



Request for Proposals for  
Evaluator for Austin / Travis County's AT Home  
Multi-Partner Permanent Supportive Housing  
Initiative

Responses Due:  
November 15, 2022

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## **Statement of Need**

The Ending Community Homelessness Coalition (ECHO) is soliciting responses from qualified persons/organizations with demonstrated capacity and experience to develop and implement an evaluation of the AT Home Multi-Partner PSH Initiative, which will provide Permanent Supportive Housing (PSH) to chronically homeless individuals who are frequent users of both the health and criminal justice systems. The evaluator is expected to conduct an evaluation of whether and how the Initiative's outcomes were achieved and contribute to existing research on the effectiveness of PSH with intensive case management and dedicated medical services. The Initiative is a five-year \$15.8 million project, and the maximum budget for the evaluation is \$650,000.

## **About ECHO**

ECHO is a 501(c)3 nonprofit organization that serves as the Austin / Travis County Continuum of Care (CoC) Lead Agency, CoC Collaborative Applicant, Coordinated Entry System manager, and local Homeless Management Information System (HMIS) database administrator. We are tasked with planning and coordinating community-wide strategies to end homelessness in the Austin / Travis County geographic region. We work in collaboration with people with lived experience of homelessness, community nonprofits, and government agencies to coordinate services and housing resources for the people who are experiencing homelessness in our community. We use research and evidence-based practices to advocate for the resources to bring the local Homelessness Response System (HRS) to scale and meet our community's goal of ending homelessness.

## **Project Overview**

In January 2021, Austin Public Health, Central Health, Travis County, the St. David's Foundation, Ascension-Seton, Social Finance, and ECHO developed and launched a multi-partner PSH initiative to leverage funds originally budgeted for the Pay for Success (PFS) project.<sup>1</sup> While PFS project negotiations were paused at the onset of COVID-19 in March 2020, partners were re-engaged in 2021 to capitalize on the PFS funding commitments and directly fund PSH in our community. Throughout 2021 and 2022, Social Finance facilitated a series of meetings, provider focus groups, and individual partner meetings to align on an updated approach to leverage the original funding commitments. The objective of the new partnership, called the AT Home Initiative, is to:

Build a systems approach for addressing homelessness, which efficiently braids funding, data, and operations across public and private partners to incentivize preventative care, more equitably house individuals experiencing homelessness, and ultimately improve their outcomes.

The \$15.8 million project aims to serve approximately 210 people experiencing chronic homelessness for 5 years starting in 2023 in PSH, which includes both housing assistance and case management with integrated primary and behavioral healthcare. A local Federally Qualified

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<sup>1</sup> The original project employed a Pay for Success model in which impact investors fund the upfront cost of PSH and government repays impact investors to the extent positive outcomes are achieved.

Health Center will provide medical services, and homelessness service providers will provide case management and other PSH services. The proposed target population of the project is:

- Approximately 210 Travis County residents experiencing chronic homelessness and whose household income is below 200% of the federal poverty threshold, **and**
- Individuals with complex health needs or frequent contact with the criminal justice system.

## **Project Details**

### *People Served*

The AT Home Initiative will target chronically homeless individuals who are high utilizers of public services. Specifically, high utilizers are those individuals who have many of the following types of encounters:

- Healthcare: emergency rooms, emergency medical services (EMS), inpatient hospitalizations, and psychiatric treatment facilities.
- Criminal justice: arrests, jail admissions, and bookings.

The evaluator, working with ECHO, projects partners, and service providers, will help determine the minimum number of healthcare and criminal justice encounters to use to identify project participants. In addition to these types of encounters, data from HMIS, including information from the HRS's housing intake tool (called the Austin Prioritization Assessment Tool), can be used to ensure that the Initiative is targeting those most in need of housing and other services.

### *Funding*

The following funders (and amounts) are responsible for funding different components of the project:

- City of Austin (\$6M) and Travis County (\$3M) will procure a local PSH provider.
- Central Health (\$3M) will fund mobile medical services through its FQHC.
- St. David's Foundation (\$4M) will cover any outstanding costs, including project management and client needs.
- Ascension-Seton will provide additional funding to address unsheltered homelessness.

### *Services Provided*

Service providers will coordinate to offer case management and behavioral health services, along with dedicated mobile medical services. The Initiative will identify and provide affordable, Permanent Supportive Housing, and housing services will, at the very least, meet the following criteria:

1. Housing that is affordable, meaning the tenant household ideally pays no more than 30 percent of their income toward rent. Housing can be in a single site or scattered in multiple locations in the community.

2. Housing that provides tenant households with a lease or sublease identical to non-supportive housing—with no limits on length of tenancy, as long as lease terms and conditions are met.
3. Housing that proactively engages residents in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy. This includes onsite services and/or community based, intensive team-based case management models like Assertive Community Treatment (ACT).
4. Informed property or landlord management: property management maintains a balance between ensuring the effective operation and management of the physical facility and fostering tenants' housing stability and independence.
5. Housing that supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks

Additionally, the Initiative will encompass the following four elements:

1. *Housing First*: The goal of “housing first” is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing First can be contrasted with a continuum of housing “readiness,” which typically subordinates access to permanent housing to other requirements. Housing First is a low-barrier entrance process that supports moving persons quickly into housing of their choice from settings such as the streets or shelters, without preconditions of treatment acceptance or compliance. Housing First does not mean Housing Only and recognizes that people often need wraparound services to achieve long-term housing stability.
2. *Harm Reduction*: The project will incorporate a model of substance-use intervention that focuses on helping people who use substances to better manage their use and reduce the harmful consequences to themselves and others, including actively working to prevent evictions. In conjunction with Housing First, using the harm reduction philosophy means that individuals do not have to be sober to be eligible to enter housing and are not evicted solely for not maintaining sobriety.
3. *Person-Centered Care*: Services are voluntary, customized, and comprehensive, reflecting the individual needs of tenants. Further, the project seeks to ensure that tenants have meaningful opportunities to engage in the community.
4. *Assertive outreach and engagement*: Programs conduct assertive outreach to engage and recruit members of the target population. Programs will engage target population members and offer them the opportunity to obtain affordable housing along with health and social services.

## **Evaluation Goals/Scope of Services**

### *Research Questions*

The AT Home Initiative evaluation should seek to answer the four following research questions:

- **RO1:** Did AT Home lead to the following outcomes among program participants?
  - Long-term housing stability
  - Better healthcare outcomes
  - Decreased recidivism
- **RO2:** What components of the program contributed to housing stability, better healthcare outcomes, and decreased recidivism?
- **RO3:** How did participants' experiences with the program affect the outcomes above? From the perspective of participants, was the program a success?
- **RO4:** Were there racial, ethnic, or gender disparities in the outcomes and experiences above?

### *Scope of Work and Possible Tasks*

These research questions were formulated with support from project partners and based on recent overarching community goals (see Community Goals section below). With these two research questions in mind, a project evaluator could focus on, but does not have to be limited to, the following scope of services:

1. Develop and implement an evaluation design to measure the achievement of the specific outcomes above (e.g., housing stability and healthcare utilization).
2. Design and lead the implementation of a rigorous evaluation to advance research and learning about the effect of Permanent Supportive Housing on long-term outcomes. Potential evaluation designs include:
  - Quasi-experimental evaluation (e.g., propensity score matching) to measure the impact of the programmatic intervention on outcomes (e.g., jail bookings).
  - Qualitative component of the study to assess participant satisfaction with the program, how participants' experiences help explain outcomes, service gaps and strategies and implementation challenges, and why racial, ethnic, and gender disparities, if any, exist in the program.

Tasks for this work may include, but are not limited to:

#### *Design Stage*

- Work with Initiative partners to prepare a comprehensive evaluation plan, including evaluation design, data collection and analysis plans, a detailed work plan and timeline, and securing IRB approval, if necessary.
- Interview Initiative partners, providers, and other key stakeholders to assess needs, goals, and potential risks/challenges of the evaluation related to design, data collection needs,

and feasibility (including an understanding of data availability and existing data use agreements), measurement, etc.

- Work with ECHO and local public agencies—including health care providers, hospitals, behavioral health entities, jails, shelters, and courts—to obtain access to administrative data on service utilization and costs, develop and execute data sharing agreements, and ensure secure transfer and use of confidential data.
- Work with ECHO and service providers to assess, develop, and create standard processes to collect individual-level data on client engagement, service participation, housing, and other relevant outcomes.
- Work with ECHO and service providers to understand current efforts to assess racial, ethnic, and gender disparities in homelessness outcomes and ways to incorporate those into the evaluation.

### *Operating Stage*

- Work with Initiative partners and providers to implement the evaluation in a coordinated manner.
- Work with Initiative partners to implement the evaluation and participate in regular calls to discuss progress and challenges.
- Aggregate, clean, and analyze data from all sources.
- Submit regular outcome reports based on an agreed upon timeline.
- Present outcome information and respond to stakeholder questions regarding outcome reports at periodic stakeholder meetings.
- Work with Initiative partners to present key findings of evaluation to local and national stakeholders.

### *Community Goals*

The four primary research questions above reflect recent Austin / Travis County Homelessness Response System (HRS) goals, including 1) prioritizing the voices of people with lived experience of homelessness (PLE), 2) understanding the effects of program implementation on racial and ethnic disparities in homelessness, and 3) integrating data from other systems, including healthcare and criminal justice, to understand how homelessness is affected by the healthcare and legal systems.

In recent months, several developments have advanced these community goals. First, the Austin / Travis County HRS governance system has been substantially [reconstructed](#) to intentionally prioritize and give authority to the voices of PLE. New research has also been [funded](#) that prioritizes qualitative data collection with and from PLE. Second, the Coordinated Entry System's intake process has been [revised](#) to use a new, locally created, and customized assessment tool that more appropriately addresses historical racial, ethnic, and gender disparities. Performance measures, by race and ethnicity, are now also [regularly tracked](#). And third, ECHO has signed a Participation Agreement with the [Integrated Care Collaboration](#) to more regularly access healthcare data and has worked with Travis County to obtain criminal justice data.

## **Request for Proposals Details**

### *Submission Guidelines*

**All proposal items must be submitted by 5 pm CST on November 15, 2022 to:**

[reinfo@austinecho.org](mailto:reinfo@austinecho.org). If you would like to submit a hard copy of the proposal, please email us at the same email address to let us know and ask for a physical address.

Proposal narrative must be submitted in Microsoft Word or PDF format and should not be longer than approximately twenty (20) single-spaced pages.

Respondents should include the following:

1. A cover letter, which provides the name, mailing address, telephone number, and email address of the individual who is the main point of contact. The cover letter should clearly state that the proposal is in response to the Request for Proposal.
2. Organization/evaluator background
  - Provide 1-2 paragraphs describing organization's history, mission, core values, and areas of expertise.
3. Your team/organization's experience designing, developing, and implementing rigorous impact evaluations of programs targeting persons experiencing homelessness, complex mental health needs, or other highly vulnerable populations; include knowledge of or experience with multiple assessment methods using experimental and/or quasi-experimental designs.
4. Your experience working on large scale evaluations in a collaborative environment across government and nongovernmental entities. Additionally, please describe your experience working on evaluations focused on populations involved with the criminal justice system, high utilizers of health care, and/or populations experiencing homelessness.
5. A description of the quasi-experimental and qualitative evaluation methodology or methodologies you believe are best suited to help advance learning about Permanent Supportive Housing, balancing both feasibility and the desire for a rigorous evaluation design.
6. Any anticipated challenges to the implementation of the evaluation. Please also discuss strategies to mitigate those challenges, particularly issues related to creating comparable comparison group(s).
7. A description of the anticipated roles and relevant background of key staff that will work directly on this project. Describe their experience and qualifications as they relate to the program as described in this RFP, and their prior experience for similar projects.
8. A rough budget for proposed evaluation activities. Please be sure to note costs by phase: design, structuring, and operating phases. The budget should include a rationale for all proposed fees and costs.
9. At least three names and contact information of individuals who can describe the capacity and experience of the applicant/organization related to evaluation projects of similar scope.

Only one proposal will be accepted from any one organization. Organizations may respond individually or as part of a team. Multiple organizations may form a team for this application but should clearly identify the lead organization and the anticipated role(s) for each partner organization. All costs incurred in the preparation and presentation of the submitted proposal shall be wholly absorbed by the prospective contractor. Any material submitted by the prospective contractor that is to be considered confidential must be clearly marked as such. Evaluation entities must be independent from any providers or partners involved in the AT Home Initiative.

Selection Process

All proposals will be reviewed and evaluated by a selection committee consisting of ECHO staff and partner organizations.

Inquiries and Point of Contact

ECHO is serving as the point of contact for inquiries related to this RFP. All questions/inquiries regarding this RFP may be directed to Akram Al-Turk at [reinfo@austinecho.org](mailto:reinfo@austinecho.org).

Evaluation Timeline

The overall project timeline is contingent on several factors but is expected to be launched in January 2023. Given this timeline, evaluation activities would likely begin as soon as possible and proceed in the following manner:

- Evaluation Design Phase: Q1 2023
- Operating Phase: Q2 2023 – Q4 2027

The goal is to house and serve approximately 210 people in a five-year period. Placements will occur gradually during this period and most people will likely be housed within the first three years of the project. Ideally, the timeframe for the evaluation would align with the duration of the Initiative, capturing outcomes for at least two or more years post-housing for all enrolled participants.

Process Steps and Timeline

ECHO will host an online information session and Q&A webinar (Zoom [link](#)) on **October 7, 2022 at 10am CST** to answer any questions prospective applicants may have about the RFP or the AT Home Initiative. **To indicate your intent to respond to this RFP and RSVP for this information session, please email [reinfo@austinecho.org](mailto:reinfo@austinecho.org) by October 5, 2022.**

RFP issued	September 28, 2022
RFP Information and Q&A Session	October 7, 2022, 10am CST (Zoom <a href="#">link</a> )

Applications Due	November 15, 2022
Notification to top candidates and interviews scheduled	By November 22, 2022
Interviews conducted with top candidates	Week of December 5, 2022
Selection of evaluator completed	By December 21, 2022