SOS CTI Team RFP Question and Answers

1. For the geographic award location of Long Island, can the RFP just be submitted for Nassau County or Suffolk County, or does the RFP need to include both Nassau and Suffolk County?

   ANSWER – The application must be for the identified geographic area which, in Long Island, includes both Nassau and Suffolk County.

2. Do agencies have to apply individually or can they all apply once as an MOU?

   ANSWER –The intent of this question is unclear. OMH will award and contract with only one applicant for each team. If an applicant is proposing a partnership to meet the responsibilities of a single team, the lead agency should reply to this RFP and if awarded, enter into a MOU or subcontracting relationship with other entities.

3. Can someone be court ordered via an AOT order to this program?

   ANSWER – The SOS Teams cannot be included as part of a Court ordered AOT treatment plan, however they can serve individuals on AOT.

4. How many program recipients are expected to be served by an SOS CTI team per year? What is the expected continuous caseload per team?

   ANSWER – OMH estimates the SOS Teams will enroll approximately 70 individuals per calendar year, however actual caseload sizes at any time may vary based upon level of need and unique characteristics of each catchment area. OMH will be working continuously with SOS providers and the SOS Hub to determine appropriate utilization.

5. If there are multiple counties in the Region (for example, in the Southern Tier – Broome, Chenango, Otsego Counties are listed): Is an applicant expected to serve all three counties within the geographic region? May an applicant apply to serve one or two of the counties listed? Is an application more competitive (will an application receive more points), if it proposes to serve all counties within a region?

   ANSWER – Applicants must serve all counties indicated within that geographic region. Applications that don't include all counties indicated in that region will be disqualified.

6. To be eligible to participate, must a potential recipient at the time of their referral or intake be street homeless or currently residing in a temporary shelter setting?

ANSWER – Yes, members must be street homeless or residing in a temporary shelter setting to qualify for SOS services.

7. Does a history of street homelessness or chronic homelessness and/or residing in a shelter setting qualify for program participation? (For example, the potential recipient was street homeless last week, but is now staying with friends, etc.).

   ANSWER – Individuals must be spending the majority of their time on the street or in a temporary shelter setting to qualify for SOS services.

8. Could someone who is alternating between street homeless, the shelter system, and staying with friends be eligible to be an SOS CTI program recipient?

   ANSWER – Please refer to Question/Answer #7.

9. To be eligible for the program, must the temporary shelter setting be a NYS-licensed or certified shelter?

   ANSWER – No. Individuals placed in other temporary settings by Dept. of Social Services or community providers may qualify for SOS services.

10. Are individuals residing at NYS OCFS licensed domestic violence shelters/safehouses eligible for this program?

    ANSWER – Yes.

11. Does OMH anticipate or expect SOS CTI teams to accept referrals from the crisis system (988/Mobile Response/ICSC/SCSC)?

    ANSWER – Yes, referrals may be received from a variety of sources including 988, Mobile Response Units, Intensive Crisis Stabilization Centers, and Supportive Crisis Stabilization Centers.

12. Section 5.3 of the RFP reads, "Each team award will be made in the amount of $4,776,750.00 for five (5) years. Annual funding for each of the five (5) years is $955,350 with additional start up funding available in Year one (1). However, over the course of the contract, state funding may be reduced commensurate with increased revenue for billable services."

    Does OMH have a proposed formula or phase-out approach for the reduction of state funding? Will billable services be a future requirement of this program?

    Question 6.7.b.5 reads "Pursuant to Section 5.3 – discuss plans on how the increasing revenue will be used to enhance the teams." However, Section 5.3 indicates that state funding may be reduced with increased revenue from billable services. Does OMH expect there to be "increasing

revenue to enhance the teams" or flat/consistent revenue over the five years between state funding and revenue from billable services?

ANSWER – Billing for services and the associated revenue is not the initial focus of these teams. The first priority will be to implement the teams and have them reaching out to the homeless as soon as possible. OMH will provide notification to providers when billing revenue will start to be considered as part of the funding package.

13. Section 2.4 of the RFP reads, "Eligible applicants must demonstrate that they have the support of the Director of Community Service (DCS) for each county in which the SOS Team will be operating. A letter of support must be included from each LGU within the proposed catchment area to be served." Is this requirement scored?

ANSWER – No. This is an Eligibility Requirement (refer to Section 2.4 of the RFP). Applicants who fail to provide the Letter of Support from the DCS or other community provider will automatically be disqualified, and their application will not be reviewed/scored. There is a place in the Pre-Submission Upload page to provide the letter.

14. Will an applicant be removed from consideration from award if they do not secure a letter of support from the DCS for the County for which they are applying?

ANSWER – Yes, applicant will be disqualified if they do not provide a letter of support from the DCS or other community provider. Please refer to Question/Answer #13.

15. May applicants submit additional letters of support from organizations or units of government who are supportive of an applicants proposal? If yes, will supplemental letters of support be scored?

ANSWER - – Letters of Support are a component of the Eligibility Requirement, not a scorable component. While additional letters of support from multiple sources can be provided, they are not provided any score, additional points, etc.

16. With regard to Appendix B (Budget), confirming that the second tab of the Excel document, "Bid" is blank tab and should be left blank?

ANSWER – Yes, correct.

17. Are sign-on bonuses allowable Year 1 expenses for this program?

ANSWER – Yes.

18. Are there limits on wraparound funding, beyond the availability of funding in the budget?

ANSWER – No. Wrap around funds are available for each SOS CTI team member and can be used to provide support in a variety of ways, including but not limited to meeting basic needs, establishing long-term/permanent housing, and community inclusion efforts.

19. In the funding model, what is the estimate of the wraparound funding per person?

    ANSWER – Teams are budgeted to receive $60,000 in service dollars per year.

20. Who is responsible for operating the SOS referral Hub?

    ANSWER – There is a referral hub in place in New York City and we're exploring options for expanding this throughout rest of state. OMH will provide additional information on who will be operating the referral hub in the near future.

21. Do all referrals need to go through the Hub?

    ANSWER – Yes.

22. How long will it take for referrals sent to the Hub to be sent to the SOS Team?

    ANSWER – The SOS Hub will send referrals to the identified SOS Team within 24 hours of receipt.

23. Section 5.2 states that teams are expected to provide assertive homeless outreach – what is the process for these referrals to go to the Hub? And for individuals being engaged in assertive homeless outreach, what is the minimum information that needs to be in the referral form?

    ANSWER – Teams are not required to submit referrals to the SOS Hub for those individuals they are outreaching. SOS teams have the ability to directly enroll individuals from outreach into CTI services.

24. For this length of CTI model, what is the expected number of face to face visits per phase? And what is the expected number of other visits?

    ANSWER – During Phase 1, staff should have frequent meetings with the member and their supports and decrease frequency of contact over subsequent phases while transitioning members to community supports. Frequency and duration of contact is flexible and tailored to the specific needs and preferences of each member. Telephonic contact may be utilized to provide additional opportunity for connection with clients, but telephonic contact should not be used in lieu of face to-face contact.

25. If someone disappears/is in jail/in the hospital during a particular phase and then shows up a few months later, do they go back to phase one or start back where they left off? Or does it depend on how long the gap is and if so, what is the time limit?

ANSWER – Whenever possible, individuals should resume services at the Phase in which they disconnected from the team, however, there are many factors that could impact this. Ultimately, this is a decision that will be made by the SOS Team with support of the SOS Hub.

26. If phase 4 is months 9-12 and phase 5 is up to 3 months, then the program length of stay is up to 15 months, correct?

    ANSWER – Yes, the services can be provided up to 3 months post-housing placement. If an individual transitions to housing at month 12, the team can extend services for another 3 months. This is a person-centered approach and so there will be flexibility to ensure that recipients needs are adequately met.

27. What is the startup process, i.e. how many clients are the team expected to add monthly until the team meets capacity?

    ANSWER – OMH will be working collaboratively with SOS providers and the SOS Hub to determine startup process, taking into account current team staffing and community level of need.

28. What is the expected capacity of the team once it is full? Or what is the expected capacity for each phase?

    ANSWER – Please refer to Question/Answer #4.

29. As we are building our plan and developing our proposal, we are (of course) planning for start up. In order to do so in a way that is meaningful, could you provide additional details about the start up funding that will be available to support each SOS team in Year 1 (amount of funding available, what the funds can be used for, etc.)?

    ANSWER – While there is no specific start up amount. OMH anticipates that programs will require at least 3 months from start of contract date to allow for program to prepare for opening. Activities anticipated during this 3 month period would include recruiting, hiring and training staff, as well as, purchasing necessary supplies and equipment. The first year of contract funding reflects a full annual funding amount and is available to spend during the first contract period. Budget narrative should reflect the description of anticipated expenditures during the first year of the contract.

30. Understanding from the Pre-Proposal conference that you are still discussion the state's plan for the SOS Referral Hub, we wondered if you could share additional information about the expectations related to SOS team infrastructure/capacity to accept referrals from and coordinate with the Hub? For example, will the clinical data interoperability system OMH is exploring for data reporting (which will connect to each Agency's EHRs) also be used to accept

referrals from the Hub? Specifics like these are needed in order to correctly budget and plan for capacity development and ensure the success of this single point of access model for these SOS Teams.

ANSWER – The SOS Hub will be responsible for assigning all SOS referrals, regularly collecting data from SOS Teams, and overseeing caseload size / census. The IT solutions involved in this process are still being determined.

31. Can you explain why the letter of support requirements changed?

ANSWER – Due to an oversight, Local Government Units were initially excluded as eligible applicants. Letters of support requirements were changed to allow LGU's the opportunity to respond to the RFP.

32. Is this a new standard process whereby any grant applicant can provide letters of support from community providers to OMH as an alternative to hearing from or proof of prior consultation with the LGU/DCS?

ANSWER – No

33. Is notification of the LGU required if the letter of support comes from a community provider?

ANSWER – While not required, notification of the LGU of a proposal is recommended.

34. Can the letter of support be from DSS?

ANSWER – Yes.

35. Can the letter of support be from the county SPOA?

ANSWER – Yes.

36. Can you clarify the regions that have two areas within one region, meaning provide services in both or only one?

ANSWER – Applicants must serve all counties indicated within that geographic region.

37. Is there an expectation for how many folks should be served by each team per year? Are services available for undocumented folks or only legal resident/citizens? If we can also serve undocumented, would we be penalized if we can't help them access housing since they are not likely eligible?

ANSWER – Please refer to Question/Answer #4. SOS teams can provide services to individuals who are undocumented. There would be no penalty if unable to access housing for an SOS

member. SOS Teams will be encouraged to work closely with the SOS Hub, OMH, OTDA, and others to explore available resources to access housing, income, and other benefits.

38. You mentioned possible future opportunities for serving those in counties not listed – does that mean through another RFP?

    ANSWER – In the Governor's State of the State address, she announced plans for an additional 8 SOS Teams to be developed in the upcoming year. Additional information will be provided as it becomes available after the enactment of the FY 23-24 budget.

39. Who will administer the SOS Referral Hub itself?

    ANSWER – Please refer to Question/Answer #20.

40. If there are multiple counties in the region, must the applicant serve ALL of the counties in the region?

    ANSWER – Please refer to Question/Answer # 36.

41. If there are multiple counties in the region (for example, Southern Tier – Broome, Chenango and Otsego are listed), is an applicant expected to serve all three counties within the geographic area or may an applicant apply to serve only one or two of the counties listed? Is an application more competitive (will an application receive more points) if it proposes to serve all counties within a region?

    ANSWER – Please refer to Question/Answer # 5.

42. Are there admin funds available to administer the program?

    ANSWER – Yes. There are administration expenses included in yearly funding amount.

43. Are referrals to the SOS CTI teams expected to be the primary source of clients/leads? Or will teams be expected to source a majority of clients through field outreach and engagement?

    ANSWER – The SOS teams are expected to build their caseloads through a combination of both community referrals and assertive outreach efforts.

44. How many program recipients are expected to be served by an SOS CTI team per year? Whga tis the expected continuous caseload per team?

    ANSWER - Please refer to Question/Answer #4.

45. When will we see responses to the questions posed in this chat?

ANSWER – The Questions and Answers will be posted on 2/16/2023.

46. If a client is enrolled in a case management program, are they still eligible for this program?

    ANSWER – Yes, SOS services are non-billable, and individuals can be engaged with both the SOS Team and Health Home Care Management services simultaneously.

47. Can you clarify what kind of letters of support you will accept?

    ANSWER – Letters of support will be accepted from Local Government Units, including the DCS or DSS, as well as community mental health or homeless service providers.

48. Is it $60,000 service dollar per year or for 5 years?

    ANSWER – Please refer to Question/Answer #19.

49. Can the licensed professional be provisionally licensed at time of hire or must they be licensed?

    ANSWER – All efforts should be made to hire licensed clinical staff. OMH will consider flexibilities in this requirement on a case-by-case basis.

50. Can you please clarify/remind where the housing units (where persons experiencing homelessness will transitioning INTO) are coming from and how they are expected to be identified? And which community stakeholders in this project are responsible for developing or finding the needed housing --- and does that responsibility fall mostly on the grantee?

    ANSWER – There's no development of housing tied to this specific RFP. The SOS Teams will be working with individuals that they're serving to link them to community resources for housing, which will vary significantly based on the needs of the individual. It is the obligation of the SOS Team to know what the resources are in the communities they are serving and connect individuals with the most appropriate resources to meet their needs.

51. Can we use a local HMIS to capture this data or doe we need to use PSYCHKES for data reporting?

    ANSWER – PSYCKES will not be used for data reporting, although it would be used to access historical data on SOS members. We are not currently using HMIS to track SOS activities.

52. Is there a specific database that would need to be utilized for data collection and case notes?

    ANSWER – SOS providers are expected to utilize an EHR that has the ability to generate data reports on a regular and reoccurring basis. Those reports will be sent to the SOS HUB, who will be overseeing the data collection and analysis in conjunction with OMH.

53. How much start-up funding (separate from the annual allocation) is available and where/how would you like applicants to provide OMH with the budget and budget narrative for the anticipated start up expenses?

ANSWER – See response to Question #29

54. Will the slides from today be made available?

ANSWER – Yes slides from the Bidders Conference has been posted to the Procurement Opportunities webpage under the Safe Option Support Program link.

55. As we know, housing is extraordinarily scarce in the Hudson and Downstate regions. Some recipients might not be able to secure housing within a 12-month time frame. Will recipients receive priority consideration for housing through SPOAs and/or other housing referral mechanisms?

ANSWER - Individuals that are homeless are already a priority population for SPOA to consider. We will emphasize this and discuss the prioritization for individuals linked to these SOS Teams.

56. Just to clarify, that in Central New York, it has Onondaga and Oswego so we are supposed to serve clients in both counties and not one or the other, correct?

ANSWER – Please refer to Question/Answer #5.

57. Is the team lead for the program required to have a license such as LMSW?

ANSWER – No, a clinical license is preferred but not required as long as the candidate has demonstrated experience working with the population being served and experience supervising staff.

58. How much would the additional start up funding for year one be?

ANSWER – See response to Question #29

59. How much are start up funds? Also, with the workforce shortage, do we need to be fully staffed in order to start or can we start up if there are key personnel already hired?

ANSWER – See response to Question # 29 and Teams may start serving SOS members with partial staff while recruitment efforts continue to reach full staffing.

60. What are the eligibility requirements for participants? You said they are NOT required to have an SMI diagnosis, correct?

ANSWER – Any individual who is street homeless or in a temporary shelter setting is eligible for SOS CTI team service. Many of these individuals will have behavioral health needs, but a diagnosis is not a requirement.

61. It was understood from the presentation that folks would be enrolled essentially for one year. Is this a limit? We would with many unsheltered folks now who either cannot or will not go into shelter, and cannot always access PH within a year.

    ANSWER – One year is the standard timeframe for moving through the CTI phases, however, there is flexibility and enrollment may be extended on a case-by-case basis. These cases should be reviewed with the SOS Hub for additional guidance and support.

62. Could someone who is alternating between street homeless, the shelter system and staying with friends be eligible to be an SOS CTI program recipient?

    ANSWER – Please refer to Question/Answer #7.

63. Would multiple letters of support (LGU/community organizations) make an application more competitive/score better?

    ANSWER – Please refer to Question/Answer # 15.

64. What was the name of the EHR that you said the NYC SOS teams are currently using to collect and report data?

    ANSWER – Foothold AWARDS

65. Do SOS applicants need to have existing Medicaid billing systems?

    ANSWER – No, at this point in time this initiative is fully state aid funded, so there's no Medicaid billing tied to these programs.

66. Is the individual required to find housing within the county you are serving them in or can they move out of the county?

    ANSWER – Individuals should be supported in moving to the location of their preference, including out of county.

67. Are individuals limited to one year of enrollment?

    ANSWER - Please refer to Question/Answer #61.

68. Do we need to be fully staffed in order to start or can we start up if there are key personnel already hired?

ANSWER – Please refer to Question/Answer #59.

69. Would a registered nurse or a licensed practical nurse be considered for the licensed clinician role?

   ANSWER – A licensed master's degree or higher in social work, mental health counseling, nursing or psychology could be considered for the Mental Health Clinician role..

70. The meeting referenced $60,000 in service dollars per year. Is that included in the budget of $955,250 per year or is it in addition to it?

   ANSWER – The wrap around funds are assumed within the $955,250 per team/per year funding.

71. The RFP states "Referrals to the SOS CTI Teams will be managed through a Referral Hub." Can you inform us of who oversees/manages it in each designated region?

   ANSWER – Please refer to Question/Answer #20.

72. Do we have to include in the program budget the wrap-around funds or is that separate from the $955,350?

   ANSWER – Wrap around funding is included in the $955,350 and should be reflected in the program budget.

73. It is understood that the teams in the city are using Foothold. If our agency currently doesn't use Foothold, would we be required to adopt Foothold for HER? If we have to adopt Foothold, can we charge the cost of it to the budget?

   ANSWER – Agencies would not be required to utilize Foothold but costs could be charged to the budget if they choose to adopt this platform.

74. Would our agency have to have EHR before the program starts?

   ANSWER – Yes.

75. While a Letter of Support (LOS) is not required by the LGU, is it possible that applicants must notify the LGU in each county in which they intend to operate?

   ANSWER – While not required, notification of the LGU of a proposal is recommended.

76. Are there any expectations to collaborate with the HUD Homeless Coalitions in those areas?

ANSWER – SOS Teams are expected to collaborate and work closely with all community stakeholders, including Regional Continuums of Care and HUD Homeless Coalitions.

77. Is this under direct contract to provider? Or will it pass-through the LGU?

ANSWER – The awards will result in OMH direct contracts with provider.

78. Are eligible individuals allowed to be incarcerated (local jail) while the SOS works with them for housing?

ANSWER – Individuals must be spending the majority of their time on the street or in a temporary shelter setting to qualify for SOS services. SOS Teams may continue to work with enrolled members who become incarcerated if they are expected to be released in the near future.

79. With regard to letters of support, would a letter from a community organization (such as a Continuum of Care) that serves each County within a designated geographic area meet the Letter of Support requirement for each County?

ANSWER – Yes.

80. Section 5.1.5 of the RFP requires 2.0 FTE peer specialists on the SOS CTI Team. Are peer specialists required to be New York Certified Peer Specialists? If peer specialists are not required to be New York Peer Specialists, is there a definition for "peer specialist" for the purpose of this RFP?

ANSWER – Candidates who possess any of the following certifications are preferred: New York Certified Peer Specialist, Credentialed Youth Peer Advocate, Certified Recovery Peer Advocate or a Certified Peer Worker. Candidates with relevant lived experience who do not possess a provisional or full certification, may qualify so long as they commit to pursuing the appropriate peer credential or certification and obtain minimum provisional certification in the time frame required by the relevant peer credential/certification body.

81. Does the 24/7 response referenced in the RFP have to be in-person/face-to-face with the individual, or does telephonic support meet the requirement?

ANSWER – Telephonic support will meet the 24/7 response requirement.

82. In the Bidders Conference, there was a reference made to the wrap around budget. Do applicants need to include narrative about how those dollars would be used? Wil the Wrap Around dollars be separate from the $955K RFP amount cited, of should we assume that they will be included in that amount?

ANSWER – The wrap around funds are assumed within the $955,250 per team/per year

funding.

83. The RFP asks to describe staff training that will be given prior to teams taking on clients. If a training is available to staff prior to the contract start date, would OMH be willing to cover the training costs to ensure staff are trained prior to taking on clients.

ANSWER – OMH is unable to reimburse expenses prior to the contract start date of 7/1/23.

84. Can we hire Peer staff who will also function as Care Managers to meet the RFP requirements for 4 FTEs that provide care management?

ANSWER – Preferred candidates for the Care Manager position would have a Bachelor's degree or higher, preferable in psychology, social work, sociology, or related field or be a New York State Licensed Practical Nurse (LPN). Past case management work experience may be considered in lieu of Bachelor's degree.

85. The RFP says the award amount will be for five (5) years. Does a five (5) year budget need to be submitted?

ANSWER – Please refer to Section 6.7/Financial Assessment for budget completion details.

86. How many clients does the OMH expect the awarded agency to serve each year?

ANSWER – Please refer to Question/Answer #4.

87. As an LGU – how do we report our finances? Specifically, we plan to partner with our local DSS for their homeless and housing expertise, so do we include the DSS and LGU finance/operating budget information? Or do we use the broader county information? Or are you only looking for the specific operating budget pertaining to the LGU?

ANSWER – The budget should reflect the applicants operating cost. An LGU should report the cost only associated with this program. If there are cost related to working with or consulting a third party that would be shown under OTPS.

88. We are seeking clarity that while we are considering the Finger Lakes region, we can concentrate our services on Monroe County only?

ANSWER – Yes, Monroe County is the only county included in the Rochester/Finger Lakes geographic area.

89. For 6.1d – does the phrase "multiple system involvement" pertain expressly to the "behavioral health, medical, housing, and other providers", that are mentioned at the end of this prompt/sentence? Or does OMH more specifically mean larger external groups of services such

as the criminal justice system, education system, and/or other "systems" that applicants are expected to self-define across their region(s)?

ANSWER – Multiple system involvement should include behavioral health, medical, housing, and other providers. It can also include criminal justice systems, social service providers, and other relevant systems of care.

90. For 6.2f – is OMH looking for a plan specific to the proposed SOS CTI team's crisis management and safety for engagement with recipients in crisis, or is OMH seeking plans that address organization-level crisis management and safety, as it relates to administering this program?

ANSWER – The response should be focused on crisis management and safety planning for SOS recipients.

91. For 6.3a – should applicants include descriptions of hiring and onboarding of any new staff in the description? Or does OMH expect responses to focus on activities from the point of team formulation and forward?

ANSWER – Responses should include hiring and onboarding plans with expected timelines.

Has OMH established a funding level to support start up costs? And what allowable activities may be funded through start- up funding? Should applicants describe these costs in response to 6.3a or in the Budget and Budget Narrative, or should we anticipate NOT describing costs at this time?

ANSWER – See response to Question #29

92. For 6.7a – for the 250-character count boxes, should we simply input "See attached" as directed for the preceding 4000-character count boxes where we will include an upload?

ANSWER – Yes

Also, we notice that the instructions in Grants Gateway indicated: "With the exception of the Operating Budget/Budget Narrative questions 8a and 8b…" Are we correct in understanding that it is intended to mean "6.7a and 6.7b" rather than "8.7a and 8.7b"?

ANSWER – Yes

93. For 6.7b – sub-bullet "Revenue expectations under the Health Home Plus program that will offset costs":

Can OMH please clarify what type of narrative explanation it seeks here (i.e. is OMH looking for specific quantitative projections over a 5-year period or more of an articulated qualitative strategy for how this will work)?

Is OMH looking for the 5-Year Budget/Appendix B to reflect specific projections about Health Home Plus revenues, and if so, in which cells (row/column address) within that Excel template would OMH like such projections to be placed?

ANSWER – If an applicant agency is a certified specialty care management agency and intends to bill Medicaid for SOS-enrolled individuals, the applicant should reflect that projected Medicaid revenue in both the budget template and budget narrative

With the associated instruction on pages 24 & 29 of the RFP (Pursuant to Section 5.3 [However, over the course of the contract, state funding may be reduced commensurate with increased revenue from billable services" and "Discuss plans on how the increasing revenue will be used to enhance the teams], can OMH please clarify how it would like applicants to respond to this sub-bullet within 6.7b? For instance, if Health Home Plus revenue expectations over the next five years are still in a speculative or unconfirmed status, what would be most helpful for the applicant to present? Pleas clarify further how, fiscally/operationally "state funding may be reduced" will work (from a timing and cash-flow perspective) in the awarded funding contract, so we can plan the program financing accordingly and explain how we will adapt to that provision?

ANSWER – Please refer to Question/Answer #12. Applicant responses should detail how potential additional revenue from billing would be utilized to enhance the SOS Teams.

94. It states 2 FTE Peers, would MOUs for this position be accepted? Also, do they need to be certified?

ANSWER – Please refer to Question/Answer #80 for certification requirements. IF the staffing requirement of 2 FTE peers who are fully integrated into the teams can be met via a MOU, OMH will entertain this arrangement.

95. Will the team be responsible to secure housing after the 5 Phases are complete and no housing has been secured?

ANSWER – Yes. SOS Teams are expected to work on housing goals throughout the period of enrollment, with the end goal of supporting the individual through the transition to long-term or permanent housing.

96. What are the anticipated caseloads?

ANSWER – Please refer to Question/Answer #4.

97. Recognizing that each question in the Gateway has 4000 characters allocated for an answer or space for an attachment, if we choose to answer a question by attaching a document is there a limit to the characters/words that should be on the attached document?

ANSWER – There is no character limit on the attachment, BUT the response must be clear, succinct and specific ONLY to the question being proposed. Scoring will be based on how appropriately the question is answered.

If using an attachment to answer a question, do you want a PDF or Word document?

ANSWER – PDF is preferred.

98. Understanding the requirement for the support letter – would support from the County DSS Commissioner meet this requirement? Could you give some examples of community providers that might meet the requirement?

ANSWER - Please refer to Question/Answer #47.