

New York State Office of Mental Health



MRT

**Enriched Crisis and Transitional Housing Services Pilot Initiative for
Adults with Serious Mental Illness**

Request for Proposals

March 07, 2014

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(Mental Health Regulations)

1 Background

Governor Cuomo established the Medicaid Redesign Team (MRT) by Executive Order upon taking office in January 2011, bringing together stakeholders and experts from throughout the state to work cooperatively to reform the system and reduce costs.

In 2012-2013, the full Medicaid Redesign Team (MRT) recognized the importance of supportive housing services and set aside \$75 million to expand access to supportive housing initiatives for high need and high cost Medicaid recipients. For budget year, 2013-2014 the amount of funds set aside increased to \$86 million.

Emergency psychiatric services are often costly and distressing to individuals and families affected by a serious mental illness. Alternative services, however, such as crisis respites, hospital diversion, and step-down programs can prevent or lessen the length of time spent in the Emergency Department and hospital. Such models of enriched crisis and transitional housing offer voluntary, time-limited, intensive residential support services to those experiencing a psychiatric crisis.

The MRT Affordable Housing Work Group agreed that significant savings could be generated by expanding opportunities to high-cost/high frequency Medicaid users through the development of supportive housing pilot initiatives. One of the MRT Affordable Housing Workgroup's recommendations, approved by the full MRT in early 2013, allocated \$4.0 million in the Medicaid budget for transfer to NYS Office of Mental Health (OMH) to fund an enriched Crisis and Transitional Housing Pilot Initiative.

Through this pilot initiative, OMH expects applicants to reconfigure spaces in existing residential programs to be able to provide 3 enriched units of crisis and transitional housing services. Expansion of existing residential programs will be considered. It is expected that each applicant awarded through this RFP will develop three crisis units by adding or reconfiguring existing residential space within existing Congregate Community Residences, CR-SROs or SP/SROs to serve the population identified above. Agencies may propose to spread these units between two or three different locations or develop all three units in one location. Applicants requesting to convert existing housing resources into an enriched crisis and transitional housing unit must clearly state in the proposal how this conversion will not reduce overall capacity of housing. A clear plan on how the applicant will replace the unit being converted must be articulated in the proposal.

OMH has limited one-time capital funding in the amount of \$84,333 per award for reconfiguration of residential space. The cost of construction or renovation must fall within a range that OMH can support. NOTE: Living units for staff are not allowed. Applicants must describe a clear plan as to how they will utilize the \$84,333 to reconfigure program space to accommodate the additional unit(s). Three crisis units per award will be made for the following regions:

Kings County	2 Awards
Richmond County	1 Award
New York County	1 Award
Queens County	1 Award
Bronx County	1 Award
Nassau County	1 Award
Suffolk County	1 Award
Upper Hudson River Region*	1 Award
Lower Hudson River Region*	1 Award
Central NY Region*	1 Award
Western NY Region*	1 Award

- Upper Hudson River Region: (Includes the following Counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington)
- Lower Hudson River Region: (Includes the following Counties: Dutchess, Orange, Putnam, Rockland and Westchester)
- Central NY Region: (Includes the following Counties: Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, St. Lawrence)
- Western NY Region: (Includes the following Counties: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Schuyler, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates)

OMH envisions the enriched crisis and transitional housing pilot initiative will help fill a critical gap in New York State’s service delivery system by providing recovery-based, person-centered alternatives to existing hospital-driven services. Services provided by the enriched crisis and transitional housing will include short-term respite care, clinical monitoring, connection or re-connection to other mental health services, and peer support.

Consistent with the goal of the pilot initiative, the services designed through this RFP will help to improve transitions for individuals in crisis by reducing use of psychiatric emergency departments and hospitals, by diverting individuals in crisis from use of such services, and by providing a transitional step-down program following psychiatric hospitalization. The pilot program will allow for short-term level of intensive behavioral health respite care for individuals being discharged from psychiatric hospitals, who are not quite ready for a full transition into the community. This short-term respite care is often referred to as a “step-down program”; a method that is usually used to assist individuals who are experiencing increased apprehension about returning to the community from a psychiatric hospitalization. The goal of the step-down model is to strengthen an individual’s skills and abilities so they can better transition back to the community.

The pilot initiative will also be available for those individuals already in the community who are experiencing a behavioral health crisis and could be diverted from incurring admission or readmission to inpatient care. In addition, other expensive emergency room, homeless,

and criminal justice services may be avoided. Such a model will include crisis and emergency services led by experienced staff able to improve the transition process to more appropriate community settings and assist people in recovery to continue to live in their own homes. This allows individuals to remain in their communities and still receive the supports and services they need to help them through their crisis. As a step-down program, housing providers will work with hospitals and the individuals' treatment team to offer support in transitioning from the hospital back into the community. As a respite housing program, providers offer support to individuals who may benefit from a short break from their current living situation so that they are better able to cope with the stressors in their lives. Coordination and collaboration with current mental health treatment providers, including Health Homes, must be services offered by the Enriched Crisis and Transitional Housing Program.

The anticipated outcomes of this pilot is to show that by addressing crisis and hospital diversion needs and by offering transitional step-down services to the highest cost Medicaid users, individual's quality of care will be improved, costly hospital admission and readmissions will be reduced, immediate Medicaid savings will be generated, and strong evidence of the efficacy of such housing resources developed through this RFP will be validated. As such, data collection and evaluation are an important component to this initiative.

2 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, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

[Carol Swiderski](#)

Contract Management Specialist II
New York State Office of Mental Health
Community Budget Unit-7th Floor
44 Holland Avenue
Albany, NY 12229

3 Key Events/Timeline

RFP Release Date	03/07/14
Questions Due	03/25/14
Questions Posted on Website*	04/14/14
Proposals Due	04/30/14
Phase One Notification/Phase Two Interviews Scheduled*	06/09/14
Award Notification*	06/30/14
Anticipated Start Date*	07/15/14

Estimated *

4 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 03/25/14. The questions and official answers will be posted on the OMH website by 04/14/14 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

5 Addenda to Request for Proposals

It is the applicant's 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.

6 Eligible Applicants

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that currently provide mental health housing services under an OMH or the county Local Government Unit (LGU) Contract. OMH licensed agencies in Tier III status or equivalent are not eligible to apply. To verify if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.

7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee for completeness (as defined in Section 10) and to verify that all eligibility criteria have been met (as defined in Section 8). Proposals that do not meet basic participation standards will be disqualified.

8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Completed Agency Transmittal Form ([Appendix A](#));
2. Proposal Narrative;
3. Operating Budget ([Appendix B](#));

4. Budget Narrative ([Appendix B1](#)).
5. Performance Measure Worksheets ([Appendix C](#))
6. Reference Form ([Appendix E](#))
7. Entire submission on agency identified flash drive as one PDF document.

The Proposal Narrative should be concise (approximately 25 pages, not including attachments). The Operating Budget and Budget Narrative ([Appendix B](#) and [Appendix B1](#)) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Applicants must not substitute their own budget format. Failure to use the provided Operating Budget and Budget Narrative formats may result in disqualification for non-responsiveness.

8.1 Packaging of RFP Responses

Submit one hard copy of the entire proposal package described in 2.3 above, as well as an agency identified flash drive containing the proposal as one document (Word or PDF format), by mail or hand delivery to be received by the date listed above in section 2.2. It must be sealed in an envelope or boxed and addressed to the Issuing Officer named above in 2.1 and below. Applicants who are mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or facsimile. All proposals received after the due date and time cannot be accepted and will be returned unopened.

Proposals should be sent to:

Carol Swiderski
Contract Management Specialist II
New York State Office of Mental Health
Community Budget Unit-7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: Enriched Crisis and Transitional Housing Pilot RFP

9 Enriched Crisis and Transitional Housing Pilot Introduction

OMH is seeking experienced, current mental health housing providers who are willing and able to add and/or convert three housing units into crisis or step-down housing units within existing residential program(s). Funding through this RFP will be provided for the purpose of developing and operating up to 36 units of Enriched Crisis and Transitional Housing services for persons with Serious Mental Illness (SMI) ([Appendix D](#)) who are identified as high service Medicaid users residing in New York State and who meet at least one of the following eligibility criteria:

- Individuals with a serious mental illness identified as high users of Medicaid in need of enriched crisis and transitional housing services who are referred by Health Homes.

- Individuals with a serious mental illness who are being discharged from a NYS OMH Psychiatric Center, Article 28 or Article 31 hospital and are not yet ready for a full transition into the community.
- Individuals residing in NYS who have a mental illness and who are experiencing a behavioral health crisis and could be safely diverted from incurring costly admission or readmission to inpatient care.
- Individuals with a serious mental illness who are not a danger to self, to others, or do not suffer from co-morbid physical injuries that require nursing or hospital level of care.

It is expected that each applicant awarded through this RFP will develop three crisis units by adding or reconfiguring existing residential space within existing Congregate Community Residences, CR-SROs or SP/SROs to serve the population identified above. Agencies may propose to spread these units between two or three different locations or develop all three units in one location. Applicants requesting to convert existing housing resources into an enriched crisis and transitional housing unit must clearly state in the proposal how this conversion will not reduce overall capacity of housing. A clear plan on how the applicant will replace the unit being converted must be articulated in the proposal.

Although the units developed under this RFP will not be licensed or eligible for Medicaid reimbursement, applicants must be cognizant of how changing or adding capacity will affect their current and/or future ability to bill for Medicaid reimbursement. Sustainability of the crisis units must be considered. Applicants who currently operate licensed congregate programs and who propose to add additional units to existing licensed congregate treatment programs that currently bill for Medicaid services must ensure adding a unit(s) does not affect their ability to seek reimbursement for services provided under Medicaid.

The goal of this pilot initiative is to fund selected agencies that will provide needed crisis and transitional services to individuals with a serious mental illness to prevent hospitalization, and/or to assist in providing step-down services to individuals who are discharged from the hospital but require a higher level of support and services than can be provided in his/her permanent residency.

Crisis and transitional support services developed through this RFP are designed to offer voluntary respite services for people who need a different level of care than they can get at home, are not at immediate risk to themselves or others, and have no acute medical conditions needing complex medical attention. Selected applicants will be expected to provide peer supports and services in conjunction with behavioral health professionals to work with individuals and current mental health providers to develop trustful relationships and support networks that will help the individual manage future crises and move towards recovery.

Selected applicants will be expected to work with the OMH Operated Psychiatric Center (PC), Article 28 and/or Article 31 Hospitals, community outpatient mental health providers, and the Health Homes established for the region where housing will be developed to target the appropriate housing for the population. Selected applicants must be willing and able to provide in-reach, develop coordinated discharge/admission plans with hospital staff and current outpatient mental health providers to ensure continuity of care, coordinate with Health Home(s), and provide services and supports to ensure successful transition into and from the units.

It is expected referrals will come directly from hospital inpatient units and/or emergency departments, health homes, outpatient clinics, apartment treatment housing providers, and/or supported housing providers and therefore having well established relationships with referral entities is key.

Three crisis units per award will be made for the following regions:

Kings County	2 Awards
Richmond County	1 Award
New York County	1 Award
Queens County	1 Award
Bronx County	1 Award
Nassau County	1 Award
Suffolk County	1 Award
Upper Hudson River Region	1 Award
Lower Hudson River Region	1 Award
Central NY Region	1 Award
Western NY Region	1 Award

Applicants awarded the contract(s) will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS), and any requirements the OMH may subsequently develop to ensure documentation of Medicaid savings. Agencies will be required to provide resident's CIN numbers to NYS OMH for Medicaid Spending Tracking. Agencies will also be required to track and report on specific performance measures developed by the Office of Mental health. See Sections 12.2.4 and 12.2.5 for further detail.

10 Values and Principles of Enriched Crisis and Transitional Housing Program

10.1 Objectives and Responsibilities

The primary objective of the Enriched Crisis and Transitional Housing Program is to provide services aimed at fostering recovery for individuals with serious mental illness and increasing meaningful choices for recovery for individuals while reducing Medicaid costs. The services offered by the Enriched Crisis and Transitional Housing Program are offered to individuals on a voluntary basis and are expected to provide a robust level of staff.

The proposed units must provide for an adequate level of staffing 24 hours a day, seven days per week. The enriched crisis and transitional housing support services developed through this RFP will be designed to help people during a period of psychiatric crisis or period of transition from the hospital to more permanent housing. Services must:

- Be designed to offer a choice and/or alternative to traditional mental health crisis services.
- Be voluntary and provide both hope and vision for recovery.
- Be designed to teach individuals how to look at a crisis differently and utilize wellness tools to help prevent future crises, or, at the very least, decrease the intensity of a personal crisis.
- Be provided in a friendly, safe and engaging residential setting.

As a Discharge Step-Down placement from a hospital, services must:

- Be voluntary and provide both hope and a vision of recovery.
- Be designed to teach individuals skills and tools needed to transition to a more permanent community residential setting.
- Include collaboration and coordination with clinical treatment providers.

Agencies must work with the OMH Operated Psychiatric Center (PC), local Article 28 and Article 31 hospitals, and community mental health providers, and the Health Homes established for the region where proposed housing will be developed as described in Section 11. It is critical that agencies establish partnerships and/or collaborative agreements with at least one of the Health Homes serving the region, as noted in Section 11.

The applicants awarded these units will be expected to work in partnership with local hospitals to identify and assess individuals in need of transitional services, as well as coordinate screening and assessment of individuals in crisis who may require short-term diversionary placement services. After assessment and clearance by a Qualified Mental Health Professional, the individual in crisis would be referred directly by the hospital and/or mental health provider to the housing provider for the short-term enhanced crisis and transitional support unit.

Operating funding will be provided to awarded applicants to supply enriched recovery-oriented support services as alternatives to assist individuals by providing crisis diversion services to prevent a psychiatric hospitalization or readmission, or in transitioning from the hospital to a more permanent residence. Each unit will be funded annually at \$83,000.

OMH expects the length of stay to be no more than 30 days, with an average length of stay to be 14 days. Individuals admitted into the Enriched Crisis and Transitional Housing Program must have a residence to return to upon discharge OR must have a more permanent discharge plan in place prior to discharge from the hospital and admission into the crisis/transitional housing unit.

The selected applicant(s) will work in collaboration with the OMH Central Office Bureau of Housing Development and Support Liaisons and the designated Regional Field Office Liaisons in each of the regions. The selected applicant(s) will advance the Enriched Crisis and Transitional Housing Initiative Pilot Program by addressing the program components identified in the following section.

10.2 Program Components

10.2.1 Development of Additional Residential Capacity:

OMH expects applicants to reconfigure spaces in existing residential programs to be able to provide 3 enriched units of crisis and transitional housing services. Expansion of existing residential programs will be considered. It is expected that each applicant awarded through this RFP will develop three crisis units by adding or reconfiguring existing residential space within existing Congregate Community Residences, CR-SROs or SP/SROs to serve the population identified above. Agencies may propose to spread these units between two or three different locations or develop all three units in one location. Applicants requesting to convert existing housing resources into an enriched crisis and transitional housing unit must clearly state in the proposal how this conversion

will not reduce overall capacity of housing. A clear plan on how the applicant will replace the unit being converted must be articulated in the proposal.

OMH has limited one-time capital funding in the amount of \$84,333 per award for reconfiguration of residential space. The cost of construction or renovation must fall within a range that OMH can support. NOTE: *Living units for staff are not allowed.* Applicants must describe a clear plan as to how they will utilize the \$84,333 to reconfigure program space to accommodate the additional unit(s).

10.2.2 Provision of Services:

The following crisis and transitional services to be developed through this RFP include but are not limited to the following:

- 24-hour peer support
- Self-advocacy education
- Self-help training and skill development
- Coordination and consultation with existing mental health treatment providers
- Medication coordination, monitoring, training and advocacy
- Room and Board
- Transportation
- Assessment
- Crisis intervention
- Supportive counseling
- Referrals and linkages to services
- Wellness and Self-Management

Individualized Support Plans must be developed and implemented for each resident by the staff of the Enriched Crisis and Transitional Housing Program(s). The Individual Support Plan shall be based on a comprehensive assessment of each resident. The assessment shall include, but shall not be limited to, physical, medical, emotional, behavioral, social, residential, recreational and, when appropriate, vocational and nutritional needs. If appropriate, this information, with the resident's consent, may be obtained from the resident's most recent mental health service provider(s).

The Individual Support Plan shall address the needs of the resident as follows:

- The Individual Support Plan shall identify all service needs of the resident, whether or not the services are provided directly by the Enriched Crisis and Transitional Housing program.
- The Individual Support Plan shall address the manner in which the family, as appropriate, will be involved in the support planning and implementation.
- The Individual Support Plan shall be coordinated with and consistent with the resident's treatment plan developed in the affiliated mental health treatment program and health home care coordination plan.

The Enriched Crisis and Transitional Housing program and environment shall be designed to provide for stabilization of the resident who is experiencing a crisis and/or hospital transition and to decrease the resident's disability while maintaining social,

family and community ties which are integral to the individual support plan. The Enriched Crisis and Transitional Housing program and environment shall ensure:

- Integration of direct care and support services;
- Case management activities which emphasize discharge planning;
- Linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation; and
- Provision of a residential environment which supports the safety, comfort and well-being of all residents.

As part of this RFP, applicants shall provide a written plan and a rationale for the program and environment which shall be subject to the approval by the Office of Mental Health and addresses, at a minimum, the following:

- The manner in which the program and environment will be implemented must be consistent for all residents and sufficiently flexible to accommodate the needs of individual residents.
- The manner in which the program and environment will be explained to the residents and their families upon admission.
- The day-to-day routines that the residents and staff will follow.
- The house rules of the residence and the response the resident can expect if he/she either complies or fails to comply with them.
- The applicant's ability to transform , yet not disrupt the current practice of the agency's housing program and negatively impact on current residents' recovery and rehabilitation goals.

10.2.3 Staffing

The Enriched Crisis and Transitional Housing Program(s) must be staffed 24 hours a day, seven days a week. The Enriched Crisis and Transitional Housing program (s) shall continuously employ an adequate number of staff and an appropriate staff composition to carry out its goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. As a component of the written plan for services and staff composition, the applicant must submit a staffing plan which includes the qualifications and duties of each staff position, by title. The applicant must submit a written staffing rationale which justifies the staff to be used, the composition of staff and the plan for appropriate supervision and training. Upon award of these units, the staffing plan and its rationale will be subject to approval by the Office of Mental Health.

All staff must have at least a high-school diploma or its equivalent. At least 50 percent of the clinical staff hours must be provided by full-time professional employees of the Enriched Crisis and Transitional Housing Program(s). Existing Residential Staff cannot be used to staff this pilot; a separate staffing plan must be submitted as part of this proposal.

For the purposes of staffing requirements, professional staff are individuals who are qualified by training and experience to provide direct services under minimal supervision. Professional staff may include the following:

- Licensed alcoholism counselor;
- Licensed creative arts therapist;
- Licensed nurse or nurse practitioner;
- Licensed occupational therapist;
- Licensed psychiatrist;
- Licensed psychologist;
- Licensed rehabilitation counselor;
- Licensed social worker;
- Licensed therapeutic recreation specialist;
- Licensed marriage and family therapist;
- Licensed mental health counselor;
- Licensed psychologist;
- Licensed psychiatrist.

Other professional disciplines may be included as professional staff provided that the discipline is approved as part of the staffing plan by the Office of Mental Health. The discipline shall be from a field related to the treatment of mental illness. The individual must be licensed in such discipline by the New York State Education Department, and shall have specialized training or experience in treating the mentally ill.

Peer Support is an integrated component of Enriched Crisis and Transitional Housing Programs. OMH expects paid peer staff to be an integrated part of the staffing pattern for Enriched Crisis and Transitional Housing Programs. As such, peer staff must be trained in the practice of Intentional Peer Support. Intentional Peer Support (IPS) is an innovative way of thinking about and intentionally inviting powerfully transformative relationships among peers. In addition to the basic five day training, peers hired for the Enriched Crisis and Transitional Housing Programs must be trained in IPS crisis training. More information about Intentional Peer Support may be found at <http://www.intentionalpeersupport.org/>. 

All staff shall have qualifications appropriate to assigned responsibilities as set forth in the staffing plan and shall practice within the scope of their professional discipline and/or assigned responsibility. All staff shall submit documentation of their training and experience to the Enriched Crisis and Transitional Housing program. Such documentation shall be verified and retained on file by the program(s).

The written plan for services and staff composition shall address the comprehensive service needs of the residents. The written plan for services and staff composition shall encompass the following written plans and rationales:

- Services required to be available through the Enriched Crisis and Transitional Housing Program(s);
- Service program and environment addressing the day-to-day activities of the residents;

- Staffing required to provide services and day-to-day management and monitoring of the Enriched Crisis and Transitional Housing Program(s);
- The manner in which the staff will integrate the services available through the Enriched Crisis and Transitional Housing Program(s) into an individual support plan designed to meet the needs of each resident and include involvement of the family as appropriate.

10.2.4 Data Records and Reporting

The selected applicant(s) will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS), and any requirements the OMH may subsequently develop to ensure documentation of Medicaid savings and outcome measurements of the Enriched Crisis and Transitional Housing Pilot Initiative. Agencies will be required to provide resident's CIN numbers to NYS OMH for Medicaid Spending Tracking.

10.2.5 Performance Measurements

The following Performance Measures **MUST** be addressed and submitted to OMH on a Quarterly Basis. To this end, [Appendix C](#) contains Performance Measures Worksheets.

10.2.5.1 Engagement

- Number of individuals referred (By number);
- Of those referred, origin of referral (By number and percentages);
- Number of enrolled in the program (By number and percentages);

10.2.5.2 Successful & Sustained Transition

- Of those enrolled, the number that remain for less than or equal to 14 days (By number and percentages).
- Of those enrolled, the number and percentage that transition from the program successfully (defined as individuals who return to pre-admission housing setting);
- Of those who are successfully transitioned from the program, the number and percentage that are successfully transitioned back to permanent housing within 30 days;
- Of those discharged for any reason, identify post-discharge housing placement (by number and percentage);

11 Funding

Both capital and operating funding is available for the Enriched Crisis and Transitional Housing Pilot Initiative developed through this RFP. Program Development Funds are not available under this RFP.

OMH anticipates applicants may require funding for one-time capital improvement dollars to reconfigure spaces in existing residential programs to be able to provide enriched crisis and transitional services therefore, up to \$84,333 in one-time capital funding for minor property construction and/or rehabilitation of existing spaces per award is available to each selected applicant. OMH reserves the right to limit funds for property improvements and to determine appropriate per bed and per square foot costs for construction.

Selected Applicants will receive annual funding for units developed under this initiative through an OMH operating contract at the annual rate of \$83,000 per unit (\$249,000 for three units). The \$83,000 per unit is to be used to implement the values and principles of Enriched Crisis and Transitional Housing Program as described under Section 12 of this RFP.

12 Cultural Competence

The services provided in programs developed under this RFP need to be delivered in a manner that demonstrates understanding and respect for the diversity of the populations being served. Cultural competence is the ongoing practice of integrating knowledge, information and data from and about individuals, families, communities and groups to improve the quality and acceptability of mental health care. In addition to cultural considerations such as primary language, ethnicity, age, gender identity, sexual orientation and spiritual practices, providers need to consider the cultural health and mental health beliefs, values and practices, of the people receiving services. Recognizing recovery is individual and unique, adapting approaches and interventions based upon the individual being served is necessary

13 Proposal Requirements for Submission

When submitting proposals for funding under this RFP, all applicants must supply a narrative response. The Proposal Narrative should be concise (approximately 25 pages, not including attachments). The narrative must address all of the components listed below, in the following order:

13.1.1 Knowledge and Expertise in Adult Mental Health Issues

It is important that the applicant(s) have knowledge and expertise in how to effectively engage and involve individuals in their own treatment decisions and in activities that promote recovery and wellness. This includes understanding the complexity of mental illness and how to engage and collaborate with a number of different systems (Health Homes, Hospitals, Substance Abuse Services, Medical Providers, Families /Friends). This also includes an understanding of how developing strong partnerships and adopting a holistic approach to person-centered planning can assist an individual with obtaining self-sufficiency.

In the narrative proposal, the applicant must:

- (1) Describe the applicant's experience working with adults with serious mental illness, including strategies and approaches employed to effectively engage and involve individuals in their own treatment planning and wellness recovery.
- (2) Describe the applicant's understanding of the varying types of psychiatric crisis and needs of individuals and how individuals can be best supported during the times of crisis.
- (3) Describe the applicant's understanding of the service needs of individuals in need of a transitional step-down residential setting.

- (4) Describe the approach that will be used to ensure the successful transition of individuals from the hospital in the community and their retention in the community.
- (5) Describe how your agency will work with the Health Home (HH)(s), hospitals, and current treatment providers to develop an integrated transitional plan of care including mental health, physical health and substance abuse service if indicated and community supports necessary for the person to succeed in the community. Describe how the housing support plan developed in collaboration with the HH care managers will be reviewed with the resident. Describe the role of the HH care manager and the role of the housing support staff.
- (6) Describe the agency's experience and familiarity with Enriched Crisis and Hospital Diversion Programs and how your agency believes this service will be an appropriate fit to achieve the outcomes stated within this RFP. The description should include how the services will be individualized and how the services support the defined core values and principles, target population, and performance measures of Enriched Crisis and Hospital Diversion programs.
- (7) Describe how your agency will implement the Enriched Housing and Crisis Diversion Program in a manner that transforms, yet does not disrupt the current practice of the agency's housing program.
- (8) Describe how your agency will build sustainable skills that will support an individual's ability to successfully navigate future situations that may disrupt or risk continued community tenure, effective linkages to natural and community resources that will facilitate sustainability of the outcomes. Describe why you believe this will be effective, utilizing data citing literature, wherever possible.
- (9) Describe how your agency will work with other community providers to insure true service integration and collaboration to allow for successful transition of individuals.

13.1.2 Provision of Enriched Crisis and Transitional Housing Services

An important value of enriched crisis and transitional housing services is that the direct provision of such services be provided by peer staff that has personal experience receiving the same services themselves, in addition to traditional mental health staff and services. Staff that have a recovery-oriented philosophy and training are best equipped to provide services aimed at fostering recovery for individuals with serious mental illness and increasing meaningful choices for recovery for individuals. The services offered by the Enriched Crisis and Transitional Housing Initiative are offered to individuals on a voluntary basis and include but are not limited to a robust level of staff as described in Section 12.2.3. The Pilot Initiative units must be staffed 24 hours a day, seven days a week and provide for an adequate level of staffing, including Licensed Professionals and Peer Staff trained in Intentional Peer Support Services. In addition to the professional and peer staff, at least one full-time staff shall be awake and continuously available to the clients during all hours.

In the narrative proposal, scoring points will be given for the following components:

- 1) Describe the staffing plan, including a description of the roles and responsibilities of each staff member.
- 2) Describe how services provided by Peer staff will be fully integrated into the service delivery. Describe how these services will be integrated into the service matrix to identify optimal opportunities for independence and recovery and maximize the timely achievement of the desired outcomes.
- 3) Describe the skills and experience each staff member will be expected to have in each of the job descriptions outlined above.
- 4) Describe the initial and ongoing staff training and supervision that will be provided.
- 5) Describe the process your agency will use to develop an individualized community re-integration strategy that will address specialized needs of this population.
- 6) Describe the services that will be provided directly by the sponsoring agency.
- 7) Describe the community-based resources that will be available to individuals through referrals and/or linkage agreements. Indicate how these services support the residents' recovery from psychiatric crisis and/or transition back to more permanent housing.
- 8) Describe how all services will take into account the cultural and linguistic needs of the individual.
- 9) Describe the individual assessment procedures and the development of a person centered, strengths-based support plan developed in coordination with the current treatment providers and HH care coordinator. Attach a copy of any resident assessment tools and a sample support plans that will be utilized.
- 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 in crisis. Discuss methods for ensuring integrated services for residents with co-occurring substance dependence/use disorders.
- 11) Attach any forms that will be utilized to implement the Enriched crisis and transitional housing pilot initiative.

13.1.3 Performance Measures

Applicants are expected to utilize all of the Performance Measures that are prescribed for this performance component, utilizing the prerequisite Performance Measures as outlined in the Section 12.2.5.

In the narrative proposal, scoring points will be given for the following components:

- 1) Provide a description of data collection activities as well as information on the type and frequency of evaluation activities and the results of those activities, specific to the performance components. Information presented should demonstrate data accuracy and validity. Applicants should also describe efforts to secure recipient feedback about the agency's programming and utilization.
- 2) Describe your agency's organizational capacity (Staff capacity and support staff) to reliably collect, organize, quickly disseminate and analyze data requested herein that will facilitate the active and proactive data management that will be

required of the successful applicant, provide an example of when this was done under tight time frames.

- 3) Applicants should provide information on the individual who will review the data collected, as well as, the steps taken to improve functioning as needed. Applicants must clearly demonstrate the applicant's capacity to perform such self-evaluation in a manner that optimizes data accuracy and validity.

13.1.4 Housing Development

The proposal must provide a detailed description of the proposed site(s) that have been identified to incorporate enriched crisis and transitional housing units under this initiative, including a description of the site(s) and surrounding area(s), property owner name, and the renovations that will be necessary. Preference will be given to proposals that can demonstrate more rapid site development capability. If the timeframe for site development becomes problematic, OMH retains the right to withdraw the award.

In the narrative proposal, scoring points will be given for the following component:

(1) Site Information –

The applicant should note the address(s) of the proposed site(s) on the Transmittal Form ([Appendix A](#)). If the site is controlled, are there any outstanding liens (other than OMH) on the property that would prevent a State lien on the site? For the site identified, are the dimensions of the building sufficient to provide a program for the proposed number of units that fall within existing OMH space guidelines? In the application, include a description of the site(s) including the size of the building. Attach a drawing of the site(s) if available, and a copy of the deed. Describe the surrounding neighborhood(s) and note its proximity to stores and public transportation. Appraisals and architectural renderings are not required in your submission but may be requested at a later date. Applicants must be cognoscente on the potential conflicts with regards to the provision of any Medicaid reimbursement services that may be provided on-site and how the reconfiguration of the site may affect the ability to provide such services.

(2) Written Plan for Services -

The written plan for services and staff composition shall include the following information:

- Services required to be available through the Enriched Crisis and Transitional Housing Program(s);
- Service program and environment addressing the day-to-day activities of the residents;
- Staffing required to provide services and day-to-day management and monitoring of the Enriched Crisis and Transitional Housing Program(s);
- The manner in which the staff will integrate the services available through the Enriched Crisis and Transitional Housing Program(s) into an individual support plan designed to meet the needs of each resident and include involvement of the family as appropriate.

13.1.5 Previous Agency Experience and Performance

Note: The OMH internal review will consist of an assessment of the applicant's organizational competency. This will include a review of the applicant's residential programs over the past two years. Previous OMH actions including, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting client care will be reviewed in scoring agency performance. Additional areas of organizational competence include: Supported Housing review forms, percentage of admissions from OMH PCs or OMH-operated residential programs; transition of residents to more independent housing; and accuracy and timeliness of CAIRS reporting. If an agency received an award of housing from a previous allocation, the agency's performance in filling the units within the contractual time frame and with the priority population specified will be rated.

Applicants that do not hold a current OMH contract, but hold a Local Government Unit contract, must note their agency's ability to target the contractually agreed upon target population. For housing providers under contract with the Local Government Unit, reviews conducted by that LGU will also be included in assessing the agency's organizational competency. Applicants must attach the most recent audit conducted for their housing programs and copies of recent monitoring reports of any mental health programs operated by the agency.

Finally, all applicants must submit a signed "Reference Form" ([Appendix E](#)).

13.1.6 Financial Assessment

Provide a Budget narrative and spreadsheet ([Appendix B](#) and [Appendix B1](#)) that outlines and clearly justifies your request for funding up to \$83,000 per unit annually. Applicants must indicate the support services, number of staff, reasonable administrative costs as per Part 513, and other non-direct costs funded through this RFP. On-going payments for rent, services or supports are not consistent with the paradigm shift sought in this RFP and therefore will not be funded. Please list any in-kind related costs for which the agency will not be seeking financial support. Provide a detailed narrative for any line items. In addition, using the Budget Narrative worksheet, please identify how the one-time capital funding of \$84,333 will be used to support this initiative.

13.1.7 Agency Interview

For applicants that receive a score of 70 and above in Phase One of the RFP Evaluation, an oral agency interview will be held between OMH and applicants so the applicant can answer questions from the Evaluation Team and more fully discuss how the applicants' approach to this project satisfies the evaluation criteria. All persons with major responsibility for the project's technical design, management and contract negotiation should be present at the interview; however, no more than 3 people may attend on behalf of a qualified applicant. Each oral interview may be recorded. A more complete description of the interview process and format will be sent to each of the qualified applicant, along with a scheduled date and time of the interview.

14 Evaluation Process

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 10. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 8, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days.

The evaluation of complete and eligible proposals will be conducted in two phases.

14.1 Phase One

In the first phase, all proposals will be separated by the region or county in which the Enriched Crisis and Transitional Housing development is being proposed, rated and ranked in order of highest score based on an evaluation of each applicant's written submission. In Phase One of the evaluation, OMH's evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score.

Scoring points will be applied in the categories that are identified in Section 16:

- Knowledge and Expertise in Adult Mental Health Issues
- Provision of Enriched Crisis and Transitional Housing Services
- Performance Measures
- Housing Development
- Previous Agency Experience and Performance

A financial score will be computed separately based on the operating budget and budget narrative submitted as identified in Section 16.1.6.

The Technical Score and Financial Score will be added to calculate a subtotal score for Phase One of the evaluation.

Phase One Scoring Points

Technical Evaluation Proposal Narrative

Knowledge and Expertise in Adult Mental Health Issues	15 points
Provision of Enriched Crisis and Transitional Housing Services	20 points
Performance Measures	15 points
Housing Development	15 points

Agency Previous Experience and Performance

OMH Internal Reviews	15 points
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Financial Assessment

Budget and Budget Narrative	20 points
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Subtotal Proposal Points	100 points
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Any applicant that receives a subtotal score of less than 70 in phase one will be eliminated from further review. Applicants that receive a subtotal score of 70 and above will move on to the Phase Two of the Evaluation.

14.2 Phase Two

Phase Two of the Evaluation will include an oral interview with the applicant. The purpose of this interview is to answer questions from the Evaluation Team and more fully discuss how the applicants' approach to this project satisfies the evaluation criteria. All persons with major responsibility for the project's technical design, management and contract negotiation should be present at the interview; however, no more than 3 people may attend on behalf of a qualified applicant. Each oral interview may be recorded. A more complete description of the interview process and format will be sent to each of the qualified applicant, along with a scheduled date and time of the interview.

Up to 50 points will be awarded in Phase Two.

14.3 Final Evaluation

Following all Phase One Interviews, Evaluators of the Technical and Financial Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical and Financial Evaluation scores will then be recalculated, averaged, and applied to the Applicant Interview score to arrive at final scores.

Applicants will be rated and ranked in order of highest score based on a complete phase one and two evaluation by region or county in which the development of enriched housing and transitional services are being proposed. Applicants with a score of 100 points or more will be eligible for final awards.

In case of a tie in the scoring process, the proposal with the highest score on the Agency Performance section will be ranked higher.

Final Evaluation Scoring Points

Technical Evaluation Proposal Narrative

Knowledge and Expertise in Adult Mental Health Issues	10 points
Provision of Enriched Crisis and Transitional Housing Services	15 points
Performance Measures	25 points
Housing Development	15 points

Agency Previous Experience and Performance

OMH Internal Reviews	15 points
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Financial Assessment

Budget and Budget Narrative	20 points
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Subtotal Proposal Points	100 points
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Applicant Interview	50 points
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Final Total Score	150 points
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15 Award Notification

At the conclusion of the procurement, notification will be sent to all successful and non-successful applicants. All awards are 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 applicant prior to the execution of the contract. The purpose of this review is to verify that the applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.

16 Administrative Information

16.1 Term of Contracts

The anticipated length of the pilot initiative grant will be two years from the date of contract. Applicants selected as award recipients will be reviewed following the conclusion of the pilot initiative on performance and outcome measures. In the event funding is available to support continuation of this pilot initiative, opportunities to renew the contract will be based on performance and measured outcomes at the conclusion of the initial two-year pilot initiative.

16.2 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 any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify an applicant 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 applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant 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 applicants 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 applicants via the OMH website and the New York State (NYS) Contract Reporter;

- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- 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 applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- 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 applicant's proposal and/or to determine a applicant's compliance with the requirements of the solicitation;
- Conduct a readiness review of each selected applicant prior to the execution of the contract as set forth in Section 18;
- Cancel or modify contracts due to the insufficiency of appropriations;

16.3 Debriefing

OMH will issue award and non-award notifications to all applicants. Both awarded and non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal regardless if it was selected or not or disqualified within 15 business days of the OMH dated letter. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.

16.4 Protests Related to the Solicitation Process

Protests of an award decision must be filed within fifteen (15) 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 to:

NYS Office of Mental Health
 Ann Marie T. Sullivan, M.D, Acting Commissioner
 44 Holland Avenue
 Albany, New York 12229

16.5 Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

16.6 Executive Order # 38

Pursuant to Executive Order #38 (<http://governor.ny.gov/executiveorder/38> ) , dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See [Appendix F](#) of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>. 

16.7 Grants Gateway Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found at www.Grantsreform.ny.gov. 

Proposals received from eligible not-for-profit applicants who have not been Registered and Prequalified by the proposal due date of 5:00 PM on 04/30/14 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.