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**Transitional Housing for Individuals who are Justice Involved**

**OMH#141**

**Instructions to Applicant:**

Please use this document to answer all questions in this Proposal Narrative. There are no character limits or word counts applicable in this document. The Budget Template should be completed as well. Once this document is complete, please combine everything (including any attachments referenced in the Proposal Narrative) into one PDF and upload into SFS under the Proposal Narrative question 1. Any supporting attachments MUST be labeled specific to the question it is associated with. Attachments that are not labeled may result in either a 0 for the question or disqualification of the application. Please upload your completed budget template in SFS as question 2. Please note that the Budget Narrative is included in this document and should be answered here and not in a separate upload.

# Administrative Information

Please complete the following questions to ensure that communication regarding this application is sent to the correct individuals. Failure to complete these questions completely may cause a delay in the award process.

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| 1. **List the County/Counties that this proposed program will serve.** |
| Answer: |
| 1. **List the name, address, title & email address of the leader of your organization.** |
| Answer: |
| 1. **List the name & email address of any other individual at your organization who should be included on correspondence regarding this application.** |
| Answer: |

# Proposal Narrative

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1 Description of Program** | | | | | | | |
| **6.1a** | | | | | Describe how your agency meets eligibility criteria outlined in Section 2.4 | | |
| Answer: | | | | | | | |
| **6.1b** | | | | | Indicate the program (by county) which you are proposing to serve. Specify the number of studios and one-bedroom apartments intended to be developed and the location of these apartments, if known. Please note: two-bedroom apartments are not recommended for individuals who are justice-involved often due to probation/parole conditions. | | |
| Answer: | | | | | | | |
| **6.1c** | | | | | | Describe admission criteria, and procedures including the information flow you would create to streamline and track referrals, including any necessary interface with CNYPC Pre-Release Services, SPOA, Department of Corrections and Community Supervision (DOCCS), the OMH Field Office, and Health Homes. Explain engagement strategies to be used to connect with recipients. Describe the approach and strategies that will be used to identify appropriate and safe housing in the community. | |
| Answer: | | | | | | | |
| **6.1d** | | | | | Describe how the agency will provide an orientation to individuals during the admission process. Include details, including but not limited to tenant rights; how to access community resources and the locations of those resources; transportation availability; understanding the conditions of the program; how to be a good tenant/neighbor; and understanding the roles of the service providers. | | |
| Answer: | | | | | | | |
| **6.1e** | | | | Describe your agency's ability to serve individuals with forensic histories. Include your agency’s ability to provide culturally competent care and services to individuals with serious mental illness and co-occurring disorders. | | | |
| Answer: | | | | | | | |
| **6.1f** | | | | Describe what services will be provided to address the specialized needs of this population and assist individuals in re-integrating into the community and maintaining their housing, including but not limited to, orientation/re-orientation to the community, changes in the community, and managing the transition often from a highly-structured setting to independent living, addressing physical health needs (long term care), providing mental health wrap around services, substance use services, and clinical services. Describe the use of peer to peer services and supports that will be available to support individuals in their transition to Treatment Apartment housing. | | | |
| Answer: | | | | | | | |
| **6.1g** | | | Explain at a minimum, service plan development, coordination with other service providers, including but not limited to, Health Home care managers, ACT/FACT/SOS teams, community treatment providers or other transitional support teams, peer support, and relapse prevention. Describe how you will work with the individual, their referral sources, other service providers and the individual’s natural supports to develop an individualized, recovery-focused service plan. Attach a sample copy of the functional assessment tool and service plan that will be used with individuals. | | | | |
| Answer: | | | | | | | |
| **6.1h** | Address the approach and strategies to be used to assist consumers in adhering to conditions of parole (if applicable). Explain the process for handling resident emergencies after hours and on weekends. | | | | | | |
| Answer: | | | | | | | |
| **6.1i** | Provide a staffing plan for this program including FTEs and staffing schedule. 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 including peer staff with lived justice involved experience. Describe your agency’s initial and ongoing staff training program which includes education pertaining to serving individuals with criminal justice involvement. Explain how supervision of staff, at all levels, will be provided and by whom. Explain the measures your agency will take to recruit and retain experienced employees. | | | | | | |
| Answer: | | | | | | | |
| **6.1j** | Describe your agencies policies to maintain a low barrier to admission which will promote a rapid, smooth transition into housing. Describe how your agency promotes a culture of transition to more independent levels of housing. | | | | | | |
| Answer: | | | | | | | |
| **6.1k** | Attach a copy of the program / residency agreement. Provide the fee collection and arrears procedure. Describe the supports provided by the agency to appropriately ensure program fee payment is made on time by residents. Provide the policy and procedure for discharge. Include a description of the range of interventions that would be used to prevent someone from losing their housing. Attach the grievance procedure that will be provided to residents. | | | | | | |
| Answer: | | | | | | | |
| **6.1l** | Demonstrate your understanding of OMH Treatment Apartment housing. Provide information on assessing needs, service plan development, coordination with other service providers and natural supports, peer support, restorative service documentation, grievance procedures, cultural competence, and addressing emergency situations. | | | | | | |
| Answer: | | | | | | | |
| **6.1m** | | Describe your network, internally and externally, of behavioral health and other providers, and how you plan to utilize those networks to facilitate rapid access to care. | | | | | |
| Answer: | | | | | | | |
| **6.2 Agency Performance Applicants should answer either question 2a or 2b** | | | | | | | |
| **6.2a** | | Applicants that hold a current OMH housing contract must provide an overview of the agency’s experience in providing housing services to individuals who are recovering from a serious mental illness and knowledge of community resources relevant to this group. In the narrative incorporate Children and Adults Information Reporting System (CAIRS) data and recent Treatment Apartment Housing reviews to demonstrate that your agency operates Treatment Apartment Housing in accordance with OMH guidelines, targets OMH priority populations, maintains occupancy and has a demonstrated history of maintaining residents successfully in their housing. 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 Housing agencies should indicate occupancy levels, ability to accept OMH priority populations, and any instance of terminating a housing program. | | | | | |
| Answer: | | | | | | | |
| **6.2b** | | Applicants that do not hold a current OMH housing contract must describe their agency’s experience with and ability to serve individuals who are justice involved and recovering from a serious mental illness. The applicant must also describe a situation where successful interventions were used to assist an individual in meeting their goals. Non-OMH contracted providers must attach evidence or correspondence from the most recent monitoring visit for any housing or behavioral health service program the agency operates, that is funded by a city, county, state, or federal government agency. Emphasis should be placed on describing the agency’s experience and awareness of community resources. | | | | | |
| Answer: | | | | | | | |
| **6.2c** | | Describe the agency’s experience in providing recovery-oriented housing and/or mental health services to adults who are justice involved and diagnosed with serious Page 22 New York State Office of Mental Health (OMH) mental illness and/or cooccurring disorders. Describe your agency’s history and provide a general description of the agency structure. Include an organizational chart. | | | | | |
| Answer: | | | | | | | |
| **6.2d** | | Describe the extent of your organization’s residential and/or programmatic presence and activity in the area(s) for which you are bidding; and how that capacity may benefit the proposed Treatment Apartment program. | | | | | |
| Answer: | | | | | | | |
| 6.3 Diversity, Equity, Inclusion and Recipient Input | | | | | | | |
| **6.3a** | | Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way. | | | | | |
| Answer: | | | | | | | |
| **6.3b** | | Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations. | | | | | |
| Answer: | | | | | | | |
| **6.3c** | | Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual’s title, organizational positioning and their planned activities for coordinating these efforts). | | | | | |
| Answer: | | | | | | | |
| **6.3d** | | Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). The plan should include information in the following domains:  • Workforce diversity (data-informed recruitment)  • Workforce inclusion  • Reducing disparities in access quality, and treatment outcomes in the patient population  • Soliciting input from diverse community stakeholders, organizations and persons with lived experience  • Efforts to adequately engage underserved foreign-born individuals and families in the project’s catchment area as identified in 1.3.  • How stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan  • Discuss how the plan will be regularly reviewed and updated. | | | | | |
| Answer: | | | | | | | |
| **6.3e** | | Describe the organization’s committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence). | | | | | |
| Answer: | | | | | | | |
| **6.3f** | | Describe the organization’s committees/workgroups that focus on incorporating participants of services into the agency’s governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project. | | | | | |
| Answer: | | | | | | | |
| **6.3g** | | Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services. | | | | | |
| Answer: | | | | | | | |
| **6.3h** | | Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to: addressing other language accessibility needs (Braille, limited reading skills); service descriptions and promotional material. | | | | | |
| Answer: | | | | | | | |
| **6.3i** | | Describe the agency or program’s plan to espouse recovery and resilience-oriented values into practice. | | | | | |
| Answer: | | | | | | | |
| **6.3j** | | For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run. | | | | | |
| Answer: | | | | | | | |
| **6.6 Financial Assessment** | | | | | | | |
| **6.6.1** | | The proposal must include a five (5)-year Budget (Appendix B). The indirect cost/administrative overhead rate is capped at 15%. Applicants must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.  Use the Operating Budget (Appendix B) to submit with your proposal. The Operating Budget Template is available in SFS and a sample can be viewed on the OMH website. Do not substitute your own budget format. Failure to complete the Operating Budget using the correct form may be cause rejection of your proposal for non-responsiveness. | | | | | |
| No Answer Required. Please Complete the Appendix B Operating Budget Template and upload it in SFS to question 2. | | | | | | | |
| **6.6.2** | | Describe how your agency manages its operating budget.   1. detailed expense components that make up the total operating expenses; 2. the calculation or logic that supports the budgeted value of each category; and, 3. description of how salaries are adequate to attract and retain qualified employees.   \*Please note, Budget Narrative (Appendix B1) is not required with this RFP application and the information should instead be entered below. | | | | | |
| Answer: | | | | | | | |
| **ATTESTATIONS - the following 5 questions must be attested to.** | | | | | | | **Yes or No** |
| Submitting Early - I understand it is strongly encouraged to submit this grant application at least 48 hours prior to the due date and time. This will allow sufficient opportunity to obtain assistance and take corrective action should there be a technical issue with the submission process. | | | | | | |  |
| Application Due Date and Time: I understand that this grant application must be submitted electronically via the Statewide Financial system before the deadline listed in the RFP document. | | | | | | |  |
| Application Submission - I understand that only someone in the Bid Response Initiator & Bid Response Submitter role can electronically submit this application via the Statewide Financial System and I have taken steps to ensure that my organization has someone in the correct role, or that I am in the correct role. | | | | | | |  |
| No Late Applications Accepted - I understand that late applications will not be accepted and the Statewide Financial System will prevent the submission of any application once the due date and time has passed according to the Statewide Financial System clock. | | | | | | |  |
| Prequalification - I understand my organization must be prequalified, if not exempt, by the due date and time listed in the RFP. | | | | | | |  |