

## RFP Response Form

*U.S. Department of Housing and Urban Development (HUD) 2018 Reallocation Funding for  
Permanent Supportive Housing and Rapid Re-Housing Programs*

### PROPOSER INFORMATION

Proposer Name: Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside (WPIC)

Authorized Representative Name & Title: Ioanna Chiotis, M.S., CPRP, Program Director

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Email: [paynei@upmc.edu](mailto:paynei@upmc.edu)

Website: [www.upmc.com](http://www.upmc.com)

Legal Status:  For-Profit Corp.  Nonprofit Corp.  Sole Proprietor  Partnership

Date Incorporated: January 2004

### REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Christopher Gessner	412-692-5085	Christopher.Gessner@chp.edu
Contract Processing Contact	Dann Susko	412-246-5693	suskodr@upmc.edu
Chief Information Officer	Steve Schunk	412-432-7350	schunks@upmc.edu
Chief Financial Officer	Dave Bobrzynski	412-246-6809	bobrzynskidj@upmc.edu
MPER Contact*	Dann Susko	412-246-5693	suskodr@upmc.edu

\* *MPER* is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.

### BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

***Please see Attachment A***

Board Chairperson Name & Title: [REDACTED]

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [Click here to enter text.](#)

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### 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 partner: [REDACTED]

Doug Metcalf, Landlord partner: [REDACTED]

Amy Karlek, Pharmacist : [REDACTED]

### PROPOSAL INFORMATION

Date Submitted 6/14/2018

Amount Requested: **\$262,551**

Proposal Abstract:

*Please limit your response to 750 characters*

WPIC's housing continuum has a comprehensive infrastructure in place that will enable us to quickly and easily begin implementing the attached expansion project if granted the opportunity. We have 2 dedicated and specialized teams of Blended Service Coordinators, data coordination staff, a Vocational Specialist, a Supported Employment program, Master's trained clinicians, a Certified Addictions Counselor, Psych Nursing support, Psychiatrists, support and monitoring from the financial department, multiple and dependable landlord partners, 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 respectfully request your consideration to be selected as the provider for an expansion to one of our existing PSHs.

### CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.

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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.

### ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- MWDBE documents ***(Please see attachment B)***
- Allegheny County Vendor Creation Form ***(Please see attachment C)***
- 3 years of audited financial reports ***(on file with Allegheny County DHS)***
- W-9 ***(Please see attachment D)***

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#### 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:

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 significantly above capacity in all of its 10 grant projects this past year. Two of these grant projects, Daylight and Pride, are temporary, one-year additions to our continuum. These two Leasing PSH grants were acquired by WPIC during their final year of operation, and will end this Fall, returning our project count to 8 in total. WPIC did return funding in Soteria Project RRH last year due to a hiring freeze that hit as the grant began operations and subsequent challenges with building capacity. At present, Soteria is operating at 123% capacity and is on track to spend down 100% for this award.

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

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Living Programs of Western Psychiatric (NLP) has been providing services to homeless individuals and families who are with serious mental illness for more than 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; 1 Rapid Re-Housing program (Soteria Project), and 9 Permanent Housing programs as detailed in the charts below (*two temporary projects, Pride and Daylight, are not detailed below due to their scheduled end dates this coming Fall*):

Current Housing Programs	
Program	Flex 15 Project, PSH (seeking expansion of 25 units/beds)
Population Served	SPMI Homeless singles and families
Number Units/Beds	15 units/ 21 beds
Annual Budget	\$137,021.00
January Utilization Rate	127%
April Utilization Rate	133%
July Utilization Rate	127%
October Utilization Rate	120%

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	100%
April Utilization Rate	100%
July Utilization Rate	100%
October Utilization Rate	97%

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	118%
April Utilization Rate	120%
July Utilization Rate	120%
October Utilization Rate	114%

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Current Housing Programs	
Program	Flex 51 Project, PSH (expanding to 88 beds beginning 12/1/18)
Population Served	SPMI Chronically Homeless singles
Number Units/Beds	51 units/ 51 beds (expanding to 88/88 on 12/1/18)
Annual Budget	\$427,531
January Utilization Rate	108%
April Utilization Rate	120%
July Utilization Rate	118%
October Utilization Rate	116%

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	140%
April Utilization Rate	140%
July Utilization Rate	136%
October Utilization Rate	128%

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	119%
April Utilization Rate	111%
July Utilization Rate	108%
October Utilization Rate	106%

Current Housing Programs	
Program	Next Chapter, PSH – start date 12/1/2017
Population Served	SPMI Chronically Homeless singles
Number Units/Beds	14 units/ 14 beds
Annual Budget	\$233,351
January 2018 Utilization Rate	93%
April Utilization Rate	Enter %
July Utilization Rate	Enter %
October Utilization Rate	Enter %

**\*\*Next Chapter began operating on 12/1/2017**

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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	0%
April Utilization Rate	35%
July Utilization Rate	71%
October Utilization Rate	106%

***\*\* As mentioned previously, Soteria Project is a RRH program that began operations on 12/1/2016 shortly after an agency hiring freeze, which impacted capacity building for 2017 and then in turn impacted spend down for that period. We are currently on track to spend down this grant 100%***

- 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 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 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. We recently leveraged an additional Data Coordinator position to support our fiscal department and also our clinical team 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.

WPIC is proposing an expansion to the Flex 15 PSH project. Participants of Flex 15 have enjoyed a high rate of successful exits to PH. Flex 15 has been operating above capacity for several years due in large part to our landlord partnerships that are willing to make safety and affordability a priority, which enables us to serve more than our contracted capacity of

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15. WPIC returned less than 0% of funds during the last grant term, and is again on track to spend down 100% this grant term.

3. Describe any unresolved monitoring or audit findings for any HUD grants (including Emergency Solutions Grants [ESG]) operated by your organization (if any).

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

4. 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 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. WPIC has recently launched a Western Psychiatric Leadership Academy (WLA) to further develop our agency's leaders and ensure that the level of supervision, support, and leadership being provided to our staff is of the highest caliber. WPIC regularly distributes a "My Voice" survey to engage and encourage employees to provide anonymous feedback on a variety of work-related topics, further engaging employees in an effort to positively impact retention.

- 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 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.



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5. 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 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 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 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. 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 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

6. 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).

<b>Does the Program(s) ensure that Participants are considered regardless of: Select all that apply</b>	
Having too little or no income	<input type="checkbox"/>
Active history of substance use	<input type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>
All of the above	<input checked="" type="checkbox"/>

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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 type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area	<input type="checkbox"/>
All of the above	<input checked="" type="checkbox"/>

WPIC has long embraced the philosophy of Housing First and assumes all participants are “housing ready” regardless of income, substance use, employment readiness, domestic violence history, criminal history, current MH status, or resistance to services. Our reputation is that of an agency that is able and willing to work with the most treatment resistant of individuals, and we are often called upon by colleagues in the Continuum of Care (CoC) to consult on a challenging case 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 to safely continue 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.

7. 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 pages 21 and 22 of this RFP 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 services as outlined below, as well as to leverage a minimum of 200% of the total award. A copy of the prior 3 years’ A133 audit is available and on file with Allegheny County Department of Human Services (DHS).

**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.**

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1. Provide a unique Program name. Note that it cannot be called “[Your organization’s name] PSH.” If you are proposing an expansion of an existing program, a unique name is not required. Use the name of the existing program. In addition, please include your DUNS number and EIN.

**FLEX 15 Expansion**

**DUNS# 052913998**

**EIN# 25-0965480**

2. Provide a summary description of the entire scope of your organization’s proposed PSH Program. All 10 grants operated by NLP have similar scopes and operations, all utilize the Housing First model and embrace that philosophy, and consistently produce positive outcomes that meet or exceed the HUD benchmarks annually. All participants entering Flex 15 Expansion must meet admission criteria as it relates to having a psychiatric disability and meeting HUD’s definition as chronically homeless. 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 various other members of the Continuum as appropriate. Attendance of a Tenant Class that was developed by NLP is encouraged for 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 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 been able to partner and plan with participants with the goal of successfully advocating 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 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, all while working on continued eligibility for re-consideration.

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 to assist those whose

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substance abuse/dependence issues and/or medication adherence create significant barriers to wellness, residential stability, employment, and community tenure. A Drug and Alcohol counselor facilitates recovery groups at our office site and provides 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 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 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 works with program participants with the goals of increasing self-sufficiency, identifying and linking to meaningful activity, gaining or maintaining employment, continuing education, and/or acquiring mainstream entitlement. 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, supports, and resources in the community, or through development of volunteer, educational, or job opportunities that are specific to the participant's unique needs.

By utilizing the comprehensive array of support services and program structure already in place within NLP's Continuum, we are projecting that we will meet all of HUD's established benchmarks for the Flex 15 Expansion program, as well as those additional goals established by our own agency. The 8 grant programs currently sponsored by the WPIC Housing Continuum consistently meet (and often 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 paper Housing charts and enters this information into a secure data

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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. 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, 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, a fully operational Supported Employment program, Master’s trained clinicians, Certified Addictions Counselors, Psychiatric Nursing support, Psychiatrists who have the flexibility to travel to participant homes to provide psychiatric care (for those 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. 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 singles or households with children 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"/>
Families with Children	<input 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 and living with serious and persistent mental illness (SPMI). 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 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 10 grants. This philosophy will carry over to this expansion grant, and will

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target the most difficult to engage, chronically homeless of Allegheny County who are living with a psychiatric disability.

- 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. If you are proposing an expansion of an existing program, the numbers should only reflect the new, expanded number to be served.

<b>PSH Program</b>			
<b>Persons in Households WITHOUT children</b>			
	<b>Adults over age 24</b>	<b>Adults ages 18-24</b>	<b>Total Persons</b>
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 Mental Illness	<b>25</b>	Enter #	<b>25</b>
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 #

<b>Persons in Households WITH children</b>				
	<b>Adults over age 24</b>	<b>Adults ages 18-24</b>	<b>Children ages 0-17</b>	<b>Total Persons</b>
Chronically Homeless Non-Veterans	Enter #	Enter #	Enter #	Enter #
Chronically Homeless Veterans	Enter #	Enter #	n/a	Enter #
Non-Chronically Homeless Veterans	Enter #	Enter #	Enter #	Enter #
Chronic Substance Abuse	Enter #	Enter #	Enter #	Enter #
People with HIV/AIDS	Enter #	Enter #	Enter #	Enter #
People with Severe Mental Illness	Enter #	Enter #	Enter #	Enter #
Victims of Domestic Violence	Enter #	Enter #	Enter #	Enter #
People with a Physical Disability	Enter #	Enter #	Enter #	Enter #
People with a Developmental Disability	Enter #	Enter #	Enter #	Enter #
People not represented by listed subpopulations	Enter #	Enter #	Enter #	Enter #

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Please note: ALL units and beds for PSH must be dedicated to Chronically Homeless

Housing Type	Units	Beds	Dedicated Chronically Homeless Beds
Households without children	<b>25</b>	<b>25</b>	<b>25</b>
Households with children	Enter #	Enter #	Enter #
Total	Enter #	Enter #	Enter #

Households	Adult households WITHOUT children	Adult households WITH children	Total
Total number of households	<b>25</b>	Enter #	<b>25</b>

Household Table	Adult persons in households without children	Adult persons in households with children	Total
Adults over age 24	<b>25</b>	Enter #	<b>25</b>
Adults age 18-24	Enter #	Enter #	Enter #
Accompanied children under age 18	N/A	Enter #	Enter #
Total Persons	<b>25</b>	Enter #	<b>25</b>

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

WPIC has been sponsoring HUD grants and projects for over 20 years and specializes in working with the chronically homeless SPMI. Our leadership team works closely with the county to identify individuals who are most vulnerable and in need of specialized services. 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 our expansion project. We have long established partnerships with the county’s outreach teams have staff available to conduct outreach once the referral is

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received, and collaborate with any other known providers in the area in our efforts to quickly locate individuals referred for housing.

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

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 various other members of the Continuum as appropriate. Attendance of a Tenant Class that was developed by members of the WPIC Housing Continuum is encouraged by all participants. 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). Past barriers to having established housing will be carefully explored and addressed through service planning and with Motivational Interviewing as the underpinning method.

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

WPIC promotes and encourages consumer choice when identifying communities and units. We believe community tenure is enhanced when the tenant is active in the process of selecting his or her own housing. Typically, the participant engages in the initial service planning, including specific action steps related to securing housing & skill development in becoming a responsible tenant. Once a neighborhood is chosen, the BSC works with the participant to either contact our current network of landlords to check for unit availability, or works with them to identify units available on the open market by traditional housing search methods. HUD Habitability Standards are ensured by a thorough inspection verified by signature of staff and landlord at move-in and at least annually thereafter. Rent reasonableness is tested prior to lease signing – units are tested against 3 other comparable units in the area to ensure the rent being charged is comparable to that of unassisted units. The participant is the leaseholder and responsible for upholding the lease -WPIC transfers the subsidy directly to the landlord. Supportive services provision in the home is on-going to continually assess for needs related to housing stability.

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

NLP has a long history of providing quality and innovative services to individuals and families in Allegheny County who are experiencing homelessness. 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 forward monthly vacancy lists to our agency so that we may 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



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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

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

HUD Habitability Standards are ensured by a thorough inspection verified by signature of staff and landlord at move-in and at least annually thereafter. Each specialized NLP BSC team has an identified Housing Specialist who leads these inspections and carefully notes follow up needs prior to releasing payments for the subsidy. The primary BSC then follows up on a regular schedule to ensure that any repairs or needs are completed by the agreed upon timeline.

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

WPIC promotes and encourages consumer choice when identifying communities and units. We believe community tenure is enhanced when the tenant is active in the process of selecting his or her own housing. For this reason, WPIC does not make plans to locate scattered site, but instead provides listings to participants from our landlord partners and also provides BSC support in identifying available units on the open market so that participant choice is enhanced.

7. 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.

8.

<b>PSH Program</b>		
<b>Supportive Service</b>	<b>Provider</b>	<b>Frequency</b>
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	A partner agency	As needed
Employment Assistance & Job Training	Your organization	As needed
Food	A partner agency	As needed
Housing Search & Counseling Services	Your organization	As needed
Legal Services	A partner agency	As needed
Life Skills Training	Your organization	As needed
Mental Health Services	Your organization	As needed
Outpatient Health Services	Your organization	As needed
Outreach Services	Your organization	As needed
Substance Abuse Treatment	Your organization	As needed

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Transportation	Your organization	As needed
Utility Deposits	Your organization	As needed

NLP has leveraged the services of two specialized BSC teams to serve this population, which includes 24-hour crisis and support services availability. BSC staff are seasoned and diverse in their training and expertise and include Master’s trained clinicians, behavioral specialists, and Certified Addictions Counselors. Assignments are carefully considered to match participants with the level of expertise best suited to their needs. Our BSCs are trained in the S.O.A.R. model and can assist participants in expediting access to entitlements. NLP’s extended team is available to participants and includes a D&A Specialist, Voc Counselor, Psychiatric Nurse, and a psychiatrist. NLP staffs a weekly outreach clinic that is held in our offices and includes several hours per week of psychiatrist time. These docs afford the unique opportunity to provide them with critical psychiatric services *in their homes* or other identified locations in the community. This is a key resource to participants - in particular for those 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. 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.

9. Please identify whether the project will include the following activities:
- a. Transportation assistance to clients to attend mainstream benefit appointments, employment training or jobs? **YES XX** NO \_\_\_
  - b. Use of a single application form for four or more mainstream programs? **YES XX** NO \_\_\_
  - c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? **YES XX** NO \_\_\_
  - d. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency? **YES XX** NO \_\_\_
    - i. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **YES XX** NO \_\_\_

10. 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

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 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

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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 numerous cases. If a denial is received by a participant for a mainstream housing option, an appeal hearing is requested and BSC and the extended team 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 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 pursuit of enhancing a participant’s ability to maintain or increase their monthly income. 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.

Maintaining or increasing non-cash benefits (e.g., Food Stamps)

All participants are assigned to a Primary BSC. Our team’s specialized BSCs are well trained in navigating the complex systems of entitlement and have experience in linking individuals to these non-cash resources/entitlements. Performance and outcomes are

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tracked monthly by the Program Coordinator and HMIS data coordinator both through HMIS and through our internal excel tracking sheets.

- c. Maintaining or securing Medicaid or Private Health Insurance

As mentioned, all participants are assigned to a Primary BSC whose responsibility it will be to ensure those they serve are linked to health insurance. Performance and outcomes are tracked monthly by the Program Coordinator and HMIS data coordinator both through HMIS and through our internal excel tracking sheets.

11. 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. NLP works closely with our grant administration staff as well as staff at the Allegheny County Link to ensure we are serving the most vulnerable in the county.

<b>PSH Program</b>	
<b>Enter the percentage of Participants that will be coming from each of the following locations</b>	
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, emergency shelters, or safe havens
Enter %	Persons fleeing domestic violence
<b>100%</b>	<b>Total of above percentages</b>

12. 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 over 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. 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, Master’s trained

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clinicians, 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 expansion into the day to day structure that is already established.

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

While the existing distribution of the total award currently allows for a total of 15 households to be served by the Flex 15 grant project, our existing staffing and program design is robust and comprehensive enough to expand this project to serve an additional 25 chronically homeless singles. We have committed to match a minimum of 25% of the total award, and copies of prior years' A133 audits are available and on file with DHS. Our agency consistently exceeds the leveraging expectations through services provided to participants throughout the Health System and community partnerships. Program participants receive Blended Service Coordination as the primary support service, and the BSC role is to link and connect participants to mainstream services which include health care services and community resources. 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.

14. 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.

<b>PSH Program</b>	
<b>Select the costs for which funding is being requested</b>	
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 type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

<b>PSH Program</b>			
<b>Rental Assistance Budget</b>			
Total request for grant term			Enter \$
Total units			Enter #
Type of rental assistance	Fair Market Rent Area	Total Units Requested	Total Request
<b>TRA</b>	<b>Allegheny County</b>	<b>25</b>	<b>\$197,100</b>

**Type of Rental Assistance: TRA**

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.

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**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.

PSH Program Persons							
Rental Assistance Budget Detail							
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
Single Room Occupancy (SRO)	Enter #	X	Enter \$	X	Enter #	=	Enter \$
0 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
1 bedroom	25	X	\$657	X	12	=	\$197,100
2 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
<b>Total</b>	Enter #	<b>X</b>	Enter \$	<b>X</b>	Enter #	=	\$197,100

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	\$10,000
Case Management	.15 FTE Program Coordinator, .15 FTE voc specialist	\$15,184
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	.15 D&A specialist	\$7,649
Transportation	Click here to enter text.	\$5,442
Utility Deposits	Utility deposits for tenants	\$10,000
Operating Costs	Click here to enter text.	Enter \$
<b>Total Services Requested</b>		<b>\$48,275</b>

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PSH Program	
Summary for Match	
Total Value of Cash Commitments	
Total Value of In-Kind Commitments	\$61,344
Total Value of All Commitments	\$61,344

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	<b>\$197,100</b>	<b>1 year</b>	<b>\$197,100</b>
4. Supportive Services	<b>\$48,275</b>	<b>1 year</b>	<b>\$48,275</b>
5. Operating	Enter \$	Enter Time	Enter \$
6. HMIS	Enter \$	Enter Time	Enter \$
7. Sub-total Costs Requested			<b>\$245,375</b>
8. Admin (up to 7%)			<b>\$17,176</b>
9. Total Assistance Plus Admin Requested			<b>\$262,551</b>
10. Cash Match			
11. In-Kind Match			<b>\$61,344</b>
12. Total Match			<b>\$61,344</b>
13. Total Budget			<b>\$323,895</b>

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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.

1. Provide a unique Program name. Note that it cannot be called “[Your organization’s name] RRH.” If you are proposing an expansion of an existing program, a unique name is not required. Please provide the name of the existing program that you wish to expand. Please include your DUNS number and EIN.

**N/A – not seeking to propose RRH**

2. Provide a summary description of the entire scope of your organization’s proposed RRH Program.

**N/A – not seeking to propose RRH**

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.

**N/A – not seeking to propose RRH**

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.

**\*\*N/A – not seeking to propose RRH**

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.			

**N/A – not seeking to propose RRH**

- 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. If you are proposing an expansion of an existing program, the numbers should only reflect the new, expanded number to be served.



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**\*\*N/A – not seeking to propose RRH**

<b>RRH Program</b>			
<b>Persons in Households without Children</b>			
	<b>Adults over age 24</b>	<b>Adults ages 18-24</b>	<b>Total Persons</b>
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 Mental 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 #

**\*\*N/A – not seeking to propose RRH**

<b>Persons in Households WITH children</b>				
	<b>Adults over age 24</b>	<b>Adults ages 18-24</b>	<b>Children ages 0-17</b>	<b>Total Persons</b>
Chronically Homeless Non-Veterans	Enter #	Enter #	Enter #	Enter #
Chronically Homeless Veterans	Enter #	Enter #	n/a	Enter #
Non-Chronically Homeless Veterans	Enter #	Enter #	Enter #	Enter #
Chronic Substance Abuse	Enter #	Enter #	Enter #	Enter #
People with HIV/AIDS	Enter #	Enter #	Enter #	Enter #
People with Severe Mental Illness	Enter #	Enter #	Enter #	Enter #
Victims of Domestic Violence	Enter #	Enter #	Enter #	Enter #
People with a Physical Disability	Enter #	Enter #	Enter #	Enter #
People with a Developmental Disability	Enter #	Enter #	Enter #	Enter #
People not represented by listed subpopulations	Enter #	Enter #	Enter #	Enter #

**\*\*N/A – not seeking to propose RRH**

<b>Housing Type</b>	<b>Units</b>	<b>Beds</b>
Households without children	Enter #	Enter #
Households with children	Enter #	Enter #
<b>Total</b>	Enter #	Enter #

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Households	Adult households WITHOUT children	Adult households WITH children	Total
Total number of households	Enter #	Enter #	Enter #

**\*\*N/A – not seeking to propose RRH**

Household Table	Adult persons in households without children	Adult persons in households with children	Total
Adults over age 24	Enter #	Enter #	Enter #
Adult age 18-24	Enter #	Enter #	Enter #
Accompanied children under age 18	N/A	Enter #	Enter #
Total Persons	Enter #	Enter #	Enter #

5. Describe your organization’s experience with the RRH Program target population and your chosen subpopulation.

**N/A – not seeking to propose RRH**

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

**N/A – not seeking to propose RRH**

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

**N/A – not seeking to propose RRH**

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

**N/A – not seeking to propose RRH**

d. Your organization’s plan for assessing the suitability of scattered site units for habitation by RRH Participants

**N/A – not seeking to propose RRH**

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

**N/A – not seeking to propose RRH**

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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.

**N/A – not seeking to propose RRH**

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.

**N/A – not seeking to propose RRH**

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 Services	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.

**N/A – not seeking to propose RRH**

9. Please identify whether the project will include the following activities:
- a. Transportation assistance to clients to attend mainstream benefit appointments, employment training or jobs? YES \_\_\_ NO \_\_\_
  - b. Use of a single application form for four or more mainstream programs? YES \_\_\_ NO \_\_\_
  - c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? YES \_\_\_ NO \_\_\_

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- d. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency? YES \_\_\_ NO \_\_\_
  - i. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? YES \_\_\_ NO \_\_\_

10. 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  
**N/A – not seeking to propose RRH**
- b. Maintaining or increasing income

**N/A – not seeking to propose RRH**

- c. Maintaining or increasing non-cash benefits (e.g. Food Stamps)

**N/A – not seeking to propose RRH**

- d. Maintaining or increasing Medicaid or Private Health Insurance

**N/A – not seeking to propose RRH**

- e. Securing employment

**N/A – not seeking to propose RRH**

- f. Not returning to homelessness in six and 12 months

**N/A – not seeking to propose RRH**

- g. Utilizing supportive services

**N/A – not seeking to propose RRH**

15. Describe your organization’s plan for managing referrals and securing housing for RRH Program Participants. Fill out the chart below.

**N/A – not seeking to propose RRH**

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 %	<b>Total of above percentages</b>

11. Describe your organization’s ability to effectively utilize federal funds and perform the scope of services described in the RFP for the RRH Program within funding and time limitations.

**N/A – not seeking to propose RRH**

## RFP Response Form

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12. Provide a detailed budget narrative that clearly supports the RRH Program.

**N/A – not seeking to propose RRH**

13. 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.

**N/A – not seeking to propose RRH**

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	Fair Market Rent (FMR) Area	Total Units Requested	Total Request
Choose an item.	Click here to enter text.	Enter #	Enter \$

**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.

**N/A – not seeking to propose RRH**

RRH Program							
Rental Assistance Budget Detail							
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
Single Room Occupancy (SRO)	Enter #	X	Enter \$	X	Enter #	=	Enter \$
0 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$

## RFP Response Form

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1 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
2 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
<b>Total</b>	Enter #	<b>X</b>	Enter \$	<b>X</b>	Enter #	<b>=</b>	Enter \$

**N/A – not seeking to propose RRH**

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 \$
<b>Total Services Requested</b>		Enter \$

**N/A – not seeking to propose RRH**

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

## RFP Response Form

*U.S. Department of Housing and Urban Development (HUD) 2018 Reallocation Funding for  
Permanent Supportive Housing and Rapid Re-Housing Programs*

N/A – not seeking to propose RRH

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 \$