



Indiana Supportive Housing Institute Request for Proposals (RFP)

CSH: The Source for Housing Solutions is excited to announce its seventh Indiana Supportive Housing Institute (“The Institute”). The 2016 Institute will address ending homelessness for persons experiencing chronic homelessness, persons with high medical vulnerability, frequent users of emergency systems of care, and families experiencing homelessness, as further defined within the RFP. This series will help supportive housing partners learn how to navigate the complex process of developing housing with support services and is expected to reduce the time it takes to obtain funding for supportive housing by improving the planning and development process. Consideration will be given to both integrated housing (with 25% of the housing set aside for supportive housing) and 100% supportive housing developments.

The Institute has graduated six classes of teams that have over 1400 supportive housing units underway across the state of Indiana. The 2016 Institute will provide targeted training, technical assistance, and the opportunity to apply for pre-development financing to both new and experienced development teams. Teams will receive over 80 hours of training including individualized technical assistance and resources to assist in completing their project. In addition, industry experts, including staff from the Indiana Housing and Community Development Authority (IHCDA), will provide insight on property management, financing, and building design.

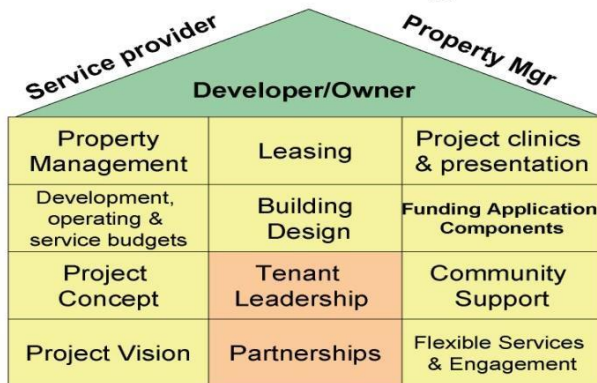
**The 2016 Institute is made possible by the Indiana Housing and Community Development Authority
(IHCDA)**

CSH: Who We Are

CSH: The Source for Housing Solutions is a national nonprofit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. For more information on CSH, visit our website at www.csh.org.

Institute Overview

The Institute Building Blocks



I: Institute Benefits

Upon completion, participants in the Institute will have:

- A detailed, individualized supportive housing plan that can be used to apply for funding from multiple sources;
- The opportunity to apply for early pre-development financing through the CSH Pre-development Initiation Loan to use on supportive housing projects planned through the Institute;
- Improved skills to operate existing supportive housing and develop new projects serving people who experience multiple barriers to housing;
- A strong, effective development, property management and service team that leverages the strengths of each team member;
- A powerful network of peers and experts to assist in project development and to trouble-shoot problems; and
- Post-Institute technical assistance from CSH to be defined through a shared Memorandum of Understanding (MOU).

II: Institute Deliverables

In the course of the Institute, teams will work to develop individual supportive housing project plans. Among the expected team deliverables are:

- Approved project concept, including site selection;
- Memorandum of Understanding among members of the supportive housing development team, outlining the roles and responsibilities of each partner;
- Community support plan;
- Detailed service delivery plan for specific target populations;
- Outreach, Engagement and Tenant Selection plans;
- Tenant Leadership plan;
- Management plan;
- Operating policies and protocols between services provider and property manager; and
- Preliminary project proposal and budgets

III: Target Populations

Each team must identify one primary population* from the list below:

- Households who are experiencing chronic homelessness, defined as individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years
- Frequent users of emergency systems of care;
- Medically vulnerable persons identified through coordinated entry who are experiencing homelessness; or
- Families who are experiencing homelessness and struggling with multiple barriers that include a head of household impacted by a mental illness or other chronic disabling medical conditions. Teams targeting families will be required to demonstrate that supportive housing is a more appropriate intervention than targeting families with rapid rehousing.

***Note: Teams targeting chronic homelessness and frequent users of emergency systems will be given higher priority in selection, with the highest priority given to proposals targeting chronic homelessness.**

IV: Eligible Teams

Eligible teams must include, at a minimum, a designated team leader, a housing development/owner partner, a supportive service provider partner, and a property management partner. The designated team leader may be the development/owner, service, or property management partner. Developer must have experience with affordable housing. Teams are invited to bring five to seven members to each Institute session. Additional team members may include, but are not limited to, local city development staff, local housing authority staff, or CoC representative.

To be eligible for the Institute, teams (all members) must be able to commit to attending ALL training sessions offered and commit to taking project concept from idea to completion with the goal of having supportive housing units placed in service.

Proposals will be disqualified if any team member is suspended from participation in IHCD programs.

A development entity may only be identified as the developer or consultant on one RFP submission. If a developer is listed as the development partner or development consultant on multiple proposals, all such proposals will be disqualified. Management and supportive service provider entities may be listed on multiple proposals. However, a separate dedicated staff member of equivalent position within the organization must be listed as the lead for each separate proposal.

V: Eligible Supportive Housing Projects

- Minimum project size for housing in this Institute is 7 units of supportive housing;
- Housing is permanent and affordable where tenants hold leases and acceptance of services is not a condition of occupancy;
- Housing is based on the housing first model which includes eviction prevention and harm reduction;
- Comprehensive case management services are accessible by tenants where they live and in a manner designed to maximize tenant stability and self-sufficiency;
- The housing development may be either 100% supportive housing or integrated supportive housing where 25% of the total units (with a minimum total of 28 units of which 7 are SH) are made available to one or more of the target populations; and,
- The supportive housing development and/or integrated supportive housing must participate in the Continuum of Care Coordinated Entry system.
- **Proposals to develop emergency shelters, transitional or shared housing, such as group homes or shared apartments, will NOT be considered.**

VI: Selection

In order for CSH and its partners to provide an appropriate level of technical assistance, the 2016 institute will be limited to up to 6 teams (with a maximum of 3 integrated and 3 100% supportive housing teams). Less than 6 teams may be selected at CSH's discretion depending on the quality of responses received.

Consideration will be given to demonstrated need, support from the local unit of government, financial stability of the primary sponsor, quality of the response to the application, and alignment with this RFP and coordination with CoC housing inventory and priorities. Teams targeting chronic homelessness and frequent users of system engagement will be given higher priority in selection, with the highest priority given to proposals targeting chronic

homelessness. Selection will also be made on how well applicants align their projects with the strategies and goals outlined in [Opening Doors](#), the US Interagency Council on Ending Homelessness's plan to end homelessness.

All teams will be required to either (1) demonstrate available cash reserves to work on the project during the Institute process or (2) apply for a Project Initiation Loan from CSH. This is a 0% interest loan, not to exceed \$50,000.

To be eligible for the Institute, applicants must be able to commit to attending ALL training sessions offered. It is critical to the success of each team that key senior management staff consistently participates in all sessions. Training sessions will consist of approximately 80 hours in two-day sessions per month over five months.

Selection is a competitive process. Applicants must take care in responding to all requirements of the RFP. Do not assume that all reviewers will be familiar with your organizational capacity or project concept.

CSH Supportive Housing Institute Curriculum and Timeline

Note: Order and topics may change and teams will be notified of the final agenda.

March Days 1-2: Introduction to the Institute; Project Vision and Concept Development; Successful Partnerships

This session provides an overview of the Institute and the process of developing supportive housing. Participants will articulate their project visions. They will gain an understanding of developing integrated or 100% supportive housing and increase their understanding of the goals of community integration in the context of supportive housing. Participants will examine the elements of successful supportive housing collaborations and develop a Memorandum of Understanding to guide team members throughout the rest of the Institute.

Day 1 will conclude with a dinner event

April Days 3 and 4: Support Services and Service Planning, Peer Support, Building Community Support; Building Design and Site Plans

Local support can make or break a project. Participants will learn to turn opposition into support by mastering legal, political, media and informational strategies. Participants will learn about successful site selection strategies, and will develop a community support plan for their individual project. Participants will learn how building design and accessibility standards can be used to create quality supportive housing. Integrated housing plans will include strategies for selecting and serving vulnerable households in the supportive housing units while building community and fostering integration in the building. Teams will hear from tenants on best practices in community integration and use of peer support. Teams are encouraged to invite extra service partner staff and their design partners to attend this session.

May Days 5 and 6: Development, Services, and Operating Budgets

Participants will familiarize themselves with the variety of funding sources for supportive housing and will begin to match program vision with funding realities. Trainers will present sample operating and supportive services budgets, illustrating the interconnectedness of these two elements of supportive housing operations. Participants will also work on their own project budgets using templates. Teams

are encouraged to invite their local public housing authority staff to attend this session.

June Days 7 and 8: Property Management; Leasing and Operating Issues

Throughout the course teams will discuss property management roles and responsibilities related to supportive housing. In this session, participants will solidify their supportive housing by developing two important tools: a tenant selection plan and operating policies for the housing (which includes expectations for tenants, service providers and property managers). This session will emphasize how property management and tenant selection work in supportive housing in the context of affirmatively furthering fair housing. The group will also explore issues that may arise in the construction phase and will learn about developing a property management plan. Teams are encouraged to invite additional property management staff to attend this session.

July Day 9: Tenant Leadership; Construction; Project Evaluation

Tenant leadership is critical in a successful supportive housing development. Participants will learn techniques for engaging and providing leadership opportunities for tenants. Additionally, teams will continue to explore issues in the construction phase. Teams will come together with *Institute* trainers to evaluate and develop their project plans.

Day 9 will conclude with an evening celebration event

Day 10: Final Project Presentations Teams will present projects to peers and to potential funders and will receive feedback regarding their concept, design and financing proposals.

APPLICATION INSTRUCTIONS

**Topics may change based on final team selection.*

Application Deadline: Friday, December 11, 2015 by 5:00 pm EST

Click here to view the application: <http://www.csh.org/wp-content/uploads/2015/10/2016-IPSHI-Application.pdf>

The Application Review Team will evaluate all proposals and notify applicants of their selection by January 22, 2016. Submission of an application represents a commitment for the team to attend all institute sessions. The application must be completed in its entirety. Incomplete applications will not be considered. The full application can be [downloaded using this link](#).

Submission: Submit a PDFcopy of the application and the attachments to CSH by email to:

kathie.vida@csh.org

Questions: If you have questions, please submit them in writing to:

Megan Maxwell-Ranjbar megan.maxwell-ranjbar@csh.org

CSH and IHCDA will provide an Institute Orientation webinar for prospective respondents to this RFP on November 6, 2015 from 10:00-11:30 a.m. EST. Register using this link:

<https://attendee.gotowebinar.com/register/5383099348349048065>

Glossary

Chronic Homelessness: An individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Continuum of Care: The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Indiana has three CoCs: Indianapolis, South Bend/St. Joseph County and the Balance of State.

Coordinated Entry System: Centralized or coordinated entry system is a centralized or coordinated process designed to facilitate program participant intake, assessment, and provision of referrals. A centralized or coordinated entry system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's centralized or coordinated entry system. Coordinated entry is a system in which all programs within a CoC work together to assure that services are accessible and properly directed to the immediate needs of the client. It represents a national standard to help move programs such as shelter, transitional housing, rapid rehousing, and supportive housing, toward aligning eligibility criteria and services into a coherent and accessible system for people in crisis.

Data Sources: In describing community need, data sources should include CoC Point in Time Count, CoC Annual Homeless Assessment Report, Homeless Management Information System and/or CoC Housing Inventory Chart.

FUSE Projects: Frequent Users of Systems Engagement model identifies and works to engage and stabilize people who are high utilizers of the shelter system, emergency health care and criminal justices systems, using a Housing First model of supportive housing. The program model focuses on providing housing stability and reducing the involvement of participants in the criminal justice system and other emergency service systems. In many communities a small number of people with complex, unmet needs who experience homelessness are frequently involved in the criminal justice system, and also frequently use shelters and emergency health care. They often have long histories of homelessness and untreated or poorly managed mental illnesses and/or addictions. Their frequent stays in county or city jails, shelters, hospitals, and sobering centers result in extraordinarily high costs in multiple public systems, but fail to improve the outcomes for the individuals or their communities. Engaging this cohort of frequent users improves the outcomes of both the people and the community.

Integrated Supportive Housing: This model generally refers to market-rate or affordable rental developments that have a dedicated percentage of subsidized units that provide housing to formerly homeless families or individuals. Project-based vouchers are the primary source of subsidy used in integrated supportive housing. For the purpose of this RFP, integrated is defined as no more than 25% of the units set-aside for supportive housing with a minimum of 28 total units and 7 supportive units.

Medically Vulnerable Persons: People who are homeless and living on the streets, in shelters, or places not meant for human habitation with mortality and/or morbidity risk factors and a long duration of homelessness. Assessing the community's homeless population using an agreed upon vulnerability index allows communities to prioritize supportive housing and other supports to those with the greatest number of barriers. The factors shared by those in the high-risk cohort form the basis of the scoring for the vulnerability index. The Vulnerability Index promoted by Community Solutions defines vulnerable as individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality: 1) more than three hospitalizations

or emergency room visits in a year, 2) more than three emergency room visits in the previous three months, 3) aged 60 or older, 4) cirrhosis of the liver, 5) end-stage renal disease, 6) history of frostbite, immersion foot, or hypothermia, 7) HIV+ /AIDS and/or 8) tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition. This definition may be altered slightly with the implementation of Coordinated Access/Assessment in Indiana.

Opening Doors: The US Interagency on the Homeless strategy to prevent and end homelessness. The Plan includes 10 objectives, 5 themes, and 66 strategies that guide the nation toward accomplishing all 4 goals of the Plan. *Opening Doors* serves as a roadmap for coordinated, joint action among the 19 USICH member agencies that make up the Council, along with local and state partners in the public and private sectors. The plan emphasizes shifting the homeless assistance system from managing to ending homelessness.

Single Site Supportive Housing: This is generally an apartment building that exclusively provides housing to formerly homeless families or individuals. Project-based vouchers are the primary source of subsidy used in single site housing, which is generally owned by nonprofit landlords. Focus is placed on helping tenants integrate into the surrounding community.

Supportive Housing: Supportive housing combines permanent, affordable housing with services that help people live more stable, productive lives. Supportive housing is developed by packaging together housing that is affordable to persons with very low or extremely low incomes with flexible supportive services that are designed to meet the special needs of an individual or family. When targeted effectively, supportive housing can be cost-effective for communities. Creating supportive housing involves partnerships and collaboration. Supportive Housing is developed for people who but for housing could not access services and but for services could not maintain housing.

Team Leader: The person who commits to taking a lead role in managing the team from concept development through lease-up of the supportive housing units. This person should be detail oriented and have a strong commitment to this project. The team leader is responsible for ensuring that team members attend and participate in institute sessions and complete homework assignments. The team leader is also responsible for finalizing MOUs among team partners and taking information back to any key local partners.