

# New York State Office of Mental Health



Supported Housing for Adult Home Residents with Serious Mental Illness

Request for Proposals

August 10, 2012

# Table of Contents

- 1. Introduction and Background ..... 3
  - 1.1. Purpose of the Request for Proposals ..... 3
  - 1.2. Issuing Officer/Designated Contact ..... 6
  - 1.3. Eligible Agencies ..... 6
  - 1.4. Key Events/Timeline ..... 6
- 2. Proposal Submission ..... 7
  - 2.1. Letter of Intent ..... 7
  - 2.2. Questions about the RFP ..... 7
  - 2.3. Addenda to the Request for Proposals ..... 7
  - 2.4. Proposal Format and Content ..... 7
  - 2.5. Instructions for Proposal Submission ..... 8
  - 2.6. Disqualification Factors ..... 8
  - 2.7. Executive Order #38 ..... 8
- 3. Administrative Information ..... 8
  - 3.1. Term of Contract ..... 8
  - 3.2. Reserved Rights ..... 9
  - 3.3. Debriefing ..... 10
  - 3.4. Protests Related to the RFP Process ..... 10
- 4. Evaluation Factors for Awards ..... 10
  - 4.1. Criteria ..... 10
  - 4.2. Proposal Evaluation ..... 11
  - 4.3. Process for Awarding Contracts ..... 11
    - 4.3.1. Initial Awards and Allocations ..... 11
    - 4.3.2. Reallocation Process ..... 12
  - 4.4. Award Notification ..... 12
- 5. Scope of Work ..... 13
  - 5.1. Introduction ..... 13
  - 5.2. Objectives and Responsibilities ..... 13
  - 5.3. Reporting Requirements ..... 14
  - 5.4. Operating Funding ..... 14
  - 5.5. Requirements for Submission ..... 15
    - 5.5.1. Population ..... 15
    - 5.5.2. Housing Implementation ..... 15
    - 5.5.3. Organizational Competency ..... 17
    - 5.5.4. Financial Assessment ..... 17

## **Appendices**

[Appendix A: Agency Transmittal Form](#)

[Appendix B: Operating Budgets Years 1 and 2](#)

[Appendix B1: Budget Narrative](#)

[Appendix C: OMH Direct Contract Information](#)

[Appendix D: Categories of Community Housing and Services](#)

[Appendix E: Groups of Transitional Adult Homes](#)

[Appendix F: Health Home and Managed Care Plan Directory](#)

[Appendix G: OMH Supported Housing Guidelines](#)

## **1. Introduction and Background**

### **1.1. Purpose of the Request for Proposals**

New York State (NYS) Office of Mental Health (OMH) announces this Request for Proposals (RFP) for the development and operation of up to 1050 units of Supported Housing (SH) in Queens and Brooklyn, NY. Interested applicants will be bidding to provide housing in three phases. During phase one a total of 350 units of SH will be distributed. During phase two and three, additional allocations of 350 units will be distributed for a total of up to 1050 units. An allocation of phase two and three units is not guaranteed; an additional award of units will be based on the performance of the selected housing contractor during the first phase. This capacity expansion is part of an effort to facilitate the transition to alternative community settings for individuals with serious mental illness (SMI) currently residing in “transitional adult homes.” Transitional adult homes are defined in NYS Department of Health (DOH) regulations as adult homes with a capacity of 80 or more in which 25% or more of the resident population are persons with SMI, which is defined as: (i) persons who meet specified criteria for SMI established by OMH, or (ii) are receiving or have received within the past five years services from a mental hygiene provider which is licensed, operated or funded by OMH. In addition to their behavioral health needs, these adult home residents may have co-occurring physical health conditions and many could live in less service intensive settings if they so desired as long as arrangements were made for alternative community housing and needed physical and behavioral health services. DOH will identify transitional adult homes, based upon the percentage of the resident population with serious mental illness. This is referred to as the adult home’s mental health census and is the target population for this RFP.

Individuals on this DOH mental health census will be enrolled in a Health Home linked with a Medicaid Managed Care Plan or a Managed Long Term Care Plan (MLTCPs). The Housing providers awarded contracts through this RFP (i.e., the selected housing contractors) will receive lists indicating the names of the adult home residents and the name of the Health Home or MLTCP they are enrolled in as well as a contact person at the plan. The Health Homes and MLTCPs are the entities responsible for assessing individuals’ needs and developing integrated care plans for their enrollees and will play a key role in any transition from an adult home to ensure appropriate services are in place to facilitate the move.

The selected housing contractors will be responsible for providing in-reach services to the target population in the adult homes in their awarded group(s) (see [Appendix E](#)). The first step of in-reach is to contact the Health Homes and/or MLTCPs on the lists provided to them by DOH for the adult home residents in their awarded group. As necessary and appropriate, the Health Homes and MLTCPs will provide information about the residents they are serving that can help direct the in-reach process. For each adult home group awarded, funding is available to employ one professional clinical staff person and one peer staff person in addition to Supported Housing staff. In collaboration with the Health Home or MLTCP, the selected housing contractors will conduct in-reach and will work to engage the target population in learning about alternative community settings and service options that can help them to become more independent (see [Appendix D](#)). While the selected housing contractors may be most familiar with the type(s) of housing that their particular agency operates, the full list of housing and service options must be shared with residents during the in-reach process to increase resident knowledge and choice. With the adult home residents' consent, selected housing contractors will gather information from any available onsite providers that could help the Health Home or MLTCP in the development of a care plan to support the individual in their housing of choice. These onsite providers may include but are not limited to, adult home staff, OMH-funded on-site Supportive Case Management (SCM) Teams, Certified Home Health Agencies, Mental Health Clinics, and/or physical health providers.

There are two primary goals of the in-reach process that will be conducted by the selected housing contractors in collaboration with the Health Home or MLTCP. The first is to identify individuals in the target population who are interested in moving to an alternative community setting. This may require the use of motivational interviewing techniques. The second is to document community housing and service preferences and recommendations that adult home residents with SMI are interested in pursuing. In situations where adult home residents with SMI are ambivalent about moving, housing contractors will continue to engage and to educate residents regarding the various housing and service options available (see [Appendix D](#)), including non-OMH funded housing. In addition, selected housing contractors will provide adult home residents with the opportunity to ask questions and visit alternative community settings. This active engagement allows the residents to understand their options and direct the course of their own lives, and where appropriate, honoring their right to assume risk in a safe manner.

Once the in-reach process is complete, the housing provider will notify the Health Home or MLTCP of the adult home residents housing preference. The Health Home or MLTCP will conduct or arrange a comprehensive assessment, including functional status, develop or amend a care plan to support the individual to succeed in their housing preference, provided the assessment and care plan indicates the individual will be able to live safely in that setting. Following assessment by the Health Home or MLTCP, those adult home residents determined to be appropriate for transition will have a person centered care plan that will include consideration of the current and unique psychosocial and medical needs and history of the individual as well as the functional level and support systems developed by the Health Home or MLTCP care manager.

The State will retain a Community Transition Coordinator (CTC) to help facilitate discharge efforts among adult home residents, including those that will be served by the selected housing contractors. The CTC will maintain a Community Transition List, which

will include all adult home residents identified by the Health Homes and MLTCPs as appropriate for transition to other settings, taking into account the resident preferences as documented by the housing contractors, and will help facilitate efforts to transition such individuals to other settings as appropriate. Selected housing contractors will be responsible for working with the CTC in this regard on an ongoing basis to identify resident preferences and discharge locations.

Many of these adult home residents will be able to live in the community with a moderate level of planning and connection to community services. Other adult home residents may need a more comprehensive service package including a combination of behavioral and physical health services, consistent with the categories of Community Housing and Community Services described in [Appendix D](#). In cases where OMH housing is part of the care plan developed by the Health Home or MLTCP, the assigned Health Home or MLTCP care manager will notify the housing provider that a care plan is in place and the individual can begin to move into their selected housing. The development of the care plan will take into consideration the adequacy of available community services in meeting the support needs of the individual to assure safety.

Housing providers will also develop and operate Supported Housing units. [Appendix E](#) lists the transitional AHs and groups them based on geography. During phase one, a total of 350 units of Supported Housing will be distributed as indicated on the left below. During phases two and three, additional allocations of 350 units will be distributed for a total of up to 1050 units as indicated below.

Phase I Number of Units	Phase II and III Number of Units
Group 1 Brooklyn A - 60	Group 1 Brooklyn A- 120
Group 2 Brooklyn B - 50	Group 2 Brooklyn B - 100
Group 3 Brooklyn/Queens - 62	Group 3 Brooklyn/Queens - 124
Group 4 Queens A - 52	Group 4 Queens A - 104
Group 5 Queens B - 63	Group 5 Queens B - 126
Group 6 Queens C - 63	Group 6 Queens C - 126

The above groups allow for Supported Housing unit development in Queens and Brooklyn. OMH expects the majority of adult home residents targeted through this initiative will wish to remain in Queens or Brooklyn. However, in order to promote individual choice of location, and facilitate the movement of individuals into apartments near family members, friends or other supports, the borough to which the adult home resident will move may not necessarily match the borough of their present adult home. In those instances selected housing providers should contact the OMH New York City (NYC) Field Office to consult on available options in collaboration with the Health Home or MLTCP.

## 1.2. Issuing Officer/Designated Contact

OMH has assigned an issuing officer for this RFP. The issuing officer or 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. A bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non-responsible. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

[Susan Penn](#)

Attn: Adult Home Supported Housing RFP  
New York State Office of Mental Health  
Contracts and Claims  
44 Holland Avenue  
Albany, NY 12229

## 1.3. Eligible Agencies

Agencies eligible to bid:

- a. are not-for-profit agencies with 501(c) (3) status who provide OMH-funded housing services for adults with mental illness. The housing services must be provided in one of the five boroughs of the City of New York; and
  - b. are already part of, or can demonstrate they are able to become part of, at least one Health Home covering the area/groups(s) included in their bid. In cases where the bidding agency is not already part of a least one Health Home covering the area/group(s) included in their bid, a letter of support from a Health Home serving those areas(s)/group(s) must accompany the proposal; and
  - c. must be a provider of housing or mental health services in all boroughs included in their bid.
1. Note that agencies including Group 3 in their bid must be part of at least one Health Home and be a provider of housing or mental health services in both Queens and Brooklyn. Agencies should apply for all groups ([Appendix E](#)) they are both eligible to (as described in (a) (b) and (c) above) and interested in developing housing. If your bid includes application to both serve more than one borough, please be sure to highlight any differences in implementation between boroughs that you foresee.

## 1.4. Key Events/Timeline

RFP Release	8/10/12
Questions Submitted	8/27/12
Letters of Intent (optional)	9/10/12
Q&A Posted on Website	9/14/12
Proposals Submitted	10/5/12
Estimated Award Notification	11/5/12
Anticipated Start	1/1/13

## **2. Proposal Submission**

### **2.1. Letter of Intent**

Eligible agencies are encouraged to submit a Letter of Intent to Bid to the Issuing Officer named above in 1.2. Please mail the Letter of Intent to Bid consistent with the deadline listed above in section 1.4, indicating on the envelope: Attn: Letter of Intent – Adult Home Supported Housing RFP. This Letter of Intent to Bid, while recommended, is optional and shall be non-binding.

### **2.2. Questions about the RFP**

All questions about the RFP shall be submitted electronically by 5:00 p.m. consistent with the due date listed in section 1.4, at the following web address: [www.surveymonkey.com/s/RRQN89B](http://www.surveymonkey.com/s/RRQN89B). The questions and answers will be posted on the OMH website on the date listed above in section 1.4. Only those questions submitted electronically to the web address listed above prior to the deadline will be answered.

### **2.3. Addenda to the Request for Proposals**

In the event that it becomes necessary to revise any part of the RFP, an addendum will be posted on the OMH website. It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addenda to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

### **2.4. Proposal Format and Content**

Proposals submitted must include all of the following components in the order listed:

1. [Appendix A](#) - Agency Transmittal Form – indicating the groups included in the agency's bid in order of preference.
2. Narrative describing all of the elements listed in section 5.5, Requirements for Submission. This narrative must respond to sections 5.5.1 through 5.5.4 and in the sequence they are included in the RFP. This narrative is to be single-spaced, one-sided, 12 point font, and no more than 20 pages in length, excluding the appendices. Please number the pages "1 of 20," "2 of 20," etc.
3. Letter(s) of Support from Health Homes if applicable (See 1.3 Eligible Agencies).
4. [Appendix B](#): Operating Budget(s) Years 1 and 2.
5. [Appendix B1](#): Budget Narrative(s).

Items 4 and 5 above are separate documents on the RFP Website and can be downloaded in PDF format. Do NOT substitute your own budget forms.

## **2.5. Instructions for Proposal Submission**

Please send one signed hard copy of the entire proposal package described in 2.4 above, as well as a labeled flash drive of the entire proposal as one PDF document, by U.S. mail or hand delivery to be received by 5:00 PM on the date listed above in section 1.4. It must be sealed in an envelope or boxed and addressed to the issuing officer named above in 1.2. Bidders 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.

## **2.6. Disqualification Factors**

A preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness as defined above in section 2.4, Proposal Format and Content, and verify that all eligibility criteria have been met as outlined above in section 1.3, Eligible Agencies. Proposals that meet any of the following listed disqualification factors will not be reviewed and will be disqualified.

1. Proposals submitted by agencies that do not meet the Eligible Agency criteria described in section 1.3, Eligible Agencies;
2. Proposals that do not comply with the RFP required format as defined in Section 2.4, Proposal Format and Content; and
3. Proposals from current providers of OMH licensed programs that are Tier III status or equivalent licensing status.

Any bidder whose proposal has been disqualified will receive a disqualification letter postmarked within five (5) business days of the proposal submission deadline and must submit any written protest postmarked within five (5) business days of the disqualification letter postmark.

## **2.7. Executive Order #38**

Pursuant to Executive Order #38 ([www.governor.ny.gov/executiveorder/38](http://www.governor.ny.gov/executiveorder/38))<sup>2</sup>, 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.

## **3. Administrative Information**

### **3.1. Term of Contract**

Contracts will be written for a period of five (5) years, with an initial period of one (1) year and four (4) annual renewals, dependent upon appropriated funding. Contractors should presume contract renewals beyond the initial five year period, depending upon performance and standing with OMH at the time of renewal. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's New York City contract cycle (July 1 through June 30) or OMH's Upstate/Long Island cycle (January 1 through December 31). If an agency not previously awarded a contract as part of the original

RFP evaluation process, is awarded units through the reallocation process (see Section 4.3.2), the five (5) year contract term will commence on the award date. OMH reserves the right to change the first year's contract term, as stated above. The OMH Direct Contract Form is available in [Appendix C](#).

### **3.2. Reserved Rights**

OMH reserves the right to:

1. Reject any or all proposals received in response to the RFP that do not meet the minimum or mandatory requirements;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP, in whole or in part;
4. Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. 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;
7. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
8. Prior to 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 NYS Contract Reporter;
9. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
10. Waive any requirements that are not material;
11. Negotiate with the successful bidders within the scope of the RFP in the best interests of the State;
12. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder; and
13. 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.
14. In the event of any future action by a Court where the obligations of the State are modified in any way, OMH reserves the right consistent with such court actions, to take appropriate actions, including: (1) canceling existing contracts issued pursuant to this RFP on 30 days written notice to the agencies; (2) seeking no further funding for the contracts awarded pursuant to this RFP; and/or (3) modifying existing contracts issued pursuant to this RFP.

### 3.3. Debriefing

The OMH will issue award and non-award letters to all bidders. Non-awarded bidders may submit a written request for a debriefing regarding the reasons that their proposal was not selected within fifteen (15) business days of the OMH-dated non-award 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. Debriefing requests must be sent in writing to the issuing officer, named above in section in 1.2.

### 3.4. Protests Related to the RFP Process

Protests of an award decision must be filed within twenty (20) business days after the notice of non-award or five (5) business days following the date of the debriefing, whichever is later. The Commissioner or his designee will review the matter and issue a written decision within seven (7) business days of receipt of the 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 Michael F. Hogan  
44 Holland Avenue  
Albany, NY 12229**

## 4. Evaluation Factors for Awards

### 4.1. Criteria

All proposals will be evaluated by a team of reviewers who will individually rate the technical sections of the proposal based on each bidder's written submission (60 points). OMH will also conduct an internal review of each bidder's past performance and each reviewer will individually rate the overall organizational competency of the agency (20 points). This will include a review of the bidder's residential programs over the past two years to assess occupancy rates and admissions from OMH priority populations. Representatives from the OMH fiscal department will evaluate and rate the Financial Assessment section of the proposal (20 points). Section 5.5 Requirements for Submission describes in detail the necessary components for each area being evaluated. The Evaluation will apply points in the following categories as defined in Section 5.5:

<b>Technical Evaluation</b>	
Population	15 points
Housing Implementation	45 points
Organizational Competency	20 points
<b>Financial Assessment</b>	20 points
<b>Total Proposal Points</b>	100 points

## 4.2. Proposal Evaluation

All proposals that meet criteria described in 1.3 Eligible Agencies and do not have any disqualification factors described in 2.6, will be assigned an identification number and logged into a database. A committee consisting of at least three technical evaluators will complete the Technical Evaluation. A representative from the fiscal department will review the Operating Budgets Year 1 and 2, as well as the Budget Narrative(s). Each technical evaluator will independently review the technical portion of each proposal and compute a technical score. Evaluators of the Technical Evaluation component may then meet to provide clarity or review any questions an evaluator has about a particular section of a proposal. Following any such discussion, evaluators may independently revise their original score in any section, and will note changes on the evaluation sheet. Once completed, final Technical Evaluation scores will then be recalculated, and added to the final Financial Assessment score. Proposals with scores of 60 or higher will be considered passing. Should scores on any proposal reflect a 25% or greater deviation across reviewer scores, a secondary review panel may be formed to review proposals. If such a committee is formed, the scores of this secondary review will be used to determine the final agency scores.

## 4.3. Process for Awarding Contracts

### 4.3.1. Initial Awards and Allocations

In the interest of spreading resources as broadly as possible, no one agency will initially be awarded more than one group. No one agency will be awarded more than two groups. During phase I, a total of 350 units of SH will be distributed as indicated on the left below. During phases II and III, additional allocations of 350 units will be distributed for a total of up to 1050 units, as indicated on the right below. An allocation of Phase II and III units is not guaranteed; an additional award of units will be based on the performance of the selected housing contractor during Phase I.

#### Phase I Number of Units

Group 1 Brooklyn A - 60  
Group 2 Brooklyn B - 50  
Group 3 Brooklyn/Queens - 62  
Group 4 Queens A - 52  
Group 5 Queens B - 63  
Group 6 Queens C - 63

#### Phase II and III Number of Units

Group 1 Brooklyn A- 120  
Group 2 Brooklyn B - 100  
Group 3 Brooklyn/Queens - 124  
Group 4 Queens A – 104  
Group 5 Queens B - 126  
Group 6 Queens C - 126

As indicated in section 1.3, Eligible Agencies, agencies should bid on all groups they are both eligible for and interested in developing housing indicating their order of preference. 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. Awards of Supported Housing units will be made in rank order of highest score until all six (6) groups of Supported Housing units have been awarded. 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. In the event there are groups upon which any eligible agency does not

bid, OMH may contact the eligible agencies in rank order to see if they may be interested in a group upon which they did not bid, even if they did not originally express interest in serving this group.

#### **4.3.2. Reallocation Process**

There are a number of factors that may result in the reallocation of some or all of the SH units allocated within Phase I, and subsequent phases at any time during the term of the contract. A contractor will be provided written notification of any reallocation of units.

1. Contractor Performance

Based on contractor performance (including, but not limited to, unit occupancy, pattern of refusal to accept eligible individuals, retention of tenants, appropriate use of more service intensive levels of housing to serve eligible referrals, and/or compliance with reporting requirements), OMH may reallocate some or all of the authorized Supported Housing units to facilitate the timely transition of adult home residents into alternative community based housing.

If a selected housing contractor does not meet the requirements outlined above or other contractual requirements, the selected housing contractor's award may be reduced and reallocated. OMH reserves the right to reallocate units based on a combination of agency ranking on the RFP and overall performance during the implementation phase.

2. Changes in the Number and/or Location of Eligible AH Residents

If the number and/or location of eligible adult home residents changes in some significant way, or it is determined that the number of Supported Housing units allocated for subsequent phases is not adequate for that group, the contractors' awards and allocations may be reallocated, or rebid at the option of OMH.

#### **4.4. Award Notification**

Upon completion of the evaluation process, notification of results will be sent to all eligible agencies. Selected housing contractors will receive notice of conditional award. The award is subject to approval by the Office of State Comptroller before the contract is finalized. OMH reserves the right to negotiate special terms and conditions with individual bidders when making awards. The bidder must accept such terms and conditions for the award to take effect. OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

## **5. Scope of Work**

### **5.1 Introduction**

AH residents who are assessed as appropriate for transition by the Health Homes or MLTCPs referenced in 1.1 will receive an individualized care plan. In cases where OMH housing is recommended as part of such care plan, the selected housing contractors must work with the Health Homes or MLTCPs to identify housing for that particular individual, consistent with their needs and preferences and to facilitate successful transition into that housing with appropriate community services.

There may be instances where the adult home resident chooses to live in and is appropriate for another housing setting. OMH expects that housing contractors will work with adult home residents and Health Homes or MLTCPs to find the most appropriate housing to meet their needs and to inform OMH when someone cannot move directly into Supported Housing. The Supported Housing units developed through this initiative are permanently designated to target referrals from adult homes. As vacancies occur, new adult home referrals must be targeted for openings.

### **5.2 Objectives and Responsibilities**

When an adult home resident moves directly into a Supported Housing unit, services are delivered in accordance to the Supported Housing Guidelines which are set forth on the OMH website (see link provided below). Services and supports provided by the selected housing contractor will vary, depending upon the unique needs of the adult home resident. Selected housing contractors must encourage and assist adult home residents to develop natural community supports, use community resources and pursue an individualized path towards recovery and independence. Selected housing contractors must help adult home residents to establish a household and facilitate the resolution of landlord-tenant issues. It is expected that the need for services provided by the selected housing contractor and other agencies will decrease over time as integration in the community improves and the adult home residents make progress in their recovery.

When possible, adult home residents should hold their own leases as any other tenant. Renting studio, one-bedroom and two-bedroom apartments scattered throughout the community is the norm. In instances where AH residents choose to have a roommate (s), selected housing contractors must facilitate cooperative arrangements on bill payments, division of household responsibilities and other matters.

SH consists of scattered site apartments located in multiple buildings throughout the community. The goal is to provide former AH residents with a setting in which they live in their own apartments and are able to become active community participants to the fullest extent possible. SH is "extended stay/long term" housing. Residents of SH 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. SH is not lost during an acute hospitalization and there are no program attendance requirements. Residents of SH are tenants and have the same rights and responsibilities as any other tenant.

There is no capital funding associated with this initiative to purchase or renovate an existing apartment building. A contractor may use other government funding or agency

funds to purchase and/or renovate a building provided this will not delay the movement of individuals out of AHs. In this instance, selected housing contractors must be able to document that funding is adequate to pay the debt service, ongoing building maintenance and repairs. Selected housing contractors must consult with the OMH New York City Field Office Housing Unit, before purchasing a site or entering into a long-term lease. SH funding provides rent stipends, housing related support services to help establish and maintain a new residence, and contingency funds as specified in the OMH “Supported Housing Guidelines”. There are no OMH licensing requirements. Selected housing contractors must comply with the OMH SH Guidelines. A copy is posted on OMH’s website at: [www.omh.ny.gov/omhweb/adults/SupportedHousing/supportedhousingguidelines.html](http://www.omh.ny.gov/omhweb/adults/SupportedHousing/supportedhousingguidelines.html) 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 unless the building was constructed prior to the issuance of Certificates of Occupancy. The OMH New York City Field Office monitors SH and conduct 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 the eligible AH residents. If another level of OMH housing is required, housing contractors must notify OMH. 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 [www.omh.ny.gov/omhweb/spguidelines](http://www.omh.ny.gov/omhweb/spguidelines). Selected housing contractors will be required to maintain accurate reporting of all admissions and discharges through OMH’s Child and Adult Integrated Reporting System (CAIRS) and comply with any requirements OMH may subsequently develop to ensure compliance. In addition, selected housing contractors will be required to provide updates on housing vacancies to the Center for Urban Community Services (CUCS) which publishes the “Vacancy and Information Update.”

### **5.4 Operating Funding**

Funding for SH is a combination of resident rent payments and OMH funds. Residents of SH are required to pay a minimum of 30 percent of their net income for rent and reasonable utilities. However, residents can choose to pay more than 30% of their income based on a personal decision to have an apartment beyond what is affordable with the 30% applied to the agency contribution, for example, selecting a different neighborhood or a one bedroom in a neighborhood where only 2 bedrooms are affordable within the SH allocations. OMH Field Office approval is required prior to the recipient contributing more than 30% of their income for rent and utilities. Selected housing contractors will receive annual funding for units developed under this initiative through an OMH contract at the current New York City SH rate (currently \$14,493 per client in the five boroughs of NYC). This funding is for rent stipends, housing related case management to assist in the establishment and maintenance of a new residence, and contingency funds, as specified in the SH Guidelines.

Selected housing contractors will be authorized to develop a total number of SH units as described in section 4.3.1. Units may be reallocated as specified in section 4.3.2. A contractor will not receive funding for units reallocated to another contractor.

In addition to the \$14,493 per SH unit, funding for professional clinical staff and peer bridger staff will be provided for each group listed in [Appendix E](#) to provide in-reach to eligible AH residents including education about community housing and services, and to encourage and motivate residents to consider options that offer more independence. Selected housing contractors will be expected to provide a minimum of one professional staff and one peer bridger for each group they are awarded, at a funded amount of \$150,000. Should units be reallocated, funding for these staff will be reassessed based on proportional changes in allocation. These staff are in addition to the staffing required for the Supported Housing units.

## **5.5 Requirements for Submission**

When submitting proposals for funding under this RFP, the narrative must address all of the components listed below, in the following order, highlighting any differences in implementation between boroughs if applicable.

### **5.5.1 Population**

1. State your agency's commitment to serve the AH priority population as described in Section 1.1. State your agency's commitment to place adult home referrals into appropriate housing with services in coordination with Health Homes and Managed Care Long Term Plans.
2. Describe in narrative form your agency's knowledge of the characteristics of the AH priority population. Describe in narrative form your agency's knowledge of the service needs of the AH priority population.
3. Describe how your agency will engage this population and provide in-reach services and in collaboration with consumers. Describe what strategies will be used to develop trust and rapport with this population. Describe the role of the clinical staff person and peer in these activities.

### **5.5.2 Housing Implementation**

1. Describe the process and timeframes for the development of the Supported Housing units in coordination with in-reach activities. Highlight if the Supported Housing will be single or shared units. Explain how resident choice will be maximized in the selection and location of the Supported Housing Units.
2. List the types/categories of housing you currently have in each county and indicate which housing the adult home residents would be eligible for, given that some housing may already be designated for other priority populations. While some AH residents may be NY/NY eligible, we expect the majority will not be. Describe admission criteria and procedures. Note any exclusionary criteria.
3. Describe the process your agency currently uses to develop an individualized community re-integration strategy that will address specialized needs of this population including physical health needs (long term care), mental health, substance abuse and personal care needs. Describe how this will be

modified to work collaboratively with the HH care managers. Describe the approach that will be used to ensure successful transition and retention of consumers in the community. Explain how the integrated care plan developed in collaboration with the HH care managers will be reviewed with the resident.

4. Describe how resident choice will be accommodated during the housing selection process and in the furnishing of the apartment. 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 consumers who want to reunite and live with their children.
5. Explain how residents will be assisted to gain and utilize the skills and supports necessary for independent living and achieving normal life roles. Describe the support planning process. Describe the services and supports that will be available through the agency, as well as those that will be provided by other agencies through service agreements and other linkages.
6. Provide a staffing plan and schedule. Note if these proposed units will be part of the agency’s current Supported Housing, and if so, explain the impact on staffing ratios. 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 how staff will be trained and supervised to integrate rehabilitation and recovery principles in the operation of Supported Housing. Describe the support and professional development activities that will be made available to housing staff, including initial and ongoing staff training and supervision. Describe the use of peer to peer services and supports that will be available.
7. Describe the process of support planning that will incorporate strategies to engage and motivate clients towards their recovery. Discuss methods for ensuring integrated services for residents with co-occurring substance dependence/use disorders. Describe how residents will be assisted before a mental illness or substance use relapse occurs and during a relapse. Explain the process for handling resident emergencies after hours and on weekends.
8. Attach a copy of the proposed lease or sublease agreement. Provide the rent collection and rent arrears procedure. Describe the supports provided by the agency to appropriately ensure rent payment is made on time by recipients. 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.
9. Attach the grievance procedure that will be provided to residents. Explain how residents are empowered to provide input into Supported Housing practice on a formal and informal basis.

### 5.5.3 Organizational Competency

1. Describe both the agency's experience and approach in providing recovery-oriented housing and/or mental health services to persons with serious mental illness, including helping these individuals achieve their rehabilitation and recovery goals. Include examples of your agency's past successes with providing and/or accessing other levels of OMH housing, if Supported Housing is not appropriate.
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 Supported Housing agencies should indicate occupancy levels and ability to accept OMH priority populations. Base your response on the most recently published Residential Program Indicators Report. Also, please note that agencies will be evaluated on the timeliness of CAIRS reporting.
3. 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.
4. Additional areas of organizational competence include: percentage of admissions from OMH Psychiatric Centers or OMH-operated residential programs; transition of individuals to more independent housing; and accuracy and timeliness of CAIRS reporting. If an agency received an award of Supported 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. 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.
2. Complete [Appendix B](#) "Operating Budgets Year 1 and 2" for each group you are applying for. Estimate the full operating budget including start-up costs for January through June for Year 1 of the budget worksheet ([Appendix B](#)). Assume one full year of operating funds in developing the budget for Year 2 of the budget worksheet. Start-up costs should include the amount needed for the establishment of the units, including cost of staffing, broker fees, security deposits, furniture, including air conditioners for Supported Housing apartments, moving expenses and other expenses. Show sources of income including client "rent" and OMH funding. Bidders should list staff by position, full-time equivalence (FTE), and salary.
3. Phase 2 and 3 allocations will use the same budget as Year 2 on [Appendix B](#).

4. Complete a Budget Narrative for each group you are applying for and include the following:
  - Detail of expense components that make up the total operating expenses in year 1 and 2;
  - Detail of expense components for startup costs in year 1
  - Calculation or logic that supports the budgeted value of each category;
  - Description of how salaries are adequate to attract and retain qualified employees; and
  - Description of how apartment rental assumptions are calculated within the geographic area in which they are located.

Use the Operating Budgets Year 1 and 2 ([Appendix B](#)) and the Budget Narrative ([Appendix B1](#)) to submit with your proposal. [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 [Appendix B](#) using the correct form may be cause to reject your proposal for non-responsiveness.