



May 15, 2024
Mighty Girls LLC dba Principle Allies
15124 269th Ave SE, Issaquah, WA 98027
(206) 450-6190
No fax number
milena.stott@principleallies.com

Re: Response Submission for DSHS Competitive Solicitation #2434-848

Dear Stephaine Ssaaka and James O'Brien, Solicitation Coordinators Department of Social and Health Services; Facilities, Finance and Analytics Administration; Central Contracts and Legal Services:

1. Enclosed please find the Response of Mighty Girls LLC, dba Principle Allies with respect to the above Competitive Solicitation. This Response includes this Letter (Attachment B) as well as Attachments C (Bidder Certifications), D (Bidder Response Form), E (Contractor Inclusion Plan) as set forth in the Solicitation Document. In addition to these completed Attachments, the response includes the following additional materials (if any):
There are no additional materials.
2. I am authorized to submit this Response on behalf of Bidder, to make representations on behalf of Bidder and to commit Bidder contractually.
3. I have read the Solicitation Document and Sample Contract. In submitting this Response, Bidder accepts all terms and conditions stated in the Solicitation Document, including those set forth in the following amendments which Bidder has downloaded (please complete, indicating if no amendments were issued):

Amendment Number(s)	Date(s) Issued
Attachement D Bidder Response Form 2434-848.docx	4/26/24
2434-848 Am1 Q-A.pdf	5/1/24
2434-848 Am1 Att A Sample Contract.pdf	5/1/24

4. Bidder represents that it meets all minimum qualifications set forth in this DSHS Competitive Solicitation and is capable, willing and able to perform the services described in the DSHS Competitive Solicitation within the time frames set forth for performance.
5. By my signature below, I certify that all statements and information provided in Bidder's Response are true and complete.

Sincerely,

Milena Stott, Founder and Principal

Attachment C Bidder Certifications and Assurances

Bidder must sign and include the full text of this Attachment C with the Response. Altering or conditioning your certification of this Attachment C may result in your bid being disqualified.

Under the penalties of perjury of the State of Washington, Bidder makes the following certifications and assurances as a required element of its Response to this Competitive Solicitation. Bidder affirms the truthfulness of these facts and acknowledges its current and continued compliance with these certifications and assurances as part of its Response and any resulting contract that may be awarded by DSHS.

1. Bidder declares that all answers and statements made in Bidder's Response are true and correct.
2. Bidder certifies that its Response is a firm offer for a period of 180 days following receipt by DSHS, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Bidder's Response will remain valid for 210 days or until the protest is resolved, whichever is later.
3. Bidder has not been assisted by any current or former DSHS employee whose duties relate (or did relate) to this Solicitation and who assisted in other than his or her official, public capacity. If there are any exceptions to these assurances or if Bidder has been assisted, Bidder will identify on a separate page attached to this document each individual by: (a) name, (b) current address and telephone number, (c) current or former position with DSHS, (d) dates of employment with DSHS, and (e) detailed description of the assistance provided by that individual.
4. Bidder certifies that Bidder is not currently bankrupt or a party to bankruptcy proceedings and has not made an assignment for benefit of creditors and authorizes DSHS to conduct a financial assessment of Bidder in DSHS' sole discretion.
5. Bidder acknowledges that DSHS will not reimburse Bidder for any costs incurred in the preparation of Bidder's Response. All Responses shall be the property of DSHS. Bidder claims no proprietary right to the ideas, writings, items or samples submitted as part of its Response.
6. Bidder acknowledges that any contract award will incorporate terms set forth in the Sample Contract(s), including its attachments and exhibits, as set forth as Attachment A to the Solicitation Document, or may, at DSHS' option be negotiated further. DSHS may elect to incorporate all or any part of Bidder's Response into the Contract.
7. Bidder certifies that it has made no attempt, nor will make any attempt, to induce any other person or firm to submit, or not submit, a Response for the purpose of restricting competition and that the prices and/or cost data contained in Bidder's Response: (a) have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition or influencing bid selection, and (b) have not been and will not be knowingly disclosed by the Bidder, directly

or indirectly, to any other Bidder or competitor before contract award, except to the extent that Bidder has joined with other individuals or organizations for the purpose of preparing and submitting a joint Response or unless otherwise required by law.

8. Bidder acknowledges that if it is awarded a contract containing Business Associate requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), or any other Data Security requirements, that Bidder will incorporate the terms of such Business Associate or Data Security requirements into all related subcontracts.

9. Bidder acknowledges that if awarded a contract with DSHS, Bidder is required to comply with all applicable state and federal civil rights and other laws. Failure to comply may result in contract termination. Bidder agrees to submit additional information about its nondiscrimination policies, at any time, if requested by DSHS.

10. Bidder certifies that Bidder has not, within the three-year period immediately preceding the date of release of this competitive solicitation, been determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment to have willfully violated state minimum wage laws (RCW 49.38.082; Chapters 49.46 RCW, 49.48 RCW, or 49.52 RCW).

11. Bidder certifies that it has a current Business License and agrees that it will promptly secure and provide a copy of its Washington State Business License, unless Bidder is exempted from being required to have one, if Bidder is awarded a contract.

12. Bidder authorizes DSHS to conduct a background check of Bidder or Bidder's employees if DSHS considers such action necessary or advisable.

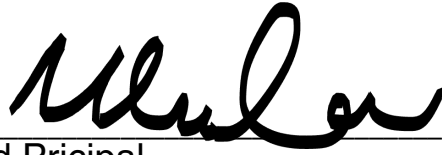
13. Bidder has not been convicted nor entered a plea of *nolo contendere* with respect to a criminal offense, nor has Bidder been debarred or otherwise restricted from participating in any public contracts.

14. Bidder certifies that Bidder has not willfully violated Washington state's wage payment laws within the last three years.

15. Bidder certifies that Bidder is not presently an agency of the Russian government, an entity which is Russian-state owned to any extent, or an entity sanctioned by the United States government in response to Russia's invasion of Ukraine.

16. Bidder acknowledges its obligation to notify DSHS of any changes in the certifications and assurances above.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.



Bidder's Signature: _____

Title: Founder and Pricipal

Organization Name: Mighty Girls LLC dba Principle Allies

Date: 4/28/24

Place Signed (City, State): Issaquah, WA

ATTACHMENT D: BIDDER RESPONSE FORM		
This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Washington Small Business; Section 4. Certified Washington Veteran-owned Business; Section 5. Management Response; Section 6. Budget and Reporting; and Section 7. Quotation/Cost Proposal. Bidders must respond to all questions in the order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D.		
1	BIDDER INFORMATION (ADMINISTRATIVE RESPONSE) Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, the information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience.	MAXIMUM TOTAL POINTS
a	Please indicate whether you employ or Contract with current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded.	NOT SCORED
	ANSWER: Principle Allies has not contracted with state employees in the past. We are not currently employing nor contracting with a current or former state employee.	
b	Please list the names and contact information of three individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference.	NOT SCORED
	ANSWER: <u>Catholic Community Services of Western Washington</u> Kenny Pittman, Director of African American Initiatives (206) 328-5746 KennyP@ccsww.org 2021-22: Development of master plan for development of Rising Strong model of recovery housing for families involved in the child welfare system resulting in \$13 million legislative capital investment.	

	<p><u>UW Addictions, Drug and Alcohol Institute</u> Caleb Banta Green, Research Professor (206) 245-8524 calebbg@uw.edu 2019 to present: Supported implementation of state opioid response networks and gap analysis of SUD treatment systems in collaboration with the Health Care Authority resulting in a strategic roadmap to support Medicaid waiver projects.</p> <p><u>Public Health - Seattle & King County</u> Brad Finegood, Strategic Advisor 206-263-8087 Brad.Finegood@kingcounty.gov 2021-present: Technical assistance in behavioral health integration for King County community health centers. Strategic planning and federal grant development support for opioid overdose task force resulting in a \$15 million federal reward from the Centers for Disease Control and Prevention.</p>	
c	<p>Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation.</p>	NOT SCORED
	<p>ANSWER: Not applicable, our response does not contain variations from the requirements of the Solicitation Document.</p>	
d	<p>Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which the text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language not identified in response to this question.</p>	NOT SCORED
	<p>ANSWER: Principle Allies is not requesting exceptions or revisions to the sample contract.</p>	

e	If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages.	NOT SCORED
	<p>ANSWER:</p> <p>Not applicable</p>	
f	Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation.	NOT SCORED
	<p>ANSWER:</p> <p>Principle Allies has never had a contract terminated for cause or default.</p>	
g	Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each.	NOT SCORED
	<p>ANSWER:</p> <p>Principle Allies has held three contracts with the University of Washington:</p> <ol style="list-style-type: none"> 1. AIMS Center (Advancing Integrated Mental Health Solutions), Contact: Sara Barker (barkers@uw.edu) <ul style="list-style-type: none"> o 2019-2021 - Training and technical assistance to health systems, community health centers, behavioral health agencies, and community-based organizations convened by state’s accountable communities of health. o 2021-2023 - Innovation project and business development support to organizations developing integrated models of care. 2. ADAI - Addictions, Drug, and Alcohol Institute (subcontract of the Health Care Authority), Contact: Kelly Youngberg (ybergka@uw.edu) <ul style="list-style-type: none"> o 2019-2021 - Training and technical assistance to state opioid networks. o 2021-2023 - Statewide assessment and gap analysis of services for persons with SUD 	

	<p>3. BHI - Behavioral Health Institute (subcontract of the Health Care Authority), Contact: Sheryl Schwartz (sheryls@uw.edu)</p> <ul style="list-style-type: none"> o 2020-2022 - SUD curriculum evaluation, report, and training development o 2022-2024 - SUD organizational assessment and pilot 	
h	<p>Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed.</p>	NOT SCORED
	<p>ANSWER:</p> <p>The Bidder has never been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws related to the types of services in this solicitation.</p>	
i	<p>Please describe your proposed plans for the use of Subcontractors in performing this Contract, listing each Subcontractor, its proposed role, and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each Subcontractor self-identifies or is certified as a Washington small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS.</p>	NOT SCORED
	<p>ANSWER:</p> <p>Principle Allies does not plan to engage any subcontractors in the execution of this Contract.</p>	
J	<p>Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please indicate so.</p>	NOT SCORED
	<p>ANSWER:</p> <p>Principle Allies is a small business that operates completely remotely with flexible schedules for our team. As such we minimize our carbon footprint and impact on the environment by lessening capital and commuting costs. In addition, we are person-centered with a work environment that accommodates the lifestyle needs of our</p>	

	consultants. We incorporate these values into our vision within projects that serve our communities. We encourage and participate in civic engagement and volunteer to give back whenever we can.	
2	BIDDER EO 18-03 CERTIFICATION	MAXIMUM TOTAL POINTS
EO	<p>Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?</p> <p>Please Note: Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful Bidder, a term will be added to your Contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the Contract.</p>	10
	<p>ANSWER:</p> <p>Principle Allies does not require employees to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver.</p>	
3	BIDDER CERTIFICATION –WASHINGTON SMALL BUSINESS	MAXIMUM TOTAL POINTS

	<p>Are you a Washington Small Business as defined under RCW 39.26.010?</p> <p>According to Chapter 39.26.010 RCW, to qualify as a Washington Small Business, Bidder must meet three requirements:</p> <ul style="list-style-type: none"> a. <i>Location</i>. Bidder’s principal office/place of business must be located in and identified as being in the State of Washington. A principal office or principal place of business is a firm’s headquarters where business decisions are made and the location for the firm’s books and records as well as the firm’s senior management personnel. b. <i>Size</i>. Bidder must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars (\$7,000,000) annually as reported on Bidder’s federal income tax return or its return filed with the Washington State Department of Revenue over the previous three consecutive years. c. <i>WEBS Certification</i>. Bidder must have certified its Washington Small Business status in Washington’s Electronic Business Solution (WEBS). 	20
	<p>ANSWER:</p> <p>Principle Allies is a Washington Small Business as certified in WEBS.</p>	
4	BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS	MAXIMUM TOTAL POINTS
	<p>Are you a Certified Washington Veteran-Owned Business as defined under RCW 43.60A.190?</p> <p>According to Chapter 43.60A.190 RCW, to qualify as a Certified Washington Veteran-Owned Business, Bidder must meet four requirements:</p>	20

	<p><i>a. 51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:</i></p> <ol style="list-style-type: none"> <i>1. A veteran is defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007;</i> <i>2. A person who is in receipt of disability compensation or pension from the Department of Veteran’s Affairs; or</i> <i>3. An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.</i> <p><i>b. Washington Incorporation/Location. Bidder must be <u>either</u> an entity that is incorporated in the state of Washington as a Washington domestic corporation <u>or, if not incorporated</u>, an entity whose principal place of business is located within the State of Washington.</i></p> <p><i>c. WEBS Certification. Bidder must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (WEBS).</i></p> <p><i>d. WDVA Certification. Bidder must have provided certification documentation to the Washington Department of Veterans’ Affairs (WDVA) and be certified by WDVA and listed as such on WDVA’s website (WDVA – Veteran-Owned Businesses).</i></p>	
ANSWER:	No	

5	BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)	MAXIMUM TOTAL POINTS
	DESIRED EXPERIENCE AND QUALIFICATIONS	300
A	Describe your organization’s experience in conducting similar studies focused on housing services, particularly for individuals with significant medical or behavioral health needs who are at risk of housing instability. Include examples of past projects, outcomes, and the impact of your work.	30
	<p>ANSWER:</p> <p>Principle Allies has worked across the continuum of behavioral health and housing programs serving a variety of populations, including families, children, and veterans. Below we provide three in-depth case studies of our work, followed by several brief examples of our work in the health and housing space.</p> <p><u>Case Study 1: Rising Strong West</u></p> <p>Situation: Created by Catholic Charities Eastern Washington, Rising Strong is a family-centered drug treatment and housing program. By keeping families together, the program has successfully kept children out of the foster care system while strengthening recovery for child-welfare-involved parents. Legislators learned of the Spokane program and wanted to understand what it would take to open a parallel program in Western Washington, where the need is high.</p> <p>Intervention: Catholic Community Services/Catholic Housing Services of Western Washington (CCS/CHS) engaged Principle Allies to create a Master Plan commissioned by the Washington State Department of Commerce. There were two phases to the project, the first phase focused on documenting programmatic requirements, required partnerships, sources of funding, environment of care, program budget, and critical success factors for replication of the program. The second phase was focused on identifying a site, developing provider qualifications, and ensuring the funding conditions and cross-agency collaboration were in place. The cross-agency collaboration was designed to evaluate what sustainable funding would entail in order to scale and sustain the program.</p> <p>Impact: As a result of this planning process, the Department of Children, Youth and Families successfully requested that Governor Inslee include \$13.4 million in capital funding in his 2023 budget request. There is further evaluation taking place to support development of sustainable operations funding. Download the report directly, or view legislative reports: Reports & Publications – Washington State Department of Commerce</p>	

Services: Community and Stakeholder Engagement, Environment Mapping, Financial Modeling, Master Planning

Case Study 2: Assessing Care System Readiness to Support Individuals with SUD

Situation: The Washington State Health Care Authority (HCA) received a planning grant from the Center for Medicare and Medicaid Services (CMS) to develop a “Roadmap to Recovery” that outlines strategies to ensure increased capacity and outcomes across the continuum of substance use disorder (SUD) treatment. This continuum includes residential treatment, outpatient services, recovery housing, recovery support services, and harm reduction services.

Intervention: The University of Washington (UW) Addictions, Drug, and Alcohol Institute (ADAI) in collaboration with Principle Allies conducted a regional environmental scan and analysis of strengths, weaknesses, opportunities, and threats (SWOT) to prepare for Washington’s implementation of the Roadmap to Recovery. This process involved policy analysis, document review (data and reports), collaboration with state agencies, and ninety three (93) interviews involving leadership from: regional Accountable Communities of Health, Behavioral Health Administrative Services Organizations, Managed Care Organizations, health systems, community based organizations, behavioral health agencies, and housing operators. Our analysis and findings addressed the barriers identified by insurers, providers, and stakeholders across the state.

Result: The report outlines the varying needs and experiences across the regions and includes information on system readiness to operationalize a Medicaid-based whole-person SUD and primary care model to support holistic and integrated services. The use of the term “services” encompasses integrated social and medical services. More information at the ADAI website: <https://adai.uw.edu>

Services: Environmental Scan, Stakeholder Engagement, Interviews, Project Management, Data Collection, Data Analysis, Report Writing

Case Study 3: UW Medicine Behavioral Health Institute at Harborview Substance Use Disorder (SUD) Organizational Development Assessment

Situation: The SUD treatment system lags other healthcare sectors in healthcare in targeted quality improvement and training activities. SUD service providers report struggling with quality improvement and training initiatives due to barriers including challenges with recruitment and retention, an inability to capture reimbursement for

services rendered, and other infrastructure barriers requiring more immediate attention. Providers also report needing a wider range of training and technical assistance because their outcomes are impacted by external and systemic factors. For example, when individuals are discharged from residential treatment into homelessness due to lack of housing or lack of appropriate housing, the discharge and recovery plan becomes more challenging and health outcomes are impacted.

Intervention: The Behavioral Health Institute contracted with Principle Allies to develop SUD workforce training solutions with the goal of improving SUD treatment outcomes. The SUD Organizational Development Assessment allows tailored identification of barriers and/or gaps in the areas of: infrastructure, workforce development, finances, services, and ability to address whole person health, to allow the organization to target interventions and strategies for quality improvement efforts.

Impact: As a result of this process, the Behavioral Health Institute, in collaboration with the Health Care Authority is testing the tool to identify targeted training strategies and systemic changes to support the sustainable development of new SUD programs and identify quality improvement opportunities for existing SUD programs. The assessment is currently being piloted with two urban and two rural SUD agencies throughout the state. The BHI website <https://bhinstitute.uw.edu> contains further information.

Services: Project Management, System Assessment, Community Engagement, Stakeholder Interviews, Pilot Design

Other Projects

In addition to the above projects, we have also led the following relevant work:

- **Veterans Affairs:** Supported **Nation’s Finest (California)** to add Medicaid services for housing settings and to design a residential continuum of care. We also worked as a subcontractor in a project with the **Washington State Department of Veterans Affairs** to develop transitional housing and residential treatment facilities for vulnerable, underserved veterans in Port Orchard.
- **Permanent Supportive Housing:** Conducted a behavioral health needs assessment for **Solid Ground** (Seattle) residents to guide development of access to behavioral services, housing and employment case management services (Foundational Community Supports), and strategic partnerships to support access to

	<p>health and social services emphasizing culturally tailored care based on community demographics.</p> <ul style="list-style-type: none"> • Behavioral Health and Recovery Housing: Developed a Community Behavioral Health Agency Partnership toolkit in collaboration with the Washington Alliance for Quality Recover Residences by working with stakeholders to identify knowledge gaps in implementation and design a toolkit to advance them. • Chronic Health Conditions and Housing Services - The Office of Apple Health and Housing funded the Community Health Network of Washington (CHNW), a state Medicaid plan, to develop a toolkit to support the state’s Community Health Centers in advancing their housing programs and partnerships. CHNW engaged Principle Allies to work with four community health centers to develop case studies that illustrate different models of ownership and partnership created in response to a health and housing need in. The co-developed toolkit is now available to their network to advance health and housing program models that support vulnerable individuals and communities. It offers an overview of state agencies and their related programs and funding supporting capital development, operations, and services. • Persons with Developmental Disabilities: We participated in the pre-design planning process as subcontractors for the Washington Department of Social and Human Services Developmental Disabilities Administration to develop staffing models for new Community Nursing Care Homes aimed at serving persons with developmental disabilities. Community engagement with persons with lived experience was a key aspect of this study to determine the appropriate service levels to offer in the new facilities. • Rural Populations: We work with The Fletcher Group’s Rural Center of Excellence to promote the development of Recovery Ecosystems by collaborating with housing authorities, housing operators, and Medicaid agencies to expand and finance recovery support services. 	
B	<p>Provide details on the qualifications and expertise of the team members who will be assigned to this project. How does their experience align with the requirements of this RFP? Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.</p>	20
	<p>ANSWER: Our multidisciplinary team includes expertise in health integration, strategic program development, low-income housing and substance use disorder.</p>	

Health & Housing Integration: **Milena Stott, LICSW, SUDP**, is a health and housing systems expert, holding numerous titles within the industry, including Chief of Strategy, Chief of Transformation and Innovation, and Director of Healthcare Integration. Milena Stott has executive leadership and direct operations management experience in King County’s federally qualified community health centers and community behavioral health agencies. Throughout she has forged relationships with numerous providers across the state through work on behalf of the Harborview Behavioral Health Institute, the UW Addictions, Drug and Alcohol Institute, UW Advancing Integrated Mental Health Services Institute, and Public Health Seattle & King County’s Behavioral Health Community Health Partnerships Program. Since 2019, Milena has been the engagement, policy, and technical assistance specialist on behalf of The Fletcher Group’s Rural Center of Excellence, assisting rural communities to create affordable and sustainable housing for those who are newly in recovery. In her role as board member for the Washington Alliance for Quality Recovery Residences, she helped develop training and toolkits to allow for the development and expansion of program models and health and housing partnerships.

Building on her management experience as a strategist and innovator in integrated health systems, she helps organizations implement programs and reimbursement strategies that integrate housing into value-based insurance contracts. A dually licensed clinician, her relationship skills and systems approach are especially useful in addressing challenges in under-resourced communities. She earned bachelor’s and master’s degrees from the University of Illinois, and an Executive Certificate in Social Impact Strategy from the University of Pennsylvania.

Strategy, Program and Financial Expertise: **Tasha Irvine, MBA**, is a leader and strategist with 16 years nonprofit and 17 years corporate experience. Tasha has a long track record of successfully analyzing problems, building solutions and helping the community with data, ideas and partnerships. Her expertise encompasses human services, health care, international affairs, education, arts, real estate and consumer products across corporate, consulting, agency, start-up and nonprofit settings. For more than five years she’s consulted with nonprofit and mission-driven organizations, primarily in the human services space, to develop sustainable programs to meet our community’s most challenging problems.

Her human services clients include Alatheia Therapeutic Riding Center, Assistance League of the Eastside, Bellevue LifeSpring, Catholic Community Services of Western Washington, Empire Health Foundation, HelpGuide, Neighborcare Health, Public Health - Seattle & King County, Solid Ground, StolenYouth, UW Addictions, Drug and Alcohol Institute, Washington Autism Alliance, Washington State Department of Veterans Affairs, and Washington

State Department of Social and Health Services. After serving as a legislative assistant in Washington, D.C., Tasha has enjoyed weaving government relations throughout her career. She received her BA from Stanford University and her MBA from the University of Washington.

Low-Income Housing & Management: **Gaye Barrett, BA**, offers more than 30 years of experience in affordable housing including tax credit, HUD, and USDA-Rural Development programs. Serving as Vice President/Principal of Quantum Management Services for more than two decades, she oversaw a portfolio in which 50% of her clients were nonprofits. She also managed properties directly and worked day-to-day with case managers and nonprofit clients to provide a good housing experience for residents. Most recently she served as a Strategic Advisor to Redwood Housing, Inc. to troubleshoot and solve operational challenges and developed an Asset Management Plan for their collection of properties.

She recently joined the Board of Directors for Imagine Housing, an affordable housing developer, asset manager and provider of case management services to their residents. Operating on the Eastside of King County since 1987, they currently own 15 affordable housing properties with 639 housing units and have several affordable housing properties either in construction or under development for delivery in the next 3-5 years. Gaye holds a BA from Washington State University, as well as several affordable housing designations including Low Income Housing certifications through the Washington State Housing Finance Commission.

Substance Use Disorder Systems: **Samantha Jo Floersch, BA, BS, SUDP**, earned a BA in Industrial Design and BS in Business Administration from the University of Wisconsin – Stout. Following graduation Sam worked in the mechanical engineering field for three years before pivoting her career. In search of work geared toward helping others, she went on to complete her Post-Bachelorette in Alcohol and Drug Counseling. During and after her program, Sam worked as an alcohol and drug counselor for an innovative Program at NUWAY known as the “Recovery in Supportive Environments (RISE)” utilizing evidence-based models of care connecting substance use disorder treatment with (subsidized) recovery residence support.

Sam has presented at notable events, including the American Psychological Associations 2022 Collaborative Perspectives on Addiction Conference, the Kate’s House Foundation’s Shared Housing Symposium, and to numerous partners on NUWAY’s R.I.S.E. model. Her most recent training and presentations have focused on trauma-informed approaches and considerations for individuals struggling with substance use, how social determinants of health influence can influence an individual’s life, and how to navigate the relationship in a way

	<p>that does not inflict more harm. Forging important partnerships in her new community, Sam has developed and presented trainings for Compass Housing Alliance’s staff on substance use, co-occurring disorders, the disease model of addiction, and how social determinants of health impact an individual’s well-being. These trainings are centered on how to approach individuals with dignity in a trauma-informed way and utilize motivational interviewing and the transtheoretical theory to elicit positive change. Given her desire to learn more about mental health, Sam was recently accepted into the University of Washington’s Master of Social Work program, where she aims to expand her education and help to understand, and solve, complex social systems and challenges.</p>	
C	<p>Explain your team's familiarity with housing and health care services, and the specific challenges faced by individuals with significant medical and/or behavioral health needs in accessing housing services and maintaining housing stability.</p>	20
	<p>ANSWER:</p> <p>When exploring housing and healthcare services, particularly concerning individuals with significant medical and/or behavioral health needs, there are several critical areas in which Principle Allies has developed expertise.</p> <p>Housing programs and services: Our team recognizes that cross-sector partnerships are essential to addressing Washington’s housing crisis and has developed toolkits that provide guidance on project and partnership resources to support development, improvement, expansion, and/or implementation of new housing programs. We have developed knowledge of the range of housing programs and services, from homelessness prevention strategies to affordable housing initiatives in Washington. These programs include subsidized housing options, rental assistance, housing vouchers, supportive housing, transitional housing, and emergency shelters as well as support services for individuals and families facing housing challenges. We are also familiar with federal and state funding sources, eligibility criteria, application processes, and the range of supportive services offered alongside housing, such as case management, counseling, foundational community support and healthcare coordination.</p> <p>Healthcare access and coordination: In our collaboration with Washington’s state Medicaid agency, we have shared and developed knowledge of statewide healthcare systems, including public health programs, community health centers, mental health services, substance abuse treatment, and specialized healthcare providers. We understand the nature of the relationship between housing and health outcomes. In our work we attend regular statewide workgroups, advisory committees, steering communities, and project team meetings composed of community partners and stakeholders working to address cross-system challenges and build collaboration and partnerships to achieve shared goals. We have come to understand the importance of breaking silos to support integrated care and care coordination between housing providers and healthcare professionals to address the</p>	

complex needs of individuals with medical and behavioral health challenges. When completing the Roadmap to Recovery Needs Assessment for the state’s Health Care Authority, our team completed a detailed analysis and report outlining funding and service gaps, policy barriers, implementation challenges, community voice, and recommendations to support innovation and change. Many of the recommendations involved supporting access to health and housing services that support needs across the continuum of both services and housing.

Health-related social needs: We recognize that housing insecurity and homelessness are one of the most significant factors influencing overall health and wellness. Access to care, socioeconomic status, access to transportation, and social support networks all have an impact on overall health outcomes. We recognize the need for services such as direct care management to support connection to resources, but also to have a strategy to address the upstream causes of inequities that affect all community members.

Legal and policy framework: Through hundreds of interviews across prior projects, our team has come to know the relevant laws, regulations, and policies governing housing and healthcare services, including fair housing laws, disability rights, anti-discrimination laws, and housing subsidies. We understand and promote the rights of individuals with disabilities and the obligations of housing providers and healthcare entities to accommodate their needs. We have convened stakeholders to bring forward concerns and brought them alongside steering committees, state agencies, and other workgroups to address policy barriers.

Challenges in accessing housing: Individuals with significant or complex medical and/or behavioral health needs often face challenges in accessing housing services due to stigma, limited affordable housing options, lack of supportive services, discrimination, and eligibility barriers. It is key to understand these challenges and advocate for policies and practices that promote housing accessibility and affordability for vulnerable populations.

Housing stability and supportive services: We understand the importance of ongoing support services, including case management, mental health counseling, substance abuse treatment, life skills training, and peer support, to access and maintain housing stability for individuals with complex needs. Our team recognizes the role of housing-first approaches and harm reduction strategies in addressing homelessness and promoting housing retention. We understand that some individuals need higher levels of support to engage in services and that the housing continuum may not offer that in its current state. While home-visiting services continue to support some individuals, others need additional support or settings.

	<p>Crisis systems, legal systems, and hospitals: The absence of housing, care and/or other resources can contribute significantly to the high use of crisis systems, such as emergency rooms, crisis hotlines, psychiatric hospitals, hospitals, and law enforcement interventions. While these systems have a role in triaging and providing stabilization, having an appropriate health and housing continuum is required to ensure persons are able to re-enter and remain in the community. Limited access and financial barriers can pose threats to recovery. Providing access to resources, timely treatments, reducing barriers, addressing systemic fragmentation, and addressing stigma have become important strategies to help individuals get and stay housed.</p> <p>Residential and long-term care services: Managed care organizations (MCO), in collaboration with home and community-based services, work alongside providers to manage access and transitions when placement is needed. These organizations collaborate on placement, and many MCOs are investing in resources to support housing access. Complex individuals transitioning across settings need a number of support services to access, engage, and maintain successful transitions. As their needs change, it can be complicated to find the right setting.</p> <p>We use our knowledge to inform service planning and collaboration among housing providers, healthcare organizations, and community stakeholders to improve outcomes for vulnerable populations.</p>	
D	<p>What methodology will you use to review existing service models related to individuals experiencing housing instability with significant medical or behavioral health needs?</p>	40
	<p>ANSWER:</p> <p>Existing service models will be reviewed using four primary methodologies comprising an Environmental Scan:</p> <p>Landscape/Environmental assessment: Conduct research and develop a catalog documenting key information from reports, policies, websites, and materials related to existing health and housing service programs and providers, both public agencies and regional nonprofit organizations. To ensure adequate review, the team will meet with relevant stakeholders, RDA, and other state agency partners to discuss existing reports and available data that would contribute to the work. We will also gather data from state agencies and providers to understand the scale of the need based on their respective sectors. This will involve looking at data on common health conditions, mental health disorders, substance abuse issues, etc., among this population. It would also involve documenting the current continuum and known programs and resources, as well as researching nationally recognized organizations with promising models and best practices for intervening with holistic approaches that target the population health needs. Using this knowledge, we would create a rubric of key attributes to document</p>	

	<p>required and desired components. Note: This would also be posed as a question to the stakeholder group and/or reviewed by this group to enhance and validate.</p> <p>Stakeholder outreach and engagement: Develop a stakeholder map and communication plan based on results of the initial environmental assessment. Communications approaches would be tailored to each target stakeholder group. In some cases, stakeholder engagement will be one-on-one through interviews and in other cases the involvement would be through a work group or a steering committee. We have close connections to several major agencies involved in work including Catholic Community Services of Western Washington, Catholic Charities of Eastern Washington, DESC, Plymouth Housing and Sea Mar. We also have experience working closely with MCOs and state agencies. We understand we can use their expertise and networks in our outreach to persons with lived experience and to service and housing providers as identified in our initial environmental scan. We will facilitate regular workgroups consisting of existing providers and public agencies to collaborate on discussions of the current range of services available. We intend to include both operators and residents with lived experience to participate in these workgroup sessions.</p> <p>Person-centered outreach and engagement: Conduct targeted engagement of the peer and recovery community, recognizing the importance of including the voice of persons with lived experience. Developing a separate communications plan to reach this group, community gatherings likely will be used to network and discuss key issues with persons with lived experience. We believe it is important to give these individuals a separate forum to ensure their voices are heard in a focused and empathetic way. Representatives from this peer and recovery community will be invited to participate in key stakeholder workgroups to bring community voice to the discussions. Representatives from this group will also be included in discussions of proposed options and recommendations. We will also outreach to advocacy groups such as The ARC of Washington State, Statewide Poverty Action Network, Washington Low-Income Housing Alliance, and representatives from the Trueblood Program to ensure the voice of these populations are engaged as well.</p> <p>SWOT analysis: Findings from the environmental assessment, interviews and community meetings will be reviewed for key themes. Create a SWOT Analysis (Strengths, Weakness, Opportunities, Threats) for inclusion in the final study. The SWOT Analysis will form the basis of the Gap Analysis and future recommendations.</p>	
E	<p>What methodology will you use to conduct the required gap analysis related to the availability of services for individuals experiencing housing instability with significant medical or behavioral health needs?</p>	40

	<p>ANSWER:</p> <p>The gap analysis will build on the information gathered in the Environmental Scan of existing models and will assess the needs of the target population and then identify the areas where services are lacking. To conduct a gap analysis related to the availability of services for individuals experiencing housing instability with significant medical or behavioral health needs, we would use the following methodology:</p> <p>Define the objectives: Clearly outline the goals of the analysis. This will include identifying gaps in services, geographic variations, understanding the needs of the target population, emphasizing elements of diversity, equity, and inclusion, and determining areas for improvement in service delivery.</p> <p>Identify stakeholders: Engage relevant stakeholders such as healthcare providers, social workers, government agencies, non-profit organizations, and individuals with lived experience. Their input will provide diverse perspectives and insights. Stakeholders can inform types of data and sources of data to gather, review summary of findings, and support ranking and prioritization.</p> <p>Collect data: Gather quantitative and qualitative data related to the target population's demographics, health conditions, housing status, existing services, and service utilization patterns. Data sources may include surveys, interviews, focus groups, state or provider reports, and public health reports. Data collected will involve a review of facility and housing types, history of closed programs and reasons, reductions in residential beds relative to availability of community-based beds, challenges with various models (community-based vs residential vs facility), and philosophies and their impact on care.</p> <p>Identify gaps: Analyze the collected data to identify gaps between the current services available and the needs of individuals experiencing housing instability with medical or behavioral health challenges. This will involve comparing service availability, accessibility, affordability, and effectiveness against established benchmarks or best practices. Common gaps might include insufficient access to mental health services or substance abuse treatment, limited availability of affordable housing options that cater to individuals with specific medical needs, lack of coordinated care between housing providers and healthcare providers, and/or inadequate support for individuals with complex medical or behavioral health conditions to maintain stable housing. These gaps will vary by region, and each may require a different intervention.</p>	
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	<p>Perform root cause analysis: Explore the underlying reasons for identified gaps, while considering cultural, racial, and philosophical disparities. This may involve assessing factors such as funding limitations, service provider capacity, geographic disparities, policy barriers, and systemic challenges within the healthcare and social service systems.</p> <p>Prioritize the gaps: We anticipate that there may be several diverse gaps identified that may need to be prioritized. The data gathered in the Environmental Scan will help us understand the relative scale and, potentially costs, of the service gaps. To prioritize the identified gaps we will engage stakeholder input to weigh in on impact, urgency, and feasibility of addressing them. The data gathered will be used to consult with providers and stakeholders to prioritize recommendations we make in the study.</p>	
F	<p>How will your team draw conclusions regarding the efficacy of potential solutions to address gaps in housing supports for individuals experiencing housing instability with significant medical or behavioral health needs?</p>	40
	<p>ANSWER:</p> <p>Drawing conclusions regarding the efficacy of potential solutions to address gaps in housing supports for individuals experiencing housing instability and who have significant medical or behavioral health needs requires a comprehensive and systematic process. Our approach includes:</p> <p>Researching and identifying potential models addressing the problem: Conduct a thorough review to understand existing research, case studies, innovations, and best practices related to housing support programs. This review helps us learn from successful interventions and avoid repeating ineffective strategies.</p> <p>Exploring existing pilot programs: Explore pilot programs or initiatives that have tested the effectiveness of the identified solutions. Develop a rubric of common components in the design of the pilot programs including their objectives, measurable outcomes, and evaluation metrics important in assessing their impact on housing stability, healthcare utilization, quality of life, and overall well-being for participants.</p> <p>Data overview: Highlight research that has evaluated the effectiveness of the interventions and identify trends or patterns.</p> <p>Stakeholder consultation: Gather feedback from stakeholders such as housing agencies, community organizations, government officials, and residents to understand their perspective on potential solutions.</p>	

	<p>Document best practices cited in research and innovation: Having conducted a comprehensive analysis of the needs, gaps, and potential solutions through review of reports, data, needs assessments, interviews, and work groups, the team will compile evidence and indicators of efficacy and success.</p> <p>Benchmarking against standards: Benchmark potential solutions against established standards and best practices in housing support.</p> <p>Feedback and iteration: Creating a continuous feedback loop with stakeholders to gather feedback on analysis, potential solutions, and recommendations.</p> <p>Recommendations and continuous improvement: Based on findings, generate recommendations for potential interventions, modifying strategies that require refinement, and addressing any remaining gaps or challenges. Emphasize the importance of continuous learning, adaptation, and improvement in developing evidence-based solutions for housing instability and healthcare access among vulnerable populations.</p> <p>By following this approach, our team will systematically assess the efficacy of potential solutions, gather actionable insights, and make informed recommendations to improve housing supports and healthcare outcomes for individuals experiencing housing instability with significant medical or behavioral health needs.</p>	
G	Describe your approach to identifying, assessing, and mitigating potential risks that could impact the success of the project.	10
	<p>ANSWER:</p> <p>Throughout a project our team continually monitors progress toward our goal through a comprehensive project plan and regular team meetings. We are experienced in identifying and mitigating risks of projects that demand a large degree of collaboration with outside organizations and multi-sector stakeholders. These risks may include low participation in stakeholder workgroups, lack of diversity in workgroup representation, low agency engagement, poor group cohesion, unclear purpose and goals, and inability to meet identified purpose and goals under a tight deadline.</p> <p>Depending on the identified needs, a variety of risk mitigation strategies will be employed such as providing clear leadership and facilitation of workgroup meetings, so they have a clear purpose and agenda, utilizing a structured</p>	

	<p>process for engaging diverse members, careful facilitation of each meeting to promote optimal group dynamics and communication, and debriefing each meeting with appropriate stakeholders to identify areas of risk and strategies. Risks and mitigation strategies will be communicated to the contract manager on an ongoing basis through regular project updates.</p> <p>In the preparation of this response, we outreached Catholic Community Services, Downtown Emergency Services Center, and Sea Mar to inquire about engaging health systems, state agencies, MCOs, and persons with lived experience to inform this work. The team is connected to resident action groups, persons with lived experience, hospitals, long term care programs, housing providers, service providers, state agencies, and managed care organizations. We are ready to leverage resident action organizations, program data, community partners, state partners, and persons with lived experience to support this short timeline.</p>	
H	Describe how you will present findings, recommendations, and potential solutions in a clear and actionable manner.	20
	<p>ANSWER:</p> <p>Principle Allies has participated in several pre-design, master plan and toolkit development projects. In fact, our study of the <u>Rising Strong West Master Plan Phase 2</u> was used as an example of the type of deliverable requested for this project in the RFP. We understand the requirements of legislative reports and the need to create specific formats and summaries to make the material accessible. We always include executive summaries, actionable recommendations, and detailed supporting materials. Other examples of our work in presenting findings, recommendations, and potential solutions include:</p> <ul style="list-style-type: none"> • <u>Health & Housing Partnership Toolkit for Washington State</u> with Community Health Network of Washington in collaboration with the Department of Commerce Office of Apple Health and Homes • <u>Statewide Community Nursing Care Homes Predesign</u> with BCRA and Sage Architectural Alliance for Washington State Department of Social & Health Services • <u>Healthcare Services Staffing Plan for W VH Building 9 Predesign</u> with Sage Architectural Alliance for the Washington State Department of Veterans Affairs • <u>Community Behavioral Health Agency Toolkit</u> for the Washington Alliance for Quality Recovery Residences 	

	<p>Key components of the deliverable report include:</p> <ul style="list-style-type: none"> • Executive Summary • SWOT Findings • Existing Models • Gaps in Services • Funding and Resources • Case Studies and Best Practices • Potential Strategies and Solutions • Policy Recommendations • References 	
I	<p>Provide case studies or references from similar projects, especially those that involved research and analysis on housing needs for vulnerable populations.</p>	20
	<p>ANSWER:</p> <p>The following three references and project summaries outline projects where Principle Allies researched and analyzed health and housing needs for vulnerable populations.</p> <p><u>Community Health Network Washington (CHNW)</u> Rachel Briegel, MSW, Program Manager II, Health Systems Innovation (206) 521-8833 rachel.briegel@chpw.org</p> <p>CHNW recognizes that health-related social needs, such as housing insecurity and homelessness, have a significant impact on the health and outcomes of the people it serves. As part of a collaboration with the Department of Commerce Office of Apple Health (Medicaid) and Homes and the Corporation of Supportive Housing, developed a <u>Washington-specific toolkit</u> for CHNW to provide to its network of 21 Federally-Qualified Community Health Centers (CHCs) with technical assistance in the development of health and housing partnerships throughout the state. More information on the CHNW website: https://www.chpw.org/bulletin-board/health-and-housing-toolkit/</p>	

<p><u>Solid Ground</u> Delores Hillis, Program Director (206) 694-6700 deloresh@solid-ground.org Conducted a community behavioral health needs assessment and partnership gap analysis for the Solid Ground Sand Point housing development serving recently housed men, women and families. As a result of the assessment, Solid Ground staff quantified the behavioral health needs of its population and connected them to relevant community-based services.</p> <p><u>Washington Alliance for Quality Recovery Residences</u> Jason Bliss, Executive Director phone (509) 430-1155 jason@waqrr.org Developed a Community Behavioral Health Agency Partnership toolkit for Washington Recovery Housing Network by working with stakeholders to identify knowledge gaps in implementation and design a toolkit to advance them.</p>	
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J	Describe any previous collaborations or partnerships with government agencies, non-profit organizations, or other entities in delivering housing solutions for those with medical or behavioral health needs. How did these partnerships enhance the project outcomes?	20
	<p>ANSWER:</p> <p>Principle Allies has deep experience collaborating and partnering with government agencies, non-profit organizations, and other mission-driven human services entities:</p> <p>Collaboration with Accountable Communities of Health As a representative of the University of Washington AIMS Center, Principle Allies was contracted to participate in workgroups alongside behavioral health agencies delivering services to individuals who came into regular contact with the crisis system. The workgroups were tasked with making recommendations related to funding, services, and program models that supported improved outcomes for individuals who were unhoused and had frequent emergency encounters due to comorbid conditions and high social needs. These workgroups informed regional strategies tied to funding allocation.</p> <p>Collaboration on advancing integrated care As a representative of the University of Washington AIMS Center, Principle Allies was contracted to participate in work groups alongside Downtown Emergency Services Centers (Housing and Behavioral Health), Harborview Medical Center (Primary Care), Community Health Plan of Washington (Managed Care), King County Integrated Care Network (Crisis System), and Public Health (Opioid Programs) to develop an alternative payment model for individuals with high social needs and who would benefit from Medications for Opioid Use Disorder (MOUD) as well as those in need of complex care management in primary care.</p> <p>Collaboration for regional funding acquisition To support the development of a service model for persons with opioid use disorders who encounter the emergency department, Principle Allies worked with public health, jail services, housing providers, service providers, and first responders to compete in a funding application that included demonstrating readiness of an engaged and committed partner network with capacity and matching funds infrastructure to deliver on the required services, housing and data collection.</p>	

	<p>The partnerships developed across each project enhanced outcomes in several ways:</p> <ul style="list-style-type: none">• We were able to leverage expertise and tap into a diverse range of knowledge. Each organization or individual brought unique skills, knowledge, and experiences to the table that contributed to a more comprehensive and effective project approach and overall outcomes.• We were able to pool resources. For pilot projects you often need expertise to fill various roles or staff various functions. With a smaller budget you cannot always hire one person with all the necessary knowledge, nor can you hire and train several people into part-time, time-limited roles. Organizations were able to bring expertise and allocate portions of their time to represent the knowledge and perform the functions needed.• The teams had a sense of shared responsibility. This shared responsibility led to increased commitment, accountability, and motivation among partners to deliver quality outcomes. We were able to report and get feedback during structured time.• The team had access to networks and information within their organizations. When it came to gathering or disseminating information, the group members were able to provide access to wider networks of contacts, stakeholders, and communities. This was valuable for gaining support, building relationships, accessing important contacts, and promoting project sustainability.• Because we had leaders with both knowledge and experience, we were able to evaluate and mitigate risks in our recommendations. Partnerships can bring diverse perspectives that help identify and address potential risks early, improving the project's resilience and adaptability.• When a group of people come together with shared interests and goals, it can enhance innovation. We found that our participating partners showed up because of an environment of collaboration and knowledge sharing. This inspired innovation and a culture of problem-solving. We exchanged ideas, best practices, and lessons learned, leading to creative solutions and continuous improvement. <p>Ultimately, these partnerships led to an increased impact. Our work is all interconnected and builds on our collective success. By coordination and combining strengths, resources, and expertise, projects can achieve outcomes that would be difficult or impossible to accomplish alone.</p>	
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K	Describe your strategy for engaging with stakeholders, including service recipients, healthcare providers, and housing service providers, to ensure a comprehensive understanding of service needs and challenges. How will you ensure diverse communities are engaged in the project?	40
	<p>ANSWER:</p> <p>Creating a successful strategy for engaging with stakeholders, including service recipients, healthcare providers, and housing service providers, involves several key steps:</p> <p>Stakeholder identification: We will start with mapping systems involved in our health and housing ecosystem. Then we can utilize our stakeholder engagement committee and network of contacts to identify key stakeholders including individuals experiencing housing instability and their families, healthcare professionals, social workers, housing service providers, government agencies, advocacy groups, community organizations, and policymakers.</p> <p>Understand stakeholder perspectives: We will take the time to understand the language, culture, perspectives, needs, priorities, and concerns of each stakeholder group. We can do this by conducting interviews, focus groups, surveys, or stakeholder mapping exercises to gather insights into their experiences, challenges, and expectations regarding housing supports and healthcare services.</p> <p>Establish clear and mutual objectives: We will define clear objectives and goals for stakeholder engagement. Envisioning our objectives we can engage individuals to gather feedback on proposed solutions.</p> <p>Tailored communication: Our team can develop tailored communication strategies and messages for each stakeholder group based on their preferences, communication styles, and information needs. We use a variety of communication channels such as meetings, workshops, informational interviews, community-based gatherings, and informal phone calls.</p> <p>Create opportunities for dialogue: Our team will create structured opportunities for dialogue and collaboration among stakeholders. Organize stakeholder meetings or working groups where diverse perspectives can be shared, ideas can be exchanged, and solutions can be co-created. We will use strategies that foster an inclusive and participatory environment that encourages active engagement and mutual respect.</p>	

<p>Listen actively: Our team practices active listening during stakeholder interactions. We listen to and document stakeholders' concerns, feedback, suggestions, and experiences without judgment and while demonstrating empathy, openness, and willingness to incorporate stakeholders' input into decision-making processes.</p> <p>Provide information and education: We will support dialogue, we will provide stakeholders with relevant information, resources, and educational materials to enhance their understanding of housing supports, healthcare services, available resources, rights, and responsibilities.</p> <p>Seek input on solutions: Our team will involve stakeholders in the development and refinement of solutions. We will consider parallel and collaborative ways across stakeholder groups to review information. We will seek input on proposed strategies, policies, programs, and interventions related to housing supports and healthcare access. Our facilitation approach will encourage brainstorming, problem-solving, and consensus-building to achieve shared goals.</p> <p>Build trust and relationships: We highly value building trust and credibility with stakeholders through transparent communication, honesty, integrity, reliability, and follow-through on commitments. We strive to foster positive relationships based on mutual trust, respect, and collaboration to strengthen partnerships and sustain engagement over time.</p> <p>Evaluate and adapt: Our team continuously evaluates the effectiveness of our stakeholder engagement efforts. We solicit feedback from stakeholders on the engagement process itself and use their input to adjust and make improvements as needed.</p> <p>By implementing a thoughtful and inclusive strategy for engaging with stakeholders, we will build meaningful partnerships, enhance stakeholder buy-in and support, and drive positive outcomes in addressing housing instability and improving healthcare access for vulnerable populations.</p>	
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6	BUDGET AND REPORTING	MAXIMUM TOTAL POINTS
A	Provide a detailed budget proposal that outlines all costs associated with the project. How do you ensure cost-efficiency without compromising the quality of the report?	20
	<p>ANSWER:</p> <p>Principle Allies offers a cost-efficient solution because we are a nimble collective of highly skilled individuals that operate in a virtual environment. As a result we have very little staff or capital overhead. With our small team, we minimize the need for complex communications, large team meetings or intricate coordination. The result is a high-quality project deliverable at a more reasonable expense than larger consulting firms.</p> <p><u>Project Budget</u></p> <p>Environmental Scan and SWOT - \$75,000 Review of key program documents and data to gain a deep understanding of programs in the health and housing continuum. Conduct one-on-one interviews with public agency and nonprofit providers to gather detailed information for a SWOT analysis (Strengths, Weakness, Opportunities, Threats). Create and manage Workgroups and to confirm information. Outreach to people with lived experience.</p> <p>Gap Analysis and Stakeholder Engagement - \$65,000 Conduct biweekly Workgroup sessions (approximately 8) to identify opportunities to meet complex care needs. Plan, facilitate and document meetings. Review and present data relevant to gap analysis.</p> <p>Recommendations and Study Deliverable Development - \$40,000 Create an overview of study learnings and recommendations based on Environmental Scan, Gap Analysis and Stakeholder Engagement. Provide drafts to stakeholders for feedback and incorporate edits in the final draft.</p> <p>Project Management & Incidentals - \$25,000 Create and manage the project through detailed project plan, coordination meeting and status reports. Includes allowance for incentives/gifts for residents with lived experience to participate in select Workgroups, as well as other project-related costs (i.e. insurance, design, meeting space).</p> <p>Total - \$205,000</p>	

7	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)	MAXIMUM TOTAL POINTS
A	Please identify the total amount the Bidder is willing to accept in consideration of the full performance of the Contract.	10
	ANSWER: TOTAL MAXIMUM BID AMOUNT: \$205,000	
B	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.	NOT SCORED
	ANSWER: Bidder has not made any assumptions.	

**Attachment E
Contractor Inclusion Plan**

Instructions

DSHS requires that bidder submit this inclusion plan template as part of their proposal. Once submitted, the Inclusion Plan template becomes part of the contract if awarded to the bidder. The Bidder shall also include an anticipated list of small and diverse subcontractors or vendors who may provide services on the project. Responses should reflect the Bidder's sincere efforts to include diverse small businesses. Businesses listed in the plan must be certified by OMWBE or DVA, or registered in WEBS as a small business. If a company is not certified or registered but may be eligible for certification, the Bidder should encourage the company to become certified.

Inclusion goals are aspirational. No preference is given for inclusion plans or goals in the evaluation of bids. While no minimum level of OMWBE certified, Veteran Owned, or Washington Small Business participation will be required as a condition for receiving an award, the plan must include the actions the contractor will take to increase subcontracting opportunities for those business types.

DIVERSE BUSINESS INCLUSION PLAN

1. Do you anticipate using, or is your firm, a Washington State Certified Minority Business?
 YES NO
2. Do you anticipate using, or is your firm, a Washington State Certified Women's Business?
 YES NO
3. Do you anticipate using, or is your firm, a Washington State Certified Veteran Business?
 YES NO
4. Do you anticipate using, or is your firm, a Washington State Small Business?
 YES NO
5. If you answered No to all the questions above, please explain:

We answered yes to #4. We would also like to note that though we are not certified as a Women's Business, we meet qualifications for this designation.

6. Please provide a description of your firm’s planned efforts at outreach to the small and diverse business community:

Principle Allies is a small female owned and operated business. We partner regularly with diverse consultants, small businesses or those who serve diverse communities to accomplish work. Our team attends community meetings to network and learn, seeks educational workshops or meetings that bring people together, supports mentorship opportunities, and attends community engagement events. Because we are a diverse network of consultants, we have the ability to bring on contractors for various projects based on the specific needs of the project. We therefore do not plan to subcontract for the work on this project.

7. Please list projects (5 max.) you have completed with diverse business participation in the last five (5) years:

We have not subcontracted for projects but have worked on projects with diverse participation.

Subcontractor	Project	Year	Percentage

8. Please provide a description of how your firm considers utilizing small businesses in the development of bid packages.

When considering utilizing small businesses in the development of bid packages, our firm prioritizes fostering a diverse and inclusive approach while also leveraging the unique expertise and capabilities that small businesses bring to the table. Here's how we approach this:

- Capacity and capability assessment - Before including small businesses in bid packages, we conduct thorough assessments of their capacity and capabilities to ensure they can meet the project requirements. This includes reviewing sample documents, interviewing to learn their technical expertise, and asking for references.
- Partnership and collaboration - We understand we can't solve complex social problems in silos. We view small businesses as strategic partners who have innovative approaches and enjoy bringing people to the table to engage them and leverage their assets.

- Training and support - Recognizing that small businesses have limited infrastructure, as do we, we believe in engaging our support networks for information and support.
- Fair and transparent procurement practices: We believe in transparency in all our processes and promote open communication as much as possible.

9. Please describe the actions you will take to increase subcontracting opportunities for those business types.

Our business is small and has been able to contract based on word of mouth. Our satisfied customers refer us to projects and introduce us to businesses we can collaborate with. This is how we have learned about this project. Given our size, we have not competed for large scale projects necessitating subcontracting. We appreciate the resource on WEBS showing the vendors downloading the application materials. In the future, when competing for large projects, we intend to use this resource and explore additional information on the business to seek opportunities for diverse contracting.

10. Please indicate the number of people in your Diversity Inclusion team.

Two (2)

If you answered Yes to any of questions one through four above, please complete questions eleven through thirteen.

11. Please list the approximate percentage of work to be accomplished by each group in this contract:

11.1	Minority	25%
11.2	Women	100%
11.3	Veteran	0%
11.4	Small Business	100%

12. Please identify the person in your organization to manage/ lead your Diverse Inclusion Plan responsibility.

12.1 Name: Milena Stott

12.2 Phone: 206-450-6190

12.3 E-Mail: milena.stott@principleallies.com

13. Please identify the list of potential diverse subcontractors

13.1 Not applicable for this project

13.2

13.3

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Bidder's Signature: 

Title: Founder and Principal

Organization Name: Mighty Girls LLC dba Principle Allies

Date: 5/15/24

Place Signed (City, State): Issaquah, WA