

## RFP Response Form

### *U.S. Department of Housing and Urban Development (HUD) Permanent Supportive Housing Program for Chronically Homeless Individuals*

1. Describe your organization's experience providing housing and supportive services. If you currently run any housing programs, please complete the chart below.

*On behalf of the Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside (WPIC) and its executive leadership team, we thank you for the opportunity to respond to Allegheny County Department of Human Services Request for Proposal to be the provider for a Permanent Supportive Housing (PSH) Program.*

For more than 60 years, WPIC has been a national leader in providing best practice, research-based care and a broad array of innovative psychiatric and addiction services for children, adolescents, adults, and seniors at every stage of their recovery. With nearly 400 inpatient psychiatric beds and more than 50 ambulatory programs, we are one of the largest behavioral health care providers affiliated with an academic medical center in the country. WPIC is the sole provider of Allegheny County's continuum of behavioral health crisis services offering licensed telephone, mobile, walk-in, and residential (14 bed) services. We provide highly individualized services, and develop treatment and intervention plans based upon the needs of each unique individual, and are also able to respond to persons with complex needs or provide treatment and services to persons when other treatments have not succeeded. We are frequently looked to by other service providers as a resource and are often asked to consult and provide additional opinion or specialized care when the services they offer do not seem to be enough. In 2005, our Neighborhood Living Project received the Exemplary Program award from SAMSHA. The WPIC Housing Continuum was awarded the 2013 Excellence and Innovation in Health Care award by the Hospital and Health system Association of Pennsylvania (HAP).

With two dedicated and specialized Blended Service Coordination (BSC) teams and a homeless outreach component that includes a vocational specialist, a psychiatric nurse, and a drug and alcohol specialist, the Neighborhood Living Programs of Western Psychiatric (NLP) has been providing services to homeless individuals and families who are with serious mental illness for nearly 20 years, utilizing the Housing First approach. NLP annually meets and exceeds HUD's benchmarks for performance. We currently operate a total of 10 HUD grants; 2 Transitional Housing programs (Buffalo Street Project and Dan Robinson Project – both are set to end 11/30/2016. We will begin Soteria Project, a 17 unit, 25 bed Rapid Re-Housing program, on 12/1/2016), 1 Safe Haven for men, and 7 Permanent Housing programs as detailed in the chart below:

Current Housing Programs				
Program	Population Served	Number Units/Beds	Annual Budget	Annual Utilization Rate
Buffalo Street Project	SPMI Homeless singles and families	5 units/ 9 beds	\$54,762	100%
Dan Robinson Project	SPMI Homeless singles and families with extensive criminal	13 units/ 19 beds	\$153,219	100%

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	histories			
Family Empowerment Project	SPMI Homeless families	6 units/ 15 beds	\$75,365	100%
Flex 15	SPMI Homeless singles and families	15 units/ 21 beds	\$128,336	100%
Flex 30	SPMI Homeless families	30 units/ 75 beds	\$282,600	100%
Flex 50	SPMI Homeless families	50 units/ 180 beds	\$550,052	100%
Flex 51	SPMI Chronically homeless singles	51 units/ 51 beds	\$404,275	100%
Neighborhood Living Project	SPMI Homeless singles and families	58 units/ 78 beds	\$668,365	100%
New Foundations	SPMI Homeless families	25 units/ 70 beds	\$294,425	100%
Safe Haven, Mathias Project	SPMI Chronically homeless singles	14 units/ 14 beds	\$225,718	100%
Soteria Project	SPMI homeless singles and families (Rapid Re-Housing)	17 units/ 25 beds	\$207,771	Scheduled to begin 12/1/2016

2. Describe your organization's ability to effectively utilize federal funds and performing the scope of services described in the RFP within funding and time limitations.  
 WPIC has an almost 20 year history sponsoring HUD grants and partnering with Allegheny County and other local providers in service to the homeless in the county. We are audited annually by multiple stakeholders and have regularly received positive outcomes to these audits. The 10 grants we currently sponsor are renewed annually based on our history and ability to meet HUD's expectations with regard to outcomes and program management. NLP works closely with our grant administration staff as well as staff at the Allegheny County Link in order to ensure we are serving the most vulnerable in the county.
3. Describe your organization's experience in leveraging other federal, state, local and private sector funds.  
 NLP consistently exceeds the leveraging expectations across all our grant programs through services provided to participants throughout the Health System and community partnerships. In addition, NLP has established relationships with community groups/agencies that provide items to participants at low or no cost, such as household goods, food, and prescription medications.
4. Describe the basic organizational and management structure of your organization. Include evidence of effective internal communication, external coordination with outside partners and an adequate financial accounting system.

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NLP is under the umbrella of the Comprehensive Recovery Services (CRS) Service Line, which is led by a Clinical Administrator. A Program Director reports to the Clinical Administrator, and leads a team of program managers across the Continuum. Those managers are responsible for supervising the day to day operations and provision of services to program participants. Management and data coordinating staff are responsible for the day to day maintenance of HMIS, as well as other data collection efforts in the interest of monitoring and reporting outcomes accurately and gathering data to utilize in order to further develop these programs. Team Leaders supervise the direct care staff members who provide the daily support services to our grant participants (Blended Service Coordinators, Community Aides, Vocational Specialist, etc). NLP is well supported by WPIC's financial department, and joint meetings are held at least once monthly in order to ensure timely and accurate billing and spending. Our Data Coordinator spends 2 full days each month working with the fiscal department on various projects. NLP also has active membership and attendance in various Allegheny County CoC committees and has established partnerships and positive working relationships with providers across the county.

5. Describe any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your organization (if any).

Not applicable- we have no unresolved monitoring/audit findings for any of our HUD grants.

#### **B. Target Population and Approach (20 points)**

6. Provide a summary description of the entire scope of your organization's proposed Program.

Our philosophy is housing with support and we utilize the Housing First model in all 10 grants. This philosophy will carry over to this new PSH grant, Mathias Project. **Mathias Project** will target the most difficult to engage, chronically homeless men of Allegheny County who are living with a psychiatric disability. All participants will be provided with a Blended Service Coordinator (BSC) to assist in and support their recovery journey. We have two specialized teams of nine BSCs per team that are devoted to serving homeless individuals and families, and this important community service will also be offered to participants of this Housing First PSH program. Through flexible, community based and in-home services, participants will receive support and service-planning that focuses on their goals for recovery, and addresses the issues that have contributed to their homeless episodes. Participants will receive a thorough needs assessment, and will be linked to necessary mainstream services and supports that will move them toward goals of self-sufficiency and community integration. BSC services will follow the participant through all transitions in order to ensure continuity of care. The team also staffs a weekly outreach clinic that is held in our offices and includes several hours per week of

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psychiatrist time, as well as qualified psychiatric residents who work with our programs and can afford the very unique opportunity to participants to provide them with critical psychiatric outpatient services *in their homes* or other identified locations in the community.

Mathias Project is currently a Safe Haven program that aspires to evolve into a facility based PSH program. Mathias Project does and will continue to implement a Housing First approach with an underlying philosophy of harm reduction. We have and will continue to look to obtain referrals for those who score the highest on the Vulnerability Index Service Prioritization Decision Assistance Prescreen Tool (Vi-SPDAT), and whose best chance at achieving residential stability are enhanced by a site-based program that provides 24 hour staff support and a variety of support services in the home. Community aides staff this program all day and night, with daily support from the program supervisor, and provide medication monitoring, community integration opportunities, family-style meals served in the dining room and prepared by site staff, develop community partnerships in order to leverage support for the program, and monitor the safety and needs of the milieu. Community aides will also perform case management functions for those participants who may not yet be ready to accept and participate in BSC services. The site is already identified and occupied, and can serve up to 14 chronically homeless men. Our affiliation with the CRS service line affords participants easy access to mobile psychiatric rehabilitation services, which are leveraged and delivered on site. These services will develop and enhance their residential skills and activities of daily living in order to prepare participants for more independent living in scattered site permanent housing options. In addition, a psychiatric nurse will schedule office hours twice weekly at the site. The nurse's role is to assist with medication concerns, provide education and wellness training to participants, and obtain vital signs and assess for any medical needs in order to assist the team with providing care for the participants. Our affiliation with the University of Pittsburgh affords us the unique opportunity to host student nurses at the site, who take on various wellness and nutrition projects that are of extreme benefit to our participants. A drug and alcohol specialist will provide weekly meetings on site and will be available to support participants on their journey of recovery from substance use.

NLP already has a comprehensive infrastructure in place that will enable us to quickly and easily begin implementing this PSH project if granted the opportunity. We have long-established and strong practices, policies, and program designs into which the proposed PSH program can easily fit. Our extended team meets weekly in order to provide the best continuity of care for our participants. While every participant is assigned a primary BSC, we employ a team approach so that our participants can benefit from the experience and specialization of all our BSCs. In addition, our team's leadership meets weekly in order to review program issues and work on program development and quality improvement projects.

7. Describe the estimated schedule for the proposed activities, the management plan and the method for assuring effective and timely completion of all work.

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As mentioned, NLP already has a comprehensive infrastructure in place that will enable us to immediately and effectively begin implementing this project. We have 2 dedicated and specialized teams of BSCs, HMIS and Data Coordinator staff, a Vocational Specialist, two fully operational Supported Employment programs with a third one expected to launch in late 2016, Master's trained clinicians, a licensed Behavioral Specialist, Certified Addictions Counselors, Psychiatric Nursing support, Psychiatrists who have the flexibility to travel to the site to provide psychiatric care to participants who choose to avail themselves of this service, support and monitoring from the financial department, multiple and dependable landlord partners throughout Allegheny County, a history of proven and positive outcomes in working with this target population, and the framework of a larger service line that can easily incorporate this grant program into the day to day structure that is already established. We also are already established and operating in a program site and have a positive 10 year working history with the site's landlord. We currently have a site based program in place and operational that will transition from a Safe Haven to a PSH program.

8. Describe your organization's proposed staffing plan.

a. Staff experience working with the Target Population and in the housing community

Many of our current NLP team members have been working with our team for more than 10 years, have much experience, compassion, and dedication working with this target population in the community, and have long embraced the philosophy of Housing First. This program is currently operating as a traditional site based Safe Haven, and its program supervisor has been in his position for nearly 10 years. Most of the Community Aides on staff have worked with our service line for more than 5 years, which enhances the stability of the residential environment for our program. When there is turn over on the team, we recruit with the assistance of UPMC's Human Resources department to ensure we are attracting the most qualified applicants with experience relevant to the populations we are serving across our grants.

b. Your organization's strategy for recruiting and retaining quality staff

UPMC is an equal opportunity employer. It is the mission of UPMC's Human Resources Department to recruit, develop, and engage a diverse and talented workforce, inspiring them to achieve the organization's goals. It is the policy of UPMC to provide employment references and employment verifications for current and former staff members in a confidential, professional manner within legal guidelines. In addition, Human Resources will conduct background checks and pre-placement evaluations for final applicants prior to employment with UPMC. Once hired, staff are provided with comprehensive orientations, individualized and team supervision, access to every training opportunity available across the institute, and open-door policies across all levels of leadership to ensure staff the opportunity to express ideas and concerns.

c. Your organization's professional development and staff training program

Our affiliation with UPMC affords us with multiple opportunities throughout the year for trainings and continuing education. WPIC houses the Department of Psychiatry of the University of Pittsburgh, School of Medicine, which is an academic and training resource

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center for the next generation of clinicians and researchers. WPIC also offers realistic crisis training for its staff and requires annual competencies in this and other areas including, but not limited to CPR, blood borne pathogens, disaster response, motivational interviewing, and patient safety.

d. Your organization's plan for staff performance management

Annual performance reviews are created by individual staff supervisors with opportunity to provide and receive Peer Evaluations as well as Self Evaluations. Weekly individual supervision is provided to staff with regular team meetings scheduled, as well, to review expectations and concerns.

9. The Target Population for this RFP is adults experiencing chronic homelessness. Beyond that, the Program has not identified a specific subpopulation focus. If your organization will propose serving a specific subpopulation, please identify it by completing the Population Focus chart below. Provide a narrative describing the specific subpopulation(s) and why you propose the specific focus.

Population Focus			
Chronically Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth under 25	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Other: Specify - Click here to enter text.			

Mathias Project will target chronically homeless men in Allegheny County who are living with a psychiatric disability. There is a need for some of our chronically homeless individuals to transition from streets to a 24 hour staffed, Housing First residential environment in order to enhance their safety and allow providers an opportunity to connect and engage with them in a low-demand, harm reduction milieu. These early relationships that are established with participants create an important bridge to more traditional services for them. It has been our experience that when a participant trusts a staff member, they also trust the pathways and professionals endorsed by that staff member. This trust leads to greater connectivity, community integration, and willingness to work on domains of life that will enable them to move on to more independent housing

10. In the charts below, summarize your organization's proposed Program. The numbers are intended to reflect your organization's plan for the Program at maximum capacity. Numbers should reflect a single point in time and not the number serviced over the course of a year or grant term.

Persons in Households without Children			
	Adults over age 24	Adults ages 18-24	Total Persons
Chronically Homeless Non-Veterans	n/a	n/a	n/a

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Chronically Homeless Veterans	n/a	n/a	n/a
Non-Chronically Homeless Veterans	n/a	n/a	n/a
Chronic Substance Abuse	n/a	n/a	n/a
People with HIV/AIDS	n/a	n/a	n/a
People with Severe Mentally Illness	14	n/a	14
Victims of Domestic Violence	n/a	n/a	n/a
People with a Physical Disability	n/a	n/a	n/a
People with a Developmental Disability	n/a	n/a	n/a
People not represented by listed subpopulations	n/a	n/a	n/a

Housing Type	Units	Beds	Dedicated CH Beds	Non-CH Beds
Facility/Site based, PSH	14	14	14	0

Households	Households with at least one adult and one child	Adult households without children	Households with only children	Total
Total number of households	n/a	n/a	n/a	n/a

Characteristics	Persons in households with at least one adult and one child	Adult persons in households without children	Persons in households with only children	Total
Adults over age 24	0	14	0	14
Adults over age 18-24	0	0	0	0
Accompanied children under age 18	0	0	0	0
Unaccompanied children under age 18	0	0	0	0
Total Persons	0	14	0	14

### C. Housing Services (10 points)

11. Describe your organization's housing facility or facilities including physical description, number of beds and geographic location.

Our facility is located at 8701 Bricelyn Street in Wilkinsburg. With 14 single rooms, a commercial kitchen, dining room, and ample community living space, the building is perfectly designed for this type of project. 12 rooms are on the top floor, and 2 are on the main floor. The main floor rooms are accessible and are located right next to an ADA accessible bathroom. We have a more than 10 year history in working with the property

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owner, and they have been responsive to our program's needs and requests. The property is across the street from the nearest bus stop and affords easy access to the surrounding areas.

12. Please fill out the following charts to indicate if you will follow a Housing First model. (Note: if a project does not choose all of the selections in the following charts, except none of the above, then the project is not considered Housing First.)

<b>Does the project ensure that participants are not screened out based on the following items? Select all that apply</b>	
Having too little or no income	<input checked="" type="checkbox"/>
Active history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

<b>Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply</b>	
Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

#### **D. Supportive Services (10 points)**

13. Describe your organization's plan for coordinating with outside partners to ensure that the Program is successful, including your plan for leveraging funds and support.

NLP has spent decades forging strong relationships and networks with numerous community stakeholders. Participants of the Mathias Project will enjoy the benefits of these partnerships. Our affiliation with UPMC enables us to consistently exceed leveraging expectations, and the community-based work of the program staff affords rich opportunities to form and strengthen alliances with outside providers, resource agencies, and entitlement bodies.

14. In the following Supportive Services chart indicate who will provide the Supportive Services and how often Participants will receive the Supportive Services that your organization plans to offer. The



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chart has drop-down lists that provide specific answers for you to use. If your organization will not be providing or subcontracting the listed service in the chart, then do not complete that particular service. Provide a brief narrative on your organization's plan for Supportive Services in the narrative box below.

Supportive Service	Provider	Frequency
Assessment of Service Needs	Your organization	Daily
Assistance with Moving Costs	A non-partner agency	As needed
Case Management	Your organization	Weekly
Education Services	A non-partner agency	As needed
Employment Assistance & Job Training	Your organization	As needed
Food	Your organization	Daily
Housing Search & Counseling Services	Your organization	As needed
Legal Services	A non-partner agency	As needed
Life Skills Training	Your organization	Daily
Mental Health	Your organization	Weekly
Outpatient Health Services	Your organization	As needed
Outreach Services	Your organization	As needed
Substance Abuse Treatment	Your organization	Weekly
Transportation	Your organization	As needed
Utility Deposits	Your organization	As needed

NLP has two dedicated and specialized Blended Service Coordination (BSC) teams to serve this population, which comes with 24 hour on call crisis and support services available to our program participants, as well as 24 hour staff to support the facility. BSCs are certified through SPA (Single Point of Accountability) and the individual members are seasoned and diverse in their training and expertise. The teams include Master's trained clinicians, behavioral specialists, and Certified Addictions Counselors. Assignments are carefully considered in order to match participants with the level of expertise best suited to their particular set of needs. Our BSCs also have received training in the S.O.A.R. model and are able to assist participants in expediting the process of obtaining entitlements. NLP's extended team, available to provide support to Mathias Project participants, includes a Drug and Alcohol Specialist, Vocational Counselor, and Psychiatric Nurse, with on-site Psychiatric services available monthly. Our affiliation with UPMC/WPIC affords access to comprehensive mental health and medical supports and services to its participants.

#### **E. Performance Outcomes (10 points)**

15. Describe your organization's plan to track and achieve the HUD performance standards and fill out the chart below:
  - a. Maintaining permanent housing or exiting to permanent housing

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Attendance of a Tenant Class that was developed by NLP is encouraged by all participants. This two hour class focuses on the principles of responsible tenancy, thorough orientation to the grant program, and provides a forum for discussion and fellowship among the participants in attendance. The team emphasizes the importance of making progress with regard to applying for mainstream housing options and working toward other goals that will contribute to maintaining housing (employment, mental health/addiction treatment, timely rent responsibility payments, etc). With regard to exclusion from mainstream housing options due to criminal history, past rental judgments, and other reasons, NLP staff have been able to partner and plan with participants in order to successfully advocate for re-consideration during the application and appeal process in a number of cases. If a denial is received by a participant for a mainstream housing option, an appeal hearing is requested and BSC and community aide staff begin working with the participant with increased intensity to develop a "portfolio of support" in order to demonstrate evidence of residential stability, recovery, community tenure, and the like to present at the scheduled appeal hearing. BSC staff and at least one member of program leadership attend appeal hearings with participants and advocate for reinstatement. In most instances, denials have been overturned. For those individuals whose denials have been upheld, we are able to continue working with them in our housing program while they continue and expand their work on those issues that previously excluded them from other housing options until we are able to again appeal the denial at a later date, all while working on continued eligibility for re-consideration. Performance and outcomes are tracked monthly by the Program Coordinator and HMIS data coordinator both through HMIS and through our internal excel tracking sheets.

b. Maintaining or increasing income

BSC staff are trained on the S.O.A.R. model and in navigating social security and public welfare systems in order to assist participants to more quickly access and gain entitlement. NLP employs a vocational specialist who works with program participants with the goals of increasing self-sufficiency, identifying and linking to meaningful activity, continuing education, and increasing income by either gaining employment or by acquiring mainstream entitlement. In addition, the vocational specialist oversees the day to day operations in NLP's two participant-run cafés, Ron's Place and Pop n Go. These supported employment programs offer part-time employment to grant participants with the goal of establishing job readiness and transitioning to mainstream employment opportunities. They also provide participants with opportunities to re-enter the workforce by hiring them on as casual, part-time employees of UPMC, helping them to develop or re-establish skills that will assist them with entering the competitive employment market, and providing practical vocational experience with the benefit of the support of job coaches and a vocational counselor. NLP's Leadership team is also an active partner of the larger service line's Psychiatric Rehabilitation Program, the Office of Vocational Rehabilitation, and other community agencies in the development of a Consumer-run cleaning

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business, which we expect to be operational by the end of 2016. Our vocational specialist is also available to assist participants with all their educational and employment goals either by linking to already available mainstream services, supports, and resources in the community, or through development of volunteer, educational, or job opportunities that are specific to the participants' unique needs. Performance and outcomes are tracked monthly by the Program Coordinator and HMIS data coordinator both through HMIS and through our internal excel tracking sheets.

- c. Maintaining or increasing non-cash benefits (e.g., Food Stamps)  
All participants of Mathias Project are assigned to a Primary BSC. Our team's specialized BSCs are well trained in navigating the complex systems of entitlement and all have received training in the S.O.A.R. model. Performance and outcomes are tracked monthly by the Program Coordinator and HMIS data coordinator both through HMIS and through our internal excel tracking sheets.

Housing Measures			
Proposed Measure	Target (#)	Universe (#)	Target (%)
Participants remaining in permanent housing or exiting to permanent housing destinations at the end of the operating year	11	14	85%
Participants maintaining or increasing their total income (from all sources) at the end of the operating year	11	14	85%
Participants maintaining or increasing their non-cash benefits at the end of the operating year	11	14	85%

16. Describe other outcomes that your organization plans to achieve and your organization's plan for tracking and achieving those outcomes. Use the chart below to summarize those outcomes. Insert or delete lines/charts as necessary.

Additional Performance Measures
Participants obtaining employment income
Participants linking to mental health outpatient services

Additional Performance Measures Detail			
Proposed Measure	Target (#)	Universe (#)	Target (%)
Participants obtaining employment income	2	14	15%
Data source and data collection method: HMIS and internal excel tracking sheets			
Specific data elements and formula proposed for calculating results: Whether or not participant provides verification of employment while in Mathias Project			
Rationale for why the proposed measure is an appropriate indicator of performance: Employment			

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provides meaningful activity and increased income, both are necessary for more independent living.

Additional Performance Measures Detail			
Proposed Measure	Target (#)	Universe (#)	Target (%)
Participants linking to outpatient mental health services	9	14	65%
Data source and data collection method: HMIS and internal excel tracking sheets			
Specific data elements and formula proposed for calculating results: Whether or not participant has engaged in any level or form of OP services			
Rationale for why the proposed measure is an appropriate indicator of performance: Linking to Outpatient services will facilitate forward movement in recovery (MH and/or D&A) for an individual			

### F. Referral and Outreach (5 points)

17. Describe your organization's plan for securing beds for participants.

We have a facility that has been long established and has capacity to house 14 men.

18. Describe the outreach plan to bring chronically homeless individuals into the project.

Our leadership team worked closely with the county with the start of Coordinated Intake, and has participated in a committee of select providers to provide feedback to the Allegheny County Department of Human Services (ACDHS) on the system. It is also the responsibility of the Program Coordinator and the HMIS Coordinator to work together to manage the program's bulletin boards in the interest of timely response to referrals when vacancies come available. WPIC will continue to partner with DHS to ensure fast connection of referrals to Mathias Project. We have long established partnerships with the county's outreach teams and also collaborate with them to ensure that the most vulnerable are the ones that are considered for admission to Mathias Project, and that we are enlisting their assistance in connecting with individuals when the referral is received. We have staff available to conduct outreach once the referral is received, and collaborate with any other known providers in the area in our efforts to quickly locate individuals referred for housing.

Enter the percentage of project participants that will be coming from each of the following locations	
50%	Directly from the street or other locations not meant for human habitation
50%	Directly from emergency shelters
Enter %	Directly from safe havens
100%	Total of above percentages

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#### **G. HMIS (5 points)**

19. Describe your organization's previous experience inputting data into HMIS.

WPIC has maintained compliance with data maintenance requirements to the HMIS system since its inception. We employ a full time HMIS Data Coordinator whose responsibility it is to submit timely entry, update, and exit data for all 10 of our current HUD grants into the HMIS system. In addition, this staff person maintains housing files and enters information into a secure data base so that we may be able to check the HMIS generated reports against our data to ensure accuracy and be able to authenticate the data in the event of an audit or data discrepancy. All entry, update, and exit forms are reviewed and signed by staff and Program Leadership.

20. Describe your organization's plan for managing referrals through HMIS, strategy for inputting the required data into HMIS in a timely manner and who on your staff is responsible for this.

As described above, NLP employs a full time HMIS Data Coordinator who is embedded in the same work space as our specialized HUD BSC teams. This provides the Coordinator with easy and regular access to the staff members that are responsible for completing the data forms and submitting them to her. The Coordinator participates in all scheduled HMIS meetings with the Allegheny County Continuum of Care, manages the referrals through HMIS, and attends the NLP weekly referral meeting to review progress on referrals and track entries and exits.

21. Describe your organization's quality assurance procedures for inputting data in HMIS and correcting data when necessary.

The HMIS entry, update, and exit data is obtained by the assigned BSC who works closely with the participant. It is reviewed by our Program Coordinator, who attends every weekly NLP Team Meeting and is aware of participants' progress in the domains of interest. We keep an excel spreadsheet to track our data and outcomes and when a discrepancy is noted between our recorded data and outcomes and that of HMIS, we communicate this on to the HMIS team at the county in order to ensure the most accurate data is reflected in the system and in reports that are later generated.

#### **H. Budget and Budget Narrative (15 points)**

Attach an audited financial report for your organization and describe how it reflects your financial policies and organizational stability (does not count towards page limit).

Please provide a detailed budget and narrative that clearly supports the Program. The charts below are HUD's specific budget format. Use the charts to provide details on your organization's proposed budget. Please refer to pages 15, 16, and 17 for a review of WPIC's proposed budget for the PSH Program. We have committed to match a minimum of 25% of the total award in in-kind

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services as outlined below, as well as to leverage a minimum of 200% of the total award. A copy of the prior year's A133 audit is attached.

Select the costs for which funding is being requested	
Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

**\*\*This section is not applicable because the project is a leased structure**

Rental Assistance Budget			
Total request for grant term			N/A
Total units			N/A
Type of rental assistance	FMR Area	Total Units Requested	Total Request
N/A	N/A	N/A	N/A

**Type of Rental Assistance:** Choose an item.

Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and Proposers should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** Click here to enter text.

Select the FY 2016 FMR area in which the project is located. The selected FMR area will be used to populate the rents in the chart below. See <https://www.huduser.gov/portal/datasets/fmr.html> for more information and how to determine your organization's FMR area.

Rental Assistance Budget Detail							
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
SRO	N/A	X	N/A	X	N/A	=	N/A
0 bedroom	N/A	X	N/A	X	N/A	=	N/A
1 bedroom	N/A	X	N/A	X	N/A	=	N/A
2 bedroom	N/A	X	N/A	X	N/A	=	N/A
3 bedroom	N/A	X	N/A	X	N/A	=	N/A
4 bedroom	N/A	X	N/A	X	N/A	=	N/A
5 bedroom	N/A	X	N/A	X	N/A	=	N/A
6 bedroom	N/A	X	N/A	X	N/A	=	N/A

## RFP Response Form

*U.S. Department of Housing and Urban Development (HUD) Permanent Supportive Housing Program for Chronically Homeless Individuals*

7 bedroom	N/A	X	N/A	X	N/A	=	N/A
<b>Total</b>	N/A	X	N/A	X	N/A	=	N/A

Supportive Services Budget		
Category	Quantity and Description	Annual Assistance Requested
Assessment of Service Needs	N/A	Enter \$
Assistance with Moving Costs	N/A	Enter \$
Case Management	N/A	Enter \$
Child Care	N/A	Enter \$
Educational Services	N/A	Enter \$
Employment Assistance	N/A	Enter \$
Food	Food to nourish 14 participants daily	<b>\$15,000</b>
Housing/Counseling Services	N/A	Enter \$
Legal Services	N/A	Enter \$
Life Skills	5 FTE Community Aides, .5 FTE supervisor	<b>\$130,000</b>
Mental Health Services	N/A	Enter \$
Outpatient Health Services	N/A	Enter \$
Outreach Services	N/A	Enter \$
Substance Abuse Treatment Services	N/A	Enter \$
Transportation	N/A	Enter \$
Utility Deposits	N/A	Enter \$
Operating Costs	N/A	Enter \$
<b>Total Services Requested</b>		Enter \$

Summary for Match	
Total Value of Cash Commitments	Enter \$
Total Value of In-Kind Commitments	<b>\$69,550</b>
Total Value of All Commitments	<b>\$69,550</b>

Summary for Leverage					
Total Value of Cash Commitments			Enter \$		
Total Value of In-Kind Commitments			<b>\$695,500</b>		
Total Value of All Commitments			Enter \$		
Match or Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
<b>Leverage</b>	<b>In-Kind</b>	<b>Private</b>	<b>UPMC/WPIC</b>	<b>12/1/2018</b>	<b>\$695,500</b>
Choose an item:	Choose an item:	Choose an item:	Click here to enter text.	Enter Date:	Enter \$

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Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Enter Date	Enter \$
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Summary Budget			
Eligible Costs	Annual Assistance Requested	Grant Term	Total Assistance Requested for Grant Term
1a. Acquisition			Enter \$
1b. Rehabilitation			Enter \$
1c. New Construction			Enter \$
2a. Leased Units	Enter \$	Enter Time	Enter \$
2b. Leased Structures	<b>\$115,000</b>	<b>One year</b>	<b>\$115,000</b>
3. Rental Assistance	Enter \$	Enter Time	Enter \$
4. Supportive Services	<b>145,000</b>	<b>One year</b>	<b>\$145,000</b>
5. Operating	Enter \$	Enter Time	Enter \$
6. HMIS	Enter \$	Enter Time	Enter \$
7. Sub-total Costs Requested			<b>\$260,000</b>
8. Admin (up to 7%)			<b>\$18,200</b>
9. Total Assistance Plus Admin Requested			<b>\$278,200</b>
10. Cash Match			
11. In-Kind Match			<b>\$69,550</b>
12. Total Match			<b>\$69,550</b>
13. Total Budget			<b>\$347,750</b>

### ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at: [http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx)

- Allegheny County Vendor Creation Form
- Cover Page
- W9 Form
- MWDBE Participation Statement Form
- MWDBE Waiver Request Form



## **RFP Response Form**

*U.S. Department of Housing and Urban Development (HUD) Permanent Supportive Housing  
Program for Chronically Homeless Individuals*

### **CERTIFICATION**

Please read the below statement and check the box to indicate agreement with its content.

By submitting this Proposal, I certify and represent to the County that all submitted materials are my work and that all responses are true and accurate.