

RFP Addendum # 2
Request for Proposals for
ON-CALL BEHAVIORAL HEALTH OUTREACH PROGRAM
Solicitation # 6238

Date of Addendum # 2: 10/02/2026

The Request for Proposals (RFP) for the above-named project is amended as noted in this Addendum. This Addendum consists of 7 pages.

This Addendum lists questions received and SHA's responses (see Item 1 below) and calls attention to the extension of the submission deadline, updated with Addendum # 1 (see Item 2 below).

Item 1. The following is a list of questions received and SHA's responses to those questions.

Question 1. Noting the anticipated contract start of January/February 2027. Please confirm the expected timeline for award notification, contract execution, and service implementation, including the anticipated date on which the selected provider will begin serving clients.

Response:

This timeline is variable. Typically, the evaluation of proposals begins shortly after the submission deadline (10/1) and can take multiple weeks before a Notice of Intent to Award is issued. Once awarded, Contract negotiations can also take several weeks, with the goal to have executed contracts in accordance with the late January / early February timeline.

Service implementation would begin upon the contract execution date.

Question 2. Please confirm the number of SHA properties included within the scope of this program, the total number of housing units represented, and the estimated number of unique clients expected to be served annually.

Response:

Services will be delivered across all SHA properties, on a need basis. SHA will work with the successful applicant(s) to identify the locations to start the implementation of the services. It is expected that services will be provided to a minimum of 250 residents per year.

Question 3. Please provide additional detail regarding SHA's vision for service delivery, including whether SHA prefers a primarily site-based model, a mobile outreach model, or a combination of both. May proposers make a recommendation based on their experience operating similar models of service?

Response:

Proposers can make recommendations based on their experience. However, SHA expects services to be in-person and provide site-based nursing services at Jefferson Terrace.

Question 4. Please provide historical and projected referral volumes, including the average number of referrals received monthly and annually under the current contract.

Response:

Currently, the services are being provided to approximately 100 unduplicated residents. We don't have information on the average number of referrals.

Question 5. Please confirm that the staffing recommendations included in the RFP are the guidelines that proposers should utilize (and that there are no regulatory or licensure requirements). May proposers recommend alternative staffing based on their experience operating similar models of service?

Response:

Proposers can make recommendations based on their experience. However, the nursing component is a required staff allocation as part of the RFP.

Question 6. Please confirm whether this solicitation represents a continuation of the current scope of services or whether SHA anticipates any expansion or modification of the service footprint, service expectations, or populations served.

Response:

The solicitation is based on current services provided.

Question 7. Is there any start-up funding available to support implementation activities? If so, please identify any allowable start-up expenses and funding limits. If not, please confirm that the contract amount is intended to be all-inclusive.

Response:

SHA is able to set aside up to \$25,000 of the funding for start-up costs.

Question 8. Please clarify SHA's expected response time for behavioral health referrals, including whether response expectations differ for routine referrals versus crisis referrals.

Response:

SHA expects a 24-hour turnaround time for referrals since the RFP calls for crisis-response.

Question 9. Please describe the anticipated referral pathways for behavioral health crisis situations, including:

- Primary referral sources
- Methods of referral submission
- Whether residents may self-refer directly to the provider
- Any after-hours referral protocols

Response:

The primary referrals come from the Property Management team onsite at the various properties. The provider should identify in their program design their referral protocol and identify how the referrals will be handled.

It is up to the provider to indicate any after-hour referral protocol procedures and how that fits within their program design and service delivery model.

Question 10. Are for-profit organizations eligible to apply?

Response:

Yes, any for profit or non-profit is eligible to apply.

Question 11. Will SHA provide office space, meeting space, or other on-site accommodations for the awarded provider to conduct office hours, resident meetings, or other program activities? If so, please identify the available locations.

Response:

Yes, SHA has service provider spaces on-site at the various properties. SHA will work with the successful applicant(s) to address the space needs.

Outreach strategies such as resident meetings and other program activities should be identified as part of the program design. However, SHA regularly holds resident meetings and other program activities that can be utilized by the service provider to conduct outreach to residents. SHA will partner with the successful applicant(s) to identify ways to increase outreach to SHA residents.

Question 12. Which SHA properties currently experience the highest volume of behavioral health referrals and/or crisis interventions? Additionally, do those properties have available space for provider staff to be stationed on-site?

Response:

Crisis response is a need across all SHA properties.

SHA has service provider spaces on-site at the various properties. SHA will work with the successful applicant(s) to address the space needs.

Question 13. Can the awarded provider leverage BHOP or other SHA-related funding sources to support residents served through this program? If so, please describe any associated staffing, reporting, or programmatic requirements.

Response:

Yes, the provider can leverage other SHA-related funding. However, it is anticipated that the service for this RFP will be a stand-alone service without requiring additional SHA financial investment.

Question 14. Please identify the funding source(s) supporting this contract and any associated funding requirements, restrictions, or compliance expectations.

Response:

The funding is federal. SHA expects all agencies to comply with best practices for use of public funds.

Question 15. Please identify the maximum allowable indirect cost rate for this contract. Please provide SHA's definition of indirect costs for budgeting purposes.

Response:

SHA does not elect to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance. The determination of indirect costs is guided by the grant award agreement and the negotiated indirect cost rate agreement (NICRA). Indirect (facilities and administrative(F&A)) costs are those costs that are incurred for common or joint objectives and, therefore, cannot be identified readily and specifically with a particular sponsored project, an instructional activity, or any other institutional activity (2 CFR 200.1). Indirect costs must be allowable and adhere to cost principles per 2 CFR Part 200, Subpart E. An organization must be able to provide their methodology for allocating costs to cost objectives and documentation should exist to support the costs. SHA reserves the right to determine the final allowable indirect cost rate and amount during contract negotiations.

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Question 16. May contract funds be utilized for expenses beyond direct staffing, such as client assistance funds, transportation support, interpreter services, outreach materials, program supplies, technology, or other costs necessary to support successful service delivery? If so, please identify any applicable limitations.

Response:

Yes, funding can be used for other expenses related to the provision of services.

Question 17. Please provide information regarding the incumbent provider, including:

- Length of time the incumbent has delivered these services
- Original contract start date
- Current contract term

Response:

- *Length of time the incumbent has delivered these services – 5 years.*
- *Original contract start date – 02/04/2022.*
- *Current contract term – Up to 5 years from the Contract execution date.*

Question 18. RFP page 8 states that Price/Rate Sheets are to be submitted as a separate file and not include in the proposal.

a. Please confirm that bidders may use their own document format when submitting budget/price information as long as their excel file and format respond to items A & B (first set) under Criterion 9 (RFP p17).

b. Please confirm responses to Criterion 9 are to be included with the proposal and not submitted as a separate file.

Response:

The Price/Rate Sheets can be submitted with your proposal or as a separate document. A. Individual document formats for Budget/Price information is acceptable. B. Responses to Criterion 9 are to be 'two pages or less' and can be submitted with your proposal or as a separate document.

Question 19. Please confirm that bidders are not required to include the wording of each question and instead may list only the criterion number and name, in order to stay within the stated page limits.

Response:

Listing the Criterion only is acceptable.

Question 20. Please confirm that bidders may include attachments that support narrative responses (for example, a training plan, organizational policies, job descriptions)

Response:

Attachments such as listed within this question are acceptable.

Question 21. Please confirm that attachments will not count toward the 12-page limit.

Response:

Attachments will not count towards the 12-page limit count.

Question 22. Please confirm that the list of references (item #4, RFP p 18) and the copy of the license (item #5, RFP p18) do not count toward the 12-page limit.

Response:

The reference list will not count toward the 12-page limit count.

Question 23. Will interviews/presentations be held in person or virtually?

Response:

SHA may conduct interviews in person or virtually via Teams. If post evaluation interviews are required, most typically, the interviews are held in person at SHA's Central Office. However, SHA may identify other SHA properties where to hold interviews.

Question 24. How much advance notice will bidders be given to prepare for interviews/presentations?

Response:

This timeline is variable. Interviews are scheduled with ample notice (a week or two for example). Interview questions are typically provided in advance. Note: No new materials outside of the submitted proposal are allowed in post evaluation interviews.

Question 25. Please provide additional information about the Cluster Transition Model

mentioned on page 5 of RFP.

Response:

The Cluster Transition Model is a model where several properties that are close to each other are formed as a cluster where the provider can provide the service.

Question 26. May bidders utilize AdobeSign or another reputable and secure signature methodology rather than including a wet signature?

Response:

SHA utilizes DocuSign, and accepts other secure electronic signature methods, such as AdobeSign.

Question 27. Would SHA consider committing to release the final Q&A no later than seven (7) business days before proposals are due to allow bidders sufficient time to incorporate clarifications and guidance from the Q&A into their proposal responses?

Response:

SHA will extend the deadline for submission to allow for adequate review of this Addendum. See Item 2. submission deadline update.

Question 28. Would SHA consider extending the proposal response due date by at least five business days to October 8, 2026?

Response:

See Item 2. Submission deadline update.

Question 29. For the Jefferson SHA location, where nursing services are expected to be provided onsite for eight hours per day, will dedicated office or exam room space be available for nursing staff?

Additionally, is the contractor expected to procure, maintain, and stock all nursing supplies necessary to provide onsite care?

Response:

SHA has a service provider space at Jefferson Terrace that is currently utilized to provide the existing Nursing Services.

The provider is expected to secure all materials necessary to deliver the service.

Question 30. Under the current or most recent contract, what nursing services have been provided onsite at the Jefferson SHA location, and what has been the scope of those services?

Response:

Please refer to page 10 of the RFP, which lists the existing Nursing services provided:

- *Nursing Assessments;*
- *Mental Health Assessments;*
- *Medication education and psychoeducation on medication;*
- *Blood Pressure checks;*

- *Coordination of care with medical providers;*
- *Referrals to medical providers;*
- *Referrals to mental health services;*
- *First Aid wound care; and,*
- *Diet education and diabetic reading or teaching.*

Item 2. The Submission Deadline for this Solicitation was extended to **12:00pm**
October 15th, 2026 with Addendum #1.

END OF RFP ADDENDUM # 2