

**Contra Costa Behavioral Health Services
Homeless Program**

Contra Costa Coordinated Entry Project RFP

Questions & Answers Sheet #1

Published: July 18, 2016

This document contains answers to submitted questions regarding the Contra Costa Coordinated Entry Project Request for Proposals. Additional questions may be submitted in writing to Jaime Jenett, Continuum of Care Planning and Policy Manager, at Jaime.Jenett@hsd.cccounmtty.us.

Additional questions and answers sheets will be posted on Fridays until proposals are due.

1. General: Can we please extend the deadline to August 3rd?

Yes. The deadline for submission of proposals has been extended to 5 pm on August 3rd.

2. General: Will there be additional funding available/future RFP for coordinated care services? Does the County anticipate a new NOFA process for the next year of system building or can successful applicants anticipate future renewal funding if meeting contract and program obligations? Where do I fit into this RFP?

Contra Costa Health Services is working to identify additional funding to fully implement Contra Costa's coordinated entry system as designed, including for further enhancement and establishment of activities, facilities, and staff. Renewals of contracts are expected. Every homeless service provider should see themselves somewhere in this RFP.

3. General: May applicants from outside the county be accepted?

Yes. However, ideally, applicants would have an established membership in the Contra Costa Continuum of Care, and a demonstrated history of working with clients in Contra Costa.

4. General: Utility deposits – which component is this a part of?

This component was included in the original project application as submitted to HUD, but has been redistributed to expand other parts of the budget.

5. General: With regard to the CE system overall, it seems anywhere from 6-10 providers could be a part of this. How will this be coordinated with regard to communication between providers?

First, a Coordinated Entry System Manager will need to be hired by the County. Much of the system development will come from the selected providers, who are expected to work together; planning will happen after those who are chosen are announced, and will be facilitated by the Coordinated Entry System Manager.

6. General: What do you mean by corporate profile?

The corporate profile should be a description of the applicant agency's TIN/EIN, contact information, brief history, mission/vision/values, management structure/org chart, and overview of existing programs (including locations).

7. Budget: Could you provide clarification for the 25% cash match? Can in-kind match be used? What examples would qualify? Does match have to come from funding other than County funding?

CCHS has decided to change the match requirement: 25% match is required, but only 15% is required to be cash match. The other 10% may be cash or in-kind match. Cash match may be from a variety of sources, including other federal sources (excluding Continuum of Care program funds), as well as State, County, local, and private sources. Cash and in-kind match must be used for activities that are eligible under this RFP.

8. Budget: If there are two agencies doing a joint proposal, how would the matched funding work?

The match funds may be braided between the two agencies at their discretion. However, match must be documented separately for each submitted proposal (e.g., if an agency is applying for more than one supportive services category, the match for each proposal must be separate).

9. Budget: Can FTE be split (mentioned at the bottom of page 11); for example, would an applicant be able to submit a proposal for partial FTE under the housing navigation component?

Yes, an applicant may apply for partial or full FTE amounts. For example, the 7 FTE for Housing Navigators is a suggested guideline; applicants may propose a larger or smaller team. However, ideally the Housing Navigation services will be one team from one agency for well-coordinated service delivery.

10. Budget: To confirm, no startup funds available for any of the components?

There are no RFP funds for startup costs.

11. Budget: Transportation costs covered expenses (e.g., van leasing)? If a vehicle is purchased, is this a covered expense?

Transportation costs may cover public transportation, staff mileage reimbursement, leasing or purchase of a vehicle. While purchase of a vehicle is allowable, applicant are advised that leasing requires less administrative burden.

12. Budget: On the budget template, there is a line item for Indirect Costs. Can you clarify what that is?

If you have a federally negotiated indirect cost rate, you can use that rate. If an applicant does not have an indirect cost rate, they may propose a general rate to use, which will be subject to negotiation.

13. Budget: On the benefits line, it specifies 35% - is that the required percentage?

No, the 35% is there as just an example in the template. That number will be removed from the template to be posted.

14. Budget: Should I use the Budget Justification column in the spreadsheet?

No, the budget justification should be drafted separately, as described in the RFP. That column will be removed from the template to be posted.

15. Budget: For operating costs, are those specified in the line items mandatory?

No, these are just examples. Because this is a template, you can expand and add any appropriate operating line items as needed based on your program design.

16. Drug Medi-Cal: Is the funding for the proposed CARE centers already include Drug Medi-Cal revenue? If not, can it be considered the matched funding?

The RFP does not include Drug Medi-Cal revenue, and may be used as cash match by Drug Medi-Cal certified agencies.

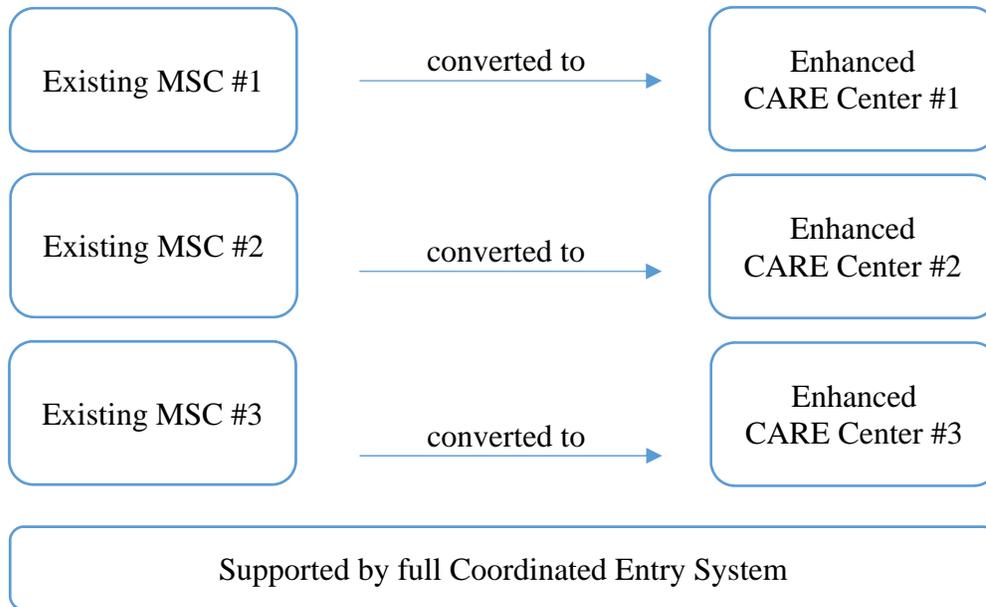
17. Drug Medi-Cal: There is a section for drug Medi-Cal certification for CARE center providers, however in the service categories there is no mention of Drug Medi-Cal funding for staff?

Drug Medi-Cal funding is not included in this RFP. Rather, any applicant submitting a proposal for a CARE Center is expected to become certified as a Drug Medi-Cal provider in order to provide Substance Use Disorder (SUD) outpatient services as described in the RFP. This will allow the provider to be reimbursed for the costs of those activities. Providers who are not yet Drug Medi-Cal certified may receive technical assistance from the county to become certified.

18. CARE Centers: Is the RFP intended to enhance current MSCs (i.e. continue County funding for MSCs in addition to the proposed enhancement) or to replace with the new structure of coordinated care with another provider?

CARE (Coordinated Assessment REsource) Centers will enhance current Multi-Service Centers (MSCs). To be eligible as a CARE Center, the existing MSC should already provide (or will have the capacity to provide by the start of contract) basic needs (e.g., shower facilities, food), assessments, and referrals. Therefore, an applicant for a CARE Center should describe through their application what existing facilities and services are available at their existing MSC, and how they would use the CARE Center budget to enhance their services to include case management, document assistance, a

flexible space for co-located services, and substance use disorder treatment through Drug Medi-Cal Certification. Examples of existing MSCs would include Anka’s Multi-Service Centers, GRIP’s Souper Center, and Trinity Center.



19. CARE Centers: Could funding for CARE centers be allocated to only West and Central? Is there a plan for services focused in East County?

The awards of CARE Center funding are dependent upon the submitted proposals. To ensure that East County is adequately served, preference will be given to CARE Capable Center locations in East County.

20. Warming Center: Elaborate on ‘warming center’ (e.g., will clients sleep there); please clarify amount of clients to be served and hours expected for operation. Will clients be able to come and go as they please?

A warming center would further enhance a selected CARE Center to extend hours into the evening. Clients would not sleep at the warming center; rather, the center would serve as a safe place, where clients can sit in chairs, rest, stay warm, receive basic services (e.g., meals, laundry), and receive assessments and referrals to connect clients from evening outreach or other referrals to basic needs and connections to crisis services.

The proposed hours of operation, and monitoring of client entry/exit, are at the discretion of the provider as a part of their program design, taking into account safety precautions and facility locations. An ideal CARE Center with a Warming Center component would be open 24 hours, as it will be a primary connection point for clients engaged through CORE Team evening services. All proposed hours and client monitoring practices should be articulated in the application.

21. CARE Capable Centers: Can you say more about transportation with regard to fixed locations and the costs associated with keeping a place open?

CARE Capable Centers will be established at already existing service sites. The budget for transportation is meant to enhance services by allowing sites to provide travel vouchers to refer and connect clients to CARE Centers to access a fuller range of services. The equipment budget may be used for any equipment that will enhance services; for example, the purchase of computers for clients to use.

22. CARE Capable Centers: Can you be designated CARE Capable if you do not apply for this RFP?

Yes, you may become a CARE Capable Center without receiving funding under this RFP. Additional information about designation will be established as a part of implementation.

23. CORE Team: How many people does a CORE Outreach Team require?

There is no FTE requirement for a CORE Team; it is up to the discretion of the applicant, to allow for program design flexibility and matching of funds.

24. CORE Team: There is mention of the County doing the daytime outreach. Has the County already started the daytime outreach team? Does this mean Anka’s HOPE team will be discontinued?

Contra Costa Health Services is working to secure other funding for the CORE (Coordinated Outreach, Referral, and Engagement) Team daytime services to be provided by the county. Daytime outreach services are not included in this RFP.

25. CORE Team: For the evening outreach component, are there discussions around the security, safety and liability concerns and who would assume that responsibility (e.g. insurance)?

Applicants for CORE Team evening services should describe the staff training they will provide to ensure safety. Selected contractors will be informed of the County’s insurance coverage requirements.

26. CORE Team: What does it mean when it says that the CORE Team will “house individuals living outside”?

The CORE team will connect clients to Contra Costa’s continuum of housing programs, by referring clients to CARE Centers and emergency shelters for assessment and referral.

27. Centralized Prevention and Diversion: Is the \$58,000 listed include Housing Security fund (HSF)? If not, how much is that fund? Or is this amount for a staff person?

The centralized prevention and diversion budget is for staffing, including the administration of the Housing Security Fund. It does not include the amount in the fund itself, which is being held by the Richmond Community Foundation. Fundraising for the Housing Security Fund is underway, and administration can begin when the fund has at least \$10,000.

28. Centralized Prevention and Diversion: Several questions with regard to the Housing Security Fund. Why is this linked here as opposed to landlord engagement? Will administrative duties be more akin to cutting a check, or accompanied by an approval process?

The Housing Security Fund supports both clients and landlords. However, it is anticipated that there will be greater demand for the funds by clients than by landlords. Therefore, administration of the fund has been linked to Prevention/Diversion. Administration of the fund will include cutting checks as well as an approval process for meeting eligibility. Protocols have been drafted, but will be finalized in collaboration with the selected agency.

29. Centralized Prevention and Diversion: What is the plan to build and refill the Housing Security Fund? As the Coordinated Entry system is established and advertised, reaching more homeless and at-risk people seeking prevention funds, what will the County's expectations be of the prevention/diversion service provider if available funds do not meet increased demand?

Fundraising efforts have been taken on by the CoC and the Multi-faith ACTION Coalition.

30. Centralized Prevention and Diversion: Is the organization a direct referral source? Would the organization be used as a counseling facility?

The selected agency will provide prevention and diversion services directly to clients. The RFP is meant to enhance the prevention and diversion services already in existence.

31. Housing Navigation: It appears there is no funds available for space, equipment, etc. Will the provider selected for the CARE centers be expected to provide space, communication, insurance, equipment, supplies, etc.?

It is expected that housing navigation services will spend some time co-located at the CARE Centers; however, staff will also often be out in the field with clients (hence the budget for transportation). Additional space and equipment needs should be provided through the applicant's match or other leveraged sources.

32. Housing Navigation: Will housing navigation services locate housing in Contra Costa only, or broader?

This is a client choice; if there is an individual who wants to relocate outside the county, we will support them in this. It happens less often, but it is possible.

33. Housing Navigation: Thinking about the Coordinated Entry system as a whole, and the Navigators specifically, to what extent does the County expect to serve homeless individuals and families who may first make contact with the CES from a location outside of Contra Costa County with a goal to become re-housed in CCC?

It is expected that clients will generally first make contact within Contra Costa County, through our outreach teams, CARE Centers, and crisis call centers.

34. Housing Location: Will landlords and vacant units be identified through housing navigators, housing locators, or both?

Both housing navigation and housing location services will be used to identify and engage landlords, whose vacant units will be tracked through the housing vacancy management system. The agency providing housing navigation services will act as a “landlord ombudsman” that enhances the landlord engagement of all providers in the CoC.

35. Housing Location: Housing vacancy management system (is this LEAP?)—Will this data system be provided by the County, HUD, etc.? Or will the provider be expected to produce and manage this database?

The contractor is expected to identify and track vacant units, which may be through HMIS or another proposed system. This system will support the efforts of the Landlord Engagement Access and Placement (LEAP) Program.