



County of Fairfax, Virginia

ADDENDUM

DATE: February 2, 2024

ADDENDUM NO. 7

TO: ALL PROSPECTIVE OFFERORS

REFERENCE: RFP2000003702

TITLE: Programs to Prevent and End Homelessness

DUE DATE/TIME: **February 9, 2024 at 2:00 pm (EST)**

The following are responses to questions received as of the date of this posting:

1. Q. How should we account for contractor costs in the line-item budget for RFP2000003702? Can we just include in parentheses the line items that are contractor costs vs. offeror costs?
A. If you are proposing using a sub-contractor, you should add descriptions to the budget line items detailing what the sub-contractor will be doing.
2. Q. Approximately how many individuals & families are you all serving in Zone 2 through Homeless Prevention & Rapid Rehousing in the past 2 years?
A. In the last two fiscal years, dating from July 1, 2021, through June 30, 2023, approximately 49 households were served in Prevention, and approximately 191 households were served in Rapid Rehousing in the Human Services Region 2.
3. Q. Approximately how much per individual/family is being spent in Homeless Prevention in Zone 2?
A. The County does not track staffing or rental assistance per Human Services Regions.
4. Q. Approximately what is the length of stay for individuals and families staying in this funding track's rapid rehousing?
A. The average length of stay for households served in Human Services Region 2 was approximately 173 days.
5. Q. What is the percentage of positive exits from Rapid Rehousing in Zone 2?
A. Approximately 95% of the households served in Rapid Rehousing in Human Services Region 2 moved to a positive housing destination.
6. Q. What is the percentage of negative exits? What is the biggest reason for negative exits?
A. Approximately 5% of the households served in rapid Rehousing in Human Services Region 2 move to a negative exit destination. The reasons for the negative exits are unique per household, there is no single reason for negative exits.
7. Q. Is the Medical Outreach Worker the same person as the Case Manager/Outreach Worker? Our understanding is that this may be the case, with the Medical Outreach Worker serving as both the primary case manager for individuals experiencing homelessness who do not have an identified case manager and also allocating at least 25% of their time to performing medical street outreach as part of the HHP outreach team. If they are separate positions, are we expected to allocate one of our Street Outreach Program's case managers to provide street outreach as part of the HHP?
A. The Medical Outreach Worker (MOW) is a 40-hour single position. The MOW works in collaboration with the Fairfax County Health Department nurse practitioner to address any medical needs for unsheltered clients. This includes, but not limited to finding and transporting unsheltered clients to bi-weekly dental appointments, transporting clients to other medical appts, transporting clients to specialty appt at UVA Medical Center in Charlottesville, VA, picking up medication, assisting in applying for Medicaid, Medicare, and the Federally Qualified Health Centers, giving supplies, and going out on weekly street outreach to look for clients that have a medical need. The MOW should document this in the homeless management database. The MOW should attend all quarterly meetings, trainings, and ad hoc meetings set by the Health Department. Invoices for this position should include the name of the outreach worker as well as the hours worked that month. The MOW is not responsible for any shelter duties. The case manager/outreach worker is a separate position. The MOW and case manager/outreach worker may work together in street outreach for unsheltered clients where the MOW takes care

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of the medical needs, and the case manager/outreach worker assists the client with anything to get them housed and/or into shelter.

All other terms and conditions remain the same.

DocuSigned by:

Mary Walker

Mary Walker, CPPB
Contract Specialist III

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

Name of Firm

(Signature)

(Date)

A SIGNED COPY OF THIS ADDENDUM SHOULD BE INCLUDED IN THE PROPOSAL PACKAGE OR RETURNED PRIOR TO DUE DATE/TIME. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF THE PROPOSAL.

NOTE: SIGNATURE ON THIS ADDENDUM DOES NOT SUBSTITUTE FOR YOUR SIGNATURE ON THE ORIGINAL PROPOSAL DOCUMENT. THE ORIGINAL PROPOSAL DOCUMENT MUST BE SIGNED.