

Questions for Pathways to Permanent Housing RFP H-001

Question #1

Is there an established site for these services or can we offer them in one of our facilities?

Answer #1

There is a location that is already set for these services at an existing transitional living facility with space for offices. The site is accessible.

Question #2

The RFP states "The program [hereafter "Pathways"] will target individuals who are ready to be discharged from an institution" (p. 5-HD-1). Because individuals from different institutions present different service needs, which institution(s) are envisioned here, and what proportion of the population should be anticipated to come from each: for example, are Rehab Central, Hilltop, and the County Psychiatric Hospital the institutions referred to here? If participants are to come from these BHD institutions, will the proposer also be expected to accept individuals who have been diverted by BHD to private hospitals as well?

Answer #2

Referrals may come from adult inpatient units, such as the Mental Health Complex or a private hospital if they are ready for discharge and need a housing placement. This model is not targeting individuals from Rehab Central or Hilltop.

Question #3

The RFP states that Pathways is intended to be an alternative for individuals transitioning from CBRFs or who are on a CBRF waiting list (p. 5-HD-1). What are the clinical admission and discharge criteria for persons served in the program? Who is expected to provide and pay for clinical care for someone on a waitlist but not connected to any services? How should such costs of care be accounted for in the proposal (see also questions 3 & 4 below). Can the Division provide the anticipated percentage breakdown of individuals coming from institutions/Respite/CRC/CBRF/Wait list/Other?

Answer #3

Admissions for Pathways will be handled as a collaboration between the chosen service provider and the Housing Division. There will be joint weekly staff meetings to discuss any new referrals and the service provider will have input into the acceptance of referrals based on clinical information. The service provider will not be responsible for direct case management for those that are not already connected to services. In these cases, the provider will work with Housing Division staff on any appropriate referrals for services. There is no percentage breakdown of where individuals will come from as the program will be based on individual consumer need, but again the service provider will be able to provide input on any potential referrals.

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Question #4

The RFP states that “A portion of these units may also be used for individuals who are at risk of being homeless” (p. 5-HD-2). Will the program be expected to serve individuals who are literally homeless and without income? If so, what percentage of the population to be served should the proposer assume will be zero-income individuals? How will these participants pay the proposed \$375 per month rent? How should the proposer recognize this absence of this income?

Answer #4

The program may serve individuals who are literally homeless and without income when appropriate. In these cases, the Housing Division will locate the funds to assist with rent payments.

Question #5

Is the proposer required to provide vocational training (p. 5-HD-2)? Is OT staff required? Is the proposer expected to incorporate the SAMHSA Evidence-Based Practice in Supported Employment?

Answer #5

The proposer will not be directly responsible to provide vocational training.

Question #6

The RFP states: “Staff to client ratio should be approximately 9:1” (p. 5-HD-2). For a 24-hour facility with a capacity of 27 individuals, this would result in 12.6 FTEs. Is the proposer expected to maintain this staffing ratio around the clock, or may a different staffing ratio be proposed?

Answer #6

Staffing is expected to cover the facility for 24 hours, although the staffing ratio can be flexible for third shift coverage.

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Question #7

The RFP states that “[t]he approximate annual budget will be \$500,000” (p. 5-HD-2). What expenses are included in “services provided, administration, and supplies and equipment?” (e.g., Food? Usual and customary operating expenses? Salaries and fringe benefits?) Are other costs that may be associated with answers to the previous questions (e.g., Question 4 regarding vocational training and the need for Occupational Therapists) to be included in these categories? Are individuals admitted to the program expected/required to pay rent and if so, is the proposer expected to design and operate the rent collection process? Has the County finalized the actual allocation of dollars, rather than an approximation? If so, what is the “actual allocation” for this function?

Answer #7

The budget for this RFP will cover staff salaries, administration, and customary operating expenses such as phone, internet, cleaning supplies, etc. The service provider will be expected to operate the rent collection process in a collaboration with the Housing Division. The \$500,000 remains an approximation, although it is expected that the actual allocation will be similar.

Question #8

The RFP states: “Applicants must include Peer Specialist services” (p. 5-HD-2). Are these individuals to be included in the 9:1 ratio, or are they in addition to it?

Answer #8

The provider has flexibility on how the Peer Specialist service requirement is met.

Question #9

The RFP states that an “Expected Level of Outcome Achievement” will include: “100% of residents obtain and/or remain connected to their BHD case manager” (p. 5-HD-3). Does this mean that all individuals admitted to Pathways are automatically SAIL eligible if they initially enter without a BHD case manager? How will the Housing Division assist in getting a BHD case manager?

Answer #9

It is expected that the provider will work with existing case management to ensure that connect remains intact prior to discharge. For those who are admitted prior to being connected to services, the provider will be expected to work with the Housing Division to make any appropriate referrals for long-term support services.