



Corporation for Supportive Housing

Social Innovation Fund  
Pay for Success

Request for Proposals for

Pay for Success Technical Assistance  
Focused on Supportive Housing for  
Vulnerable Populations

December 4<sup>th</sup>, 2014

**Notice Regarding Public Disclosure:** Please note that all information submitted in this procurement process may be made public if directed by the Corporation for National and Community Service (CNCS) or required by law. This may include the names of organizations that submitted proposals, contact information, summaries of proposals and budgets, reviewer ratings and comments, and other information.

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## Section I: Timetable

### A. Release Date of this RFP

December 4, 2014

### B. Live Bidders' Webinar/Teleconference

Date: December 10, 2014 (confirmed) and January 8, 2015 (tentative)  
Time: 1pm ET  
Registration Link: [Register here for the December 10<sup>th</sup> introductory webinar](#)

Webinars will be recorded and made available at [www.csh.org/pfs](http://www.csh.org/pfs)

### C. Instruction for Submitting Written Questions

Submit to: [pfs@csh.org](mailto:pfs@csh.org)

### E. Due Date/Time and Instructions for Submission of Optional Letters of Intent:

Interested applicants are strongly encouraged to submit Letters of Intent indicating the intention to submit full proposals. Letters of Intent should be submitted via email.

Due Date/Time: January 16<sup>th</sup>, 2015  
5:00pm Eastern Standard Time

Submit by email to: [pfs@csh.org](mailto:pfs@csh.org)

### F. Due Date/Time and Instructions for Submission of Full Proposal

Applicants must submit all application materials electronically in Microsoft Word or PDF format including all attachments either by email or USB flash drive. Please note that if submitting materials via USB flash drive, applicants must allow time for the submission to be received by the deadline. Late submissions will not be accepted.

Due Date/Time: February 6<sup>th</sup>, 2015  
5:00pm Eastern Standard Time

Submit by email to: [pfs@csh.org](mailto:pfs@csh.org)

Submit USB flash drives to: CSH  
c/o Stephanie Mercier  
205 W. Randolph, 23<sup>rd</sup> Floor  
Chicago, IL 60606

### G. Interview Stage

Following the review and ranking of the written applications, CSH will schedule interviews with the top-ranked applicants. Final determinations will be made based on the results of the interview stage. Interviews will take place during the week of February 16<sup>th</sup>, 2015.

### H. Anticipated Announcement Date of Sub-Recipient Awards

March 2<sup>nd</sup>, 2015

## Section II: Introduction and Overview

### A. Purpose of this RFP

The Corporation for Supportive Housing (CSH) is seeking eligible and qualified governments and non-profit organizations that are interested in receiving intensive technical assistance to determine feasibility and move toward implementation of a Pay for Success initiative.

This new funding opportunity is made possible through grants CSH received through the inaugural Pay for Success (PFS) program of the Corporation for National and Community Service's Social Innovation Fund (SIF) combined with additional grant support from foundation partners. As part of the 2014 Congressional appropriations, SIF was given authority to use up to 20% of 2014 grant funds for Pay for Success projects.

With its combined grant funds, CSH will have a total of \$1.5 million to administer and provide intensive technical assistance to approximately 12 selected Sub-Recipients interested in pursuing the feasibility of Pay for Success. CSH anticipates that each Sub-Recipient will receive approximately 12-18 months of assistance. In this first round of competition, CSH intends to select 4-6 Sub-Recipients.

### B. About the CSH, the Social Innovation Fund and Pay for Success

- **The Corporation for Supportive Housing** transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information, and innovation that allow our partners to use supportive housing to achieve stability, strength, and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions.
- **The Social Innovation Fund**, a key White House initiative and program of the Corporation for National and Community Service (CNCS), combines public and private resources to grow the impact of innovative, community-based solutions that have compelling evidence of improving the lives of people in low-income communities throughout the United States.
- The **SIF PFS Initiative** defines innovative approaches as new ways to solve old problems that are rapid, cost-effective, data-driven, and lead to better results for the public good. Specifically, SIF seeks the development and strategic scaling of promising and potentially transformative evidence-based and evidence-informed social innovations that solve critical community problems.

### C. Application Options

This RFP allows applicants to select from one of the two application options outlined in the Application Options section below. Please indicate for which option the application should be considered and complete the relevant pages of the application. Lead applicants must meet the eligibility criteria as described below, but are encouraged to include additional partner divisions/organizations on the application team.

#### Option A: CSH/H?GSIB Lab *Olmstead* Cohort

- Description: Applicants selected under this option will be part of a cohort of state governments all interested in the use of the PFS model to provide persons residing in institutional settings with the opportunity to transition to community-based supportive

housing. CSH is working with another SIF awardee, the Harvard Kennedy School Social Impact Bond Technical Assistance Lab (HKS SIB Lab), to provide a cohort-based model of technical assistance. Awardees will receive technical assistance on SIB development, evaluation design, and SIB procurement from the HKS SIB Lab. Awardees will also receive issue-specific technical assistance from CSH and its partners, including consultation in the areas of Medicaid funding of institutional and community-based services, the creation and operation of high quality supportive housing, and the design of service models best suited to meet the needs of the identified target population.

- Eligible lead applicants—State government
- Eligible interventions—Supportive housing

#### **Option B: CSH**

- Description: CSH is soliciting applicants who are interested in using the Pay for Success model to create supportive housing for one of the following vulnerable populations:
  - Super Utilizers of Health Care Settings or Other Crisis Resources
  - Families with High Utilization of Child Welfare Systems
  - Young Adults who are Homeless, in Foster Care, and/or in the Juvenile Justice System
  - Other (identified by applicant)
- Eligible lead applicants—Government (state, county or city), non-profit organizations (with 501(c)3 status from the Internal Revenue Service) that are serving as a catalyst for PFS efforts and are bringing the relevant government partners to the table
- Eligible interventions—Supportive housing

## **Section III. Definitions and Background**

### **A. Overview of the Pay for Success Model** *(text in this section provided by SIF)*

#### **The PFS Concept**

PFS strategies are often public-private arrangements that enable a government to test or expand innovative programs while paying only for those that achieve agreed-upon target outcomes. PFS strategies are typically associated with preventive social solutions and are put in action through PFS contracts between a government (or other payor for social outcomes) and a nonprofit social service provider. PFS contracting models involve payors and service providers who agree that all or some portion of payment for services will not be paid until an agreed-upon set of outcomes or level of impact has been verified. Such payments for outcomes are known as success payments. Achievement of outcomes is typically verified by an independent evaluator agreed upon by all parties to a transaction.

#### **PFS Financing**

Given that verification of outcomes that trigger success payments may take several years, service providers often will not have the resources to self-finance costs of implementing a preventive intervention during a contract period. For this reason, PFS contracting may require PFS financing, such as “social impact bonds” or other forms of outcomes financing, through which third-party investors provide financial resources necessary to carry out the intervention. Such third-party investment is typically at-risk and return of capital (and any potential return on investment) is dependent, in whole or in part, on the achievement of outcomes identified in the PFS contract.

#### **Phases of a PFS Deal**

Typically, PFS deals go through three distinct phases:

1. Feasibility assessment – in which interested parties identify promising investment areas, potential evidence-based interventions, and assessments of internal and external capacity to implement a PFS deal
2. Deal structuring – in which multiple stakeholders (including the PFS sponsoring entity, the organization providing services, the provider of capital, and the evaluator) negotiate the specific terms of the PFS deal
3. Deal implementation – which includes service provision, implementation of the evaluation, ongoing assessment of performance outcomes, payment flows, etc.

## B. Supportive Housing

Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery and personal growth. Supportive housing can take many forms, including an apartment, a duplex or a single family home. Tenants in supportive housing have a lease, just like any other tenant, with all the rights and responsibilities of leaseholders. The services available in supportive housing are flexible, voluntary and tenant-centered. Depending on the needs of the target population, services can include case management, mental health services, primary health services, substance abuse treatment, employment services and parenting skills.

## C. Supportive Housing and Pay for Success

In dozens of studies, supportive housing has been repeatedly proven to be an effective intervention that improves housing stability, reduces the use of expensive crisis care (e.g., ERs, detox, hospitalization, nursing homes), and improves outcomes even for the most vulnerable individuals with complex needs. The cost savings resulting from supportive housing are particularly significant among four vulnerable populations: residents of health care institutions who prefer to live in the community, super utilizers of health care or other crisis services, families with high utilization of the child welfare systems, and young adults who are homeless, in foster care, and/or in juvenile justice system. These four target populations demonstrate the potential for cost savings under the PFS model as well as improved outcomes for the individuals and families served. The list of populations is labeled with either Option A or Option B indicating which Application Option the applicant should select based on the intended target population of the proposed PFS initiative.

### OPTION A

- **Residents of health care institutions who prefer to live in the community.** This model supports the efforts of states to comply with the central tenet of the *Olmstead* decision which affirms that the Americans with Disabilities Act (ADA) gives people with disabilities the right to have an alternative to an institutional setting when they need long-term services and supports, in order to be fully integrated into their communities. In general, community-based care is a much cheaper alternative for the elderly and disabled as compared to institutional care. Research shows that community-based options cost about one-third of the average cost of institutional care (Houser et al 2012). Average annual expenditure per individual in state institutions was \$188,318, compared to an average of \$42,486 for Medicaid-funded home and community based services (National Council on Disability 2009). In addition to being cost-effective and consistent with consumer preference, research also demonstrates that community-based care promotes recovery and improves quality of life. To learn more about how the PFS model can help communities meet the goals of the ADA and the *Olmstead* decision visit [http://www.csh.org/wp-content/uploads/2014/05/SocialImpactInvestment\\_Olmstead.pdf](http://www.csh.org/wp-content/uploads/2014/05/SocialImpactInvestment_Olmstead.pdf)

## OPTION B

- **Super utilizers of health care or other crisis resources.** In communities across the country, there is a cohort of people who cycle between emergency rooms, hospitals, jails, detox facilities and homeless shelters, at enormous expense to these systems. Through administrative data integration and analysis, the highest utilizers can be identified and targeted for supportive housing. There is ample evidence that this strategy dramatically reduces costs to public crisis systems. In Los Angeles County, 10% of the homeless population accounts for 72% of homeless healthcare costs. When comparing the year before and after entering supportive housing among this group: ER visits decreased 71% on average, inpatient readmissions dropped 85%; and total costs decreased 81% (Flaming, et al 2013). A study of 100 chronically homeless individuals in Denver found that supportive housing led to a 76% reduction in the number of days spent in jail.
- **Families with high utilization of the child welfare systems.** On a night in January 2013, 222,197 homeless people in 70,960 families experienced homelessness, with many more experiencing homelessness throughout the year (HUD, 2013). Some of these families experience homelessness repeatedly or long-term due to underlying addiction, mental illness, extreme poverty, and histories of trauma. These families also tend to have repeated contact with the child welfare system, often resulting in foster care placement for young children and family dissolution. The PFS model offers an opportunity to create supportive housing for families, helping them gain stability, increase family functioning, and improve child and adult well-being, across a range of outcome areas and measures.
- **Young adults who are homeless, in foster care, and/or in the juvenile justice system.** Without stable housing, youth are at greater risk of physical and sexual victimization as well as mental health, and/or substance use issues. Youth homelessness is closely tied to experiences with foster care and the juvenile justice system. Each year, 28,000 youth age out of foster care (HUD, 2012). By age 26, nearly 40% of youth who aged out of foster care have experienced homelessness (Chapin Hall, 2012). According to the U.S. Interagency Council on Homelessness, 20,000-25,000 youth age out of the juvenile justice system every year. Most have limited options for housing, income, and family or other social support and experience disproportionately high rates of homelessness. Young people need a stable home to achieve life goals. Stable housing can serve as a launching pad to independent living, making it easier for youth to access health care, find and sustain employment, pursue education, avoid involvement in the juvenile justice system, and become self-sufficient.

## Section IV. Services Available through this RFP

### A. Overview of Technical Assistance

The assistance described in this RFP is intended to provide significant support with the first phase of PFS development—feasibility assessment—as outlined in Section III. This assistance will serve to increase, strengthen and diversify the range of governments and nonprofit organizations that are prepared to engage in PFS transactions by identifying evidence-based preventive interventions; conducting feasibility studies and preparing for PFS implementation; and analyzing alternate social finance strategies. Activities may also include supporting the infrastructure required to implement PFS contracts, such as improving data collection and analysis capacity.

Each selected Sub-Recipient will work closely with their technical assistance provider(s) to develop a customized plan designed to maximize their progress through the feasibility phase. TA services may

include, but are not limited to, working with Sub-Recipients in the following areas (as applicable or allowed by federal, state and local laws and regulations):

- **Organizational/Programmatic**
  - Ascertain local needs and priority areas for social services most appropriate for a PFS project, for example: by identifying the areas most applicable for PFS activities, assessing the evidence base for different interventions, and assessing the likelihood of success of those interventions in the local context
  - Assess strength, expertise and capacity of relevant nonprofit social service providers to deliver desired outcomes
  - Assess available local, state, federal, administrative data and other available evidence, data and information relevant to carrying out potential PFS projects, including data matching and analysis
  - Provide due diligence, program design and advisory services to assist Sub-Recipients in determining whether and how to engage in planned PFS projects and to build capacity to pursue PFS projects on an ongoing basis
- **Budgetary/Financial**
  - Identify and estimate potential savings at each level of government and for each program
  - Develop a framework and conduct analyses for estimating public sector saving and benefits and performance-based payments for potential PFS projects to inform decision-making
- **Legal/Regulatory**
  - Identify statutory, regulatory and programmatic barriers to PFS projects
  - Review agreements and contracts for legal requirements and protections
  - Assess and address appropriation risks (i.e. the risk that the relevant government agency may not be able to make future outcome payments)
- **Procurement**
  - Support government efforts to design and implement process for collecting relevant information from the public or key audiences to inform PFS projects, regarding priorities, service delivery, transaction structuring, evaluation, or other relevant issues, priorities, concepts and strategies
  - Support government efforts to design and publicize requests for proposals, notices of funding availability, or other relevant funding announcements/proposal solicitations for release by governments or payors to solicit the services of coordinators, service providers, or evaluators
  - Support government efforts to assess solicited proposals, including respondents' organizational capacity, past performance, operating model, strength of outcomes, efficiency, quality of management team, and suitability for PFS project/transaction

**B. Additional Information on the Technical Assistance Available through Option A--  
HKS SIB Lab/CSH *Olmstead* Cohort**

Applicants who are interested in and selected as a Sub-Recipient through Option A will receive technical assistance from both CSH and the HKS SIB Lab. Each organization will provide staff who will support the cohort as a whole and also directly assist the individual Sub-Recipients. The cohort model will provide significant opportunities for shared learning, collaboration and networking.

Sub-Recipients will also each receive \$15,000 in cash from CSH's grant to defray their costs to participate in the PFS pilot. Sub-Recipients will also receive a complimentary membership to CSH's

Training center, which includes resources, webinars, and e-classes designed to support the creation of quality SH.

In addition to collaborating with the HKS SIB Lab to deliver the technical assistance described in section IV.A, CSH and its collaborating partners, the Center for Health Care Strategies (CHCS) and Third Sector Capital Partners (TSCP), will provide issue-area expertise in the areas of Medicaid funding of institutional and community-based services and the creation and operation of high quality supportive housing including the design of service models best suited to meet the needs of the identified target population.

### **C. Description of and Technical Assistance Available through Option B—CSH**

Applicants that are selected as Sub-Recipients through Option B will receive a customized, robust package of technical assistance designed to facilitate the achievement of the outcomes above. Sub-Recipients will also each receive \$15,000 in cash to defray their costs to participate in the PFS pilot. We anticipate that the value of grants and services received by each Sub-Recipient will range from \$100,000 to \$150,000 depending upon the length of assistance. Sub-Recipients will also receive a complimentary membership to CSH's Training center, which includes resources, webinars, and e-classes designed to support the creation of quality supportive housing.

In addition to delivering the technical assistance described in section IV.A with our collaborating partners, Center for Health Care Strategies (CHCS) and Third Sector Capital Partners (TSCP), CSH anticipates working closely with Sub-Recipients to further refine and define the identified target population, obtain and analyze data on status quo and projected costs, leverage local and national best practices to identify the appropriate supportive housing model for the population, and develop consensus around the success metrics that best connect the desired goals for the target population with the PFS model.

## **Section V. Proposal Evaluation and Sub-Recipient Selection Process**

### **A. Proposal Review Procedures**

All proposals accepted by CSH will be reviewed to determine whether they meet eligibility criteria, which include:

- State and local governments
- Non-profit organizations with 501(c)3 status from the Internal Revenue Service with committed/interested government partners.
- Interest in receiving technical assistance to explore a Pay for Success initiative with supportive housing as the targeted intervention.
- Intent to commit a minimum of \$45,000 in in-kind staffing dedicated to this effort as demonstrated by a letter of commitment from the organization/division providing the staff.

Proposals that do not meet these criteria will be rejected. A review committee will evaluate and rate all remaining proposals based on the evaluation criteria described below. The review committee will include key staff from CSH, the HKS SIB Lab, and CSH's collaborating partners for this grant—the Center for Health Care Strategies and Third Sector Capital Partners, as well as external experts with expertise related to social impact investment, supportive housing, and/or vulnerable populations. Following the review and ranking of the written applications, CSH will invite top ranking candidates to be part of an interview during the week of February 16<sup>th</sup>, 2015. The interviews will also be scored and final determinations will be made based upon the scores received in the interviews. CSH will also consider geographic and target population diversity in making its final Sub-Recipient selections.

## **B. Proposal Scoring Criteria**

As described in Section VI, the review team will use the following criteria to score the written proposals:

- Target Population (15 points)
- Supportive Housing (20 points)
- Access to Data (20 points)
- Leadership Team (25 points)
- Project Support and Environment (20 points)

## **Section VI. Format and Content of the Proposal**

### **A. Letters of Intent**

Applicants are strongly encouraged, though not required to submit a Letter of Intent to submit a full proposal. Letters of Intent will be non-binding and are intended to help CSH determine how to deploy personnel and expertise to review applications and issue awards. Letters of Intent should be no more than two (2) single-spaced pages, and are due by 5:00 pm Eastern Standard Time on January 16<sup>th</sup>, 2015.

Letters of Intent should include the following information:

- Name of lead applicant division/organization
- Name of lead applicant point of contact including:
  - Mailing address
  - Phone number
  - E-mail address
- Name(s) of other organizations on applicant/program team
- Whether the applicant is intending to pursue Application Option A or Application Option B
- Proposed target geographic location of program
- Proposed target population of interest

Letters of Intent should be submitted electronically per the instructions provided in Section I.E.

### **B. Proposal Instructions and Format**

Please submit a complete electronic version of the application including all relevant attachments using the submission information in Section I.

The full proposal should include:

- **Application**
  - Complete responses to all relevant sections of this application as included in Section VI.C.
- **Attachments**
  - Letter of commitment to provide a minimum of \$45,000 in in-kind staffing and related benefits dedicated to this initiative
  - Letters of support for the project including any indicated in Section V.C.7b.
  - Additional letters of support for the project

### **C. Proposal Components and Scoring**

The criteria for Sub-Recipient selection will broadly include: the applicant’s team including leadership qualifications and the inclusion of relevant stakeholders, description and understanding of the target population, availability of or strategy to acquire relevant data, prevalence of high quality service and housing providers, and connection of this effort with other local and/or state priorities. CSH anticipates selecting Sub-Recipients that have demonstrated commitment from the relevant governmental departments as well as preliminary thoughts about how the PFS model could scale supportive housing and meet the needs of a vulnerable population.

*CSH anticipates that Sub-Recipients will require technical assistance in many if not all of the proposal areas outlined in this section. Through this application, we are simply seeking to understand the thinking and progress that the applicant has made to date in each of these areas.*

## 1. Application Options

Please indicate for which application option the application should be considered.

- Option A: CSH/ HKS SIB Lab *Olmstead Cohort (lead applicant must be state government)*
- Option B: CSH *(lead applicant can be government or non-profit)*

## 2. Applicant Details

### 2a. Application contact

[This should be the person who will serve as the primary contact during the application process.]

Name and job title:	<input type="text"/>
Division/Organization:	<input type="text"/>
Email:	<input type="text"/>
Telephone:	<input type="text"/>
Address:	<input type="text"/>
State/City:	<input type="text"/>
ZIP code:	<input type="text"/>

### 2b. Jurisdiction

[The governmental authority overseeing the project: e.g. State of Iowa]

### 2c. Lead agency

[The unit through which the project will be administered: e.g. Budget Office, Governor’s Policy Unit, Department of Health and Human Services.]

### 2d. Other government agencies or units also involved in this application

[Please provide a list of any other government agencies or units within the jurisdiction that have a stake in the success of this PFS project and with whom you are working.]

2e. Other community partners also involved in this application

[Please provide a list of any non-profit organizations or other community partners (not within government) that have a stake in the success of this PFS project and with whom you are working.]

2f. Project lead

[This should be the member of staff who will be responsible for day-to-day management of the project.]

Name and job title:	<input type="text"/>
Division/Organization:	<input type="text"/>
Email:	<input type="text"/>
Telephone:	<input type="text"/>
Address:	<input type="text"/>
State/City:	<input type="text"/>
ZIP code:	<input type="text"/>

**3. Target Population (15 points)**

Please indicate which of the following target populations is of primary interest to the jurisdiction as it considers a Pay for Success initiative focused on supportive housing. CSH is seeking applications that clearly define the target population and provide preliminary data regarding the characteristics, prevalence and status quo costs for that population. CSH is also seeking applicants that have a preliminary sense of the savings that might be possible if the target population were to receive the intervention of supportive housing and the desired outcomes for such an initiative.

**Target Population:**

- Residents of Health Care Institutions who Prefer to Live in the Community (Option A)
- Super Utilizers of Health or Other Crisis Resources (Option B)
- Families with High Utilization of Child Welfare Systems (Option B)
- Young Adults who are Homeless, in Foster Care, and/or in the Juvenile Justice System (Option B)
- Other (please describe): (Option B)

**All applicants will fill out items 3a-3d and will also need to fill out additional items as indicated below based on the specific target population selected.**

- Residents of Health Care Institutions who Prefer to Live in the Community, **3e-3m**

- Super Utilizers of Health Care or Other Crisis Resources, **3n-3p**
- Families with High Utilization of Child Welfare Systems, **3q-r**
- Young Adults who are Homeless, in Foster Care, and/or in the Juvenile Justice System, **3s-3w**

3a. **Target population description:** Please describe the target population for a potential Pay for Success initiative focused on supportive housing. Include any available data regarding the prevalence of this population in the jurisdiction.

3b. **Current outcomes and status quo costs:** Please provide a summary of any available data regarding the current outcomes and status quo costs for the target population for a potential Pay for Success initiative focused on supportive housing.

3c. **Anticipated savings from PFS initiative:** Please provide a summary of any available information on working assumptions that the jurisdiction may have discussed in terms of expected cost savings/avoidance if the target population was connected to supportive housing through the PFS initiative. CSH anticipates that Sub-Recipients will receive significant technical assistance in this area, but is seeking to gain a sense of conversations that may already have taken place and determine the potential to generate cost savings through the proposed initiative.

**3d. Desired outcomes from PFS initiative:** Please provide an overview of the overall outcomes that the jurisdiction would like to achieve through a PFS initiative that provides supportive housing to the target population. CSH anticipates that Sub-Recipients will receive technical assistance in this area, but is seeking to obtain a general idea to the extent desired outcomes are known. Examples include housing stability, reduction in jail or emergency room utilization, or significant reduction in Medicaid costs.

**Residents of Health Care Institutions who Prefer to Live in the Community**  
**Complete items 3e-3m in this section if you selected Residents of Health Care Institutions who Prefer to Live in the Community as the target population.**

3e. Is your state under a federal or state Olmstead decree to create community-based service options?

Yes       No

3f. If yes, what populations are included in the settlement groups?

3g. Does your state currently have an Olmstead plan in place?

Yes       No

3h. Has your state completed the Olmstead Academy?

Yes       No

3i. What percentage of your state's Medicaid long-term services spending is on institutional care?

3j. What percentage of your state's Medicaid long-term services spending is on community-based care?

3k. Does the state participate in the Money Follows the Person Program?

Yes       No

3l. If yes to 3k, how many people has the state transitioned from institutional care over what period of time? Please also describe any criteria your state uses for targeting people for transitions to the community.

3m. Does the state currently maintain any of the following?

State-run psychiatric hospitals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Group homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult foster care	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please describe:

**Super Utilizers of Health or Other Crisis Resources**

**Complete items 3n-3p in this section if you selected Super Utilizers of Health Care or Other Crisis Resources as the target population.**

3n. Which systems do you intend to target for your super utilizer PFS initiative?

- Hospitals
- Managed Care
- State Medicaid
- Jail/Prisons
- Homeless system
- Mental health
- Substance use treatment
- Other \_\_\_\_\_

3o. Describe the criteria used for identifying “super utilizers” (e.g., x number of ED visits in a 6 month period, x number of hospital readmissions, etc.).

3p. Describe current initiatives underway in your state, the payers that are participating (e.g. Medicaid, Medicare, commercial, self-insured, etc.) and the level of partnership among the system(s) identified in 3n. What is their history of collaborating to serve vulnerable populations?

**Families with High Utilization of Child Welfare Systems**

**Complete items 3q-r if you selected Families with High Utilization of Child Welfare Systems as the target population.**

3q. Describe the criteria for identifying families with high utilization of child welfare systems. Include any available data regarding the prevalence of this population in the jurisdiction.

3r. Describe the collaborative partners you anticipate being part of a PFS initiative focused on Families with High Utilization of Child Welfare Systems such as a state, county or local health or behavioral health agency, social services/TANF agency, and other relevant service agencies.

**Young Adults who are Homeless, in Foster Care, and/or in the Juvenile Justice System**  
**Complete items 3s to 3w if you selected Young Adults who are Homeless, in Foster Care, and/or in the Juvenile Justice System as the target population.**

3s. Which systems do you intend to target for your PFS initiative focused on vulnerable Young Adults?

- Foster Care
- Juvenile Justice
- Homeless system
- Other \_\_\_\_\_

3t. Describe the current level of partnership among the system(s) identified above. What is their history of collaborating to serve vulnerable populations?

3u. Is your state under a federal or state decree for court-appointed monitoring or subject to a Class Action Lawsuit?

Yes       No

3v. If yes, what populations are included in the settlement groups?

3w. Describe the criteria for identifying young adults in foster care and/ or in the Juvenile Justice System. Include any available data regarding the prevalence of this population in the jurisdiction.

#### 4. Supportive Housing (20 points)

**All applicants must respond to all items in this section.**

Quality supportive housing projects are as diverse as the communities in which they are located and CSH is excited to work with the selected Sub-Recipients to design the most appropriate model for the community and selected target population. Despite these differences, all quality supportive housing:

- Targets households whose heads of household are experiencing homelessness, at risk of homelessness, or are inappropriately staying in an institution. They may be facing multiple barriers to employment and housing stability, including mental illness, substance use, and/or other disabling or chronic health
- Is affordable, meaning the tenant household ideally pays no more than 30% of its income toward rent
- Provides tenant households with a lease or sublease identical to non-supportive housing — with no limits on length of tenancy, as long as lease terms and conditions are met
- Proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy
- Effectively coordinates with key partners to address issues resulting from substance use, mental health and other crises, with a focus on fostering housing stability
- Supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks.

For more information on quality supportive housing, see [www.csh.org/quality](http://www.csh.org/quality)

CSH is seeking applications that demonstrate the jurisdiction's intent and ability to create quality supportive housing that meets the needs of the selected target population.

4a. To the extent this information is available/known please describe the **housing** strategy being considered for the PFS initiative. Include whether you intend to access existing units of rental housing, develop additional units of housing, or a combination of both. Will these units be scattered in multiple locations? Located at a single site?

4b. Do you anticipate that the PFS initiative will include construction of new units of supportive housing?

Yes       No

If yes, please describe any potential sources of capital funding that could be leveraged along with the Pay for Success Funds to create new units of housing.

4c. Provide a brief overview of the rental housing market in your jurisdiction including average vacancy rates:

4d. Describe participation rates among property owners (landlords) in subsidized housing programs such as Housing Choice Vouchers (Section 8) or Continuum of Care funded vouchers. Include any efforts underway or planned to increase participation if needed.

4e. To the extent this information is available/known please describe the **service** strategy that you are considering for the PFS initiative. Please provide any relevant detail on anticipated service models such as the use of Assertive Community Treatment (ACT) teams, Critical Time Intervention (CTI) or Integrated Care Management (ICM). What kinds of services do you anticipate delivering? (e.g. case management, support with activities of daily living, employment supports, peer supports, parenting classes, mental health and/or substance abuse counseling, etc.)

4f. Describe how services are typically funded in supportive housing in the jurisdiction including how care coordination and case management in supportive housing are typically funded. Describe to what extent service providers are currently leveraging Medicaid or other “mainstream” funding sources (e.g.

jail diversion funds, local tax dollars, Department of Corrections or Veterans Affairs funding, etc.) to pay for services in supportive housing.

4g. Provide a brief overview of any supportive housing in the jurisdiction that is currently serving a population similar to the target population:

4h. Provide a brief overview of supportive housing providers in the jurisdiction that can deliver high quality supportive housing. Also address to what extent the providers you describe are interested and/or likely partners for a PFS initiative.

4i. Provide a brief overview of service providers in your jurisdiction that can deliver high quality services in supportive housing. If this response is the same as for item h above, please write “see above”:

**5. Access to Data (20 points)**

**All applicants must respond to all items in this section.**

CSH is anticipating that most applicants will require support in analyzing and matching data, but is seeking applications that reflect a clear ability to access relevant data for purposes of the feasibility analysis.

5a. Provide an overview of the data systems that contain relevant data on the target population. Describe how this data is currently being accessed or could be made available for a PFS initiative focused on the target population.

5b. Describe the ability of the jurisdiction to integrate data across multiple systems. Include information on any prior data integration/matching efforts and any existing data warehouses or efforts to create such warehouses. Include whether or not these systems have a Memorandum of Understanding in place.

5c. Please describe how the lead applicant's agency or organization currently uses data and information technology to drive decision making processes.

**6. Leadership Team (25 points)**

**All applicants must respond to all items in this section.**

CSH is seeking applications that demonstrate the presence of key divisions/organizations on the project team as demonstrated in both sub-section 2 (Applicant Details) of this section as well as described below. CSH will seek to identify presence of or potential of relevant competencies related to financial and management infrastructure, budgeting processes, associated staff/qualifications, Information Technology systems, and experience with the target population.

6a. Describe the key qualifications of the lead staff person identified in Section VI.C.2f.

Name of Staff Person #1:

Division/Organization of Staff Person #1:

6b. Describe the key qualifications of any other key staff who will be members of the PFS initiative project team.

Name of Staff Person #2:

Division/Organization of Staff Person #2:

6c. Describe the key qualifications of any other key staff who will be members of the PFS initiative project team.

Name of Staff Person #3:

Division/Organization of Staff Person #3:

6d. Describe the key qualifications of any other key staff who will be members of the PFS initiative project team.

Name of Staff Person #4:

Division/Organization of Staff Person #4:

6e. Which entities do you anticipate might be payers for the outcomes that would be included in the PFS initiative? Describe the role of these entities on the team or the status of the relationship with them if not yet on the team.

6f. Describe the overall staffing that will be dedicated to the PFS initiative if selected including percent of full time employees (FTE). Include the titles and organizations/divisions of any dedicated staff.

**7. Project Support and Environment (20 points)**

**All applicants must respond to all items in this section.**

CSH is seeking applications that demonstrate a clear commitment to PFS as evidenced by the description of motivation for considering the model, letters of commitment provided, connection with other initiatives in the jurisdiction, and potential to scale up the model if successful. CSH is also seeking to understand barriers to the initiative that may be present for the purpose of determining if they can be successfully addressed through the technical assistance process.

7a. Why is the jurisdiction interested in the social impact bond model?

[Please provide a brief summary of your motivation for considering this model.]

7b. Describe how the PFS initiative would serve Low-Income Communities.

7c. Indicate how you are demonstrating commitment from the following persons/departments.

**Support from Governor/County Executive/Mayor's Office**

- Member of project team as listed in Section VI.C.2
- Letter of support
- Other:

**Support from the jurisdiction's central budget office**

- Member of project team as listed in Section VI.C.2
- Letter of support
- Other:

**Support from the agency that is anticipated to lead implementation efforts (e.g. Department of Health and Human Services)**

- Member of project team as listed in Section VI.C.2
- Letter of support
- Other:

7d. Describe how the potential PFS project connects with other priorities in your jurisdiction (e.g., current initiatives targeting chronically homeless persons, State *Olmstead* plans, court appointed monitoring or existing collaborations with the child welfare or justice systems).

7e. Are you aware of any regulatory and/or statutory barriers to PFS implementation in your jurisdiction? If so, please describe including any plans to address these potential challenges.

7f. If the intervention is successful, what is the potential for scaling it up within your jurisdiction?

## Section VII. Sub-Recipient Expectations

### A. Memorandum of Understanding

To be considered eligible for the selection process, successful applicants will need to be willing to enter into an MOU with CSH and/or Harvard University over the terms of the *pro bono* technical assistance.

### B. Knowledge Sharing

Selected Sub-Recipients should be willing to make key documents from the PFS development process publically available, including contracts and evaluation plans. In addition, CNCS and CSH will collaborate with selected Sub-Recipients to collect, disseminate and discuss best practices and lessons learned.

### C. Evaluation

The SIF PFS initiative seeks to contribute to building the evaluation base for PFS projects. A program-wide evaluation of the initiative will be conducted by an independent, third-party evaluator. Sub-Recipients are required to participate in the evaluation and collaborate with the evaluators.