Request for Qualifications

Coordinated Assessment/Access
Project Management

Indiana Balance of State Continuum of Care (IN 502)
And
Indiana Housing and Community Development Authority

March 21, 2014

Introduction/Background

The Homeless Assistance and Rapid Transition to Housing Act (HEARTH) requires that a Continuum of Care develop plans for a centralized or coordinated assessment and access system for persons experiencing homelessness by the 2015 Continuum of Care Competition. Under the HEARTH Act legislation, all Continua of Care are required to establish a coordinated assessment system which is comprehensive, accessible, and standardized. It is a systemic approach to homeless programming that focuses on aligning the needs of households that are experiencing homelessness with the *best program* to address *their* needs. Through the common assessment and coordinated access approach, households that are in need of homeless assistance are directed to a common access point where they are assessed using a common tool. Based on the thorough assessment, a *coordinated* referral is made to the most appropriate service provider.

The HEARTH Act sets performance measures for any Continuum of Care receiving homeless assistance funds:

- Reduce average length of time persons are homeless
- Reduce returns to homelessness
- Improve outreach to ensure program coverage of homeless persons
- Reduce number of families and individuals who are homeless
- Improve employment rate and income amount of families and individuals who are homeless
- Reduce number of families and individuals who become homeless (first time homeless)
- Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

The HEARTH Act is found at the following address (section 427 describes performance measures):
http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4025

The coordinated assessment/access system is one tool for a Continuum of Care to reach these performance goals.

As the Collaborative Applicant for the Indiana Balance of State Continuum of Care (CoC), the Indiana Housing and Community Development Authority (IHCDA) applied for Coordinated Assessment/Access funds during the 2012 Continuum of Care Homeless Assistance competition. IHCDA was awarded $114,000 to operate a coordinated assessment/access system within the CoC jurisdiction. This system is built on efforts started in 2010 to develop a state-wide CoC triage system with that will:

- Triage persons experiencing homelessness to the "best fitting intervention;"
- Create an access system that is easier for persons experiencing homelessness to navigate;
- Create system-wide prevention and diversion opportunities;
- Improve system efficiencies;
- Fosters collaboration among homeless assistance providers;
- Preferences the most vulnerable persons living on the street or in shelters; and
- Improves the ability of CoC to transform to HEARTH priorities and the goals of the US Interagency Council on the Homeless.

The CoC convened a Coordinated Assessment/Access Task Force in the spring and summer of 2013. This Task Force developed recommendations for program implementation (Appendix A). The CoC Coordinated Assessment/Access Project Manager (CAM)   will be expected to operationalize these recommendations and report progress to the CoC Board of Directors.

Description of CAM

In order to standardize and improve processes for assisting households who are at risk of or facing homelessness while meeting HEARTH requirements, it will be necessary to have a state-wide coordinator/manager to focus on training, implementation, and fundraising for future implementation plans. The CAM will work with IHCDA order to carry out CoC objectives related to Coordinated Access. The CAM will complete the following tasks:

- Lead and staff the Coordinated Access Implementation Task Force
- Conduct regional training sessions across the state on topics including (1) the common assessments for diversion, prevention, and housing, (2) crafting successful housing plans, (3) providing tenants with referrals that will be useful for housing maintenance and (4) collaboration with continuum and non-continuum partners.
    - Specialty training sessions may include utilizing the Service Prioritization Decision Assistance Tool, measuring vulnerability when accepting clients into permanent supportive housing, and improving shelter diversion practices.
- Raise funds through grant writing and other fundraising tactics in order to have a coordinated access pool for regions. Each region could apply for a grant from this pool to hire a staff member to coordinate their local process.
    - Coordinate and support regional fundraising efforts.
- Coordinate conversations with staff members leading coordinated access in each region to provide guidance, promote peer-to-peer learning, and gain feedback that can lead to improved practices.
- Communicate with Balance of State Continuum of Care groups, the National Alliance to End Homelessness, and other sources that can provide insight and best practice strategies for implementing coordinated access. Improve processes accordingly in Indiana.
- Highlight best practices in Indiana communities and offer opportunities for regions to learn from each other in this process.
- Host webinars and in person training sessions for key partners such as the VA, IDOC, and others to coordinate state-wide partners.
- Quality Control: review assessments and HMIS data to ensure households presenting for services are being consistently assessed and referred to appropriate programs at the end of their housing crisis.

Competitive Characteristics

Competitive applicants will have the following characteristics:

1. At least five years' experience capacity building support to organizations providing services to people who are homeless or at-risk of becoming homeless.
2. Demonstrated financial capacity to operate a complex system-wide operation.
3. Verifiable status as a leader in the community with the documented ability to collaborate, coordinate and partner with other local organizations.
4. Established relationships with other services providers in the community.
5. Demonstrates that the agency currently operates its programs in a coordinated and effective manner.
6. Good standing with current contractors, both public and private.
7. Sufficient readiness to implement within the proposed timeframe.
8. Strong internal agency competencies with demonstrated capacity to fulfill functions set forth in the description of the CAM.
9. Strong knowledge of the Indiana Balance of State CoC and CoC funded programs

Budget

IHCDA will work with the selected organization to develop a project budget based on IHCDA's HUD Continuum of Care grant contract as amended.

Review

All responses received by the deadline below will be reviewed based on the criteria described in this RFQ. IHCDA will review applications and make a recommendation to the CoC Board executive committee for its approval. IHCDA, as the HUD Grantee for the coordinated assessment access funds, will contract with the selected agency no later than June 1, 2014.

Deadline

Responses of Qualifications are due to IHCDA by 5:00 p.m. Eastern Daylight Savings Time on **April 5, 2014**. Submission procedures are described below.

SUBMISSION PROCEDURE

Please submit qualifications and a cover letter signed by the organization's authorized representative to:

Rodney Stockment
Research and Innovation
Indiana Housing and Community Development Authority
30 South Meridian Street, Suite 1000
Indianapolis, IN 46204

Or electronically to rstockment@ihcda.in.gov please write **Coordinated Assessment Grant** in reference line.

NOTICE: If your organization is selected, you will be requested to provide additional information within a timeframe to be specified by IHCDA for contracting.

Appendix A

Coordinated Access Task Force Recommendations
June 28, 2013
I. Access
a. Each region should have the opportunity to select a centralized or decentralized approach.

b. Within each region, urban centers should have the opportunity to select a different approach than the surrounding less urban areas, as long as the geographical divide is well communicated and households are aware of the process to participate based on their chosen geographical preference.

c. A webinar should be offered to regional chairs, and others who wish to participate, explaining the centralized and decentralized approaches along with guidance for implementation of both approaches.
i. Webinars will be held on the following days:
1. Monday, July 29th at 4:00pm EST

2. Tuesday, July 30th at 2:00pm EST

3. Thursday, August 1st at 10:00am EST
d. Regions should make a determination by August 21st, 2013.

e. CSH should send each regional chair a copy of their intercept map and all regions should review and revise their maps as necessary. All intercept partners should be made aware of this new system and how households can access housing and support.

II. Assessment
a. One assessment will be used across the balance of state to determine the best housing options for households. This should be divided into two sections.
i. The first section should involve questions related to homelessness prevention if applicable, diversion options if available, and an emergency response if needed. The survey should then lead to a housing plan.
1. This can involve identifying affordable housing, rapid rehousing support, permanent supportive housing, or a temporary option for the short term while identifying a permanent solution.
ii. The second section will focus on housing maintenance.
1. For example, the household can be asked if they require assistance with obtaining benefits, locating free food sources, connecting with medical care, etc. so that appropriate referrals can be offered in cases involving households who would like to be connected to any number of opportunities.
b. The Coordinated Access Task Force should continue to meet in order to identify an assessment or find a way to combine questions from more than one assessment that will lead to housing assignments.

i. This group should review the SPDAT and DESC as part of this process.

c. The assessment should be accessed through Client Track, though it is imperative that the Task Force is charged with developing the assessment for Client Track staff to input.

d. The Steering Committee should explore the option of utilizing funds from the Coordinated Access pool to pay for user fees for some number of non-Client Track users across the state.

e. A paper version of the assessment must be made available to agencies that are not willing to use Client Track in regions utilizing a decentralized approach. This assessment will come with a scoring guide.

III. Assignment

a. This common assessment and assignment process will serve as the one referral source for all supportive housing and rapid rehousing programs.

b. The coordinated assessment will produce a score, and ranges will be offered to suggest prioritizing one housing option over others.

c. The Coordinated Access Task Force should suggest a scoring process once they have identified a common assessment. This recommendation should be shared with the regions for feedback.

d. Assignment should always prioritize permanent housing solutions. Temporary housing should be utilized in cases when permanent options are not immediately available as an option while working toward a permanent solution.

IV. Accept

a. Households can always reject a housing assignment for any reason without penalty (their waiting list status cannot be changed based on refusal to accept a housing placement), though providers must accept a minimum of one out of every three referrals, if the households qualify for housing based on funding eligibility requirements.
i. To determine funding eligibility requirements, providers should consult with their original HUD grant requirements, if funded by HUD.
b. Rapid Rehousing programs can accept a person in line for a permanent solution by using this source as a bridge subsidy.

V. Accountability

a. A Balance of State Accountability Board (AB) should be established. All regions should be invited to add one person to this board, and the board must have a minimum of five representatives.
i. The Balance of State AB shall report to the Continuum of Care Board.

ii. This group should meet quarterly.

iii. The Balance of State AB will determine in its sole discretion what constitutes cooperation with the coordinated access system and what constitutes non-cooperation.

b. Each region should establish an Accountability Committee to oversee the process of transitioning to coordinated access, as well as monitor the progress of coordinated access.
i. These committees should be established by August 21st.

ii. Regional Accountability Committees should meet monthly.

iii. The first meeting should involve a training opportunity, and training needs should be assessed and responded to as necessary so that these teams are able to provide support to their region, either directly or by connecting those who require support with training.

iv. In cases involving referring people to options not listed as number one or two on a regular basis, the Accountability Committee should investigate as to why this is the case. Is the assessment producing appropriate referrals? Are providers not referring households to a particular option for a reason?
c. Some level of flexibility may be needed within the assessment and assignment process, though all regions should submit changes they wish to see to their Accountability Committee and a liaison from this committee should communicate changes with the Accountability Board.

d. The Balance of State CoC Board should determine at what point funding criteria will examine the effectiveness of coordinated access at the regional level.

VI. General
a. Creating 15 coordinated assessment processes that share access protocol, an assessment, and process for assignment will require training and support for each region. Establishing a train the trainer model will help to ensure that people on the ground are able to continue to be helpful as regions make this transition.

b. The coordinated access system should be rolled out in September, 2014.

Request for Qualification

I. Applicant Organizational Information

Organization Name:
Address:
City:
State:
Zip Code:

Telephone:
E-mail:

Federal Tax Exempt ID #:

Lead Contact Name and Title:

Telephone:
E-mail:

II. Signature Page

I hereby certify that the information in this proposal is accurate and that I am authorized to respond for this project.

_____

Signature

Name:

Title:

Date:

III. **Application**

a. Provide a brief description of your organization:

b. Describe the programs for people experiencing homelessness with which your organization has experience:

c. Describe your organization's involvement with broader community initiatives in Indiana related to ending homelessness:

d. Describe your organization's experience with HUD Continua of Care:

e. Describe your organization's experience with HEARTH Act alignment and implementation:

f. Describe your organization's experience with a coordinated assessment/access system for persons experiencing homelessness:

g. Describe your organization's experience providing training for homeless assistance programs:

h. Describe your organization's experience with the Homeless Management Information System:

i. Describe the infrastructure your organization has in place to effectively implement the Coordinated Assessment/Access system in a timely manner.

j. Describe how your organization will have the capacity to operationalize the task force recommendations (Appendix A):

k. Does your organization have any outstanding contract disputes? If yes, please explain.

l. Does your organization have any outstanding state or federal grant finding? If yes, please explain.

IV. Required Documents

a. 501(c)(3) letter of determination
b. Resume of project lead and key personnel
c. OMB A-133 Audit for the last 2 years, if applicable
d. Annual Report (optional)