

REQUEST FOR APPLICATIONS FOR HOMELESS MENTAL HEALTH HOUSING INITIATIVE

Funding Agency: Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS)

Issue Date: February 2, 2007

Deadline for Submission: Applications must be received no later than 5:00 P.M. on Wednesday, March 21, 2007. Application sent directly to:

US Mail

Glenn Silver, Housing Coordinator
NC Division of MH/DD/SAS
3005 Mail Service Center
Raleigh, NC 27699-3005

or

Overnight Delivery

Glenn Silver, Housing Coordinator
NC Division of MH/DD/SAS
325 North Salisbury St, Suite 612
Raleigh, NC 27603

Eligibility: Eligibility is limited to Local Management Entities (LME).

Funding Availability: A maximum of 3 awards will be made. The maximum funding available is \$644,280 per LME for an estimated 26 month project period. The total award amount will not exceed \$1,932,840. Services delivered through these funds are to be provided by contracted providers, as opposed to directly provided by the LME. This funding cannot be used for any LME space, staff travel or training. This funding cannot supplant existing funds.

All applicants will be notified of award status no later than April 4, 2007. Allocation letters for successful applications will then be promptly processed and mailed to the successful applicants. Funds will be allocated as non-UCR and will be paid to LMEs on a reimbursement basis.

Obtaining Further Information: After reviewing the RFA, applicants may contact Martha Are with the NC Department of Health and Human Services regarding questions concerning the RFA or the application process. To contact Ms. Are by phone call (919) 733-4534 or email at martha.are@ncmail.net. There will be an applicant Q & A conference call on Thursday, February 15, 2007 at 1:00 P.M. To call in dial 888-296-6500 and use pass code 804694. Information from the Q & A conference call will be emailed to LMEs who have notified Ms. Are of their interest in the RFA and provided an email address.

INTRODUCTION

The DMHDDSAS is requesting applications from Local Management Entities (LME) for a new pilot program titled the Homeless Mental Health Housing Initiative. The purpose of this Initiative is to fund a Housing Support Team (HST) in three pilot communities. HSTs will provide housing support coordination services to targeted homeless individuals and families. Additional goals of this Initiative include increasing organizational housing support coordination capacity and knowledge and documenting the cost benefit of housing support coordination services to public systems. Consequently, there is a great deal of emphasis placed on participation of HST and provider network staff in the Initiative's Learning Collaborative and on Initiative evaluation.

BACKGROUND

Each year millions of tax dollars are spent on homeless individuals who cycle through public systems such as prisons, jails, emergency rooms, psychiatric hospitals, treatment facilities, etc. Homeless individuals, in particular homeless individuals with behavioral health disorders, bounce between systems which provide extremely expensive short term care with negligible long term effect. Communities engaged in 10 Year Plans to End Homelessness, however, are looking for new strategies to serve homeless individuals with histories of cycling through public systems – strategies that both save public systems money and result in long term benefit to homeless individuals and families. Providing housing support coordination through a Housing Support Team model is a strategy that has proven to be a cost effective way to help homeless individuals and families access and maintain decent, permanent and affordable housing in communities around the country. Through the Initiative, North Carolina hopes to replicate the success that other states have had with Housing Support Teams.

The target population for the Initiative is single adults or heads of household, who have a history of homelessness, have mental health and/or substance disorders and are cycling through prisons, jails, emergency rooms, psychiatric hospitals, treatment facilities, etc. (Cycling through publicly funded systems is defined as at least 4 admissions in 3 years or at least 12 consecutive months.) Additionally, the target population includes youth in custody of family or unaccompanied youth (under age 18) who are homeless and have been discharged from foster care, the juvenile justice system or a mental health hospital within the past year.

SCOPE OF WORK

1. Housing Support Team (HST) Staffing

The Initiative will fund 2 to 3 Housing Support Team (HST) positions per awardee. One position should be a Coordinator who, along with carrying a caseload, provides linkage between the HST and the treatment teams and service providers with which they will be working i.e. Assertive Community Treatment Teams (ACTT), Community Support Teams (CST) or other Community Support (CS) providers. Up to two additional HST staff, which could include a Peer Support Specialist, may be funded. Hiring formerly homeless persons possessing the appropriate skills is encouraged. Each HST will carry an anticipated caseload of 50-75 clients at any given time.

In general, knowledge of housing resources and housing support coordination capacity within the human services sector is inadequate to meet the needs of consumers who are homeless or are at risk of homelessness. Consequently, the housing knowledge, housing support coordination skills, commitment and compatibility of Housing Support Team staff will play a significant role in project outcomes. All potential HST candidates should be assessed for:

- experience in assisting consumers to access housing;
- knowledge of housing resources and application processes;
- experience in working with private sector landlords;
- knowledge of/experience in linking individuals with community support services; and,
- experience with the target population.

Funded agencies are also encouraged to establish lengthy probationary periods for HST staff so that adequate time is allowed to assess productivity and effectiveness.

2. Housing Support Team Services

Housing support service delivery requires primarily non-clinical skills. Seventy-five percent of HST services are to be provided in the home or community, outside of agency offices, by a specialized, knowledgeable staff focusing on housing outcomes. *(For a list of HST services see Appendix A.)* Several of the services to be carried out by HST staff are implicit in ACTT and CST definitions. Others are more explicitly named. Some HST staff services, however, are not reimbursable as ACTT, CST, CS or MST services.

Note: HST staff activities are not reimbursable by service. Rather, the Initiative is designed to provide funding for individual staff positions through which services will be delivered directly to program participants.

Client Population Criteria

Program participants must meet the definition of homelessness in Appendix B at time of HST enrollment.

Program participants must also have a history of cycling through public systems. A minimum of 75% of program participants should meet eligibility criteria for Assertive Community Treatment Teams (ACTT), Community Support Teams (CST), Community Support (CS), or Multisystemic Therapy (MST). Up to 25% of program participants may include persons not eligible for ACTT, CST or CS, but who have behavioral health disorders, which may include substance abuse disorders with or without co-occurring personality disorders.

In general, priority must be given to people with schizophrenia, other psychotic disorders, bipolar disorders, organic brain syndrome and Post Traumatic Stress Disorder. Among the potential program participation population not eligible for ACTT, CST or CS, priority should be given to persons who meet the HUD definition for chronic homelessness in Appendix B. Homeless youth who meet eligibility criteria for Multisystemic Therapy (MST) are also a priority population. If youth are accompanied by their family, the parent will be the primary HST client.

Grantees (LME subcontractors) will be required to document program participant eligibility including homelessness, treatment services eligibility and a history of cycling through publicly funded systems.

3. Housing Contingency Fund Administration

The Initiative includes a Housing Contingency Fund to be administered by awardees. The Housing Contingency Fund is designed to support client housing needs. Eligible expenses include such things as utility and security deposits, rent and credit repair activities. *(For a list of eligible expenditures see Appendix C.)* Awardees will be responsible for administering the Housing Contingency Fund which includes the following activities: processing requests for funding, ensuring appropriate use of funds, issuing payments and tracking expenditures.

4. Data Collection Requirements

Quality data collection and program evaluation will be necessary to demonstrate the anticipated benefits of housing coordination services which include moving individuals and families into housing and reducing public system costs. Successful applicants must meet the following data collection requirements related to the Initiative:

- A. Cost Benefit Study coordinated by State contracted evaluator.
- B. Client level outcomes tracking using the State's homeless management information system (HMIS).
- C. Site specific project reporting with emphasis on usage rates of publicly funded systems.

A. Cost Benefit Study

An important outcome of this project will be the development, collection, and analysis of valid and reliable data on the costs, cost savings, and benefits of the services provided through this initiative. In order to conduct the analysis, the State will contract with an evaluator who will be responsible for the data collection methodology as well as the analysis of the costs and benefits of the Initiative.

As part of the evaluation, individuals who receive services through the Initiative will be informed of the study and invited to participate. Participation in the evaluation will be voluntary. Individuals who agree to participate will be asked a series of questions about their experiences. They also will be asked to sign a form authorizing the release of information for the evaluation. A draft of that form, which applies to a variety of cost and service information, including those covered by the Health Insurance Portability and Accountability Act (HIPAA), is provided in Appendix D.

Since an analysis of the costs and benefits of the Initiative is such an important outcome of this project, applicants are required to develop Memoranda of Agreement (MOA) with local entities, such as local hospitals, emergency rooms, treatment centers, emergency medical services, and jails to provide data on the types and costs of services persons that comprise the target population receive for a two year period before and after they begin receiving assistance through the Initiative. A sample MOA is provided in Attachment 5.

The evaluation contractor will work with awardees and local service providers to obtain information on the services provided to individuals before and after they began participating in the Initiative.

B. Carolina Homeless Information Network (CHIN)

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) will use the Carolina Homeless Information Network (CHIN) homeless management information system (HMIS) to create statewide aggregate reports on some of the outcomes related to this project. Therefore, successful applicants must commit to one of the following data entry options:

1. Direct client-level data entry into the CHIN HMIS. Agencies currently not participating in the CHIN HMIS will need to complete certification training prior to entering data.
2. Importing of client data from other HMIS or client tracking systems into the CHIN HMIS. The applicant agrees to pay all costs, including testing and report modification, associated with importing client data into the CHIN HMIS. CHIN and Bowman Systems, Inc. will administer every facet of the import process to ensure the highest data integrity, while reducing the possibility of importing duplicate client records. Specific technical requirements and costs will be determined on an individual basis.

C. Project Reports

LMEs will be required to submit project reports that will include the following information:

- program participant demographics,
- leveraged housing funds and resources,
- staffing plan information,
- Learning Collaborative participation and
- performance measurement data.

The following is a schedule of reporting periods and report due dates:

<u>Reporting Periods</u>	<u>Report due date</u>
May 1 – June 30, 2007	August 14, 2007
July 1 – Dec. 31, 2007	February 14, 2008
Jan. 1 – June 30, 2008	August 14, 2008
July 1 – Dec. 31, 2008	February 14, 2009
Jan. 1 – June 30, 2009	August 14, 2009

Performance measurement goals for the Initiative are as follows:

1. 40% reduction in hospital days for all program participants hospitalized a total of 15 days or more previous to HST enrollment.
2. 40% reduction in emergency room visits for all program participants who had been to a hospital emergency room 5 times or more during the twelve months preceding HST enrollment.
3. 50% reduction in jail nights for all program participants who had spent 5 or more nights in jail during the twelve months preceding HST enrollment
4. 70% reduction in nights on streets and in shelter for all program participants during the twelve months preceding HST enrollment
5. 80% increase in number of program participants housed (permanent housing) within first four months of HST enrollment.
6. 80% housing tenure as determined by the number of persons who were housed (permanent housing) since the beginning of the program who remain in housing at the end of each reporting year.

5. Housing Support Coordination Knowledge and Capacity Building

Increasing organizational housing support capacity and knowledge is an Initiative priority. HST staff should begin their employment with the necessary housing support knowledge and skills to successfully deliver housing support coordination services and should be able to cross train other staff within the LME and provider network as the project moves forward. Ideally, increased housing support capacity will be sustained past the Initiative project period due to an overall increase in organizational knowledge of housing support coordination services.

To help achieve increased organizational capacity and knowledge, the ICCHP will facilitate a Learning Collaborative unique to this Initiative. Learning Collaborative participation is mandatory for HST staff. Specific locations for the Learning Collaboratives will be determined after awards have been made. The Learning Collaborative is open to LME staff and other service providers who will be working with the HST. Participation among these groups is strongly encouraged. Primary Learning Collaborative activities include the following:

- During June 2007, all HST staff will participate in a one-week training on all aspects of housing using modules developed by the Learning Collaborative.
- The Learning Collaborative will meet monthly via conference calls and have quarterly face to face meetings.
- Each funded project must present four to five case studies every twelve months.
- Additional didactic and interactive training and support topics may include motivational interviewing, engagement techniques, landlord relationships and landlord/tenant law.

Additional avenues for augmenting housing support coordination capacity and knowledge within the LME and local provider network involves participation in local community groups and activities specifically oriented to housing and homelessness. HST staff will be required to participate in Continuums of Care, local Housing Support Committees and 10 Year Plans to End Homelessness activities in the community. As with the Learning Collaborative, participation of LME and provider network staff is also strongly encouraged.

HOW TO APPLY

Applicants should use 12 point font size. The narrative may not exceed 15 pages in length. (The page limitation does not include any requested attachments such as MOAs and job descriptions.) The application must be submitted in the order presented below, should address all questions presented in the narrative section and, in general, should demonstrate the applicant's capacity to meet contract requirements outlined in the Scope of Work.

An Application Transmittal Letter signed by the LME Director and the Chair (or co-Chairs) of the LME Consumer and Family Advisory Committee, one original application and four copies of the application can be sent directly to:

US Mail

Glenn Silver, Housing Coordinator
NC Division of MH/DD/SAS
3005 Mail Service Center
Raleigh, NC 27699-3005

or

Overnight Delivery

Glenn Silver, Housing Coordinator
NC Division of MH/DD/SAS
325 North Salisbury St, Suite 612
Raleigh, NC 27603

APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 P.M. ON WEDNESDAY, MARCH 21, 2007.

- 1) Application Transmittal Letter (Signed by the LME Director and the Chair (or co-Chairs) of the LME Consumer and Family Advisory Committee)
- 2) Application Face Sheet, (Attachment 1)
- 3) Narrative (Maximum score to 120 points)

A. Housing Support Coordination Need and Existing Resources (Max. 3 pgs., 14 points)

- Describe Need (3pts): Describe the existing gaps/needs within your service area for providing housing support coordination services to homeless individuals.
- Integration (3 pts): Describe how you will integrate housing support coordination into the LME's service continuum including, but not limited to, Continua of Care, local Housing Support Committees and 10 Year Plans to End Homelessness.
- Projected Numbers (4 pts): Based on client population criteria, use the table below (cut and paste into your narrative) to project how many consumers you expect to serve who are receiving ACTT, CST, CS and MST. *Provide a rationale for your projections* based on your understanding of people served in your area who meet the target population definition.

Annual LME Housing Support Team Target Population Projections

Support Service	Number of Homeless To Be Served	% of Total Target Population To Be Served
ACTT		
CST		
CS		
MST		
TOTAL		100%

- Challenges & Resources (4 pts): What are the LME's challenges to providing housing support coordination services to homeless consumers? What resources/strengths (including LME resources) does your community have that would support the work of the HST to overcome these challenges?

B. Project Plan and Timeline (Max. 1 pg + Attachment 2., 10 points)

- HST Overview (5 pts): Describe the proposed Housing Support Team (HST) model including the network of services providers with which the HST will partner. How will the HST and the network of service providers work collaboratively to meet consumers' needs? Include description of anticipated use of Contingency Funds.
- Timeline (5 pts): Use Attachment 2 as a template to list months in which you anticipate completing key project activities and milestones. (Some activities have already been inserted.) At a minimum identify months when you anticipate to have completed the following:
 - Enrolled 50% of caseload, 100% of caseload
 - Housed 25% of caseload, 50% of caseload, 80% or more of caseload
 - Local Continuum of Care meetings
 - Local Housing Support Committee meetings
 - Local 10 Year Plan to End Homelessness activities/meetings

C. Subcontractor Capacity (Max. 5 pgs. + Attachment 3, 23 points)

Although the LME must be the applicant, services delivered through these funds are to be provided by contracted agencies, as opposed to directly provided by the LME. This funding cannot be used for any LME space, staff travel or training. This funding cannot supplant existing funds. The contracted agencies or subcontractors may include providers of MH/DD/SAS services but not the LME.

- Subcontractor Qualifications (7 pts): Describe the qualifications of the HST services subcontractor including their experience with the target population, housing knowledge and capacity to provide housing support services. If a subcontractor has not yet been identified, describe the criteria to be used in the identification and selection process.
- Staff Qualifications (8 pts) Briefly describe the qualification of any staff who have already been identified to serve on the HST. If staff have not yet been identified, identify criteria that will be used to hire HST staff. Provide a brief job description for HST staff. *(Job description should be included as an attachment and does not count against page total.)*
- Provider Network Partnerships (8 pts) Provide a brief narrative description and use the following table to identify Provider Network members who will partner with the HST. The service providers listed in the table should correlate with signed MOAs included with this application. See Attachment 3 for a MOA sample template. Attach, at the end of the application, all MOAs developed with Assertive Community Treatment Teams, Community Support Teams, and other Community Support providers who will work with the HST. MOA's must be signed by director or authorizing official. *(MOA attachments do not count against the page limit.)*

Provider Network Partnership Table

Name of Provider Network Member	Date of MOA	Type of Service to be Provided (ACTT, CST, CS, MST, and/or SA)	Estimated number of program participants on any given day

D. Local Involvement and Support Regarding Housing Resources
(Max. 2 pgs. + Attachment 4, 20 points)

Demonstrated ability to leverage local housing resources to guarantee that at least 50% of program participants have access to permanent, affordable and long-term housing is essential. Types of local housing resources applicants should consider leveraging may include: Public Housing Authority units, Section 8 or Key Program vouchers, HUD Shelter Plus Care rental certificates, HUD Permanent Supportive Housing Program units, permanent housing funded by NCHFA Permanent Supported Housing Development Funds, HOME or HOPWA rental assistance funds, permanent housing units funded by local rental assistance or local housing trust funds. *Note: At no time should individuals be displaced from housing to create space for HST program participants. Agreements with housing providers should specify that "as designated units become available" program participants will be given priority to those units.*

- Provide a description of housing resources designated for use by program participants. Please be as specific as possible regarding types and quantity of housing resources that will be made available to program participants. Please use the table below to summarize housing resources (cut and paste table into your narrative). Information in the table below should correlate with signed MOAs included with this application and should include names of actual housing developments when applicable.

LME Housing Capacity

Source of Housing (add rows as needed)	Date of MOA	Number of units available to the project by 7/1/07			Number of units available to the project by 1/1/08		
		Efficiency or SRO	1 Bedroom	2+ Bedroom	Efficiency or SRO	1 Bedroom	2+ Bedroom
TOTAL							

Attach, at the end of the application, all MOAs developed with local housing providers. MOAs must be on agency letterhead and must be signed by the director or an authorizing official. See Attachment 4 for a MOA sample template. *(MOAs do not count against number of pages allowed.)*

E. Data and Evaluation (Max. 2 pgs. + Attachment 5, 25 points)

- ID Systems (1 pt): Identify publicly funded systems serving the geographic area targeted by the applicant.
- Cost Benefit Data Collection (9 pts). Describe how the LME will ensure collection of all necessary data from publicly funded systems that is required for cost benefit analysis and performance measurement tracking. Identify the contact person to be used by the State's cost-benefit analysis contractor when obtaining LME data on costs, services, and dates of service. Please use the table below to summarize publicly funded facilities with whom who have developed MOAs regarding collection of utilization data needed for cost benefit analysis (cut and paste table into your narrative). See Attachment 5 for a MOA sample template that may be used by the LME with partnering hospitals, jails, etc. *(MOAs do not count against number of pages allowed.)*

Publicly Funded System – MOA Summary Chart

Type of Facility (add rows as needed)	Name of Facility	Date of MOA

- HMIS Participation (8 pts). Describe the strategy for using Homeless Management Information System (HMIS) to capture client level data that will be used to track some project outcomes. Identify all staff that will be expected to actively use the HMIS system and include schedule for training identified staff. Describe strategies for monitoring system use. Identify whether subcontractor will participate directly in the Carolina Homeless Information Network (CHIN) or assume responsibility for importing data from another system into CHIN.
- Performance Measure Reports (7 pts). Describe LME's ability to provide Site Based Reports including identification of staff that will bear primary responsibility for completion of the reports. Reports will reflect progress towards meeting performance measures and include financial summaries.

F. Provider's Capacity to ensure that consumers and families using this service will have access to an independent family advocacy and support service system.
(Max. 1 pg., 3 points)

- Describe the role of your local family advocacy and support system in the service component's service delivery.

4) Budget (Max 1 page (budget narrative) + Attachment 6, 20 pts)

Using Attachment 6, provide a line item budget and narrative for the 26 month project. Include enough detail so that the application review panel/committee can discern how budget figures were established. Include a narrative description of any budget items not clearly explained by the line item description.

Use the following guidelines for your budget preparations:

- Use the budget form (Attachment 6) for your line-item budget. Note that categories highlighted in gray are eligible, but not preferred spending categories for the Initiative.
- A minimum of 37% of all funds awarded should be designated for the Contingency Funds. You are allowed to increase the percentage of funds targeted for Contingency Funds.
- If you choose to use the minimum targeted funds for Contingency Funds, your budgeted amounts for Contingency Funds should be as follows:
-

Budgeting Period	Contingency Funds
May/June 2007	\$18,338
July 2007 – June 2008	\$110,028
July 2008 – June 2009	\$110,028

5) Attachments (Do not count against the page limit.) (5 pts)

- Project Timeline (Attachment 2 from narrative Section B)
- Job Description (from narrative Section C)
- MOAs from Provide Network Partners (Attachment 3 and should correlate with table in narrative Section C)
- MOAs from Housing Providers (Attachment 4 and should correlate with table in narrative Section D)
- MOAs with Publicly Funded Systems re: cost-benefit, services dates and service usage (Attachment 5 and should correlate with table in narrative Section E)
- Line Item Budget with narrative (Attachment 6)

THE SELECTION PROCESS

The following is a general description of the process by which an agency or organization will be selected for award.

1. All prospective LMEs are encouraged to listen to the Q & A conference call on February 15, 2007 at 1:00 P.M. A written summary of all questions and answers will be e-mailed to all LMEs who have expressed interest in the RFA by notifying Martha.are@ncmail.net or (919) 733-4534 and have provided an email address.
2. The application must be accompanied by a Letter of Transmittal signed and dated by LME Director or other LME official authorized to bind the agency or organization.
3. All applications must be received by the funding agency not later than the date and time specified on the cover sheet of the RFA.
4. At that date and time the applications from each responding LME will be logged.
5. At their option, the evaluators may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, applicants are cautioned that the evaluators are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the LME.
6. Applications will be reviewed and rated by a committee and recommendations will be provided to Mike Moseley, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, who will make the final decisions regarding approved applications.
7. In addition to the criteria point system outlined in this application, the Division will look at geographic distribution in awarding these grants.
8. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

APPENDICES

Appendix A: Eligible Housing Support Team Activities

Appendix B: Definitions

Appendix C: Eligible Housing Contingency Fund Expenditures

Appendix D: Cost Benefit Study HIPAA Release

ATTACHMENTS

Attachment 1: Application Face Sheet

Attachment 2: Project Timeline Format

Attachment 3: Network Provider Partner Memorandum of Agreement sample template

Attachment 4: Housing Provider Memorandum of Agreement sample template

Attachment 5: Evaluation Partner Memorandum of Agreement sample template

Attachment 6: Budget Format

APPENDIX A: Eligible Housing Support Team Activities

The Initiative will fund services and interventions necessary for individuals to maintain their own home. Several of the activities listed are implicit in ACTT or CST service definitions, others are more explicitly named. Some, however, are ineligible ACTT, CST, CS or MST service activities. These activities are intended to be primarily non-clinical skills, and 75% are to be provided in the home or community, outside of the agency offices, by a specialized, knowledgeable staff focusing on housing outcomes. The activities are Eligible Pre and Post-tenancy activities may include, but are not limited to:

- coordinating discharge planning and community re-entry prior to discharge from hospitals, residential treatment, prisons, jails and other levels of care; where community services providers are responsible for discharge planning, provide additional support for planning including initiating housing search, benefit acquisition and other activities prior to discharge;
- outreach to individuals who have previously been discharged from the above, without the benefit of coordinated discharge planning;
- housing search;
- assistance with housing applications;
- orienting client to new neighborhood;
- advancing appeals against decisions to decline housing;
- submitting requests for reasonable accommodations
- establishing positive landlord relationships;
- landlord recruitment;
- tenant education and tenant protection aimed at preventing loss of attained housing units;
- life skills support;
- budget counseling;
- credit repair;
- purchase of birth certificates;
- transportation necessary to access and maintain housing and transportation education;
- setting up direct rent payee accounts through a local bank;
- addressing safety issues;
- problem solving skills training;
- assistance with mainstream service and income support applications and;
-
- administration of Housing Contingency Funds.

APPENDIX B: Definitions

Homelessness

The Initiative uses the U.S. Dept. of Housing and Urban Development's (HUD) definition of homelessness. A person or family is homeless if that person or family resides in a place not meant for human habitation such as cars, parks, sidewalks or abandoned buildings. Persons or families residing in emergency shelters or transitional housing are also considered homeless. In addition, persons with an impending discharge from a publicly funded system and who are expected to meet the HUD definition after discharge are defined as homeless for the purpose of the Initiative.

Chronic Homelessness

The Initiative uses the US Dept. of Housing and Urban Development's (HUD) definition of chronic homelessness. A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter during that time. HUD's definition of an episode of homeless is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. HUD's definition of a disabling condition is a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Cycling through publicly funded systems

Individuals who meet the following criteria are considered to be cycling through publicly funded systems: an individual who has been in an institution such as a psychiatric facility or correctional setting for one year OR has had at least four episodes in institutional settings in the past three years. For the purposes of this initiative, hospitalization or residential treatment of any kind (public or private), emergency room visits or brief time spent in jail qualify as an episode in an institutional setting.

Distinction between emergency shelter, transitional housing and permanent housing

Emergency shelter and transitional housing include all housing that is intended to be temporary. Most emergency shelters and transitional housing are associated with a program and include program compliance as a requirement for continued residency. In general, emergency shelters have an expected residency time of up to six months and transitional housing has an expected residency time of up to two years. Residency in permanent housing is expected to be permanent with no predetermined exit date when the tenant moves into the housing. Most permanent housing residency is formalized by a signed lease with a landlord.

APPENDIX B: Definitions (continued)

Assertive Community Treatment Team (ACTT)

Please review the definition/requirements of ACTT in *Enhanced Benefit Services for Mental Health and Substance Abuse*, March 20, 2006. This document can be found on-line at <http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdef3-27-06rev.pdf>.

Community Support Team (CST)

Please review the definition/requirements of CST in *Enhanced Benefit Services for Mental Health and Substance Abuse*, March 20, 2006. This document can be found on-line at <http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdef3-27-06rev.pdf>.

Community Support (CS)

Please review the definition/requirements of CS in *Enhanced Benefit Services for Mental Health and Substance Abuse*, March 20, 2006. This document can be found on-line at <http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdef3-27-06rev.pdf>.

Multisystemic Therapy (MST)

Please review the definition/requirements of MST in *Enhanced Benefit Services for Mental Health and Substance Abuse*, March 20, 2006. This document can be found on-line at <http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdef3-27-06rev.pdf>.

APPENDIX C: Eligible Housing Contingency Fund Expenditures

The Initiative will also include a Housing Contingency Fund equal to support client housing needs. Eligible expenses include:

- Utility deposits;
- Rent deposits;
- Credit repair;
- Temporary or bridge rent assistance;
- Home furnishings and household goods (\$500 per person one time, with \$300 emergency);
- Transportation assistance;
- Housing application fees;
- Lock replacements;
- Repair to private sector housing units;
- Birth Certificates and other forms of identification;
- Credit reports; and,
- Food (\$200 limit per person, one time, emergency only)
- Clothing (\$200 limit per person, one time, emergency only).

APPENDIX D: Cost Benefit Study HIPAA Release

This authorization is provided here for your information only and will not be submitted as part of the application.

HIPAA Authorization for Use and Disclosure of Health Information for Research Purposes

IRB Study # _____

Title of Study:

Principal Investigator:

Department:

Phone number:

Email Address:

Funding Source: North Carolina Department of Health and Human Services

Study Contact telephone number:

Study Contact email:

This is a permission called a "HIPAA authorization." It is required by "The Health Insurance Portability and Accountability Act of 1996" (known as "HIPAA") for us to get information from your medical records or health insurance records to use in this research study.

1. If you sign this HIPAA authorization form you are giving your permission for the following people or groups to give the researchers certain information (described in #2 below) about you:

Any health care providers or health care professionals or health plans that have provided health services, treatment, or payment for you such as physicians, clinics, hospitals, home health agencies, diagnostics centers, laboratories, treatment or surgical centers, including but not limited to the UNC Health Care System, health insurance plans, and government health agencies. This also includes Sheriff's Departments, state mental hospitals, county departments of social services, county health departments, local providers of MH/DD/SA services, other Continuum of Care agencies, and the N.C. Division of Medical Assistance.

2. If you sign this HIPAA authorization form, this is the health information about you that the people or groups listed in #1 may give to the researchers to use in this research study:

Dates of treatment _____ (initials of individual authorizing release)

Type of Services Provided _____ (initials of individual authorizing release)

Costs of Services Provided _____ (initials of individual authorizing release)

Payment Received _____ (initials of individual authorizing release)

Mental Health Services _____ (initials of individual authorizing release)

Treatment for Drug or Alcohol Use or Addiction _____ (initials of individual authorizing release)

3. The people or groups listed in #1 on this form may give this health information to the researcher listed at the top of this form or to another researcher working on this research study. This information may also be shared with, used by or seen by the sponsor of the research

study, the sponsor's representatives, officials of the IRB, and certain employees of the university or government agencies if needed to oversee the research study.

4. The HIPAA rules that apply to your medical records will not apply to your information in the research study records. The informed consent document describes the procedures in this research study to protect your personal information. You can also ask the researchers any questions about what they will do with your personal information and how they will protect your personal information in this research study.

5. If you want to participate in this research study, you must sign this HIPAA authorization form to allow the people or groups listed in #1 on this form to give access to the information about you that is listed in #2 on this form. If you do not want to sign this HIPAA authorization form, you cannot participate in this research study but not signing the authorization form will not change your right to treatment, payment, enrollment or eligibility for medical services outside of this research study.

This research study will **not** create medical information about you that will go into your medical record.

6. This HIPAA authorization will stop December 31, 2009.

7. You have the right to stop this HIPAA authorization at any time. HIPAA rules are that if you want to stop this HIPAA authorization, you must do that in writing. You may give your written stop of this HIPAA authorization directly to the people or groups listed in #1 on this form or you may give it to the researcher and tell the researcher to send it to any person or group the researcher has given a copy of this HIPAA authorization. Stopping this HIPAA authorization will not stop information sharing that has already happened.

8. You will be given a copy of this signed HIPAA authorization.

Signature of Research Subject

Date

Print Name of Research Subject

For Personal Representative of the Research Participant (if applicable)

Print Name of Personal Representative: _____

Please explain your authority to act on behalf of this Research Subject:

I am giving this permission by signing this HIPAA Authorization on behalf of the Research Participant.

Signature of Personal Representative

Date

Name: _____

Date of Birth: _____

Social Security Number: _____

ATTACHMENT 1: Application Face Sheet

A. Name of Local Management Entity (LME)		
B. Local Management Entity Address		
C. LME Application Contact Person (Staff Name and Title)		D. Date Submitted
E. Phone	F. Fax	G. E-mail
H. LME Clinical Oversight Manager :(Staff Name and Title, if different from above):		
I. Phone	J. Fax	K. E-mail
L. Projected 12-Month Annualized Operational Budget:		
M. Name and Address of Contracted Provider #1 (as identified)		

ATTACHMENT 2: Project Timeline

FY 2006/07	Key Activity/Milestone
May 07	Identified and contracted with an agency to provide HST services.
June 07	Subcontractor hired HST staff
June 07	HST staff training-Project Kick-off CHIN training

FY 2007/08 Quarter 1	
July 07	Learning Collaborative conference call
Aug 07	Project Report 1 Due (8/14/07) Learning Collaborative conference call
Sept 07	Learning Collaborative Quarterly Meeting (full day)

FY 2007/08 Quarter 2	
Oct 07	Learning Collaborative conference call
Nov 07	Learning Collaborative conference call
Dec 07	Learning Collaborative Quarterly Meeting (full day)

ATTACHMENT 2: Project Timeline (continued)

FY 2007/08 Quarter 3	
Jan 08	Learning Collaborative conference call
Feb 08	Project Report 2 Due (2/14/08) Learning Collaborative conference call
March 08	Learning Collaborative Quarterly Meeting (full day)
FY 2007/08 Quarter 4	
April 08	Learning Collaborative conference call
May 08	Learning Collaborative conference call
June 08	Learning Collaborative Quarterly Meeting (full day)
FY 2008/09 Quarter 1	
July 08	Learning Collaborative conference call
Aug 08	Project Report 3 Due (8/14/08) Learning Collaborative conference call
Sept 08	Learning Collaborative Quarterly Meeting (full day)
FY 2008/09 Quarter 2	
Oct 08	Learning Collaborative conference call
Nov 08	Learning Collaborative conference call
Dec 08	Learning Collaborative Quarterly Meeting (full day)

ATTACHMENT 2: Project Timeline (continued)

FY 2008/09 Quarter 3	
Jan 09	Learning Collaborative conference call
Feb 09	Project Report 4 Due (2/14/09) Learning Collaborative conference call
March 09	Learning Collaborative Quarterly Meeting (full day)
FY 2008/09 Quarter 4	
April 09	Learning Collaborative conference call
May 09	Learning Collaborative conference call
June 09	Learning Collaborative Quarterly Meeting (full day)

**ATTACHMENT 3: Network Provider Partner Memorandum of Agreement
Sample Template**

**SAMPLE Memorandum of Agreement Between
LME and Provider Network Service Provider**

This Memorandum of Agreement (MOA) is between _____, a Local Management Entity (LME), and _____, a service provider member of the Provider Network (Service Provider). The purpose of this agreement is to indicate the willingness of _____ (Service Provider) to partner with the LME’s contracted Housing Support Team (HST) in implementing the Homeless Mental Health Initiative (The Initiative).

Housing Support Team services will not be provided directly by the LME, but will be provided by a subcontractor of the LME.

The target population for the Initiative is single adults or heads of household, who have a history of homelessness, have mental health and/or substance disorders and are cycling through prisons, jails, emergency rooms, psychiatric hospitals, treatment facilities, etc. Cycling through publicly funded systems is identified as at least 4 admissions in 3 years or at least 12 consecutive months. Additionally, the target population includes youth in custody of family or unaccompanied youth (under age 18) who are homeless and have been discharged from foster care, the juvenile justice system or a mental health hospital within the past year. A minimum of 75% of program participants should meet eligibility criteria for Assertive Community Treatment Team (ACT), Community Support Treatment (CST), Community Supports (CS) or Multisystemic Therapy (MST). Up to 25% of program participants may include persons not eligible for ACT or CST, but who have behavioral health disorders, which may include substance abuse disorders with or without co-occurring personality disorders

The Service Provider agrees to provide the following at any point in time during the project term.

Type of Service	Estimated # of Program Participants
ACTT	
CSTT	
CS	
MST	
Substance Abuse	

The Service Provider commits that all services provided by the Housing Support Team partner will enhance, and not supplant, existing housing support services provided by the Service Provider.

Individuals who receive housing support services are being invited to participate in the cost evaluation. Their participation is voluntary. Those individuals who agree to participate in the evaluation will be asked to sign a release form authorizing service providers to share information on the types of services provided and the costs of those services with a contractor who will be conducting the cost analysis. A photocopy of that form will be provided to the service provider. The release of information form meets current Health Insurance Portability and Accountability Act (HIPAA).

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The Service Provider commits to provide the LME with client level data regarding date of services, type of services and cost of services as needed for the LME to evaluate Performance Measures for the Homeless Mental Health Housing Initiative.

(Provider Network Member/Service Provider)

(LME)

Signature of Authorizing Official

Signature of Authorizing Official

Printed Name

Printed Name

Title

Title

Date

Date

**ATTACHMENT 4: Housing Provider Memorandum of Agreement
Sample Template**

Sample MOA between LME and Housing Provider

(To be printed on Housing Provider's Letterhead Stationary)

On behalf of _____ (Housing Provider Agency Name) _____ (Housing Provider), and I am writing to acknowledge our support for _____ (LME Applicant) _____'s (LME) application for a Housing Support Team as part of the Homeless Mental Health Housing Initiative.

If awarded, the Housing Provider will commit to partnering with the LME by making appropriately sized (bedroom number) units available to the project as they become available within our housing inventory. It is understood that we are not intending to evict current residents to make units available for this project, but that as units become available, we will make them accessible to the Housing Support Team's caseload if there is a potential tenant on that caseload who can fill the available unit in a timely manner.

We project that there will be X number of units available to the Housing Support Team as of July 1, 2007, and X number of units available to the Housing Support Team by January 1, 2008. (These numbers are estimates based on our knowledge and experience.) At any one time we will commit a maximum of X units for this project.

The Housing Provider understands that this project is expected to continue through June 30, 2009, and we intend to partner with LME throughout the project term.

(Housing Provider Agency Name)

(LME)

Signature of Authorizing Official

Signature of Authorizing Official

Printed Name

Printed Name

Title

Title

Date

Date

RFA DMH 2-2-07

As part of this agreement, _____ (service provider) will provide service and cost data to the cost analysis contractor identified by _____ (LME). These data will be provided at no cost to the LME or contractor.

LME Director or designee name and title
(print)

Network Service Provider
Authorizing Official name and title (print)

LME Director or designee signature

Network Service Provider
Authorizing Official signature

Date

Date

ATTACHMENT 6: Budget Format

ATTACHMENT 5: Evaluation Partner Memorandum of Agreement Sample Template

Memorandum of Agreement

This Memorandum of Agreement (MOA) is between _____, a Local Management Entity (LME), and _____, a service provider. The purpose of this agreement is to indicate the willingness of _____ (service provider) to provide data on the types of services provided to individuals participating in Homeless Mental Health Housing Initiative as well as the costs of those services.

_____,(LME) submitted an application to implement the Initiative in _____ (community name). The purpose of the Initiative is to provide housing support coordination services to homeless individuals and families.

The target population for the Initiative is single adults, or heads of households, who have a history of homelessness, mental health and or substance abuse disorders, and who are cycling through prisons, jails, emergency rooms, psychiatric hospitals, and other treatment facilities.

A maximum of 75 individuals will be receiving housing support coordination services at any given time in this community.

A key task of the Initiative is to analyze the costs and benefits of housing support services and whether providing these services results in cost savings to the overall support system. In order to collect these data, MOAs similar to this are being initiated between the LME and an array of service providers.

Individuals who receive housing support services are being invited to participate in the cost evaluation. Their participation is voluntary. Those individuals who agree to participate in the evaluation will be asked to sign a release form authorizing service providers to share information on the types of services provided and the costs of those services with a contractor who will be conducting the cost analysis. A photocopy of that form will be provided to the service provider. The release of information form meets current Health Insurance Portability and Accountability Act (HIPAA).

The type of information to be provided will vary by service provider. Agencies and organizations that provide services to the homeless are being requested to provide the type of service provided, the dates those services were provided, and the costs of those services. The potential timeframe for which service data may be requested will be no earlier than July 1, 2005 and no later than December 31, 2010. Jails are being requested to provide the dates of incarceration, the charges, the cost of room and board, and any additional expenditures, such as medical treatment, incurred. If medical treatment is provided, the diagnosis and procedure codes will be requested. Hospitals are requested to provide dates services were provided, the diagnosis and treatment codes, the types of services and treatments, and the costs of those services and treatments.

LME Name:		Budget Format		
Note: Categories shaded in gray are eligible, but not preferred categories for Homeless Mental Health Initiative Funds		May - June 2007		
LME Name:		Contract Subtotal	Local Match, if applicable	Project Subtotal
Description	% of FTE			
Personnel				
HST Coordinator Salary/Wages				
HST Coordinator Benefits				
HST Staff 1 Salary/Wages				
HST Staff 1 Benefits				
HST Staff 2 Salary/Wages, <i>if applicable</i>				
HST Staff 2 Benefits, <i>if applicable</i>				
Administrative Support Staff Salary, <i>if applicable</i>				
Administrative Support Staff Benefits, <i>if applicable</i>				
Supplies and Materials				
Office Supplies and Materials				
Computers Supplies and Software				
Operational Expenses				
Travel				
Communications (Telephone, Cell Phone, Internet, Postage)				
Utilities				
Printing				
Office Rent				
Equipment Rent (Telephone, Computer)				
Training				
Kick-Off Learning Collaborative Meeting				
- travel				
- hotel (4 nights)				
- per diem				
9 Learning Collaborative Face to Face Sessions				
- Travel				
- hotel (1 night)				
- per diem				
Additional Trainings/Conference				
HMIS				
HMIS User License - \$600 per person, annually, up to 5 people				
HMIS Certification/Training - \$300 per person, up to 5 people				
Contingency Funds				
TOTALS				

RFA DMH 2-2-07

Note: Categories shaded in gray are eligible, but not preferred categories for Homeless Mental Health Initiative Funds		July 2007 - June 2008		
Description		Contract Subtotal	Local Match, if applicable	Project Subtotal
Personnel	% of FTE			
HST Coordinator Salary/Wages				
HST Coordinator Benefits				
HST Staff 1 Salary/Wages				
HST Staff 1 Benefits				
HST Staff 2 Salary/Wages, <i>if applicable</i>				
HST Staff 2 Benefits, <i>if applicable</i>				
Administrative Support Staff Salary, <i>if applicable</i>				
Administrative Support Staff Benefits, <i>if applicable</i>				
Supplies and Materials				
Office Supplies and Materials				
Computers Supplies and Software				
Operational Expenses				
Travel				
Communications (Telephone, Cell Phone, Internet, Postage)				
Utilities				
Printing				
Office Rent				
Equipment Rent (Telephone, Computer)				
Training				
Kick-Off Learning Collaborative Meeting				
- travel				
- hotel (4 nights)				
- per diem				
9 Learning Collaborative Face to Face Sessions				
- Travel				
- hotel (1 night)				
- per diem				
Additional Trainings/Conference				
HMIS				
HMIS User License - \$600 per person, annually, up to 5 people				
HMIS Certification/Training - \$300 per person, up to 5 people				
Contingency Funds				
TOTALS				

ATTACHMENT 6: Budget Format

LME Name:				
Note: Categories shaded in gray are eligible, but not preferred categories for Homeless Mental Health Initiative Funds		July 2008 - June 2009		
Description		Contract Subtotal	Local Match, if applicable	Project Subtotal
Personnel	% of FTE			
HST Coordinator Salary/Wages				
HST Coordinator Benefits				
HST Staff 1 Salary/Wages				
HST Staff 1 Benefits				
HST Staff 2 Salary/Wages, <i>if applicable</i>				
HST Staff 2 Benefits, <i>if applicable</i>				
Administrative Support Staff Salary, <i>if applicable</i>				
Administrative Support Staff Benefits, <i>if applicable</i>				
Supplies and Materials				
Office Supplies and Materials				
Computers Supplies and Software				
Operational Expenses				
Travel				
Communications (Telephone, Cell Phone, Internet, Postage)				
Utilities				
Printing				
Office Rent				
Equipment Rent (Telephone, Computer)				
Training				
Kick-Off Learning Collaborative Meeting				
- travel				
- hotel (4 nights)				
- per diem				
9 Learning Collaborative Face to Face Sessions				
- Travel				
- hotel (1 night)				
- per diem				
Additional Trainings/Conference				
HMIS				
HMIS User License - \$600 per person, annually, up to 5 people				
HMIS Certification/Training - \$300 per person, up to 5 people				
Contingency Funds				
TOTALS				