

Attachment A - Work Plan

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF)

Minnesota Department of Human Services
Office of Economic Opportunity
SFY2022-2023

1. Grantee Information

Grantee Legal Name: Ramsey County

Address: 15 West Kellogg Blvd., Suite 210

City: St. Paul

Zip +4:55102

Telephone:

Fax:

Grantee Web Site URL: ramseycounty.us

Federal ID Number: 41-6005875

State Tax ID: 8027226

DUNS Number: 010354488

Director: Keith Lattimore

Telephone: 651-266-1041

E-mail: keith.lattimore@co.ramsey.mn.us

Board of County Commissioners- Chair: Trista MatasCastillo

Telephone:

E-mail:

Fiscal Director: Alex

Telephone:

E-mail:

Grant Program Contact: (Name)

Telephone:

E-mail:

2. Grant Summary

Funding Source:	Grant Timeframe:	Annual Grant Goals	Daily Grant Goals
	July 1, 2022-June 30, 2023	Households to be served with COVID MN Funds <u>during</u> <u>contract period</u>	Households to be served with COVID MN Funds <u>per</u> <u>day</u>
TOTAL GRANT AMOUNT	\$6,000,000		

In accordance with the ARPA Request for shelter support in Ramsey County, subsequent Legislative COVID-19 Response Commission-Action Order #13, GRANTEE will provide the following services:

- ☐ Support emergency shelters in Ramsey County.
- ☐ Assist homeless persons in obtaining essential services, including but not limited to case management, child care, education services, employment assistance and job training, legal services, life skills training, and transportation.

3. WORK PLAN SUMMARY-DELIVERABLES

1. **Documentation:** As a recipient of these funds, it is required to participate in Minnesota's Homeless Management Information System (HMIS). HMIS is a web-based tool for managing information about persons experiencing homelessness. Expenses related to HMIS user fees and data entry costs are eligible under this funding. For more information on HMIS, including forms, instructions and agency agreements, visit the HMIS Minnesota website at <https://hmismn.org/>.

2. **Address:** Is the address/location(s) where the program will be primarily delivered different from the agency's main address? ☒ Yes ☐ No

If yes, provide the Program Site Location(s) address(es) below:

Administration will be provided at address listed above. The Component A shelter services for single adults will be provided at Catholic Charities (CC) Higher Ground at 435 Dorothy Day Place, St. Paul and by More Doors at scattered sites in St. Paul- locations to be determined upon contract. The Component B family shelter services will be provided at Interfaith Project Home at 1880 Randolph Avenue. Component C for day shelter services will be provided by Listening House at 421 7th Street East in St. Paul and Face to Face (F2F) at 130 East 7th Street in St. Paul.

3. **Brief Description of the Funded Project:** *Summarize the type of emergency shelter and target population, available services, and proposed number of households served per day and per year.*

For Component A- a conversion of unused pay for stay shelter at CC Higher Ground spaces from 64 to 32 beds will enable more space and privacy for the most vulnerable homeless population to be able to stabilize and work on their mental, physical and substance abuse health needs. Additionally, More Doors will add 20 new single rooms at scattered site houses and will also staff 20 temporary shelter rooms at Emerald Inn- rooms designated for women and couples. Funding for the CC and More Doors approach addresses the county's biggest gaps- special homeless shelter services for: the most vulnerable, women and couples.

For Component B- funding will enable Interfaith to maintain shelter for up for families- up to 100 individuals with a typical family unit make up of 1 mom and 2 kids, but of course family size varies.

For Component C- up to 125 single adults a day could be served by Listening House Day shelter and up to 75 youth and young adults could be served by F2F.

4. What is the staffing pattern of your emergency shelter? (Include details about day, evening, and overnight shifts)

Component A and B- CC will have shelter advocates and a shelter supervisor for overnight hours. Day time staffing will be bolstered to include mental health services and navigation- more intensive, intentional and wrap around service to help stabilize the most vulnerable. More Doors will have shelter advocates and a shelter supervisor providing 24/7 shelter services at all locations. Navigators will also be employed to help program participants to complete CE assessments, apply for mainstream benefits and locate and move to housing.

Component C- Listening House and F2F will have shelter advocates and resource specialist for the day

time hours of 9 am to 5 pm.

5. For each position involved in your program you must include: (To be added later after contract negotiations finalized?)

Position Title	Program	# Persons in position during the last 5 years	Name of current person holding position	Educational Background, Summary of Work Experience, Total Number of Clients on Caseload (<i>if applicable</i>)	% of FTE dedicated to this program

6. **Eligibility:** What criteria do you use to determine if someone is eligible to stay in your emergency shelter? Describe policies and procedures for evaluating individuals' and families' eligibility for assistance (*i.e. age, homelessness status, county of residence, referral source, victim of domestic violence, etc.*).
7. **Admission:** What is the process for entering your shelter? Describe the documentation required for entry into shelter. Do all components of the admissions process need to be completed before access is granted?
8. **Essential Services: Case Management, Referral and Coordination of Services:**
- Case Management:** Describe any case management services your program will provide. The definition of case management includes assessment, plan development, coordination of services and re-evaluation of needs. Include:
 - Purpose of services
 - Frequency of contacts
 - Participant to staff ratio (only include the number of full-time equivalents (FTE's) dedicated to case management for this program)
 - Other On-Site Services Provided by Agency or Partners:** Describe any additional resources or services provided on-site to shelter residents by the agency or its community partners. **Be specific about the frequency and process for accessing these services.**

9. **Referral and Coordination of Services:** Describe agency efforts to refer and coordinate services for participants to other homeless assistance providers, mainstream services, housing providers and other necessary support (e.g. employment, mental and chemical health, transportation).

Specifically identify:

- i. How the referral happens (staff facilitated, transportation assistance, advocacy, etc.)
- ii. Whether a formal arrangement exists between your agency and the provider
- iii. Is there regular information-sharing occurring between staff at both agencies (coordination)

10. **Exit Policies:** What, if any, are your program policies related to maximum length of stay? Under what circumstances do you ask participants to leave your shelter involuntarily?

11. **Grievance Policy:** Describe your Client Grievance Policy. Include an overview of steps and a description of how participants are informed of their rights under the policy.

4. Attachments

- a. **Board Information:** Attach a list of board members. Provide addresses & telephone numbers.
- b. **Budget:** Attach the approved **Budget** and **Budget Narrative** for this grant (labeled **Attachment B**)

Work Plan Approval

The DHS signature below indicates that the **Work Plan and Budget** has been approved and may be attached to the executed grant contract.

DHS Program Staff

Date Approved