

**RFP #147 TAY Health and Wellness
Questions and Answers**

1. Why does the age range go up to 27 in this RFP?
 - a. HSH elected to use an expansive definition of TAY for this program, which also aligns with the age range for the TAY Navigation Center.

2. What are the funding sources? the RFP is super vague about this.
 - a. Homeless Housing Assistance and Prevention (HHAP) Grant round one. The funding source is subject to change in future years.

3. RFP says "Desks and/or private offices for provider employees and Department of Public Health (DPH) behavioral and medical staff (if medical clinic space is possible)" -- can you talk more about the BH staff/clinic?
 - a. The current version of Department of Public Works (DPW) test fit includes dedicated space for DPH.HSH expects to have a partnership with DPH Behavioral Health and medical to provide services at the site. The test fit is subject to change.

4. RFP says "Workforce Development: Provide workforce development support through a dedicated Job Development Specialist position, in partnership with Human Services Agency's (HSA) Workforce Development." -- is this position covered under this budget, or via HSA contract?
 - a. Through this budget, the provider should allocate 1.0 FTE for a job development specialist. This position may informally partner with or utilize the resources of HSA Workforce Development programs.

5. How many youth are expected to be served? (Shelter, *related to Joanne's answer to 7 below*)
 - a. HSH does not have an estimate of the expected number of youth served because this is a new program. The performance in the program's first year will serve as a baseline for measurement in future years.

6. How many youth are to be outreached to? (Shelter)
 - a. See answer to 5 above

7. What is the maximum capacity of center? (Joanne)
 - a. 240 people according to the building code.

8. Will this drop-in be considered a new Youth Access Point? RFP says provider will be providing Coordinated Entry and Access Point like services, how is this different from Access Point? (Shelter/CE team)
 - a. This program will not be a new Youth Access Point. Limited Coordinated Entry and Problem Solving assessments and services will be provided by the CBO at the site.

9. If state HHAP funds are not renewed, what happens to the funding mix for the Center? (Shelter/Budget)
 - a. This would be determined in future years.

10. What is the maximum age of 27 based on? (Shelter)

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- a. HSH elected to use an expansive definition of TAY for this program, which also aligns with the age range for TAY Navigation Center.
11. For youth over 24, what shelter(s) would they be referred to? (Shelter)
 - a. Whether or not shelter referrals will be made through the TAY Health and Wellness Center is currently under discussion. If shelter referrals are made by Case Managers at the Health and Wellness Center, TAY over 24 would be referred to the TAY Navigation Center or an adult shelter program, based on shelter availability and guest preference.
 12. If the chosen provider is required to conduct CE assessments and problem-solving, isn't this considered a new Youth Access Point? If not, what is the difference? (*Same as 8 above*)
 - a. Limited Coordinated Entry and Problem Solving assessments and services will be provided by the CBO at the site, but this will not officially be an Access Point.
 13. The RFP mentions private offices for DPH behavioral and medical staff – who would be covering the cost of this office + associated expenses (IT, etc)? Contracted through DPH? (Shelter)
 - a. The site build out of office space will be completed by the Department of Public Works (DPW). IT and limited Furniture Fixtures and Equipment (FFE) set up will be the responsibility of the contracted CBO provider.
 14. The RFP mentions a 1:25 case manager ratio. Will this budget only cover one case manager?
 - a. Proposers are welcome to include more Case Managers in their bids if those bid realistically remain within the \$3,000,000 annual budget. The minimum number of case managers required is one.
 15. What is the expectation for # of youth served? What is the occupancy? (same as 7 and 5 above)
 - a. See answers to questions 5 and 7 above.
 16. The RFP mentions specific service and outcome objectives (100% of.. 90% of..) but what are these percentages based on? How many youth? (Shelter pls check my answer)
 - a. Percentages are based on number of guests “seeking services, referred to access point services, served by case management” etc. depending on which objective you're referring to. As discussed in question 5 above HSH does not have a baseline number of clients served at the TAY Health and Wellness Center. Following the first year program objectives will be reassessed based on data collected over the initial service year.
 17. How long can youth stay at the drop-in? (Shelter)
 - a. Time limit policies have not yet been established.
 18. Who is the current contracted provider for this service, if any?
 - a. There is no current contracted provider for this service.
 19. Is the Staffing Requirements (p. 10 and 11) required or proposed as a minimum?
 - a. The requirements are proposed as a minimum FTE amount.
 20. The RFP currently states a part-time roving DPH behavioral health clinicians will provide services at the site. If the behavioral health services demand is high, will DPH be able to provide more

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FTE/staffing via their roving behavioral health clinical support? Or, can the provider hire licensed clinicians to provide services above and beyond what DPH will be providing? (Shelter)

- a. Proposers are welcome to include licensed clinicians in their bids if the bid remains within the \$3,000,000 annual budget and meets staffing FTE minimums.
21. Will pets that are not support or service animals be allowed in the facility? Or will the provider determine their own policy and practice for that? (Shelter/Joanne)
- a. Pets will be allowed at the facility, assuming the guest and pet complies with site rules.
22. Will the contracted provider also directly manage the Coordinated Entry site/process or will that be provided by another entity? (Shelter/CE team)
- a. Limited Coordinated Entry and Problem Solving assessments and services will be provided by the CBO at the site, but this will not officially be an Access Point. There is the possibility of mobile access point resources being made available in future.
23. Is the Health and Wellness specific care plan (p. 12) an existing tool that the provider will be expected to use? Can that be shared? (Shelter)
- a. HSH expects to develop a standardized care plan in the future, but does not have this available to share now. The provider will be expected to co-create a Health and Wellness specific individualized service plan model with HSH.