

DBHDS Permanent Supportive Housing for Adults with Serious
Mental Illness

Grant Application

Regional Proposal:
Alexandria CSB
Loudoun CSB
Prince William CSB

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DBHDS Permanent Supportive Housing Grant
Regional Proposal: Alexandria CSB – Loudoun County CSB– Prince William County CSB

I. Program Description

A. Understanding of Project Requirements

The CSB/BHA (CSB) shall affirm its understanding of the project requirements, i.e. the overall approach to the project and provide a summary of the contents of the narrative response including how the CSB and contracted partner agency's (if any) proposed activities will be structured to:

Operate a program with a high level of fidelity to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) PSH evidence based practice.

Alexandria Community Services Board, as fiscal agent, is applying for DBHDS Permanent Supportive Housing (PSH) grant funds to provide PSH to 40 individuals within the City of Alexandria, Loudoun County, and Prince William County. These three HPR 2 CSBs have not received prior direct funding for PSH and have all identified a need for funding for rental subsidies and housing services for individuals 18 years or older with serious mental illness, including those with co-occurring medical and/or substance use disorders. The rental subsidies and housing services will be provided by a contracted qualified PSH provider that will be identified through Alexandria's formal solicitation process. The contracted PSH Housing provider will provide housing location services, relationship development with private market landlords, lease negotiation, housing assistance through rental subsidies, housing placement and case coordination. The PSH Housing Provider will be expected to secure corporate lease agreements and sublease to PSH tenants in order to minimize barriers to housing, such as poor credit and criminal background checks. The clinical, rehabilitative and supportive service components of the PSH program will be provided through existing resources within the respective CSBs, therefore grant funds are not being requested for these services.

Alexandria, Loudoun and Prince William CSBs recognize that safe, stable, affordable housing with supports is foundational to individuals' well-being and a pre-requisite to effective primary health care as well as mental health and SUD recovery. Opportunities for successful tenancy are enhanced when clients exercise choice in obtaining leased, time-unlimited, scattered-site and integrated housing for which rental and utility costs do not exceed 30% of income and when services offered are choice-driven, flexible, voluntary, recovery-oriented, and well-coordinated amongst housing and service providers. Expected outcomes for PSH program participants include improvement in primary health care and psychiatric symptoms, development of natural supports and improved relationships, reduced use of emergency services, reduced involvement in the criminal justice system, and decreased incidences of homelessness.

The contract PSH provider and the CSBs will partner to provide a continuum of PSH services that align with a high level of fidelity to SAMHSA's evidence based practices within a Housing First, Harm Reduction and recovery-based model.

Alexandria, as primary applicant and fiscal agent, has demonstrated an understanding of and successful experience with both a Housing First model and with a PSH program similar in structure to that which is proposed for this grant. Since 2016 Alexandria and Prince William CSBs have partnered with Pathways, Inc, for a DBHDS grant-funded non-profit PSH project that now provides rental assistance and housing services to 10 Alexandrians and 19 Prince William residents with SMI or co-occurring SMI/SUD. The CSBs provide a comprehensive array of flexible, voluntary clinical, rehabilitative and supportive services to the PSH residents and Pathways, Inc. performs property management functions. In 2016, Alexandria CSB converted its directly operated supervised residential program into a Housing First model program

which now provides 72 beds of low barrier, non-contingent, leased housing, in which housing/tenant services are de-coupled from clinical, rehabilitative and supportive services through the separation of these responsibilities within the organizational structure. A successful partnership, with the local FQHC (Neighborhood Health, Inc.) supports integrated, co-located primary and behavioral health care services to all Alexandria CSB clients.

Identify and engage individuals in the prioritized populations using partnerships with the local HUD Continuum of Care; local hospitals; and local jails.

Through existing relationships with their local housing offices and authorities, police and sheriffs' departments, Continuum of Care provider agencies, and local and state hospitals, all three applicant CSBs have structures in place to identify and engage individuals with serious mental illness who are: patients in state psychiatric facilities; residents of supervised residential settings who wish to live more independently; street or chronically homeless; or unstably housed and frequent utilizers of emergency, hospital, or criminal justice system interventions.

Describe how individuals in state psychiatric facilities will be informed of your PSH program, engaged in discharge planning that includes PSH as a choice, and assisted to secure and maintain PSH.

Given the current statewide psychiatric hospital census crisis, it will be essential to engage individuals in state hospitals who are unable to leave due to the lack of adequate housing and community resources to meet their needs in a less restrictive environment. Discharge Planners from Alexandria, Loudoun and Prince William Counties regularly meet with staff and patients in state psychiatric facilities, providing opportunities to engage individuals and inform them of opportunities for PSH. Discharge Planners will facilitate visits to prospective rental sites; assist with lease applications, liaison with the contract PSH housing provider and discuss and put in place supportive service options with clients prior to hospital discharge.

Describe how a flexible array of support services and access to community based behavioral and primary health care will be offered and provided to program participants. MOUs or similar documentation is required if contractors are proposed.

The applicant CSBs each provide a comprehensive array of behavioral and primary health care services either via direct operation or by contract/MOU and guided by client-centered individualized service plans. Housing and CSB staff will be trained in and will utilize evidence based practices for resident engagement including motivational interviewing and client centered supportive counseling that embrace harm reduction and recovery models. Client-driven service plans will be developed by the CSB providers. Plans will reflect clients' strengths, needs, abilities and preferences and will be reviewed at least quarterly with the clients to reflect the client's growth and areas for development. Housing services will be provided via contract with a partner agency that will be identified through Alexandria's formal solicitation process. The timeline for application for this grant did not permit the solicitation process to occur before the application deadline, so a contract/MOU could not be attached. However, the applicant CSBs have confirmed that at least one experienced and qualified PSH provider is committed to responding to an RFP for regional PSH services. Alexandria CSB and Neighborhood Health have a co-located clinic where CSB clients receive mental health services as well as primary care. Loudoun and Prince William also contract for primary health care.

See Attachment I for relevant MOUs

Collect and report sufficient data about the program and its participants to permit an evaluation of the PSH program process and outcomes.

All applicant jurisdictions routinely collect and report program and participant data elements through required mechanisms to DBHDS. For the proposed program, the PSH housing provider solicitation will stipulate that the contract provider will collect and compile data and report monthly via the DBHDS database on PSH participants: changes in physical and mental health; changes in substance use; changes in income and benefits; changes in rental assistance; housing stability; fidelity to EBP in PSH and Housing First; and staff trainings and certification.

B. Detailed approach to meet PSH Program Requirements

The CSB shall fully describe in detail the approach it will use to perform each of the required tasks in the PSH Program Requirements, and shall include descriptions of specific activities (with timeframes) that the CSB or its contractor(s) would perform to:

Outreach and identify eligible applicants among the prioritized SMI populations. Describe any existing partnerships and data sharing agreements to facilitate targeting of individuals with high service needs in the prioritized population;

Upon notification of award, the CSBs will begin to outreach eligible PSH applicants to educate and engage them regarding the available opportunity. Each CSB has Discharge Planning staffs who work directly with individuals in state psychiatric hospitals, beginning immediately upon their admission, to identify and plan for housing and service needs once acute psychiatric needs are resolved. Homeless individuals who have serious mental illness or co-occurring mental illness and substance use disorders have been identified in annual homeless Point-In-Time counts. The CSBs will partner with their respective homeless outreach providers to identify street and chronically homeless individuals who could benefit from PSH.

Alexandria CSB works closely with PATH and the CoC lead who maintains a list of individuals who are in need of PSH and are prioritized with the above criteria and by their level of vulnerability. The Assistant Director of Community Support services reviews this list to identify eligible individuals for PSH. Alexandria CSB case managers will identify and outreach any residents of Alexandria-operated group homes who meet PSH eligibility criteria and who may wish to experience more independent living arrangements. Any group home beds that are made available by existing residents moving to PSH beds will be prioritized to serve individuals who are being discharged from state hospitals. Alexandria CSB also provides mental health and substance use disorder services in the Alexandria Detention Center (ADC), so CSB jail treatment and discharge planning staff will identify and engage clients who are PSH eligible. CSBs' Existing partnerships with local police and sheriffs' offices, hospitals and FQHCs, as well as with participant agencies in the HUD CoC will facilitate identification and referral of PSH candidates.

Loudoun CSB has three discharge planners who will work with residential services, PATH and ICT staff to identify and prioritize individuals who are on the extraordinary barriers list (EBL) (currently there are five), individuals who are in supervised residential programs and want to live independently, are street homeless and are unstably housed and high utilizers of hospitals and/or the criminal justice system. Loudoun has currently identified ten individuals who meet this prioritization and are awaiting a permanent supportive housing opportunity. The Loudoun County PATH program works out of the Homeless Services Center two days a week. The Homeless Services Center provides daily transport to the Rust Library where PATH provides onsite assessments and linkage for individuals to County services. PATH and ICT staff also outreach to W&OD bike path, tent encampments and Dulles airport. They work

closely with Leesburg Police Department, Loudoun County Sheriff's Department, local hospitals, the Adult Detention Center staff, and Emergency Services staff.

Prince William County has seven individuals on the EBL. Prince William County has six discharge planners who coordinate with staff from Supported Living Services and PACT to provide services and housing whenever possible to reduce barriers to discharge. Prince William County's PATH, PACT and supportive living services provide outreach to individuals with SMI or co-occurring SUDs who are at risk of or are experiencing homelessness. Outreach is provided in drop-in centers, churches with congregational meal programs, overnight shelter and throughout the community in the woods and campsites. Staffs are scheduled to rotate throughout the community and offer support services for basic needs as well as linkage to community resources. The PATH staff works closely with staff involved in PSH projects and discharge planners to identify and prioritize individuals eligible for PSH.

Complete housing and service needs assessments and individual service plans;

As stipulated in the solicitation and contract, the contracted housing provider will work with referred individuals from the CSBs to assess a goodness of fit between the individual and housing, offering choice to the extent possible. Once the contract is awarded, and within four months of the grant award, the CSBs will forward applications to the contract provider for eligible individuals. The contract provider will select applicants on a first-come/first-served basis. Upon selection of applicants, the contract provider's Housing Locator Specialist will contact applicants to further engagement and discussion of housing preferences, as well as complete the certification process. Applicants will not be rejected due to credit or rental history, legal history, or willingness/ability to remain abstinent for substances, accept treatment, or participate in services. Supportive services will be offered emphasizing engagement and problem-solving and service plans will be developed that are consumer-driven and reflective of the resident's goals and preferences. Five individuals will be housed in PSH units within four months of the grant award and an additional five individuals per month will be housed in each month thereafter until the total of 40 persons are provided PSH.

Locate and secure appropriate, affordable housing with access to community amenities and transportation;

Upon award of the contract, the housing contract provider will pursue securing single bedroom (unless otherwise preferred by the prospective resident and approved by DBHDS) scattered site, non-institutional, attractive, clean, safe and well-maintained housing. The solicitation and contract will stipulate that housing units are accessible to public transportation, primary and behavioral health care, and community amenities such as retail centers, restaurants, places of worship, and recreational and employment opportunities. The contract provider may work with local Housing Authorities and/or Housing Offices to identify affordable units. The contract provider will ensure that housing locations comply with all accessibility standards and laws and additional accommodations for residences may be added to residences, when possible, to accommodate specific needs and disabilities.

Perform reviews of the rental assistance and tenant rent amounts at least annually or when a participant experiences a change in income or household composition, and at least annual inspections to ensure the housing meets HUD Housing Quality Standards;

Tenant rental fees will be determined by and paid to the contract housing provider and are based upon ability to pay according to HUD regulations governing housing subsidies. The rent will be based upon 30 percent of adjusted gross income. An individual's income and the amount of rent payment is determined

by the contract housing provider annually and anytime that the resident requests an interim rent change due to their income decreasing or allowable expenses increasing. Residents will be provided copies of the determination of the rent to be paid and payment to the housing provider will be made monthly in accordance with the lease arrangement. The contract housing provider will at least annually conduct health and safety inspections in conformance with the HUD Inspection Form and Guidance. The contract housing provider will be expected either to own the housing units leased to PSH participants or hold master leases on PSH units and sublet to PSH residents.

Develop and maintain effective relationships with landlords, public housing authorities, housing assistance providers, behavioral and primary health care providers, and the local HUD Continuum of Care;

Selection criteria for the contract housing provider solicitation process will include that the provider can demonstrate a track record of establishing and maintaining effective relationships with landlords, public housing authorities, housing offices and housing assistance providers, health and behavioral health providers and the HUD Continuum of Care in the three jurisdictions.

Access a full range of recovery and support services that will be made available to service recipients. Treatment, recovery and support services should be grounded in principles of recovery; Ensure that clinical services are voluntary and that housing is maintained even if clinical services are refused.;

The PSH program will integrate affordable, stable, permanent housing with a comprehensive array of evidence-based long term support services to individuals within a Housing First, Harm Reduction and recovery-based model. Across all three jurisdictions, there will be no pre-conditions or eligibility requirements on persons entering housing, beyond the DBHDS program eligibility requirements. There will be no requirements for residents to participate in supportive services nor will there other rules beyond standard legal landlord-tenant lease provisions as a condition of housing. All residents will be required to comply with a standard lease agreement and will have services and supports available to them that are necessary to help them maintain successful tenancy. Residents will be provided housing non-contingent upon services. There will be a primary focus on working with individuals to determine housing preferences and to quickly access and secure units of the individual's choice (with approval from DBHDS for units other than one bedroom). A full array of voluntary services will be provided by the CSBs with duration of services dependent upon individual need and choice. CSB services may include: psychiatric assessment and medication management; case management; psychosocial rehabilitation; detoxification or short term substance abuse residential; emergency and crisis stabilization; peer support; PACT/ACT; supported living; and mental health and outpatient substance abuse. A table of services, by CSB, can be found in Attachment II. Alexandria, Loudoun and Prince William CSB staff will develop individual person-centered service plans with the PSH residents to include the clinical, rehabilitative and support services that are identified as needs and that the client chooses. Supportive services provided by the CSB will be strength-based, support recovery and independence and are designed to improve individuals' mental and physical health and quality of life and to maintain successful tenancy. Through an array of safety net services the CSBs will work in partnership with the PSH residents to stabilize behavioral health crises and symptoms; facilitate development and maintenance of natural supports and community integration; build resilience, self-advocacy, self-management and wellness; and help manage symptom re-occurrence. CSB staff will provide linkage to, and coordination of community resources such as housing, primary health care, entitlements, employment, transportation, recreation and other needed services will support individuals' goals.

Identify specific activities describing how the provision of housing and the provision of support services are kept distinct, yet coordinated

Housing and clinical services will be kept distinct but coordinated through regular communication between the respective providers (the contract housing provider and the three CSBs). The contract housing provider will provide housing location services; relationship development with private market landlords; lease negotiation; housing assistance through grant subsidies (including security deposit and one month's rent to provision of longer-term rental subsidy); housing placement and case management that follows and supports housing placement and development of a housing services plan. The contract provider staff will be responsible for dealing directly with residents around tenant certification, leases and violations, rent collection, unit inspections, maintenance, and complaints for landlords or neighbors. The housing provider will communicate with the CSBs when the housing specialist becomes aware of client circumstances that may affect housing stability. The CSB staff will work with the client to encourage compliance with the terms of their lease, provide skill building and other support services to ensure the client's ability to live independently. Housing and CSB staffs recognize the frequent interplay between issues affecting housing and an individuals' mental and primary health status. When housing issues arise, clinical and housing staff will review the issues at hand and determine, appropriate steps, prioritizing the goals of resident safety and preserving tenancy.

Conduct activities to ensure fidelity to the evidence-based PSH model, including adherence to housing first principles.

- Fidelity to the principles of PSH will be measured every six months using SAMHSA's Evidence-Based Practices Knowledge Informing Transformation titled "Evaluating Your Program: Permanent Supportive Housing" (HHS Publication No. SMA-10-4509) assessment tools
- CSH's "Dimensions of Quality Supportive Housing" and "Permanent Supportive Housing Fidelity Scale and General Organizational Index (Attachment III.)

Using the SAMHSA fidelity scale protocol and interview guide evaluators will conduct interviews with program administrators; case managers; and tenants and will review agency documents in assessing adherence to the key principles of PSH: choice of housing; separation of housing and services; decent safe and affordable housing; integration; access to housing; and flexible voluntary services. Results will inform program goals, improvements and innovations.

Establish the capability for data collecting and reporting to DBHDS. The procedural details (e.g., use of CSB's CCS or other database platform) will be developed in partnership with CSBs, however proposals must recognize that required data will include personal and protected health information necessary to establish and measure program outcomes; Complete progress reports for publication by DBHDS;

Alexandria, Loudoun and Prince William CSBs currently collect and report all Performance Contract required data, including client specific personal and protected health information to DBHDS and will continue to do so as part of this grant, through the required mechanism(s). Please see Section II for elaboration on Evaluation Plan.

Manage PSH funding to ensure that activities adhere to program requirements. If contractors are proposed, describe the CSB's contractor monitoring plan.

PSH funding from this grant will support rental subsidies and housing services provided by a contract agency selected through Alexandria's formal solicitation process. Alexandria's solicitation and contract monitoring process is guided by the City of Alexandria's Purchasing Division's Purchasing Policies and Procedures Manual and its Contract Management Guide (Attachment IV). Program requirements will be specified in the Request For Proposal (RFP) and in the contract. A post-award meeting will be held within 10 days of the contract's execution and will review contact persons and communication processes for the project as well as deliverables and timelines. The primary point of contact for contract monitoring will be the Alexandria CSB Deputy Director of Extended Care Services. Ongoing contract management and monitoring will include scheduled status meetings at least quarterly between Alexandria CSB, the contractor and Prince William CSB and Loudoun County CSB representatives, and through Alexandria's verification of contractor invoicing against contracted services provided for the three CSBs. Any disputes will be resolved at the lowest level possible, beginning with communication between the Alexandria CSB Deputy Director of Extended Care Services and the contractor and progressing to Direction letters and Cure notices, if needed.

If a regional project is proposed describe the role of each agency; how participants will be engaged, enrolled and served; how housing and clinical functions will be conducted; and how the overall project will adhere to DBHDS program standards. Provide justification for a regional, rather than local CSB-level approach.

Alexandria, Loudoun, and Prince William CSBs are pursuing a combined PSH grant application to serve a total of 40 clients, with Alexandria and Loudoun each utilizing 10 slots and Prince William using 20 slots. Alexandria has agreed to serve as primary applicant and fiscal agent for the grant and will be responsible for the formal solicitation process for the PSH housing provider and the execution and monitoring of that contract. Housing and housing support services will be provided by the contract PSH housing provider and clinical services will be provided by the jurisdiction in which the individual client resides. Each jurisdiction will be responsible for timely completion and submission of monthly data for clients residing in their catchment area. A regional approach, versus an individual CSB approach to the grant application and administration is preferred for a number of reasons. HPR 2 CSBs have long and successful histories of partnering on projects and realizing administrative efficiencies in so doing. Of the five CSBs in HPR 2, Alexandria, and Loudoun and Prince William were the only which have not received previous direct PSH grant funding. While all three jurisdictions had identified a need for PSH, not all could individually support the 30 bed minimum that is required for a project proposal. A regional proposal permits all three jurisdictions to benefit from the grant opportunity. The collective approach also provides an opportunity for the three participant jurisdictions to assess the feasibility of maximizing clients' housing choice through offering clients the option to select an available leased unit in the jurisdiction of their choice. If this model is pursued, clients' clinical services would be provided by the CSB in the jurisdiction that they reside by processes specified in an MOU that will be developed amongst the three CSBs.

C. Community Efforts to End Chronic Homelessness

The Alexandria Continuum of Care (CoC) has a membership of private providers and City of Alexandria staff who meet quarterly and work actively to maintain and increase affordable housing resources in our community. The City General Fund, HUD, DHCD, SAMHSA, Alexandria Community Partnership, Medicaid, Private Foundations, VDSS, and contributors all provide funding for community partners that support a variety of projects and initiatives to end homelessness. The CoC agencies offer the following services in our community: two emergency shelters (Carpenters and Alexandria Community Shelter);

group homes; transitional housing; rapid rehousing; a safe haven; and permanent supportive housing. The coordinated entry has been effective in reducing homelessness through diversion and by developing a “by names” community-wide data base that prioritizes individuals who are chronically homeless and highly vulnerable with the highest barriers to other housing. The Point-In-Time (PIT) Count indicated a 46% reduction in persons experiencing homelessness between 2011 and 2018. Carpenters Shelter, in partnership with the Alexandria Housing Redevelopment Corporation, has just begun just begun a redevelopment projected to be completed in 2020 which will add 97 affordable apartment and 10 permanent supportive housing apartments for chronically homeless individuals.

The Loudoun County Continuum of Care (CoC) is a community coalition of public, nonprofit, and faith-based organizations that provide a variety of shelter and support services to persons who are homeless or at risk of becoming homeless. The services provided by the CoC include: emergency shelter; rapid rehousing; PSH; prevention and diversion; drop-in center; coordinated entry and HMIS. With over 30 Partner Organizations the CoC is a network of community-based providers that work together to address the needs of households at-risk of becoming homeless or experience a housing crisis. In FY17 over 150 Loudoun County households were successfully housed in regular permanent housing as reported in the Housing and Urban Development (HUD) Annual Progress Report (APR). Data collected and reported by the Washington Metropolitan Council of Government’s Analysis of Homelessness Results from the Annual Point-in-Time (PIT) Count of Persons Experiencing Homelessness identified Loudoun County, for the period 2014-2018, experienced a 25 percent decrease in the number of people experiencing homelessness.

Prince William County (PWC) follows HUD guidance to target chronically homeless. Through the establishment of coordinated entry, PWC works systematically to match chronically homeless with PSH programs. Three years ago, PWC reallocated HUD funding from supported transitional housing to permanent supportive housing projects. The current PSH programs in PWC includes Streetlight Ministries and Action in the Community Through Services (ACTS) which support congregate housing and apartments with one household per unit. ACTS plans to open an additional PSH program by the end of 2018.

See Attachment V for CoC Letters of Support

D. PSH Program Implementation Timeline

Please see Attachment VI.

H. PSH Supportive and Clinical Services

Describe the model(s) used to provide supportive and clinical services to PSH participants for both staff whose time is committed in kind and staff funded by PSH funds.

To ensure fidelity to the PSH model and maximize areas of professional expertise, this project will keep distinct the clinical and housing/rental functions by providing the former through existing in-kind CSB staff resources and the latter through a contract for PSH housing and services funded by this grant. The models used in providing support services will be evidence based and include: mental health skill building; ICT; PACT; coordinated specialty care; motivational interviewing; stages of change; harm reduction; and case management.

Include a description of the types of behavioral health services that will provided in-kind and the average number of hours of service the CSB estimates that each service will provide per PSH participant per month.

Case Management: Qualified Mental Health Professionals equivalent to 2.7 FTEs (One .7 FTE each for Alexandria and Loudoun and 1.3 FTE for Prince William) will provide case management to the 40 individuals in the PSH program, providing between 4-12 hours of service per month per PSH participant. The varying intensity in service hours will depend upon client need and preference and upon whether the service is delivered through targeted case management, PACT, or other case management programs.

The following represent additional CSB services that will be provided based upon clients' individual needs and preferences. Amounts of service per month will vary accordingly, with participant hour/month estimates included in parenthesis: Peer Support (4), psychiatric assessment and medication management (4), psychosocial day support (12 days), mental health or co-occurring outpatient therapy (4), detox (as needed), supported employment (5), emergency service and crisis stabilization (1) and mental health skill building (6). Integrated primary behavioral health will be provided by partner FQHCs and other community providers. PACT and ICT services will be provided for those clients needing more intensive supportive services.

For housing and clinical staff to be funded by PSH funds, provide the amount of FTEs dedicated to the PSH program and the staff to client ratio for each.

This grant proposes to fund housing staff employed by a contract PSH provider. With a proposal to serve 40 residents, and a recommended housing support staff to client ratio of 1:40, funding will support a 1.0 FTE Housing Specialist. In addition, a .5 FTE tenant certification specialist will be funded to expedite referral and lease up functions including income certification. Clinical staffing will occur through in-kind CSB contributions with clinical case management provided on a 1:15 staff to client ratio.

I. Housing Stock

Alexandria has 118 market affordable units at or below 50% AMI, a total of 2151 units committed affordable units (CAUs) at or below 50% AMI, and 198 CAUs at or below 50% AMI which are under construction (includes only units that are properties with 10 units or more). Neighborhoods in Alexandria include Old Town, Eisenhower Valley, Rosemont, The Berg, Parker-Gray, Del Ray, Arlandria, West End, North Ridge, and Potomac Yard. Affordable units are scattered throughout the city with the West End being most affordable. Alexandria is 15 square miles with accessible and comprehensive public transportation including four metro stops and bus routes. The city has large and small employers from the local and Federal government to retailers and service industry jobs. The city's Workforce Development Center is located in the West End. The social services office is located in the Del Ray neighborhood with a bus stop in front. There is access to affordable health care clinics and mental health services through Casey Clinic, Neighborhood Health, the Alexandria Health Department and the Department of Community and Human Services. The City has 70 parks and 30 recreation centers and hosts community events throughout the year.

Loudoun County is one of the fastest growing counties, ranking nineteenth in the nation. The county's economy continues to grow and is responsible for a considerable share of Northern Virginia's job growth during the past few years. Envision Loudoun is the County's comprehensive plan with geographic areas divided and planned for optimization of economic development, transportation, housing and quality of life. PSH units will be located where the county is placing an emphasis on transportation and employment opportunities with a host of economic, entertainment, services and community activities within an urban style environment.

Prince William County has 27 low income housing apartment complexes which contain 3,082 affordable rental apartments. About 152 of these units are HUD funded and rentals are based on income. There are 2,964 other low-income apartments that do not provide subsidies but are still considered to be affordable

housing for low income families. The majority of housing units are single family structures (82 %). Of renter households most live in units with two or fewer bedrooms. Prince William County has affordable housing units suitable for PSH that are accessible to local community amenities with access to daily bus service. Sites are in close proximity to a wide range of community and support services including: Community Mental Health Centers; affordable health care clinics; social services provided by the county and various non-profit agencies; and alcohol and drug 12-step recovery groups. These locations have access to shopping centers; restaurants; churches; movie theaters; post offices; and recreation and employment opportunities all of which offer individuals living in PSH to live, work and fully integrate in the larger community.

Attachment VII has inventories of available affordable housing stock for each of the jurisdictions.

J. Staffing Plan and Qualifications

- 1) The CSB shall provide a functional organizational chart of the proposed project structure and organization(s) indicating the lines of authority for proposed staff directly involved in the performance of this project.**

Please see Attachment VIII.

The staffing plan shall indicate the number of proposed FTEs by position and an estimate of hours to be committed to the project by each staff person.

2.7 FTE Case Managers across the three CSBs will be dedicated fully to serving the 40 clients in the PSH. Clinical supervisors will be proportionately allocated to oversee staff work and documentation. The Deputy Director of Extended Care/Director of Community Support Services at Alexandria CSB will provide grant management of the PSH grant. The Assistant Director of Community Support Services will be the primary liaison with the contracted PSH provider. All the contract provider staff hours funded by the grant (1.0 FTE Housing Specialist and .5 FTE Tenant Certification Specialist) will be committed to this project. Existing CSB staff providing a full array of services will also be proportionately allocated to meet the needs and preferences of PSH clients.

The anticipated staff schedule, inclusive of all existing staff and new staff who will participate in the proposed initiative.

Staffs schedules will reflect typical business hours (between 8:00 AM-5:00 PM) but will be flexible to accommodate the needs of the persons-served. Clients will have 24/7 access to Emergency Services and PACT or ICT team services (where appropriate) and leases will include afterhours contacts for emergency maintenance needs.

The plan shall identify the number of staff to be employed by the CSB and staff to be secured through the contracting arrangement.

A 1.0 FTE Housing Specialist and a .5 FTE Tenant Certification Specialist will be employed by the contract PSH housing provider. The CSBs will contribute 2.7 FTE of in-kind Case Management staff hours, with proportional contributions of other service staff, supervisory, administrative and management staff.

- 2) **Staff Qualifications and resumes: Job descriptions for all key staff on the project including qualifications, experience, or expertise required shall be included. Resumes limited to two pages must be included for any staff already identified by the CSB.**

Please see Attachment IX.

K. Experience

Alexandria, Loudoun and Prince William CSBs are longstanding and well-regarded licensed providers of community behavioral health services. (Please see Attachment X.) Since 2016, Alexandria and Prince William CSBs have partnered with Pathways, Inc. in providing what is now a total of 29 PSH beds. The program model in this existing project is nearly identical to that which is proposed in this grant in that a partner provider will administer the housing services and rental subsidies and the CSBs will provide clinical, support and rehabilitative services. This has proven an effective and efficient model that achieves fidelity to PSH practices, especially ensuring that housing and services are distinct and remain non-contingent for the residents. Prince William County provides PSH directly or through partnership to 90 clients with SMI or co-occurring SUD. PWC directly manages 10 properties serving 28 adults who receive mental health support services through supported living services and PACT. Loudoun County began providing PSH four years ago through a vendor contract with the CSB providing supportive service and assistance with integrated health care, employment, legal assistance and accessing benefits. Alexandria, as the fiscal agent, has an established track record of working effectively with DBHDS and partner agencies in grant implementation, most recently with the timely development of successful PACT and Coordinated Specialty Care grant initiatives, both of which were large and complex projects to implement.

II. Evaluation Plan

Providers must submit a proposed evaluation plan that describes the provider's willingness to adhere to the evaluation components in the PSH Program Requirements using its current data collection process. The proposed evaluation plan should include the following features:

Affirmation of commitment to adhere to DBHDS-required data management and submission protocols.

Alexandria, Loudoun and Prince William CSBs will collect and report all required data, including client specific personal and protected health information to DBHDS, verification of staff training and credentials, and demonstration of fidelity to program models. The RFP and contract for the PSH provider will stipulate requirements for data submission to DBHDS and will be monitored by the Alexandria CSB contract manager.

Data collection roles and responsibilities. The providers should describe which staff members are responsible for tracking and submitting data.

In its current PSH partnership with Pathways, Inc., Alexandria and Prince William CSBs have established processes for data collection and reporting on PSH outcomes using the DBHDS required database. If data continue to be submitted through a database, a similar data collection and reporting model will be utilized across all three CSBs. In this model, CSB staff complete client-specific information via instrument in Attachment XI and submit that information to the housing provider who, in turn, submits to DBHDS via the database. The contract housing provider will produce at least annual quantitative and qualitative annual progress reports on grant implementation and outcomes to be furnished to DBHDS for publication.

CSB case managers will collect monthly data on the following client-specific domains:

- Changes in physical and mental health
- Changes in substance use
- Changes in income and benefits
- Changes in rental assistance
- Housing stability

The data will either be submitted to the contract PSH provider for monthly reporting to DBHDS or will be reported directly through CSBs' CCS reporting system, as extracted from the CSBs' electronic health record system. If a CCS data submission is required, the CSBs will ensure that required elements are collected through the respective electronic health records, and the program evaluation staff at each CSB will submit data as required to DBHDS.

Due to the confidentiality of Protected Health Information, and in accordance with federal guidelines related to the Health Information Portability and Accountability Act (HIPAA), outcome data will be securely created, stored and transmitted and shared only with necessary authorization and only with partners that have signed Business Associate Agreements with the CSBs.

In addition to the collection and reporting of client-specific data, the contract PSH provider will evaluate and report on fidelity to the PSH and Housing First models and principles utilizing:

- SAMHSA's Evidence-Based Practices Knowledge Informing Transformation titled "Evaluating Your Program: Permanent Supportive Housing" (HHS Publication No. SMA-10-4509)
- CSH's "Dimensions of Quality Supportive Housing."

A critical element of a successful PSH program, and therefore an important process element in evaluation is the orientation and training of the staff around PSH, Housing First, Harm reduction and Recovery practices and principles as well as knowledge, intervention and skill development in areas such as motivational interviewing, stages of change, relapse prevention, Wellness Recovery Action Plans, etc. Within the three CSBs, clinical supervisors and Human Resources support staff verify that staff meet and maintain all regulatory and funder-required credentials to meet health and safety as well as professional quality standards. DBHDS Licensing inspections and Medicaid audits also insure compliance with these requirements. Staffs also attend in-house trainings and professional development, on-line trainings, and/or relevant conferences such as those provided by the Corporation for Supportive Housing (CSH) to learn more about principles and practices related to effective PSH. The contract housing provider for this project will be required to demonstrate relevant staff credentials and competencies including certification in HQS and understanding and experience in successful PSH projects.

In addition to monthly data collection and reporting, the PSH contract housing provider will aggregate data annually regarding the implementation progress and program outcomes for DBHDS's publication.

Measures the provider will take to ensure data is complete, accurate and timely.

The CSBs have quality assurance systems in place to ensure that clinical information is documented completely, accurately and timely. In addition to daily supervisory oversight through sampling of records, clinical supervisors run routine reports through the EHR and Quality Assurance staff review paper and electronic records on a regular basis. The contract PSH provider will be required to follow standards to ensure the reliability, validity, completeness and accuracy of its data through such mechanisms as standardized surveys, EHR reporting, verifying relevancy of data measures; collecting

data from all involved parties and stakeholders; and sample manual record checks and cross-referencing between paper and electronic records, where possible.

III. Budget

A. Narrative

The budget proposal is to fund a total of 40 beds for Alexandria, Loudoun and Prince William CSBs with Alexandria acting as the fiscal agent. The amount of DBHDS funds requested is \$339,418 in year one and \$961,563 in the full year annualized. The amount requested is to fund two positions: a full time Housing Specialist and a .5 FTE Account Certification Clerk employed by contract provider. The remaining budget request is for rental subsidies and client assistance. Rental subsidies assume FMR of \$1561/month. Some two bedrooms may be leased but were not included in the budget assumptions as most individuals do not want a shared living arrangement. If client's request a shared living situation the CSB will submit to DBHDS for approval.

The operating costs for the full annualized year are 28 percent of the total budget. Client assistance and rental subsidies are 72 percent of the total budget for the full annualized year. (Year one has a proportionally higher operating cost to client assistance and rental subsidies due to needing to fill staff positions before the units are fully leased up.)

The budget for both years reflects the assumption that 90 percent of the residents will have a rental contribution of \$225/month and that in the full year annualized there will be a 90 percent occupancy rate. The assumption was based on most, but not all clients, receiving social security income (SSI) of \$750/month. \$225 is slightly lower than one third of SSI however some will likely have no sources of income while some may be working and able to contribute more.

To keep housing related functions fully separate from the supportive services Alexandria plans to issue an RFP to secure a contract with a private provider. The private provider will hire the Housing Specialist and Account Certification Clerk. The CSBs will provide the supportive services in-kind. The year one budget assumes that a private provider contract will be executed in December 2018 and five units would be leased up in January 2019 with 5 units added each month until the end of the fiscal when a total of 30 units will be leased.

See the attached budget table for itemized revenues and cost.

B. Budget Spreadsheet

See Attachment XII.

IV: Attachments

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| Attachment I: | MOUs |
| Attachment II: | CSB Services |
| Attachment III: | Fidelity |
| Attachment IV: | Contract Management Guide |
| Attachment V: | CoC Letters of Support |
| Attachment VI: | PSH Implementation Timeline |
| Attachment VII: | Housing Stock Inventories |

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| Attachment VIII: | Organizational Charts |
| Attachment IX: | Job Descriptions and Resumes |
| Attachment X: | Licenses |
| Attachment XI: | Sample Evaluation Measure |
| Attachment XII: | Budget Spreadsheet |
| Attachment XIII: | Sample Tenant Handbook and Lease |