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**Public Health and Human Service Department – www.stlouiscountymn.gov**

**Linnea Mirsch**

**PHHS Director**

**Request for Proposal (RFP)**

**I**. **Date:** 2/3/2020

**II. Saint Louis County Contacts:**

* 1. Name/Title: Jensina Rosen, Homeless and Housing Program Specialist

Phone: 218- 733-2846

E-mail: [rosenj@stlouiscountymn.gov](mailto:rosenj@stlouiscountymn.gov)

2. Name/Title: Laura Birnbaum, Housing & Homeless Programs Supervisor

Phone: 218- 726-2492

E-mail: [birnbauml@stlouiscountymn.gov](mailto:birnbauml@stlouiscountymn.gov)

**III. PHHS Resource Proposal Description:**

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| **Geographic area to be served:**  St. Louis County, North and South  **Purpose/Statement of Need:**  St. Louis County Public Health and Human Services (PHHS)’ Housing & Homeless Programs Unit seeks to expand housing opportunities for people served through its Housing Support Program. Housing Support is an income supplement for adults with disabling conditions or disabilities ages 18-64 with housing instability, or over the age of 65. The goal of Housing Support is to prevent/reduce institutionalization and homelessness, and help people to reside in integrated, safe, quality, and dignified settings of their choice.  **Services/Resources to be Developed:**  PHHS seeks qualified providers to develop Long-term Homeless (LTH) Supportive Housing Programs and/or expand LTH Supportive Housing units of an existing provider. At least 200 additional units (beds) of LTH Supportive Housing are needed through St. Louis County.  **Client Population to be Served:**  People who are between the ages of 18-64 with disabling conditions or people over the age of 65. Both populations are required to be eligible for Housing Support, as well as experience long-term homelessness. |

**IV. SCOPE OF SERVICES:**

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| **A. Service Summary:**  PHHS’ Housing Support Program oversees LTH Supportive Housing Programs. LTH Supportive Housing Programs receive a base housing rate (up to $922/person per month) to provide for room, board, meals, housekeeping, and facility maintenance/operation services for all participants. Typically, LTH Housing Support recipients receive food support to prepare their own meals. LTH Supportive Housing Providers also receive supplemental service rate capacity from PHHS to provide minimum services including transportation, assistance with scheduling/arranging appointments, medication reminders, tenancy supports, and up to/including 24/hour supervision. The current supplemental service rate is ($482.84/person per month). LTH Supportive Housing Programs must participate in St. Louis County’s Coordinated Entry System and the Homeless Management Information System (HMIS).  LTH Supportive Housing Programs may follow three different program models.  1. Scattered site – where only one household resides in a housing unit, and housing units are “scattered” throughout a geographical area. An example would be one or two-bedroom apartments located in different apartment complexes.  2. Congregate – where more than one household shares a housing unit. Each household has a private bedroom, but common living areas are shared. PHHS may limit the number of people living in a congregate setting.  3. Site-based/Project-based – single housing units are all located within the same building.  This RFP will remain open until further notice. LTH Supportive Housing Programs may be developed for specific populations, in compliance with any/all applicable laws and based on the provider’s expertise, and are required to fulfill requirements as identified in the Housing Support Agreement. This includes participation in any/all quality assurance and compliance monitoring from PHHS’ Housing & Homeless Programs Unit. PHHS’ Housing Support Program developed a LTH Supportive Housing Program Provider Manual for current and prospective providers. It is available for review at <http://www.stlouiscountymn.gov/housingsupport>.  Potential providers are strongly encouraged to review the LTH Supportive Housing Program Provider Manual prior to submission of a proposal. Additionally, respondents should contact the Homeless and Housing Program Specialist to discuss the Housing Support Program and possible program ideas before submission of a proposal.  **B. Essential job/service functions:**   1. Fulfill all Room and Board Standards, including but not limited to the vendor must ensure that Housing Support recipients have at minimum:    1. Food preparation and service for three nutritional meals a day on site;    2. A bed, clothing storage, linen, bedding, laundering, and laundry supplies or services;    3. Housekeeping, including cleaning and lavatory supplies or service; and    4. Maintenance and operation of the building and grounds, including heat, water, garbage removal, electricity, telephone for the site, cooling, supplies, and parts and tools to repair and maintain equipment and facilities. 2. Fulfill Supplemental Service Standards to provide oversight and up to 24-hour supervision, medication reminders, assistance with transportation, arranging for meetings and appointments, arranging for medical and social services, and providing (or referring to) tenancy supports. 3. Ensure all staff meet minimum staff qualifications, including background study requirements, as identified in the Housing Support Agreement. 4. Ensure the physical plant is properly licensed and upholds the quality standards of the setting. 5. Participation in the Homeless Management Information System (HMIS) and Coordinated Entry System. 6. Abide by remaining provisions of the Housing Support Agreement, including any quality assurance/compliance monitoring programs implemented by PHHS’ Housing & Homeless Programs Unit. |
| **C. Supplemental Questions:** Click here to enter text.   1. St Louis County currently has offices in Duluth, Virginia, Hibbing, and Ely, and is responsible for providing services to all county residents. Proposals will be considered that serve either the entire county, or a specific portion of it. What geographical area can your agency serve? 2. Please describe the cultural competency of your organization. What measures will you take to specifically address the needs of the population you hope to serve? How will contracting with your agency help to address the regional racial disparities? 3. What training and mentoring are your employees provided both initially and on-going? 4. What is your proposed business model related to LTH Supportive Housing and services? 5. Describe the proposed physical location of identified housing units. 6. Describe the specific population you seek to serve, if identified, including a description of your qualifications to meet the unique needs of the population identified. 7. Describe your knowledge related to the specific population you seek to serve, including any experience providing support or services to the target population, people who are low income, homeless, and/or experiencing disabling conditions. 8. Describe your knowledge and experience of/with homeless outreach, housing navigation, and tenant education/advocacy. 9. Describe the services you propose to offer, how this connects to requirements as set forth in the LTH Supportive Housing Program Provider Manual, and how you identified those services. 10. How do you propose to integrate Person-Centered thinking, Housing First, Harm Reduction, and Trauma-Informed Care models into your program to serve individuals with high barriers and high needs? 11. Describe how minimum standards set forth in the LTH Supportive Housing Program Provider Manual will be addressed. 12. Describe how you plan to fulfill Homeless Management Information System (HMIS) requirements. 13. Outline your sustainability plan addressing how dual-role providers will remain financially stable during period of time when the housing unit is not fully occupied. Dual-role providers are those who hold a lease with the Housing Support recipient and also provide services. 14. Describe a process to be followed upon an individual’s violation of program rules. 15. Provide information about your, and/or other staff members’, background and qualifications to provide these services, as well as all business partners (silent or otherwise). 16. Any additional information you think would be helpful for reviewers to know when considering your proposal. |

**Disclaimer:**

The above statements are intended to describe the general nature and level of work being performed by individuals performing this function. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

**V. Financial:**

**A.** Funding is determined by the County.

* 1. Housing Support Base Rate: up to $922/month per eligible person
  2. Supplemental Service Rate: $482.84/month per eligible person

**VI. Timeline:**

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| **Open RFP Process** |
| **Proposals will be reviewed by the Homeless and Housing Program Specialist in the order received, and then may be forwarded to the following entities:**    Proposals will be reviewed by the Housing Support Program Advisory Committee for a recommendation to support the development. The proposal, along with the Advisory Committee’s recommendation, will be forwarded to the PHHS Behavioral Health Division Leadership Team for final determination. **Note:** the Advisory Committee meets on a quarterly basis and the Behavioral Health Division Leadership Team meets monthly.  **Note:** Submission of a proposal does not guarantee PHHS will enter into a contract with a prospective provider. PHHS reserves the right to reject a submitted proposal without forwarding for additional review. |

**VII. Provider Response:**

If your organization is interested in being considered to provide this service, please submit one (1) copy of your response to this proposal, providing at a minimum the information requested below.

At the top of your response please clearly indicate your proposal is one to provide LTH Supportive Housing services and if it serves a targeted population.

A. Organization:

1. Firm name and address

2. Type of organization – Corporation, Partnership or Individual, HealthCare Agency, Contractor

4. Number of years in business

B. Personnel:

Provide name, educational and experience background, and other qualifications of persons who would provide services indicated.

C. Experience:

Provide a general description of your agencies relevant activities over the past three (3) years as well as specific information regarding prior relevant services provided.

D. Proposal:

1. Scope of services.

2. Proposed budget information for the LTH Supportive Housing Program to be developed. Such information should include anticipated costs related to both room/board and supplemental service standards.

E. Supplemental Questions:

Insert answers to questions to, **Section IV.** **C, Supplemental Questions**.

F. Relevant Certifications or Licenses:

In addition: Any Purchase of Service provider contracting with the St. Louis County Board of Commissioners is expected to comply with the following requirements:

1. Data Privacy
2. Equal Employment Opportunity and Civil Rights Clause
3. Fair Hearing Appeal
4. Rehabilitation Act
5. Health Insurance Portability and Accountability Act (HIPAA)

G. Insurance:

The following insurance must be maintained for the duration of this Agreement. A Certificate of Insurance for each policy must be on file with the St. Louis County Public Health and Human Service Department Contract Services. Each certificate must include a 10-day notice of cancellation non-renewal, or material change to all named and additional insureds.

1. General Liability Insurance

a. $500,000 when the claim is one for death by wrongful act or omission and $500,000 to any claimant in any other case.

b. $1,500,000 for any number of claims arising out of a single occurrence.

c. No less than $2,000,000 Aggregate coverage.

2. Policy shall include at least premises, operations, completed operations, independent contractors and subcontractors, and contractual liability and environmental liability.

3. St. Louis County shall be named as an Additional Insured on a primary and non- contributory basis.

4. Business Automobile Liability Insurance

a. $500,000 for claims for wrongful death and each claimant.

b. $1,500,000 each occurrence.

c. No less than $2,000,000 aggregate.

d. Must cover owned, non-owned and hired vehicles.

5. Workers’ Compensation

Per statutory requirements, Certificate of Compliance must be executed and filed with St. Louis County.

6. Professional Liability Insurance For Licensed Professionals

a. Provider shall maintain at its sole expense a valid policy of insurance covering professional liability, arising from the acts or omissions of Provider, its agent and employees in the amount of not less than $500,000 per claim and $2,000,000 annual aggregate. This provision applies only in situations where Provider’s staff or volunteers are performing licensed professional services under this Agreement.

**VIII. Selection:**

All responses will be reviewed by Public Health and Human Services Department and other appropriate County personnel. Prior to making the final selection, interviews may be scheduled with Agency staff to determine potential fit as a provider of these services. Once a proposal is approved, contracting will begin. Services cannot begin until all contracts are finalized and site visits are completed.

Any additional questions regarding this proposal should be directed to the contacts listed in **Section II.**

**IX. Receipt of response:**

Your response must include one (1) copy of the proposal and RFP response.

**X. Submit to:**

**Housing Support Program -** Please submit your proposal electronically to Jensina Rosen, Homeless and Housing Program Specialist at [rosenj@stlouiscountymn.gov](mailto:rosenj@stlouiscountymn.gov).