

Request for Proposals: Low-Barrier Shelter

I. Introduction

The Asheville-Buncombe Continuum of Care (hereinafter “CoC”) issues this Request for Proposals (hereinafter “RFP”) to organizations prepared to provide one or more low-barrier shelters with capacity to support 100 individuals/households experiencing homelessness (hereinafter “Participants”) on any given day/night with the ultimate outcome to move Participants to permanent housing. An organization making a proposal in response to this RFP is referred hereinafter as “Proposer(s)”.

This RFP:

- Is an opportunity for homeless services/housing providers to partner with the CoC;
- Does not obligate the CoC to secure funding, though the CoC intends to support efforts to obtain funding including federal, state, and local grants and private donations;
- Does not obligate the CoC or any of its membership to pay any costs incurred by Proposers; and
- Does not obligate the CoC or any of its membership to accept or contract for any expressed or implied services.

The CoC reserves the right to reject any proposal and recommend funding support at less than the maximum budget, based upon review of the strengths and weaknesses of proposals submitted.

II. Background

In January 2023, the National Alliance to End Homelessness (hereinafter “NAEH”) recommended, through the “Within Reach Study”, the CoC prioritize development of a plan to significantly increase its temporary housing options for non-veteran single adults and families with children including:

- 60 beds for single adults,
- 25 beds for single adults with mental health and substance use specialists onsite, and
- 10 beds for families.

The Homeless Initiative Advisory Committee (hereinafter “HIAC”) served as the CoC Board at the time and established a Shelter work group to begin implementing NAEH Within Reach Study recommendations. The Shelter work group issued an RFP for shelter and identified three (3) shelter providers to add 43 new shelter beds.

HIAC advanced the proposal with funding requests to both Buncombe County (hereinafter “County”) and the City of Asheville (hereinafter “City”), who each awarded equal amounts of ARPA funding to the providers for one (1) year of services.

HIAC requested the County and the City assist HIAC in planning for permanent shelter beds to fully realize the NAEH Within Reach Study recommendations. A Shelter Planning Team of County and City elected officials, County and City staff, and HIAC members began meeting in November 2023. The Shelter Planning Team developed a set of recommendations for a new Low-Barrier Shelter which were endorsed by HIAC.

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Low-Barrier Shelter Model

Low-Barrier Shelters:

- Serve Participants otherwise unable to access existing shelter facilities due to
 - Extensive behavioral health challenges,
 - Opioid use disorder,
 - Substance use disorder,
 - Mental health conditions,
 - Medical issues,
 - Service/companion animals,
 - Lack of respite care, and
 - Other barriers;
- Require extensive staffing with more intensive general management, program supervision, case management services, security services, and 24/7 operational support;
- Establish Participant rules and expectations to ensure Participants act in ways safe to themselves and others; and
- Provide Participants with short-term “drop-in” stays with entry and exit on a nightly or irregular basis.

HIAC Endorsed Recommendations

Below is a list of Low-Barrier Shelter preferences endorsed by HIAC. Proposals which most closely align with the preferences outlined below are preferred; however, proposals which do not align in their entirety will be fully considered.

Services/Offerings:

- 100 Non-Congregate Beds
- 50 Congregate Beds (flexible)
- Case Management
- Behavioral Health
- Medical Care
- Day Shelter Space
- Housing Placement Support
- Provides Meals
- Substance Use Treatment
- Employment Support

Operating Policies:

- Open 24/7
- Allows Pets
- Serves families
- Provides transportation assistance
- Adheres to HUD/NAEH best practices

Site:

- Vacant lot should be considered, but existing buildings are preferred
- Single site is ideal, two or more proximate sites would be considered

Building:

- Square footage should be around 50,000 sq ft
- Single building, multiple entrance options
- Includes mixed array of interior spaces, with focus on 100 or more smaller rooms as ideal
- ADA accessibility is important

Location:

- Within City Limits
- On an existing ART route with high frequency
- In an area with sidewalk/pedestrian infrastructure
- In an area with appropriate zoning
- Proximate to faith-based institutions offering related services
- Proximate to other existing homelessness related services

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III. Proposers & Process

Proposers must be a local government, housing authority, behavioral health organization, registered nonprofit with 501(c)(3) status, or federally recognized Indian tribe with adequate capacity and ability, including administrative infrastructure, to manage funding over the course of the project term and receive funds on a reimbursement basis.

RFP Schedule

Application Process	Date
Issue RFP	July 15 , 2024
Proposals Due	July 29, 2024 by 3:00pm
Shelter work group Recommendation Presentation to CoC Board	August 15, 2024
Recommendation presented to Board of County Commissioners for review and approval	September 17, 2024
Contract Period	Minimum of one year, beginning September 2024

Proposals Submittal

Proposals may be submitted via email to homelessstrategy@ashevillenc.gov

Evaluation Process

The Shelter Planning work group will:

- Review proposals to confirm they have met submittal criteria;
- Review proposals meeting submittal criteria against the RFP;
- Engage Proposers, as appropriate, to receive any necessary additional information;
- Present a written plan to meet unmet needs to the CoC Board and a draft proposal to the County for ARPA funding to implement that plan.

The CoC Board will endorse a preferred Proposer or Proposers and engage with potential funders regarding the preferred Proposer or Proposers.

IV. Scope of Work

Low-Barrier Shelter Capacity

The Proposers would ideally intend to provide 100 new or reconfigured non-congregate shelter beds, with space for 50 additional new or reconfigured congregate shelter beds in flexible space for overflow and in emergencies. Non-congregate shelter beds are beds that are in individual units or rooms, so that individuals or households have some measure of privacy.

Proposers may intend to provide fewer beds or a different combination of congregate vs. non-congregate beds; however, alternative bed quantities and types are less preferred.

The Proposers would provide one or more buildings to provide space for beds sufficient to meet the NAEH recommendation at minimum. Proposers should indicate in their response how many

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new or reconfigured beds they intend to provide, what type of beds will be provided, and population(s) they intend to serve.

Period of Performance

Proposers should: be prepared to enter into contracts September 1, 2024, anticipate beginning operations as early as January 1, 2025, and be prepared to provide services for a minimum of one year.

Operating Hours

Proposers intend to provide overnight shelter at a minimum. Proposers with Day Services provisions (directly or in partnership) allowing for 24/7 access for current participants as well as individuals who present for intake, are preferred.

Staff

Proposers intend to:

- Provide staffing that meets operational requirements and maintains an appropriate staff-to-Participant ratio ensuring the safety and security of personnel and Participants;
- Train staff in Housing First principles;
- Train case managers in evidence-based practices for client engagement (trauma-informed care, motivational interviewing, etc.);
- Train all staff in Racial Equity and Inclusion principles and practices;
- Develop and maintain written hiring standards including requiring background checks (criminal histories should only be a limiting factor for opportunities where the time or nature of a conviction could negatively impact the wellbeing of participants or the integrity of shelter services provided); and
- Implement a written *Substance Use Policy* for staff that includes FMLA and other treatment options.

Facility

Proposers must have or intend to secure a facility or facilities. The Proposer may use new or existing facilities. Facilities must comply with all applicable local codes and ordinances (fire, safety, zoning, etc.). Facility designs are not required but may strengthen the proposal. Elements of facility design that indicate adherence to preferences outlined in the RFP or with HUD/NAEH best practices (examples: protected smoking areas away from public view and secure storage facilities for Participant belongings) should be described and may strengthen the proposal.

Population Served

Proposers intend to provide shelter services for all individuals experiencing homelessness (living outdoors, living in a place not meant for human habitation, fleeing domestic violence) including those with:

- Extensive behavioral health challenges,
- Opioid use disorder,
- Substance use disorder,
- Mental health conditions,
- Medical issues,

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- Lack of respite care, and
- Other barriers.

Proposers will encourage sheltered homeless households to remain in those facilities and will describe those efforts. The Proposer will describe how it will partner with outreach proposers to identify unsheltered homeless households.

Proposers will not make access contingent on identification/custody/citizenship, protected class status, familial status, ability/disability, service/companion animals, recovery status, income, employment status, criminal record, credit history, treatment participation, services participation, or any other unnecessary conditions. The Proposers will describe all potential access limitations.

Services Provided

Proposers intend to accommodate a wide range of needs for Participants and should complement, and limit duplication of, services already offered to households experiencing homelessness. The Proposer may choose to engage multiple partners to effectively serve subpopulations with support services.

Proposers intend to seek to resolve Participant root causes of homelessness and to locate and prepare participants for permanent housing by providing Participants with:

- Services consistent with the Housing First model and unique to the situation;
- Opportunities for intensive onsite case management and healthcare; and
- Support for connection to and preparation for the most appropriate permanent housing option.

Proposers intend to:

- Provide support services that are voluntary, client driven, individualized, and flexible;
- Provide support services informed by a harm reduction philosophy recognizing drug and alcohol use are a part of some Participant's lives;
- Provide support services that educate on how to avoid risky behaviors and engage in safer practices, particularly with regard to drug and alcohol use;
- Participate in the CoC's Coordinated Entry system;
- Participate in the Homelessness Management Information System (HMIS).

Housing First and Evidence-Based Practices

Proposers intend to adhere to Housing First principles and will incorporate Housing First components.

Proposers intend to ensure:

- Documentation of identification, custody, or citizenship are not required;
- Criminal records, poor credit, or eviction history does not hinder participation;
- Income (lack of or otherwise) does not hinder participation;
- Services and treatment are voluntary and an appearance of unwillingness to participate in treatment, services or employment does not hinder participation;
- Protected classes are not discriminated against;
- Couples/families are sheltered together;
- Service/companion animals are accommodated; and
- ADA accessibility is provided.

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Proposers will not require participants abstain completely from alcohol or drug use. Proposers may establish requirements that prohibit use of drugs and alcohol in the facility and may establish behavioral expectations that limit disruptive or violent behavior resulting from intoxication. Proposers should establish procedures for clients to safely store drugs or alcohol upon entry into the facility. Proposers should also develop and/or share policies that utilize multidisciplinary approaches to develop individualized behavioral plans for Participants who violate behavioral expectations, such that expulsion from the facility is minimized. Proposers will also intend to include ongoing updates, tools, and best practices from HUD/NAEH/Housing First.

Plans, Policies, Standards, & Agreements

Proposers should include all pertinent existing plans, policies, standards, and agreements for review and consideration at the time of the proposal submittal. At minimum, the Proposers must develop and maintain the following:

- *Disaster Response and Recovery Plan* (including provisions for: tiered responses concomitant to the level of disaster, evacuation, business resumption, and periodic testing);
- *Pest Control Plan*;
- *Suspension of Services Policy* (including information regarding bars and bans implemented to protect the health and safety of Participants and staff which will include: mechanisms for appeal, mechanisms to redress or make amends for the infraction or behavior that caused the ban, and descriptions of behaviors (if any) for which there is no mechanism for remedy and which is available to Participants upon request);
- *Medications Policy/Medications Plan* (including standards for the administration of medication and, where medications are dispensed by staff, the written standards comply with all applicable federal, state, and local laws noting that where Participants self-administer medication, there must be written standards governing the Proposer's role and the liability of its staff);
- *Good Neighbor Agreements* (clearly state what adjacent and nearby property owners can expect from the Proposer's operations and provide property owners with a mechanism to air their complaints and have them addressed in a timely manner and in a cooperative atmosphere);
- *Client Rights, Expectations and Grievance policy* (to promote community health, safety, and wellness);
- *Participant Storage Policy and Procedures*, (information on how much storage space may be allotted to Participants/Households, including procedures for securing weapons, drugs or alcohol); and
- *Non-Violent Expectations Plan* (should clearly articulate a plan for the safety of residents within the shelter, including outlining non-violent community expectations and reporting mechanisms for instances of victimization within the shelter).

V. Funding and Eligible Activities

Funding Available: Buncombe County has earmarked ARPA funding for shelter and housing, to be used in part or in sum for the creation of low-barrier shelter capacity in the

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Asheville-Buncombe Continuum of Care. This funding must be fully utilized by December 31, 2026. Capital and startup costs are the preferred expenditures for this funding opportunity.

Proposers should include a funding plan outlining estimated costs of the facility, facility improvements to accommodate the use, operational costs for the period of performance (12 months), and any additional sources to be used for ongoing operations. Funding may be allocated between the following categories: facility support, operations, and administration. Proposers should indicate in their funding plan any additional funding sources or in-kind support to be utilized for their project. Proposers should also indicate in their budget whether identified costs are new expenses or previously existing.

VI. Request for Proposals Questions

Legal Name of Organization (as it appears on your organization's tax return):	
Proposed Shelter Name:	
Physical Address of Organization and Proposed Shelter (if different):	Mailing Address (if different from Physical Address:)
Telephone:	Website:
Primary Contact Person (Name):	Title of Contact Person:
Phone Number of Primary Contact:	Email Address of Primary Contact:
Total Funds Requested: \$	
Please identify the populations served by this project (select all that apply): ☐ Single Men ☐ Single Women ☐ Youth Aged 18-24 ☐ Unaccompanied youth 17 years old or younger ☐ Households with adults and children ☐ Veterans ☐ Individuals with extensive behavioral health challenges ☐ Individuals in active substance use ☐ Individuals in substance use recovery ☐ Individuals with disabilities	

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Are there any special populations that your project will be unable to serve? If yes, please explain.
How will your project participate in the Asheville-Buncombe CoC Coordinated Entry system to accept referrals and/or connect clients with Coordinated Entry?
Proposed Facility
Where is the facility located?
Is the facility building owned or leased by your agency? If not, how will you obtain the facility?
How many non-congregate beds will your project offer?
How many congregate beds will your project offer?
How soon can new or additional beds added to your existing program be operational?
Is the facility ADA compliant?
If the facility is not ADA compliant, how will you upgrade the facility to meet ADA requirements and/or accommodate participants with disabilities within the facility?
Describe how the facility will ensure adequate storage space for participant belongings.

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Describe how the facility meets recommendations to ensure that multiple populations can be served separately.		
Describe your facility management approach to ensuring safety and security within the facility.		
Hours and Operations		
Will your facility be open 24/7?	YES	NO
If the facility is not open 24/7, what hours will the facility be staffed?		
If the facility is not open 24/7, what time of day will participants be able to enter the facility?		
How late may participants stay in the facility in the morning?		
Is your program structured to allow participants who do not have ID to enter?	YES	NO
If your program is not currently structured to allow participants who do not have ID to enter the facility, how will your program address participants who present for entry without an ID?		
Are your program and facility structured to accommodate participants who have companion animals, service animals, and/or pets?	YES	NO
Please describe how your program and facility will accommodate participants with service and companion animals, including modifications needed if you are currently unable to serve participants with pets.		
Is your program prepared to allow participants who may be visibly intoxicated to enter the facility?	YES	NO
Please describe how your program will accommodate participants who may be visibly intoxicated for entry into the facility.		

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Supportive Services		
Will medical services be offered at the facility?	YES	NO
If yes, describe how medical services will be offered in collaboration with community partners.		
Will behavioral health services be offered at the facility?	YES	NO
If yes, describe how behavioral health services will be offered in collaboration with community partners.		
Will day services be offered at the facility?	YES	NO
If yes, describe how day shelter services will be offered, either directly or in collaboration with community partners.		
Will case management services be offered at the facility?	YES	NO
If yes, describe how case management services will be offered, either directly or in collaboration with community partners.		
Will housing placement services be offered at the facility?	YES	NO
Describe how housing placement services will be offered, either directly or in collaboration with community partners, or describe how you will support participants in the goal of transitioning to permanent housing if housing placement services will not be offered.		
Will other supportive services be offered at the facility?	YES	NO
If yes, describe additional supportive services to be offered and indicate community partners for each service identified.		

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Describe how participants will meet their hygiene, laundry, and nutritional needs while in the facility.		
Describe any amenities your project will employ to assist in drawing individuals to the shelter and/or supportive services (computer access, wifi, quiet areas, etc.)		
Commitment to Housing First and Low Barrier Principles		
Are there any criteria participants must meet before receiving services at your facility?	YES	NO
Is access to your program contingent on substance use recovery?	YES	NO
Is access to your program contingent on minimum income requirements?	YES	NO
Is access to your program contingent on participation in supportive services, completion of treatment, or other programmatic conditions?	YES	NO
Are you able to offer reasonable accommodations when requested by persons with disabilities?	YES	NO
What rules do participants have to follow, and what happens if a participant does not follow the rules?		
What would cause your program to deny someone entry into the facility?		
If someone is asked to leave the facility, what steps will you take to minimize the risk of exiting to unsheltered homelessness?		
Can a participant who has been asked to leave return for entry into the facility another time?	YES	NO
How will you ensure services are voluntary while keeping participants engaged to promote housing stabilization?		

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Staffing and Commitment to Housing Focused Services		
Please list each program staff position including job title and FTE status.		
Do you use resident staffing (i.e. participants who perform staff duties in exchange for room/board) or volunteer staffing?	YES	NO
What qualifications are most important to your agency when hiring direct service staff?		
How do these qualifications prepare staff to serve your program participants?		
Describe how staff will be trained in Housing First and Low-Barrier Shelter principles.		
Describe additional training in evidence-based practices for client engagement to be provided to staff.		
Describe how staff will be trained in Racial Equity and Inclusion principles and practices.		
Shelter Performance Evaluation		
Describe how many participants you intend to serve in the performance period.		

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Describe how you plan to collect and track evaluation performance outcomes.
Describe how you plan to utilize the Homelessness Management Information System (HMIS).
How will you ask for and incorporate participant feedback about services into program design and policies and procedures? Please provide specific examples.
Budget
Describe how the project will be sustained long-term. How will you support the shelter after available funds are expended or if your agency is not awarded funding?
Describe how your agency is seeking diverse funding streams to support and leverage requested funds.
Please complete the "Estimated Budget" Form for a 12 month period on the following page and submit any budget narrative/specific calculations you feel necessary to explain any of the budget figures included.

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Low-Barrier Shelter Estimated Budget

Applicant:

Project Name:

Proposed Activities	Request from Buncombe County	Other funds (amount and list funding source)	Total Budget	New or Existing Expense?
1. Lease				
2. Facility Utilities				
3. Facility Maintenance				
4. Janitorial/Security				
5. Essential Facility equipment (bedding, food, etc.)				
6. Transportation				
7. Facility Insurance				
8. Costs associated with securing permanent housing				

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9. Staffing				
10. Supportive services				
11. Outreach services				
12. Flexible funding to overcome client barriers				
13. Grant Request (Subtotal lines 1 through 12)				
14. Administrative Costs (up to 10% of line 13)				
15. Total Request (total lines 13 and 14)				

VII. Proposal Requirements

All Proposers must also meet the following in order to be considered for funding:

- Submit a complete application by the deadline
- Submit all items listed below under “Proposal Components”
- Proposed activities must meet RFP eligibility requirements
- The request must be reasonable based upon the proposed scope

Proposal Components

- A complete narrative proposal that addresses all questions under all areas of interest
- A complete “Estimated Budget” Sheet including all estimated revenue and expenditures to deliver proposed services
- Current Organizational Chart
- Articles of Incorporation
- Resume(s) of Staff who will manage the project
- Most Recent Independent Audit
- Most Recent Financial Statement/Federal Tax Return
- IRS Tax Determination Letter 501(c)(3)
- Current Bylaws
- Current Board of Directors
- Evidence of insurability (existing certificates of insurance, policies, etc)
- Copies of all pertinent existing plans, policies, standards, and agreements required as outlined in the RFP