- SHARP is an outreach/navigation program. DESC already provides PSH supportive services at each property as detailed in their other application. SHARP application is duplicative.
- The proposal did amazing work in presenting their proposal. They do have a long history of serving people experiencing housing instability. The organization has incredible relevant partners that support its work. I would love to see a more proactive client voice in the planning and decision-making process. There is also a conflict between the low barrier claims and the expectations that are set for participants to maintain in housing. the conditions that can lead to participants being exited from the program is against the principle of low barriers.
- Didn't take any notes, there was an overload of information that I didn't understand because this was my first time rating. I need to become more familiar with some of the acronyms. They seem to know what they are doing and are participating in consistent betterment for the organization and the people they serve. They have strong community partnerships. Could use a bit more diversity on their board.
- Curious about current funding that is soon ending, but this program isn't scheduled to begin until next year. How will the work be funded in the meantime? If there will be downtime, it may take some time to scale back up again, which would mean the timeline of "1 day" listed for many of the responses would need to be revised. Plan to include those with lived experience is heavier on client feedback than on planning and development. Solid partnerships in place and good understanding of the types of partnerships needed to progress the program.
- A - Description of organization's origins and history is good however it is unclear to me how the project promotes safety of clientele and racial equity, along with a detailed description of the model of care that ensures program participants secure permanent housing B - It is clear that the provider has kept up to date on program prioritization pool adjustments (esp as a result of the pandemic and shift in CEA oversight) but it would be good to learn more about specific tailored supports for a few of the priority populations (e.g. undocumented immigration status, non-English speaking) who aren't typically eligible for government funding. Responses for SecB Q1 subsections a and b are

identical. C - Doesn't adequately describe how the provider is actively addressing racial equity and disparities beyond staff trainings and referrals for consultants; abet passive in response. Doesn't address the needs of immigrants and refugees beyond language barriers. Overall, would prefer to see more specifics on how they plan to call out and address the unique needs of each population beyond "All DESC services are designed to engage, support, and empower people belonging to these populations" as a demonstration of agency expertise or a plan to upskill relevant staff on best practices of serving the sub-populations listed. Would like to know more about the CAB and how much oversight DESC leadership has over the group. Board does not seem diverse. Languages and demographics represented? D - Demonstrated history of partnering with organizations. While there is an expressed interest in partnering with (and identification of) agencies that provide culturally responsive services, it is not clear what the current status of the relationships are and how they plan to strengthen those relationships in a way that honors and/or adequately compensates these orgs for their expertise. E - Sec E Q1 doesn't seem to fully be answered. Agency has demonstrated history of sound financial and record-keeping practices and acknowledges potential area of growth in collecting accurate identifying information from clientele using HMIS intake "All housing tenants are given the HMIS consent form at enrollment" doesn't fully discuss how they ensure clientele fully understand HMIS program consent forms and implications of enrollment

- I scored this a little lower because it is not actually providing housing, though it does provide the navigation services to connect people to housing, which is a critical component of the system, and needs to be funded.
- Strong proposal. multi-disciplinary ACT team. Work w/ CEA priority pool. Housing placements 30 to 60 days. Serve 140 people annually / 48 new registrants per year. Well steeped in Housing first principles and serving chronically homeless individuals. 1 to 15 ratio. Good grasp of ESJ - Work to hire workforce mirrors the diversity of clients. Strong partnerships including DESC SAGE. Looks like 5 member team. Unclear by funding amounts what % FTEs. Salaries seem low. Demonstrated match. Assume they can be ready to start on day 1 of contract due to advanced notice of award.
- The connection to permanent housing is missing.
- Have a follow-up conversation w/ provider about how the agency is actually connecting households to permanent housing. TA needed