
ORAL INTERVIEW SCORING
June 5-6, 2024
RFX # 2434-848
Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE1

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score only based on the Vendor's response in each competency area.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- You may discuss the proposals among the evaluation team after the interviews, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something outside of the competency areas being judged.

The Oral Evaluation is comprised of 45 minutes question and answer segment.

Questions 1 and 2 are worth 35 points each and question 3 and 4 are worth 15 points each for a total of 100 points.

If you have questions, please direct them to Stephaine Ssaaka, Solicitation Coordinator. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments:

Bidder included an extensive list of data, and almost none of that is available as described. The problematic areas include client data as well as a variety of 'other information to be considered. Answers to this foundational question of what modifications would be needed if the data/information was not available was insufficient to allay concerns about how feasible it would be to get this done.

Points Awarded 10 out of 35

Question 2. How do your existing (or proposed) relationships with service providers in WA or existing areas of expertise (e.g., significant work with specific service types) help or hinder your ability to conduct a thorough but unbiased study of the topic at hand that has statewide relevance, within the timeline proposed? Specifically, what is your experience working with or including housing/homelessness service providers, with behavioral health service providers (both mental health and substance use disorders) and/or Long-Term Services and Supports? How might you expand your focus groups/interviews beyond those who are already most vocal?

Comments:

Very King County focused; plan to use agency contacts to mitigate bias that might occur given these initial connections. Good explanations regarding snowball sampling techniques that might help.

Points Awarded 20 out of 35

Question 3. This legislatively-mandated study contains as a central theme a review of those whose significant support needs are not severe enough to qualify for placement in an existing facility, but are presumed too severe to be met in a PSH setting. Based on your team’s existing expertise, what key support needs are likely to fall into this gap? How does your plan aim to quantify and describe the population with support needs falling into this gap?

Comments:

Reasonable approach to identifying key support needs

Points Awarded 8 out of 15

Question 4. Describe a similar project you have completed, including a summary of resulting recommendations for new services to fill identified needs (as opposed to strictly technical assistance/toolkits/educational materials). We want to understand what type and level of detail of recommendations you have arrived at in previous projects, and how these recommendations were supported by the evidence you gathered, and how these recommendations were communicated.

Comments:

Work on Rising Strong is very comparable.

Points Awarded 14 out of 15

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June 5-6, 2024
RFX # 2434-848
Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE2

General Guidelines:

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Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments: Lack of detail in identifying data needs.

Points Awarded 10 out of 35

Question 2. How do your existing (or proposed) relationships with service providers in WA or existing areas of expertise (e.g., significant work with specific service types) help or hinder your ability to conduct a thorough but unbiased study of the topic at hand that has statewide relevance, within the timeline proposed? Specifically, what is your experience working with or including housing/homelessness service providers, with behavioral health service providers (both mental health and substance use disorders) and/or Long-Term Services and Supports? How might you expand your focus groups/interviews beyond those who are already most vocal?

Comments: Lack of emphasis on LTSS delivery systems, but otherwise a good response.

Points Awarded 30 out of 35

Question 3. This legislatively-mandated study contains as a central theme a review of those whose significant support needs are not severe enough to qualify for placement in an existing facility, but are presumed too severe to be met in a PSH setting. Based on your team's existing expertise, what key support needs are likely to fall into this gap? How does your plan aim to quantify and describe the population with support needs falling into this gap?

Comments:

Points Awarded 12 out of 15

Question 4. Describe a similar project you have completed, including a summary of resulting recommendations for new services to fill identified needs (as opposed to strictly technical assistance/toolkits/educational materials). We want to understand what type and level of detail of recommendations you have arrived at in previous projects, and how these recommendations were supported by the evidence you gathered, and how these recommendations were communicated.

Comments:

Points Awarded 13 out of 15

ORAL INTERVIEW SCORING
June 5-6, 2024
RFX # 2434-848
Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE3

General Guidelines:

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The Oral Evaluation is comprised of 45 minutes question and answer segment.

Questions 1 and 2 are worth 35 points each and question 3 and 4 are worth 15 points each for a total of 100 points.

If you have questions, please direct them to Stephaine Ssaaka, Solicitation Coordinator. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments:

- List of requests not specific/detailed, not confident that plan is fully developed
- Concern about success of gap analysis if data requested is not available

Points Awarded ____ 10 ____ out of 35

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Comments:

- Snowball sampling using existing networks; some concern about getting representative sample across service providers/types/systems

Points Awarded ____ 15 ____ out of 35

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Comments:

- Good knowledge of this population / problem
- Complexity of diverse service settings not fully reflected in plan

Points Awarded _____7_____ out of 15

Question 4. Describe a similar project you have completed, including a summary of resulting recommendations for new services to fill identified needs (as opposed to strictly technical assistance/toolkits/educational materials). We want to understand what type and level of detail of recommendations you have arrived at in previous projects, and how these recommendations were supported by the evidence you gathered, and how these recommendations were communicated.

Comments:

- Example not completely clear; recommendations focus largely on funding rather than service/program modifications

Points Awarded _____5_____ out of 15

ORAL INTERVIEW SCORING
June 5-6, 2024
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Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE4

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The Oral Evaluation is comprised of 45 minutes question and answer segment.

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Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments:

Quant and Qual data related to target pop. Commerce, HCA, DOH, Will explore research, focus groups, and community relationships – where no data available. Not sure how this all will supplement lack of data they want access to.

Look at proxy data or data that might tell same story. Research articles. Work with providers who have data within their existing systems. Create surveys.

Regarding confidence completed in timeline: Already begun to map out process – timeline part of feasibility plan before decided to bid on the project. Did not directly response to how having to get data from other means would affect the timeline.

Points Awarded 15 out of 35

Question 2. How do your existing (or proposed) relationships with service providers in WA or existing areas of expertise (e.g., significant work with specific service types) help or hinder your ability to conduct a thorough but unbiased study of the topic at hand that has statewide relevance, within the timeline proposed? Specifically, what is your experience working with or including housing/homelessness service providers, with behavioral health service providers (both mental health and substance use disorders) and/or Long-Term Services and Supports? How might you expand your focus groups/interviews beyond those who are already most vocal?

Comments:

Sam – experience with residential recovery model and strong ties with behavioral health agencies and opening a BH agency in WA.

Working with existing partners and new partners. Asking them if any blind spots they see. Bringing findings back to stakeholders – is this accurate? Are we

understanding you correctly? Who also should we talk to? So we can increase our reach – snowball affect. Different communities with different needs. Mapped out statewide workgroup of different workgroups. ACH or Behavioral Health Services Organizations. Utilizing power of state agencies and core workgroups to talk about bias. Putting on investigative lens. Assuming we don't know, are bias, relying on our committees to reference check and check our biases.

- Does not get to concern related to bias in utilizing standing relationships with certain providers, if using those providers to check bidder's biases.

Behavioral Health – started with who we knew and kept asking for other contacts – snowball effect.

93 interviews with behavioral health providers across the state.

Created a stakeholder list where catalogued providers and area of knowledge.

Tried to make sure the sample size for each group was adequate.

LTSS – one of the struggles the behavioral health system tries to solve – trying to place people with complex and comorbid conditions.

A lot of work around integrated care – MCOs, connections to IBHTF project. Care coordination and care transitions within the behavioral health system.

Physical system – working with hospitals to get COPES assessment. Placement issue – deemed when someone has behavioral health condition - look to that system to understand services and gaps. Looking to 1915i and 1115. SNF – engaged with ARC of WA.

Additional comments spoke to DDA work not AL TSA.

We have experience working with orgs who deliver those services, including homeless service systems.

Neighbor Care- some programs they are doing with DESC.

Not familiar with LTSS or in-home or independent housing. Several comments related to needing specific facility-based housing.

Points Awarded 15 out of 35

Question 3. This legislatively-mandated study contains as a central theme a review of those whose significant support needs are not severe enough to qualify for placement in an existing facility, but are presumed too severe to be met in a PSH setting. Based on your team’s existing expertise, what key support needs are likely to fall into this gap? How does your plan aim to quantify and describe the population with support needs falling into this gap?

Comments:

Slide referencing single site Supportive Housing. What is listed under Complex Care are all Supportive Housing. Bidder appears to believe they are defining a service or benefit of “Complex Care” and how that is different than Supportive Housing. Slide concerning and appear bidder might have interest in a specific focus or outcome.

Experience of this bidder relates to more residential/facility based housing. Experience with King County.

Response lacking and continue to say they already started working on this report/proposal. PowerPoint and communication sounds like they are presenting the case for Complex Care. Creating complex care. Responses do not indicate that they would explore need – but that there is a need for these facilities and might need to have several different facilities. Concern related to moving in wrong direction from Olmstead.

Strategy – can offer strategies that provide to be successful elsewhere. Goal of identifying barriers to realize that vision based on the way things are defined today.

WJ asked targeted question about their preference toward facilities and if they would also be open to solutions that relate to increasing services in PSH building.

Level of care solutions and opportunities as well as place-based. Shifts over time and how resources in community can shift over time to support those needs.

Appears solutions predetermined to include facility-based housing.

Points Awarded 5 out of 15

Question 4. Describe a similar project you have completed, including a summary of resulting recommendations for new services to fill identified needs (as opposed to strictly technical assistance/toolkits/educational materials). We want to understand what type and level of detail of recommendations you have arrived at in previous projects, and how these recommendations were supported by the evidence you gathered, and how these recommendations were communicated.

Comments:

Reviewed Rising Strong West.

Example continues interview trend of demonstrating bidder has a pre-conceived notion for report and will bring biases to project.

Points Awarded 5 out of 15

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June 5-6, 2024
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Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE5

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Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments: Did not sufficiently address unavailable data. Alice asked this as a follow up and Milena mentioned proxy data. WJ asked final question about timeline. A: we have done similar projects with similar timelines.

Points Awarded 30 out of 35

Question 2. How do your existing (or proposed) relationships with service providers in WA or existing areas of expertise (e.g., significant work with specific service types) help or hinder your ability to conduct a thorough but unbiased study of the topic at hand that has statewide relevance, within the timeline proposed? Specifically, what is your experience working with or including housing/homelessness service providers, with behavioral health service providers (both mental health and substance use disorders) and/or Long-Term Services and Supports? How might you expand your focus groups/interviews beyond those who are already most vocal?

Comments: Sam F. responded (has provider experience). Explained ability to leverage existing relationships with providers (showed list). WJ asked about how they'll make new partners. Milena responded ACHs or BHASOs are among the other new partners. Tasha spoke of UW study where they looked at BH agencies across state, and in doing they used the snowball sampling technique; found to be very effective. ALTSS has its place in care coordination. Also mention DSHSH community care nursing home design, and worked with ARC of WA to understand needs details. Has experience working with orgs doing in-home services

Points Awarded 35 out of 35

Question 3. This legislatively-mandated study contains as a central theme a review of those whose significant support needs are not severe enough to qualify for placement in an existing facility, but are presumed too severe to be met in a PSH setting. Based on your team’s existing expertise, what key support needs are likely to fall into this gap? How does your plan aim to quantify and describe the population with support needs falling into this gap?

Comments: Gaye: when coming out of Hosp setting, struggled with CM. Some weren’t “ready” to live independently. Sam: has noticed huge gap. Will offer strategies based on whats in use in other states. Will quantify by CE, State hospitals, MCO providers.

Points Awarded ____ 15 ____ out of 15

Question 4. Describe a similar project you have completed, including a summary of resulting recommendations for new services to fill identified needs (as opposed to strictly technical assistance/toolkits/educational materials). We want to understand what type and level of detail of recommendations you have arrived at in previous projects, and how these recommendations were supported by the evidence you gathered, and how these recommendations were communicated.

Comments: Used Rising Strong West master planning process. Used RDA reports and other resources. What they found is that the rising strong project is not designed to align existing models, so classifying it was difficult. What came out was a blended funding model and further study of operational funding. Validated need in W. Wa and got capital funding for W.WA facility.

Points Awarded ____ 15 ____ out of 15

ORAL INTERVIEW SCORING
June 5-6, 2024
RFX # 2434-848
Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE6

General Guidelines:

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Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments: Milena Stott, Tasha Irvine, Gaye Barnett, Sam Floersch

Strengths: Principle Allies are able to leverage existing relationships and will look at “proxy” data whenever the data of choice is not available including literature and published reports. They may also rely on providers for additional information. They had already begun to map out the timeline as part of feasibility assessment before bidding on the project.

Possible challenges: It wasn’t clear how they will weave the proxy data to help inform their questions. The analytics portion of their plan was not clear.

Points Awarded 25 out of 35

Question 2. How do your existing (or proposed) relationships with service providers in WA or existing areas of expertise (e.g., significant work with specific service types) help or hinder your ability to conduct a thorough but unbiased study of the topic at hand that has statewide relevance, within the timeline proposed? Specifically, what is your experience working with or including housing/homelessness service providers, with behavioral health service providers (both mental health and substance use disorders) and/or Long-Term Services and Supports? How might you expand your focus groups/interviews beyond those who are already most vocal?

Comments:

Strengths: Using the ABCD approach, a strengths-based approach focusing on community assets, for an unbiased access to information for research, they'll use snowball sampling to gain access to providers. A good example was their UW project where they needed to talk to behavioral health agencies across the state.

Possible challenges: There is inherent bias in snowball sampling, and they talked about offsetting this with a form of remediation called "reference check." Did they mean "member check?" It would have been great to hear more.

Points Awarded 25 out of 35

Question 3. This legislatively-mandated study contains as a central theme a review of those whose significant support needs are not severe enough to qualify for placement in an existing facility, but are presumed too severe to be met in a PSH setting. Based on your team’s existing expertise, what key support needs are likely to fall into this gap? How does your plan aim to quantify and describe the population with support needs falling into this gap?

Comments:

Strengths: PA recognized that there may be subsets of the population with levels (or types) of different complex care needs. They will look for examples of service providers doing effective work in placement or service, identifying example solutions during their data collection.

Possible challenges: Their housing team member was not well versed on PSH, calling it “permanent housing,” revealing a possible gap in experience.

Points Awarded 10 out of 15

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Comments:

Strengths: Rising Strong West example involved a facility to pilot new programming with grant funding. The primary question was, how do we grow this to other parts of the state, and how do you make this sustainable? The pilot relied on several systems such as braided funding but still there was an identified gap.

Possible challenges: This gap analysis seemed to focus on funding streams, which may be a component of the current question, but is probably not the focus.

Points Awarded ____ 10 _____ out of 15

Total: 70

ORAL INTERVIEW SCORING
June 5-6, 2024
RFX # 2434-848
Title: Housing and Healthcare Study

Vendor Name: Principle Allies

Evaluator Number: OE7

General Guidelines:

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Oral Evaluator Scoring:

Question 1. What data, connections, or other support are needed from RDA, other state agencies, or the state advisory group in order to carry out your plan? How could the plan be modified if these elements are unavailable? How confident are you that this can be completed in the timeline?

Comments:

PP presentation in response to these questions. Feel very confident to complete within timeframe as have done similar project in the past. They have experts in these areas.

Points Awarded **35** out of 35

Question 2. How do your existing (or proposed) relationships with service providers in WA or existing areas of expertise (e.g., significant work with specific service types) help or hinder your ability to conduct a thorough but unbiased study of the topic at hand that has statewide relevance, within the timeline proposed? Specifically, what is your experience working with or including housing/homelessness service providers, with behavioral health service providers (both mental health and substance use disorders) and/or Long-Term Services and Supports? How might you expand your focus groups/interviews beyond those who are already most vocal?

Comments:

They have already mapped this out.

- Asset Based Community Development approach.

- No silos

- Snowball sampling

- Leverage each of their unique relationships in community

- Had project on long-term care with DSHS/ALTSA

Points Awarded **35** out of 35

Question 3. This legislatively-mandated study contains as a central theme a review of those whose significant support needs are not severe enough to qualify for placement in an existing facility, but are presumed too severe to be met in a PSH setting. Based on your team’s existing expertise, what key support needs are likely to fall into this gap? How does your plan aim to quantify and describe the population with support needs falling into this gap?

Comments:

Working toward defining “Complex Care” more than Supportive Housing (and subsets of complex care)

Categorize domains and assumptions and must start building those lists

GUT is telling us there may to be different models based on various subsets of Complex Care. Ex. Someone at end of life in housing v someone in SUD and in need of employment.

Will be prepared to offer strategies about the population that needs more than PSH but not acute enough for a facility setting.

Data gathering from State hospitals and other hospitals. Data from Entry Programs and... ACH has also done this type of work as well.

Points Awarded 15 out of 15

Question 4. Describe a similar project you have completed, including a summary of resulting recommendations for new services to fill identified needs (as opposed to strictly technical assistance/toolkits/educational materials). We want to understand what type and level of detail of recommendations you have arrived at in previous projects, and how these recommendations were supported by the evidence you gathered, and how these recommendations were communicated.

Comments:

Rising Strong West. That was the Master Plan sample given in the RFP. These were quite tight calendars. Similar Methodology.

Points Awarded 15 out of 15