Michigan Department of Health and Human Services Housing and Homeless Services

Request for Letters of Intent to Apply

Permanent Supportive Housing (PSH) Supportive Services Transformation Fund (SSTF)

Deadline to Submit Letter of Intent: January 10, 2025

Introduction:

The Michigan Department of Health and Human Services (MDHHS) is soliciting letters of intent to apply for funding through the Permanent Supportive Housing (PSH) Supportive Services Transformation Fund (SSTF). Interested eligible applicants are encouraged to submit a letter of intent to apply for funding. The information in this document contains information regarding the funding opportunity, deadlines, requesting clarifying information, the required contents of the letter of intent, and how to submit the letter of intent.

MDHHS anticipates awarding a total of $20,000,000 to eligible applicants, and that these grants will have a term of either one or two years, beginning on March 17, 2025 (date subject to change).

Key Dates:

Please note the following key dates:

- Webinar for Interested Applicants: December 4, 2024
- Deadline to submit questions about this grant program: December 6, 2024
- Anticipated distribution of responses to submitted questions: December 13, 2024
- Deadline to submit letter of intent: January 10, 2025
- Anticipated award announcements: January 31, 2025
- Anticipated grant start date: March 17, 2025

Questions About This Grant:

Interested eligible agencies may submit questions and requests for clarification about the contents of this document. Questions must be submitted to MDHHS-Homeless@michigan.gov and must be received by 11:59 PM December 6, 2024. MDHHS is not responsible for technical errors that prevent the timely delivery of questions, and interested eligible agencies are encouraged to submit their questions in advance of the deadline.

How to Submit Letter of Intent:

Completed letters of intent must be submitted to Rebecca Tallarigo, Program Specialist, at MDHHS-Homeless@michigan.gov. Letters must be received by 11:59 PM January 10, 2025. MDHHS is not

responsible for technical errors that prevent the timely delivery of submissions, and interested eligible agencies are encouraged to submit their responses in advance of the deadline. Points will be deducted for incomplete applications; including missing documents or information.

Note: Submission of a letter of intent to apply does not guarantee grant funding, and MDHHS is not obligated to award funding to any agencies that submit either a letter of intent or a grant application.

Section I

GRANT PILOT SPECIFICATIONS

Purpose of the PSH Supportive Services Transformation Fund (SSTF) Grants:

The Michigan Department of Health and Human Services (MDHHS), Housing and Homeless Services is investing $20M in a Permanent Supportive Housing (PSH) Supportive Services Transformation Fund (SSTF) to enhance existing PSH programs, provide services to households moving into new PSH programs, and build capacity among community-based organizations to provide high-quality, sustainable PSH.

Historically, PSH programs have been under-resourced and unable to provide robust services to tenants that meet the standards service providers and funders desire. The MDHHS PSH SSTF will provide opportunities to:

1. Build organizational capacity to become a provider of PSH services and/or improve PSH service delivery;
2. Plan for PSH service funding sustainability; and/or
3. Fund PSH programs at a level that will allow them to hire and retain highly skilled staff, develop or maintain staff to resident ratios and supervisor to staff ratios that align with national best practices, alleviate administrative burden, and increase capacity in serving residents in PSH.

Types of services provided in PSH include, but are not limited to, navigating the process to move into PSH unit, budgeting, resident rights and responsibilities, independent living skills, conflict resolution, eviction prevention, connection to community building events and other social activities, obtaining entitlement benefits, and employment supports. Services may be delivered through the organization or in coordination with other community-based service providers.

Based on learnings from the PSH Services Pilot that began in 2023, MDHHS is creating the opportunity for awarded agencies to receive up to 10% of their total award in bonus payments through achieving established targets. The established targets reward excellent performance in housing stability, resident satisfaction, decreases in emergency department visits and/or inpatient stays, employee retention, sustainability planning, and marked improvement with the support of technical assistance – all elements that contribute to successful and high quality PSH.

An important component of this program is enhancing the quality of PSH for all residents and agency employees. Funded agencies will align with CSH's PSH Quality Standards and utilize practices consistent with Housing First, Harm Reduction, and Trauma Informed Care. All agencies funded under this program

will receive training and technical assistance. Agencies chosen for this program must be currently providing PSH in Michigan; will be providing PSH in Michigan at the time of program start; or are committed to building their capacity to develop and provide PSH in Michigan.

Program Requirements:

Agencies selected to participate will be required to comply with all requirements in the grant agreement, in addition to the following requirements:

- Use SSTF funding to enhance existing PSH programming, serve new PSH residents, plan for sustainability, and/or build the capacity of your organization provide high quality PSH.
- Participate in a one-day in person kick-off meeting facilitated by MDHHS and any other required MDHHS meetings or trainings.
- Identify and implement capacity building and quality improvement goals in collaboration with a national partner that has PSH technical assistance expertise.
- Collaborate with their respective CoC, HARA and MDHHS as needed.

For PSH Services Only Grants:

- Complete the Service Budget Tool and follow recommended staffing.
- Serve an agreed upon number of households in PSH and work to meet established targets.
- Provide the core PSH services, as defined in the CSH Dimensions of Quality Guidebook
- Participate in surveys and respond to data requests from MDHHS
- Enter program data into HMIS and submit HMIS and other required data by established deadlines
- Incorporate SSI/SSDI Outreach, Access, and Recovery (SOAR) into their service delivery, regardless of whether they are funded under the "Add On: SOAR for PSH Residents" funding option. At least one staff member from each selected organization must complete training to become a SOAR practitioner and must enter data into the Online Application Tracking (OAT) system. Minimum data metrics to be established.
- A minimum of 1 SOAR application must be completed each year for PSH Services Only grants and 3 SOAR applications for the Add On: SOAR for PSH Residents.

Eligible Applicants:

Eligible applicants for this funding opportunity include nonprofit organizations; city, county, or other local governments; federally recognized Native American tribal governments; and public housing agencies.

In order to be eligible to apply for any of the funding options, applicants must meet the eligibility criteria listed above AND fit one of these two criteria: 1) currently provide PSH services; OR 2) will provide PSH services by April 1, 2025

If you intend to develop PSH and/or provide PSH services by January 1, 2027, you are eligible to apply but ONLY for Option 1.

Credentials:

Successful applicants must ensure that staff performing work funded through this pilot, including employees and subcontractors, are appropriately credentialed and trained.

Staff should possess a minimum of 1-3 years' experience working with people experiencing homelessness, and be trained and proficient in the following:

- Housing case management
- Mental Health First Aid
- Motivational Interviewing
- Trauma Informed Care

At least one staff must be trained in SOAR within the first 6 months of program start.

Eligible Expenses:1. General Administrative management, oversight and coordination (Not direct client services. Grantees can bill an ICR if they have one, cost allocate and attach a plan to their contract or use an authorized IDC rate established and maintained annually)

   a. Salaries, wages and related costs
   b. Admin services performed under 3rd party agreements (i.e. Contracted financial staff)
   c. Other costs for goods and services including equipment, insurance, utilities, office supplies, etc. (for service delivery, not client expenses)
      i. Costs should be allocated based on program specific use.

2. Supportive Services management, oversight and coordination (related to direct service with clients)
   a. Salaries, wages and related costs
   b. Travel costs associated with providing services to clients or completion of trainings for client related services. (ie. Mileage)
   c. Other costs for goods and services including equipment, insurance, utilities, office supplies, etc. (for service delivery, not client expenses)
      i. Costs should be allocated based on program specific use.
3. SOAR Training and Application Completion
   a. Staff time and related costs to obtaining SOAR certification for employees
   b. Staff time and related costs associated with completing SOAR applications
   c. Staff time and related costs associated with OAT data entry
4. Case management
   a. Assessing, arranging, coordinating and monitoring of services
   b. Counseling; housing, financial, mental/physical health
   c. Developing, securing and coordinating services
   d. Obtaining federal, state and local benefits
   e. Monitoring and evaluating client progress
   f. Providing info and referrals to other service providers including mental health, physical health, education, employment, benefits, etc., for clients.
   g. Ongoing risk assessment and safety planning with victims of DV, dating violence, sexual assault and stalking
   h. Developing individualized Housing and Service Plan
5. Education Services (for any household member)
   a. Instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, GED

    b. Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling and referral to community resources
6. Employment assistance and job training (for any household member)
    a. Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates
    b. Services that assist individuals in securing employment:
        i. Employment screening, assessment, or testing
        ii. Structured job skills and job-seeking skills
        iii. Special training and tutoring including literacy training and prevocational training
        iv. Books and instructional material
        v. Counseling or job couching
        vi. Referral to community resources
7. Housing search and counseling services.
    a. Cost of assisting client to locate, obtain and retain suitable housing
    b. Tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements
    c. Mediation with property owners/landlords
    d. Credit counseling, accessing a free personal credit report and resolving personal credit issues
    e. Payment of rental application fees
8. Life Skills training (for any household member)
    a. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.
9. Transportation
    a. The costs of program participant's travel on public transportation or in a vehicle provided grantee to and from medical care, employment, child care, or other services eligible under this section.
    b. Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;(iii)
    c. The costs of grantee staff to accompany or assist program participants to utilize public transportation.

Grant funds awarded under this letter of intent cannot be used to pay for physical housing-related costs (ie. acquisition, construction, rent, etc.).

<u>Support Provided by MDHHS:</u>

MDHHS will be providing the following support to agencies selected to participate in the pilot:

- Educating selected agencies about Medicaid billing for tenancy supports
- Education and technical assistance to improve core services in quality supportive housing
- Connection to SOAR training
- Ongoing shared information on best practices
- Evaluation of performance and ongoing improvement recommendations

Match Requirements:

Match funding is not required for this grant.

Definitions of Key Terms:

Permanent Supportive Housing - An intervention that combines deeply affordable housing with voluntary support services that are person centered and flexible to address the needs of people experiencing chronic homelessness. PSH can be site-based or scattered site.

PSH Supportive Services – Services provided by the service provider to help residents to maintain housing and achieve their own goals.

Program Exit – When a household no longer receives services from the program.

Housing Stability – The extent to which an individual's access to housing of reasonable quality is secure.

Positive Housing Destinations – Exit types that are considered permanent and stable housing.

SSI/SSDI Outreach, Access, and Recovery (SOAR) - a national program that assists eligible adults who are homeless or at risk of homelessness to apply for SSI/SSDI disability benefits.

PSH resident – existing PSH resident and/or new households exiting homelessness moving into PSH Eligible agency/applicant

HARA/Coordinated Entry – both existing and new PSH residents must be referred from the local CES

HMIS – Homeless Management Information System

OAT

Applicants must select one of the three options below. Applicants may also choose the add-on in addition to the option they select. Whether or not an applicant selects the add-on is strictly voluntary and will have no impact on their overall application review.

Option 1: PSH-related capacity building & infrastructure grant
Option 2: PSH Services Only Grant
Option 3: PSH-related capacity building & infrastructure grant + PSH Services Only Grant
Add-on: SOAR for PSH residents

Option 1: PSH Capacity Building & Infrastructure Grant
The purpose of the PSH Capacity Building & Infrastructure Grant is to provide funding to agencies to work toward becoming a provider of PSH services, build capacity to improve service delivery within existing PSH programs, plan for expanding their existing PSH portfolio, and/or plan for sustainability of

existing or new PSH programs. Examples of what Capacity Building & Infrastructure Grants may be used for include (but are not limited to):

- Technology/software to support better client data collection/reporting, case management, billing Medicaid, etc.
- Contractual consultant to support on-ramp to Medicaid billing
- Costs associated with PSH-related training and establishing staff onboarding procedures
- Staff time to build out supportive services plan, fundraising strategy, communications strategy, etc.
- Planning for and implementing strategies for gathering and using tenant feedback, such as establishing a tenant council

Grant funds awarded under this category cannot be used to pay for direct services provided to PSH residents.

Option 2: PSH Services Only Grant

The purpose of the PSH Services Only Grant is to provide funding to agencies to enhance or expand existing PSH programming and/or serve new PSH residents.

Bonus Payments for PSH Services Only Grants

As part of the PSH services grants, agencies can receive up to 10% of their award in bonus payments through achieving established targets. Bonus payments will be dispersed twice a year based on the organization's ability to meet established targets. Bonus payments can be used for any expenses otherwise eligible with this funding as long as the expenses benefit the organization's PSH portfolio, and must be spent within 1 year of receipt, unless explicitly approved by MDHHS.

Bonus Target 1: Housing stability: 35% of bonus payment. To receive the entire Bonus Target 1 portion of the bonus payment, the organization must have at least 98% of households maintain housing or voluntarily exit the PSH program. No payment will be given for this metric if housing stability is less than 93%.

Bonus Target 2: Resident satisfaction and improvement in health: 20% of bonus payment. To receive the entire Bonus Target 2 portion of the bonus payment, the organization must have at least 85% of households report satisfaction with their services and that their physical and behavioral health is stable or improving. No payment will be given for this metric if satisfaction and improvement is less than 75% and/or if less than 30% of households respond to the surveys. Survey distribution and collection will be the responsibility of CSH. Agencies must communicate with residents on survey completion.

Bonus Target 3: Decrease in # of Emergency Department (ED) visits and/or inpatient stays: 20% of bonus payment. To receive the entire Bonus Target 3 portion of the bonus payment, at least 90% of residents must demonstrate a reduction in the number of ED visits and inpatient hospitalization days OR stability in the number of ED visits or inpatient stays (in other words, 90% of residents must not *increase* the number of ED visits or inpatient hospitalization days they experience) in comparison to

the previous six month period. These outcomes will be determined through data matching through HMIS and the MDHHS data warehouse.

Bonus Target 4: Completion of additional requirements: 25% of bonus payment. To receive the entire Bonus Target 4 portion of the bonus payment, the organization must submit all items listed below to MDHHS by required deadlines. Late submissions will result in forfeit of this portion of the bonus payment

- Employee retention data & employee wage data (annually) for PSH staff
- PSH Service Funding Sustainability Plan (bi-annually)
  - Template to be provided but must include narrative on steps the organization has taken to bill Medicaid for PSH services and/or steps taken to rule Medicaid out as a feasible revenue source for their organization.
- PSH Quality Improvement Plan progress report (bi-annually)
  - Template to be provided
- Regular relevant data entered into OAT

Other data as required.

Option 3: PSH-Related Capacity Building & Infrastructure + PSH Services Only Grant
Applicants can choose Option 3 if they want a grant that allows them to both build their capacity to develop and/or improve PSH service delivery AND enhance or expand existing PSH programming and/or serve new PSH residents.

Add-on Option: SOAR for PSH Residents
The purpose of the Add-on Option: SOAR for PSH Residents is to provide funding to agencies to fund staff to complete SOAR applications on behalf of PSH residents. We encourage applicants that will provide SOAR services to PSH residents served by their organization AND PSH residents served by other agencies in their community/region.

Section II

LETTER OF INTENT SUBMISSION CHECKLIST

Required Document	Included	Not Applicable
Completed LOI		
Entire Organizational Chart		
PSH Organizational Chart		
Total Annual Agency Operating Budget		
Total Annual PSH operating Budget (all PSH)		
Requested Annual SSTF budget		

Section III

LETTER OF INTENT

Complete the form below, providing complete responses to each question. Letters that do not contain complete responses to each topic may be rejected, and those applicants would not be considered for grant funding.

Please select which option you are applying for:

Mark 'X' if applicable to Application	**Program Type Options**
	Option 1: PSH-related capacity building & infrastructure grant
	Option 2: PSH Services Only Grant
	Option 3: PSH-related capacity building & infrastructure grant + PSH Services Only Grant
	Add-on: SOAR for PSH residents

Completed letters of intent must be submitted to MDHHS Housing and Homeless Services at MDHHS-Homeless@michigan.gov. Letters must be received by 11:59PM January 10, 2025. MDHHS is not responsible for technical errors that prevent the timely delivery of submissions, and interested eligible agencies are encouraged to submit their responses in advance of the deadline.

Note: Submission of this letter of intent does not constitute an award of grant funding.

SECTION 1 - Agency General Information

All Applicants must complete all questions included in this section.

SECTION 1 - Agency General Information

All Applicants must complete all questions included in this section.

Agency Name:

Agency Director or CEO:

Mailing Address:

Agency Contact Name for this Pilot:

Contact Email:

Contact Phone:

1. Has the agency ever been debarred, suspended or otherwise disqualified from bidding, proposing, or contracting with a government entity (yes or no – if yes, provide explanation)?

2. Has the agency ever defaulted on a government contract and/or transferred, terminated or returned funding that was awarded to the agency (yes or no – if yes, provide explanation)?

3. How many years has the organization been in business?

4. What is the number of current employees for your entire organization?

5. What is the number of current employees that are part of your PSH program(s)? If you do not operate any PSH programs currently, please note N/A as your response.

6. Please submit (as an attachment with your application) an organizational chart that outlines staff roles throughout your entire organization.

7. Please submit (as an attachment with your application) an organizational chart that outlines staff roles within your PSH program(s). If you do not operate any PSH programs currently, this requirement is not applicable to you.

8. Have there been any changes in your organization's structure within the last 12 months? If so, please explain the changes and how they have affected the agency.

9. Provide (as an attachment with your application) the total annual operating budget for the agency.

10. Provide (as an attachment with your application) the total annual operating budget (ie. leasing/rental assistance) for all your PSH program(s), including the current services budget (expenses and sources of funding for services). If you do not operate any PSH programs currently, this requirement is not applicable to you.

SECTION 2 – Grant Information

1. OPTION 1: PSH-RELATED CAPACITY BUILDING & INFRASTRUCTURE GRANT

Please respond to the questions in this section if you are applying for grant funding under Option 1: PSH-related Capacity Building & Infrastructure Grant

2. OPTION 2: PSH SERVICES ONLY GRANT

Please respond to the questions in this section if you are applying for grant funding under Option 2: PSH Services Only Grant

SECTION 2 – Grant Information

OPTION 1: PSH-RELATED CAPACITY BUILDING & INFRASTRUCTURE GRANT

Please respond to the questions in this section if you are applying for grant funding under Option 1: PSH-related Capacity Building & Infrastructure Grant. In answering the following questions, consider the categories of work: staffing, training, policies and procedures, direct service, etc.

1. What is the total amount of funding you are requesting for this grant per year and number of years? You may utilize the CSH PSH Services Budgeting Tool to help determine the appropriate grant amount to request.

2. How would you use this grant funding? Tell us about what you will spend the funding on, how it will impact your ability to provide high quality PSH services, and your timeline associated with the work you'll do under this grant. Please be specific and include specific tasks/actions, outcomes, and dates or timeframes.

3. How will you measure the impact of this grant funding? Be specific in how your agency will collect and analyze data and what type of impact you will be measuring.

4. How will people with lived experience and/or current or former PSH residents be incorporated into your capacity building efforts? Be specific with how, when, and what the contribution or ongoing efforts will be.

5. ***For applicants with existing PSH***, what will this grant allow you to do that you haven't been able to do with your current funding and programming? Be specific on program related actions, services, etc.

OPTION 2: PSH SERVICES ONLY GRANT

Please respond to the questions in this section if you are applying for grant funding under Option 2: PSH Services Only Grant. In answering the following questions, consider the categories of work: staffing, training, policies and procedures, direct service, etc.

1. What is the total amount of funding you are requesting for this grant per year and number of years? You may utilize the CSH PSH Services Budgeting Tool to help determine the appropriate grant amount to request.

2. How many staff would the funding under this grant allow your organization to hire and what positions would they fill? Please outline which positions are new and existing.

3. How many total households will you serve under this grant?

4. MDHHS is expecting a PSH resident-to-case manager (full time) ratio of 15:1 (or less) with this program. If awarded, what is your plan to staff the delivery of PSH services, including staff that are involved in direct service to PSH residents, supervisory support, and peer support specialists. Be sure to include:

a. Job titles, a sentence or two explaining each role, and specific number of staff that fill each role. Outline which are existing and new roles.
b. Hours that staff will be available and how staff will respond to crisis situations at all hours of the day
c. Your agency's plan and timeline for hiring and training new staff
d. If possible, please provide an example of a program your agency has started or grown in the past 5 years as a result of new funding.

5. ***For applicants with existing PSH projects:*** How will you determine which households will be served under this grant?

<u>SECTION 3</u> – Permanent Supportive Housing Experience

Please respond to the questions in this section if you are applying for grant funding under Option 2: PSH Services Only Grant

<u>SECTION 3</u> – Permanent Supportive Housing Experience

Please respond to the questions in this section if you are applying for grant funding under Option 2: PSH Services Only Grant. In answering the following questions, consider the categories of work: staffing, training, policies and procedures, direct service, etc.

1. ***For applicants with existing PSH programs***, how many households does your agency currently provide services to?

# of households in scattered site units:

# of households in site-based units:

2. ***For applicants with existing PSH programs***, what is your average PSH resident to case manager ratio in your existing PSH program(s)?

NOTE: For case managers, use only full-time employees (FTE), utilizing decimals if it is less than a full FTE. Example – PSH project has 10 residents and has a ratio of 10-to-.75 FTE case manager ratio, meaning that 75% of that FTE is dedicated to services to those 10 PSH residents. Peer support specialists should not be considered case managers for this question

3. ***For applicants with existing PSH programs,*** provide a detailed overview of your organization's experience providing Permanent Supportive Housing. Be sure to describe how long you've been providing PSH, the populations you typically serve, the services (pre-tenancy, care coordination, and tenancy sustaining services) you provide to residents, and how you measure impact of the services you provide. Be specific on how services are provided. Answer should demonstrate extensive knowledge in delivering quality PSH services.

4. ***For applicants with existing PSH programs,*** how does your agency integrate peer support specialists into your PSH programing and how does the agency promote the hiring of people with lived experience for all roles? Please include recruitment and retention practices.

5. ***For applicants with existing PSH programs,*** in addition to providing more intensive services to PSH residents, if your organization received this grant funding, what would the funding allow you to do that you aren't able to do currently? (examples: revise policies and procedures, track and utilize more data, engage potential funders/donors, etc.)

6. ***For applicants with existing PSH programs,*** what are the strategies that staff utilize to engage PSH residents in services, even when residents do not seem interested initially or at different points in time?

7. ***For applicants new to PSH,*** describe what pre-tenancy services will be offered that will result in moving residents into a unit as quickly as possible. How will PSH service staff work with PSH applicants that are referred from HARA/CES in navigating the housing process (i.e. complete housing application, secure necessary documentation, engaging with landlords/property management, etc.)?

8. ***For applicants new to PSH,*** describe what ongoing supportive services will look like after the resident is housed for 6 months. Include how often case management services will be provided, and how often assessments and individual plans will be reviewed and updated.

9. ***For applicants new to PSH,*** how will the supportive services staff work with property management to prevent eviction? What procedures will be in place to help residents maintain housing prior to an eviction and if necessary, after.

10. ***For applicants new to PSH,*** how will your agency integrate people with lived experience of homelessness and/or PSH into your PSH programing and how will/does the agency promote the hiring of people with lived experience for all roles within the organization?

11. ***For applicants new to PSH,*** what are the strategies that staff will utilize to engage PSH residents in services, even if residents do not seem interested initially or at different points in time?

<u>SECTION 4</u> – Experience with Trauma Informed Care and Harm Reduction

All Applicants must complete all questions included in this section, unless otherwise noted.

<u>SECTION 4</u> – Experience with Trauma Informed Care and Harm Reduction

1. Describe how your agency incorporates trauma-informed approaches in service delivery, including how you address racialized trauma. Describe trainings, policy or process changes your agency has made to be more trauma informed. Answer must demonstrate full understanding of TIC.

2. ***For applicants with existing PSH programs,*** describe how harm-reduction principles and practices are incorporated into your PSH service delivery. Provide an example of one situation in the last 6-months when you have utilized harm-reduction tools, policy, and/or practice to reduce harm for a resident and/or the community. Answer must demonstrate full understanding of harm-reduction.

SECTION 5 – Data & Evaluation

All Applicants must complete all questions included in this section.

SECTION 5 – Data & Evaluation

1. Describe and demonstrate how your agency currently uses data to support decision-making and track results in existing programs. How was that data used to make significant programmatic changes in operations? Please provide a specific example on how data has informed programmatic changes.

2. Describe how your organization will ensure HMIS data collection is accurate, complete, and timely. If new to HMIS, how will you ensure that your organization and appropriate staff are set up within HMIS and trained prior to client program entry?

3. Describe how you collect PSH resident feedback and use it to evaluate services and make improvements. Include the type and frequency. Provide a specific example of how your organization has made changes to services, policies, processes, etc. based on resident feedback in the last year. If you do not currently collect resident feedback, please describe how you will begin collecting resident feedback and how you will use it to evaluate services and make improvements to your PSH programming.

SECTION 6 – Other Funding

All Applicants must complete all questions included in this section.

SECTION 6 – Other Funding

1. Planning for sustainability and maintaining the level of services provided under this grant will be a focus point throughout the grant term. If you receive this funding, what is your plan to find additional funding sources to continue PSH services? Examples may include things like: building relationships with public and private funders, advocating for funding within your organization, engaging cross-sector partners, billing Medicaid, etc.

2. Describe your ability to leverage Medicaid resources to finance some or all necessary services in your PSH program(s). Please include your experience in billing Medicaid (directly or through a partnership) for reimbursable services. If your agency currently does not bill Medicaid for PSH services you provide, please describe the steps you have taken or will take to leverage Medicaid as a revenue source for your PSH services or to rule Medicaid out as a viable option for your agency.

ADD ON: SOAR FOR PSH Residents

Please respond to the questions in this section if you are applying for grant funding under Add On: SOAR for PSH Residents.

ADD ON: SOAR FOR PSH Residents

Please respond to the questions in this section if you are applying for grant funding under Add On: SOAR for PSH Residents.

1. How will the SOAR position(s) you hire with this funding be structured (ie. full time dedicated SOAR staff; .5 FTE, etc.)? Based on funding being requested, approximately how many SOAR applications do you anticipate submitting on behalf of PSH residents per year?

2. In some communities, it works well to have a SOAR employee who serves the entire community or region as opposed to a single organization. Will SOAR staff funded under this grant work strictly with PSH residents at your organization or will staff also work with PSH residents within your CoC or region? If at CoC or regional level, how will you coordinate with other PSH programs to take referrals and collaborate? Agencies serving at the CoC or regional level will receive bonus points.

3. How do you anticipate this dedicated SOAR funding will impact PSH residents you serve and/or PSH residents served within your CoC/region?

Section III

CERTIFICATIONS

I, the undersigned, am authorized to submit this document on behalf of my agency. I certify that the contents above are true to the best of my knowledge as of the time I completed this form.

Name (typed):

Title (typed):

Agency (typed):

Signature:

Date (typed):