2019 Mobile Showers Program RFP - Re-Release Application Questions

Program Requirements

1. Are participants allowed to enter the program even if they aren’t “clean and sober” or “treatment compliant”? (Yes / No)

2. Are services informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some participant's lives? (Yes / No)

3. Are participants engaged in non-judgmental communication regarding drug and alcohol use and offered education regarding how to avoid risky behaviors and engage in safer practices? (Yes / No)

4. Will all staff receive training on traumatic stress and its impact; and the relationship between trauma and mental health, substance use, and homelessness? (Yes / No)

5. Will participants be able to choose the shower stall based upon their identified gender (if there are gender-specific areas)? (Yes / No)

6. Are all grievance and feedback policies operationalized (i.e. there is a process to receive and track grievances and feedback)? (Yes / No)

7. Is the process of filing a grievance accessible to participants (e.g. participants are informed of opportunities to give feedback before they leave the program area)? (Yes / No)

8. Will the program comply with the Americans with Disabilities (ADA) Act and be accessible for participants with various disabilities (e.g. physical, visual, audible, mobility)? (Yes / No)

9. Will the program be equipped to serve participants with limited English proficiency? (Yes / No)

Program Information

10. Are you applying to operate a LAHSA-owned Mobile Shower Trailer? (Yes / No)

11. If yes, how many are you applying to operate?

12. If no, how many shower stalls does/do your mobile shower trailer(s) provide?

Program Design

13. Please describe why the locations of the proposed sites are ideal, both with respect to the sites' features and the need in the surrounding communities. Additionally, please describe the days and times in which your Mobile Showers Program is proposed to operate (and why these days/times are ideal), and the days and times that the site is available.

14. Please indicate how you propose to provide clients access to toilet facilities during your operation hours?
15. Describe your implementation plan for the Mobile Showers program. In your response, specify which hygiene items participants will receive to shower, dry, and prevent the transmission of communicable diseases. Additionally, explain how you will establish an orderly process by which participants can take showers, and how you will ensure that the showers are in working order?

16. How will you connect to water, and how will you dispose of waste? If the local jurisdiction needs to be engaged in order to establish sewer connections or for any other reason, describe how this engagement will take place and the expected timeline for approval.

17. Describe all proposed measures to ensure participant safety. Please include the following elements in your response: 1) How you will maintain clean, sanitary conditions in the trailers to prevent the spread of communicable diseases, 2) How you will ensure participant safety in the shower area.

18. Describe how you will transport the shower trailers to and from the sites of operation and how you will provide the appropriate storage requirements indicated in the RFP.

19. Explain how you will promote your proposed Mobile Showers program. That is, how will you ensure that stakeholders (e.g. potential participants, homeless service providers) are aware of your program? How would you address low shower utilization rates?

20. How will you track the number of participants served, number and types of referrals made, and any other services provided. Please describe the frequency of data entry, as well as any quality assurance procedures that will be implemented.

Program Readiness

21. How have you informed and engaged community stakeholders surrounding the prospective sites regarding your proposed Mobile Showers program? Provide evidence of community support for the proposed program and describe how these relationships will influence the proposed program.

22. Specify the timeline and activities for implementing program operations, including hiring and training of program staff (include the job titles, # of positions, and # of FTEs), and the development of program-related policies, procedures, and documentation. In your response, specify the content and amount of training that staff will receive (if any), and how these trainings will be administered. Please also describe the mechanisms for ongoing staff supervision and an internal quality assurance monitoring system.

23. How will you assure effective and timely preparation of the proposed sites? If applicable, explain your plan and timeline to obtain site control. If you will not obtain site control, describe your plan to obtain permission to operate the program at the proposed site.

Organizational Experience

24. Describe your experience in operating successful programs in homeless services and any experience that demonstrates your ability to successfully operate the proposed Mobile Showers program.

CES Alignment

25. How will you link participants to supportive services (e.g. outreach, housing navigation), the Coordinated Entry System, and other systems of care? Specify the names of any organizations that will
provide leveraged services and describe the extent to which you have a working relationship with these organizations.

26. How have you participated in CES in the past? Please provide any evidence of a history of participation in LA CES coordinated assessment and intake efforts.