



Northwest Region

Housing for Health Grant Initiative

Supported Housing for Individuals with Behavioral Health Challenges
using Peer Supports

Request for Proposals (RFP)

GRANT INITIATIVE SUMMARY

Kaiser Permanente NW Community Benefit intends to award at least \$1.5 million in community grants to support organizations that help people with behavioral health challenges to secure and maintain safe, stable housing. A minimum of five grants of up to \$325,000 will be awarded for projects lasting 3 ½ years. Projects must include the involvement of peers or community health workers (CHWs) and must involve collaboration between housing providers, health care providers (including behavioral health service providers) and those community organizations employing peers or CHWs.

BACKGROUND

The mission of Kaiser Permanente is to provide high-quality, affordable health care services to improve the health of our members and the communities we serve. As a nonprofit organization, Kaiser Permanente makes carefully selected investments each year to address the needs facing our communities and improve community health.

Our Community Benefit programs are specifically designed to target identified health needs based on our Community Health Needs Assessment process. Mental Health has been an identified health need in our Northwest region since 2013. Our investments in this area have focused on primary care integration, access to behavioral health services and increasing the capacity of safety net clinics to address the health care needs of people with behavioral health challenges. Our awareness of the impact of Adverse Childhood Experiences (ACEs) and the need for trauma-informed care continue to inform our work.

Through our Safety Net Partnerships area of work we seek to partner with the organizations that work on the front lines of health care for the underserved, to build the capacity of these organizations and support them in meeting the health needs of the people they serve. Together, we work to improve health equity for all.

Our collective work to improve community health increasingly calls for collaboration between groups that have not historically been involved in “health care”. To address the

mental and behavioral health needs of our communities in this initiative, we reached out to key stakeholders and community members for their input.

In early 2016, Kaiser Permanente Northwest (KPNW) conducted an environmental scan that included conversations with safety net providers and advocates in Oregon and Washington as well as national, state, regional and county reports. The majority of informants identified housing as the most critical need for individuals with serious mental health and substance use disorders. Economic growth in both Portland and Vancouver and the surrounding metropolitan areas has led to a significant shortage of affordable housing and to higher rents. Homelessness is evident on the streets of our communities and there are countless other individuals and families in precarious and temporary living situations.

Individuals with mental illness, substance use disorders or a combination of both, are a group in dire need of stable housing. These individuals often have co-occurring health conditions and frequently require emergency services or hospitalization for psychiatric and general health problems. This group also has frequent contact with law enforcement and the criminal justice system.

Supported housing has been demonstrated to be a humane and effective intervention. Individuals in stable housing use costly services less and experience better physical and behavioral health outcomes. Individuals in supported housing hold the lease and have the same rights and responsibilities as any tenant.

The involvement of Traditional Health Workers¹ in behavioral health care has increased over the last two decades. Traditional Health Workers (THWs) include Community Health Workers, Peer Support Specialists, and Navigators. Many programs use other terms such as Peer Mentors, Community Health Advocates and Recovery Mentors. Traditional Health Workers share similar backgrounds and life experiences with the people they serve, and are able to build meaningful relationships to help people reach their recovery and health goals. Through coaching, mentoring, teaching, listening and caring, Traditional Health Workers can be role models who encourage self-esteem and self-confidence while sharing specific knowledge and promoting skills. Traditional Health Workers can be effective in assisting people in finding and maintaining supported housing, as well as improving health outcomes and lowering health care costs.

PURPOSE

The purpose of this RFP is to provide housing supports that help secure and maintain housing for individuals with severe mental illness and substance use disorders who are currently homeless, are in unstable housing situations and are in danger of becoming

¹ Traditional Health Workers is the term used in the State of Oregon to refer to Community Health Workers, Peer Support Specialists, Peer Wellness Specialists, Personal Health Navigators and Doulas. For details about these various worker types, please refer to the Oregon Health Authority's Office of Equity and Inclusion's Traditional Health Worker program at <http://www.oregon.gov/oha/oei/pages/index.aspx>.

homeless, or are in transition from a hospital, institution or transitional housing to permanent housing.

ELIGIBLE PROJECTS

This funding opportunity is designed to encourage agencies and organizations to work collaboratively to address the housing needs of people with serious behavioral health challenges, including those with severe mental illness and substance use disorders. Applications that involve cross-sector collaboration between organizations or entities focused on housing, health care and behavioral health, and involve traditional health workers will be the strongest proposals. Projects can include either scattered site housing, site-specific housing or congregate housing or a combination of types of housing. All housing types should be permanent, must allow tenants to choose their own roommates, cannot require services in order to rent and will ensure tenants have full right of tenancy under landlord-tenant laws.

Housing supports are to be provided by traditional health workers including peer support specialists, community health workers and/or navigators who share lived experience with the people being served. The housing supports provided should be for services that are either 1) not currently covered by Medicaid or 2) being provided to an individual who is not Medicaid eligible. Proposals that focus on housing related policy change and development that impact the target population will also be accepted.

THW support can be effective during the all phases of supported housing intervention. Successful grantees will develop or enhance programs that provide services to assist individuals to prepare for housing, during the moving in phase and to maintain housing. If the request for proposals is focused on direct services, projects may include these types of activities delivered by Traditional Health Workers as part of a coordinated team:

Preparation Phase

- Outreach and engagement wherever the individual is currently residing
- Assessment of housing preference and choice
- Housing search assistance
- Assistance in gathering documents needed to apply for housing and subsidies
- Assistance in seeking resources to cover initial costs, such as security deposits

Moving In Phase

- Assistance acquiring household furnishing and supplies
- Assistance with household maintenance, budgeting, shopping, cooking, cleaning
- Orientation to the neighborhood, services and transportation
- Education and training regarding tenant and landlord roles and responsibilities
- Linkages to services to promote physical, behavioral, oral health
- Linkages to social and natural supports

Maintenance Phase

- Eviction prevention, including timely rental payment
- Landlord-tenant conflict resolution skills, dealing with repairs, damages, other tenants
- If there are roommates, facilitate cooperative arrangements on bill payments, division of household responsibilities and other matters
- Continue coordination and integration of support service

At least 15 percent of the funding shall be used for policy and advocacy work (see **POLICY ACTIVITIES** section below). The remainder of the funding can be used for direct services, or all of the funding can be used for a housing related policy project; a combination of policy and service projects will be considered.

It is anticipated that grantees will require up to six months to create or expand a program to deliver housing related services. Proposals should include a plan for hiring, training, supervising and retaining Traditional Health Workers. Start-up costs for training are not considered administrative costs; some costs associated with retention may also be considered program (not administrative) costs.

Proposals should include information about how the grantee will leverage Medicaid funding to provide peer delivered services. Organizations interested in applying may want to review the “Permanent Supportive Housing Evidence-Based Practices (EBP)” KIT (2010) available on the SAMHSA website (<http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>) and the April 2016 Technical Assistance Collaborative (TAC) authored article, sponsored by the National Council, “Using Medicaid in Supported Housing” (<http://www.tacinc.org/media/57141/Using-Medicaid-to-Finance-and-Deliver-Services-in-Supportive-Housing.pdf>).

See **Appendix 1** “Important considerations for your project design and application narrative” for more details.

POLICY ACTIVITIES

At least 15 percent of grant funding shall be used by the grantee to promote federal, state, regional, local or organizational policy change and development. Proposals may focus partially or exclusively on policy issues and budget the entire amount of the grant for policy activities. Examples of policy activities include, but are not limited to, the following:

- Promote federal or state legislation that allocates funding for affordable housing.
- Build capacity to advocate through training, mentoring, organizational infrastructure, relationship building and collaboration with key community providers, agencies and government divisions concerned with housing.

- Participate in local coalitions to advance affordable housing and other services for the target population.
- Build the capacity of members of the target population to have meaningful participation in policy development and reform through outreach, training and improved consultation.
- Advocate for the expansion of peer and THW services.
- Develop policies within the grantee's organization that promote housing and/or the use of Traditional Health Workers to provide supports to the target population.

ADMINISTRATIVE (INDIRECT) COSTS

No more than 15 percent of the funds may be spent on administrative costs, including rent, phone, internet and other office expenditures. Program staff and supervision is not considered administrative or indirect costs.

What the RFP will not fund

Requests for capital funding will not be considered. The RFP will not fund rental assistance, move in costs, deposits or purchase of household goods and supplies.

ELIGIBLE APPLICANTS

This initiative will support projects in the KPNW service areas in both Washington and Oregon. Projects must occur in one or more of the following counties:

Washington: Clark, Cowlitz, parts of Wahkiakum* and Skamania* counties.

Oregon: Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington, Yamhill and parts of *Linn, and *Benton counties.

*Organizations may email community.benefit@kp.org to verify that they are located in a Kaiser Permanente service area.

Tax-exempt organizations that operate under section 501(c) 3 of the Internal Revenue Code, a tax exempt public governmental agency or municipality are eligible to apply.

This funding opportunity is intended for existing agencies, organizations, coalitions and collaborative groups that have some infrastructure and experience working with the identified target population and/or housing. Grant applications may include partnerships by more than one community agency or not-for-profit organizations and evidence of these partnerships should be included in the application.

GRANT AMOUNTS AND DURATION

Kaiser Permanente intends to fund a minimum of five projects up to \$325,000 each for a period of three and a half years, beginning January 2017.

It is anticipated that the first six months of the grant will be spent on activities such as hiring, training and designing measurement and evaluation systems. Grantees will be expected to assign appropriate staff to participate in the development of an evaluation plan and to work directly with an external evaluation team for the initiative (See **EVALUATION** section below.)

Grantees will also be expected to participate in consultation and training opportunities that may be provided throughout the period of the grant. Activities might include technical assistance, grantee convenings or learning collaboratives.

GRANT APPLICATION PROCESS

The grant application process consists of three steps:

Step 1. Letter of Intent: Interested applicants must submit a letter of intent on the attached template with a maximum length of no more than three pages. Submit letters of intent to community.benefit@kp.org by 5:00 p.m., July 7, 2016.

Step 2. Online Application: This step should be completed only after you have been notified that your letter of intent has been accepted and you are invited to submit a full application.

The full application is submitted using our online application tool; a web link will be provided in the invitation to submit a full proposal. Full grant applications are due by 5:00 p.m., on September 23, 2016.

Step 3. Selection of Finalists: The selection committee may request applicants provide additional information, an in-person presentation and/or host a site visit for one or more members of the committee. The committee selects finalists and determines the level of funding and forwards recommendations for final approval to the Kaiser Permanente National Board of Directors. Notification of awards/declines will be made in early December 2016.

APPLICATION FORMAT

If you are invited to submit a full application you will be asked to complete the on-line application that includes the following topic areas:

- Executive summary of project
- Applicant organization history and profile
- Detailed project description with goals and objectives
- Community need and geographic focus area
- Traditional Health Worker involvement, including plans for recruitment, training, supervision and retention
- Policy change/advocacy plans
- Project timeline and work plan
- Expected outcomes
- Evaluation and measurement plan

- Sustainability plan
- Partners & collaborators and the roles of each
- Key qualifications of lead staff
- KPNW visibility and involvement

Required Attachments (additional documents to be uploaded with the online grant application)

- List of lead organization’s board of directors with affiliations and titles
- IRS determination letter
- Current operating budget of lead applicant organization
- Audited financial statement (required for organizations with operating budgets of \$750,000 or more.) If an audit is unavailable for organizations under the \$750,000 threshold, please provide the most recent year-end financial statements (Statement of Activity, Profit & Loss Statement, Statement of Financial Position, or Balance Sheet).
- Memos of understanding between partners
- Project budget itemized with budget narrative (template provided)
- Logic model (template provided)

Optional Attachments (these documents may be uploaded with the online grant application but are not required)

- Letters of support

GRANT SELECTION CRITERIA

The KPNW Safety Net Partnership Committee will review all proposals. The committee will use the following criteria to assess and select proposals for funding:

- Population served:** The project is designed to serve the target population and includes direct involvement of members of population, as well as Traditional Health Workers, in project design.
- Prospects for success:** The goals and objectives of the proposed project are clear and achievable. The work plan and budget are reasonable. The assembled team possesses the competencies, commitment, and capacity to carry out the proposed work. The organization is known and supported by partner organizations and the community.
- Potential impact:** The project is likely to lead to improved health and quality of life of the target population as well as supportive housing for a reasonable number of individuals.
- Community need:** The target population and geographic location are clearly identified and located within the KPNW region. The applicant demonstrates a deep understanding of the community to be served.
- Organizational commitment:** The leadership of the organization is committed to the project, will provide the engagement necessary for success and will willingly engage in

the evaluation process as well as cohort learning sessions, and, if needed, technical assistance and/or consulting.

f. **Financial viability and accountability:** The applicant organization exercises fiscal responsibility and is financially sound.

EVALUATION

Kaiser Permanente Northwest will work with an external evaluation team to oversee and support evaluation for the duration of the funding initiative. The evaluators will work directly with grantees to get input on the development of a meaningful evaluation plan, reports, and shared measurements. Grantees must have the capacity and ability to work with the external evaluators and be able to identify a lead evaluation contact person for the project. For direct service projects, grantees will be expected to develop a data use agreement with the evaluators in order to facilitate data collection.

The project budget should reflect a portion of staff time to support participation in evaluation, including:

1. Development of the evaluation plan
2. Ongoing data collection
3. Participation in individual and group grantee meetings with evaluators
4. Development of a plan to incorporate findings into organizational quality improvement planning
5. Annual reports on progress towards project goals
6. Final report on accomplishments and challenges

All questions should be addressed by email to: Community Benefit Email: community.benefit@kp.org

Timeline and Key Dates

Wednesday, June 1, 2016	RFP announcement: RFP posted on KPNW’s Community Benefit website and e-mailed to community partners
Tuesday, June 21, 2016 10 -11:30 a.m.	Information session for potential grantees at Collective Agency, 322 NW 6 th Ave., Suite 200, Portland, OR 97209 FAQs available after information session. E-mail us for a copy.

Thursday, July 7, 2016 5 p.m.	Deadline for receipt of Letters of Intent
Monday, August 22, 2016	Invitation e-mailed to potential grantees to submit full grant proposals via online portal
August 29 – September 9, 2016 (tentative)	Site visits
Friday, September 23, 2016 5 p.m.	Deadline for receipt of <u>invited</u> proposals
early December 2016	Notification of grant awards
January 2017	Grant period begins
January-June 2017	Planning phase
July 2017- June 2020	Project Implementation

Appendix 1

Important considerations for your project design and application narrative.

The strongest applications should include the following elements:

1. Description of the population to be served, including the number of people and how they will be identified.
2. Description of how the project will improve the health and quality of life of the target population, and reduce or control the per capita cost of care.
3. Description of how an individual's housing choice and preference will be assessed.
4. Demonstration of the ability to provide services to individuals with behavioral health challenges including people with severe mental illness and substance use disorders.
5. Description of current supported housing projects or how you intend to collaborate with agencies who have housing projects or are involved in developing or changing housing policies.
6. Explanation of how your agency will work with other service providers to make all needed services available to your clients.
7. Description of how your agency currently employs peers or other THW staff and how you would enhance or expand current programs to focus on housing supports.
8. A plan for hiring, training and supervising THW staff.
9. A plan and budget for retaining THW staff.
10. Description of how you would integrate peer housing support into existing services and teams.
11. Description of how services will take into account the cultural and linguistic needs of the individual.
12. Description of how staff will engage in the evaluation design phase and ongoing evaluation activities.
13. Evidence of lead agency's cultural competence and diversity of staff to serve the identified population.
14. Description of your proposed policy activities with reasonable strategies and goals for policy development or change.
15. Evidence of the lead agency's capacity to implement the proposed project and manage grant funds.
16. Evidence of plan and ability to leverage Medicaid and non-Medicaid funding.
17. A plan to sustain funding beyond the duration of the collaborative grant.
18. A reasonable and cost-effective budget which matches the scope of the project.
19. Evidence of the financial stability of the lead agency.