



Supported Housing for Adults with Serious Mental Illness Being Released from State Prison  
to New York City

Request for Proposal

May 2015

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# **Supported Housing for Adults with Serious Mental Illness Being Released from State Prison to New York City**

## **1. Introduction and Background**

The New York State Office of Mental Health (OMH) announces this Request for Proposal (RFP) for the development and operation of 100 units of Supported Housing for persons with serious mental illness being released from New York State (NYS) prisons and returning to New York City. There are no limits on the number of beds an agency may request. During the initial award process, no one provider will receive more than 25 supported housing beds.

## **2. Proposal Submissions**

### **2.1 Letter of Intent to Bid**

Agencies interested in responding to the Request for Proposal are required to submit a Letter of Intent to Bid to the Issuing Officer to be received on or before May 27, 2015. The Letter of Intent to Bid shall be non-binding.

Please mail the Letter of Intent to Bid 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  
**Attn: Letter of Intent**

### **2.2 Mandatory Bidders' Conference**

A mandatory bidders' conference will be held from 1 p.m. to 3 p.m. on June 15, 2015 at the Office of Mental Health New York City Field Office, 330 Fifth Avenue, 9<sup>th</sup> Floor, New York, N.Y. 10001. Only those applicants that submit a Letter of Intent to Bid by the deadline may attend the bidders' conference. Proposals will only be accepted from organizations that attend and sign in at the mandatory bidders' conference.

### **2.3 Designated Contact/Issuing Officer**

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid violating State Finance Law or 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

## 2.4 Key Events/Timeline

RFP Release Date	May 13, 2015
Mandatory Letter of Intent to Bid Due	May 27, 2015
Mandatory Bidders' Conference	June 15, 2015
Questions Due	June 22, 2015
Questions and Answers Posted on Website	July 8, 2015
Proposals Due	July 28, 2015
Anticipated Award Notification	September 1, 2015
Anticipated Contract Start Date	Oct. 1, 2015

## 2.5 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by e-mail at [carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov) by close of business on June 22, 2015. The questions and official answers will be posted on the OMH website by July 8, 2015 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

## 2.6 Addenda to Request for Proposals

It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP, and to review the posted official Questions and Answers. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

## 2.7 Eligible Agencies

Agencies eligible to respond to this RFP are not-for-profit agencies with 501(c) (3) incorporation that have experience providing housing and mental health support services to individuals with mental illness in New York City, and who currently receive funding from OMH or the New York City Department of Health and Mental Hygiene for those programs. Current providers of OMH licensed programs in Tier III or equivalent licensing status are not eligible to apply.

## 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](http://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 p.m. on 07/28/15 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 2.13, as well as a flash drive with your agency's name on it containing the proposal as one document (Word or PDF format), by U.S. mail or hand delivery to be received by 4:30 p.m. on 07/28/15. 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, dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See Section VI, [Appendix C](#) of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

## **2.11 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.

## **2.12 Disqualification Factors**

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness (as defined in Section 2.13) and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals that do not comply with the RFP required format as defined in Section 2.13; and
- Proposals from current providers of OMH licensed programs that are in Tier III status or equivalent.

## **2.13 Instructions for Bid Submission and Required Format**

Each proposal is required to contain:

1. Agency Transmittal Form ([Appendix A](#));

2. Proposal Narrative;
3. Complete Operating Budgets ([Appendix B](#)); and
4. Budget Narrative ([Appendix B1](#))

The Proposal Narrative should be concise (no more than 20 pages, not including attachments). The Operating Budget and Budget Narrative (Appendices [B](#) and [B1](#)) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Bidders must **not** substitute their own budget format. Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.

### **3. Administrative Information**

#### **3.1 Term of Contracts**

The contracts awarded in response to this RFP will be for five years with an anticipated start date of October 1, 2015 and end date of September 30, 2020, dependent upon appropriated funding.

#### **3.2 Reserved Rights**

OMH reserves the right to:

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

### 3.3 Debriefing Process

## 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 5.9.

<b>Technical Evaluation</b>	
Population	20 points
Housing Implementation	40 points
Agency Performance: <ul style="list-style-type: none"> <li>▪ Bidder's Narrative</li> <li>▪ OMH Internal Reviews</li> </ul>	20 points
<b>Financial Assessment</b>	20 points
<b>Total Proposal Points</b>	<b>100 points</b>

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see [Section 5.9](#) (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 [Sections 2.9](#) and [Sections 2.13](#). If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in [Sections 2.7](#) and [2.8](#), the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 15 business days from proposal opening.

Evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. OMH's evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. All of the technical scores for each bidder will then be added together and averaged to arrive at the final technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted. The final technical and financial scores for each proposal will be added together resulting in a total score.

Evaluators of the Technical Evaluation component may choose to meet to provide clarity on questions an evaluator has about a particular section of a proposal. Following any such discussion, evaluators may independently revise their original score in any section, and will note changes on the evaluation sheet. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores. 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 that achieved the highest average score in the Agency Performance portion of the technical evaluation will be selected.

## **4.3 Process for Awarding Contracts**

### **4.3.1 Initial Awards and Allocations**

Proposals will be ranked, and awards made, based on score, until all units have been awarded. There are no limits on the number of units an agency may request. During the initial award process, no one provider will receive more than 25 supported housing units. Awards cannot be for more housing than requested. If there are units still to be distributed after allocations are made to all applicants with passing scores, the New York City Field Office will then distribute the remaining units to the applicant with the highest score (not to exceed the amount requested), and work its way down the list.

### **4.3.2 Reallocation Process**

There are a number of factors that may result in some of 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 of 12 months, inability to find Supported Housing apartments and retention of target population in the housing. A contractor will be provided notification if any or all of the units allocated are to be reallocated.

To reallocate units, OMH will go to the next highest ranked proposal that did not get an initial award of units. If all agencies with passing scores received an initial award of units, OMH will go back to the top of the list. An award of up to 25 units will be offered to the highest ranked agency not to exceed the amount of units requested by the agency. If the agency does not accept the award, OMH will work its way down the list.

#### **4.4 Award Notification**

At the conclusion of the evaluation process, notification will be sent to all successful and non-successful bidders. All awards are subject to approval by the New York State 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 as defined in section 2.8 and meets the conditions detailed in its proposal.

Upon receipt of an approved fully executed contract from New York State, contractors will begin receiving referrals from the Reentry Coordination System.

### **5 Scope of Work**

#### **5.1 Introduction & Target Population**

This RFP is issued to provide rental assistance and Supported Housing services to serve individuals in the target population outlined below. Agencies will be selected to develop housing units within the five boroughs of New York City. Although most releases are to the boroughs of Bronx and Brooklyn, each awardee must be willing to serve individuals in any boroughs deemed appropriate by their order and conditions and clinical recommendations, as well as, client choice. The units are part of the OMH NYC Forensic Housing Initiative, which provides support to participating housing providers through access to: enhanced services funding; dedicated transitional forensic case management or Assertive Community Treatment (ACT); dedicated mental health parole officers; and specialized staff training through the Academy for Justice-Informed Practice, focused on education and skills required for working with a justice-involved population. Staff training opportunities include but are not limited to: understanding violence and staff safety; understanding the criminal justice system; supporting mandated clients including working with parole; trauma-informed care for justice-involved individuals; reducing recidivism and promoting recovery; the clinical impact of incarceration; and first person perspectives on the experience of incarceration to recovery. The OMH NYC Forensic Housing Initiative also offers targeted technical assistance upon request and convenes quarterly meetings with all funded providers and stakeholders to discuss cross-systems coordination challenges and to share information regarding program resources for the target population.

The housing and services developed through this RFP are designed for individuals being referred from Central New York Psychiatric Center (CNYPC) Pre-Release Services and meet the following criteria:

- Individuals who suffer from a serious mental illness (see Attachment A for OMH definition of serious mental illness); **and**
- Are presently living in a New York State prison, will be returning to one of the five boroughs of New York City, and who would otherwise be homeless.

## **5.2 Central New York Psychiatric Center (CNYPC) Pre-Release Services**

Central New York Psychiatric Center (CNYPC) Pre-Release Services provides extensive discharge planning to assist in the transition from prison to community. Pre-Release Services, in collaboration with the Department of Corrections and Community Supervision (DOCCS) and the Reentry Coordination System (RCS), applies for entitlements such as Social Security, Medicaid, the Medication Grant Program, and housing, and arranges post-release appointments with mental health clinics, including PROS programs. Some participants may have an Assisted Outpatient Treatment (AOT) order.

Pre-Release Services works in tandem with the providers and the participants, based on the participants' needs. Participants will be released from prison with a two week supply of psychiatric medication and a prescription for an additional two week supply. Until entitlements are in place, psychiatric medication may be provided by the Medication Grant Program.

In addition, OMH operates several prison-based reentry and in-reach programs for individuals with serious mental illness returning to New York City, including the Community Orientation and Reentry Program (CORP) at Sing Sing Correctional Facility and the Safe Transition and Empowerment Program (STEP) at Bedford Hills Correctional Facility. OMH reentry programs provide enhanced programming including evidence-based interventions, as well as in-reach to inmate patients from community providers three months prior to release, to establish connections and ease their transition into the community. STEP also provides transitional case management to participants three to six months post-release.

## **5.3 Reentry Coordination System (RCS)**

For Supported Housing units available through this RFP, all referrals will go from CNYPC Pre-release Services through the **Reentry Coordination System (RCS)**, a centralized referral system designed to manage access to mental health housing, case management/Assertive Community Treatment, and outpatient clinic referrals in New York City, for individuals who are seriously mentally ill being released from the New York State prisons. RCS is currently operated by the Center for Urban Community Services (CUCS). RCS will forward the referral packets to participating housing providers for review.

### **5.3.1 Video Teleconferencing**

The RCS Housing Liaison will coordinate a video teleconference (VTC) interview. Contractors will be required to interview housing applicants through VTC interviews at either the New York City Field Office or CUCS office, and must be willing to accept applicants without a face to face interview. Other VTC locations may also be identified.

### **5.4 Enhanced Services Funding**

The New York State Office of Mental Health provides Enhanced Services Funding to help accommodate the needs of consumers in obtaining housing. In addition to the funding for this RFP and to the extent that the funding is available, OMH is willing to consider funding any reasonable request for eligible referrals of the RCS system for a service that would help a consumer succeed in housing. The funding is time-limited and every request is considered on a case by case basis. A request for funding is submitted in writing by the housing provider to the RCS Housing Liaison. The request must include the reason for the funding, expected time frame, and itemization of the expected costs. CUCS will forward the request to OMH for approval.

### **5.5 Dedicated Mental Health Parole Caseloads**

Applicants under parole supervision may be placed on a dedicated mental health parole caseload – a collaborative initiative between OMH and the New York State Department of Corrections and Community Supervision to establish dedicated parole officers with special expertise in mental health and substance use issues; and who are assigned smaller caseloads to meet the unique needs of the target population. The dedicated parole officers work closely with OMH and housing providers to enhance the opportunities for these individuals to adapt to living in their communities, subsequently reducing their high risk of unwanted release outcomes, including criminal recidivism.

### **5.6 Supported Housing Requirements**

The Supported Housing units available through this RFP are designated only for individuals meeting eligibility criteria as described in [Section 5.1](#) of this RFP. Individuals from the target population may be placed directly into Supported Housing or providers may use this new Supported Housing capacity for persons currently residing in more service-intensive OMH-funded residential programs. The vacated units in the service intensive programs are filled with the targeted populations. Such plans are referred to as “backfill” arrangements. If an agency intends to backfill, preference will be given to those agencies that have a continuum of OMH housing.

If an individual from the target population residing in one of these OMH funded Supported Housing units moves, the vacated unit must be filled by another referral from CNYPC. If the agency chooses to backfill and the individual in the backfill bed moves to another level of OMH housing, the agency does not need to fill the vacated bed with the target population. The CNYPC designation will remain with the individual as long as they remain in OMH housing. However, if the individual in the “backfill” unit leaves for any reason OR is re-incarcerated or hospitalized, the unit must be filled by another person from the target population.

Supported Housing is long-term permanent housing. Residents of Supported Housing can remain in the 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, incarceration, or upon termination of parole supervision, and there are no program attendance requirements from the Supported Housing provider. However, parole may have program attendance requirements with which residents must comply. Residents of Supported Housing are tenants and will have the same rights and responsibilities as any other tenants 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. Some residents may be coping with co-occurring substance abuse disorders, significant trauma histories, 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 in securing necessary supports. 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 residents progress with their rehabilitation.

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 scattered site, integrated housing, the goal of which is to provide individuals with a setting in which they live in their own apartments and are enabled to interact with non-disabled persons to the fullest extent possible, and which consists of rental apartments scattered among various buildings throughout a community.

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

Supported Housing funding provides for rent stipends, Supported Housing services and a contingency fund as specified in the Supported Housing Guidelines. There are no OMH licensing requirements. Contractors must comply with the OMH Supported Housing Guidelines. Refer to eligibility criteria as specified in [Section 5.1](#) of this RFP. A copy of the OMH Supported Housing Guidelines is posted OMH's website at <http://www.omh.ny.gov/omhweb/adults/SupportedHousing/SupportedHousingGuidelines.html> 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. The OMH New York City Field Office monitors Supported Housing and conducts site visits to review compliance with the Guidelines.

## 5.7 Reporting and Meeting Attendance Requirements

Agencies that receive an allocation of housing resources under this RFP must agree to comply with the Reentry Coordination System (RCS) referral process to ensure that these units will only be filled with referrals coming out of CNYPC.

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/selectcontract.asp>. All OMH residential agencies are contractually required to maintain accurate reporting of all admissions and discharges through The Child and Adult Integrated Reporting System (CAIRS).

In addition, all agencies are required to conform to the reporting requirements of the Reentry Coordination System (RCS). RCS tracks the rates of acceptance, rejection, and follow-up procedures for supported housing referrals, as well as tracking of the status of Case Management/ACT and outpatient mental health referrals. As such, all agencies are required to conform to the reporting requirements of RCS, including real time notification of vacancies and rationale for referrals not accepted.

All agencies will be subject to OMH monitoring visits and must operate in accordance with the OMH Supported Housing Guidelines.

All agencies must attend periodic stakeholder meetings convened in New York City by OMH.

## 5.8 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 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 stipend (currently \$15,125). This funding is for rent stipends, Supported Housing services and contingency funds, as specified in the Supported Housing Guidelines.

## 5.9 Proposal Narrative

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

### 5.9.1 Population

1. State your agency’s understanding that units will be developed based in any borough deemed appropriate by an individual’s order and condition, clinical recommendation, and/or client choice .State your commitment to serve the target population as described in [Section 5.1](#). State your agency’s commitment to filling these units in coordination with CNYPC and the Reentry Coordination System (RCS). Indicate if the agency intends to fill the Supported Housing units directly with the target population directly. If the agency is proposing to serve the target

population through a backfill arrangement, please provide the details of that arrangement.

2. Describe in narrative form your agency's knowledge of the characteristics of the population(s) to be served in Supported Housing and/or "backfilled" into other OMH 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, and substance abuse history.
3. Describe in narrative form your agency's knowledge of the service needs of the population to be served.

### **5.9.2 Housing Implementation**

1. There is no exclusionary admission criteria related to past substance use, suicidal attempts, or history of violence that may be imposed. An eligible resident cannot be excluded from Supported Housing due to past history unless it causes or contributes to a determination of ineligibility under [Section 5.1](#). Provide assurance that the agency understands the need for an open door policy and no exclusionary criteria. Describe how the agency has or would handle a situation where an applicant had a history of past substance abuse, suicidal attempts, and/or history of violence and is being referred to a Supported Housing program.
2. Provide assurance that the agency will maintain documentation on all referrals, including those not accepted into the program and why. This information must be shared at periodic intervals as determined by OMH.
3. Describe your agency's current staffing plan (including peers) and organizational and supervisory structures. 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. Note if these proposed units will be part of the agency's current Supported Housing, and if so, explain the impact on staffing ratios.
4. Indicate the agency's agreement to participate in the Reentry Coordination System (RCS), including video teleconferences and ability to accept applicants without a face to face interview. Describe the assessment and engagement of potential residents going into the Supported Housing and/or "backfilled" into other OMH housing. Discuss the agency's strategy for addressing issues related to transitioning from prison to community, including specific interventions. Describe the process for the development of a community re-integration strategy that will address issues of medication compliance, linkage with community based services and supports, coordination with parole, and substance use prevention.
5. For agencies "backfilling" to service intensive settings, provide discharge planning procedures and explain how the agency will create a culture of transition to ensure that residents are engaged in a process of moving towards more independent housing.

6. Describe the services that will be provided directly by the contractor. Identify community-based resources that will be available to recipients 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.
7. Provide your agency's timeline required to identify and assess potential tenants, secure a lease, and move individuals into said apartments on day of release.
8. Explain resident's choice related to selecting an apartment and household furnishings. If an individual chooses to have a roommate, explain how residents will be "matched" and how roommate interpersonal relations will be handled.
9. Supported Housing is considered long term permanent housing Describe how this key principle will be reflected in the development and on-going operation of Supported Housing.
10. Describe the services that will be provided to assist tenants in issues around apartment maintenance.
11. Explain the lease arrangement. Attach a copy of the proposed lease or sublease agreement. Leases and/or rental agreements must be compatible with the OMH Supported Housing Guidelines (see [Section 5.6](#)).
12. Describe range of interventions your agency will use to prevent someone from losing their housing. In addition, explain how an individual may "graduate" from Supported Housing to permanent, independent housing. Describe the resources the agency will use to help someone achieve independence.
13. Attach the grievance procedure that will be provided to residents of Supported Housing. Explain how residents are empowered to provide input into Supported Housing practice on a formal and informal basis.
14. Explain the process for handling client emergencies after hours and on weekends.
15. Describe the process of support planning that will incorporate strategies to engage and motivate clients toward their recovery and provide an appropriate response to clients who are at risk of relapsing and/or begin refusing their medications. Discuss methods for ensuring integrated services for residents with a co-occurring substance abuse disorder. Describe how residents will be assisted when a mental illness or substance abuse relapse occurs.

### **5.9.3 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 who were released from State prison, including helping these individuals achieve their rehabilitation and recovery goals. Include your experience working with parole. Depict an actual person who has a serious mental illness, was released from prison, and has recently been served in your housing. Illustrate the challenges

posed and how your agency addressed these challenges. Describe in detail how you supported this person in his or her recovery and transition toward independence. Please limit your response to one page.

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. Applicants that do not hold a current OMH housing contract must describe their agency's ability to target the contractually agreed upon target population.
3. 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 to assess occupancy rates and admissions from priority populations, recent financial and monitoring audit findings.

4. Describe how your agency intends to comply with the reporting and meeting attendance requirements outlined in [Section 5.7](#).

#### **5.9.4 Financial Assessment**

1. Bidders are expected to complete a Start-Up Year Budget and an Operational Year Budget ([Appendix B](#)). Please refer to your phase-in schedule (timeline from [Section 5.9.2](#) Housing Implementation) when developing a start-up budget. The Budget Narrative should explain how many and what type of apartments (studio, one bedroom etc.) your agency plans to develop each month. Please note that there is no extra funding for start-up expenses. A full year of funding will be provided for the start-up year, this funding should be allocated to operational costs as units phase in and costs related to start up (furniture, including A/C's for SH apartments, broker fees, security deposits, moving expenses and other expenses). Agency should also complete an operational budget. This budget should capture the expenses of a program that is operating at full capacity. This budget must be prepared based on the actual requested number of units through this RFP, not to exceed 25 units in total.

2. Agency's Budget Narrative ([Appendix B1](#)) should include the following:

- detailed expense and revenue components;
- the calculation or logic that supports the budgeted value of each category; and
- a description of how your apartment rental assumptions are calculated within the geographic area in which they are located.

Please use the [Budget](#) and the [Budget Narrative](#) forms associated with this RFP.

Failure to complete the budgets using the correct form may result in rejection of your proposal.

To summarize:

**Start-Up Year Budget:** The Start-Up Year Budget combines start-up costs with operational costs. Assume that a full year per bed allocation will be divided between these two components. Refer to your phase in schedule when developing the Start-Up Year budget.

**Operational Year Budget:** This budget should reflect a fully developed program.

**Attachment A**  
**Criteria for Serious Mental Illness among Adults**

To be considered an adult diagnosed with serious mental illness A must be met. In addition, B or C or D must be met:

**A. Designated Mental Illness Diagnosis**

The individual is 18 years of age or older and currently meets the criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV) or International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnosis other than alcohol or drug disorders, developmental disabilities, dementias, or mental disorders due to general medical conditions, except those with predominant psychiatric features, or social conditions (V-Codes). DSM-IV categories and codes that do not have an equivalent in the ICD-9-CM are not included as designated mental illness diagnoses.

*and*

**B. Social Security Income (SSI) or Social Security Disability Insurance (SSDI) Enrollment due to Mental Illness**

The individual is currently enrolled in SSI or SSDI due to a designated mental illness.

*or*

**C. Extended Impairment in Functioning due to Mental Illness**

The individual must meet 1 or 2 below:

1. The individual has experienced two of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis:
  - a. *Marked difficulties in self-care* (personal hygiene; diet; clothing. avoiding injuries; securing health care or complying with medical advice).
  - b. *Marked restriction of activities of daily living* (maintaining a residence; using transportation; day-to-day money management; accessing community services).
  - c. *Marked difficulties in maintaining social functioning* (establishing and maintaining social relationships; interpersonal interactions with primary partner, children, other family members, friends, neighbors; social skills; compliance with social norms; appropriate use of leisure time.)
  - d. *Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner in work, home, or school settings* (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings; individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in the completion of tasks).
  
2. The individual has met criteria for ratings of 50 or less on the Global Assessment of Functioning Scale (Axis V of DSM IV) due to a designated mental illness over the past 12 months on a continuous or intermittent basis.

***or***

**D. Reliance on Psychiatric Treatment, Rehabilitation, and Supports**

A documented history shows that the individual, at some prior time, met the threshold for C (above), but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder, e.g., hallucinations, but may or may not affect functional limitations imposed by the mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings which may greatly reduce the demands placed on the individual and, thereby, minimize overt symptoms and signs of the underlying mental disorder.