Notice of Funding Availability: Frequent User System Engagement Permanent Supportive Housing

Issue Date: **May 1, 2023**

Responses Due: **June 4, 2023**
Not later than: **11:59 PM**

LATE RESPONSES WILL NOT BE CONSIDERED

Refer Questions to:
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Introduction

Multnomah County The Joint Office of Homeless Services (JOHS) is soliciting proposals from organizations with capacity and experience to deliver supportive services and/or housing as part of a project that will provide supportive housing to up to 50 individuals who have been consistently failed by the health care, homeless services, and criminal justice systems resulting in high-cost utilization of crisis services or health or behavioral health challenges.

Background

In 2020 and 2021, cross systems partners from homeless services, health care, and public safety in the City of Portland and Multnomah County came together and used data to identify a group of highly impacted people who cycle through and are failed by jails, shelters, hospitals, and other crisis services who would benefit from supportive housing using the FUSE model. FUSE is a signature initiative of CSH that helps communities break the cycle of homelessness and crisis among individuals with complex medical and behavioral health challenges. Individuals stuck in this cycle have frequent touches with emergency departments, jails, shelters, and acute care settings that are often costly and have poor outcomes for people and communities. Partners in the FUSE initiative released a report in May of 2021 that included findings from a cross system data analysis, and a set of recommendations for the work moving forward. The report found:

- 1,371 adults had interactions with the homeless system, health system and carceral systems.
- Supportive Housing reduces adverse system interactions and high system utilization particularly for inpatient psychiatric services.
- Supportive Housing demonstrates cost savings.
- Lack of coordination of services and connection to housing for individuals who touched multiple systems.
- Need to provide intensive, culturally specific, and individualized services for individuals who touched multiple systems.

One of the primary recommendations of the report was to continue advancing programs that break the cycle of homelessness and interactions with emergency services including making investments in long-term solutions like Permanent Supportive Housing (PSH). PSH is an evidence-based solution that leads to improved health and other beneficial outcomes for people with complex needs. Deeply affordable housing with wraparound support services stabilizes lives and significantly reduces returns to jail and homelessness, reliance on emergency health services, and improves overall quality of life.

This new program aims to address the needs of the FUSE population and follow the recommendations of the report by creating 50 new supportive housing opportunities in Multnomah County.

Program Initiatives

- Budget: $1,528,650 Total
    - $778,650 RLRA Vouchers
    - $750,000 Supportive services

- Program Description: Provide enhanced Permanent Supportive Housing to identified individuals who are failing most frequently by the criminal justice, homeless services, and healthcare systems, including behavioral health, substance use treatment, primary

healthcare, and disability services. In addition to deeply affordable housing participants will be provided wrap-around supportive services that reflect the unique needs of the identified population. The FUSE program will offer comprehensive supportive housing consistent with Quality Supportive Housing Standards and PSH Standards that include intensive wraparound services in a multi-disciplinary, team-based approach with a low-client to staff ratios at no more than 10 participants to every staff member. The majority of services will be delivered in the community to participants in or near their home and not in the typical clinic setting. Funding includes access to Regional Long Term Rental Assistance (RLRA), as well as services funding for each participant.

- Population Served: Participants identified from the FUSE data-match list who are experiencing homelessness with complex service needs and have frequent interactions with the healthcare, criminal justice, and homeless services systems. Data from the FUSE report demonstrated that Black, Indigenous and People of Color (BIPOC) are overrepresented in homeless, health and criminal justice systems and make up a large portion of the FUSE population. Additionally, community engagement sessions identified the need for supportive housing specifically for the Black and LGBTQIA2S+ communities.

Program Design & Defining Elements

JOHS seeks potential partners interested in providing supportive services and/or housing to the population of focus in one of four roles:

1. Outreach and Housing Navigation – The delivery of services focused on locating and engaging participants in the program, as well as services that assist participants to identify and access housing including street outreach, engagement, brokering relationships with landlords, access to housing units owned by your organization or master leased, assisting participants with housing and voucher applications, the collection of vital documents, and warm handoffs to housing and long term service providers.

2. Tenancy Support Services - The delivery of services once a participant is housed focused on the participants ongoing housing stability including engagement, care coordination, case management, vocational support, community support, life skills education, lease education, landlord/tenant mediation, crisis response, education support, tenancy/housing support and connections/referrals to services in the community including behavioral and primary health services.

3. Behavioral Health and/or Substance Use Treatment Services – The delivery behavioral health and/or substance use treatment services to individuals in supportive housing including individual therapy, groups, access to psychiatric and pharmacy services, Intensive Case Management, Assertive Community Treatment, the integration of behavioral health, health stabilization services -including the integration of primary care/medical home/medication management; and coordinating with tenancy support

services connected to a participants housing.

4. All supportive housing services – The delivery of the full range of supportive housing services including Housing Navigation and Outreach, Tenancy Support Services, and Behavioral Health and/or Substance Use Treatment Services.

Organizations can choose to apply for this NOFA in the following ways:

1. Apply to do all required services
2. Apply for one or more of the required services, with the expectation that the organization will be willing and able to collaborate with other organizations providing services selected through this NOFA
3. Form a team of multiple organizations and providers to apply for all the required services. If applying as a team, please designate one organization as the team lead.

The project will implement supportive housing consistent Quality Supportive Housing Standards and Permanent Supportive Housing guidelines and delivery structure outlined in Attachment D.

The project will implement services in supportive housing consistent with the defining elements described below:

- Community-based services offered in or near the participants housing unit.
- Low client-to-staff ratios of no more than ten clients to every staff person.
- The use of multi-disciplinary services teams including peers, social workers, behavioral health, and substance use treatment providers, case managers, nurses and psychiatric services.
- Care coordination and "warm hand-offs" between all supportive services (as defined as roles 1-4 at the beginning of this section)

Commitment Areas

JOHS is seeking proposals that demonstrate an understanding of and commitment to the following program components:

- Housing First and Low Barrier Services: Housing First is an approach to quickly and successfully connect households experiencing homelessness to permanent housing without preconditions and barriers to entry. Housing First recognizes that everyone is "ready" to return to permanent housing as soon as a suitable unit becomes available. Therefore, absent very specific programmatic justifications (for example, Recovery Housing models), services should be designed to expedite and not delay a participant's return to permanent housing.
- Assertive Engagement: Assertive Engagement (AE) is a social service approach to working with people that honors them as the experts in their own lives. AE can apply holistically to clients, service providers, supervisors, agencies, and systems by helping navigate power dynamics and using empathy in interactions. AE supports and complements frameworks centered on equity, anti-oppression, and trauma informed

care. It is a synthesis of person-centered practices and skills including, strength-based practice, positive and liberation psychology, and liberatory approaches practiced by Black, Indigenous, communities of color and other marginalized communities. AE also incorporates concepts of popular education, harm reduction, empathy and empathetic listening, and unconditional positive regard. The County provides free training and technical assistance to our partners. Access training and other Assertive Engagement supports here: https://multco.us/assertive-engagement.

- Trauma Informed Care: An approach, based on the knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff. The Federal Substance Abuse and Mental Health Administration (SAMHSA) has identified six key principles of a trauma-informed approach including: Safety, Trustworthiness and Transparency, Collaboration and Mutuality, Empowerment, Voice and Choice, and Culture, Historical and Gender Issues. For more information please visit: https://store.samhsa.gov/system/files/sma14-4884.pdf.
- Harm Reduction: In alignment with Housing First principles, providers should use a harm reduction approach that focuses on helping people who use substances to better manage their use and reduce the harmful consequences to themselves and others, including actively working to prevent evictions. Using the harm reduction philosophy means that individuals do not have to be sober to be eligible to enter housing and are not evicted solely for a failure to maintain sobriety.
- Person-Centered Care: Services are voluntary, customized and comprehensive, reflecting the individual needs of tenants, and tenants have meaningful opportunities to engage in the community.
- Lived Expertise: The JOHS values the lived experiences of homelessness and behavioral health or substance use recovery and encourages organizations to include the input of persons with lived experience in their program design and the delivery of peer services.
- Commitment to Racial Equity: Providers should work continuously to reduce and eliminate racial disparities in service access and provision. In accordance with that expectation, providers should engage in ongoing racial equity work in regard to their organizational structure; staff; policies, procedures, and practices; programming; biases; restrictions; and community engagement.
- Culturally Specific Services: The JOHS strongly encourages the participation of culturally specific service provider organizations, minority-owned, femme-owned, emerging small organizations, and service disabled Veterans in providing these services. Approaches to this work that deliver culturally-responsive and/or culturally-specific services will be prioritized.

Proposal Submission

Step 1:

If you are interested in these opportunities to provide housing placement and retention services, please begin by reviewing the attached documents.

- Attachment A – FUSE Proposal Instructions
- Attachment B – FUSE Proposal Rubric
- Attachment C – Budget Proposal
- Attachment D – PSH Standards
- Attachment E – Regional Long-Term Rent Assistance (RLRA) Policies

Step 2:

An optional information session will be held **May 9th, 2023 10:00 -11:00 AM** to elaborate on the FUSE and Enhanced PSH opportunity and this process as well as address any questions that may arise.

Step 3:

Submit completed proposals by **June 4th at 11:59 PM**. Submissions should be sent in an email addressed to kristina.goodman@multco.us.

Proposal Submission Schedule

NOFA Release	May 1, 2023
Optional Information Session	May 9, 2023 10:00 AM - 11:00 AM
FAQs Release	May 12, 2023
Proposal Deadline	June 4, 2023 by 11:59 PM
Funding awarded: the JOHS expects to notify applicants about funding awards by or before	June 30, 2023

Accommodations: Please contact kristina.goodman@multco.us.

Additional Definitions

Culturally Responsive and Culturally Specific Services: All suppliers of supportive housing services will be expected to deliver those services in a Culturally Responsive and/or Culturally Specific manner, as those terms have been defined through a collaborative County-wide work group, led by the Multnomah County Chief Operating Officer and the Director of the Office of Diversity and Equity. These definitions realize the County's stated belief that culturally responsive and culturally specific services eliminate structural barriers and provide a sense of safety and belonging which will lead to better outcomes. For more detailed information on cultural specificity and responsiveness, please see Multnomah County's guidance on Culturally Specific Services.

Health Stabilization Services: Health services are a central part of stabilization for households experiencing homelessness. These services include addiction and recovery treatment (detox, inpatient, intensive outpatient, and medicated assisted treatment), behavioral health treatment (hospitalization, involuntary commitment, sub-acute inpatient, transitional residential treatment, and on-going ACT or ICT case management). In addition, some people are experiencing complex medical conditions, which require intensive and on-going medical stabilization services up to hospice and end-of-life planning. At times, treatment will be delayed if there is no access to housing. Finally, people who may be discharged from a hospital with acute medical conditions that need ongoing care may be eligible to stay in a recuperative care shelter. Most of these services have requirements, waitlists, and typically need a referral from a provider to start treatment, as a person cannot self-refer into the program.

Permanent Supportive Housing (PSH): PSH is deeply affordable permanent housing with supportive services to assist persons experiencing homelessness who have a significant disabling condition(s) to live independently. Supportive services are designed to meet the needs of participants and must be offered for the entire duration of program participation. PSH may be single site, scattered site, or clustered, and can be integrated with market-rate units and affordable units. Housing assistance can be project-based or tenant-based.

- Project-based PSH: PSH rent assistance and services are tied to specific apartments. For example, an affordable housing development could designate apartments within the building as PSH. Services are generally offered on-site at the building. If a PSH tenant moves out of the apartment, the rent assistance and services do not travel with them.
- Tenant-based PSH: PSH rent assistance and services are mobile and move with the participant. The PSH services provider supports the PSH participant to find and secure an apartment in the private market. If a PSH tenant moves out of the apartment and remains eligible for the PSH program, the rent assistance and services can travel with them.

Regional Long-Term Rent Assistance (RLRA): A program that provides a regional framework for the administration of long-term rent assistance to ensure consistency for landlords, service providers and participants, while also allowing counties to independently implement the program based on local priorities.

Serious and Persistent Mental Illness: The current Diagnostic and Statistical Manual of Mental Disorders diagnostic criteria for at least one of the following conditions as a primary diagnosis for an adult age 18 or older: (a) Schizophrenia and other psychotic disorders; (b) Major depressive disorder; (c) Bipolar disorder; (d) Anxiety disorders limited to Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD); (e) Schizotypal personality disorder; or (f) Borderline personality disorder.