Request for Qualifications

Issued by:
Corporation for Supportive Housing

Evaluation of the Corporation for Supportive Housing's Social Innovation Fund Initiative

Updated February 2, 2012

Deadline for Submission:
5:00 pm PST, February 29, 2012

I. Introduction

The Corporation for Supportive Housing (CSH) is launching a national demonstration to implement models of supportive housing linked to coordinated primary and behavioral health services targeted towards low-income men and women experiencing homelessness and who are high-utilizers of publicly-funded emergency health services. Selected recipients of CSH's Social Innovation Fund (SIF) grant funds (hereafter referred to as 'subgrantees') and their implemented models will be part of a national effort to demonstrate that models of integrated housing, care management, and health services are effective in improving health care and health outcomes while reducing avoidable hospitalizations, emergency room visits, and emergency/crisis health services (and attendant public costs) among homeless, high-cost frequent users of health services.

This new national demonstration program is made possible through a Social Innovation Fund grant CSH received from the Corporation for National and Community Service, along with additional grant support CSH is receiving from its foundation partners. With these combined grant funds, CSH will award a total of $2.8 million in subgrants over two years to between four and twelve subgrantees located within four states or local jurisdictions. Subgrants will range in size from $100,000 to $500,000 per year for two years, with eligibility to renew the grant annually for three additional years based on performance and availability of funding. Sites must serve a minimum of 100 eligible individuals and are required to match their subgrant awards on a dollar-for-dollar basis in cash with eligible non-federal matching funds. CSH will provide subgrantees with technical assistance through a national learning network around the implementation of their models, around raising and obtaining matching funds, and around sustaining and expanding their programs through engagement of mainstream housing and health systems. More information about CSH's SIF program can be found at www.csh.org/sif.

As part of this initiative, CSH is seeking a research partner to measure the success of these models in improving care, health outcomes, and reducing costly emergency health services use among targeted clients. We are issuing this Request for Qualifications (RFQ) from organizations with demonstrated capacity and experience to conduct a multi-year, multi-site, quasi-experimental evaluation of the CSH SIF demonstration program. Included in this RFQ is a description of the demonstration program, an overview of the objectives and goals of the evaluation, a draft scope of services and tasks, and guidelines and timeline for submission. All questions pertaining to this RFQ should be directed to: Jacquelyn Anderson, Senior Program Manager, Corporation for Supportive Housing, at jacquelyn.anderson@csh.org or (510) 251-1910 x236.

About Corporation for Supportive Housing

For 20 years, CSH has been a catalyst for housing connected with services to prevent and end homelessness. CSH develops innovative program models, provides research-backed tools and training, offers development expertise, makes loans and grants, and collaborates on public policy and systems reform to make it easier to create and operate high-quality supportive housing. To date, CSH has provided almost $300 million in financial support to communities across the country. CSH has met its goal of helping communities create 150,000 units of supportive housing nationwide by 2012. Visit us at www.csh.org.

About the Social Innovation Fund
The Social Innovation Fund is an initiative of the Corporation for National and Community Service that improves the lives of people in low-income U.S. communities. Through an innovative public-private partnership, the Social Innovation Fund and selected local and national grantmakers co-invest in programs that increase the scale of community-based solutions that have evidence of real impact in the areas of youth development, economic opportunity and healthy futures. Every federal dollar invested is matched with private funds, and all programs are rigorously evaluated. As a result, the most effective approaches can be expanded to reach more people in need and key lessons can be captured and broadly shared. To learn more visit www.NationalService.gov/Innovation.

II. Overview of the Program

In recent years, select communities have, with impressive results, piloted enhanced models of supportive housing that feature direct and more deliberate links to primary and behavioral health services to reach and effectively serve these high-need, high-cost clients. These enhanced supportive housing models have shown impressive results in their ability to improve care while reducing costs, including:

- Improved physical and mental health, decreased mortality rates, and reduced substance use;
- A significant reduction in emergency room utilization;
- A significant decrease in hospital inpatient admissions and hospital days;
- Reductions in detox utilization and psychiatric inpatient admissions; and
- A significant reduction in Medicaid costs.[1]

Despite these promising findings, integrated supportive housing and health models have not yet been systematically adopted as a solution to high-need, high-cost clients. This failure-to-adopt stems in part from three challenges: a) the lack of awareness of supportive housing's potential as a solution for high-need, high-cost individuals; b) limited technical knowledge around how to pair supportive housing with integrated community health services; and c) the fragmented way that public systems serve vulnerable people (i.e. health systems repeatedly offering stand-alone medical services without addressing behavioral health and homelessness/housing needs).

The goal of the CSH SIF demonstration program is to expand, replicate, and evaluate these integrated models of supportive housing and health services. Subgrantees receiving a grant award from CSH's SIF will use their SIF grant and matching funds to implement this model for very low-income individuals with chronic health conditions who are homeless or unstably housed and who are high-utilizers of emergency health services. Programs will encompass the following four elements found to be essential to the achievement of the initiative goals:

[1] Perlman, J., and Parvensky, J. (2006). "Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report." Denver: Denver's Road Home.; Larimer et. al., (2009).; Sadowski, L.S., Kee, R.A., VanderWeele, T.J., Buchanan, D. (2009). "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Homeless Individuals," *Journal of the American Medical Association* 301(17): 1771-1778.; Mondello, M., Gass, A.B., McLaughlin, T., Shore, N. (2007). "Cost of Homelessness: Cost Analysis of Permanent Supportive Housing State of Maine – Greater Portland." Report submitted to Corporation for Supportive Housing, MaineHousing, and Maine Department of Health and Human Services.; Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

- **Data-driven identification of target population.** Programs will use and analyze administrative data to identify the high-utilizers of crisis health services to be targeted by their supportive housing and health programs. For example, programs may review Medicaid claims data or hospital/health services admissions records to identify individuals with frequent and repeat hospitalizations, emergency room visits, or detox visits. Programs may also use predictive algorithms or tools that identify individuals with high-risk scores for high utilization of crisis health services. Other data-driven methods that identify individuals may also be used, so long as they are able to verify the individuals' patterns of high utilization of crisis health services.

- **Assertive outreach, recruitment, and engagement of targeted individuals**. Programs conduct assertive outreach into crisis service and institutional settings (e.g. hospitals, clinics, detox programs, treatment programs, etc.) and homeless service settings (e.g. shelters, streets, single-room occupancy hotels, etc.) to recruit members of the target population. Programs will engage target population members and offer them the opportunity to obtain affordable housing along with health and social services. Consistent with the Housing First approach, permanent affordable housing will be offered without requiring participation in treatment or services. Recognizing that individuals may initially refuse participation and assistance, programs will be persistent in offering services and will attempt to engage individuals multiple times and in multiple settings to overcome reluctance.

- **Supportive housing.** At the core of the programs supported through this RFP is supportive housing—a combined package of affordable housing coupled with intensive care management services designed to help vulnerable, formerly homeless individuals remain in housing, live with maximum independence, connect to needed clinical and mainstream services, and facilitate the attainment of their goals and aspirations. Supportive housing has several subcomponents:

    - **Quality permanent and affordable housing** –Tenants in supportive housing have leases and rights and responsibilities of tenancy. Rent is adequately subsidized such that extremely low-income tenants pay no more than 30% of their gross monthly income for rent.
    - **Housing stability services** – Tenants are assertively engaged and offered services to maximize their tenure in housing; increase their ability to maintain their household and finances, independently perform activities of daily living, and uphold the terms of their lease; prevent lease violations and intervene and mitigate crisis situations; maximize tenant safety and security; build community among tenants; and prevent avoidable evictions.
    - **Informed property or landlord management** – In the case of developed apartment buildings operated as supportive or affordable housing, property management effectively maintains a balance between ensuring the effective operation and management of the physical facility and asset (including the maintenance and safety of the building) and fostering tenants' housing stability and independence.
    - **Care management and service coordination** – In addition to services focused on helping tenants maximize housing stability, services in supportive housing also assist tenants to connect to, navigate, and coordinate needed health and social services. Services engage tenants to identify and define their own service goals and needs, and

then assist with obtaining and coordinating health, behavioral health, vocational/ educational, transportation, medication management, nutrition education, assistance with activities of daily living, and other services.

- **Comprehensive and coordinated primary and behavioral health care.** Through a clinical partner, the programs will provide participants with comprehensive primary and behavioral health services. Program participants will be assertively and creatively encouraged to engage with the clinical partner to obtain primary and behavioral health care, as well as access to other clinical and social services. Participant engagement should take place in a manner that facilitates and maximizes ease of access, and may include engagement within the participants' building or home. Participants will be assisted in enrolling in Medicaid or other health insurance, and will be encouraged to engage in regular and routine primary care visits that can serve as the point of coordination of other health services, consistent with the principles of the patient-centered health home.

CSH anticipates that program approaches will be tailored to local contexts, and that some degree of variation is therefore appropriate. However, it is anticipated that all programs will include these core program elements, though the specific approaches used to deliver them may vary.

Another major goal of this initiative is to pilot and develop avenues for accessing and integrating mainstream health and housing resources—namely, Medicaid, Section 8 and other rental subsidy programs, and various capital funding streams—as the most viable means of bringing to scale the supportive housing and health models developed through CSH's Social Innovation Fund. Therefore, subgrantees receiving SIF grant awards are expected to engage and communicate with their relevant state or local health and housing systems, agencies, and policymakers regarding their programs, target populations, and impacts on health and housing outcomes and public costs throughout the terms of their grants. With technical assistance from CSH, subgrantees will be expected to enlist policymakers and agencies to enact policy changes to direct mainstream housing and health resources (Medicaid, rental subsidies, and/or capital) to sustain, expand, and replicate their program models.

III. Evaluation Goals/Scope of Services

This RFQ will be used to identify evaluation firms and/or academic institutions to conduct a quasi-experimental evaluation that will assess the impact and effectiveness of CSH's SIF initiative. The primary individual-level outcomes of interest include:

- Improved housing stability
- Increased health care coverage
- Increased use of preventive and primary care
- Improved physical and mental health, including measurable improvements in chronic conditions
- Reduced use and public costs of shelters, ERs, hospitalization, jail, and other crisis care

We have three primary goals for CSH's SIF evaluation:

1. **Use quasi-experimental methods to measure the impact of supportive housing with coordinated health services on tenant outcomes.** Through this initiative, we expect to have the sample size necessary to support a quasi-experimental design with a matched comparison group. While the subgrantees have not yet been selected, we anticipate that the program approach should be fairly consistent across sites, allowing the sample to be pooled for additional statistical significance and subgroup analysis.

2. **Determine the cost effectiveness of the intervention.** This analysis will help to determine whether changes in patterns of public service utilization result in cost offsets.

3. **Conduct a process/implementation study**. This component of the evaluation will collect information on program implementation to help interpret findings from the impact evaluation and explain any differential impacts between sites. Through our technical assistance and performance monitoring, CSH will assist with this component of the study by documenting the implementation of the program model in each of the sites.

Tasks for this work include:

- Prepare a detailed evaluation plan within the first month of the contract period;
- Work with CSH and subgrantees to implement the evaluation in a coordinated and expedited manner across all four sites;
- Work with local public agencies and hospitals to obtain access to administrative data on service use;
- Work with subgrantees to collect provider-level data, including electronic medical records if possible;
- Conduct a survey of all (or a sample of) individuals in the program and comparison group;
- Analyze data; and
- Prepare regular progress reports and at least two interim reports in each of the first two years of the study and one final report documenting findings from the evaluation.

One of the selection criteria will be the ability of the evaluator to initiate work on this project in an expedited manner, as well as their capacity to produce interim findings and reports in a timely way, according to a schedule to be agreed upon by the evaluator and CSH. Subgrantees each have two-year grants and each site will be expected to house 100 people in the first 18 months after receiving their grant. Given that we would like to track participant outcomes for an additional 18 months, we expect that the data collection and analysis will extend for a full year after the end of the subgrantees grant term. If CSH receives further funding from CNCS in Years Three-Five, these subgrants will be extended as well as the follow-up period for the evaluation.

Funds Available

Currently CSH has approximately $450,000 available to conduct an evaluation, with the hope that additional funding will be provided by CNCS for Years Three-Five to bring the total budget for evaluation between $900,000 and $1,000,000. However, since the additional funding depends on federal appropriation, it is possible that we may not have access to the full amount. Given that, we hope to

accomplish as many of our goals for the evaluation as possible within the current budget, understanding that a budget of $450,000 will not cover everything outlined in the scope of work. We would like proposals that provide a budget for the entire scope of work, with a focus on what can be accomplished for the current budgeted amount.

In the event that we are unable to fund the full evaluation outright, our priorities for the evaluation are the following (in order of priority):

1. Administrative data analysis for the program and matched comparison group that will measure changes in shelter and health care utilization;
2. A survey of a subsample of participants to track health and mental health outcomes; and
3. An analysis of cost effectiveness.

Finally, CSH plans to work closely with our evaluator partner to collect the program implementation data necessary to help interpret findings and differential impacts between sites. While the evaluator partner will not be required to conduct in-depth site visits to each of the sites, we would want the evaluator to participate in annual subgrantee meetings.

IV. RFQ Submission Guidelines

Applicant submissions should include:

1. Introduction: Provide a brief letter of introduction on consultant's letterhead that includes applicant name, address, phone number and email address;

2. Proposed Evaluation Activities **(Limit response to 10 pages)**:

- Describe proposed methodology and approach to the evaluation, including:
    - Methodological approach for measuring impact and cost effectiveness
    - Measures that will be used for each outcome of interest
    - Data collection strategies
    - Description of reports/deliverables
    - Timeline of tasks and work products;
- Identify any anticipated challenges to the implementation of the evaluation; discuss strategies to mitigate those challenges, particularly issues related to conducting an evaluation in multiple sites, creating comparable comparison groups, obtaining consent from study participants if necessary, and implementing an evaluation in a fairly compressed timeframe;
- Describe plan for reporting and disseminating results;
- Provide a detailed timeline for evaluation activities; specify time frame for planning (including obtaining IRB approval), start-up, and data collection and analysis; include due dates for deliverables;
- Describe plan for evaluation staffing and oversight;
- Provide documentation of the qualifications and experience of the organization you represent and key evaluation staff; include resumes of key staff as an appendix; include a description of prior experience that is comparable in content, scope and design;

- Provide a budget which details specific evaluation activities that can be conducted within the current budgeted amount as well as a budget for the full scope of work if necessary. The budget should include a rationale for all proposed fees and costs; and
- Provide at least two names and contact information of individuals who can describe the capacity and experience of the applicant/organization related to evaluation projects of similar scope.

Submit your proposal to:

Jacquelyn Anderson
Senior Program Manager, Research and Evaluation
Corporation for Supportive Housing
1330 Broadway, Suite 601
Oakland, CA 94612
Jacquelyn.anderson@csh.org

Deadline for Submission: February 29, 2012 at 5:00 pm PST

Proposals may be hand delivered, mailed, delivered by courier, or submitted electronically in MS Word format. All proposals must be received by CSH by the deadline stated above. Incomplete or late submissions will not be considered.

V. Selection Criteria/Process

All proposals will be reviewed and evaluated by a selection committee consisting of key Corporation for Supportive Housing staff and one or two external reviewers from our funder partners.

Submissions will be evaluated based on the following criteria and qualifications:

- Soundness of approach and degree to which proposed evaluation design and activities meets stated goals
- Demonstrated experience conducting comprehensive evaluations of complex programs
- Demonstrated knowledge of the target population (frequent users of crisis health services who are homeless with chronic health disabilities) and the providers that serve this group
- Nationally-recognized expertise of proposed team members/organizations in the areas of housing, health care, and/or social services.
- Experience reporting the results of program evaluation activities in a thorough, accessible and usable format
- Ability to begin activities quickly and ability to turn around interim reports in a timely manner
- No conflict of interest with CSH or CNCS
- Management plan, staff availability, and readiness to proceed
- Budget feasibility
- Quality of references

Conditions of Proposal Submission:

- Only one proposal will be accepted from any one organization.
- All costs incurred in the preparation and presentation of the submitted proposal, in any way whatsoever, shall be wholly absorbed by the prospective contractor. Any material submitted by the prospective contractor that is to be considered confidential must be clearly marked as such.

Questions

The contact person for all questions is:

Jacquelyn Anderson
Email: Jacquelyn.anderson@csh.org
Phone: (510) 251-1910 x236

Timetable for Selection and Award Process:

February 29, 2012 – Complete applications due to CSH

Week of March12, 2012 – Phone interviews scheduled with top candidates

March 16, 2012 – Selection of evaluator completed and contractor notified

March 19, 2012 – Contract period begins