

**NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 REQUEST FOR PROPOSALS FOR NEW YORK/NEW YORK III CONGREGATE
 SUPPORTIVE HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES
 PIN: 08PO0763
 ADDENDUM NO: 13
 April 25, 2016**

Thank you for your continued interest in DOHMH’s RFP for NY NY III Congregate Supportive Housing for Homeless Individuals and Families. This Addendum makes the following changes to the RFP:

I. Populations I, II, III, IV, V and VI are closed. DOHMH has awarded contracts for all of the units to be funded under the RFP in Populations I, II, III, IV, V and VI. Therefore, DOHMH is no longer accepting proposals for these populations.

II. A new population (population VII) is being added to the RFP. Therefore, the changes listed below are being made to the RFP. Additions are underlined. Deletions are ~~crossed-out~~.

A. Section II C Population Options (Pages 4-5, Addition to Page 5)

7. Population VII - will target chronically homeless single adults who have a serious mental illness; including those who may or may not have a co-occurring substance use disorder. There are 525 units available.

B. Section II E Anticipated Annual Available Funding (Pages 5-6, Addition to page 6)

For Population VII:

DOHMH will fund support services. In addition, DOHMH will fund rental subsidies/operations up to the fair market rate. Proposers must follow any direction given by the City to apply for rental/operating subsidies. In the case of programs that obtain additional operating funding, the maximum amount per unit from DOHMH will be reduced accordingly. Clients must contribute 30% of their income towards rent and utilities combined, or in the case of a client who is eligible for public assistance through HRA, the applicable amount as required by State regulation.

Population Option	Total Anticipated Maximum Annual Per Unit Funding	Available Capital Funding
<u>VII</u>	<u>\$17,500 for Support Services & Up to the Fair Market Rent (FMR) for Rental Subsidies/Operations</u>	<u>HPD</u>

C. Section II G Minimum Qualification Requirements (Pages 6-7, Edit to Page 7)

Proposers for Population Option VI and VII ONLY. The proposer shall attach to the Proposal Cover Letter Form (Attachment A) documentation demonstrating site control and identifying the source of the capital funding being used to construct or renovate the building. Acceptable documents include a deed or other proof of ownership; an executed contract of sale; a site control letter for city-owned property; an executed long-term lease (i.e., minimum of thirty years); or an

executed option to purchase. If partnering with a housing developer/manager who will own the site, additionally attach a written agreement between the proposer and the developer/manager stating that the service program funded by DOHMH has the right to remain in the building for a minimum of thirty years or so long as the property owner's mortgage obligation continues.

D. Section III(B)(1) (Pages 8-9)

“Chronically homeless family” means a family who has lived in a homeless shelter for at least 365 days of the last two years, not necessarily consecutively, or a head of household with ~~SPMI~~ a serious mental illness or MICA who has spent at least 1 of the last 2 years in a shelter or living on the street and will reunify with his/her child(ren) through placement in *NY/NY III* housing.

“Mentally ill with a Substance Use Disorder and ~~chemically addicted (MICA)~~” means anyone meeting the criteria for “SPMI” above and having one or more disorders relating to the use of alcohol and/or drugs.

“~~Serious and persistent mental illness (SPMI)~~” means anyone with a diagnosable mental disorder that is sufficiently severe and enduring to cause functional impairment as experienced by at least two or more of the following functional limitations over the past 12 months on a continuous or intermittent basis: marked difficulties in self-care; marked restriction of activities of daily living (ADL); marked difficulties in maintaining social functioning; frequent deficiencies of concentration resulting in failure to complete work/ home/school tasks in a timely manner in one or more life areas and has recurrent need for mental health services. ~~who has a designated mental illness diagnosis (a DSM-IV psychiatric diagnosis other than alcohol or drug disorders, developmental disabilities, organic brain syndromes, or social conditions (V-codes)) and is in receipt of (or eligible for) SSI/SSDI due to mental illness; or has extended impairment in functioning due to mental illness, as experienced by at least two or more of the following functional limitations over the past 12 months on a continuous or intermittent basis: marked difficulties in self care; marked restriction of activities of daily living (ADL); marked difficulties in maintaining social functioning; frequent deficiencies of concentration resulting in failure to complete work/ home/school tasks in a timely manner or reliance on psychiatric treatment, rehabilitation and supports.~~

E. Section III(B)(2) (Pages 9-11, Addition to Page 11):

g. **Population Option VII** – Homeless single adults who have a serious mental illness; including those with a co-occurring substance use disorder.

The purpose of these housing support services is to do the following for all residents:

- Provide stable and dignified permanent housing in safe and supportive communities.
- Offer easily accessible, person centered and trauma informed case management services.
- Promote community integration.
- Support recovery from mental illness and/or substance use.

F. Section III(C)(2) (Page 12)

- b. Program Directors overseeing case managers would be required to have a graduate degree in human service, social science psychology social work or a related field ~~or a Bachelor's degree with supervisory experience~~ and experience serving the target population.

G. Section III(C)(4)(b) (Pages 14-16, Addition to Page 16)

Population VII – Homeless Single Adults Who Have A Serious Mental Illness

- i. Provide individuals coming from homelessness access to stable and dignified permanent housing in safe communities.
- ii. Provide easily accessible case management services that are recovery based, person-centered, and trauma informed, to assist individuals in achieving economic self-sufficient, independent healthy lives.
- iii. Provide a full range of recovery oriented supportive services directly or through linkages, including but not limited to:
- o Educational, vocational and employment support
 - o Drug and alcohol use counseling
 - o Health and mental health referrals assessment and counseling
 - o Medication education
 - o Referrals to community-based services
 - o Nutrition counseling
 - o Recreation and socialization support
 - o Daily living skill building
 - o Budgeting
 - o Assistance in gaining access to government benefits
 - o Family reunification
 - o Family planning
 - o Legal services
 - o Crisis intervention

H. Section III(C)(5)(a) (Pages 16-17, Edit to Page 17)

- v. **If proposing to serve Population Options VI or VII**, have site control at the time of submitting a proposal to DOHMH and indicate in their proposal the source of capital funding being used to construct or renovate the building.

I. Section IV(A)2(c)(i)(1)(d) (Page 20)

- iii. If site control has been acquired and the proposal **is for Population Option VI or Population VII**, state the following: "Requisite documentation appended to Attachment A in fulfillment of the applicable Minimum Qualification Requirements cited in Section II(G) of the RFP."

J. Section V(C) (Page 25-26, Edit to Page 26):

Although final contract award is contingent upon a provider having site control, organizations are encouraged to respond to this RFP regardless of whether they have identified or secured a site, **with the exception of Population Options VI or VII which**

requires site control at the time of proposal submission to DOHMH. Proposers who already have a commitment of capital funding must indicate their capital funding source in their proposal.

K. Attachment A (Page 28)

The Proposal Cover Letter has been revised and is attached. Please complete and submit the Revised Proposal Cover Letter to your proposal.

L. Attachment C (Page 34)

The Acknowledgement of Addenda has been revised and is attached. Please complete and submit the Revised Acknowledgement of Addenda to your proposal.

If you have any questions, please contact the Authorized Department Contract Person for this RFP:

Jasmine Salome, Director of Mental Health Contracts
Bureau of the Agency Chief Contracting Officer
New York City Department of Health and Mental Hygiene
42-09 28th Street, 17th floor
Queens, NY 11101
jsalome@health.nyc.gov

**REVISED -ATTACHMENT A
PROPOSAL COVER LETTER
CONGREGATE SUPPORTIVE HOUSING PROGRAMS
PIN : 08PO 0763**

Proposer: _____

Name: _____

Address: _____

Tax Identification #: _____

Proposer's Contact Person:

Name: _____

Title: _____

Telephone #: _____

Fax #: _____

E-Mail Address: _____

Population Option(s) Proposed (Check all that apply)

I II III IV V VI VII

Is this response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?

_____ Yes _____ No

Compliance with Minimum Qualification Requirement

- Proposal is for Population Options I or II. ___ Yes ___ No
- If Yes, the proposer certifies that a copy of documentation demonstrating that the organization is incorporated as a not-for-profit is appended to this Attachment A.

- Proposal is for Population Option VI or VII. ___ Yes ___ No
- If Yes, the proposer certifies that a copy of the requisite documentation prescribed in Section II (I) of the RFP demonstrating that the proposer (or the housing manager/developer, if applicable) has control of the proposed site is appended to this Attachment A. ___ Yes ___ No

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____ Date: _____

**REVISED - ATTACHMENT C
ACKNOWLEDGMENT OF ADDENDA
PIN 08PO 0763**

**COMPLETE EITHER PART I OR PART II, WHICHEVER IS APPLICABLE, AND
COMPLETE AND SIGN PART III.**

PART I. LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN
CONNECTION WITH THIS RFP:

ADDENDUM # 1, DATED	March 21, 2007
ADDENDUM # 2, DATED	April 30, 2007
ADDENDUM # 3, DATED	August 8, 2007
ADDENDUM # 4, DATED	January 31, 2008
ADDENDUM # 5, DATED	October 9, 2008
ADDENDUM # 6, DATED	April 14, 2009
ADDENDUM # 7, DATED	November 30, 2009
ADDENDUM # 8, DATED	October 14, 2010
ADDENDUM # 9, DATED	April 4, 2011
ADDENDUM # 10, DATED	November 3, 2011
ADDENDUM # 11, DATED	September 25, 2012
ADDENDUM # 12, DATED	June 2, 2015
ADDENDUM # 13, DATED	April 25, 2016
ADDENDUM # 14, DATED _____, 20_____	
ADDENDUM # 15, DATED _____, 20_____	

ORGANIZATION _____

SIGNATURE _____
(Authorized Contact Person)

DATE _____