Project RHO
Recovery Housing Opportunities

a permanent supportive housing solution for persons with a co-occurring substance use disorder and mental illness

PROPOSAL FOR

HOME Investment Partnerships Program Innovation Program

Submitted: January 27th 2022

NAME: Affordable Housing Corporation ("AHC")

ADDRESS: 812 S Washington St, Marion IN 46953

PHONE NUMBER: (765) 662-1574

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WEBSITE ADDRESS: www.ahcgrantcounty.com

QUALIFICATION CONTACT PERSON:
Mikayla Marazzi
Development Director
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CONTRACT SIGNATORY AUTHORITY:
Jacquelyn Dodyk
Executive Director

Signature: Jacquelyn Dodyk

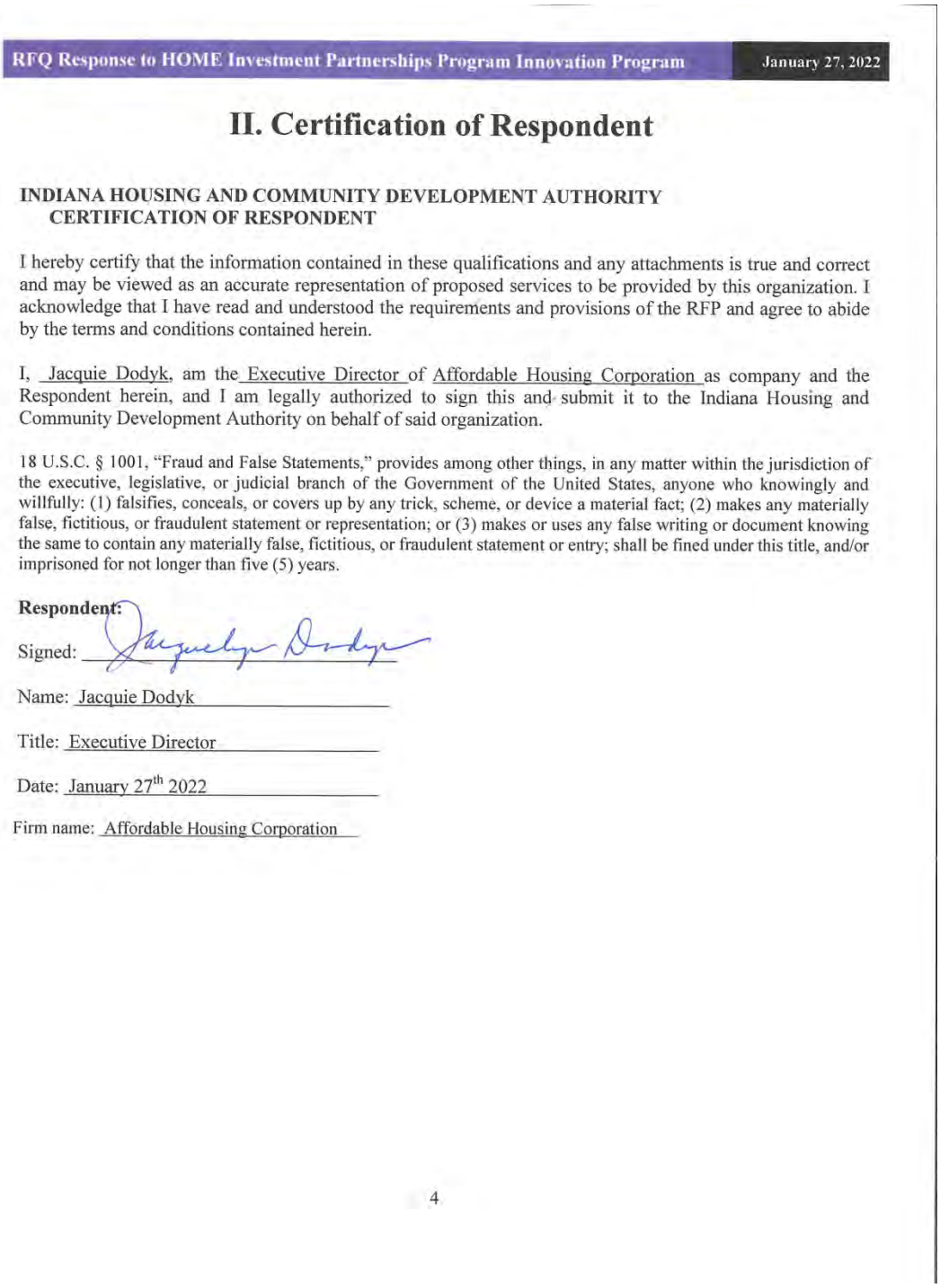
Table of Contents

I. Summary

Affordable Housing Corporation (AHC) and Grant Blackford Mental Health (GBMH) are team members for Project RHO, a Recovery Housing Opportunity for persons with a co-occurring substance abuse disorder and mental illness. The Team will leverage additional community resources including Marion Health (MH), Community Opioid Response Endeavor (CORE), and Bridges to Health (Bridges). This housing solution features a ten unit single-site development in Grant County with case management, service coordination, and other supportive services. The true measure of success is how each resident benefits from the housing and services provided through Project RHO. The following pages document the project need, design, and timeline as well as the experience and capacity of the Team.

II. Certification of Respondent

See **"Appendix A"**



RFQ Response to HOME Investment Partnerships Program Innovation Program
January 27, 2022

II. Certification of Respondent

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
CERTIFICATION OF RESPONDENT

I hereby certify that the information contained in these qualifications and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I acknowledge that I have read and understood the requirements and provisions of the RFP and agree to abide by the terms and conditions contained herein.

I, Jacquie Dodyk, am the Executive Director of Affordable Housing Corporation as company and the Respondent herein, and I am legally authorized to sign this and submit it to the Indiana Housing and Community Development Authority on behalf of said organization.

18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Respondent:

Signed: Jacquelyn Dodyk

Name: Jacquie Dodyk

Title: Executive Director

Date: January 27th 2022

Firm name: Affordable Housing Corporation

4

III. IHCDA CHDO Application

See "**Appendix B**" for the submittal page and other documents will be sent in a separate email.

IV. Certification of Nonprofit Status

See "**Appendix C.**"

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 24 2000

AFFORDABLE HOUSING CORPORATION OF
MARION INDIANA
601 S ADAMS ST
MARION, IN 46953

Employer Identification Number:
35-1966459
DLN:
17053274804000
Contact Person:
FRANCIS E BERNHARDT ID# 31258
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
JULY 1996
Addendum Applies:
NO

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

V. Team Members and Composition

Affordable Housing Corporation (AHC) and Grant Blackford Mental Health (GBMH) are committed to creating an effective working relationship between management and services for Project RHO. The Team selection was based on a shared vision, clearly defined staff roles, and a communication structure for information flow and problem solving. The Team will participate in all specialized training and assist with the project development, design, and implementation.

1) AHC

- IHCDA-certified CHDO
- Affordable Housing Property Manager

2) GBMH

- Certified Community Mental Health Center (CMHC)
- Supportive Services Provider
- Special Needs Housing Property Manager

AHC became an IHCDA-certified CHDO in 1997 and has continuously maintained good-standing, completing over nine (9) HOME-assisted projects. AHC will most likely serve as the CHDO Sponsor, with GBMH owning the property during and after construction. AHC is prepared to manage all aspects of the development, including grant writing and administration. AHC has been providing property management since 2004 for a diverse range of affordable housing projects and will share responsibilities for overall property management with GBMH.

GBMH is a certified CMHC and will be the primary supportive services provider in Project RHO. The Team will leverage additional community resources through MH, CORE, and Bridges to compliment the support and services provided by GBMH.

VI. Financial Capacity

See "**Appendix D**" for the Team's 2020 and 2021 Audited Financials.

VII. Experience of the Respondent

a. Administering Federal Programs and Managing Affordable Housing

Affordable Housing Corporation:

AHC has administered federal grant programs funded by HUD since 1997, including the HOME Program, the Comprehensive Housing Counseling Grant Program, and CDBG Program. Over its twenty-five (25) years of existence, AHC has served as the owner/developer/sponsor and grants administrator for thirty-four (34) housing-related projects or programs. Ten (10) projects utilized HOME grant funds and eleven (11) utilized CDBG grant funds. AHC's history showcases a strong background of experience and technical competency working with HOME beneficiaries and the HOME regulations outlined in 24 CFR Part 92.

In 1998, AHC completed *Thomas Jefferson Homes*, utilizing the HOME and CDBG grant programs. Marion Housing Authority is the Owner and AHC served as CHDO Developer. This project involved the demolition of an abandoned school building and the development of twenty-four (24) rental units and ten (10) single-family homebuyer units. AHC received the 1999 HUD Best Practice Award for this.

From 2001-2003, AHC developed *Springhill Homes* utilizing HOME and CDBG grant funds as well as Section 42 Low Income Housing Tax Credits. AHC served in the role of CHDO Developer, property manager, and general partner until the partnership was dissolved after Year 15. AHC now owns and manages Springhill Homes, including a lease-purchase program. This project constructed thirty-six (36) affordable single-family rental homes and won the 2003 Governor's Award for Excellence in Rental Housing at IHCDA's annual conference. In 2021, AHC received approval from IHCDA to sell the units to qualified Residents and has closed on the sale of two homes.

Diamond Estates is a HOME Homebuyer project consisting of ten (10) new single-family homes developed by AHC in Gas City from 2008-2010. AHC served in the role of CHDO Developer. AHC housing counselors provided pre- and post- purchase counseling for all program beneficiaries. At intake, counselors assessed each client's eligibility to participate in the HOME homebuyer program—ensuring they met the income requirements (at or below 80% of area median income) and were credit-ready and financially ready to take on the responsibilities of homeownership. Counseling also included education on program-specific HOME Homebuyer regulations, including the Affordability Period and the Recapture and Resale provisions associated with the home purchase.

Additionally, AHC has utilized federal funding to develop housing for target populations, including adults with disabilities, homeless men and woman, and persons with substance use issues:

- In 2012-2013, AHC partnered with Carey Services as the CHDO Developer to develop 10 affordable rental homes (5 duplex buildings) for adults with developmental and intellectual disabilities. In 2017, AHC and Carey Services partnered again to develop an additional 10 affordable rental units (5 duplex buildings) for the target population, this time serving as the CHDO Sponsor. Both projects were assisted by HOME and AHP.
- In 2008-2009, AHC partnered with the Grant County Rescue Mission (GCRM) to develop 11 one-bedroom units for homeless men. In 2013-2014, AHC helped GCRM develop an additional 8 one-bedroom units for homeless women and children. In both projects, AHC served as the CHDO Sponsor.
- In 2006-2007, AHC partnered with Grace House for Transition and Recovery (GH) to develop 11 SRO units for men experiencing homelessness and substance use issues. AHC served as the CHDO Owner

and Developer. AHC maintains ownership of the property through a 99-year leasehold with GH. Currently, Grant Blackford Mental Health is the property manager and intends to acquire the lease held by GH.

AHC currently manages 123 affordable rental units in Grant County, ranging from 10 scattered site duplexes to a 37 unit apartment building. All units are reserved for very low- and low income households. Property management includes: processing applications, executing leases, and collecting rents; maintaining property files including tax filings and long-term compliance reporting; assisting with unit inspections, annual rental housing certifications and desk-top monitoring; and managing all resident files including collections, re-certs, and qualifications of Residents.

Grant Blackford Mental Health:

GBMH has extensive experience with federal affordable housing programs. The agency currently operates five housing complexes funded through HUD that allow people with severe mental illness and/or substance abuse disorder to live independently in community-based settings. Two of those are 24-apartment units, one has 10 apartments, and the other two are small, residential units. GBMH received HUD funding for the first of those properties in 1990, and has expanded its federally supported housing programming in the ensuing 30 years. In addition to properties tied to HUD funding, AHC and GBMH have partnered for many years on GH.

As one of the 24 certified CMHC s in the State of Indiana, GBMH works closely with Department of Mental Health and Addictions. For example, in 2021, GBMH received a two (2) year Certified Community Behavioral Health Center Grant from the Substance Abuse and Mental Health Service Admiration (SAMHSA) to transform the agency through data driven practices. GBMH was one of two organizations selected for the state-wide pilot that will gather data to be used in rolling out the IPS model to all Community Mental Health Centers in Indiana. The grant's goals are to create data-driven processes and procedures that will allow GBMH to find solutions to inefficient processes and implement financial practices that will lead to greater revenue generation. This grant will also expand community services by creating more community collaborations that will provide additional programs and services to support the most vulnerable people in the community. GBMH has partnered with a local state-approved vocational rehabilitation provider as part of a state-funded pilot program to implement the Individual Placement and Support employment model.

In recent years, GBMH has been instrumental in the planning and execution of the Health Resources and Services Administration’s Rural Community Opioid Response Endeavor (R-CORE) grant. For the planning and first implementation grants, Marion General Hospital (now dba Marion Health) served as the convener and lead agency for the R-CORE grant. In 2021, Marion Health transferred the role of lead agency to GBMH. GBMH is now responsible for data collection, grant management, and consortium leadership responsibilities associated with the R-CORE grant.

b. Serving the Target Population

Affordable Housing Corporation:

In addition to CDBG and HOME program grants, AHC is a HUD-approved Housing Counseling agency and a state-certified agency in homeownership and foreclosure prevention. AHC is approved to provide the following types of housing counseling: services for homeless, rental housing, pre-purchase, post purchase, financial management, budgeting, credit repair, foreclosure prevention, mortgage delinquency and default resolution, and home improvement and rehabilitation. As demonstrated previously, AHC has partnered with organizations to develop affordable housing for special needs populations – Grace House, Carey Services, and Grant County Rescue Mission – whose clients are often individuals with co-morbidities such as substance use disorders,

developmental/intellectual disabilities, and mental illness. Though AHC primarily serves its clients through property management services and housing counseling, AHC ensures all Residents are informed of available supportive services through giving each client the "AHCDC Property Management Supportive Services" document, attached as "**Appendix E"**. Often, Housing Counselors refer individuals to supportive services that can assist with food insecurity, child care, education, and health or addiction issues.

Grace House for Transition and Recovery (GH) is an example of AHC's experience with the target population. GH provides transitional housing with structured residential treatment. All residents of GH are men experiencing homelessness and substance use disorders. Grant County Probation refers the majority of residents – men who are recently incarcerated with a motivation to change. AHC provides occupancy services, working directly with all residents by executing leases and conducting intake, income certification, and monthly surveys. In 2021, with the exception of AHC's occupancy services, property management of GH shifted from GH to GBMH.

Grant Blackford Mental Health:

GBMH has extensive experience serving persons with substance use disorders and co-occurring mental illness through a variety of inpatient and outpatient services, treatments, and programs. GBMH serves over 3,700 outpatient clients and over 600 inpatient clients per year, primarily serving populations with substance use disorders, severe emotional disturbance, and serious mental illness. GBMH provides 24/7 crisis intervention; an acute psychiatric inpatient unit; traditional outpatient services such as individual and group therapy; therapy and parent education for families of children with serious mental illnesses; addiction recovery treatment; and life skills training. GBMH's licensed clinical staff serve the target population in GBMH's facilities, in community settings, at clients' homes, and in locations such as subacute residential housing, group homes, and jails. In the past, GBMH has operated a "clubhouse" community social service space where clients could visit for socialization opportunities, life-skills classes or attend therapy/support groups.

GBMH is often the first agency that Grant County individuals turn to for assistance with addiction or mental illness. GBMH's licensed professionals possess significant clinical expertise in the delivery of prevention, treatment, and recovery services and are working directly with the rural populations most affected by substance use disorders on an ongoing basis. GBMH's leadership is in close, regular contact with the Indiana Department of Mental Health and Addiction (DMHA) at regional and state levels and is aware of the most current opioid use trends as well as best practices for prevention and intervention.

As a collaborator and now the lead facilitator of the Health Resources and Services Administration's R-CORE grant, GBMH actively supports the prevention of and treatment for individuals with substance use disorders. GBMH addresses these barriers to treatment through client enrollment in health insurance, low- and no-cost treatment, increasing access to various types of treatment (MAT, residential/inpatient, outpatient group therapy, individual therapy, peer support), and broader education of providers and the community to reduce stigma. GBMH has also been instrumental in the planning and execution of Community Plunges: events that provide community members with an opportunity to see firsthand how individuals with substance use disorders experience services in the community. Additionally, GBMH oversees the pilot program for Peer Support Specialists – individuals in recovery who provide mentorship and support to persons with substance use disorders, such as assisting with lack of transportation to attend appointments, lack of medical insurance, or an inability to fill prescription due to cost.

c. Previous Collaboration

AHC partnered with Grace House for Transition and Recovery (GH) in 2007 to develop an 11-unit apartment building for homeless men. AHC entered into a 99-year lease with GH to operate a 24/7 residential faith-based recovery program rent-free. GH was in its infancy, supported by donations and very low rents when the residents could pay. To mitigate the financial risk of project failure, AHC received approval from IHCDA to allow Grant Blackford Mental Health to become the HOME CHDO grant sub-recipient, replacing GH if necessary in the

future.

By 2020, GH was facing a financial crisis with no end in sight to staff and operate the fully occupied building. GBMH entered into an agreement with GH to manage the property and assume the costs that GH was unable to cover. The GH board voted to explore merging with GBMH. Working together with an attorney who consulted with IHCDA, the parties arrived at a purchase agreement to be fully executed in 2022: GBMH will purchase all real estate owned by GH and assume the 99-year lease held by GH.

In August 2021, AHC worked with GBMH to apply for the IHCDA's HOME Tenant Based Rental Assistance ("TBRA") grant program. The TBRA program provides rental subsidy to recently incarcerated individuals; and GBMH serves this target population with their mental health, addiction, and behavioral services. While AHC was writing the TBRA grant application, GBMH provided critical data, information, and insight on the program design. AHC was awarded the TBRA grant in October 2021 and has been working with GBMH towards a full-scale rollout in February 2022. When the TBRA program is launched next month, GBMH will promote the program through educating its staff and referring clients.

VIII. Program Description

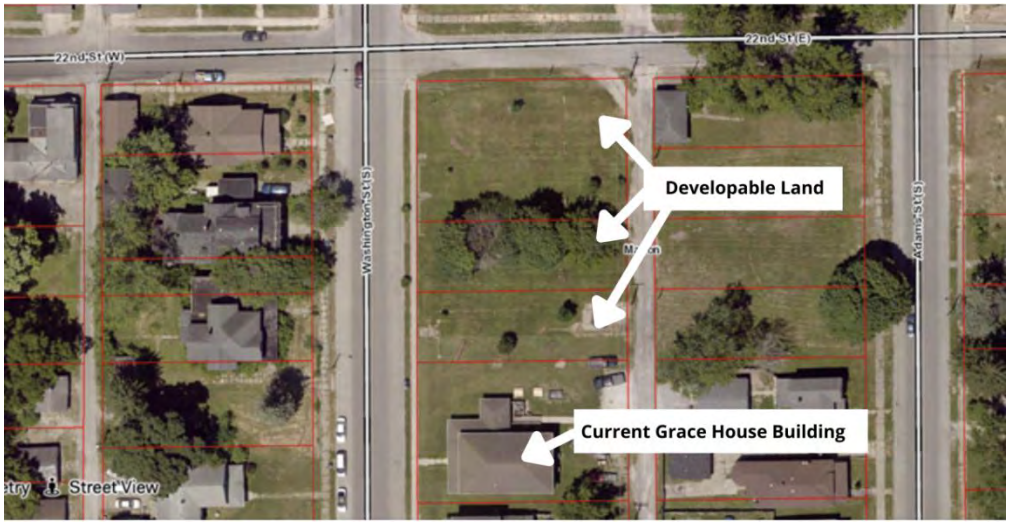
a. Proposed Project

Project RHO will feature a 10-unit multi-family apartment building in Grant County with case management, service coordination, and other supportive services. Project RHO will serve persons with co-occurring substance use disorders and mental illness. Program participants will live in a residential community with direct access to services that will meet their specific needs, while encouraging independence and growth. Services will be offered through a coordinated effort with AHC and GBMH and its resource partners, MH, CORE, and Bridges. Service delivery in Project RHO will focus on helping residents maximize choice, integration, and recovery.

As a single-site project, Project RHO will provide an on-site location for coordination of resident services and case management. An open office will be staffed daily through a coordinated effort between AHC's Resident Services Coordinator (TSC) and GBMH's CCs. A multi-purpose community room will provide a location for case management, group therapy, events, and meetings as needed. GBMH's 24-hour Crisis Service will provide resident's with 24/7 access to supportive services.

AHC has identified an ideal site location along S Washington St in the City of Marion. Project RHO has site control for three parcels of vacant land directly north and adjacent to Grace House. Together, the parcels provide 23,232 square feet for residential development.

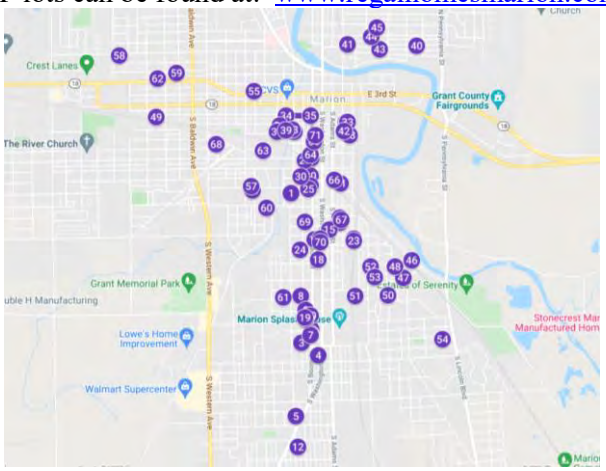
In 2020, AHC deeded all three parcels to Grace House (See "**Appendix F**". Now, the parcels are owned by Grace House, but once the purchase agreement is fully executed in 2022, GBMH will own the parcels. No acquisition is needed and the location of this site is ideal for Project RHO. The proximity of Grace House to the proposed development means that services can be coordinated to serve residents at both locations. Additionally, this location provides proximity to two other transitional housing programs – Hope House and Grant County Rescue Mission's My Home for Men and Open Heart for Women – which can help residents build and maintain relationships within the recovery community. This site location also mitigates transportation issues for residents, as it is located within a 5 minute walk from a City Bus Stop and a 10 minute walk of the City of Marion Transportation Depot.



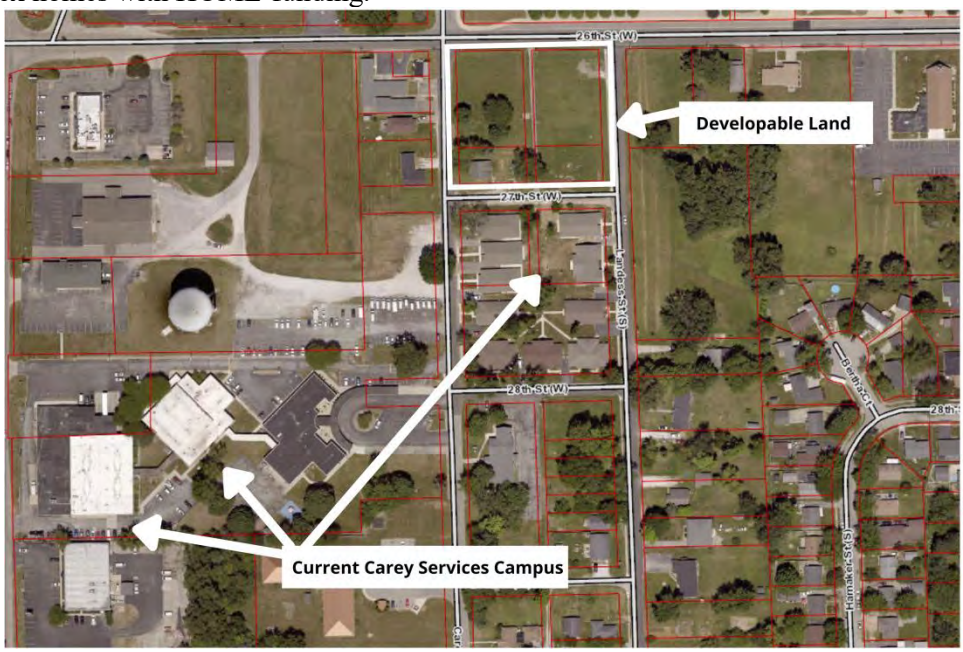
Alternative site location options have been identified and will be considered in the development process:

- **City of Marion BEP Lots –** In 2017, the City and AHC partnered to apply for the Office of Community and Rural Affair's Blight Elimination Program (BEP). With this funding, the City demolished 75 blighted homes – leaving 75 developable lots scattered across Marion neighborhoods.

The BEP lots can be found at: www.regalhomesmarion.com/lots.



- **27th Street Lot –** Adjacent to campus of Carey Services, Inc., there are four (4) parcels of developable land – totaling 60,500 square feet. This year, 27th Street was vacated, including all lots North of 27th Street up to 26th Street. Carey Services, Inc. is the owner of all parcels and has expressed an openness to collaborate on Project RHO. AHC has a strong history of collaboration with Carey Services, Inc.; the two organizations have partnered on constructed 10 duplex homes with HOME-funding.



b. Scope of Supportive Services

The success of Project RHO relies heavily on partnerships and the leveraging of community assets and resources. Collaborative relationships are the most efficient way to meet the diverse needs of residents in permanent supportive housing. AHC will be the Property Manager, GBMH will be the Primary Supportive Service Provider, and together the Team will leverage additional community resources through Marion Health (formerly Marion General Hospital), CORE, and Bridges to Health. A letter outlining Marion Health's commitment and support to Project RHO is provided as "**Appendix G.**"

Supportive service deliverables will emphasis resident choice and empowerment. All residents will undergo an initial assessment with a GBMH Case Coordinator (CC), in which the resident will express interests, concerns, and needs regarding social services. The CC will ensure service delivery is tailored to the resident's specific needs and that

resident's understand their rights and how to exercise those rights.

As the Property Manager, AHC will assign a Resident Services Coordinator (TSC) to Project RHO to work in tandem with the GBMH Case Coordinator (CC). The TSC will work with the Team to design and implement supportive services, including coordinating service referrals; planning on-site recreational and community building activities, events, and holiday parties; informing residents of the building regulations, rules, and work order processes; and being responsive to resident's daily questions and needs. The CC will work with the Team to conduct the initial assessments to assess the resident's interest in and need for services; provide ongoing case management and referrals for services; and provide consistent support to residents. The TSC and CC will coordinate to provide daily, on-site open office hours at Project RHO.

In the Permanent Supportive Housing Model, it is critical to share a clear understanding of staff responsibilities and roles and establish communication structures for information flow and problem solving. Some areas of responsibilities will not clearly fall to AHC or GBMH, and the Team will have to coordinate efforts to share those responsibilities.

A Sample Supportive Services Plan and Staffing Model with additional details on the agencies and supportive services outlined below is provided as "**Appendix H."**

Below is a summary of responsibilities at Project RHO:
Affordable Housing Corporation

- Property Management
  - Advertise all units for rent
  - Show units to prospective residents
  - Take and process rental applications, including prospective resident interviews, credit checks, and income certifications
  - Perform unit inspections prior to move-in and upon move-out
  - Execute leases, renewals, and cancellation agreements
  - Collecting rent and other sums due
  - Compliance with HOME-regulations
  - Enforcing the terms of the lease
  - Perform regular property maintenance
  - Respond to and record work orders
  - Supervise all labor required for property maintenance
  - Ensure property security
- Program Oversight
  - Assign and oversee TSC position
  - Annual budgeting
  - Financial management
  - Compliance with HOME-regulations
  - Fiscal recordkeeping
  - Create annual financial statements/reports
  - Pay all required mortgage payments
- Housing Counseling
  - Financial Literacy Counseling
  - Credit Counseling
  - Budget and Debt Counseling
  - Homeownership Counseling

Grant Blackford Mental Health

- Primary Supportive Service Provider
  - Assign and oversee Case Coordinator (CC)
  - Behavioral Health and Health Services

- Case Management
- Support Groups
- 24/7 Crisis Support
- Addiction Services
    - Inpatient Unit – 16-bed unit that accepts referrals from other area hospitals/behavioral health providers
    - Milestone Center – intensive outpatient substance use disorder treatment to adults, through individual and group therapy.

Team Shared Responsibilities:

- Building Maintenance
    - The Team will jointly develop the work order process
    - GBMH will explain the building regulations and rules
    - AHC will fulfill regular, ongoing, and emergency maintenance requests
- Safety and Crisis
    - The Team will jointly develop clear emergency policies and procedures
    - In cases of building maintenance crisis, AHC will take principal responsibility
    - In cases of psychiatric crisis, GBMH will take principal responsibility
- Resident Selection
    - The Team will jointly determine the Resident Selection Procedure
    - GBMH will lead Residents through the selection process
    - GBMH will review the resident's social service history and assess current needs
    - AHC will review the resident's ability to pay rent and meet income requirements
- Orientation
    - The Team will jointly develop the Orientation Packet
    - GBMH will assist the resident with unpacking, becoming familiar with the building, neighborhood resources, staff locations and hours, and administer the Orientation Packet
    - GBMH will perform the intake assessment to determine the resident's social services needs
    - AHC will orient resident to the building maintenance schedule and work order process
- Building Community
    - The Team will jointly develop a Residents Grievance Policy
    - AHC will develop a schedule a community events and meetings
    - GBMH will inform the residents of upcoming events and meetings
- House Rules
    - The Team will jointly develop house rules, with input from residents
    - AHC will reinforce lease-based rules
- Rent Collection
    - AHC is primarily responsible for rent collection
    - GBMH will intervene with input on evictions or financial crisis, especially when clinical issues are associated with a resident's inability to pay rent
    - The Team will work together to deal with rent arrears problems, referring the process laid out in the Rent Arrears/Collection Flow Chart (**"Appendix I"**)
- Resident Feedback
    - The Team will jointly develop a process for collecting resident feedback
    - AHC will administer the Quarterly Feedback Survey and Resident Satisfaction Survey
    - AHC will collect, file, and input the survey results and create annual reports

Additional Supportive Services offered by Resource Partners:

- Community Opioid Response Endeavor (CORE)
    - Peer Support Specialists
    - Data Collection and Reporting

  - Education and Community Outreach (Community Plunges)
  - Narcan Support and Training
  - Pro-Social Events
- Marion Health (MH)
  - Grant County Substance Abuse Task Force
  - Primary Care
  - Health Education
  - Emergency Management
- Bridges to Health (Bridges)
  - Primary Care for uninsured individuals
  - Addiction services, including Medically Assisted Treatment (MAT)
  - Narcan Support and Training

c. Feedback Plan

Daily Open Office Hours:
It is important that the target population served by Project ROW has direct and consistent access to support. The TSC and CC will be the main point of contact for all Residents in Project RHO. An open office will be located on the building's main floor that will be staff daily. Residents will be able to communicate any needs and areas of concerns during office hours, and the TSC or CC will provide the relevant referrals and information to respond to the resident's needs and concerns.

Orientation:
When residents arrive at Project RHO, the TSC and CC will coordinate an initial orientation. This orientation will inform residents how to submit feedback, express needs and areas of concerns, and request support and services. To accompany this orientation, each resident will be given an Orientation Packet containing:

- the open office hours
- contact information for the TSC and CC
- instructions on how to submit building work orders
- a list of available supportive services through GBMH, MH, CORE and Bridges
- GBMH's 24/7 crisis service

Quarterly Progress Surveys (QPS):
The QPS will be solicited to provide opportunity for resident feedback and track outcomes at Project RHO. The QPS is designed to take the resident five (5) minutes or less to respond. A sample QPS is provided as "**Appendix J**". The TSC will be responsible to ensure all residents complete the QPS, maintain files, record findings, and respond to any areas of concern or needs outlined in the QPS responses through working with AHC, GBMH, MH, CORE, or Bridges.

AHC has experience conducting "monthly occpancy surveys" with Grace House, My HOME Apartments, and Open Heart Apartments. These three housing developments were HOME-assisted and serve homeless men and women in Grant County. These monthly surveys track tenancy, income, and employment as well as asses the resident's need for assistance. The "Monthly Occupancy Survey" is provided as "**Appendix K"**.

Annual Tenant Satisfaction Survey:
AHC currently conducts an annual "Tenant Satisfaction Survey" with all its residents to assess the resident's overall satisfaction with the property management and maintenance. As the property manager, AHC will also conduct the "Tenant Satisfaction Survey" with residents of Project RHO. The "Tenant Satisfaction Survey" is attached as "**Appendix L.**"

d. Diversity and Inclusion

The Team is committed to promoting equal opportunities for safe, decent and affordable housing to all persons, regardless of race, color, religion, sex, national origin, handicap, or familial status, according to the Federal Fair Housing Law. The Team will take the following steps to ensure that all people have the opportunity to gain tenancy at Project RHO:

Advertisements – The content of advertising/announcements will include program information and where people can pick up applications. All advertising will provide as much information as feasible regarding the documents necessary to submit an application. Notices will be shared with partner organizations (MH, CORE, and Bridges) as well as other non-profit organizations serving the target population. Applications will be available in both digital format and in hardcopy. Announcements will be posted at AHC and GBMH and at other locations as appropriate. Because the target populations to be served by the housing are not effectively reached through commercial media, ads will generally not appear in local newspapers.

Fair Housing – The Team is committed to creating a diverse community that integrates people with different abilities, backgrounds, needs, ages, income levels, and family sizes. Project RHO is subject to The Fair Housing Act (Title VIII of the 1968 Civil Rights Act), which ensures that all people are protected from discrimination when they are renting, seeking housing assistance, or engaging in other housing-related activities.

Reasonable Accommodations – The Team will apply the same screening criteria to all applicants. For qualified applicants with disabilities, the Team will offer additional consideration in the application of rules and practices, or services and structural alterations, if it will enable an otherwise eligible applicant with a disability an equal opportunity. After receiving third-party verification from a healthcare professional that the applicant is disabled and requires the type of accommodation requested, the Team will make all efforts to supply the accommodation. Reasonable accommodation for persons with disabilities will be provided at all stages of the application, interview, selection and tenancy process. Reasonable accommodation includes adjustments to rules, policies, and procedures.

Waiting List – A waiting list will be established and maintained for Project RHO. Applicants must meet all program requirements before inclusion on the waiting list. This waiting list will be utilized if a unit becomes available – due to a participant terminating its lease agreement. Once the initial waiting list has been depleted, applications will be taken thereafter on a first-come, first-served basis.

Supportive Services – All residents will have equal access to supportive services. Upon arrival, each resident will receive Orientation Packet and an initial assessment with a CC. Through this orientation and assessment, all residents will be informed of available services and how to access them. Further, all residents will have direct access to the TSC and CC through daily open office hours.

Data Collection and Tracking – The Team is primarily working with CORE to collect and track data on all community efforts to response to the opioid crisis in Grant County. CORE is committed to serving diverse ethnic and racial groups including cultural, linguistic, religious, and all social groups within the county. CORE is involved in sharing results and gathering input from the Grant County Minority Health Coalition, the Hispanic Outreach and the Round Table, the faith community through the MGH Parish Nurse Program, Circles of Grant County, Boys and Girls Club, Grant County Jail and Detention Center, service clubs and organizations, and Thriving Families. \

e. Program Outcomes

With the overall goal of maximizing choice, integration, and recovery the Team will utilize evidence-based process and outcome measurements to document the success of Project RHO. Every quarter, the Team will conduct outcome monitoring utilizing the QPS (**"Appendix J"**). The TSC and CC will ensure (and assist if necessary) that each resident completes the QPS by Q1 – March 31st, Q2 – June 30th, Q3 – September 30th, and Q4 – December 31st. The QPS along with other process measurements outlined below will be utilized to evaluate the outcomes of Project RHO:

Pre-Development Process

- **Outcome 1:** Response to RFP for HOME Investment Partnerships Innovation Program is submitted to IHCDA by the deadline of 1/31/2022.
- **Outcome 2:** Grant County Team is one of three Respondents approved by IHCDA's Board of Directors.
- **Outcome 3:** Required training series is completed by the Team in Summer and Fall 2022.
- **Outcome 4:** The Team applies for all funding available through IHCDA to develop a 10-unit multifamily apartment building in 2022-2023.
- **Outcome 5:** Ten units of permanent supportive housing for the target population are constructed and occupied by 2024.

System Outcomes for Serving the Target Population

- **Outcome: Housing Stability**
  - **Metric 1:** ***Length of Tenancy*** **–** Upon lease termination, the total length of each resident's occupancy will be recorded.
  - **Metric 2**: ***Reason for Lease Termination*** **–** Upon lease termination, the resident's reason for termination (lease violation, incarceration, another rental unit, homeownership, etc.) will be collected via an exit interview or other means.
  - **Metric 3**: ***Occupancy Rate*** **–** Each quarter, the TSC will record the percentage of occupied units in the building.
  - **Metric 3**: ***Quarterly Progress Surveys (QPS)*** – On the QPS, the resident will report their intentions to stay housed in Project RHO and whether they need housing assistance.
- **Outcome: Employment**
  - **Metric 1:** ***Record of Employment*** **–** At intake, the resident's employment status, including place of employment, position, income, etc. will be recorded to create a baseline metric. At the initial assessment, the
  - **Metric 2:** ***Quarterly Progress Surveys (QPS)*** – On the QPS, the resident will self-report their employment status, wage, hours, and earnings.
- **Outcome: Reduction in Arrests**
  - **Metric 1**: ***Criminal Background Check*** **–** At intake, a background check will be performed to create a baseline understanding of the resident's incarceration history.
  - **Metric 2**: ***Records of Arrests*** **–** Residents will be required to disclose any arrests that occur within their tenancy, and/or the Grant County Sherriff's Department and the Grant County Probation Department will inform the TSC or CC whenever a resident is arrested.
- **Outcome: Reduction in Use of Emergency Services**
  - **Metric 1**: ***Number Hospitalizations*** **–** Project RHO staff will keep a record on the number of hospitalizations a resident undergoes during tenancy. This record keeping will be a coordinated effort between the TSC, CC, GBMH Case Management and Addiction Services, and the MH Emergency Department.
  - **Metric 2:** ***Quarterly Progress Surveys (QPS)*** – On the QPS, the resident will self-report the frequency of 911 calls placed, visits to the MH Emergency Department, calls placed to the GBMH 24/7 Crisis Service helpline, and utilization of emergency services.
- **Outcome**: **Utilization of Supportive Services**
  - **Metric 1:** ***Enrollment in Case Management*** **–** If the resident expresses interest and/or need, the CC will enroll the resident in case management services with a GBMH Case Manager. The GBMH Case Manager will report to the CC the resident's enrollment, progress, and participation in other supportive services.
  - **Metric 2:** ***Quarterly Progress Surveys (QPS)*** – On the QPS, the resident will self-report their utilization of supportive services over the last 90 days.
- **Outcome: Community Living Skills and Community Integration**
  - **Metric 1:** ***Participation in Community Events*** **–** The TSC will plan at least one event per month at Project RHO for community networking and enjoyment. The number of residents that participate in each event will be recorded.

- **Metric 2: *Quarterly Progress Surveys (QPS)*** – On the QPS, the resident will self-report their participation in community events, feelings of connection to community, and engagement with activities and leisure hobbies in their free time.

- **Outcome: Individual Wellbeing**
  - **Metric 1: *Participation in Community Events* –** The TSC will plan at least one event per month at Project RHO for community networking and enjoyment. The number of residents that participate in each event will be recorded.
  - **Metric 2: *Quarterly Progress Surveys (QPS)*** – On the QPS, the resident will self-report feelings of loneliness and isolation, safety, self-empowerment, and connections with friends, family, and community.

Success will be measured by progress along each outcome. Metrics will be recorded and updated each quarter, and at the end of the year, they will be compiled into an annual report. The Team will use the "Outcome Tracking Sheet" to record metrics each quarter, as shown below and provided in "**Appendix M**".

Outcomes	*Metrics		EXAMPLE	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Housing Stability	Length of Tenancy		7 months, 3 months, 4 months								
	Reason for Lease Termination	Lease Violation	2								
		Incarceration	1								
		Another Rental Unit	0								
		Homeownership	0								
		Hospitalization	0								
		Other	1								
	Occupancy Rate		0.9								
Employment	Percentage of Residents Currently Employed		80%								
	Average Wage of Residents		$11.50								
Reducation in Arrests	Number of Residents Arrested		1								
	Total Number of Arrests		2								
	Total Number of Residents Serving Jail Time		0								
Reducation in Use of Emergency Services	Total Number of Residents Hospitalized		2								
	Total Number of Emergency Services Utilized	911 Calls Placed	1								
		24/7 Crisis Support Calls Placed	3								
		Visits to the Emergency Department	1								
Utilization of Supportive Services	Case Management		9								
	Group Therapy		6								
	Medically Assisted Treatment		4								
	Peer Support		4								
	Housing Counseling		3								
	Individual Therapy/Counseling		0								
	Inpatient Treatment		0								
	ProSocial Events		2								
Community Living	Number of Participants that Attended a Community Event		1								
	Engagement in Hobbies and Leisure Activities	Time with Friends & Family	3								
		Watch TV or Movies	2								
		Crafts	1								
		Exercise or Sports	4								
		Cooking or Baking	2								
		Other	1								
Individual Wellbeing	Feelings of Loneliness and Isolation	Never	3								
		Rarely	0								
		Sometimes	2								
		Often	4								
		Always	1								
	Feelings of Safety	Never	0								
		Rarely	4								
		Sometimes	1								
		Often	3								
		Always	2								
	Feelings of Self-Empowerment	Never	1								
		Rarely	3								
		Sometimes	6								
		Often	0								
		Always	0								
	Quality Relationships	Never	0								
		Rarely	2								
		Sometimes	3								
		Often	0								
		Always	5								

*All metric recorded are specific to occuring within that quarter

f. Program Timeline

January 2022	Apply for IHCDA's HOME Investment Partnerships Innovation Program
Summer 2022	Participate in Specialized Training
Fall 2022	Develop, Design, and Select Site Location for Project RHO
Winter 2023	Submit IHCDA HOME Application
Summer/Fall 2023	Construct 10-unit Multifamily Apartment Building
Spring 2024	All Units Project RHO are Fully Occupied

IX. Project Need

The opioid epidemic has been ravaging lives in America for over a decade now, and Hoosiers are hard hit by this tragedy. "Indiana has consistently placed in the top half of U.S. states and territories for the highest drug overdose death rate since 2013," reports the Indiana Health State Department. Currently, Indiana ranks 9th in the country for highest incidence of drug use. And, Grant County, IN has been deeply scarred by this epidemic. Here are the facts:

- Grant County is ranked 14th in Indiana for substance use disorders (*County Health Rankings Report*)
- In 2020, there were 30 deaths and 108 ER visits due to opioids in Grant County (*in.gov Drug Overdose Dashboard*)
- In 2021, there were 50 deaths and 58 ER visits due to opioids in Grant County (*in.gov Drug Overdose Dashboard*)
- Drug overdose deaths in Grant County are estimated at 77 per 100,000 (*2019 County Health Rankings Report*)
- Grant County EMS and Police estimate that 1 out of 5 calls are drug related (*CORE*)
- An estimated 400-500 individuals in Grant County are in active recovery (*CORE*)

More data on the prevalence of substance use disorders and mental illness in Grant County is provided at "**Appendix N.**"

In total – according to the most recent data of Grant County's Health Resources and Services Administration – 3,200 individuals are *currently* being treated for substance use disorders in Grant County. Individuals with substance use disorders often have existing co-morbidities, such as mental illness and behavioral issues. "Substance abuse and addiction is associated with mental health consequences," according to the Indiana Prevention Resource Center. In 2020, GBMH served 3,676 people in Grant County. Of that number, 337 received both addiction treatment and mental health services. Further, substance use disorders are often coupled with high incidents of incarceration – putting these individuals at an even higher risk of financial instability, housing instability, and often, homelessness. According to Grant County Probation, 80% of adult offenders abuse drugs and/or alcohol. These facts demonstrate that the opioid epidemic rages on and we must continue to build resources that help individuals access treatment and recover.

In recent years, Grant County has begun implementing a plan of attack. Marion Health (formerly Marion General Hospital) launched the Grant County Substance Abuse Task Force in 2017, with representation from multiple disciplines as well as a member from the office of U.S. Representative Susan Brooks. Today, the Task Force consists of 125 people and 30 agencies that meet quarterly to discuss progress, collaboration, and solutions related to substance abuse in Grant County. Through the Task Force, CORE, and the efforts of many individuals who themselves are in recovery and understand the recovery journey, Grant County is consistently collecting data, tracking outcomes, uniting and exchanging resources, and having community-wide conversations. At the March 2021 Task Force meeting, AHC led a discussion about housing opportunities and the intersection of housing and substance use issues. At this event, many community members and individuals in the target population voiced the need for permanent supportive housing options for persons in recovery.

As AHC continued working with the Task Force and other experts in the recovery community, one theme continually emerged: housing. Over and over, it was stated that individuals in long-term recovery are having tremendous difficulty finding and securing stable, decent, and affordable housing. It became clear that the majority of Grant County landlords are adverse to individuals with eviction records, incarceration records, or poor credit. Individuals are graduating transitional recovery programs and forced to return to unsafe housing situations that are not substance free. Grant County Probation struggles to secure housing for graduates of Drug Court. Hundreds of individuals in recovery are homeless or at risk of homelessness.

Despite the efforts of community members who are working tirelessly to respond to the opioid epidemic and provide critical resources, there is a critical housing gap: there are no permanent supportive housing options for persons with co-occurring substance use disorders and mental illness. Grant County currently has the following transitional housing interventions for individuals who qualify:

- Hope House
    - Structured residential recovery homes for men and women in a Christ-based environment, consisting of 2 men's homes and 2 women's homes
    - Serves approximately 80 men and women annually
    - Approximately 25 graduates annually are seeking "next step" housing
- Grace House
    - Structured residential treatment program for men, consisting of 11 beds
    - Serves approximately 30 men annually
    - Approximately 5 graduates annually are seeking "next step" housing
- Agape
    - Structured residential treatment program for men, consisting of 11 beds
    - Serves approximately 30 men annually
    - Approximately 5 graduates annually are seeking "next step" housing
- Grant County Rescue Mission's Life Change Program
    - A 9-month, faith-based residential program designed to help men and women break the chains of addiction, consisting of 1 men's home and 1 women's home
    - Serves approximately 40 individuals annually, specifically for substance use disorders
    - Approximately 10 graduates annually are seeking "next step" housing
- Drug Court
    - Structured programming for non-violent drug offenders aimed at enhancing the recovery process
    - Serves approximately 100 men and women annually, with 35 new participants entering annually
    - Currently 30 program participants are also in residential recovery programs
    - Approximately 21 graduates annually are seeking "next step" housing

Individuals living in transitional housing are considered homeless, according to HUD's definition. This means the 30 program participants in Grant County Drug Court who currently live in transitional housing are homeless. Overall, there are approximately 180 individuals in Grant County's residential treatment programs who are homeless.

While these programs meet an important community need, they do not address the gap in permanent housing: Where do individuals go after they have graduated from these programs? Where is the support to help individuals in life-long recovery? What housing options exist for those seeking sober-living environments after residential treatment? What housing choices exist for those with eviction records and/or incarceration records?

Upon graduation from a treatment program, most individuals find themselves with yet another obstacle in their recovery journey: nowhere to go. These individuals are at high risk for continued homelessness and/or housing instability. Recent program graduates are often *just* beginning to rebuild financial stability and credit history, repair broken family relationships, and reenter the job market and community. Living with a friend or relative is often not an option nor is it a safe option, as the average, non-recovery household is not substance-free and will typically have alcohol or marijuana present. Rental housing opportunities for these individuals in Grant County are scarce. The majority of landlords are unwilling to rent to individuals with eviction records, criminal records, or poor credit. Individuals are often forced to seek housing outside of Grant County. And yet, even this is not an option for the majority of individuals – as most new graduates have obligations to the Grant County Probation System or another Problem-Solving Court or to family members and children still living in Grant County.

In the absence of safe and affordable housing options, graduates remain in transitional housing. At Hope House, for example, many graduates continue living in the house after program completion as they are unable to find other affordable and sober-living housing. Not only does this prevent the individual from progressing in their journey towards independence or family reunification, but it also takes beds from new individuals waiting to enter the program. And not all programs allow graduates to continue living in the home past graduation.

From soaring opioid overdose statistics to the absence of adequate rental options, there is a documented need for permanent supportive housing. Today, these are the choices: stay in transitional housing; return to unsafe housing with relatives or friends; live in unsanitary and unaffordable rental units; seek housing outside of Grant County and existing support systems; or remain homeless. Each of these alternatives comes at a cost. Unsafe and unstable housing puts individuals at higher risk of relapse and recidivism. Graduates remaining in transitional housing decrease the number of available beds for other individuals in recovery. Obstacles increase for recovery, family reunification, and quality of life.

Access to safe, decent, and affordable housing in Grant County is critical to mitigating the challenges associated with recovery and reentry and reducing an individual's likelihood of relapsing and reoffending. Project RHO seeks to meet this community need by developing a housing intervention specifically designed for persons with co-occurring substance use disorders and mental illness.

X. Key Staff

a. Staff Description

Affordable Housing Corporation

See **"Appendix O"** for all AHC's Key Staff Resumes, as indicated below.

Jacquie Dodyk – Executive Director

Jacquelyn Dodyk has served as executive director of Affordable Housing Corporation (AHC) since 1997. In partnership with IHCDA and other public and private investors, AHC has completed over $30 million in local housing and community development projects. She holds professional certifications in federal grant administration, housing development finance, and green building construction. Jacquie served on the FHLBI Advisory Council from 2007–2011 as vice-president and president. From 2002-2011, she served on the board of directors for IACED (re-named Prosperity) as vice-president and president. Currently Jacquie is a board member for Grant-Blackford Mental Health serving on the Resource Committee and Facilities Committee.

Jacquie's insight on project development and design, federal grant writing and administration, and structured a project to ensure its financial viability and sustainability will be a critical asset to Project RHO. Jacquie will be closely involved in the pre-development and development phase of the project – assisting with preparing the HOME grant submittal, consulting on project design and structure, and overseeing AHC's role in the project implementation phase.

Lorri Cox – Chief Operating Officer

Lorri Cox oversees programs, operations, and the entire housing counseling program at AHC. Frontline counselors on staff (Tasha, Tequila, Lucinda, and Annette) report directly to Lorri; they look to Lorri as the ultimate authority on program design and management, client files, HUD-compliance, etc. Lorri is also experienced in writing and administering HUD grants. Employed by AHC for fifteen (15) years, Lorri understands the program management, oversight, and compliance required for HUD-funding project. If selected, Lorri will oversee property management, program oversight, the TSC position, and housing counseling services.

Bonnie Vermilyer – Chief Financial Officer

With over fifteen years of experience at AHC, Bonnie is an expert at providing accounting services for HUD-funded programs and projects. If selected, Bonnie will assist in tracking program costs, financial management and reporting, and preparing and submitting claims to IHCDA.

Tequila Page – Property Manager

With thirteen years of experience, Tequila Page specializes in managing AHC's rental properties, including procuring tenants, executing leases, and collecting rent payments, as well as providing housing counseling services for rental clients. Tequila is also the agency's coordinator of group workshops or classes. If selected, Tequila will be assigned to the TSC position; provide property management; and facilitate group workshops or classes as needed for residents.

Grant Blackford Mental Health

See **"Appendix P"** for all GBMH's Key Staff Resumes, as indicated below.

Lisa Dominisse – Executive Director

Lisa is the newly appointed executive director of GBMH; she began her role at the time of this grant submittal. She is a non-profit executive with over 20 years of experience in various cross sector roles. Lisa has a wealth of executive experience in business and government, and along the way has helped many entities and individuals find success. If selected, Lisa will be involved with overall program insight, assigning of staff roles, and implementation of supportive services.

Greg Meynard – Certified Community Behavior Health Center Project Director

Greg oversees all aspects of two-year, $4-million federal Substance Abuse and Mental Health Services Administration grant that will result in agency becoming a Certified Community Behavioral Health Center. He is a member of GBMH's executive leadership team and is an expert on grant administration. If selected, Greg will assist with program pre-development and development and grant compliance and administration.

Dr. Conn – Medical Director

Dr. Conn oversees the medical staff at GBMH and provides care and consultation in Outpatient and on the Center's 16-bed Psychiatric Inpatient Unit. He has been involved in the development and implementation of the Jail Treatment Program in Grant and Blackford Counties. If selected, Dr. Conn will advise on program design and implementation and delivery of supportive services.

Kelvin Lee Twig – Clinical Director

Kelvin oversees compliance with outpatient clinical care, supervises the clinical staff over the various programs, interacts with community stakeholders to facilitate mutually satisfying outcomes, and evaluates and revises treatment processes for effectiveness as well as client and staff satisfaction. He is also actively involved with the Electronic Medical Record service development and data reporting. If selected, Kelvin will assist with service delivery and referrals and collaborations with clinical staff and community stakeholders.

Carey Secrest – Substance Use Service Supervisor / Interim Grace House Manager

Carey began as a CC at GBMH's Addiction's Department – coordinating care, completing treatment plants, and completing Adult Needs and Strengths Assessments. In July 2021, Carey was promoted to Substance Use Services Supervisor and began as the Interim Grace House Manager. Additionally, Carey oversees GBMH's CORE program, in partnership with Marion Health.

Carey has over 6 years of experience working in GBMH's Addictions Department, working directly with clients and as a leader. Carey will provide critical insight to Project RHO during the project development, design, and implementation phase. Carey currently supervises GBMH's CCs in the Addiction's Department; Carey will identify and oversee the appropriate case managers to oversee the residents at Project RHO. As the Interim Grace House (GH) Manager, Carey will help coordinate services between Project RHO and GH.

b. Organizational Chart

Current Organizational Charts for the Team are provided in "Appendix Q." Note that at the time of submission, Lisa Dominesse was just beginning as the CEO of GBMH and thus, the organizational chart does not reflect her transition.

XI. Appendices

Appendix A – Certification of Respondent
Appendix B – IHCDA CHDO Application
Appendix C – Certification of Nonprofit Status
Appendix D – AHC and GBMH Financials
Appendix E – AHC Supportive Services Form
Appendix F – Grace House Parcels
Appendix G – Marion Health Letter of Support
Appendix H – Sample Supportive Services and Staffing Model
Appendix I – Rent Arrears/Collections Flow Chart
Appendix J – Sample QPS
Appendix K – Monthly Occupancy Survey
Appendix L – Tenant Satisfaction Survey
Appendix M – Outcome Tracking Sheet
Appendix N – Grant County Data
Appendix O – AHC Staff Resumes
Appendix P – GBMH Staff Resumes
Appendix Q – Organizational Charts