

**Allegheny County
Department of Human Services
Request for Proposals Q&A**

RFP for a New Continuum of Care (CoC) Program for Individuals and Families Experiencing Homelessness: Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Joint Transitional Housing/Rapid Re-Housing (TH/RRH)

Information Session

April 24, 2024

- 1. Are organizations allowed to drill down further into a certain population served as a program eligibility requirement? For example: targeted toward 65+ years old, or LGBTQIA+ targeted, gender specific program, etc.**

Yes, Proposers may propose to serve different populations/communities. However, during evaluation, the evaluation committee will take into account our anticipated level of need for the proposed population, as we want to ensure we're supporting programming where it's most needed.

- 2. Do we need to pick one program type or specifically budget for one type? Can the program be a combination of the three program types (TH/RRH/PSH)?**

More than one Program can be proposed, but no, you cannot propose a combination of the program types. Each Program type must be proposed separately.

- 3. Will you entertain organizations that provide housing assessments and placement and the support services listed in the RFP but not provide scattered or facility-based housing?**

No. The Successful Proposer(s) must be able to offer housing as well.

- 4. Is there a maximum number of household members for a family being housed?**

We anticipate proposed Programs will offer 2-4 bedroom units, which should be sufficient for most families that would be referred to the Program(s). In the case a family needs a larger unit, we would work with the Successful Proposer to meet or identify the appropriate accommodations.

- 5. If an immediate family has grandparents that were coming with them, would there be a requirement for that? What about identifying what or who the family is?**

The Allegheny Link, our coordinated entry system, will handle that information and process, and send the appropriate Program referrals to the Successful Proposer(s).

6. Is there a projected number of participants?

No, we do not have an anticipated number to offer currently, as this will depend on the renewal and allocation process for currently existing programs. Please indicate the number of participants your proposed Program(s) has the capacity to serve. The final number of participants to be served, the budget and final contract terms will be negotiated with the Successful Proposer(s) during the contracts and negotiation stage.

7. Does leveraging have to be a health care provider? Could we leverage from other DHS areas (i.e. area agency on aging or CYF?)

Yes. Non-health care entities can provide funding for the 25% match requirement, but for leveraging health care resources, the leveraging does need to be provided by a healthcare entity, which could be private or public health insurance provider, or an actual health care service provider.

8. Can you provide more details on the health care provider relationship? What is expected?

We expect the relationship to be based on the leveraging sought by your organization from the health care provider. For example, your organization could receive leveraging in the form of a cash investment to help with the total costs of the Program(s). If your organization is receiving a cash investment, then we expect to see a signed agreement indicating the health care entity is committed funding to your organization to support the Program being served.

If the entity is providing healthcare leveraging in the form of providing healthcare services (e.g., physical, mental, or behavioral health), then we expect to see a signed agreement outlining that the entity plans to provide these services directly to the Program participants free of cost.

9. If awarded and a referral is made, is there a required timeframe to get an individual or family placed in housing?

We expect the Successful Proposer(s) to make an initial contact effort within 24 hours of receiving the referral, with multiple contacts as needed, with a goal of housing the individual and/or family within 30 days of receiving the referral.

10. If we are leveraging with a healthcare provider and they're helping us make housing payments, is there a possibility that so many people in this program would have this kind of insurance?

Individual insurance is not a metric used by the Allegheny Link to refer participants, so we could not guarantee that. The Allegheny Link, through Coordinated Entry, will prioritize referrals of people most at risk for adverse effects if they remain unhoused.

11. If somebody eligible came in, we would ask what kind of insurance do you have, then can make a referral based on that, correct?

Yes. The Allegheny Link, through Coordinated Entry, will prioritize referrals of people most at risk for adverse effects if they remain unhoused. Once a participant is connected to a Program, the participants' individual needs and circumstances are anticipated to inform service planning and additional linkages. As such, an individual's specific insurance coverage may impact the specific referrals to additional supports, services and or programs that are made with them.

12. When we present the budget of the RFP, do you want to see the full budget or the part that would be paid by CoC funds? Or, would you want to see the full budget, including leveraging as well?

For the budget and budget narrative, please provide a detailed line item budget that reflects all costs to implement the program for a one year period, including any costs associated with leveraging, health care resources, start-up costs, and so on.

13. If part is being funded by the health care provider, every single participant would still need to go through the link in the same way, right?

The participants you're seeking to serve through the proposed Program would be funded by HUD, and thus would come through the Allegheny Link. However, if you're proposing a facility that would house/serve additional individuals not being served through this Program, they would not need to come from the Link. E.g., if you have a facility that services 20 people, and you're seeking a Program/HUD funding for just 10 of the 20 spaces, we (the Link) would refer to just the 10 spaces identified for the Program.

14. In the RFP, it stated folks who have high hospitalization and incarceration rates will be prioritized, is this correct?

Correct. Through the Allegheny Link, our Coordinated Entry system, we use a prioritization tool to help identify people most at risk for adverse effects if they remain unhoused. The higher an individual or family scores, the more likely they are to be referred for housing.

15. What specifically do you mean by transitional housing?

Transitional Housing provides temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing.

16. Regarding the substance disorder piece, would that be a requirement that there would need to be that resource available for those who are eligible, correct?

Yes. A letter from a substance use treatment provider indicating they're committed to making services available for eligible and interested program participants is sufficient.

May 9, 2024

17. Would we be able to transfer folks into this program who are currently in other CoC Housing Programs but are not “successful?” (i.e. If someone in RRH isn't housing stable in 24 months and they have insurance that is covered by our leverage partner.) Could we transfer them to this program, knowing they may get more needed & identified supports?

The CoC has an established program transfer process to support participants in receiving the level of support appropriate for their needs. If a participant is enrolled in RRH and needs more, and/or a different support than can be provided through their current program, an Exit Strategy Proposal can be submitted to Coordinated Entry and the participant's needs and current situation will be reviewed and discussed, in combination with a review of capacity at other programs and the prioritization of other system participants. The ability to transfer to another program will be dependent on a number of factors. As such, we are not able to guarantee specific transfer destinations for all participants broadly but can state that program transfers are possible.

18. Are we able to have a formalized process with the Link if we identify someone in a non-CoC Program who is experiencing homelessness to see if they would qualify for this program?

Households will be prioritized and referred for programs based on the CoC's Coordinated Entry Policies and Procedures and prioritization schedule. The standardized process includes meeting the CoC definition of homelessness, assessing for level of risk for adverse events occurring if the household remains unhoused through the Allegheny Housing Assessment (AHA), and eligibility screening questions for programs that serve particular populations, including, but not limited to veterans, people fleeing domestic violence, and transition age youth.