



Supported Housing for Adults with Serious Mental Illness referred from OMH Psychiatric Centers
and Community Hospitals

Request for Proposals

New York City

August 2015

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) is committed to investment in community-based services that will reduce the demand for services and long lengths of stay in inpatient settings. In order to advise OMH in the transformation of State operated and community mental health services through the rebalancing of institutional resources, advisory committees were established in each of OMH's five regions: Western, Central, Hudson River, New York City, and Long Island. Each advisory group provided input and identified regional priorities for community service expansion, outcome metrics, and other values and principles that should inform the future of our public mental health system. Several ideas came forward for services that will support a person-centered, community based system of care that will be critical in supporting the transformation of the public mental health system in New York State. The Office of Mental Health announces this Request for Proposals (RFP) for the development and operation of up to 90 units of Supported Housing for individuals with a serious mental illness who meet the following criteria: are patients of NYS OMH Psychiatric Centers (PCs); or residents of OMH-operated residential programs; and for individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a State hospital diversion.

While a full range of community services are being developed in ongoing discussions with local stakeholders using OMH State funded pre-investments, Supported Housing has been identified as one of the priority programs enabling individuals to successfully remain in the community. The 2015/2016 Enacted NYS State Budget authorizes funding for the development of up to 250 units of Supported Housing which have been allocated throughout the PC's catchment areas in New York State. A total of 90 units of Supported Housing have been allocated for New York City. Three awards of 30 Supported Housing units each will be made available as follows:

Group #1 - 30 units designated for South Beach Psychiatric Catchment Region
Group #2 – 30 units designated for Kingsboro Psychiatric Catchment Region
Group #3 - 30 units designated for Creedmoor Psychiatric Catchment Region

The first group of units to be awarded are thirty (30) Supported Housing units that are designated to serve individuals with a serious mental illness who are patients of South Beach Psychiatric Center (SBPC) or residents of SBPC residential programs and individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a state hospital diversion from SBPC.

The second group of units to be awarded are thirty (30) Supported Housing units that are designated to serve individuals with a serious mental illness who are patients of Kingsboro Psychiatric Center (KPC) or residents of KPC residential programs and individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a state hospital diversion from KPC.

The third group of units to be awarded are thirty (30) Supported Housing units that are designated to serve individuals with a serious mental illness who are patients of Creedmoor Psychiatric Center (CPC) or residents of CPC residential programs and individuals with a serious mental illness who are being discharged from an

Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a state hospital diversion from CPC.

2 Proposal Submissions

2.1 Letter of Intent

Agencies interested in responding to this Request for Proposals are encouraged to submit a Letter of Intent to Bid to the OMH Issuing Officer by 09/07/15. The Letter of Intent to Bid shall be non-binding.

Please mail the letter of intent to the Issuing Officer:

Carol Swiderski,
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
7th Floor 44 Holland Avenue
Albany, NY 12229

2.2 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, a bidder 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 2
New York State Office of Mental Health
Contracts and Claims
7th Floor
44 Holland Avenue
Albany, NY 12229

2.3 Key Events/Timeline

RFP Release Date	08/24/15
Letter of Intent to Bid Due	09/07/15
Questions Due	09/17/15
Questions and Answers Posted on Website	09/24/15
Proposals Due	10/01/15
Anticipated Award Notification	10/15/15
Anticipated Contract Date	11/01/15

2.4 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 09/17/15.

The questions and official answers will be posted on the OMH website by 09/24/15 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

2.5 Addenda to Request for Proposals

It is the bidder'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.

2.6 Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that a) have experience providing housing and supportive services for any special needs group that is contracted for and monitored by a city, state or federal government agency and/or b) provide mental health services to persons with serious mental illness through programs that are licensed by OMH or are under contract with OMH or the county Local Government Unit (LGU). OMH-licensed agencies in Tier III status or equivalent are not eligible to apply.

If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

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 to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.6; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.11 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by the proposal due date of 4:30 PM on 10/01/15.

2.8 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 and any resulting contracts executed. Information on these initiatives can be found at www.Grantsreform.ny.gov. 

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 4:30 PM on 10/01/15 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

2.9 Packaging of RFP Responses

Submit one hard copy of the entire proposal package described in 2.11 above, as well as an agency identified flash drive containing the proposal as one document

(Word or PDF format), by U.S. mail or hand delivery to be received by 4:30 PM on 10/01/15. It must be sealed in an envelope or boxed and addressed to the Issuing Officer named above in 2.1 and below. Bidders who are mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals.

2.10 Proposals 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 restrictions and to related requirements. Once established, the requirements will be posted to OMH's website.

2.11 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

- Completed Agency Transmittal Form ([Appendix A](#));
- Proposal Narrative;
- Operating Budget ([Appendix B](#));
- Budget Narrative ([Appendix B1](#)).
- Entire submission on agency identified flash drive as one PDF document.

The Proposal Narrative must be concise (no more than 20 pages, not including attachments). In the event the narrative is over 20 pages, OMH will only read and review the first 20 pages of the proposal narrative submitted. Please indicate what groups of 30 units are being requested.

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. Bidders 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.

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 2
New York State Office of Mental
Health Contracts and Claims 7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: Supported Housing NYC Region RFP

3 Administrative Information

3.1 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 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 (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective bidders;
- 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.

3.2 Debriefing

OMH will issue award and non-award notifications to all bidders. Both awarded and non-awarded bidders may request a debriefing in writing requesting feedback on their own proposal, regardless if it was selected for an award, 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 2.1.

3.3 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
Commissioner Ann Marie T. Sullivan, M.D
44 Holland Avenue
Albany, New York 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for five years with an anticipated start date of 11/01/15 and end date of 10/31/20. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

3.4.1 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.

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	20 points
Housing Implementation	30 points
Agency Performance: <ul style="list-style-type: none">• 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 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.6 and 2.7, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days.

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. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical 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 Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores. Any proposal not receiving a minimum average score of 65 will be eliminated from consideration.

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

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

An agency may submit a proposal for as many groups as it desires, however in the interest of spreading resources as broadly as possible, no one agency will initially be awarded more than one group.

Eligible agencies should bid on the groups they are both eligible for and interested in developing housing in, indicating their order of preference. Eligible agencies must indicate what group(s) they are bidding on and order of preference if bidding on more than one group.

Eligible agencies with the highest score will be given their first preference, the eligible agency with the next highest score given their first available preference and so on.

In the event of a tie score between two proposals, the agency with the highest score on the Technical Evaluation will receive the higher ranking. Agencies must indicate, on the provider agency transmittal form ([Appendix A](#)), order of preference of the groupings for which they are bidding. Use a scale of 1 - 3 (with 1 being the highest preference and 3 being the lowest preference), to indicate preference.

Initially only 1 grouping per agency will be awarded in the following manner:

In the event all groupings are not awarded, OMH reserves the right to contact

and offer, in order of ranked score, the agencies who received an award and also bid on the groups not awarded. Such contact will allow OMH to determine the interest in the agency accepting an additional grouping so that all groupings are awarded. Selection is based on interest from the highest bidder to the lowest bidder.

It should be noted that although groupings are developed by Psychiatric Center catchment regions, residents may prefer to reside in a different county than the one they reside in currently. Providers are strongly encouraged, whenever possible, to accommodate an individual's geographic choice and/or desire to be reunited with family or friends, or to move with or near a friend.

4.3.2 Reallocation Process

There are a number of factors that may result in some or all of the Supported Housing units allocated to one or more contractors being reallocated. This includes, but is not limited to, failure to develop the housing within the approved time frame, inability to find Supported Housing apartments, lack of referrals from State Psychiatric Center and retention of clients in the housing. A contractor will be provided notification if any or all of the units allocated to it are reallocated.

To reallocate beds, OMH will go to the next highest ranked proposal that did not get an initial award of beds. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reallocate units.

4.4 Award Notification

At the conclusion of the procurement, notification will be sent to all successful and non-successful bidders. 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 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.

Upon receipt of an approved fully executed contract from NYS, contractors can begin to locate apartments appropriate for Supported Housing.

5 Scope of Work

5.1 Introduction

Three (3) awards of 30 Supported Housing units per each award will be made through this RFP.

They are as follows:

- Group #1 - 30 units designated for South Beach Psychiatric Catchment Region
- Group #2 - 30 units designated for Kingsboro Psychiatric Catchment Region
- Group #3 – 30 units designated for Creedmoor Psychiatric Catchment Region

This RFP is issued to provide rental assistance, contingency funds, and housing case management services for up to 90 individuals who meet the criteria outlined below.

The Supported Housing units developed through this award are designated for individuals with serious mental illness who meet at least one of the following high need eligibility criteria:

Individuals with a serious mental illness who are patients of South Beach Psychiatric Center (SBPC), Kingsboro Psychiatric Center (KPC), and Creedmoor Psychiatric Center(CPC) or residents of SBPC , KPC, or CPC's residential programs. This is the priority population for which these housing resources are targeted, OR

Individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a state hospital diversion from SBPC, KPC, and CPC.

Agencies must work partner with their OMH NYC Field Office, SBPC, KPC, CPC, Article 28/31 hospitals, and the Health Homes established in the area where housing will be developed, to target appropriate housing for this high need population. They are required to develop coordinated discharge/and admission plans with PC staff and Health Home(s) to identify and /provide services and supports for individuals to ensure their successful transition into the community.

It is critical that agencies establish partnerships and/or collaborative agreements with at least one of the Health Homes serving their community and become a network partner in at least one Health Home. Note, however, that establishing a

partnership with a particular Health Home does not preclude Supported Housing agencies from being required to serve all individuals regardless of which Health Home they are assigned to. It is an expectation that agencies will work with all Health Homes regardless of established partnerships.

Individuals moving into this Supported Housing should be enrolled in a Health Home or Managed Long Term Care Plan (MLTC) to receive care coordination. If the person being referred is not yet enrolled in a Health Home or MLTC it will be incumbent upon the Psychiatric Center staff or Supported Housing agency to make a referral to the Health Home or MLTC. Lack of enrollment should not preclude high need individuals from being referred and admitted into a Supported Housing unit.

A list of designated Health Homes is available on the NYS Department of Health's website at:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

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5.2 Objectives and Responsibilities

Supported Housing is “extended stay/permanent” housing. Residents of Supported Housing can remain in this housing as long as their clinical and financial circumstances render them eligible and allow them to meet their responsibilities as a tenant. Supported Housing is not lost during acute hospitalization (90 days or less), and there are no program attendance requirements. Residents of Supported Housing are tenants and will have the same rights and responsibilities as any other tenant in New York City.

Supported Housing provides affordable, independent housing and access to community based support services based on the needs and desires of the resident. Residents of Supported Housing may be able to live in the community with a minimum of staff intervention from the contract agency. Others may need the provision of additional supports, such as an Assertive Community Treatment (ACT) team and intensive or supportive case management services. Some residents may be coping with co-occurring substance abuse disorders and be at various stages of recovery.

Services provided by the contractor will vary, depending upon the needs of the resident. Supported Housing staff will encourage and assist residents to develop natural community supports, use community resources and pursue an individualized path towards recovery. Staff will help the individual to establish a household and facilitate the resolution of landlord-tenant issues. It is expected that the need for services provided by the contractor and other agencies will decrease over time as integration in the community improves and the residents make progress in their recovery.

When possible, tenants should hold their own leases. Renting studio, one-bedroom and two-bedroom apartments scattered throughout the community is the norm. In instances where roommates are involved, the agency must facilitate cooperative arrangements on bill payments, division of household responsibilities and other matters.

Supported Housing is integrated housing that consists of scattered site apartments located in multiple buildings throughout the community. The goal is to provide individuals with a setting in which they live in their own apartments and are able to interact with non-disabled persons to the fullest extent possible.

There is no capital funding associated with this initiative to purchase or renovate an existing apartment building.

Supported Housing funding made available through this RFP provides rent stipends, housing case management services, and contingency funds as specified in the Supported Housing Guidelines. There are no OMH licensing requirements. Contractors must comply with the OMH Supported Housing Guidelines. A copy of the [OMH Supported Housing Guidelines](#) is posted on OMH's website as part of this RFP and should be reviewed prior to responding to the RFP.

In addition, all buildings in which apartments are located must have a valid Certificate of Occupancy. (where the C of O is applicable) The OMH New York City Field Office monitors Supported Housing and conducts site visits to review compliance with the Guidelines.

5.3 Reporting Requirements

Agencies that receive an allocation of housing resources under this RFP must agree to ensure that these units will only be filled by:

Individuals with a serious mental illness who are being discharged from SBPC, KPC, or CPC's inpatient unit or are residents of SBPC, KPC, or CPC's residential programs including Transitional Placement Programs (TPP) /Transitional Living Residences (TLR) and State Operated Community Residences(SOCR), OR

Individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a state hospital diversion from SBPC, KPC, or CPC.

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 these units will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS), and adhere to any requirements OMH may subsequently develop.

Referrals to these units will be made through the CAIRS referral mechanism and will be reviewed, tracked, and monitored. Please note that additional information about this referral mechanism will be shared with all awardees. Within ten business days of the receipt of the referral package, both an interview and admission decision must be made and shared with the referring hospital. At least 80% of all referrals made to a provider must be accepted and admitted to the program. The expectation is that the Health Home Care Managers would be a partner in creating the care plans for individuals discharged into the community.

5.4 Operating Funding

Funding for scattered site 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 annual funding for units developed under this initiative through an OMH contract at the current New York City Supported Housing rate (currently \$15,874 per unit). This funding is for rent stipends, housing case management services and contingency funds, as specified in the Supported Housing Guidelines.

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. State your commitment to filling these units with the appropriate target population in coordination with the NYC Field Office, NYC DHOMH, the Single Point of Access (SPOA) and / or other stakeholders. Indicate what regionally based Health Home(s) your agency is a network member of or what Health Home (s) your agency will become a network member.
2. Describe in narrative form the characteristics of the population to be served in Supported Housing. Discuss such population characteristics as likely service history, present functional level, educational level, job history, forensic history, community living skills, existence of social supports, substance abuse history.
3. Describe in narrative form the service needs of the population, specific to the characteristics described in (2) above. Describe the approach that will be used to ensure the successful transition of individuals and their retention in the community.

5.5.2 Housing Implementation

1. Describe admission criteria and procedures including the information flow you would create to streamline and track referrals, including any necessary interface with HRA, OMH Field Office, SBPC, KPC, CPC, Article 28/31 hospitals and SPOA.
2. Describe the process your agency currently uses to develop or plans to develop an individualized community re-integration strategy that will address specialized needs of this population such as physical health needs (long term care), mental health wrap around services, substance abuse issues, clinical services and peer supports and how this will be modified to work collaboratively with the HH care managers.
3. Describe the services that will be provided directly by the sponsoring agency.

4. Explain how your agency will work with the health home to develop an integrated 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 chosen apartment. 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. Explain how Health Homes will be used to support the service needs of the individual.
5. Describe how choice will be accommodated during the housing selection process. If an individual will share an apartment, explain how they will be “matched” and how “roommate” issues will be resolved. Include the agency’s policy regarding family re-unification.
6. 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 and substance abuse. Describe how all services will take into account the cultural and linguistic needs of the individual. Describe the resources your agency has to meet the needs of individuals who will move directly into Supported Housing.
7. Provide a staffing plan. Include a description of the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe initial and ongoing staff training and supervision. Describe the use of peer to peer services and supports that will be available.
8. Describe resident assessment procedures and the development of a person-centered, strengths-based support plan developed in coordination with the HH care manager. Attach a copy of any resident assessment tools and a sample support plan. 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 and/or begin not taking their medications. Discuss methods for ensuring integrated services for residents with co-occurring substance dependence/use disorders. Describe how residents will be assisted when a mental illness or substance use relapse occurs.
9. Explain the process for handling resident emergencies after hours and on weekends. Describe your agency’s procedures to minimize the use of 911 calls made by either staff or residents during non-emergency situations.
10. Attach a copy of the proposed lease or sublease agreement. 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 residents. 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. Attach the grievance procedure that will be provided to residents.

11. What is the timeframe that you anticipate the development and implementation of these units?

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. Current licensed OMH housing agencies must note their agency's ability to target OMH priority populations, average length of stay and ability to transition individuals into independent housing. OMH and DOHMH Housing agencies should indicate occupancy levels and ability to accept OMH and /or DOHMH priority populations.
OMH providers shall base their response on the most recently published Residential Program Indicators Report. Also, please note that OMH agencies will be evaluated on the timeliness of CAIRS reporting.
3. Applicants that do not hold a current OMH housing contract must describe their agency's ability to target the contractually agreed upon target population. In addition, applicants that do not hold a current OMH housing contract must also describe a situation where successful interventions were used to assist an individual with meeting his/her goals.
4. Non-OMH contracted providers must attach the most recent audit conducted for their agency programs. For housing providers under contract with the NYC Department of Health and Mental Hygiene, reviews conducted by DOHMH will be included in assessing the agency's organizational competency. Applicants that do not hold a current OMH contract for housing must submit a copy of the agency's most recent audited financial statement. In addition, the applicant must attach a copy of recent monitoring reports of any housing or mental health service program the agency operates that is issued by a city, state or federal government agency.

Note: 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. 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.

5.5.4 Financial Assessment

1. Attach an operational budget. 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 the amount needed for the establishment of the units, including cost of staffing, broker fees, security deposits, furniture, moving expenses and other expenses. Show sources of income including client “rent” and OMH funding. Bidders should list staff by position, full-time equivalent (FTE), and salary.
2. Describe how client and, when applicable, non-client rent will be calculated. Explain how your agency plans to utilize contingency funds. Highlight other sources of funding, if any. Describe how your agency manages its operating budget. Also, bidders must complete a Budget Narrative which should include the following:
 - o detailed expense components that make up the total operating expenses;
 - o the calculation or logic that supports the budgeted value of each category;
 - o description of how salaries are adequate to attract and retain qualified employees; and
 - o description of how apartment rental assumptions and utility costs are calculated within the geographic area in which they are located.

Use the Operating Budget ([Appendix B](#)) and the Budget Narrative ([Appendix B1](#)) to submit with your proposal. The Operating Budget ([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.**