CSH's Social Innovation Fund Initiative:
Supportive Housing for Vulnerable, High-Cost Users of Crisis Health Services

Frequently Asked Questions

Updated January 6, 2012

This document contains responses to questions regarding CSH's Social Innovation Fund Request for Proposals submitted to sif@csh.org and through the webinar. This document will be updated regularly with new frequently asked questions as they are received.

Please also note that an addendum was posted on December 19, 2012 along with an acknowledgement of receipt form and updated proposal checklist. Please make sure to download these at http://www.csh.org/sif.

PROPOSAL REQUIREMENTS

- **The Proposal checklist asks for 'Work samples/evaluation.' What kind of information is being sought for this requirement?**

  This checklist item refers to any summaries, reports, or articles of prior research studies or evaluations of applicants' programs that are being proposed for expansion or similar program models that resemble the proposed program models.

- **The checklist also asks for a 'chart of accounts.' Please clarify what a 'chart of accounts' is.**

  A chart of accounts is a list of the accounts that an organization uses to define its sources and uses of money. It is considered a standard item used in accounting practices by non-profit organizations to organize its revenues and expenses. The application requires submission of a copy of the chart of accounts for the lead applicant as part of the review of the financial capacity of the lead applicant.

MATCHING REQUIREMENTS

- **What sources of funding can and cannot count toward the cash match? Sources specifically asked about include state or local grants or contracts, local or state rental subsidies, county tax levy dollars, low-income housing tax credits, Section 8 rental subsidies, Medicaid, and tenant rent payments.**

Private and philanthropic grants, as well as state and local government funds can count as eligible sources of cash match, as long as the funding is being used for eligible costs (see questions below and Section III.D of the RFP) and is serving to expand or replicate the program model (matched funds cannot be used to serve existing clients or pay for existing services). Possible sources of cash match include (but are not limited to):

- Private or philanthropic grants or contributions
- State or local government grants or contracts for supportive services
- State or local government rent subsidy programs
- Tenant rent payments

Federal grant funds, including federal block grants distributed or administered by state or local governments, are typically not eligible as matching funds. ***This includes US Department of Health and Human Services Health Resources and Services Administration (HRSA) 330 grants (including Federally Qualified Health Center and Health Care for the Homeless grants)***. More information about allowable funding sources under match requirements can be found in OMB Circular A-122 (see http://www.whitehouse.gov/omb/circulars/index.html).

Certain types of non-grant funds that have federal origins may, however, be eligible. For instance, private equity generated from the syndication of low-income housing tax credits may be eligible as matching funds.

- **Are Medicaid reimbursements for services eligible as a source of match?**

The Medicaid program is a public (government) health coverage program that provides reimbursement or payment for eligible health services provided by eligible providers. At the point at which Medicaid reimburses or pays for services, it may be considered to lose its federal identity and instead, be considered as a revenue or fee earned by an eligible provider for a particular service provided. Threfore, under certain circumstances, the revenues earned from Medicaid reimbursement for services provided would be eligible as a source of match so long as the services provided are considered a core part of the program model described in Section III. of the RFP and the provider entity that is earning those revenues is a part of the SIF subgrantee team. Of note, these revenues would only be considered an "on hand" cash match at the point at which they are earned and received by a member of the SIF subgrantee team. Revenues from Medicaid payments or reimbursements that are expected or projected in the future but not yet received are not considered "on hand." Moreover, revenues from Medicaid payments that are for other health services not considered part of the core program model (e.g. for emergency hospitalizations) would not be eligible as a source of matching funds.

- **Can Section 8 Housing Choice Vouchers be used as a matching source? Are state or local rental subsidies eligible as a matching source?**

CSH has received guidance from CNCS that Section 8 Housing Choice Vouchers are considered a federal funding source and are therefore not eligible as a source of match for SIF subgrants. State or local rental subsidies are eligible so long as they are not funded through federal grant dollars.

- **Are US Department of Health and Human Services Health Resources and Services Administration 330(h) grants for Health Care for the Homeless Services eligible as a source of matching funds?**

No. Section. 330(h) or other 330 grant programs used by Federally Qualified Health Centers (FQHCs), FQHC look alikes or Health Care for the Homeless programs are considered federal grant funds and are not eligible as a source of match for SIF subgrants.

- **Are HUD McKinney-Vento (Shelter Plus Care) funds eligible as a match? Are other HUD funding sources eligible?**

  No. HUD's McKinney-Vento funding including Shelter Plus Care are federal grant sources and therefore not eligible to match the SIF subgrants. Other HUD grant funds are also federal grant funds and not eligible to match the SIF subgrants.

- **The RFP requires that applicants match their CSH subgrants on a dollar-for-dollar basis in cash, with 25% of the required cash match on hand at the time of application. At what point are matching funds considered "on hand"?**

  Funds used for the cash match would be considered "on hand" when: a) they are under the possession of and held in the accounts of the applicant (and/or other members of the lead applicant's team), or b) the applicant (and/or other members of the lead applicant's team) has a fully executed grant award letter or contract committing the funds. Sources of funds that are received as reimbursement or payment for a service provided may only be considered "on hand" at the point at which the reimbursement or payment is provided. Reimbursements or payments that are projected or expected in the future would not be considered "on hand." In addition, funds received but already spent prior to the grant start date would not be considered "on hand."

- **How long do subgrantees have to come up with the balance of the match (the 75% not require at application)?**

  We assume that subgrantees will obtain matching funds throughout the term of the subgrant period. Although CSH will commit subgrant awards in full through our Subgrant Agreements, CSH will only disburse subgrant funds up to the amount for which matching funds have been secured and will require that subgrantees provide documentation that the matching funds are on hand as a condition for drawdown of CSH SIF subgrant funds.

  By way of example, suppose CSH awards a $200,000 SIF subgrant to a non-profit, ABC Services, which has 25% of the matching funds at the time of the subgrant award. Upon receiving their subgrant from CSH, ABC Services will be able to draw down 25% of their $200,000 grant award, or $50,000, upon receiving their Subgrant Agreement. In the next quarter, ABC Services wants to drawdown $75,000 from its CSH SIF subgrant. In order to do so, ABC Services must provide, as part of its formal disbursement request, documentation that it has $75,000 in matching funds on hand.

ELIGIBLE USES OF FUNDS

- **What are considered eligible uses for grant and matched funds? Questions included:**

  Costs that may be supported by CSH Social Innovation Fund dollars include, but are not limited to:

- Project operating costs to support expansion or replication of supportive housing linked with health services:
  - Client outreach and recruitment
  - Property management staff
  - Case management or supportive services personnel or non-personnel costs
  - Housing subsidies
  - Medical or behavioral health services
  - Project management
- Certain housing development or capital expenditures made during the grant period
- Staff time dedicated to research efforts
- Federally approved indirect cost rates

As described in the OMB cost principles, applicants should understand that costs associated with the grant need to meet federal standards for allowable costs, which do not necessarily include all costs that the organization will incur in order to perform their awards. For example, the costs of raising funds in order to meet the non-federal share of the budget ("matching funds") are not allowable costs under OMB cost principles. Refer to the Federal cost principles at http://www.whitehouse.gov/omb/circulars/index.html.

REQUIREMENTS FOR APPLICANT TEAM/LEAD APPLICANT

- **What organizations can serve as the lead applicant?**

The lead applicant must meet the following conditions:

- Non-profit organizations with 501(c) 3 status from the Internal Revenue Service who are in Good Standing with their states. Non-profit organizations with 501(c)3 status that were chartered by government and which function as **"quasi-governmental" agencies may be eligible as long as they are considered a 'community organization' providing or coordinating services in the community**.
- Provider of supportive housing, a provider of community health services to vulnerable and low-income populations, **or an organization that has the capacity to coordinate and oversee the delivery of all program elements.**
- Fiscally sound and capable of managing the proposed program
- Experience managing government grants or contracts is preferred
- Capability to successfully perform the administrative responsibilities related to the delivery of the proposed services in accordance with the applicable federal statutes and regulations, including fiscal management, reporting, and records management in an efficient, accurate, and timely manner
- Availability of executives at the organization to play an effective role in developing, implementing, and overseeing the program
- Requisite financial strength and resources to handle administrative and fiscal implications of a federal award

- **Can government agencies be part of the team applying for the grant (if not the lead agency)?**

Yes, state or local government agencies can be part of the team applying for the subgrant, and may receive subgrant funds as a subcontractor of the lead applicant, but may not serve as the lead agency.

- **Is the RFP open to tribal organizations?**

  Tribal organizations that have a 501(c)3 IRS designation would be eligible to apply. Other types of tribal organizations that are 'community organizations' but which do not have 501(c)3 designations should contact CSH to obtain specific guidance regarding their eligibility.

TARGET POPULATION AND SIZE OF GROUP SERVED

- **How many people are subgrantees required to serve? Is there any flexibility to serve fewer?**

  The CSH-SIF program requires that each subgrantee serve a minimum of 100 individuals that meet the target criteria. All program participants, and no fewer than 100 individuals, must be placed into permanent housing and begin receiving services within 18 months of the grant award date.

- **The SIF RFP requires that a minimum of 100 individuals be served within each community or site. What defines a 'community' or 'site'? Is it defined as a state, a county, a city/town, or a metro area?**

  CSH is requiring that a minimum of 100 individuals be provided with the supportive housing and health services within each community or site. For purposes of this RFP, the definition of a 'community' or 'site' depends upon the particular local structure of mainstream housing and health systems. For instance, if the relevant mainstream housing and health agencies (e.g. Medicaid) and policymakers are at the county-level, the community may be defined as a county. If the relevant mainstream housing and health systems are at the state-level, the state may be considered one community.

  All 100 individuals may be served by one subgrantee, or if CSH selects multiple subgrantees in a particular community and their sum total number of participants equals or exceeds 100, the minimum requirement of serving 100 individuals could be met. However, applicants to the SIF RFP proposing to serve fewer than 100 individuals under the assumption that other applicants in their community are helping to meet this minimum objective, they face the risk that if not all applicants in their community are selected, they will not be able to meet the required minimum number of participants. Therefore, in instances where organizations do not have sufficient housing and services capacity to serve a minimum of 100 individuals, CSH encourages these applicants to partner with other organizations in their community to increase their program capacity whenever possible.

- **For organizations going for larger grants, do you have guidance on how many more people need to be served?**

  We do not have specific guidance regarding how many people need to be served by proposers seeking larger subgrants. The size of the subgrants requested should be somewhat proportional and appropriate to the number of people served.

  However, CSH does not expect there to be any one-to-one correspondence between the amount of subgrant funds requested and the number of individuals served. Requests for larger grant amounts does not require that additional individuals beyond the 100 minimum be served. However, applicants

must justify larger subgrant requests on the basis of scale, impact, or project significance in terms of the goals of influencing mainstream health and housing systems.

- **Can the grant serve people coming out of Skilled Nursing Facilities? Homeless youth? Homeless families?**

  Target population eligibility criteria is outlined in Section II.F or Section III.B. People currently residing in skilled nursing facilities but who otherwise meet the criteria outlined in these sections would be eligible for participation in the program. However, skilled nursing facilities should not be considered equivalent to supportive housing, and CSH SIF subgrant funds are not intended to support the operation or delivery of services within skilled nursing facilties.

  Young adults (over the age of 18) who are homeless or experiencing persistent housing crisis as described in Section II.F. or III.B would be considered eligible as long as they meet all of the other criteria.

  With regard to families with children, if members of the target population as described in Section II.F or Section III.B have minor children or there are other adults in the household, there is no reason why the individual would not be eligible, so long as they meet all other criteria. Proposers could certainly propose a model in which the entire family/household is provided with supportive housing, but it should be understood that the program participant and primary recipient of services is the individual who meets the target population criteria. Please also note that as indicated on Section III.D, all proposed models must use a data-driven approach to identify members of the target population.

- **Could you define exactly what you mean by 'being homeless' or in "housing crisis" for the purposes of the target population?**

  These terms are defined in Sections II.F and III.B:
  - 'Homeless' is defined as currently residing in a shelter, on the street, or another setting not meant for human habitation.
  - 'Persistent housing crisis' is defined as a) not having a regular or fixed home, b) having experienced two or more moves, or c) having experienced a stay in one or more institutional settings (e.g. jail, prison, hospital, psychiatric center, etc.) within the last six months.

GEOGRAPHIC PRIORITIES

- **Are there only certain geographic regions that should apply?**

  Applicants from any geographic region in the United States are encouraged to apply. We do have 11 priority sites listed in the RFP that will receive 5 bonus points out of a total of 100. However, it is entirely conceivable that applicants will be selected from outside these 11 sites.

- **How many subgrantees are you planning to fund? Does the phrase "4-12 sub-grantees in 4 regions", mean 4-12 in each region, or 4-12 grants overall?**

We will select between 4-12 subgrantees in total, which will be selected from within 4 sites or communities.

HOUSING AND SERVICE MODELS

- **Does it matter if the supportive housing provided is single or scattered site? Do all 100 program participants have to be in one building?**

  The RFP would allow for a range of supportive housing approaches, and we would consider both single-site supportive housing, scattered-site supportive housing, and models where supportive housing units are mixed within larger affordable housing buildings or developments.

  The required scale of 100 participants is driven by our interest in demonstrating and achieving large-scale impact. This does not mean that all 100 individuals would be necessarily located in one building, but that 100 participants would be placed into permanent housing with services (as described in Section III) within 18 months of the grant award.

- **Is there a specifc type of model for providing integrated care that you are looking to fund?**

  We are not requiring any specific type of model for providing integrated primary and behavioral health care. We look to proposers to describe their approaches for providing this integrated and coordinated care, as well as for how they will employ principles and practices of patient-centered health homes.

- **Can a subgrantee provide either physical OR behavioral health services, or does it have to be both? Do these services need to be provided by separate organizations? For example, if the lead applicant is a federally qualified health center, do they need to partner with another provider of behavioral health services?**

  Given the anticipated needs of members of the target population, subgrantees or subgrantee teams are required to provide BOTH physical and behavioral health services. These services can be provided by the same or different organizations. The application will be considered stronger if the applicant team includes the capacity for providing both; however, if an FQHC is the lead applicant and does not provide behavioral health services directly, they do not necessarily need to have a behavioral health service provider on the team as long as the applicant can demonstrate a strong linkage to these services for potential clients.

- **Do all housing units need to be new or can they be vacancies in existing supportive/affordable housing?**

  The housing units do not need to be new. Using vacancies in existing supportive/affordable housing is allowable as long as they are being used to serve the target population as defined in the RFP and the existing housing is provided in conjunction with other required program elements.

- **Can participants be placed into transitional housing prior to (and in order to become ready for) permanent housing?**

Per our Guiding Principles outlined in Section III.C and our description of supportive housing in Section III.D of the RFP, we are only interested in funding housing programs that incorporate the Housing First philosophy and provide permanent, supportive housing as quickly as possible upon identification and enrollment into the program.

- **Can programs include both Housing First and more structured settings?**

  We are only interested in funding housing programs that incorporate the Housing First philosophy into their entire program.

- **Can proposed programs place participants into 2-bedroom apartments or other types of shared housing?**

  Based on the needs of the target population, we believe that these individuals will do better in their own housing units. However, shared housing situation will not disqualify an application as long as the applicant can describe the purpose and intent of the type of housing proposed. Applicants proposing such housing configurations should explain why they believe this approach is beneficial and justified in terms of meeting the desired program outcomes and impact on participants. Minimizing costs is not a sufficient justification for this housing configuration.

- **One of the objectives listed is that "50% of individuals placed into supportive housing and who remain in housing at the six-month mark will have documented routine and regular visits with the subgrantee's health care partner for either primary care and/or treatment of a chronic condition within one year following placement." What defines 'regular and routine visits'?**

  We do not have a specific defintion for 'regular and routine visits' and will work with subgrantees on how to define and measure this objective based on the needs of the individuals that each subgrantee plans to serve.

EVALUATION AND DATA COLLECTION

- **How will the evaluation be structured? What outcomes do you plan to track/measure?**

  There will be one evaluator (retained and funded by CSH) tracking outcomes and measuring impact for all of the subgrantee programs. Depending on the variation between the subgrantees' programs – including the specific group of frequent users they are targeting, the process of targeting them, and the model of housing and services provided – the sample may be pooled across the sites to achieve additional statistical power. However, impacts will also be tracked for each individual subgrantee as well.

  The evaluation will track process- and impact-related outcomes including:
  - Number of tenants recruited and enrolled each month
  - Number of tenants housed
  - Length of time between enrollment and being housed
  - Number of tenants that left housing and reasons for leaving
  - Proportion of tenants enrolled in Medicaid

- Number of case management and service contacts per month
- Number of contacts with primary and preventative health care services per month
- Overall rates of housing retention
- Changes/reductions in the use of crisis health care services/costs
- Changes/reductions in the use of other public services such as homeless shelters and jails
- Improvements in health/mental health

- **What data tracking system will CSH use to track performance measures an outcomes?**

  At this point, we are unsure about what specific data tracking system we will use to collect performance measures/outcomes. We will be working with our external evaluator to minimize the burden of the data collection and reporting process.

- **What will subgrantees be required to provide for the evaluation?**

  While the external evaluator will be doing most of the work with regard to data collection and analysis, subgrantees will be required to assist the evaluator with certain tasks. While this work will depend in part on the evaluation design selected, these task may include:
  - Obtaining research consent forms and explaining the research study to all participants (for both the program and comparison groups if necessary)
  - Providing performance-related data including, but not limited to, number of tenants recruited, enrolled, and housed; participation in services; enrollment in Medicaid; housing retention; and reasons for program/housing exit
  - Facilitating access to the administrative data needed for the evaluation (i.e. HMIS and Medicaid data)
  - Coordinating with CSH and the research partner on the implementation of any tenant surveys associated with the evaluation

- **Does the applicant have to demonstrate past experience with experimental or quasi-experimental evaluation to be consider an applicant? Or is demonstrating the ability to do it for this grant sufficient?**

  An applicant does not need to have experience conducting a experimental or quasi-experimental evaluation in the past. We are mostly interested in understanding whether the applicant team has the capacity and willingness to participate in such an evaluation. As described in Section III.K of the RFP, subgrantees will be responsible for working with CSH and the research partner on the following research-related tasks:

  - Obtaining research consent forms and explaining the research study to all participants (for both the program and comparison groups if necessary)
  - Providing performance-related data including, but not limited to, number of tenants recruited, enrolled, and housed; participation in services; enrollment in Medicaid; housing retention; and reasons for program/housing exit
  - Facilitating access to the administrative data needed for the evaluation (i.e. HMIS and Medicaid data)
  - Coordinating with CSH and the research partner on the implementation of any tenant surveys associated with the evaluation.

- **What do you mean by the term 'Work Samples' in your list of attachments (Section IV.C.1)?**

  We are basically looking for any written summaries/examples of your current work/projects that are relevant to the proposed project. It is preferable if these examples include information on the outcomes/effectiveness of these programs, whether or not a formal evaluation was conducted.

- **How should newly replicating sites provide evidence or evaluations regarding their models?**

  These applicants can provide information on evaluations of similar models that have been conducted in other jurisdictions as well as evaluations of their own programs that have some relevance to the proposed model (i.e. a supportive housing program for chronically homeless adults that is not specifically focused on frequent users of crisis health care services)/.