

Question and Answer

Street-Based Outreach Services for Unsheltered Individuals RFQ

2024 Request for Qualifications

	Question	Answer
1	How will it be determined which type of neighborhood-specific outreach services (street-based, vehicle, or behavioral/mental health) an individual will receive?	This will be coordinated in weekly neighborhood outreach meetings facilitated by HSD Regional Coordinators. Please see the Guidelines and Applications document pg. 5 for additional details.
2	What are the criteria for who will receive behavioral health outreach? Will it be determined by the agencies providing the services?	Agencies interested in applying to this outreach service area should define these criteria as part of their completed application submission.
3	Are referral sources limited to the HSD Regional Coordinator and neighborhood outreach teams? Or can other entities make direct referrals to an awarded agency?	Referrals are not limited to the HSD Regional Coordinator and neighborhood outreach teams. Yes, selected agencies may receive referrals from other entities as part of its daily outreach deployment. Agencies should bring any referrals to neighborhood team weekly meetings to coordinate support if needed and avoid duplication of services across agencies.
4	How will the triaging of referrals be determined?	Neighborhood outreach teams will work together to coordinate, prioritize, and determine which individuals in each neighborhood need which level of care. This will be done at the weekly meetings hosted by HSD Regional Coordinators. Please see the Guidelines and Applications document pg. 6 for additional details.
5	Will referrals primarily be sourced from encampment draw downs? If not, approximately what percentage of referrals do you anticipate receiving from which sources?	Referrals will not be primarily sourced from encampment drawdowns. HSD does not yet know what percent of referrals will come from which sources, but that is something that will be tracked, as outlined in the RFQ Expected Performance Commitments. Please see the Guidelines and Applications document pg. 8 for additional details.
6	How will you identify when a behavioral health specialist team is needed for an encampment draw down?	Determinations will be made at neighborhood team weekly meetings. If agencies are asked to participate in encampment drawdown efforts, HSD Regional Coordinators will share information on service needs of individuals and work with agencies on the appropriate level of outreach services. If the individual is already working with a behavioral health outreach agency, that agency would be asked to support them.

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7	What does assisting with encampment draw down entail? What role do you expect providers to have? What specific actions will agencies be contractually obligated to perform?	If agencies are asked to assist with a Unified Care Team encampment draw down effort, it would be specific to an individual assigned to that agency and before a site is posted for removal. Agencies would be required to engage individuals on site to assess needs, identify resources, and connect them to services to bring them indoors and on a path to permanent housing. Providers will be expected to coordinate care for an individual with whom they are already working.
8	HSD currently provides approx. \$1.6m for DESC's outreach program, HOST. This program also receives funding from the County and State. it is multidisciplinary and based on the companionship model defined in the WA State Health Care Authority's Homeless Outreach Stabilization and Transition (HOST) program guidelines for licensed behavioral health providers. This model, defined in RCW 71.24.14, is designed to serve individuals whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models. The State HOST model for licensed behavioral health providers utilizes the "relational stages of outreach and engagement" framework to build impactful and effective partnerships with the clients we serve. The provision of services under this framework relies on mutual trust-building, and precludes practitioners from being involved in efforts to separate a person from their possessions in public space, either directly or indirectly. Will our agency's adherence to the State's service model be accommodated if we apply for this RFP?	The RFQ requests that agencies describe their proposed service models within their Narrative Response, see Guidelines and Applications document pg. 11-12 for additional details. Regarding the specific service model identified in the question, agencies will not be required to offer shelter or any other assistance at encampments that have been posted for removal.
9	If an agency applies for a neighborhood specific award, they need to specify which of the outreach services they will provide (eg, Street-Based Care Coordination, Vehicle	No, providing all four services will not make a rating higher. HSD will strive to have consistent outreach services available in all neighborhoods.

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	Residency Outreach, Behavioral/Mental Health Care Outreach and Population-Specific Outreach). Will agencies that provide all four services be rated higher? Will there be an effort to have even coverage across all four services in each neighborhood?	
10	Will funding be equal across all neighborhoods or is it based on the latest count?	HSD will strive to have outreach services available to meet the needs of each neighborhood.
11	There will be higher application rates in some neighborhoods than others - in that case, would there be the opportunity for applicants to adjust their projected budgets upward / downward?	Agencies are encouraged to submit budgets they believe will be sufficient to provide the proposed service(s) in the neighborhood(s) they seek to serve. There will not be an opportunity to revise one's budget once it has been submitted. That said, awarded applicants may be subject to budget negotiations.
12	I might have missed it but are there specific criteria for the various types of outreach services (I thought that I saw something particular re behavioral / mental health but then lost it!)	Information regarding the different types of outreach service areas can be found in the Guidelines and Applications document on pg. 5-7 in section "Investment Area Background and Program Requirements". Additional information specific to behavioral/mental health outreach staffing can also be found in the "Description of Key Staff and Staffing Level" section on pg. 8.
13	Won't there necessarily be "competition" amongst agencies that are operating within the same neighborhoods? Perhaps a better way to phrase this - the "team-based" program assumes there will be multiple agencies operating within any given neighborhood, with overlapping outreach focuses - while the RFQ emphasizes collaboration, how will this be incentivized?	HSD intentionally developed this RFQ to incorporate collaboration with HSD and other awarded agencies assigned to neighborhood teams. This collaboration is required to ensure the provision of services is coordinated.
14	The master agency services agreement stipulates that subcontracting can only be done with City consent - is there precedent for subcontracting and is this something the program would support/encourage (or discourage).	If an agency believes it needs to subcontract with another organization to achieve its proposed outreach model, HSD requests that such partnerships be included in your agency's application with signed letters of intent, memorandums of agreement or similar documents. See the Guidelines and Applications document pg. 11.

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15	Is there a minimum amount (\$) for the grant request?	No. Agencies should submit budgets they believe are sufficient to provide the proposed services.
16	Is outreach offered to people living in sanctioned encampments included?	No.
17	Individuals experiencing homelessness often move throughout Seattle without regard to the neighborhood boundaries within the RFQ - how does this impact an agency's performance?	This will not impact an agency's performance, but collaboration with providers in other neighborhoods (for the benefit of coordinating services for specific individuals) may be recommended at times.
18	Will referrals, placements, etc. to / with faith-based organizations be recognized under the City's performance criteria?	Referrals to services and placements will be recognized regardless of their faith affiliation.
19	In the effort to be truly team-based, will there be an effort to encourage collaboration with service providers who are NOT part of the new program?	HSD will focus on coordination as outlined in the Guidelines and Applications document on pg. 5-6.