

New York State Office of Mental Health



Long Island Transition to Community Residential Program

Request for Proposals

Long Island Field Office

MAY 2012

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- Appendix A: [Transmittal Form](#)
- Appendix B: [Operating Budget Form](#)
- Appendix B1: [Budget Narrative](#)
- Appendix C: [OMH Direct Contract Form](#)
- Appendix D: [Criteria for Determining Serious Mental Illness](#)

1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) announces this Request for Proposals (RFP) for the development and operation of three 25-Bed Transition to Community Residential Programs for persons with serious mental illness residing in the Pilgrim Psychiatric Center Residential Care Center for Adults (RCCA) called "Residence on the Sound", with two of the 25-bed units phasing out in two years and transitioning to 75 Supported Housing beds within the community. All housing will be sited in Suffolk County. Please see Section 5 for more details on eligibility for the housing. It is anticipated that one contract will be awarded from this RFP. The Agency awarded the contract will be required to comply with all requirement criteria as described in section 5.3 of this RFP.

2. Proposal Submissions

2.1 Letter of Intent

It is mandatory that all agencies interested in responding to the Request for Proposal submit a Letter of Intent to Bid to the OMH Central Office by May 23, 2012. The Letter of Intent to Bid shall be non-binding. Please mail the letter of intent to the Issuing Officer:

[Laurie Danforth](#)
Contract Management Specialist 1
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue
Albany, NY 12229
Attn: SH RCCA Letter of Intent

2.2 Mandatory Bidders Conference

A mandatory bidders conference will be held from 1:00 p.m. to 5:00 p.m. on May 31, 2012 at the Office of Mental Health Long Island Field Office, Pilgrim Psychiatric Center, Building 45-3, 998 Crooked Hill Road, West Brentwood, New York, 11717. Only those applicants that submit a Letter of Intent to Bid by the deadline may attend the bidders conference. Proposals will only be accepted from organizations that attend and sign in at the mandatory bidders conference. Bidders will have an opportunity to tour the Transition to Community Residences proposed site at this time.

2.3 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, a bidder is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsiveness can result in rejection for a contract award.

The Issuing Officer for this RFP is:

[Laurie Danforth](#)

Contract Management Specialist 1
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue
Albany, New York 12229

2.4 Key Events/Timeline

RFP Release Date	May 17, 2012
Mandatory Letter of Intent Due	May 23, 2012
Bidders Conference	May 31, 2012
Questions Due	June 6, 2012
Questions & Answers Posted on Website	June 13, 2012
Proposals Due	June 20, 2012
Anticipated Award	July 10, 2012

2.5 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by [e-mail](#) by June 6, 2012. The questions and official answers will be posted on the OMH website by June 13, 2012 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

2.6 Addenda to Request for Proposals

It is the bidders responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

2.7 Eligible Agencies

Agencies eligible to respond to this RFP are: (1) not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health housing and who receive funding from OMH for those programs, or (2) a partnership of agencies meeting the criteria set forth in (1), with one agency designated as the lead. If a partnership is established, the agencies must develop a formal Memorandum of Understanding (MOU) demonstrating how collaboration will be achieved. The MOU must accompany the proposal at the time of submission. **Failure to include the MOU will result in disqualification for non-responsiveness.**

2.8 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness (as defined in Section 2.10) and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals that do not meet the mandatory requirements outlined in Section 2.7;
- Proposals from current providers of OMH licensed programs that are in Tier III or equivalent status; and
- Proposals that do not comply with the RFP required format as defined in Section 2.10.

2.9 Executive Order #38

Pursuant to Executive Order#38 (<http://www.governor.ny.gov/executiveorder/38>), dated January 18, 2012, State agencies are required to promulgate regulations and take any other actions within the agency's authority, including amending agreements with providers, to limit provider administrative costs and executive compensation. Any contract awarded through this RFP will be subject to such regulations and to related requirements. Once established, the requirements will be posted on OMH's website.

2.10 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form: [Appendix A](#)
2. Proposal Narrative
3. Operating Budgets Year 1, 2 and Transitional to Supported Housing Year 3: [Appendix B](#)
4. Budget Narrative: [Appendix B1](#)
5. Partnership MOU (if applicable).

The Proposal Narrative should be concise (no more than 30 pages, not including attachments). The Operating Budget and Budget Narrative (Appendix B and B1) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Bidders must NOT substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.**

Please submit eight (8) unstapled copies of the full proposal package by mail or hand delivery to be received by close of business on June 20, 2012. Bidders should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or facsimile. Any proposal received after the deadline will be returned, unopened.

2.11 Packaging of RFP Responses

Proposals should be sealed in an envelope or box and sent to:

[Laurie Danforth](#)

Contract Management Specialist 1
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue
Albany, NY 12229.

Attn: RFP for Long Island Transition to Community Residential Program

3. Administrative Information

3.1 Term of Contracts

The contract will be written for a total period of five (5) years, with an initial period of one (1) year and four (4) annual renewals, dependent upon appropriated funding. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's Long Island contract cycle (January 1 through December 31).

If an agency not previously awarded a contract as part of the original RFP evaluation is awarded beds through the reallocation process (see Section 4.3.2), the five (5) year contract term will commence on the award date. OMH reserves the right to change the first year's contract term, as stated above.

The OMH Direct Contract Form is available in [Appendix C](#).

3.2 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements;
- Withdraw the RFP at anytime, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct fails to conform to the requirements of the RFP;
- Seek clarifications of proposals for the purposes of assuring a full understanding of the responsiveness to the solicitation requirements;
- Use proposal information obtained through the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the New York State Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective bidders;

- Waive any requirements that are not material;
- Negotiate any aspect of the proposal in order to assure that the final agreement meets OMH objectives;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation;
- Conduct a readiness review of each selected bidder prior to the execution of the contract as set forth in Section 4.4;
- Cancel or modify contracts due to the insufficiency of appropriations; and
- Reallocate authorized or allocated units as set forth in Section 4.3.2.

3.3 Debriefing

OMH will issue award and non-award notifications to all bidders. Bidders that do not receive an award may request a debriefing in writing, regarding the reasons that their own proposal was not selected or disqualified, within 15 business days of the dated OMH notification letter. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.2 of this RFP.

3.4 Protests Related to the Solicitation Process

Protests of an award decision must be filed within twenty (20) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or his designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest. All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted by mail to:

NYS Office of Mental Health
 Commissioner Michael F. Hogan, Ph.D.
 44 Holland Avenue
 Albany, NY 12229

4. Evaluation Factors for Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each bidder's written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 5.5:

Technical Evaluation	
Population	15 points
Housing Implementation	35 points
Agency Performance: • Bidder's Narrative • OMH Internal Reviews	30 points
Financial Assessment	20 points
Total Proposal Points	100 points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 5.5 (Proposal Narrative). The OMH internal review will consist of an assessment of the bidder's organizational competency. This will include a review of the bidder's residential programs over the past two years to assess occupancy rates and admissions from priority populations.

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.10. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.7 and 2.8, the proposal will be eliminated from further review. The agency will be notified of the disqualification of its proposal within 10 working days of the proposal due date. Evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. OMH's evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. All of the technical scores for each proposal will then be added together and averaged to arrive at the final technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted. The final technical and financial scores for each proposal will be added together resulting in a total score. Evaluators of the Technical Evaluation component may then meet to provide clarity or clear any questions an evaluator has about a particular section of a proposal. Following any such discussion, evaluators may independently revise their original score in any section, and will note changes on the evaluation sheet. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores. In case of a tie in the scoring process, the agency that scored highest in the category of Agency Performance will receive the award. Secondly, if the score is tied in the category of Agency Performance, the award will go to the agency with the highest score in Housing Implementation.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be rated and ranked in order of highest to lowest score. The award will be made to the proposal with the highest score.

Proposals will be rated and ranked in order of highest to lowest score. The award will be made to the proposal with the highest score.

4.3.2 Reallocation Process

There are a number of factors that may result in these units being reallocated. This includes, but is not limited to, failure to complete contractual agreements in either Phase I or Phase II. A contractor will be provided notification if any or all of the units allocated to it are reallocated.

To reallocate units, OMH will go to the next highest ranked proposal that did not get the initial award of units. If the agency does not accept the award, OMH will work its way down the list.

4.4 Award Notification

At the conclusion of the procurement, notification will be sent to the successful and all non-successful bidders. The award is subject to approval by the NYS Attorney General and the Office of State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

5. Scope of Work

5.1 Introduction

This RFP is issued to provide housing and housing support services for up to 75 individuals with a serious mental illness who are currently residing in the Pilgrim Psychiatric Center RCCA. The housing will be divided into three separate 25-unit Transition to Community Residences.

The residents of the new Transition to Community Residential program will come from the Pilgrim Psychiatric Center RCCA, which is scheduled for closure. The vast majority of these individuals are long stay inpatients from Pilgrim Psychiatric Center. A smaller percentage of these individuals (about 20%) have spent relatively brief periods of time in the community with multiple relapses and subsequent re-hospitalizations.

As a group, all these individuals have a history of longstanding mental illness and institutional living. They have a serious level of psychiatric disability and may have difficulty engaging and integrating into the community. These individuals require help with skill development which includes, but is not limited to, symptom management, Activities of Daily Living (ADL) skills, social skills, and self medication management (psychiatric and medical).

The individuals admitted to the Transition to Community Residential Program will be 18 years of age or older and have a designated DSM IV diagnosis other than alcohol/drug disorders, dementias, or other disorders due to general medical conditions, developmental disabilities or social conditions.

This housing and rehabilitative services are intended to be transitional and should be geared to help residents maintain physical and emotional health, participate in community based therapeutic and rehabilitative programs, assist with educational and potential employment opportunities, sustain healthy relationships, and generally improve the ability of residents to enhance the quality of their own lives. The overall goal is to break the cycle of institutionalization and prepare the residents to live within their communities with fewer supports.

Staff should have the skills and experience necessary to help residents set meaningful goals, develop mastery over their psychiatric illness, and progress towards personal recovery while incorporating a person-centered approach. Education and supports for individuals with co-occurring substance abuse disorders should be provided. Evidence-based practices should be utilized by staff and must be consistent with OMH's commitment to disparities elimination and cultural competence. Applicants will need to demonstrate within their proposal how they will accomplish such support, and demonstrate how they will transition the residents from the Transition to Community Residential Program to licensed or Supported Housing within their community.

Applicants will need to hire staff to work with the current residents of the Pilgrim Psychiatric Center RCCA in order to assist those residents in their move to the Transition to Community Residential Program. Staff should be in place and working with the current residents of the Pilgrim Psychiatric Center RCCA prior to its closure and the transfer of the residents to the Transition to Community Residential Program.

The suggested staffing pattern for each 25-bed unit Transition to Community Residence is:

- FTE Residence Manager
- 4 FTE - to be determined by the agency - Master's Level Professionals
- 1 FTE Licensed Practical Nurse
- 1 FTE Community Mental Health Nurse
- 9 FTE Residential Counselors
- 6 FTE Peer-to-Peer Counselors

Applicants should demonstrate within their proposal how they will utilize a staffing pattern for each Transition to Community Residence.

The Transition to Community Residences are located on the second and third floors of the Pilgrim Psychiatric Center at 998 Crooked Hill Road, West Brentwood, New York. Each Transition Community Residence consists of ten double bedrooms and five single bedrooms, community living room, recreation room, dining room, training kitchen, medication room, laundry room, program room, and a centrally located staff area.

The applicant awarded this contract will need to work closely with the Pilgrim Psychiatric Center to facilitate an agreement outlining shared and individual responsibilities. This includes the use of their food services through the "cook chill system" where complete meals are provided and delivered for each resident from the Pilgrim Psychiatric Center facility kitchen in a fully automated cart that maintains cold food temperatures and heats meals at predetermined meal times. The Transition to Community Residence returns the dirty dishes/trays after the meals have been served. The menu provided is determined by the facility based upon foods available. Other services include, but are

determined by the facility based upon foods available. Other services include, but are not limited to utilities, fire alarm maintenance, sprinkler system maintenance, and security. The applicant will be responsible for contracting janitorial services and maintenance / repairs on fixtures, finishes, and painting. The applicant will need to secure telephone, cable, and internet service. The applicant will be responsible for provisioning the training kitchens within the Transition to Community Residences as well as providing furnishings for the residence. On-grounds maintenance such as snow removal and parking lot maintenance would remain the responsibility of the Pilgrim Psychiatric Center.

Over the course of a two year period, two of the 25 unit Transition to Community Residential Programs will be phased out and closed as the residents transition to community housing settings. Those 50 units will convert to 75 Supported Housing units within the community. The Supported Housing will be a community-based residential program for adults that includes: 1) rental assistance through the means of a voluntary agency administered rent stipend mechanism and; 2) services to residents in accessing the supports necessary to live successfully in the community. In addition, to ensure adequate supports are in place for individuals who will be transitioning from a congregate setting on the grounds of a psychiatric center to more independent community-based settings, two Residential Transition Support Teams (RTS) will be created and implemented to provide such services as in-reach to current housing, critical time intervention work, crisis intervention, respite, rehabilitative and supportive services linkage, networking, and admission diversion.

The Residential Transition Support Teams will support the following objectives:

- Ensuring safe transition to more independent housing;
- Acquiring skills that can be taught and modeled in life;
- Maximizing positive connection to community resources;
- Facilitating movement from licensed housing and from the State psychiatric center;
- Reducing reliance upon emergency services;
- Promoting housing stability and community tenure;
- Reducing use of psychiatric emergency rooms and inpatient units;
- Using evidence-based practices including Motivational Interviewing and Critical Time Intervention;
- The continued development and retention of skills needed to live in the community.

The Residential Transition Support Teams (RTS) will address the needs of residents in transition and enhance the services of the traditional Supported Housing setting, making a less restrictive, community-based housing option more feasible for those individuals who would otherwise remain in a more intensive congregate setting. The RTS teams will have at their disposal real, accessible, actionable solutions to resolve crisis situations without resorting to hospitalization. Over time, the RTS teams would be available to residents of all housing agencies in Suffolk County to assist with crisis stabilization and admission diversion.

Two Transition to Community Residences will be phased out and transitioned to 75 units of Supported Housing. Only a portion of the existing staff will be utilized as Supported Housing staff. The remaining staff would transition to the two Residential Transition

for the two RTS teams. Applicants should demonstrate within their proposal how they will develop a staffing pattern, over time, for the two RTS teams and how the RTS teams will work with housing agencies within Suffolk County to assist with crisis stabilization and admission diversion.

The third 25 unit Transition to Community Residences may remain open and continue to be a transitional housing program. After two years, the need for the third Transition to Community Residence will be evaluated to determine if it will remain open. If it is to remain open, it will be a resource to assist additional patients of Pilgrim Psychiatric Center to integrate into the community. The Transition to Community Residence will be geared to help residents maintain physical and emotional health, participate in community based therapeutic and rehabilitative programs, assist with educational and potential employment opportunities, sustain healthy relationships, and generally improve the ability of residents to enhance the quality of their own lives. The overall goal is to break the cycle of institutionalization and prepare the residents to live independently within their communities. Applicants will need to demonstrate how they would utilize this remaining residential resource for the continued transition of individuals from the State psychiatric center in the future.

Note: The Office of Mental Health reserves the right to work with the contractor in evaluating the intended use of these 25 units; whether to have them remain as a Transition to Community Residence or convert to a less-restrictive housing resource.

Applicants will need to demonstrate how they will transition individuals from their current residential situations to more independent, less restrictive housing. This should include a description of how the applicant will utilize current existing residential options (Community Residences, Apartment Treatment programs, etc.) to assist with the transition process. Applicants will need to demonstrate how they will utilize the conversion of the 50 Transition to Community Residence units to the 75 Supported Housing units through coordination with existing residential opportunities within the community (Community Residences, Apartment Treatment programs, etc.) to assist with individuals' transition to more independent, less restrictive housing.

Individuals transitioning from the Transition to Community Residence may be placed directly into Supported Housing, or the provider may use this new Supported Housing capacity for persons currently residing in more service-intensive, OMH funded residential programs. The vacated units in the service-intensive programs are then targeting to the population detailed above. Such plans are referred to as "backfill" arrangements. If an agency intends to backfill, preference will be given to those agencies that have a full range of housing and/or agreements with Suffolk County Single Point of Access (SPOA) for filling the units with the target population. The applicant will work closely with the Suffolk County SPOA for housing to support their responsibility for the tracking and monitoring of the backfill process and tracking the utilization of housing resources throughout Suffolk County. Agencies which do not have a full range of housing options will be expected to develop a Memorandum of Understanding with the Suffolk County SPOA regarding these arrangements.

The Suffolk County SPOA or designee must approve all referrals into the Supported Housing and/or the backfill unit prior to admission.

Applicants must incorporate a general philosophy of positive recovery and rehabilitation and should demonstrate within their proposal how this will be accomplished. Peer-to-peer mentoring should be included and the applicant should demonstrate within their proposal how peer-to-peer mentoring/counseling will be implemented and accomplished.

The Transition to Community Residence is licensed under Part 595 of Title 14 of the Codes, Rules, and Regulations of New York State. A Transition to Community Residence is not to be considered extended stay housing; it is the Office of Mental Health's expectation that individuals will move to more independent housing. Therefore providers will be required to assist the residents in gaining those skills necessary for the transition to permanent housing within their community.

5.2 Objectives and Responsibilities

This Transition to Community Residential Program is to be considered transitional, with the length of the transition period dependent upon an individual's strengths and needs. The ultimate goal is to achieve greater independence by building upon the individual's competencies.

This housing must be based on a goal of providing a safe and suitable living environment that includes community based services and connections to resources that can empower an individual to integrate into their communities successfully as independent, self-sufficient individuals. The applicant to this RFP is expected to demonstrate how they will assist the individual in developing their ability to:

- Perform life skills (cooking, housekeeping, grocery shopping, personal hygiene, time management, medication management, etc.);
- Access necessary services to complete or further their education;
- Obtain substance abuse services, as applicable;
- Acquire appropriate medical care, including preventive health services;
- Manage finances, budgeting, and entitlements;
- Self-administer medications;
- Access community based resources;
- Develop problem solving and decision-making skills;
- Establish leisure time activities;
- Build positive social networks;
- Obtain vocational training and/or gainful employment;
- Access mental health services in their community;
- Manage stress and utilize supports;
- Access language assistance services;
- Maintain supportive relationships with family, friends, and significant others;
- Find and maintain independent living arrangements within their community.

The object of the Transition to Community Residential Program is to provide the individuals with the skills necessary to move to the Supported Housing model or OMH funded or operated Community Residence, licensed apartments, SRO, or other appropriate housing. Supported Housing is "extended stay/long term" housing, and provides affordable, independent housing and access to community based support services.

The involvement of family members and other outpatient providers is key to the individual's recovery and overall success at the Transition to Community Residential Program. This includes the education of the individual and families about housing options that are available within the community, and assistance in selecting housing that best optimizes their recovery. Discharge plans need to be developed upon admission to the Transition to Community Residential Program with future initial residential goals documented within the first thirty days of residency in the initial Service Plan.

5.3 Reporting Requirements

Agencies that receive an allocation of housing resources under this RFP must agree to ensure that these units will be filled with 75 individuals designated by the Pilgrim Psychiatric Center's RCCA staff.

Agencies must conform to all OMH fiscal reporting requirements as outlined in the "Aid to Localities Spending Plan Guidelines." These guidelines are available on the Internet at <http://www.omh.ny.gov/omhweb/spguidelines/>.

Agencies awarded a contract will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS) and comply with any requirements OMH may subsequently develop to ensure compliance. They will be required to participate in the Single Point of Access.

5.4 Operating Funding

5.4.1 Phase I Temporary 75 Unit program

The selected contractor will receive OMH annual funding for the 75 unit voluntary operated Transition to Community Residences on the Pilgrim Psychiatric Center grounds. The current amount is \$ 2,400,000 plus utilities and property expenses.

5.4.2 Phase II Transition to Supported Housing and Residential Transition Support teams

Funding for Supported Housing is a combination of client rent payments and OMH funds. Residents of Supported Housing are required to pay 30 percent of their net income for rent and reasonable utilities. Contractors will receive full OMH annual funding awarded through OMH contract at the current Supported Housing rate (currently \$14,493 per unit or \$ 1,086,975 annually). This funding is for rent stipends, Supported Housing services and contingency funds, as specified in the Supported Housing Guidelines. Contractors will also receive additional funding for Residential Transition Support services and supports. This annual amount is \$1,500,000. The remaining 25-unit Transition to Community Residence will be funded annually at \$800,000.

Budgeted Item	Phase I		Phase II
	Year 1	Year 2	Year 3
Transition to Community Residence	\$2,400,000 (3) 25-bed units	\$2,400,000 (3) 25-bed units	\$ 800,000 (1) 25-bed unit
Supported Housing	\$0	\$0	\$1,086,975 75 units
RTS Supports	\$0	\$0	\$1,500,000
Total	\$2,400,000	\$2,400,000	\$3,386,975

5.5 Proposal Narrative

When submitting proposals for funding under this RFP the narrative must address all of the components listed below, in the following order:

5.5.1 Population

1. Describe the agency's experience serving individuals with serious long-standing mental illness. Describe any residential or other programs operated by the agency that serve this population and note whether there are any discrete and specialized services for this population.
2. Describe the unique characteristics of this population such as service history, present functional level, educational level, job history, forensic history, community living skills, existence of social supports, substance abuse history, all in the context of individuals that have been residing in a RCCA for, in many cases, numerous years.
3. Describe in narrative form the service needs of this population, specific to the characteristics described in (2) above. Describe the approach that will be used to promote and support the successful transition from the Transition to Community Residence to more independent housing within the community.

5.5.2 Housing Implementation

Phase I

1. State the time frames for admission. Agencies must accept the current residents of the Pilgrim Psychiatric Center RCCA for housing.
2. Describe strategies for in-reach to the Pilgrim Psychiatric Center RCCA and the plans for engagement of potential residents going into the Transition to Community Residential Program. Describe the process for the development of an individualized community re-integration strategy that will address issues of treatment engagement, skill development, and substance abuse prevention. Explain how information and consultation from the Pilgrim Psychiatric Center RCCA staff will be incorporated into this strategy.

3. Describe the services that will be provided directly by the sponsoring agency. Identify community-based resources that will be available to residents through referrals and/or linkage agreements. Indicate how these services support the residents' recovery from mental illness. Describe how all services will take into account the cultural and linguistic needs of the individual.
4. Describe how the individuals will be assisted in developing their ability to:
 - Perform life skills (cooking, housekeeping, grocery shopping, personal hygiene, time management, medication management, etc.);
 - Access necessary services to complete or further their education;
 - Obtain vocational training and/or gainful employment;
 - Access mental health services in their community;
 - Obtain substance abuse services, as applicable;
 - Acquire appropriate medical care, including preventive health services;
 - Manage finances, budgeting, and entitlements;
 - Self-administer medications;
 - Access community based resources;
 - Develop problem solving and decision-making skills;
 - Establish leisure time activities;
 - Build positive social networks;
 - Manage stress and utilize supports;
 - Access language assistance services;
 - Maintain supportive relationships with family, friends, and significant others;
 - Find and maintain more independent living arrangements within their community.
5. The goal of the Transition to Community Residential Program will be to prepare the residents for placement in Supported Housing or other less restrictive housing settings. Since Supported Housing is considered "extended stay" housing, describe how this key principle will be reflected in the development and on-going operation of the Transition to Community Residential Program.
6. Provide a staffing plan for each of the Transition to Community Residences based upon the suggested staffing plan described in Section 5.1. Describe the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe the initial and ongoing staff training and supervision.
7. Describe the use of peer-to-peer services and the supports that will be available for the Transition to Community Residences. Include a description of how the agency will create a culture of positive individual development.
8. Describe how existing residential options within Suffolk County will be utilized to assist with an individual's transition to less-restrictive community-based housing. Describe how the backfill process will be utilized for an individual's transition to less-restrictive community based housing.

9. Describe resident assessment procedures and the development of a person-centered, strengths-based support plan. Attach a copy of any resident assessment tools and a sample support plan.
10. Describe the process of support planning that will incorporate strategies to engage and motivate residents towards their recovery and provide an appropriate response to residents who are at risk of relapsing. Discuss methods for ensuring integrated services for residents with co-occurring substance abuse disorders. Describe how residents will be assisted when a mental illness and/or substance abuse relapse occurs.
11. Provide the policy and procedure for the discharge of any resident to a higher level of care. Include a description of the range of interventions that would be used to prevent someone from discharge to a higher level of care.
12. Explain how a resident will be determined to be ready for discharge to more independent housing. Describe the resources the agency will use to help someone achieve independence. Explain discharge planning procedures and how the resident will be engaged in the process of moving towards more independent housing.
13. Attach the grievance procedure that will be provided to residents. Explain how residents are empowered to provide input to the services provided both formally and informally.

Phase II

14. Explain your agency plans on developing the Residential Transition Support Teams, while concurrently transitioning individuals from the Transition to Community Residences into Supported Housing and/or backfill arrangements. Include a proposed time line for completion of the conversion of all 50 TCR units to 75 SH units.
15. Provide a staffing plan for the Residential Transition Support teams that will come into operation upon the conversion of the two 25 unit Transition to Community Residences to Supported Housing with 75 units. Describe the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe the initial and ongoing staff training and supervision.
16. Describe the use of peer-to-peer services and supports that will be available as components of the Residential Transition Support teams.
17. Describe the services that the Residential Transition Support teams will provide to all housing agencies within Suffolk County, including how the RTS teams will coordinate such services with those housing agencies.

18. Provide a staffing plan for the 75 unit Supported Housing program that will be a result of the conversion of the two 25 unit Transition to Community Residences. Describe the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe the initial and ongoing staff training and supervision.
19. Provide a staffing plan for the remaining 25 bed Transition to Community Residence as it continues to be a resource for the continued transition of individuals from the State Psychiatric Center in the future. Describe the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe the initial and ongoing staff training and supervision.
20. Describe the use of peer-to-peer services and supports that will be available to residents of the Transition to Community Residence.
21. Describe how existing residential options within Suffolk County will be utilized to assist with an individual's transition to less-restrictive community-based housing. Describe how the backfill process will be utilized for an individual's transition to less-restrictive community based housing.
22. Describe resident assessment procedures and the development of a person-centered, strengths-based support plan. Attach a copy of any resident assessment tools and a sample support plan.
23. Describe the process of support planning that will incorporate strategies to engage and motivate residents towards their recovery and provide an appropriate response to residents who are at risk of relapsing. Discuss methods for ensuring integrated services for residents with co-occurring substance abuse disorders. Describe how residents will be assisted when a mental illness and/or substance abuse relapse occurs.
24. Provide the policy and procedure for terminating tenancy. Include a description of the range of interventions that would be used to prevent someone from losing their housing.
25. Explain how a resident will be determined to be ready for discharge to more independent housing. Describe the resources the agency will use to help someone achieve independence. Explain discharge planning procedures and how the resident will be engaged in the process of moving towards more independent housing.
26. Attach the grievance procedure that will be provided to residents. Explain how residents are empowered to provide input to the services provided both formally and informally.
27. Explain the process for handling any resident emergencies after hours and on weekends/holidays.

28. Explain the lease arrangement. Attach a copy of the proposed lease or sublease arrangements. For sublease arrangements, provide the rent collection and rent arrears procedure. Describe the supports provided by the agency to appropriately ensure rent payment is made on time by recipients.

5.5.3 Agency Performance

1. Describe the agency's experience and approach in providing recovery-oriented housing and/or mental health services to persons with mental illness, including helping these individuals achieve their rehabilitation and recovery goals.
2. Describe the agency's collaboration and coordination with State Psychiatric Centers in transitioning Long Stay individuals into the community.
3. An OMH internal review will conduct an assessment of the bidder's organizational competency. This will include a review of the bidder's residential programs over the past three years to assess occupancy rates and admissions from priority populations. Previous OMH actions included, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting resident care will be reviewed in scoring agency performance.
4. An OMH internal review will also conduct an assessment of organizational competence including: percentage of admissions from OMH Psychiatric Centers and/or OMH-operated residential programs; transition of residents to more independent housing; and accuracy and timeliness of CAIRS reporting.

5.5.4 Financial Assessment

Phase I

1. **Develop yearly Operating Budgets for Year 1 and Year 2**, the two-year period in which up to three – 25-Unit Transition to Community Residences will be operational. Attach an operational budget for each of the first two years of the contract. Include start-up costs in year 1 of the budget and assume a full year of operating funds (see Appendix B). The start-up should include detail on the timing of units opening and the amount of available resources allocated for the establishment of the units. Show sources of income including client fees and OMH funding. Bidders should list staff by position, full-time equivalence (FTE), and salary. Include the phase in of closing two 25-unit Transition to Community Residences and the start-up of Residential Transitional Support Teams and Supported Housing.

Phase II

2. **Develop a yearly Operating Budget for Year 3**, the year following closure of two 25-unit Transition to Community Residences, continued operation of one 25-unit Transition to Community Residence and the operating of 75 Supported Housing units. Attach an operational budget for each of the first three years of the contract. Include start-up costs in year 1 of the budget and assume a full year of operating funds (see Appendix B). The start-up should include detail on the timing of units opening and the amount of available resources allocated for the establishment of the units. Show sources of income including client “rent” and OMH funding. Bidders should list staff by position, full-time equivalence (FTE), and salary.

	Phase I		Phase II
Budgeted Item	Year 1	Year 2	Year 3
Transition to Community Residence	\$2,400,000 (3) 25-bed units	\$2,400,000 (3) 25-bed units	\$ 800,000 (1) 25-bed unit
Supported Housing	\$0	\$0	\$1,086,975 75 units
RTS Supports	\$0	\$0	\$1,500,000
Total	\$2,400,000	\$2,400,000	\$3,386,975

Both Phase I and Phase II

3. **Complete Budget Narratives** for all of the detailed expense components that make up total operating expenses in each budget and include the calculation or logic that supports the budgeted value of each category.
 1. Describe how resident and, when applicable, non-resident rent will be calculated.
 2. Explain how your agency plans to utilize contingency funds. Highlight other sources of funding, if any. Describe how your agency manages its operating budget.
 3. Bidders must complete a Budget Narrative which should include the following:
 - detailed expense components that make up the total operating expenses;
 - the calculation or logic that supports the budgeted value of each category;
 - description of how your salaries are adequate to attract and retain qualified employees.

Use the Operating Budgets Year 1, 2 and Transition to Supported Housing Year 3 (Appendix B) and the Budget Narrative (Appendix B1) to submit with your proposal. The Operating Budgets Year 1, 2 and Transition to Supported Housing Year 3 (Appendix B) is a separate document on the RFP section of the OMH website and can be downloaded in PDF format. Do **not** substitute your own budget format. **Failure to complete the Operating Budget using the correct form may be cause to reject your proposal for non-responsiveness.**