

ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES
PROPOSAL COVER PAGE

SOLICITATION: RFP for HUD Reallocation Funding

Contact Information	
ORGANIZATION OR INDIVIDUAL: <u>Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside (WPIC)</u>	
AUTHORIZED REPRESENTATIVE:	
Name: Ioanna Chiotis	Title: Program Director
ADDRESS: 5231 Penn Avenue, 2 nd floor, Pittsburgh, Pennsylvania 15224	
TELEPHONE #: 412-302-7047	FAX #: 412-204-9135
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Proposal Information
DATE SUBMITTED: 5/24/20176
AMOUNT REQUESTED: \$292,528.00
*PROPOSAL ABSTRACT: WPIC and its executive leadership team thank you for the opportunity to respond to the Request for Proposal. WPIC has a comprehensive infrastructure in place that will enable us to implement this project if granted the opportunity. We have specialized case managers, an extended team of specialists, support and monitoring from the financial department, and a history of proven and positive outcomes in implementing Housing First. Support is mobile and community based - available to be brought <i>TO the participant in their homes</i> until the participant can be comfortably transitioned to mainstream services. We respectfully request your consideration to be selected as the provider for this Permanent Supportive Housing program.

*Please limit your response to 750 characters

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U.S. Department of Housing and Urban Development (HUD) 2017 Reallocation Funding for Permanent Supportive Housing and Rapid Re-Housing Programs

PROPOSER INFORMATION

Organization Name: Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside

Applicant Name & Title: Ioanna Chiotis, M.S. Program Director

Address: 5231 Penn Avenue, Pittsburgh, Pennsylvania 15224

Telephone: 412-302-7047

Email: paynei@upmc.edu

Website: www.upmc.com

PROPOSAL INFORMATION

Date Submitted: 5/15/2017

Amount Requested: \$292,528

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

Please do not use employees of the Allegheny County Department of Human Services as references.

Marti Antonella, Landlord:

[REDACTED]

Kellie Wild, IMPACTS Program Director:

[REDACTED]

Amy Karlek, Pharmacist :

[REDACTED]

REQUIREMENTS

The maximum score a Proposal can receive is 100 points for a Permanent Supportive Housing (PSH) Program and 100 points for a Rapid Re-Housing (RRH) Program. Please respond to the questions in the following sections:

All Proposers must complete this section once:

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A. Organizational Experience (40 points)

Proposers may complete one or both of the following sections; a separate section must be completed for each proposed Program:

B. Permanent Supportive Housing Program (60 points)

C. Rapid Re-Housing Program (60 points)

A. Organizational Experience (40 points). Complete this section only once, even if you are proposing multiple programs. Your response to this section should not exceed 10 pages.

1. Describe your organization's experience providing housing and supportive services. Please state if your housing was under-utilized during the four quarters required by HUD. State whether you returned funding and, if so, why. State whether you are serving under or over capacity on your beds and units. If you currently run any housing programs, please complete the chart below. If you run multiple programs, please duplicate the chart for each 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. 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 input 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).

WPIC remained consistently above capacity in most of its 8 grant projects this past year, with the exception of the current and new RRH program, Soteria Project, for which we are continuing to build capacity. WPIC did return 4.5% funding in Flex 51 and 16% funding in New Foundations I this past grant term. Of note, WPIC acquired New Foundations I at just 30% capacity, and were at over 100% capacity by April 1, 2016. We are currently operating at 140% capacity and are on track to spend down 100% of this grant – the same applies for Flex 51.

With two dedicated and specialized Blended Service Coordination (BSC) teams, a specialized Rapid Re-Housing case manager, a Community Engagement Center (CEC) staffed by WPIC staff for the county's new CABHI H2O grant, 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 8 HUD grants; 1 Rapid Re-Housing program (Soteria Project), 1 Safe Haven (scheduled to convert to PSH on 12/1/17), and 6 Permanent Housing programs as detailed in the charts below:

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2.

Current Housing Programs	
Program	Flex 15 Project, PSH
Population Served	SPMI Homeless singles and families
Number Units/Beds	15 units/ 21 beds
Annual Budget	\$137,021
January Utilization Rate	113%
April Utilization Rate	113%
July Utilization Rate	113%
October Utilization Rate	113%

Current Housing Programs	
Program	Flex 30 Project, PSH
Population Served	SPMI Homeless families
Number Units/Beds	37 units/ 106 beds
Annual Budget	\$470,779
January Utilization Rate	92%
April Utilization Rate	78%
July Utilization Rate	78%
October Utilization Rate	78%

Current Housing Programs	
Program	Flex 50 Project, PSH
Population Served	SPMI Homeless families
Number Units/Beds	50 units/ 180 beds
Annual Budget	\$607,468
January Utilization Rate	110%
April Utilization Rate	106%
July Utilization Rate	98%
October Utilization Rate	110%

Current Housing Programs	
Program	Flex 51 Project, PSH
Population Served	SPMI Chronically Homeless singles
Number Units/Beds	51 units/ 51 beds
Annual Budget	\$427,531
January Utilization Rate	90%
April Utilization Rate	88%
July Utilization Rate	102%
October Utilization Rate	102%

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Current Housing Programs	
Program	New Foundations I, PSH
Population Served	SPMI Homeless families
Number Units/Beds	25 units/ 70 beds
Annual Budget	\$318,872
January Utilization Rate	72%
April Utilization Rate	112%
July Utilization Rate	136%
October Utilization Rate	140%

Current Housing Programs	
Program	Neighborhood Living Project, PSH
Population Served	SPMI Homeless singles and families
Number Units/Beds	64 units/ 97 beds
Annual Budget	\$776,777
January Utilization Rate	106%
April Utilization Rate	109%
July Utilization Rate	105%
October Utilization Rate	103%

Current Housing Programs	
Program	Safe Haven, Mathias Project
Population Served	SPMI Chronically Homeless singles
Number Units/Beds	14 units/ 14 beds
Annual Budget	\$233,351
January Utilization Rate	93%
April Utilization Rate	86%
July Utilization Rate	93%
October Utilization Rate	86%

Current Housing Programs	
Program	Soteria Project, RRH
Population Served	Homeless singles and families
Number Units/Beds	17 units/ 25 beds
Annual Budget	\$214,239
January Utilization Rate	**
April Utilization Rate	**
July Utilization Rate	**
October Utilization Rate	**

**** Soteria Project is a RRH program that began operations on 12/1/2016 and so there is no bed utilization data available for this program for that time frame. Previously, it was two different Transitional Housing programs (Buffalo Street Project and Dan Robinson Project) which consistently ran at 100% capacity.**

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3. 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.

NLP is under the umbrella of WPIC's 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 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 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.

4. 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.

5. Describe your organization's proposed staffing plan.

- a. Staff experience working with the homeless 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. 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

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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. Blended Service Coordinators are required to attend centralized trainings that are coordinated by the county. WPIC offers realistic crisis training for its staff and requires routine assessment and completion of 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.

6. Describe your organization's use of HMIS. Indicate if you are a victim service provider not required to participate in HMIS.

- a. Your organization's previous experience entering 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 8 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 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.

- b. Your organization's plan for managing referrals through Allegheny Link as well as your strategy for entering the required data into HMIS within 3 days of accepting clients, completing annual assessments within the 60 day window allowed, and recording exits within 3 days of the client leaving. Indicate who on your staff is responsible for these activities.

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 easy and regular access to the staff members that are responsible for completion and submission of the data update forms. 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. This staff person also manages referrals received through The Link.

How will the data quality report be utilized to ensure that data are correct? How often will the data quality report be utilized?

Our HMIS Data Coordinator is in regular contact with HMIS staff and will regularly utilize the data quality report to ensure the completeness and accuracy of the data in the

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system. If and when a discrepancy is noted, staff reviews the system and collaborates with HMIS staff to ensure it is corrected and accurately noted in the system.

7. Please provide a brief narrative on your organization’s use of the Housing First model in the narrative box below and fill out the following charts to indicate if you will follow a Housing First model for the proposed PSH and/or RRH Program(s). (Note: a project is considered Housing First only if “all of the above” is the only selection chosen).

Does the Program(s) ensure that Participants are considered regardless of: Select all that apply	
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"/>

Does the Program(s) ensure that Participants remain eligible for services (or continue to be served) regardless of: Select all that apply	
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"/>

WPIC has long embraced the philosophy of Housing First and assumes all participants are “housing ready” regardless of income, substance use, employment status, domestic violence history, criminal history, current MH status, or historical resistance to services. Our reputation is that of an agency that is able and willing to work with the most challenging of situations, and we are often called upon by colleagues in the CoC for consultation, or even to accept a participant who is struggling in another placement. We have moved for involuntary discharge on less than a handful of occasions in the last decade and firmly believe that a return to homelessness for any participant in any program is an adverse outcome shared by the entire CoC that we are all charged with working together to divert. When participants’ choices create an unsafe living environment, we strategize as a team to determine a plan for

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safe, continued provision and delivery of community-based services in the interest of the participants' continued progress. Similarly, when participants' choices lead to formal eviction by the landlord, we meet to identify and develop a plan for the reasons leading to eviction and provide another housing opportunity with a more intensive or dynamic plan in place.

8. 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 refer to Section B, Question 11 for a review of WPIC's proposed budget for the PSH Program – ***we intend to serve an additional 4 individuals per year with the same amount of funding available through this RFP.*** We have committed to match a minimum of 25% of the total award as outlined below. A copy of the prior year's financial report is attached.

B. Permanent Supportive Housing (PSH) Program (60 points). If you are proposing a PSH Program, fill out the questions below. If you are not proposing a PSH Program, leave this section blank and move to the section for the RRH Program. Note that each program will be scored separately. Your response to this section should not exceed 15 pages.

If selected as a Successful Proposer for this RFP, we understand that we may also be selected to assume the 2017-18 contracts for 11 family and 10 individual scattered-site PSH units, beginning Fall 2017 (check the box to indicate understanding).

1. Provide a unique Program name. Note that it cannot be called "[Your organization's name] PSH." In addition, please include your DUNS number and EIN.

Derrick's Project
DUNS# 052913998
EIN# 25-0965480

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

All 8 grants operated by WPIC have similar scopes and operations, all utilize the Housing First model and embrace that philosophy, and consistently produce outcomes that meet or exceed the HUD benchmarks annually. **Derrick's Project** is lovingly and respectfully named in honor and in memory of a chronically homeless participant of one of our PSH programs who sadly passed away last year. Derrick's talent, humor, style, and resilience moved and inspired our team during the many years that we had the opportunity and privilege to serve him. As a strong advocate of the homeless and hurting, himself, we are certain he would be pleased about this homage.

Derrick's Project will serve 11 families and 14 individuals. The original RFP included 11 families and 10 singles, but ***our existing staff and program infrastructure will enable us to dedicate more dollars to our Rental Assistance budget, allowing for 4 more individuals to be served each year.*** All participants entering Derrick's Project must meet HUD's definition of chronically homeless and must also be living with a psychiatric disability. Participants will receive an initial assessment and will be assigned to a BSC as the primary support service, and will be oriented to the program during an initial case conference that will include the client, assigned BSC, BSC Supervisor, and

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various other members of the Continuum as appropriate. 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.

All participant service plans include (at a minimum) specific goals in the housing, mental health, and physical health domains. These plans are individualized, with the initial service plan being completed within the first 30 days of program admission. BSC staff regularly review these plans with participants and update them every six months so that they are consistently working with client toward identified goals. In addition, participants will have available to them support from a certified Drug and Alcohol counselor as well as a psychiatric nurse in order to assist those whose substance abuse/dependence issues and/or medication adherence create significant barriers to wellness, residential stability, employment, and community tenure. A Drug and Alcohol counselor will be available to facilitate recovery groups at our office site as well as provide in-home support and assistance with linking to the appropriate level of care and treatment for participants. Our continuum's psychiatric nurse will partner with our weekly outreach clinic in order to provide additional education and support regarding medications, assist with navigating complex issues of insurance and prescription coverage, and provide support with accurate dosing by linking with pharmacy support to provide bubble packs or skills training with management of pill boxes. The extended team will also be available to provide this type of support to those not seen by our clinic that have similar needs and unique challenges to their wellness, which could be mitigated by the provision of this type of individualized support.

Program participants will also work closely with their primary BSC in order to assess and develop vocational, educational, and/or financial goals, and will often be referred to the vocational specialist for more specialized support and services. The vocational specialist will work with program participants to assess their level of need; be it obtaining/maintaining employment, increasing current level of employment, continuing education, identifying and linking to meaningful activity, and/or acquiring mainstream entitlement. The vocational specialist will utilize techniques of Motivational Interviewing to move participants away from indecision to finding motivation and making positive decisions and accomplishing goals. In addition, the vocational specialist oversees the day to day operations in our Continuum's participant-run café, Ron's Place. This supported employment program offers part-time employment to grant participants with the goal of establishing job readiness and transitioning to mainstream employment opportunities. Ron's Place provides participants with opportunities to re-enter the workforce by hiring them on as casual, part-time employees of UPMC, helps them to develop or re-establish skills that will assist them with entering the competitive employment market, and provides practical vocational experience with the benefit of the support of job coaches and a vocational counselor. Our vocational specialist is also available to assist participants with all their educational and employment goals either by linking to already available mainstream services,

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supports, and resources in the community, or through development of volunteer, educational, or job opportunities that are specific to the participant's unique needs.

The team emphasizes the importance of making progress with 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.). Regarding exclusion from mainstream housing options due to criminal history, past rental judgments, and other reasons - NLP staff have historically partnered and planned with participants with the goal of successfully advocating for re-consideration during the application and appeal process in numerous cases. If a denial is received by a participant for another permanent housing option, an appeal hearing is requested and BSC staff begin working with the participant with increased intensity to develop a "portfolio of support" 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 participants 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.

By utilizing the comprehensive array of support services and program structure already in place within the WPIC Housing Continuum, we are projecting that we will meet all of HUD's established benchmarks for Derrick's Project, as well as those additional goals established by our own agency. The 8 grant programs currently sponsored by WPIC consistently meet (and exceed) the HUD established benchmarks in all domains including maintaining and exiting to permanent housing as well as maintaining or increasing income, as evidenced by the Annual Progress Report submitted annually to HUD. We employ a full time HMIS Data Coordinator whose responsibility it is to enter timely entry, update, and exit information into the HMIS system for all our agency's HUD grants. In addition, this staff person maintains housing files and enters this 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 to authenticate the data in the event of an audit or data discrepancy. Program Leadership also partners with WPIC's Quality Team on a variety of Quality Improvement projects in the interest of enhancing service delivery to our participants.

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

As mentioned, WPIC 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, a fully operational Supported Employment program, Master's trained clinicians, a licensed Behavioral Specialist, Certified Addictions Counselors, Psychiatric Nursing support, Psychiatrists who have the flexibility to travel to the participant's home to provide psychiatric

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care for those 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. The participants can be easily incorporated into the caseloads of the current specialized BSC teams and coordination with The Link to identify participants can begin immediately.

4. Describe your organization’s strategy to serve PSH Program Participants.
 - a. The Target Population for the PSH Program is adults with a documented disability. Beyond that, the PSH Program does not identify 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.

PSH Program			
Population Focus			
Chronically Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Adults 18 to 24	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
		HIV/AIDS	<input type="checkbox"/>
Other: Specify - Click here to enter text.			

There remains a need in Allegheny County for housing to serve those experiencing chronic homelessness. Those who are experiencing chronic homelessness are very often further challenged with a diagnosis of a psychiatric disability. This can pose and often does pose unique barriers to maintaining permanent housing. WPIC’s program model is, and for decades has been, **housing with supports**. The NLP team strives to quickly house individuals experiencing homelessness, and work to develop positive working relationships that will drive the participant’s progress along the continuum of wellness and recovery. With a large and diverse team of 18 total specialized Blended Service Coordinators, and with various other specialties within the extended outreach team, NLP works to match participants with a primary support service provider that best meets their needs and specifications in order to maximize the opportunity to forge a positive working alliance. WPIC has served the chronically homeless, SPMI population exceptionally for decades, and we consistently meet and often exceed HUD’s performance benchmarks annually across our grant projects.

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

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PSH Program			
Persons in Households			
	Adults over age 24	Adults ages 18-24	Total Persons
Chronically Homeless Non-Veterans	25	Enter #	25
Chronically Homeless Veterans	Enter #	Enter #	Enter #
Non-Chronically Homeless Veterans	Enter #	Enter #	Enter #
Chronic Substance Abuse	Enter #	Enter #	Enter #
People with HIV/AIDS	Enter #	Enter #	Enter #
People with Severe Mentally Illness	25	Enter #	25
Victims of Domestic Violence	Enter #	Enter #	Enter #
People with a Physical Disability	Enter #	Enter #	Enter #
People with a Developmental Disability	Enter #	Enter #	Enter #
People not represented by listed subpopulations	Enter #	Enter #	Enter #

*****While the original RFP was for 11 families and 10 singles, WPIC is able to serve an additional 4 singles in this proposal utilizing the same amount of funding by dedicating additional award dollars to Rental Assistance.***

Housing Type	Units	Beds	Dedicated Chronically Homeless Beds
Scattered Site	25	36	36

Households	Adult households without children
Total number of households	14

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Characteristics	Adult persons in households without children
Adults over age 24	14
Adult age 18-24	0
Total Persons	14

5. Describe your organization’s experience with the PSH Program target population and your chosen subpopulation, if any.

WPIC has been providing high quality services to the SPMI chronically homeless of Allegheny County for over 20 years. We consistently meet and exceed HUD’s performance benchmarks. Our philosophy is housing with support and we utilize the Housing First model in all 8 grants. This philosophy will carry over to this new PSH grant. Derrick’s Project will target the most difficult to engage, chronically homeless of Allegheny County who are living with a psychiatric disability. The chart above did not include a count for adult households with children, though the RFP is for an 11 family and 10 single grant. All units (which includes an increase in number of single units/participants served) are summarized in the budget table and can be revised as needed by DHS if only adult households without children is to be the focus of the grant project.

6. Describe your organization’s housing sites for the PSH Program.
- a. How your organization will consider the needs of PSH Clients and the barriers that are currently preventing them from securing and maintaining housing and how those needs and barriers will be addressed through case management

All participants of Derrick’s Project 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 the homeless individuals and families of our grant projects, 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 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.

- b. How your organization will identify appropriate scattered site units and ensure that rents are reasonable (include your organization’s definition of reasonableness)

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We have worked hard to build and enjoy strong community and landlord relationships for nearly 20 years. Our participants currently lease from over 100 unique landlords. Many of these landlords have multiple leasing relationships with our various grant program participants and they fax our agency monthly vacancy lists to forward to our participants because their working experiences with us have been positive. In addition, we are often contacted by new landlords that have networked with our current landlords, asking about getting involved with our housing programs. We also have been approached by several leasing companies/landlords who have been willing to lease all units in their entire buildings for the use of our grant program participants, and some have even made physical site renovations at our request to make these sites more accessible/amendable to our participants.

In order to ensure rent reasonableness, every prospective apartment will be checked against our internal data base of neighborhoods and comparable units prior to the participant moving forward with a rental agreement or contract. NLP references HUD's definition of rent reasonableness and compares the rent being proposed for the assisted unit to the rent currently being charged to unassisted units, as well as comparing it to the community market.

- c. Your organization's plan for recruiting and working with landlords and other homeless services providers

As stated above, these strong landlord/community relationships enable us to better provide Housing First to individuals and/or families. WPIC has multiple landlord partners that have committed to giving our agency first priority for any and all of their housing stock. Once a participant selects a community/neighborhood, we often have a number of landlords we can contact to request unit availability in that area, so that the participant may quickly be housed, regardless of their current status or ability to participate in the housing search. We have an assigned staff person whose main responsibility is to manage, coordinate, and request all starts, stops, and changes in payments to our participant's landlords across all our grant projects. We view landlords as important stake holders in the success of our programs and make it a priority to ensure that their payments are timely and consistent. We also provide them with direct access to the assigned BSC as well as the staff person responsible for coordinating payments.

Our grant programs have always embraced the Housing First model and consistently establish housing as the priority goal in the participant's service plan. The robust array of community based support services offered to participants of our grants serves to mitigate some of the more adverse social and residential effects of drug use and/or active mental health symptoms through frequent contact and support of the participant/tenant and the team's proactive approach to meeting the needs and addressing concerns of the landlords with whom the participant enters into a lease. Recognizing that not every participant will elect to avail themselves of the many services available to them through our continuum, the BSC serves as the primary support service, and works closely with the participant to maintain that connection; even requesting waivers from the county in cases when the participant is unwilling or unable to participate in a manner that would otherwise be required per that service's regulating body.

- d. Your organization's plan for assessing the suitability of scattered site units for habitation by PSH Participants

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HUD Habitability Standards are ensured by a thorough inspection that is verified by signature of both staff and landlord upon move in and a minimum of annually thereafter. The participant is the leaseholder and is responsible for upholding all conditions of the lease, while UPMC/WPIC transfers the rent subsidy directly to the landlord for as long as the individual is an eligible participant in our housing program. We provide landlords with general information about our housing program, though we are careful to be sensitive to the participant’s right to confidentiality. Landlords are informed that the project is a partnership between HUD and UPMC, and that we transfer the rent subsidy to them directly once we receive the required paperwork from both landlord and participant. We set up the rent payments on an automatic payment cycle for a maximum of 12 months at a time, and renew the payment cycle when the leases are due to be renewed if the participant remains eligible for our program.

e. Where your organization plans to locate the scattered site units in the County

WPIC promotes and encourages participant choice when identifying communities and units. While we believe community tenure is maximized when the tenant is an active participant in the process of selecting his or her own housing, BSC staff are also able to utilize the program’s network of landlords in order to more quickly locate a unit if the urgency of the situation warrants. Program staff will provide a participant with as much or as little assistance as is needed, based on their individual need, with regard to identifying a unit. Typically, the participant will actively participate in the development of an initial service plan, which will include specific action steps related to the securing of a housing unit and skill development in the interest of learning how to become a responsible tenant. Once a community or neighborhood is chosen by the participant, the BSC will work with the participant to either contact our current network of landlords to check for unit availability in those neighborhoods, or work with him/her to identify units available on the open market through traditional apartment search methods (internet, newspaper, signs in windows in neighborhoods, etc.).

Provide a brief narrative on your organization’s plan for coordinating with outside partners to ensure that the PSH Program is successful, including your plan for leveraging funds and supportive services in the narrative box below. In the following Supportive Services chart, indicate who will provide the Supportive Services and how often PSH Program Participants will receive the Supportive Services. The 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.

PSH Program		
Supportive Service	Provider	Frequency
Assessment of Service Needs	Your organization	Weekly
Assistance with Moving Costs	Your organization	As needed
Case Management	Your organization	Weekly
Child Care	A non-partner agency	As needed
Education Services	Your organization	As needed

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Employment Assistance & Job Training	Your organization	As needed
Food	A partner agency	As needed
Housing Search & Counseling Services	Your organization	Weekly
Legal Services	A non-partner agency	As needed
Life Skills Training	Your organization	Weekly
Mental Health	Your organization	As needed
Outpatient Health Services	Your organization	As needed
Outreach Services	Your organization	As needed
Substance Abuse Treatment	Your organization	As needed
Transportation	Your organization	As needed
Utility Deposits	Your organization	As needed

WPIC has spent decades forging strong relationships and networks with numerous community stakeholders. Participants of Derrick’s 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. Participants will have access to comprehensive mental health and medical supports and services available through UPMC/WPIC.

WPIC has leveraged the services of two dedicated and specialized Blended Service Coordination (BSC) teams to serve this population (20 total staff; 18 BSCs and 2 BSC Supervisors), which comes with 24 hour on call crisis and support services available to our program participants. 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 Derrick’s Project participants, includes a Drug and Alcohol Specialist, Vocational Counselor, Psychiatric Nurse, and available time with a psychiatrist. NLP also staffs a weekly outreach clinic that is held in our offices and includes several hours per week of 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. This is a key resource to participants, in particular to those in this proposed grant project who are not amenable to traditional outpatient service offerings or program designs and for whom this otherwise creates a barrier to accessing mental health services.

7. Describe your organization’s plan to track and achieve the HUD performance standards for the PSH Program 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 extended 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

As previously described, program participants will work closely with their primary BSC in order to assess and develop vocational, educational, and/or financial goals. BSC staff are trained on the S.O.A.R. model and in navigating social security and public welfare systems so they can assist participants to more quickly access and gain entitlement. Participants will often be referred to the vocational specialist for more specialized support and services. The vocational specialist will work with program participants to assess their level of need; be it obtaining employment, continuing education, identifying and linking to meaningful activity, and/or acquiring mainstream entitlement. The vocational specialist will utilize techniques of Motivational Interviewing to move participants away from indecision to finding motivation and making positive decisions and accomplishing goals. In addition, WPIC operates a supported employment program, Ron’s Place Café, which offers part-time employment to grant participants with the goal of establishing job readiness and transitioning to mainstream employment opportunities. Ron’s Place provides participants with opportunities to re-enter the workforce by hiring them on as casual, part-time employees of UPMC, helps them to develop or re-establish skills that will assist them with entering the competitive employment market, and provides practical vocational experience with the benefit of the support of job coaches and a vocational counselor.

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Retention of entitlement is also an important component in maintaining/increasing income. BSC staff will provide coaching and education to participant around critical elements to maintaining income including, but not limited to, registering address changes with entitlement agencies (Social Security office, DPW office, etc.), interpreting mailings from these agencies and organizing files and documents requested for renewals or reviews, and providing verification of income changes within 30 days.

- c. Maintaining or increasing non-cash benefits (e.g., Food Stamps)
As above, BSC staff will provide coaching and education to participant regarding non-cash benefit eligibility and requirements.
 - d. Maintaining or securing Medicaid or Private Health Insurance
As above, BSC staff will provide coaching and education to participant regarding Medicaid or other health insurance eligibility.
8. Describe your organization’s plan for managing referrals and securing beds for PSH Program Participants. In addition, fill out the chart below.

As previously described, WPIC employs a full time HMIS Data Coordinator who is embedded in the same work space as our specialized BSC teams. Various members of leadership and the extended team participate in a weekly referral meeting where new referrals, capacity, landlord concerns, and caseload management is reviewed. 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. Referrals will be immediately assigned to BSC staff so that engagement and housing search can begin.

PSH Program	
Enter the percentage of 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
Enter %	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
Enter %	Persons fleeing domestic violence
100%	Total of above percentages

9. Describe your organization’s ability to effectively utilize federal funds and perform the scope of services described in the RFP for the PSH Program within funding and time specifications.
- 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

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audits. The 8 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.

10. Provide a detailed budget narrative that clearly supports the PSH Program.

Please refer to the charts in Question 11 for a review of WPIC’s proposed budget for Derrick’s Project. While the existing distribution of the total award currently allows for a total of 21 households to be served by this grant project, our existing staffing and program design is robust and comprehensive enough to absorb those 21 units plus afford housing opportunities to an **additional 4 chronically homeless individuals in Allegheny County**. We have committed to match a minimum of 25% of the total award in in-kind services as outlined below.

11. The charts below are HUD’s specific budget format. Use the charts to provide details on your organization’s budget for the proposed PSH Program.

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

PSH Program			
Rental Assistance Budget			
Total request for grant term			\$219,540
Total units			25
Type of rental assistance	FMR Area	Total Units Requested	Total Request
TRA	Allegheny County	25	\$219,540

Type of Rental Assistance: TRA

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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: Allegheny County

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.

PSH Program Persons							
Rental Assistance Budget Detail							
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
SRO	Enter #	X	Enter \$	X	Enter #	=	Enter \$
0 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
1 bedroom	14	X	657	X	12	=	110,376
2 bedroom	11	X	827	X	12	=	109,164
Total	25	X	Enter \$	X	Enter #	=	219,540

PSH Program		
Supportive Services Budget		
Category	Quantity and Description	Annual Assistance Requested
Assessment of Service Needs	Click here to enter text.	Enter \$
Assistance with Moving Costs	Movers and storage for participants	\$7364
Case Management	.20 program management	\$8,855
Child Care	Click here to enter text.	Enter \$
Educational Services	Click here to enter text.	Enter \$
Employment Assistance	.10 FTE vocational specialist, .10 FTE voc program coordinator	\$12, 147
Food	Click here to enter text.	Enter \$
Housing/Counseling Services	Click here to enter text.	Enter \$
Legal Services	Click here to enter text.	Enter \$
Life Skills	Click here to enter text.	Enter \$
Mental Health Services	Click here to enter text.	Enter \$
Outpatient Health Services	Click here to enter text.	Enter \$
Outreach Services	.10 FTE outreach psych nurse	\$7,886
Substance Abuse Treatment Services	.10 FTE D&A counselor	\$5,099
Transportation	Bus tickets or cab fare to critical appointments	\$6,500
Utility Deposits	Utility deposits for various services	\$6,000
Operating Costs	Click here to enter text.	Enter \$
Total Services Requested		\$53,851

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PSH Program	
Summary for Match	
Total Value of Cash Commitments	\$73,132
Total Value of In-Kind Commitments	Enter \$
Total Value of All Commitments	\$73,132

PSH Program			
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	Enter \$	Enter Time	Enter \$
3. Rental Assistance	\$219,540	1 year	\$219,540
4. Supportive Services	\$53,851	1 year	\$53,851
5. Operating	Enter \$	Enter Time	Enter \$
6. HMIS	Enter \$	Enter Time	Enter \$
7. Sub-total Costs Requested			\$273,391
8. Admin (up to 7%)			\$19,137
9. Total Assistance Plus Admin Requested			\$292,528
10. Cash Match			\$73,132
11. In-Kind Match			Enter \$
12. Total Match			\$73,132
13. Total Budget			\$365,660

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C. Rapid Re-Housing (RRH) Program (60 points). If you are proposing an RRH Program, fill out the questions below. If you are not proposing a RRH Program, leave this section blank. Note that each program will be scored separately. Your response to this section should not exceed 15 pages.

N/A – not a Rapid Re-Housing Program

If selected as a Successful Proposer for this RFP, we understand that we may also be selected to assume the 2017-18 contract for 10 individual scattered-site RRH units, beginning Fall 2017 (check box to indicate understanding).

1. Provide a unique Program name. Note that it cannot be called “[Your organization’s name] RRH.” Please include your DUNS number and EIN.
Click here to enter text.
2. Provide a summary description of the entire scope of your organization’s proposed RRH Program.
Click here to enter text.
3. Describe the estimated schedule for the proposed activities, the management plan and the method for assuring effective and timely completion of all work for the RRH Program.
Click here to enter text.
4. Describe your organization’s strategy to serve RRH Program Participants
 - a. The Target Population for the RRH Program is adults or families experiencing homelessness. Beyond that, the RRH Program does not identify 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.

RRH Program			
Population Focus			
Chronically Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Adult 18 to 24	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Other: Specify - Click here to enter text.			

Click here to enter text.

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

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N/A – not a Rapid Re-Housing Program

RRH Program			
Persons in Households			
	Adults over age 24	Adults ages 18-24	Total Persons
Chronically Homeless Non-Veterans	Enter #	Enter #	Enter #
Chronically Homeless Veterans	Enter #	Enter #	Enter #
Non-Chronically Homeless Veterans	Enter #	Enter #	Enter #
Chronic Substance Abuse	Enter #	Enter #	Enter #
People with HIV/AIDS	Enter #	Enter #	Enter #
People with Severe Mentally Illness	Enter #	Enter #	Enter #
Victims of Domestic Violence	Enter #	Enter #	Enter #
People with a Physical Disability	Enter #	Enter #	Enter #
People with a Developmental Disability	Enter #	Enter #	Enter #
People not represented by listed subpopulations	Enter #	Enter #	Enter #

RRH Program			
Persons in Households without Children			
	Adults over age 24	Adults ages 18-24	Total Persons
Chronically Homeless Non-Veterans	Enter #	Enter #	Enter #
Chronically Homeless Veterans	Enter #	Enter #	Enter #
Non-Chronically Homeless Veterans	Enter #	Enter #	Enter #
Chronic Substance Abuse	Enter #	Enter #	Enter #
People with HIV/AIDS	Enter #	Enter #	Enter #
People with Severe Mentally Illness	Enter #	Enter #	Enter #
Victims of Domestic Violence	Enter #	Enter #	Enter #
People with a Physical Disability	Enter #	Enter #	Enter #
People with a Developmental Disability	Enter #	Enter #	Enter #
People not represented by listed subpopulations	Enter #	Enter #	Enter #

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N/A – not a Rapid Re-Housing Program

Housing Type	Units	Beds	Dedicated Chronically Homeless Beds	Non-Chronically Homeless Beds
Click here to enter text.	Enter #	Enter #	Enter #	Enter #

Households	Adult households without children
Total number of households	Enter #

Characteristics	Adult persons in households without children
Adults over age 24	Enter #
Adults age 18-24	Enter #
Total Persons	Enter #

5. Describe your organization’s experience with the RRH Program target population and your chosen subpopulation.
Click here to enter text.
6. Describe your organization’s housing sites for the RRH Program.
 - a. How your organization will consider the needs of RRH Clients and the barriers that are currently preventing them from obtaining and maintaining housing and how those needs and barriers will be addressed through case management
Click here to enter text.
 - b. How your organization will identify appropriate scattered site units and ensure that rents are reasonable (include your organization’s definition of reasonableness)
Click here to enter text.
 - c. Your organization’s plan for recruiting and working with landlords and other homeless services providers
Click here to enter text.
 - d. Your organization’s plan for assessing the suitability of scattered site units for habitation by RRH Participants
Click here to enter text.

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N/A – not a Rapid Re-Housing Program

- e. Where your organization plans to locate the scattered site units in the County
Click here to enter text.
- 7. Describe your organization’s plan for coordinating with outside partners to ensure that the RRH Program is successful, including your plan for leveraging funds and support.
Click here to enter text.
- 8. In the following Supportive Services chart indicate who will provide the Supportive Services and how often RRH Program Participants will receive the Supportive Services. The 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.

RRH Program		
Supportive Service	Provider	Frequency
Assessment of Service Needs	Choose an item.	Choose an item.
Assistance with Moving Costs	Choose an item.	Choose an item.
Case Management	Choose an item.	Choose an item.
Child Care	Choose an item.	Choose an item.
Education Services	Choose an item.	Choose an item.
Employment Assistance & Job Training	Choose an item.	Choose an item.
Food	Choose an item.	Choose an item.
Housing Search & Counseling Services	Choose an item.	Choose an item.
Legal Services	Choose an item.	Choose an item.
Life Skills Training	Choose an item.	Choose an item.
Mental Health	Choose an item.	Choose an item.
Outpatient Health Services	Choose an item.	Choose an item.
Outreach Services	Choose an item.	Choose an item.
Substance Abuse Treatment	Choose an item.	Choose an item.
Transportation	Choose an item.	Choose an item.
Utility Deposits	Choose an item.	Choose an item.

- 9. Describe your organization’s plan to track and achieve the HUD performance standards for the RRH Program and fill out the chart below:
 - a. Maintaining permanent housing
Click here to enter text.
 - b. Maintaining or increasing income
Click here to enter text.
 - c. Maintaining or increasing non-cash benefits (e.g. Food Stamps)
Click here to enter text.
 - d. Maintaining or increasing Medicaid or Private Health Insurance
Click here to enter text.
 - e. Securing employment

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N/A – not a Rapid Re-Housing Program

- f. Not returning to homelessness in six and 12 months
Click here to enter text.
- g. Utilizing supportive services
Click here to enter text.

12. Describe your organization’s plan for managing referrals and securing housing for RRH Program Participants. Fill out the chart below.
Click here to enter text.

RRH Program	
Enter the percentage of Participants that will be coming from each of the following locations	
Enter %	Directly from the street or other locations not meant for human habitation
Enter %	Directly from emergency shelters
Enter %	Directly from safe havens
Enter %	Persons fleeing domestic violence
Enter %	Total of above percentages

10. Describe your organization’s ability to effectively utilize federal funds and performing the scope of services described in the RFP for the RRH Program within funding and time limitations.
Click here to enter text.
11. Provide a detailed budget narrative that clearly supports the RRH Program.
Click here to enter text.
12. The charts below are HUD’s specific budget format. Use the charts to provide details on your organization’s budget for the proposed RRH Program.

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

RRH Program			
Rental Assistance Budget			
Total request for grant term			Enter \$
Total units			Enter #
Type of rental assistance	FMR Area	Total Units Requested	Total Request
Choose an item.	Click here to enter text.	Enter #	Enter \$

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N/A – not a Rapid Re-Housing Program

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.

RRH Program							
Rental Assistance Budget Detail							
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
SRO	Enter #	X	Enter \$	X	Enter #	=	Enter \$
0 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
1 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
2 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
Total	Enter #	X	Enter \$	X	Enter #	=	Enter \$

RRH Program		
Supportive Services Budget		
Category	Quantity and Description	Annual Assistance Requested
Assessment of Service Needs	Click here to enter text.	Enter \$
Assistance with Moving Costs	Click here to enter text.	Enter \$
Case Management	Click here to enter text.	Enter \$
Child Care	Click here to enter text.	Enter \$
Educational Services	Click here to enter text.	Enter \$
Employment Assistance	Click here to enter text.	Enter \$
Food	Click here to enter text.	Enter \$
Housing/Counseling Services	Click here to enter text.	Enter \$
Legal Services	Click here to enter text.	Enter \$
Life Skills	Click here to enter text.	Enter \$
Mental Health Services	Click here to enter text.	Enter \$
Outpatient Health Services	Click here to enter text.	Enter \$
Outreach Services	Click here to enter text.	Enter \$
Substance Abuse Treatment Services	Click here to enter text.	Enter \$
Transportation	Click here to enter text.	Enter \$
Utility Deposits	Click here to enter text.	Enter \$
Operating Costs	Click here to enter text.	Enter \$
Total Services Requested		Enter \$

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N/A – not a Rapid Re-Housing Program

RRH Program	
Summary for Match	
Total Value of Cash Commitments	Enter \$
Total Value of In-Kind Commitments	Enter \$
Total Value of All Commitments	Enter \$

RRH Program			
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	Enter \$	Enter Time	Enter \$
3. Rental Assistance	Enter \$	Enter Time	Enter \$
4. Supportive Services	Enter \$	Enter Time	Enter \$
5. Operating	Enter \$	Enter Time	Enter \$
6. HMIS	Enter \$	Enter Time	Enter \$
7. Sub-total Costs Requested			Enter \$
8. Admin (up to 7%)			Enter \$
9. Total Assistance Plus Admin Requested			Enter \$
10. Cash Match			Enter \$
11. In-Kind Match			Enter \$
12. Total Match			Enter \$
13. Total Budget			Enter \$

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U.S. Department of Housing and Urban Development (HUD) 2017 Reallocation Funding for Permanent Supportive Housing and Rapid Re-Housing Programs

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)

- Cover Page
- Allegheny County Vendor Creation Form
- W-9 Form
- MWDBE Participation Statement or Waiver Statement
- Audited Financial Report

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.

Please check each of the following before submitting your Proposal:

XX My firm is registered with the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprises

XX By submitting this proposal, I agree that, if offered a contract award, I will comply with the standard County terms and conditions for County contracts.

XX By submitting this proposal, I agree to comply with DHS Cyber Security, EEOC/Non-Discrimination and HIPAA requirements.

XX By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.