

COUNTY OF FRESNO
ADDENDUM NUMBER: ONE (1)
RFP NUMBER: 952-5327

**PROJECTS FOR ASSISTANCE TRANSITION FROM
HOMELESSNESS (PATH) SERVICES**

February 2, 2015

PURCHASING USE
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5327 ADD 1.DOC

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME
MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON FEBRUARY 17, 2015.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Carolyn Flores, phone (559) 600-7112,**
e-mail CountyPurchasing@co.fresno.ca.us, **FAX (559) 600-7126.**

**NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF
REQUEST FOR PROPOSAL NUMBER: 952-5327 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE
SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.**

ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 952-5327

COMPANY NAME: _____
(PRINT)

SIGNATURE: _____

NAME & TITLE: _____
(PRINT)

QUESTIONS AND ANSWERS

Q1. Vendor questioned use of HMIS.

A1. *On Page 27, Section VI – Recording Keeping, Paragraph A.1 requests vendors to outline their experience and knowledge of the Homeless Management Information System (HMIS). The Federal Government established a homeless management system that collects data indicators such as jail, emergency room, etc., for analysis. Vendor will have access to enter data and the county can assist in the process. The attached documents provides a summary and website address of the Federal HMIS system for review.*

Q2. Under the Scope of Work, Page 22 of the RFP states: “It is anticipated 500 clients per year will be served. 400 of these will be in OEL component and “approximately 30 clients are enrolled in ongoing specialty mental health treatment services.” Do they mean 30 clients in Mental Health services at a given time with a cumulative total of 100 for the year?

A2. *The County is aware that not all of the clients will receive mental health (MH) services. At any given time there will be approximately 30 clients actively receiving MH Services but this population may be lower or higher. This is based on client’s voluntary participation for services.*

Q3. Under the Cost Proposal Section D, Pages 28 & 29, Medi-Cal Revenues outlines billable Medi-Cal services for specialized mental health services” and “MHSA dollars are available for specialty mental health services.” Are vendors reimbursed based on a standard rate?

A3. *Reimbursement of cost is based on actual expenditures. The Federal Financial Participation reimburses \$.50 on the dollar and MHSA match will provide the remaining cost. For further details please reference the Cost Proposal Section, Pages 28 & 29 of the RFP.*

Q4. Is there a reimbursement rate schedule available?

A4. *There is no reimbursement rate schedule. The County is asking that Proposals include the rates based on the bidders experience and actual costs of services.*

Q5. Under the Cost Proposal, Section J, Page 31, Cost of Medication requires that “vendors pay for all medication for non-Medi-Cal eligible clients. Vendor shall include the cost of medication as part of their response to this request for proposal.” Is there an approved medication cost schedule available?

A5. *There is an approved medication cost schedule available (see attached).*

Q6. Are collaboratives acceptable placement?

A6. *Yes*

Q7. Do revenues include rents/fees/share of cost?

A7. *Some programs provide bridge housing and some programs have with property for rent to clients based on their level of income.*

Q8. Are services only within the urban area or are they expected throughout the entire county?

A8. Services should include metropolitan and rural.

Q9. In Section II, #6 is a statement rather than a question. What is the intent of this? Does it belong with #7?

A9. Question #6 under Section II is a statement and was not intended as a question. Respondents should address the follow questions #7-#10

Q10. In Cost Proposal (p. 31) Section J requires “vendor paying for all medication for non-Medi-Ca eligible clients. Vendor shall include the cost of medication as part of their response to this request for proposal.” Is this limited to mental health-related medications?

A10. Yes this is related to mental health related medications, as they will encounter individuals homeless without any type of insurance or health benefits such as medi-cal/medi-care etc.

What is HMIS?

A Homeless Management Information System (HMIS) is a computerized data collection tool specifically designed to capture client-level, system-wide information, over time, on the characteristics and services needs of men, women, and children experiencing homelessness. Although efforts to collect information on the homeless population on a national level started in the early 1990's, the term HMIS was not coined until the year 2000.

In 2001, Congress directed the Department of Housing and Urban Development on the need for data analysis on the extent of Homelessness and the effectiveness of the McKinney-Vento Act programs. The mandate required:

- ❖ **Developing unduplicated counts of clients served at the local level**
- ❖ **Analyzing patterns of use of people entering and exiting the homeless assistance system;**
- ❖ **Evaluating the effectiveness of these systems.**

Idaho currently receives over three million dollars from the McKinney-Vento Act for our emergency shelters, and permanent and transitional homeless programs. While HMIS is a requirement for all agencies that receive HUD funding, all homeless service providers and public and private organizations that provide homeless and/or homeless prevention services are actively invited and encouraged to participate in HMIS in order to gain a comprehensive picture of homelessness in Idaho.

Over the last 20 years, many federal and state agencies have implemented plans to eliminate homelessness and reduce the impact of poverty. Measuring the success of the programs is often difficult because organizations lack the resources to collect data and the data that is collected is not in a standard or reliable format. In order to effectively combat homelessness and poverty, policy makers need reliable data to gain a full understanding of homelessness, its underlying issues, trends, and the overall impact on the community. Without reliable information, it is difficult to more appropriately target resources, monitor the use of homeless services over time, and ensure that critical services are offered to those who need it most.

HMIS Data Collection Requirements

The Universal Data elements, as identified in the Homeless Management Information System (HMIS): Data and Technical Standards Final Notice (Federal Register Vol. 69 No. 146) are required to be entered into HMIS by all participating agencies regardless of funding source.

Universal Data Elements

- | | |
|--------------------------|---------------------------------------|
| ➤ Name | ➤ Residence Prior to Program Entry |
| ➤ Social Security Number | ➤ Zip Code of Last Permanent Address |
| ➤ Date of Birth | ➤ Program Entry Dates |
| ➤ Race | ➤ Program Exit Dates |
| ➤ Ethnicity | ➤ Unique Person Identification Number |
| ➤ Gender | ➤ Program Identification Number |
| ➤ Veteran Status | ➤ Household Identification Number |
| ➤ Disabling Condition | |

In addition, in order to identify the Chronically Homeless, data on the extent of homelessness and household characteristics are also collected.

Please Note: Agencies who are recipients of HUD McKinney-Vento Act program funds must also collect **Program Specific Data Elements** to meet the requirements of their grant. They include the following:

- | | |
|----------------------------|-------------------------|
| ➤ Income and Sources | ➤ Substance Abuse |
| ➤ Non-Cash Benefits | ➤ Domestic Violence |
| ➤ Physical Disability | ➤ Services Received |
| ➤ Developmental Disability | ➤ Destination (at Exit) |
| ➤ HIV/AIDS | ➤ Reasons for Leaving |
| ➤ Mental Health | |

HMIS – A Community Resource

HMIS has the capacity to incorporate data from all service providers in the community and to capture basic descriptive information on every person served. HMIS assesses and documents the community's progress in reducing homelessness. By banding together and using one state wide HMIS system we can:

- ❖ Bring the power of the most current up-to-date computer technology to the day-to-day operations of individual homeless assistance providers
- ❖ Share client level information with other affiliated service providers in the state
- ❖ Knit together providers within a local community in a more coordinated and effective housing and service delivery systems
- ❖ Strengthen community planning and resource allocation
- ❖ Obtain and report critical aggregate information about the characteristics and needs of homeless persons

How is HMIS data used?

The data collected in HMIS is used mainly for reporting purposes to HUD but many other organizations also use HMIS data. **Data is reported only at a non-identifying aggregate and statistical level.**

Affiliated service providers are the only agencies with access to shared client-level data. If you choose not to share your information with other Service Providers, you will still have access to client-level data for your agency.

- ❖ Annual Progress Reports (APR) for SHP and ShelterPlus Care grantees (HUD)
- ❖ Annual Progress Reports for ESG grantees (HUD)
- ❖ SuperNofa application for Idaho's two Continuums of Care (HUD)
- ❖ Annual Point in Time (PIT) Count of the Sheltered and Unsheltered Homeless (HUD)
- ❖ Annual Homeless Assessment (AHAR) (HUD)
- ❖ Consolidate Annual Performance & Evaluation Report (CAPER) (HUD)
- ❖ Individual Providers Requests from non-HUD funders
- ❖ Draw requests for grantees
- ❖ Idaho's Action Plan to Reduce Homelessness (Executive Order No. 2005-11)
- ❖ Misc. Requests (News organizations, non-profits, federal and state government, and other funding sources)

ServicePoint Software

Idaho Housing and Finance Association administers the statewide HMIS program and uses a web-based software called ServicePoint (Bowman Systems).

- ❖ ServicePoint is Secure. Data is encrypted for secure transmittal and storage. It ensures that all client and service provider data is secure at all times. Information can be locked or unlocked, viewed or not, depending on the level of security of the viewer.
- ❖ ServicePoint is a robust. It enables staff to assess, refer & track clients; coordinate care; plan & manage programs; gather statistics; and share data with others - all in real-time. It also enables you to track & capture the information necessary to secure funding for services that are low in supply, yet high in demand.
- ❖ ServicePoint is Flexible. Custom assessments and intake forms can be created to capture data specific to your organization and meet the needs of your agency (more than homeless information such as chapel service).
- ❖ ServicePoint is Web-based. There is no software to install.
- ❖ ServicePoint has complete detailed reporting features. Choose from standard preformatted reports or custom reports can be written to meet the needs of your agency.
- ❖ ServicePoint tracks client history. It allows you to monitor changes in income, employment, living situations, service history, cost of service & source of funds and more
- ❖ The ShelterPoint module manages inventory. It allows housing providers to monitor shelter bed usage and availability

If you are interested in participating in HMIS and using ServicePoint or would like more information specific to the needs of your agency, please contact Jennifer Otto, HMIS Administrator, 208 424-7015 (toll free 877-447-2687) or by email jennifero@ihfa.org.

PATH Annual Report- Budget Information

Reporting Period
mm/dd/yy-mm/dd/yy

1. Federal PATH funds received this year: \$
2. Matching funds from State, local, or other sources used in support of PATH received this year: \$
3. Total funds dedicated this year, agency wide, to persons who have serious mental illness and are homeless or at risk of homelessness (include PATH, matching, and non-PATH funds): \$
4. Number of staff supported by PATH and matching funds:
5. Full-time equivalent (FTE) of staff supported by PATH and matching funds:
6. Type of organization in which your PATH program operates:
 - ☐ Community mental health center
 - ☐ Consumer-run mental health agency
 - ☐ Other mental health agency
 - ☐ Social service agency
 - ☐ Health Care for the Homeless/other health agency
 - ☐ Substance use treatment agency
 - ☐ Shelter or other temporary housing resource
 - ☐ Other housing agency
 - ☐ Other (please specify) _____

1. Total number of persons who received any PATH-funded service during the current reporting period:
2. Total number of persons who were Outreached/Contacted during the current reporting period:
3. Total number of persons who were Outreached/Contacted that became Enrolled during the current reporting period:
4. Total number of persons who could not be Enrolled because they were ineligible:
5. Total number of persons currently Enrolled in PATH:
6. Total number of contacts made this reporting period:
7. Total number of services provided during this reporting time period:
8. Total number of referrals given during this reporting time period:

9. Housing Status

	Total Number of Persons who were Outreached/Contacted During the Current Reporting Period with this Status
Literally homeless	
Imminently losing their housing	
Unstably housed and at-risk of losing their housing	
Stably housed	
Don't know	
Refused	
Total	

10. Services Provided	Total Number of Times this Service was Provided	Number of Persons Receiving this Service
Outreach		
Screening/Assessment		
Habilitation/Rehabilitation		
Community Mental Health		
Substance Use Treatment		
Case Management		
Residential Supportive Services		
Housing Minor Renovation		
Housing Moving Assistance		
Housing Technical Assistance		
Security Deposits		
One-time Rent for Eviction Prevention		
Other		
Total		

11. Referrals Provided	Total Number of Times this Type of Referral was Made	Number of Persons Receiving this Type of Referral (Assisted)	Number of Persons that Attained this Type of Referral
Community Mental Health			
Substance Use Treatment			
Primary Health Services			
Job Training			
Educational Services			
Relevant Housing Services			
Housing Placement Assistance			
Income Assistance			
Employment Assistance			
Medical Assistance			
Total			

12. Demographics

		Persons Contacted	Persons Enrolled
GENDER	Female		
	Male		
	Transgendered Male to Female		
	Transgendered Female to Male		
	Other		
	Don't Know		
	Refused		
	Total		
AGE	17 and Under		
	18-23		
	24-30		
	31-50		
	51-61		
	62 and over		
	Don't Know		
	Refused		
	Total		
RACE	American Indian or Alaskan Native		
	Asian		
	Black or African American		
	Native Hawaiian or Other Pacific Islander		
	White		
	Two or More Races		
	Don't Know		
	Refused		
	Total		
ETHNICITY	Non-Hispanic/Non-Latino		
	Hispanic/Latino		
	Don't Know		
	Refused		
	Total		

VETERAN STATUS	Veteran		
	Non-Veteran		
	Unknown		
	Total		
CO-OCCURRING DISORDERS	Co-Occurring Substance Use Disorder		
	No Co-Occurring Substance Use Disorder		
	Unknown		
	Total		
RESIDENCE PRIOR NIGHT TO ENROLLMENT	Emergency shelter, including hotel or motel paid for with emergency shelter voucher (Short Term Shelter)		
	Transitional housing for homeless persons (including homeless youth)		
	Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)		
	Psychiatric hospital or other psychiatric facility		
	Substance use treatment facility or detox center		
	Hospital (non-psychiatric) or physical rehabilitation facility		
	Jail, prison or juvenile detention facility		
	Long term care facility (e.g. boarding or nursing home)		
	Staying or living in a family member's room, apartment or house		
	Staying or living in a friend's room, apartment or house		
	Hotel or motel paid for without emergency shelter voucher		
	Foster care home or foster care group home		
	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"		
	Other		

	Safe Haven		
	Rental by client, with VASH housing subsidy		
	Rental by client, with other (non-VASH) ongoing housing subsidy		
	Owned by client, with ongoing housing subsidy		
	Rental by client, no ongoing housing subsidy		
	Owned by client, no ongoing housing subsidy		
	Don't Know		
	Refused		
	Total		
LENGTH OF TIME LIVING OUTDOORS OR IN SHORT TERM SHELTER	Less than 2 days		
	2 - 30 days		
	31 - 90 days		
	91 days to 1 year		
	Over 1 year		
	Unknown		
	Total		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0205. Public reporting burden for this collection of information is estimated to average 27 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

BRAND	Generic	K-Mart	Target	Walmart
ELAVIL	Amitriptyline 10, 25, 50, 75, 100 mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, \$10 for 90 days #30/90
ELAVIL	Amitriptyline 150 mg	\$15 for 90 days	-	-
COGENTIN	Benzotropine 0.5, 1, 2mg	\$15 for 90 days	-	-
COGENTIN	Benzotropine 2 mg	-	-	\$4 for 30 days, #30 \$10 for 90 days, #90
BUSPAR	Buspirone 5, 10 mg	\$15 for 90 days	\$4 for 30 days #60	\$4 for 30 days, #60 \$10 for 90 days, #180
BUSPAR	Buspirone 15 mg	\$15 for 90 days	-	-
TEGRETOL	Carbamazepine 100mg	\$15 for 90 days	-	\$4 for 30 days, #60 \$10 for 90 days, #180 (200 mg only)
TEGRETOL	Carbamazepine 200mg	\$15 for 90 days	\$4 for 30 days #60	\$4 for 30 days, #60 \$10 for 90 days, #180 (200 mg only)
ANAFRANIL	Clomipramine 25, 50 mg	\$15 for 90 days	-	-
CELEXA	Citalopram 10 mg	\$15 for 90 days	-	-
CELEXA	Citalopram 20, 40mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
SINEQUAN	Doxepin 10, 25, 50, 75, 100mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
PROZAC	Fluoxetine 10, 20mg cap	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
PROZAC	Fluoxetine 10mg tablet	-	-	\$4 for 30 days, #30 \$10 for 90 days, #90
PROZAC	Fluoxetine 40mg	-	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
PROLIXIN	Fluphenazine 1 mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
PROLIXIN	Fluphenazine 2.5, 5mg	\$15 for 90 days	-	-
HALDOL	Haloperidol 0.5, 1mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
HALDOL	Haloperidol 2, 5mg	-	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
VISTERIL/ATAVAX	Hydroxyzine HCL 10mg/5ml Syrup	-	\$4 for 30 days #120	-
VISTARIL/ATAVAX	Hydroxyzine Pam 25, 50mg	\$15 for 90 days	-	-

		K-Mart	Target	Walmart
SYNTHROID	Levothyroxine 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200mcg	-	\$4 for 30 days #30	-
LITHIUM	Lithium Carb 300 mg cap	\$15 for 90 days	\$4 for 30 days #90	\$4 for 30 days, #90 \$10 for 90 days, #270
PAMELOR	Nortriptyline 10, 25mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
PAMELOR	Nortriptyline 50, 75mg	\$15 for 90 days	-	-
PAXIL	Paroxetine 10, 20mg	-	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
MINIPRESS	Prazosin HCL 1, 2, 5mgmg	-	\$4 for 30 days #30	-
INDERAL	Propranolol 10, 20, 40, 80mg	-	\$4 for 30 days #60	-
ZOLOFT	Sertraline 25, 50 100mg	\$15 for 90 days	-	-
MELLARIL	Thioridazine 25, 50mg		\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
NAVANE	Thiothixene 2mg	-	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90
DESYREL	Trazodone 50, 100, 150mg	\$15 for 90 days	\$4 for 30 days #30	\$4 for 30 days, #30 \$10 for 90 days, #90