

Department of Housing
CT Homeless Response System RFP
Questions and Answers
August 29, 2023

Q1. I have a question around the 3 year requirement for any agency applying for shelter funding. Is it required that an organization applying for shelter operations must have 3 years experience in shelter operations?

A1. Yes, an organization applying for shelter operations must have 3 years experience in providing shelter operations. If an organization does not have 3 years, they must partner with an entity that does have 3 years in shelter operations to be considered for this funding opportunity.

Q2. Just to confirm, am I correct in assuming that the "Start Date/Timetable and Schedule" request on p.28 can be included as a "relevant attachment" as per the instructions on p.52 (even though it's not one of the ones listed)?

A2. Yes the "Start Date/Timetable and Schedule" can be included as a relevant attachment.

Q3. In the list of attachments on p.39, the "budget template" precedes the memorandum of agreement and resumes; in the list of attachments on p.52, the "proposed budget" follows them. Does the order of these items matter? If so, what is preferred?

A3. The preferred order of attachments would Memorandum of Agreement and Resumes followed by Proposed Budget

Q4. Regarding the shelter operation and CM funding allocation for each CAN, I am wondering how the number of ES beds were considered in the allocation amount? Based on our quick math, the number of ES beds in FC would mean that shelters are only receiving about \$5K per bed, and not near the \$9K maximum. When considering the 18% allocation for the CAN, did shelter beds come into play OR was there a thought that shelter beds are funded entirely off appointment outcomes?

A4. DOH analyzed the current DOH funded shelter budgets statewide to determine that the \$9000 for shelter operations was the most fair rate. DOH has never fully funded shelter, so other sources of funding are not included in this rebid as DOH does not have access to that information. The number of shelter beds per CAN was determined by taking the total available DOH funding for shelter operations and dividing it by the allocation percentages and then dividing that number by \$9000. Slight adjustments were made to the numbers of beds to ensure that the number of DOH-funded shelter beds in each CAN was minimally affected by the \$9000 per bed amount. DOH is only considering its sources of funding. Please see the attached breakdown of shelter beds per CAN in Appendix A.

Q5. What will be the lengths of the contract under this RFP?

A5. The lengths of the contracts will be for 3.5 years for a majority of the contracts. Those contracts will have the time frame of 1/1/24 to 6/30/27. For any contract funded with Continuum of Care (CoC) funds, those contracts will be for three years and have a time frame of 7/1/24-6/30/27

Q6. What is anticipated time frame to phase in new contracts?

A6. DOH anticipates the majority of the new contracts to start on January 1, 2024 with contracts containing CoC funding to start on July 1, 2024.

Q7. In regard to Component 4, CAN system Management, do applicants have to be able/willing to provide all eligible activities listed or are they able to only select certain activities like diversion?

A7. For Component 4 and applicants do not need to apply for all eligible activities. Applicants can apply for whichever activities they prefer.

Q8. Are applicants required to submit separate applications for each CAN they are proposing to provide services in?

A8. Yes, applicants are required to submit separate applications for each CAN they are proposing to provide services in.

Q9. Is funding for Hubs or YHDP programs including under this RFP?

A9. Youth Homeless Demonstration Program (YHDP) funds are not part of this. DOH received new HUB funds from HUD via the Special Notice of Funding Opportunity (SNOFO) and this funding is included under the RFP. It should be noted however, that SNOFO funds were received by the CT Balance of State (CTBOS) CoC and therefore are only eligible in CTBOS areas (i.e., not in the Fairfield County CAN)

Q10. On page 17, under CAN System Management, a funding amount formula of \$1000 per household is mentioned. Is this based on attended appointments?

A10. The RFP states that "DOH has not placed a cap on amount per household; however, the awardee must commit to serving a minimum number of households associated with the amount of funding: 1 household per \$1000, so if an award of \$50,000 was made, the awardee must commit to serving at least 50 households. This funding amount was not based on the attended appointments allocation rate but rather on ensuring an average cost of no more than \$1000 per household served. This funding cap applies to the CIA funding which is available to provide "Direct financial assistance to households to avoid or end an episode of homelessness with no more than one-time financial assistance." The total CIA funding available was allocated by CAN using the attended appointments allocation rate.

Q11. Can we provide a full list of services and locations in the Appendix?

A11. Yes, an agency can provide a full list of its services and locations in the Appendix.

Q12. My question is about the RFP Submission Form (Cover Sheet) I understand there is a link on page 27 to be filled out. When is this required to be submitted? At the time of the proposal submission September 19? Do you also want the cover sheet to be copied and included with the proposal submission?

A12. The Cover Sheet is required to be submitted at the time of the proposal submission. While not required, an agency can certainly copy the cover sheet and include it with the proposal submission.

Q13. Is the SNOFO funding for HUBs included in this RFP or will it be in addition to the amount allocated in Component 4?

A13. As stated above, DOH received new HUB funds from HUD via the Special Notice of Funding Opportunity (SNOFO) and this funding is included under the RFP. It should be noted however, that SNOFO funds were received by the CT Balance of State (CTBOS) CoC and therefore are only eligible in CTBOS areas (i.e., not in the Fairfield County CAN)

Q14. I have some clients who are not currently funded under DOH that expressed a need for PSH case management in their projects. My understanding is that the PSH case management piece is really predetermined to existing projects and essentially this is a rebid of those services.

A14. The PSH case management piece is a rebid of existing projects funded both by the State of CT and CoC funds. There is no new PSH funding in this RFP.

Q15. For family shelters, can you clarify if the \$9,000 max for shelter operations is \$9,000 per family unit or \$9,000 per individual bed?

A15. For the family shelters, the \$9000 per bed still applies.

Q16. For family shelters with shared bathrooms, can we serve single gender Head of Household families only (ex. female headed households only)?

A16. No, family shelters cannot serve a single gender head of household. It is against HUD regulations to for presenting families to be separated or not to serve a specific gender. If a shelter only has bathrooms for a single gender, please reach out to DOH to determine the availability of capital funds to create bathrooms for all genders.

Q17. Will DOH be working with Nutmeg/CCEH to build reports in HMIS that include the expected metrics since many of the metrics are not included in current reports?

A17. Yes, DOH will work with CCEH/Nutmeg to create reports in HMIS that is responsive to the new programmatic metrics.

Q18. Will DOH be providing the training on the required Evidence Based Practices? Page 22 states they will be providing training but is not specific on which ones.

A18. In the coming year, after this RFP is completed, DOH will be engaging with other state partners to create training series that is responsive to providers in any area of the homeless response system. While the training series will not be in place at the beginning of the resultant contracts, DOH does expect to have a training series available within the timeframe of the contract.

Q19. Will DOH be conducting the site visits themselves or be contracting with another entity (like CCEH)?

A19. At this point in time DOH will continue to contract with another entity for site visits.

Q20. Can a provider apply for diversion separate from the CAN backbone agency?

A20. Yes, a provider can apply for diversion separate from the CAN backbone agency.

Q21. For Component #2, can the proposed budget we submit for Housing Problem Solving supports include providing financial assistance for housing plan related costs such as replacing ID's, transportation to appointments, helping with costs of relocating to another area where the participant has a housing option etc.?

A21. Yes a budget for the Housing Problem Solving supports can include providing financial support for related costs as well as funds for case management staff.

Q22. For Component #2, can the proposed budget we submit for this component include one time financial assistance with security deposits and/or first month's rent for participants who do not need/have access to more in depth RRH supports but could exit to permanent housing with limited support?

A22. Yes, the budget can include one-time financial assistance like security deposit for those specified activities in the question above. *Please note, If the participant is eligible for other security deposit assistance funds, the funds in the budget line item should be used as a last resort.*

Q23. For Component #3, is our current contract (23DOH0294NLHH) part of this rebid?

A24. Yes that contract is part of this rebid.

Q25. For Component #3, does the budget we propose need to include any funding for security deposits or is this covered under Rental Assistance?

A25. Security deposits are covered under rental assistance, therefore do not need to be part of the services budget.

Q26. For Component #3, can the budget we propose include costs such as moving expenses and furniture?

A26. Since the majority of these funds are from CoC funds, only CoC eligible costs will be allowed.

Q27. For Component #3, can the budget we propose include flexible financial assistance to support housing plans such as transportation, work related expenses etc?

A27. Since the majority of these funds are from CoC funds, only CoC eligible costs will be allowed.

Q28. Is the Smartsheet to be submitted as soon as possible or is the deadline for the Smartsheet 9/18/23?

A28. The Smartsheet is due by September 19, 2023 at 3:00 PM.

Q29. For Component #1, our organization maintains both individual and family rooms in our shelter. It has been standard practice to require some form of identification prior entry to complete a sex offender registry check. Will we be allowed to continue this practice?

A29. Due to the composition of the shelter with children being present, it is allowable to complete a sex offender registry check. If, however, a person is identified as being on the sex offender registry, it is incumbent upon the organization to work with the CAN to find an alternative placement.

Q30. For Component #1, could the department define “large number of belongings” in the admission standards section?

A30. The intent of that section is to clarify that an individual cannot deny an individual shelter due to a “large number of belongings”. If a shelter cannot store such large number of belongings, which may vary by the shelter’s storage space, it is incumbent on the shelter to identify a safe location for such belongings while the individual is in shelter.

Q31. For Component #1, what is the Department's proposed process and timeline for approval of the removal of guests due to “other behaviors that compromise the safety of staff or guests?” Will DOH staff be available 24/7 for shelter inquiries?

A31. Due to the small staff size at DOH, DOH staff is not available 24/7 for shelter inquiries. Therefore if there is an imminent risk of others in shelter from a guest’s behaviors, the shelter can take the necessary steps to ensure the safety of everyone involved in the situation. It is then incumbent on the shelter to connect with DOH on the next business day to determine how to move forward with that situation.

Q32. For Component #1, for those individuals who have been removed from the shelter previously due to instances of violence or aggression, and have been designated as unable to return, is it the department's expectation that we begin with a clean slate, should they need to return?

A32. Yes, it is the expectation of DOH for the shelter to start with a clean slate for any individual that presents for shelter, including those that have been removed previously due to instances of violence or aggression.

Q33. For Component #1, what is the department's recommended procedure for guests who do not engage with shelter case managers or other service providers? For families with dependent children monitoring school attendance is now a service standard, is school attendance for children expected to be written into the housing plan? What are the proposed ramifications for guests who choose not to send their children to school.

A33. DOH expects all shelter case managers to continue to engage with the individuals and families they serve. Individuals cannot be discharged from shelter for lack of engagement with case management. DOH also understands that not all individuals will engage and will work with shelter staff on strategies to assist in engaging those individuals. As it relates to families, DOH does expect the shelter to monitor a child’s attendance in school and that should be written into a housing plan. If the shelter has instances with guests choosing not to send their children to school, they can reach out to DOH for strategies to assist in having the family understand the requirements about school attendance.

Q34. For Component #1, our agency currently maintains a zero-tolerance policy for alcohol or drug use on-site, will we be able to continue that policy, and have a disciplinary procedure for those guests who violate it? For guest who do come into shelter under the influence and cause a scene or significant conflict what is the Department's recommendation for action?

A34. DOH requires that shelters do not deny individuals for shelter due to addiction issues and/or being intoxicated. That being said, a shelter can have a policy of zero tolerance of actual use of alcohol or drugs on site. Ultimately DOH needs to ensure the safety and security of all guests and staff so if a guest is posing a health or safety risk to him/herself or others, the shelter could discharge or not accept that individual but must follow the State of CT CAN policies related to these actions.

Q35. For Component #2, can flexible financial assistance related to speeding shelter exits (help with replacing ID's, transportation, application fees related to employment etc.) be included in the budgets submitted for Component #2 Shelter Case management? If flexible financial assistance can be included in these case management budgets, can this include onetime assistance toward rent and/or security deposits? Can these funds be administered by the agency providing the shelter case management supports or does this funding need to be managed by a centralized source?

A35. Yes, one time financial assistance is allowable. See Answers 20-22 above.

Q36. For Component #2, is there an expectation for any “aftercare” for guests who are rapidly exited other than referrals to other community support providers?

A36. There is not an expectation for “aftercare” for guests after they exit shelter. But as is noted, it is expected that the shelter case management to make appropriate referrals to other community support providers.

Q37. For Component #3, are all current CoC RRH providers, who were not selected for participation in CTBOS' “2023 request for proposals funded through PH Bonus, Reallocation, and DV Bonus” invited to apply in component 3?

A37. This is an open bid process so all eligible organizations are invited to apply.

Q38. For Component #3, Is this a full re-bid for ALL current Rapid Rehousing Program contracts?

A38. This is a full re-bid of all DOH funded rapid rehousing programs with the exception of the rapid rehousing programs associated with the Youth Homeless Demonstration Program (YHDP) and RRH projects funded under the 2022 HUD CoC NOFO.

Q39. Can the department please define “professional supervision and/or case/clinical consultation”?

A39. Professional supervision and or case/clinical consultation is defined as supervision provided by a person with the training and expertise to ensure that standards are met with competent and safe practice to ensure participant and staff well-being. This support aims to identify solutions to problems, improve practice and increase understanding of professional and clinical issues. Engaging personnel with master degrees or licensure in related human services fields such as Social Work and Counseling are encouraged, but not required. Currently, DOH subcontracts with Housing Innovation to facilitate RRH

Communities of Practice to provide supportive consultations and problem-solving conversation. Agencies could choose to host group supervision among partners to reduce any associated costs.

Q40. Our shelter operates 24-7 but due to staffing shortages, during the weekday hours of 10am-5pm, singles are required to leave the shelter (ostensibly to find work, school, housing, etc.) while families are permitted to stay in the shelter all day if they wish.

Will the new RFP penalize us for not being open to the singles all day?

A40. DOH encourages all shelters to be open 24/7 and requires that all shelters have a plan for 24/7 coverage for emergencies, but a shelter will not be penalized if it is not open 24/7.

Q41. The RFP offers up to \$9K per shelter bed in Part 1 and up to \$5K per case management slot in Part II. This combined \$14K package appears to be significantly higher than the current funding mix. Knowing that you may not have an easy way to break down the current combined service packages, can you please provide the average current funding level statewide for a shelter bed with case management? (The total dollars currently funded annually for Part I and Part II services divided by the number of funded beds with case management statewide.)

If the current annual funding level is significantly less than \$14K for combined shelter beds with case management, is there any thinking that can be shared as to whether DOH is looking for large numbers of bed reductions with a healthier system that can actually get people housed, or if the priority is continuing to fund a similar number of beds but perpetuating an underfunded, unsustainable system at far-below cost?

A41. DOH anticipates a very similar amount of shelter beds to be funded through this rebid. DOH does not expect major increases or decreases in DOH funded shelter capacity. One of the major goals of this rebid is to equalize the funding for shelter across all programs. In the past shelters received different amounts of funding per bed. For more information, please see the response to Question #4.

Q42. When completing the Smartsheets for Statewide RRH administration, what amount of funding should be used, since funding won't be proportional to the CAN allocations on page 10.

A42. For Statewide RRH administration, please use the statewide total amount of funding on Smartsheet.

Q43. Given the way RRH funding is currently contracted through separate UCOAs, are you looking for separate budgets per CAN; per funding types (CoCs, YHDP, ESG); or a single \$6M budget that illustrates line item spending that will be translated into each separate grant UCOA when each is executed?

A43. A single budget that illustrates line item spending will be acceptable. Upon contract execution, DOH will create contracts that align with CoC funding and other source of funding. For example, DOH may create separate contracts for each CoC rapid rehousing grant it has.

Q44. The Eastern CAN currently devotes \$900,000 to activities funded under Component #4 using funding from CDBG Small Cities, NL County Fund and CAN CIA. In the RFP, the allocation for component

4 is \$589,000 for the Eastern CAN. Are there any other funding sources--for example another round of CDBG Small Cities--that we can access to fund diversion and HUBs?

A44. DOH will continue to seek additional funds to increase homeless services across the state, but at this time, there is no additional annual funds available. DOH does have access to \$2 million in onetime ARPA funding for diversion that each CAN will receive its percentage allocation. Funding from the NL County Fund is not included in this RFP.

Q45. Will CDBG small cities be available for Public Service during the FY2024 application period and beyond.

A45. At this point in time, DOH has not made any decisions about CDBG Small Cities Public Service funding.

Q46. Is the NL County Fund (ESS funds, #2013DOH0101DA) eligible for continued funding outside of this RFP or is it DOH's expectation that this activity (the client assistance diversion component) must be figured into this RFP as well and will not be funded elsewhere?

A46. The above listed contract is part of this rebid and therefore it must be figured into this RFP.

Q47 For Component #4: Is the database of landlords, housing buildings and units a required part of a CANs application and activity? Can this activity be addressed in separate activity outside this RFP (ie: Padmission as a separate project outside this RFP).

A47. The database of landlords, housing buildings and units is not a required part of the CAN application and activity. This activity can be documented in separate activity outside of this RFP.

Q48. For Component #4, Direct Client Assistance: Is there a cap or average that's required other than just stating total number of expected households served? Is the 1 household per \$1,000 noted in the RFP or was that just an example?

A48. See the response to Question #10.

Q49. Given the page limitations and line spacing, if we have a concern with including necessary information in our proposal, do we need to include the actual questions in the body of main proposal for each component or can we just include the related headings and question numbers?

For example:

Shelter Operations and Accommodations

- A. Followed by our response to the question.
 - B. Followed by our response to the question.
 - C. Followed by our response to the question,
- Etc.

If this is acceptable, if you would like, we could include the questions we are responding to in the Table of Contents,

A49. It is acceptable for an application to format its response as described above.

Q50. As it states, the shelter is able to deny admission to a person who previously committed a violent offense against another person at the facility or is violent on the premises, but does not state for how long? Does the shelter determine the period of time that the person is to be denied the homeless shelter service, or would this be made in collaboration/conjunction with DOH?

A50. There is no set timeframe for how long an individual cannot return to shelter due to violence against others. That decision can be made by the shelter, but must take into account current information. For example not allowing someone into a shelter after a violent incident 10 years ago would be unacceptable. Shelter staff can reach out to DOH staff for consultation in assisting in the decision making process.

Q51. The new standards also state that we cannot deny services to those with a history of negative behaviors. Having said that, we recognize that guests may be removed from a shelter when they have committed or threatened violence toward anyone at the facility; sold drugs onsite; stolen from other guests; engaged in loan sharking, stalking of other guests, human trafficking, gang activity, or other behaviors that compromise the safety of staff or guests with approval from DOH. Again, is there any particular time frame related to the removal or is this to be determined by the shelter in collaboration/conjunction with DOH?

A51. There is no set timeframe for how long an individual cannot return to shelter due to violence against others. That decision can be made by the shelter, but must take into account current information. Shelter staff can reach out to DOH staff for consultation in assisting in the decision making process.

Q52. Additionally, there is a consensus from the shelters that the standards may circumvent our ability to create and maintain a place of recovery, and a safe and non-hostile environment for those working and residing at the shelter, especially for those who additionally serve families and children.

As a provider, we understand that there is a vast number of women and men who have a history of trauma, and we feel obligated to provide a safe, trauma-informed environment of care to these guests. With this in mind, the feeling of safety for our guests becomes paramount and is of great concern as they seek freedom from violence, threats, intimidation, bullying, exploitation and the presence of substances. For these guests, others who do not follow guidelines of conduct may become a significant issue. For example, guests who, despite our interventions, sexually harass others in the shelter; guests who have committed property damage, use or possess illegal drugs or alcohol while within the premises, guests who smoke within the facility, guests who harass others with verbal slurs targeting their sexual orientation, gender identity, or ethnicity. If our interventions, as applicable, are not successful, can these individuals be removed from the shelter with DOH approval? It seems that a guest in violation of these guidelines for proper behavior can have significant and negative impact on other residents and staff, and should be temporarily removed from services, so a case conferencing process can be engaged to determine if they are suitable to return or if agreed-upon protective factors that reduce risk can be achieved before they return.

A52. The standards are not intended to circumvent the safety of any shelter guest or staff. The intent of the standards to set homeless individuals on a pathway to housing. DOH wants to ensure that all

individuals that enter homelessness have an equal opportunity to access the homeless service system. The National Alliance to End Homelessness has documented that when shelters place strict rules on individuals it leads to longer lengths of homelessness. Once again safety is of utmost concern, and shelters can make decisions to ensure the safety of their shelter, but they also need to have conversations with their CANs to ensure that anyone denied access to shelter is tracked and accounted for to find a placement that works for that individual.

Q53. Are we able to consult with DOH when dealing with guests who are not working on their Homeless Prevention Plan? For example, some participants who enter shelter do not wish to work on a housing plan and want to use our facility as permanent housing rather than a temporary shelter. The permanency of those who do not wish to work on housing and who remain in shelters may create a significant system issue as it will impact lengths of stay and reduce the capacity for others who require shelter, recovery and resolution to their housing crisis.

A53. Yes, DOH staff is available to consult with shelters regarding difficult cases.

Q54. Component 1: What is the anticipated number of shelter beds that this funding will facilitate?

A54. DOH anticipates that a total of approximately 1,120 shelter beds will be funded through this RFP.

Q55. Component 2: Could you explain the allocation process of the funds among individuals and families?

A55. DOH intends to keep a similar number of shelter beds for families and individual in CANs to what currently exists. Through this RFP, DOH will determine the highest quality applications that would lead to retention of a similar number of such beds.

Q56. Component 3: Could you list the necessary submission documents for subcontractors involved in Housing-Based Case Management?

A56. The necessary submission documents for all Components are listed on pages 26-29 in the RFP.

Q57. Component 3: Can you provide the figures for households within the Rapid Re-Housing (RRH) component?

A57. DOH anticipates that approximately 450 households statewide will be served at a point in time with RRH.

Q58. Component 3: Could you clarify the guidelines concerning the minimum (\$7,500) and maximum (\$9,000) available funds per household, be it single or family?

A58. DOH requires that for Component 3 applicants create a proposal that demonstrates how support services will be delivered to those in a housing program. The budget for the staffing can be no less than \$7500 per household served and no more than \$9,000 per household served. For example, an application that proposes to serve 10 households must have a budget between \$75,000 and \$90,000.

Q59. Can you clarify if HUD funded/ CT BOS RRH projects are part of this rebid. For Example, we get RRH money from CT DOH through HUD grant CT0294 and are unsure if this is included.

A59. HUD COC grants in which DOH is the grantee and in which DOH subcontracts to a private non-profit provider are included in this RFP except for 2022 HUD CoC RRH awards.

Q60. Please clarify all expectations regarding formatting and the use of Smart Sheets.

A60. The RFP SmartSheet Submission Form is Page 1 of the proposal. Proposers must complete and use the form provided in the Appendix to the RFP. An RFP Submission Form is required for each system component that indicates the amount of funding requested, the number of beds/units/slots by household type (if applicable), and the CAN Region that will be served. If the applicant intends to serve multiple CAN Regions, the applicant must submit an RFP SmartSheet Submission Form for each CAN Region proposed.

Q61. Are Smart Sheets the same as the Cover Sheets? If not, what is the distinction between the two?

A61. Please see the response to Question #70.

Q62. Please clarify the exact expectations regarding page limitations.

A62. The Executive Summary cannot exceed two pages, the written narrative detailing an organization's experience cannot exceed 5 pages and the written narrative detailing the service approach for each component cannot exceed 8 pages.

Q63. Please clarify if we are correct in assuming that we will submit one proposal per CAN, regardless of the number of components we are applying for.

A63. That is correct, an organization will submit one application per CAN, regardless of the number of components being applied for.

Q64. The time between the release of answers and the due date is very tight. Will the Department consider moving the due date?

A64. DOH will not consider moving the due date at this time.

Q65. The proposal references a Cover Sheet form in the appendix, but it is not there. Where can we find it?

A65. Please see the response to Question #70.

Q66. If we are submitting for two components does each one need an Executive Summary or can you use the same one for both submissions?

A66. Only one Executive Summary is needed for an application containing two components.

Q67. Is it a requirement of the RFP that the shelter accepts animals – service and pets?

A67. Federal law requires shelters to accept disabled individuals with a service animal. DOH is encouraging shelters to accept emotional support animals and pets but if a shelter cannot do so safely,

DOH is requiring the shelter to create a plan to safely shelter the household with the emotional support animal or pet.

Q68. At the Bidders Conference, it was indicated that we could combine Shelter Operations and Shelter Case Management into one application. Can you elaborate further on that, specifically how that would affect page limits, cover sheets, budgets, etc.

A68. Yes one application can combine two components. One such application may include one executive summary, one written narrative detailing an organization's experience and a written narrative for each component that is being applied for.

Q69. On page 31 of the RFP, under Shelter Operations, question 12, you talk about Housing Problem-Solving Specialists. We are not sure who those individuals are. Our Director of Homeless Services attends Housing Solutions meetings, but we don't think that's the same thing.

A69. Housing Problem Specialists are typically shelter case managers whose primary focus is on assisting the shelter guest in moving into permanent housing.

Q70. In terms of the Cover Page that needs to accompany the proposal, is it the DOH Homeless System RFP Submission Form, or a separate created document as listed on page 26 of the RFP:

The Respondent must submit an Agency Cover Sheet capturing the following information:

- RFP Name or Number:
- Legal Name:
- FEIN (not required for currently contracted providers/vendors):
- Street Address:
- Town/City/State/Zip:
- Contact Person:
- Title:
- Phone Number:
- E-Mail Address:
- Authorized Official:
- Title:
- Signature:

A70. In addition to the SmartSheet the agency applying should provide a Cover Sheet with the above information.

Q71. Is that the total budget for the organization (all income sources/all uses) including the proposed budget for each service component that we're applying for?

A71. No, the budget for proposed funds should not be included in the total current budget for the organization. An organization that is applying for multiple components should include one total budget as well as a separate budget for each component that an organization is applying for.

Q72. Does that budget also need to be on the DOH Budget Form?

A72. Yes, all budgets must be completed on the DOH Budget Form.

Q73. Is the budget submission for each service component for that component only? (For example; Shelter Operations and Accommodations budget that is not rolled up into the larger organizational budget)

A73. An organization is applying for DOH funding for homeless services to create programming for homeless households. An organization that is applying for multiple components should include one total budget as well as a separate budget for each component that an organization is applying for.

Q74. Will I need to show the revenue and expenses up to the funding level that we are requesting of DOH or will I show the total expenses and all funding sources, including the DOH funding, that will be supporting Shelter Operations and Accommodations?

A74. The budget should outline how the DOH funds per component are being applied for are broken down. An organization just needs to show the budget for the DOH funds being requested.

Q75. If we are looking to request funding for two separate PSH program sites (within the same CAN) under component 3, do we need to submit a Proposal for each PSH site or do we submit one proposal per component?

A75. Only one proposal for multiple PSH sites is required if the PSH sites are in the same CAN. If an organization is applying for PSH sites in two or more CANs, then the organization must submit an application for PSH in each CAN for which it is applying.

Q76. If we are applying for both Shelter Operations/Accommodations and Shelter Case Management, should we be submitting two complete application packets?

A76. If you are applying for two components in the same CAN you can have one application which may include one executive summary, one written narrative detailing an organization's experience and a written narrative for each component that is being applied for. If you are applying in two separate CANs then two applications will be needed.

Q77. On page 28 of the RFP, there is a question that says: "Provide a Start Date/Timetable and Schedule." What do you mean by schedule as opposed to timetable?

A77. DOH is requesting the applicant to demonstrate when a program will be implemented. Timetable and Schedule are synonymous.

Q78. On Page 30, the RFP asks for submissions to include job descriptions, yet on page 52, job descriptions are not included in attachments. Are they acceptable attachments?

A78. Job descriptions are acceptable as attachments.

Q79. Does the budget form (Summary and subsequent pages) satisfy the budget narrative request? If the answer is No, is there a format that the Department prefers for a budget narrative?

A79. The budget form, summary and subsequent pages satisfies the budget narrative.

Q80. Which financial policies and procedures should be included as attachments? (Page 52)

A80. The applicant may include financial policies and procedures to provide additional information not captured in the Organizational Qualifications and Experience Question related to the Budget and Finance Qualifications.

Q81. Can you confirm the funding amounts listed in the RFP does not include the COLA adjustment?

A81. The funding amounts include the COLA's for state fiscal year 22 and state fiscal year 23 but not for state fiscal year 24.

Q82. Do you know how much the COLA percentage will be?

A82. DOH has yet to receive information on the COLA percentage for state fiscal year 24.

Q83. If our proposed operating budget exceeds the maximums available per household (family unit shelter case management) would the application be considered nonresponsive?

A83. The application would not be considered nonresponsive, but DOH will adjust funding amounts in any potential award.

Q84. What is the basis in the variation in funding levels between shelter case management for singles, for family shelters (households) and housing-based case management services?

A84. DOH analyzed the funding available and compared to the number of shelter beds to determine the best funding levels for case management funding for singles, families and housing based case management services to allow for a similar number of case management slots that currently exist so as to not incur a large reduction in services.

Q85. Family units are funded on a household unit basis (not individual person or bed) and case management services are required for all household members (connecting children to school, working with both adults, etc). Could DOH consider funding family shelters based on a per-bed basis?

A85. The funding for case management for families was based on achieving a more consistent standard caseload size across all programs in the State given available funding.

Q86. If funding family shelters on a per-bed basis is not feasible, would it be possible to raise the funding cap for family units? This would address the concern that the current funding level does not adequately account for the case management needs of all family members.

A86. Related to answer above. See the answer to Question #85.

Q87. Do we have to apply for all eligible activities if we apply for component 4, or can we apply for only some of the eligible activities listed under component 4? If we only have to apply for some of the eligible activities, for the Narrative do we need to specify N/A for the items that don't apply to our proposal? Do your responses hold true for the other Components?

A87. An applicant can apply for the services it wishes to provide under this RFP. An applicant does not need to apply for all eligible activities. Yes, in the application, please specify which activities will be provided and utilize N/A for activities that will not be provided. Yes, this is true for all components.

Q88. Does this include the SNOFO CE funding meant to support the HUBS?

A88. Yes, this bid includes funding from the CoC SNOFO for coordinated entry which is meant to support the HUBS.

Q89. Are we meant to replace CDBG Small Cities staff with this rebid or will DOH be rebidding CDBG small cities to allow CANs to fund Diversion staff moving forward?

A89. This RFP is a rebid of current Individual and Family Support Service Program contracts as well as the new SNOFO funds discussed above. DOH Community Development Block Grant (CDBG) Small Cities funding is not part of this rebid. A decision on how to utilize CDBG Small Cities is at the discretion of the DOH Development Unit and the Commissioner, and such decision has yet to be made for federal year 2024 going forward.

Q90. What was the data source and timeframe for the data used to determine the allocation to each CAN? The Hartford Number was surprisingly low compared to what we have historically been allocated based on other data points.

A90. DOH utilized attended CAN appointments as the data reference to determine the allocation. DOH used the most recently available data.

Q91. Are you looking for MOUs to prove that providers will “conduct activities as a coherent part of the overall homeless response system, especially with other partners within the CAN.” (pg 6 of RFP).

A91. DOH would like to see as much coordination and cooperation between partners to ensure homeless households have access to as much services as possible. Homelessness is complex and there are many issues that need to be addressed, and it is exceedingly difficult for one agency to be able to provide access to all needed services. Therefore coordination and cooperation is extremely important. MOU’s demonstrate the ability to coordinate and cooperate to provide this wide array of services.

Q 92. What is each CAN currently receiving in comparison to the allocations outlined in the chart on page 10?

A92. See attached charts in Appendix A.

Q93. If an agency is submitting for both PSH and RRH services for component 3 (in the same CAN), do we need to submit two separate “Main Proposal-System Components” narratives, one for RRH and one for PSH? If not, do we just combine the number to be served by both RRH and PSH on the RFP Submission Form?

A93. An applicant must submit a separate written narrative for each component. If, within a component the applicant is requesting funds for two types of services, for example RRH and PSH, both service types can be included in the one written narrative section. In terms of the numbers served, the applicant

should provide the total number served as well as the total number served in each service type, i.e., the number being served in RRH and the number served in PSH.

Q94. On the RFP Submission form under “Staffing FTEs”- why is PSH not listed as a staffing only project?

A94. PSH should also be included as a staffing only project.

Q95. What specific funding streams, and in what amounts, are going into each of the eligible activity categories for each CAN?

A95. For Shelter Operations the sources of funding are Social Service Block Grant Funding, Emergency Solutions Grant (ESG) funding and state funds. For Shelter Case Management the sources of funding are Emergency Solutions Grant funding and state funds. For Housing Based Case Management the sources of funding are Continuum of Care (Coc) and State funds. For CAN funding the source of funds are CoC funds, including the new SNOFO award and state funds, including Community Investment Funds. For the Rapid Rehousing Administrator, the source of funds are CoC and ESG funds.

Q96. We currently have DOH funded PSH services in MMW CAN for two programs, however there is no funding available for PSH in MMW CAN. It is our understanding that available funds in this category are based on currently available funds. Please explain the discrepancy.

A96. The PSH projects included in the RFP include:

Friendship Service Center

Windham Regional Community Council

Family & Children's Agency Inc

Mercy Housing and Shelter

My Sister's Place, Inc.

Young Women's Christian Association of the Hartford Region, Inc.

Q97. Based on the new guidance that came out from HUD around the indirect rates of subrecipients, will agencies still be able to take their NICRA if they have one?

A97. Given the new federal guidance, agencies will not be able to take their NICRA.

Q98. Will DOH allow for higher indirect/ admin rates for programs funded by state dollars?

A98. At this point in time, DOH will not allow higher indirect/admin funds for programs funded by state dollars.

Q99. If we have a current contract that combines state funding with COC funding and are awarded funding to support these programs moving forward, will they be separated to deal with the different start dates of 1/1/24 vs 7/1/2024?

A99. DOH is currently working on separating the state funded and CoC funded contracts for two separate contracts for state fiscal year 24. New contracts will be issued for state dollars in January and if an organization also receives CoC funds, it is likely these funds will be added to the new state funded contract, so there is only one contract for these services starting July 1, 2024.

Q100. If our agency currently gets DOH PSH funding to provide services for a program that has subsidies NOT controlled by DOH (i.e. direct COC or DMHAS RA administration) and DOH chooses not to fund services for our project, what is the plan for ensuring those clients get services?

A100. For any program that does not receive any existing funding through this rebid, DOH will work with that organization and other state agency partners to ensure the homeless individual has access to services.

Q101. Performance metrics presented in the RFP presume a right sized system but the funding available does not. How will DOH respond when metrics can't be met due to insufficient staffing levels across the system.

A101. DOH set metrics to continue to move the system forward. If metrics are continuously not being met by a majority of the providers in the future, DOH will analyze and determine if a change in metrics is needed.

Q102. The RFP indicates that attachments may include Memoranda of Agreement/Understanding with referral partners, is this intended to be for entities we will get referrals from, or to, or both?

A102. The MOU's with referral partners are to document how organizations work together to provide services for the homeless population, and as a result they can include agreements on how referrals are made between both organizations.

Q103. If our shelter layout includes separate locked units containing two beds each, are those considered "individual units"?

A103. A unit containing two beds each could be considered two individual beds or a family unit based on the composition of the homeless guests at any one time.

Q104. If shelters have individual units, is 24/7 staffing still required? Is 24/7 coverage for emergencies still required?

A104. 24/7 staffing is not required for individual units but 24/7 coverage is required for emergencies if there are guests in individual units without any staff assigned.

Q105. What does DOH consider an emergency?

A105. DOH considers an emergency any activity or event that impacts the health and safety of the individuals being served.

Q106. What qualifies as "space for children to play"?

A106. DOH considers space for children to play space outside of the area in which the child/family sleeps, either inside the building or outside the building in which a child can go for recreation activities.

Q107. Are there conditions on the use of shelter accommodations funds for staffing?

A107. Shelter accommodation funds are to be used to provide safe shelter space for individuals and families which can include funds for staffing, for example for shelter monitors, cooks etc. Case management is not expected to come from the shelter accommodations/operations funding.

Q108. If the expectation is that staff members are diverse and our current staff are both the same gender and race, would the expectation be that any new hires would be of a different race, ethnicity and/or gender?

A108. DOH would prefer a diverse workforce in all programs it funds, but it is not requiring an organization to hire staff of different races or genders at this time.

Q109. Will the appropriate menu of trainings be offered on a regular basis to keep shelters in compliance with the DOH training standards? Will they be at cost to us?

A109. In the coming year, after this RFP is completed, DOH will be engaging with other state partners to create training series that is responsive to providers in any area of the homeless response system. While the training series will not be in place at the beginning of the resultant contracts, DOH does expect to have a training series available within the timeframe of the contract. DOH does not have an estimate on the cost per organization, but DOH will work to ensure if there are any costs to an organization, that they are minimal.

Q110. Is peer support a required staffing component that must be budgeted for? Does DOH support recruiting a peer support who reflects the demographics of our typical guest, or is the recommendation to hire someone falling into the groups described therein?

A110. DOH would prefer to have a peer support component to services, but that is not required at this time. DOH also prefers to have a diverse workforce, so it would support peers that reflects the demographics of the guests, but that also is not required.

Q111. Are there any cases where a shelter can deny referrals based on violent offenses that did not occur at the facility?

A111. The safety of all shelter guests and staff is of utmost importance to DOH. Therefore a person exhibiting violent behavior toward other shelter guests or staff can be denied entry. The shelter, however, must work with the CAN to identify an alternative placement for the individual.

Q112. Are there any cases where a shelter can deny referrals of individuals with previous shelter rules violations that we deem serious, but that were not violent?

A112. As noted above, a shelter can deny entry to an individual that poses a threat to the safety of other shelter guests and staff. If an individual is denied shelter, the shelter, however, must work with the CAN to identify an alternative placement for the individual.

Q113. If behavioral issues outside of violence, selling drugs, theft, loan sharking, stalking, human trafficking or gang activity occur that we feel warrants termination of stay, what is the mechanism for requesting that termination approval from DOH? How will those requests be processed and what factors will DOH consider when approving or denying?

A113. As noted above, a shelter can deny entry or terminate a shelter stay to an individual that impacts the safety of other shelter guests and staff. If an individual is denied shelter, the shelter, however, must work with the CAN to identify and alternative placement for the individual. DOH staff are available to assist regarding difficult cases resulting in termination.

Q114. Is bed utilization a guest responsibility? If a guest is not sleeping in their bed regularly, does it warrant a termination of stay? If so, what is the threshold?

A114. Bed utilization is a guest responsibility and his/her stay could be terminated if not utilizing the bed regularly. There is not a threshold, however, as there are a wide variety of factors that can cause under utilization. Shelter staff can reach out to DOH staff for assistance in difficult situations.

Q115. Does DOH still support or recommend Length of Stay policies? How should they be enforced?

A115. DOH does not support length of stay policies. Such policies often result in guests moving from shelter to shelter and not working toward permanent housing. The ultimate goal of shelter is to place a homeless household on a path to permanent housing, even if this takes a while due to various factors including but not limited to a tight rental market. If a shelter has a household that has been in shelter for a long period and is not working on a housing plan, the shelter staff can reach out to DOH staff for guidance.

Q116. If housing plans are established by the 21st day, how does DOH see this correlating to a 30-day length of stay?

A116. The 30 day length of stay is a metric that would like to see achieved for all shelters. DOH realizes this metric is difficult to obtain in the current circumstances. This metric has been presented by HUD as demonstrating a system that is reducing and ending homelessness. This metric is also for all shelter guests served. It has been noted pre-pandemic that nearly 50 percent of shelter stays result in self-resolution within 14 days. Therefore if a large number of guests are self-resolving in 14 days, it is not in the best interest of staff to be completing a housing plan for someone who will leave imminently. Therefore it is recommended to start a housing plan on guests that appear to be having difficulty resolving the homeless episode.

Q117. Does DOH have recommendations for how to serve those relying on SSI/SSDI approval in order to secure housing? Does DOH support indefinite stays for those who are pending benefit approvals? If so, how does that play into DOH's vision for emergency shelters?

A117. The goal of shelter is to provide a pathway to permanent housing. There are a wide variety of resources that can be utilized to assist in achieving permanent housing such as, but not limited to rent subsidies or reunification with family that does not solely lie with public assistance programs. DOH does not support extending placement pending SSI/SSDI approvals and encourages shelters to seek resources that can accommodate persons with no income.

Q118. Is there a recommended method for monitoring school attendance?

A118. DOH does not have a recommended method for monitoring school attendance.

Q119. Will there be any penalties for failing to meet outcome measures? Does DOH plan to put any additional measures in place to help shelters achieve these new, more aggressive outcomes?

A119. DOH set these new metrics to move the system forward. If the entire system is having difficulty meeting the metrics, DOH will re-evaluate them. If the majority of organizations are meeting the outcomes and a few are not, DOH may monitor and review why that organization is not performing as well as its peers. As noted above, DOH will continue to try and bring additional resources and training to providers to assist in households moving to permanent housing.

Q120. Please clarify this statement as to how it impacts family programs and programs for individuals without children: “Persons presenting as a family with or without children must be served together and not separated as a condition of entry, regardless of the age or gender of family members”

A120. An organization can't deny entry to a household presenting as a family (which the household can define). For example, an organization cannot deny entry to a household consisting of only two adults, or cannot separate a family, for instance separating a male teenager from the rest of his family.

Q121. Provide a Start Date/Timetable and Schedule. Not sure what this is in reference to.

A121. If there is an application for funding that is not a continuation of current services, the application must describe when the program will begin and the timeframe for which the program will be implemented.

Q122. Describe measures to achieve cost effectiveness, including descriptions and amounts of leveraging, organizational resources, and private fundraising that will allow the applicant to maximize the number of households served by DOH funding. Can we include agencies that are tenants in our building extending services and in-kind external services (ex. mental health services for children)?

A122. Yes, you can include such agencies as a demonstration of your organization's leveraging outside resources.

Q123. Describe the applicant's amount of leveraged funds committed annually, and the applicant's annual value of in-kind leverage, as well as a brief description of how the in-kind value was calculated. Are you referring to how we are funding our gaps? Please define in-kind leverage.

A123. In-kind leverage is how an organization provides or brings in other resources to assist the homeless household that are not funded by this DOH RFP.

Q124. Applicants must document how staff time for this program will be tracked per Federal requirements at CoC Program Interim Rule, ESG Program Interim Rule. What type of documentation are you looking for our salaried staff? Are You looking for differentials for evening and overnight staff? Are ADP reports acceptable or sufficient?

A124. DOH wants to ensure that an organization can track time spent on state and federal funds separately. The federal government requires that an organization can determine how much a staff member has worked on a program funded by the federal government. A tracking system that is able to document staff time spent on federal and state grants is required.

Q125. Describe your proposed plan to identify the outbreak of communicable disease and prevent the spread. We plan to follow CDC guidelines. Please advise if DOH expects us to plan for specific actions above and beyond following CDC guidelines. Would a plan for Hotel Accommodations in an emergency situation suffice?

A125. DOH would like to see how an organization would prevent the spread of disease. The processes listed above would suffice.

Q126. Describe plan to coordinate with HPS. Is The HPS the same as a Housing Coord. or Navigator?

A126. Yes, the Housing Problem Solving (HPS) position has similar duties as a Housing Coordinator or Navigator.

Q127. Describe plan for engaging community residents. Are you referring to our in-house community or our external neighbors?

A127. DOH is referring to both in house community and external neighbors/partners.

Q128. In the unlikely event that we must discharge someone outside the standard discharge criterion, who do we contact specifically?

A128. An organization can contact DOH staff to discuss discharge criteria.

Q129. Please provide guidance for pets and the potential liability if animals harm other guests. Do we become responsible?

A129. Federal law requires shelters to accept disabled individuals with a service animal. DOH is encouraging shelters to accept emotional support animals and pets but if a shelter cannot do so safely, DOH is requiring the shelter to create a plan to safely shelter the household with the emotional support animal or pet. Questions of liability should be directed to your legal counsel.

Q130. Are you expecting shelters to be open during the day? If so does this go under shelter operations?

A130. DOH encourages shelters to remain open for guests during the daytime hours or to form a partnership with a Day Center. Shelters must have 24/7 staff coverage for emergencies.

Q131. Which organization did you say funds the vast majority of PSH in the state?

A131. The State Department of Mental Health and Addiction Services provides the majority of service funding for permanent supportive housing.

Q132. To apply for shelter case management- is an agreement required with a shelter operation(s)

A132. To apply for shelter case management (from the RFP): Provide evidence that the applicant 1) will also provide Shelter Operations and Accommodations, or 2) has a formal agreement with the agency providing Shelter Operations and Accommodations to provide housing-focused case management to shelter residents. If Option 2, provide evidence as an attachment.

Q133. Confirming that this is funding available annually?

A134. Yes, this funding is available annually.

Q135. How does this funding compare to previous levels?

A135. This funding represents a rebid of the current programs, so the funding level is the same.

Q136. What is the definition of a household for the shelter case management component?

A136. Household is defined as an individual or a family that presents for case management.

Q137. How does the breakdown between shelter operations and shelter case management compare to how those two functions were funded by DOH prior to this RFP?

A137. The DOH funding levels for shelter operations and case management are comparable to the levels prior to the RFP.

Q138. How do you count beds for a family? If there is a family of four- do we count four beds or just one household?

A138. Count the number of persons in the family for the number of beds. Agencies can estimate an average family size for the purposes of the proposal.

Q139. If SNOFO funds are included here, what about the current Hub funding? When I look at the funding presented, it doesn't add up.

A139. Only SNOFO coordinated entry funds for the HUBs are included here. Original HUB funding is from American Rescue Program Act (ARPA) funds, which were one time funds.

Q140. Are resource-intensive medical respite beds included in this rebid as if they were standard shelter beds?

A140. At this point, DOH funded resource intensive medical respite beds are included in this rebid as if they were a standard shelter bed.

Q141. Is it ok for the private space to meet with shelter guests be available in the building where the shelter is located?

A141. Yes, it is ok for the private space to meet with shelter guests be available in the building where the shelter is located.

Q142. Is there funding available for direct client assistance/flexible funding for rapid exit?

A142. Yes, there is funding available for direct client assistance/flexible funding for rapid exit.

Q143. PSH Case Management is similar to the Shelter Case Management in that they would be able to work with clients in any PSH Placement? So a client could be matched to a PSH building operated by Agency A and matched to case management operated by Agency B? Is that correct?

A143. Shelter Case Management and PSH case management are different. Shelter Case Management assists in the transition from homelessness to housed while PSH case management assists a formerly homeless individual in housing. In terms of matching case PSH case management in a project based setting, it depends on the set up of the individual roles if the case management would be provided by the same or different entity than the one that operates it.

Q144. Is there a font/spacing requirement for the narrative?

A144. Please see page 52 for the formatting checklist for font size, etc

Q145. If the cost is based on a fixed price for each component based on person and we are held to the outcomes, why do we need an expanded budget? Other state services that operate as a fee for service, do not require expanded budgets. That is an extra admin time for agencies that has become very time consuming.

A145. At this point in time DOH still requires a Uniform Chart of Accounts as its budget.

Q146. Why is the admin rate limited to 10%? I know HUD has limits but not DOH.

A146. DOH has made an internal decision to limit admin rates to 10%

Q147. Do cribs count as a bed?

A147. Yes, cribs count as beds.

Q148. Is there an overall capacity cap?

A148. DOH does not set a capacity cap. For shelter services the capacity cap will be determined by local building code officials.

Q149. Will PSH awards include rental assistance or is it support services only?

A149. PSH awards will only include support services.

Q150. Why is PSH funding limited to \$9000 per household? It has not changed in over 20 years.

A150. DOH and other state agency partners believe that a \$9000 per household for PSH is a fair rate. The rate has changed in the past 20 years. Rate actually decreased in the 2010s, and this RFP reinstates the \$9000 per bed rate.

Q151. I am confused by the SmartSheet (online) and the reference to a cover sheet for the homeless RFP applications. Can I merely design a cover sheet with the required elements on p. 26 of the RFP, or does the SmartSheet work as an online cover sheet? Please advise.

A151. See the response to Question #70.

Q152. What is each CAN currently receiving in comparison to the allocations outlined in the chart on page 10?

A152. See attached charts in Appendix A.

Q153. What other regional cost allocation plans were evaluated? Allocations based on Attended Appointments tend to differ from true need. Setting up the funding amounts per region based on that distribution principle may be perpetuating underfunding, as regions with less resources have longer wait times for services, etc.

A153. When evaluating different metrics, DOH decided that the best representation of need of funding was attended appointments. DOH tested seven (7) allocation calculations to determine the appropriate funding for system components across the seven (7) CANs in CT.

Q154. Are there any plans to include the one year \$5M in funding advocated by CCEH in this pot of funding?

A154. Since the \$5M in funding mentioned above is one time funding, there are no plans to include that funding in this bid.

Q155. Are we getting a breakdown on sources of funding that went into this rfp?

A155.

System Component	Funding Sources*
1. Shelter Operations and Accommodations	SSBG, ESG, State of CT
2. Shelter Case Management Services	ESG, State of CT
3. Housing-Based Case Management Services (HBCM) for Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)	CoC*, ESG, State of CT
4. Coordinated Access Network (CAN) System Management	State of CT, CoC*
5. Rapid Rehousing Rental Administration (Statewide)	CoC*, ESG

*CoC funds include projects where DOH is the recipient.

Q156. How is the State partnering with providers to help move out the sheltered participants? Do you feel that there is enough housing to meet the DOH expectations. We know there is not enough affordable housing.

A156. DOH will continue to identify new funding sources for support services and rent subsidies to be able to assist households moving from homelessness to permanent housing.

Q157. Once the funding per organization is approved for shelter operations and case management, will the funding and contracts be remitted directly to the organization.

A157. Yes once decisions are made DOH will start the process for creating new contracts.

Q158. Are we able to apply for shelter beds that will not be online as of jan 1 2024?

A158. You could apply for shelter beds that will not be online as of 1/1/24 but you would have to supply documentation that demonstrates these beds will be available 7/1/24.

Q159. Is PSH expected to use CTI case management or is this for RRH only?

A159. Yes PSH should also be using the CTI model.

Q160. So the required outline what do we do for a coversheet?

A160. See the response to Question #70.

Q161. Is the State expecting an increase or decrease in the shelter beds?

A161. The State is expecting the same general amount of shelter beds. DOH does not anticipate any large increases or decreases in shelter beds.

Q162. Will entities not seeking funding for cy 2024 because they have one year funding for shelter beds be able to respond to the rfp to seek funding for a later date?

A162. Contracts resulting from this rfp will be for three years, so there will be no rebid of these funds until at least 2026. If new funding becomes available for shelter beds, DOH will conduct a new and separate RFP process.

Q163. How did you count shelter beds, HIC?

A163. The Housing Inventory chart and existing DOH contract information were used to count shelter beds.

Q164. Can you give us your shelter bed breakdown?

A164.

CAN	Shelter Beds
Central	72
Eastern	138
Fairfield	187
Greater Hartford	223
Greater New Haven	281
MMW	86
Waterbury/NW	134

Q165. Can you provide a list of all programs that are being re-bid or are included under this RFP?

A165

Agency	Component Currently Funded
Mental Health CT, Inc	CAN Backbone
ACCESS Agency, Inc., (The)	CAN Backbone
TVCCA	CAN Backbone
TVCCA	CAN Backbone
The Housing Collective	CAN Backbone
Journey Home, Inc.	CAN Backbone
United Way of Greater New Haven	CAN Backbone
New Opportunities, Inc.	CAN Backbone
TVCCA	Diversion
United Way of Southeastern CT	Diversion
Salvation Army, (The)	Diversion
Friendship Service Center	PSH
Windham Regional Community Council	PSH
Family & Children's Agency Inc	PSH
Mercy Housing and Shelter	PSH
My Sister's Place, Inc.	PSH
Young Women's Christian Association of the Hartford Region, Inc.	PSH
Liberty Community Services	PSH
Community Health Resources Inc.	RRH services*
Community Health Resources Inc.	RRH services*
Community Health Resources Inc.	RRH services*
ACCESS Agency, Inc., (The)	RRH services*
New London Homeless Hospitality Center, Inc., (The)	RRH services*
New London Homeless Hospitality Center, Inc., (The)	RRH services*
TVCCA	RRH services*
Windham Regional Community Council	RRH services*
Windham Regional Community Council	RRH services*
Inspirica, Inc.	RRH services*
The Housing Collective	RRH services*
Mercy Housing and Shelter	RRH services*
Columbus House, Inc.	RRH services*
New Reach, Inc.	RRH services*
New Reach, Inc.	RRH services*
Columbus House, Inc.	RRH services*
New Opportunities	RRH services*
ACCESS Agency, Inc., (The)	Shelter
Area Congregations Together, Inc.	Shelter
Beth-El Center, Inc.	Shelter

Agency	Component Currently Funded
Central Connecticut Coast Young Men's Christian Association, Inc.	Shelter
Christian Community Action, Inc.	Shelter
City of Danbury	Shelter
City of Hartford	Shelter
Columbus House, Inc.	Shelter
Community Renewal Team, Inc.	Shelter
Connection, Inc., (The)	Shelter
Covenant Shelter of New London, Inc. (The)	Shelter
Family and Children's Aid, Inc.	Shelter
FISH/Friends in Service to Humanity of Northwestern Connecticut, Inc.	Shelter
Friendship Service Center, Inc.	Shelter
Holy Family Home and Shelter, Inc.	Shelter
Homes with Hope, Inc.	Shelter
ImmaCare Inc.	Shelter
Inspirica, Inc.	Shelter
Mercy Housing and Shelter	Shelter
New London Homeless Hospitality Center, Inc., (The)	Shelter
New Opportunities, Inc.	Shelter
New Reach, Inc	Shelter
Northwestern Connecticut Young Men's Christian Association, Inc.	Shelter
Open Door Shelter, Inc., (The)	Shelter
Open Hearth Association	Shelter
Pacific House <i>formerly Shelter for the Homeless, Inc.</i>	Shelter
Prudence Crandall Center, Inc. (dv)	Shelter
Recovery Network/Regional Network of Programs	Shelter
Salvation Army, (The)	Shelter
South Park Inn, Inc.	Shelter
St. Vincent DePaul Mission of Bristol, Inc.	Shelter
St. Vincent DePaul Mission of Waterbury, Inc.	Shelter
Young Women's Christian Association of the Hartford Region, Inc.	Shelter

*RRH Services does not include 2022 CoC RRH project awards.

Appendix A

Component Funding by CAN	Central New	Central Previous	Eastern New	Eastern Previous	Fairfield New	Fairfield Previous
Allocation % - CAN Appt Attend	6.68%		13.92%		18.05%	
CAN System Management*	\$ 282,772	\$ 86,918	\$ 589,249	\$ 603,433	\$ 628,715	\$ 454,251
Shelter Operations (Beds)	72	60	138	100	187	149
Shelter CM (HH's point in time)	70		146		189	
HBCM-RRH	\$ 470,088	\$596,852	\$ 582,818	\$ 549,378	\$ 804,804	\$ 810,098
HBCM-PSH	allocation did not change					
RRH Rental Assistance Admin	will go with services as requested by RRH HBCM program					

*Funding prior to this RFP does not include DOH Hub funding as that was one-time.

Component Funding by CAN	Greater Hartford (GH) New	GH Previous	Greater New Haven New	GNH Previous	MMW New	MMW Previous	Northwest New	Northwest Previous
Allocation % - CAN Appt Attend	20.21%		23.13%		6.95%		11.07%	
CAN System Management*	\$ 703,952	\$170,609	\$ 805,661	\$ 269,092	\$242,081	0	\$385,589	\$101,001
Shelter Operations (Beds)	223	208	281	279	86	85	134	133
Shelter CM (HH's point in time)	212		243		73		116	
HBCM-RRH	\$ 782,138	\$460,203	\$ 935,200	\$ 644,956	\$261,005	\$ 46,958	\$207,586	\$ 86,802

*Funding prior to this RFP does not include Hub funding as that was one-time.

Appendix A

Funding by CAN by Component Pre and Post RFP	Allocations using Attended Appts	Shelter Ops	Shelter CM	HBCM - PSH	HBCM - RRH	CAN Sys Mgr
Central	6.68%	\$ 646,955	\$ 350,492	\$ 69,168	\$ 470,088	\$ 282,772
Previous Amount - Central					\$ 596,852	\$ 86,918
Eastern	13.92%	\$ 1,242,409	\$ 730,366	\$ 31,442	\$ 582,818	\$ 589,249
Previous Amount - Eastern					\$ 549,378	\$ 603,433
Fairfield	18.05%	\$ 1,686,091	\$ 947,062	\$ 104,065	\$ 804,804	\$ 764,076
Previous Amount - Fairfield					\$ 810,098	\$ 454,251
Greater Hartford	20.21%	\$ 2,003,016	\$ 1,060,395	\$ 496,790	\$ 782,138	\$ 855,511
Previous Amount - GH					\$ 460,203	\$ 170,609
Greater New Haven	23.13%	\$ 2,531,619	\$ 1,213,604	\$ 94,320	\$ 935,200	\$ 979,118
Previous Amount - GNH					\$ 644,956	\$ 269,092
MMW	6.95%	\$ 773,196	\$ 364,658	\$ -	\$ 261,005	\$ 294,201
Previous Amount - MMW					\$ 46,958	\$ -
Northwest	11.07%	\$ 1,206,868	\$ 580,830	\$ -	\$ 207,586	\$ 468,605
Previous Amount - NW					\$ 86,802	\$ 101,001