



**ORANGE COUNTY, NEW YORK**

Department of General Services  
PO Box 218, 22 Wells Farm Road  
Goshen, New York 10924

Page 1


**RFP TITLE: Supported Housing Beds (Transformation)**

**RFP-OCDMH-SH-17**

**ORANGE COUNTY DEPARTMENT OF MENTAL HEALTH**

**SUPPORTED HOUSING BEDS (TRANSFORMATION)**

**REQUEST FOR PROPOSALS**

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 2
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

**TABLE OF CONTENTS**

**NOTICE TO OFFERORS ..... 3**

**INSTRUCTIONS TO OFFERORS ..... 4**

**INSURANCE REQUIREMENTS ..... 6**

**BONDING REQUIREMENTS ..... 7**

**SCOPE..... 7**

**SPECIFICATIONS ..... 7**

**TERM..... 15**

**PRICING ..... 15**

**PAYMENT ..... 16**

**SUBMISSION OF PROPOSALS ..... 16**

**ADDITIONAL INFORMATION, INTERVIEWS & SITE VISITS ..... 17**

**BASIS OF AWARD ..... 18**

**PROPOSAL FORM ..... 19**

**QUESTIONS..... 20**

**NON-COLLUSION CERTIFICATION ..... 21**

**IRAN DIVESTMENT ACT CERTIFICATION ..... 22**

**DISCLOSURE OF NON-RESPONSIBILITY DETERMINATIONS ..... 24**

**INFORMATION SHEET..... 25**

**NON-OFFEROR'S RESPONSE..... 26**

**ATTACHMENTS**


**ATTACHMENT A: CRITERIA FOR DETERMINING SERIOUS AND PERSISTENT MENTAL ILLNESS ..... 27**

**APPENDICES**

- APPENDIX A: AGENCY TRANSMITTAL FORM**
- APPENDIX B: OPERATING BUDGET FORM**
- APPENDIX B1: BUDGET NARRATIVE**

**EXHIBITS**

- CONTRACT – for review only – do NOT submit with proposal**
- SUPPLIER FORMS**
- PAY-TO-PLAY FORMS**

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 3
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>


**NOTICE TO OFFERORS**

Proposals for the County of Orange **RFP-OCDMH-SH-17 Supported Housing Beds (Transformation)** by the undersigned Commissioner of the Department of General Services, in his office at 22 Wells Farm Road, Goshen NY 10924, **up to and including Thursday, October 26, 2017 at 4:00 P.M.**, prevailing time.

Copies of the Request for Proposals may be obtained beginning Thursday, September 28, 2017 at the above address between the hours of 9:00 A.M. and 4:45 P.M., Monday through Friday (with the exception of County-observed holidays), as well as through [www.orangecountygov.com/generalservices](http://www.orangecountygov.com/generalservices) under "Current Bids and Proposals".

September 28, 2017

James P. Burpoe, Commissioner  
 Department of General Services

 <b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 4
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>	<b>RFP-OCDMH-SH-17</b>

**INSTRUCTIONS TO OFFERORS**

Unless a Request for Proposal (RFP) is solicited directly by another County department, the only official distribution source for this RFP is through the Department of General Services. Additionally, most RFP documents issued by the Department of General Services are distributed through BidNet which can be accessed through [www.orangecountygov.com/general-services](http://www.orangecountygov.com/general-services) under "Current Bids and Proposals". If you have obtained this RFP from a different source, you are encouraged to contact the Department of General Services to receive an official copy. You may not receive addenda or important information regarding this RFP if you are not registered with the Department of General Services as having obtained a copy of this RFP through the Department or through BidNet.

By submitting a Proposal, you are asking the County to accept your offer for the sale of goods and/or services. It is important that you READ and UNDERSTAND all terms and conditions in this RFP, as well as understand the laws that govern Public Contracts in New York State. **If you do not agree with the terms and conditions contained in this RFP you should not submit a Proposal.**

**Your Proposal will be considered by the County if the following conditions are met:**


1. Pursuant to State Finance Law §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the County and an Offeror during the procurement process. An Offeror is restricted from contacting other than designated staff from the earliest notice of intent to solicit offers through final award and approval of the Procurement Contract by the County Executive ("Restricted Period") unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). County employees are required to obtain certain information when contacted during the Restricted Period. The designated staff contact is the Commissioner of General Services or his representative, telephone (845) 291-2792. Offerors responding to this RFP must familiarize themselves with these State Finance Law requirements and will be expected to affirm that they understand and agree to comply on the Proposal Form.

2.  Applicable  Not Applicable

A pre-proposal conference and site visit will be held at [location] on [date] at [time], prevailing time. Attendance is strongly recommended. The County shall not be liable for, nor shall it review proposed change orders, contract amendments, etc. for inadequate pricing, labor, materials, time or similar issues in Vendor/Consultant's contract with the County resulting from Vendor/Consultant's failure to attend and obtain information provided at the pre-proposal conference, site visit and/or any addenda issued afterward.

3. Offerors are responsible for reporting in writing any errors, omissions or ambiguities found in this RFP. All such reports, requests for information, questions, etc. shall be either faxed to the Department of General on the Questions Form found in this at (845) 360-7206 or emailed to [GeneralServices@orangecountygov.com](mailto:GeneralServices@orangecountygov.com) with questions typed in the body of the email, and the subject line "RFP Questions". **No questions will be entertained by any other means. All questions must be submitted by Monday, October 9, 2017 at 4:00 P.M.**, prevailing time. **Questions received after this time may not be addressed. Please be patient, questions will be answered in an Addendum/Addenda to be shared with all interested Offerors. Questions will not be responded to individually.**

4. Unless otherwise specified herein, all Proposals shall be made upon forms furnished in this RFP, if any, and as may be modified by addenda, contained in sealed envelopes clearly marked on the outside packaging with **RFP-OCDMH-SH-17 Supported Housing Beds (Transformation)** addressed to James Burpoe, Commissioner, Department of General Services, PO Box 218, 22 Wells Farm Road, Goshen, NY 10924 and received up to and

 <b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 5
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>	<b>RFP-OCDMH-SH-17</b>

including **Thursday, October 26, 2017 at 4:00 P.M., prevailing time.** If NOT sending your Proposal via U.S. Mail, (i.e., using FedEx, UPS, hand delivery, etc.) please use the following address: Orange County Department of General Services, 22 Wells Farm Road, Goshen NY 10924. **It is the Offeror's responsibility to clearly mark the outside of their mailing package with the RFP title and number. Faxed / E-mailed Proposals are not permitted.**

5. **Three (3)** sets of all Proposals shall be submitted, **ONE SET OF WHICH MUST CONTAIN ORIGINAL SIGNATURES** including completed copies of any forms or certifications required in this RFP. Forms, if any, included in this RFP shall be completely filled in, in ink or by typing, on the original form. Failure to respond to this RFP on any official form(s) included in this RFP, may result in disqualification of a Proposal as non-responsive. No Proposal Form will be accepted which contains any modification to the template, additional information not specifically requested, omissions or erasures. Each Proposal Form shall be signed by a duly authorized individual on behalf of the Offeror. Illegible and unsigned Proposals will be rejected as non-responsive.


6. Permission will not be given to modify or explain any Proposal after it has been opened, unless clearly specified in this document (e.g. interviews). Permission to withdraw a Proposal prior to opening will be at the discretion of the County and no replacement Proposal may be submitted without authorization from the Commissioner of General Services. Opened Proposals which required a deposit for plans and specifications may not be withdrawn until forty-five (45) days after opening.

7. **Basis of Award provisions vary with each RFP, please read that section carefully.** Some RFPs may be awarded to more than one entity. The County reserves the right to waive any informality, reject any and all Proposals, or, if noted in the Basis of Award section of this RFP, accept any Proposal in whole or in part, if deemed to be in the best interest of the County.

8. Any award shall be subject to the execution of a contract (and, if applicable, license or other agreements) between the Offeror and the County. The County's contract obligation is contingent upon execution of the contract between the County and selected Vendor/Consultant, provision of required Pay-to-Play forms, insurance certificates and bonds, as applicable, by the Vendor/Consultant, and the availability of appropriated funds for the contract. No legal liability on the part of the County for payment of any money shall arise unless and until a contract is executed by both parties, funds are appropriated and made available in each year of the term of the contract, and all performance requirements for each payment are met. The County shall have no responsibility or liability for any of Offeror's costs related to preparation of Proposals, attendance at interviews, etc.; all such costs are solely at Offeror's risk and expense.

9. Offeror(s) awarded a contract agree to execute the contract in the same form as the template enclosed in this RFP in the timeframe, if any, indicated in this RFP. Any supplemental agreement(s) (e.g. licensing or maintenance agreements) requested by an Offeror must be included in the Proposal and are subject to the discretionary approval of the County Attorney and the County Executive. For any software required in the scope of services, include any proposed license or maintenance agreement(s) with your Proposal. Failure to reach agreement on contract terms and conditions may result in rejection of a Proposal, rescission of an award and/or retention of Bid Security by the County.

10. The County maintains a unilateral right to cancel or extend the contract in accordance with the terms of any contract resulting from this RFP. If a Vendor/Consultant fails to perform or otherwise breaches the contract, in addition to any other rights and remedies the County may have, the Vendor/Consultant may be listed as non-responsible and may be ineligible for future contract awards.

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 6
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

11. If Bid Security is required by this RFP; it must be included in the Proposal. If Performance and/or Payment Bonds are required by this RFP, Proposals must include a letter from the Offeror's bank or surety stating that the required letter of credit or bond(s) will be provided in the event of a contract. The letter of credit or bond(s) shall be provided for each year or relevant portion of the contract, as may be applicable.

12. Offerors should be properly registered to do business in the State of New York and furnish applicable certificates of authority/incorporation/partnership/dba, etc. with their Proposal.

13. The County encourages submission of Proposals by certified Minority- and/or Women-Owned Business Enterprises (MWBE) and/or Disadvantaged Business Enterprises (DBE).

14. A Non-Collusion Certification, Disclosure of Non-Responsibility Determination and Iran Divestment Act Certification are included in this RFP. Bidders must complete and submit a signed original of each and the applicable number of copies of each with each Bid.


15. Supplier Forms are provided with this RFP. Offerors that have not received a purchase order in the last twelve (12) months from the County must submit completed and signed Supplier Forms prior to execution of a contract by the County.

16. Please be advised that this solicitation is subject to Orange County Local Law No. 13 of 2013, as amended, known as the "Pay-to-Play Law". Pay-to-Play Forms will be made available with this RFP. All Pay-to-Play Forms should be submitted with your Proposal and will be required if you are awarded a contract. The Pay-to-Play Forms are required from the Vendor/Consultant (unless exempted by the law) prior to execution of a contract by the County.

17. Pursuant to New York's Freedom of Information Law ("FOIL") (Public Officers Law, Article 6, Sections 84-90) all government records are presumptively open for public inspection unless specifically exempted from disclosure under FOIL. Offerors who have a good faith belief that information contained in their Proposal is exempt from disclosure under FOIL must, at the time of their submission, request the exemption in writing, setting forth the basis for the claimed exemption. In addition, the Offeror must mark each page of its submission claimed to be exempt from disclosure under FOIL with the following legend: **"THE OFFEROR BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE NEW YORK STATE FREEDOM OF INFORMATION LAW."** Neither the Offeror's classification of materials as exempt under FOIL, nor the County's acceptance of Offeror's Proposal with the claimed exemption(s), should be considered a final determination as to whether the designated materials are exempt from disclosure under FOIL. Any and all determinations as to the propriety of claimed exemptions will be made by the County and/or a court of law in accordance with applicable law.

**INSURANCE REQUIREMENTS**

During the term of the contract, or longer if required, Vendor/Consultant shall maintain, at its expense, Worker's Compensation, Disability and liability insurance policies of the types and minimum coverages specified in the enclosed contract template (e.g., Agreement for Vendor Services), as applicable. Certificates of insurance evidencing Vendor's/Consultant's compliance with these requirements shall be required prior to execution of the contract by the County. Award is conditional upon submission of insurance documents within the time specified in the Notice of Award. Failure to do so may result in disqualification of the Offeror as non-responsive and/or the County's retention of any Bid Security.

 <b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 7
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>	<b>RFP-OCDMH-SH-17</b>

**BONDING REQUIREMENTS**

- There are no Bonds required for this contract.

**SCOPE**

The County of Orange is seeking qualified vendors for the development and operation of Supported Housing Beds (Transformation).

**SPECIFICATIONS**


**1) Introduction and Background**

a) NYS Office of Mental Health (OMH) is committed to the investment in community-based services that will reduce the demand for inpatient services and length of stay. OMH recognizes that Supported Housing is one of the priority programs enabling individuals to successfully integrate and remain in the community. The 2017/18 Enacted State Budget authorizes the reinvestment of funding generated by the targeted reduction of State Psychiatric Center beds for the development of up to 200 units of Supported Housing. These beds have been allocated to counties based on admissions data from each State Psychiatric Center’s catchment area. The number of housing units for Orange County is twenty-four (24).

b) The housing and services developed through this RFP are designated for individuals with serious and persistent mental illness as defined in Attachment A to this RFP, and who meet one (1) or more of the following eligibility criteria identified in Item 2 below (Scope of Work).

c) The County developed, with its partner agencies, a comprehensive, continuous, integrated system of care (CCISC) model known as WELCOME Orange. The CCISC model (Minkoff & Cline, 2004, 2005) is a vision-driven system “transformation” process for redesigning behavioral health and other related service delivery systems to be organized at every level (policy, program, procedure, and practice)—within whatever resources are available—to be more about the needs of the individuals and families needing services, and values that reflect welcoming, empowered, helpful partnerships throughout the system. The ultimate goal of the CCISC model is to help develop a system of care that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (i.e., mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.” More information about the CCISC model can be found at <http://www.ziapartners.com/resources/comprehensive-continuous-integrated-system-of-care-ccisc/>. All proposals submitted in response to this RFP are required to reflect WELCOME Orange values and principles. More information on WELCOME Orange can be found at <http://www.orangecountygov.com/content/124/1348/24066.aspx>.

d) Supported Housing is extended stay/long-term housing. Residents of Supported Housing can remain in same 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 (period of ninety (90) days or less), and there are no program attendance requirements. Residents of Supported

 <b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 8
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>	<b>RFP-OCDMH-SH-17</b>

Housing are tenants and will have the same rights and responsibilities as any other tenant in Orange County.

e) 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 Agency(s). Others may need the provision of additional supports, such as an Assertive Community Treatment (ACT) team or care coordination services. Some residents may be coping with co-occurring substance abuse disorders and be at various stages of recovery.

f) Services provided by Agency(s) awarded a contract pursuant to this RFP (Contract Agency(s)) will vary depending upon the needs of the resident. The Contract Agency(s)'s Supported Housing staff (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 residents to establish a household and facilitate the resolution of landlord-tenant issues. It is expected that the need for services provided by the Contract Agency(s) and other agencies will decrease over time as integration in the community improves and the residents make progress in their recovery.

g) Supported Housing is integrated housing that consists of scattered site apartments located in multiple buildings throughout the community. The goal is to provide individuals with a setting in which they live in their own apartments and are able to interact with non-disabled persons to the fullest extent possible. When possible, residents should hold their own leases. In instances where roommates are involved, the Contract Agency(s) must facilitate cooperative arrangements on bill payments, division of household responsibilities, and other matters.

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

i) Supported Housing funding provides rent stipends, housing case management services, and contingency funds as specified in the NYS OMH Supported Housing Guidelines. There are no OMH licensing requirements; however, the Contract Agency(s) must comply with the OMH Supported Housing Guidelines (Supported Housing Guidelines), the terms and conditions of which are expressly incorporated by reference, and made part of this RFP. The Supported Housing Guidelines are posted on OMH's website at <http://www.omh.ny.gov/omhweb/adults/SupportedHousing/supportedhousingguidelines.html> and should be reviewed prior to responding to this RFP.


j) All buildings in which apartments utilized for Supported Housing are located must have a valid Certificate of Occupancy. The OMH Field Office monitors Supported Housing and conducts site visits to review compliance with the Supported Housing Guidelines.

k) If an individual from the target population residing in one of the Supported Housing beds funded pursuant to this RFP moves, the vacated unit must be filled by another referral from the target population.

## 2) Scope of Work

The County of Orange is seeking qualified vendors for the development and operation of Supported Housing-Transformation.



	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 9
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

Twenty-Four (24) units\* of Supported Housing (as that term is defined below) designated for individuals with serious and persistent mental illness as defined on Attachment A to this RFP and who meet at least one (1) of the following eligibility criteria:

- Individuals with a serious mental illness who are being discharged from a NYS Inpatient Psychiatric Center or NYS Psychiatric Center Residential Programs; **OR**
- Individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Scattered-Site Supported Housing or for whom housing would assist in a state hospital diversion from a NYS Psychiatric Center; **OR**
- Individuals with a serious mental illness residing in the region with allocate Scattered-Site Supported Housing Units who have a mental illness and who are high users of Medicaid Services and referred by Health Homes; **OR**
- Individuals with a serious mental illness who have been identified through PSYCKES as having had four (4) or more admissions/emergency department visits over the past 12 months; **OR**
- Individuals with a serious mental illness who are current residents of Community Residences operated by a voluntary provider agency, and have a Length of Stay (LOS) greater than three (3) years; **OR**
- Individuals, 18 years or older, with a serious mental illness who are being discharged from a Residential Treatment Facility (RTF); **OR**
- Individuals with a serious mental illness who are currently homeless or residing in a shelter.

\*There are no limits on the number of units (up to a total of twenty-four (24) units) that Offeror(s) (also referred to herein as “Agency(s)”) may request in responding to this RFP.


**Please note that one (1) or more contracts may be awarded pursuant to this RFP.**

**a) Eligible Agency**

- (i) Not-for-profit agencies with 501(c)(3) incorporation that
  - (a) have experience providing housing for any special needs group that is contracted for, and monitored by a city, state, or federal government agency; and/or
  - (b) provide mental health services to persons with serious mental illness through programs that are licensed by OMH or are under contract with OMH or the county Local Government Unit (LGU).
- (ii) OMH-licensed agencies in Tier III status or equivalent are not eligible to apply.

**b) Collaborative Interactions**

The Contract Agency(s) must work with their OMH Field Office, Single Point of Access (SPOA), OMH Psychiatric Center, Article 28/31 hospitals, and the Health Homes established in the area where housing will be developed, to target appropriate housing for this identified population and provide in-reach, develop

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 10
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

coordinated discharge/admission plans with Psychiatric Center/Community Hospital staff and Health Home(s) to identify/provide services and supports to ensure successful transition into the community. It is required that the Contract Agency(s) establish partnerships and/or collaborative agreements with at least one (1) of the Health Homes, including being a network member of a health home serving the county/region where the Supported Housing units will be located. It is important to note, however, that establishing a partnership with a particular Health Home does not preclude the Contract Agency(s) from being required to serve all individuals regardless of which Health Home they are assigned to. It is an expectation that the Contract Agency(s) will work with all Health Homes regardless of established partnerships. Individuals moving into this Supported Housing should be enrolled in a Health Home or Managed Long Term Care (MLTC) plan to receive care coordination. If the person being referred is not yet enrolled in a Health Home or MLTC, it will be incumbent upon the PC staff or the Contract Agency(s) to make a referral to the Health Home or MLTC. Lack of enrollment should not preclude high-need individuals from being referred and admitted into a Supported Housing unit.

**c) Appropriate Utilization of Supported Housing Targeted for Priority Populations**

(i) Admissions

(a) Upon receipt of the referral package from SPOA, the Contract Agency(s) will have ten (10) business days to complete an interview and admission decision that will be shared with the referring agency and SPOA. In situations where such referrals are not suitable for Supported Housing, the Contract Agency(s) can make a supported apartment available to an individual who has already been residing in a more service-intensive OMH licensed and/or funded residential program for a time and who is ready for a more independent setting. This individual serves as a “proxy” for the new priority individual being discharged from a more service-intensive setting. When this proxy is used, the PC- or hospital-discharged individual who moved to the OMH licensed residential program retains their priority access to future supported apartment vacancies. In the past, this arrangement was referred to as “backfill.”

(b) The Contract Agency(s) must use these supported apartments to serve this priority population any time openings exist in them.

(c) The Contract Agency(s) must agree to accept referrals from OMH Psychiatric Centers. This can include inpatient units, community residences, including Transitional Living Residence, Transitional Placement Programs. OMH facilities are committed to provide community-based integration and support services, including bridgers, on-site crisis and, if needed, treatment services to support the successful transition of individuals to life in a community setting.

(ii) Discharges

Before any planned discharge to homelessness, the Contract Agency(s) must notify SPOA and arrange a “High Needs Protocol Meeting” with the Orange County Local Government Unit.

**d) Reporting Requirements**

(i) The Contract Agency(s) that receives an allocation of housing resources under this RFP must agree to ensure that these units will only be filled with individuals who meet the eligibility criteria. The Contract Agency(s) must conform to all OMH fiscal reporting requirements as outlined in the “Aid to Localities Spending Plan Guidelines” (Spending Guidelines), the terms and



**ORANGE COUNTY, NEW YORK**

Department of General Services  
PO Box 218, 22 Wells Farm Road  
Goshen, New York 10924


**RFP TITLE: Supported Housing Beds (Transformation)**

**RFP-OCDMH-SH-17**

conditions of which are expressly incorporated by reference and made part of this RFP. The Spending Guidelines are posted on OMH’s website at <http://www.omh.ny.gov/omhweb/spguidelines/>. In addition, the Contract Agency(s) must use the Supported Housing Guidelines to facilitate the development of Supported Housing.

- (ii) The Contract Agency(s) will be required to maintain accurate reporting of all admissions and discharges through OMH’s Child and Adult Integrated Reporting System (CAIRS) and adhere to any requirements OMH and/or the SPOA Unit may subsequently develop, and ensure that individuals moving into these units will be enrolled in a Health Home or Managed Long Term Care Plan (MLTC) to receive care coordination.
- (iii) The Contract Agency(s) will be required to document performance using the “Results ScorecardTM.” Results-based accountability (“RBA”), also known as outcome-based accountability, is defined as a management tool that can facilitate collaboration among human service agencies, as a method of decentralizing services, and as an innovative regulatory process. RBA is a disciplined way of thinking and taking action which communities can use to improve the lives of children, families and the community as a whole. RBA can also be used by agencies to improve the performance of their programs. The County will provide the Contract Agency(s) with one (1) license to the web-based application. The Contract Agency(s) shall use the Results Scorecard to report quantitative and qualitative data on a monthly basis. Failure to achieve targets may result in withholding of state or federal funding or determinations of non-responsibility or ineligibility for future funding.

Performance Measures for Residential Services		
	Target (if applicable)	Performance Measure
How Much		# of beds
How Much		# of people served
How Much		# of discharges
How Much		# of direct contacts
How Much		# of indirect contacts
How Much		# of crisis contacts
How Much		# of staff hours paid
How Well		length of Stay
How Well	45 days	length of time to fill vacancy
How Well		# of In home visits
How Well		# of outreach to landlords
Better Off	90% ↑	# of discharges to stable housing
Better Off	75% ↑	# of people reporting satisfaction with service
Better Off	17% ↓	# of utilizing emergency room behavioral health services
Better Off	12% ↓	# hospital inpatient admission for behavioral health
Better Off	12% ↓	# hospital inpatient admission for detox
Better Off	12% ↓	# hospital inpatient admission for rehab
Better Off	17% ↓	# of people employed at least ten (10) hours per week
Better Off	4% ↓	# of arrests
Better Off	75% ↑	# of people who met 50% of goals at discharge

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 12
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

### 3) Proposal Narrative

When submitting proposals in response to this RFP, the Agency(s)'s narrative must incorporate WELCOME Orange language and address all of the components listed below, in the following order:

#### a) Population

(i) State your commitment to filling these Supported Housing units in coordination with the SPOA, OMH Field Office, OMH PC, and Article 28 hospitals in the area where housing will be developed.

(ii) Describe, in narrative form, the characteristics of residents targeted to be served in Supported Housing and/or "backfilled" into service intensive programs. 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.

(iii) Describe, in narrative form, the service needs, specific to the characteristics described in (2) above. Describe the approach that will be used to ensure the successful transition of individuals and their retention in the community.

#### b) Implementation


(i) List the types/categories of housing you currently have in Orange County. If your agency does not have established housing in the region being targeted to develop the Supporting Housing units in, please explain how you propose to develop this Supported Housing.

(ii) Describe admission criteria and procedures including the information flow you would create to streamline and track referrals, including any necessary interface with OMH Field Office and SPOA.

(iii) Describe the process your agency currently uses to develop an individualized community re-integration strategy that will address specialized needs of this population such as physical health needs (long term care) and mental health wrap around services and how this will be modified to work collaboratively with the Health Home care managers. Describe the services that will be provided directly by the sponsoring agency.

(iv) Explain how your agency will work with the Health Home to develop an integrated plan of care including mental health, physical health and substance abuse service if indicated and community supports necessary for the person to succeed in the chosen apartment. Describe how the Supported Housing service plan developed in collaboration with the Health Home care managers will be reviewed with the resident. Describe the role of the Health Home care manager and the role of the Supported Housing staff. Describe how choice will be accommodated during the housing selection process. If an individual will share an apartment, explain how they will be "matched" and how "roommate" issues will be resolved. Include your agency's policy regarding family re-unification.

(v) Identify community-based resources that will be available to residents 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. Explain how Health Homes will be used to support the service needs of the individual.

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 13
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCMH-SH-17</b>

(vi) If proposing a “backfill arrangement,” describe the following (i. through iv. below) in detail as to how services will be provided in the more-service intensive housing setting. Agency(s) who have established the required continuum of Supported Housing by partnering with another agency as described above herein must describe what the role of each of the agencies will be in the backfill process.

(i) 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 assessment and support planning process. Describe your agency’s discharge planning procedures and explain how your agency will create a culture of transition to ensure that residents are engaged in a process of moving towards more independent housing when backfilling to service intensive settings.

(ii) Describe how staff will be trained and supervised to integrate rehabilitation and recovery principles in the operation of the residence. Describe the support and professional development activities that will be made available to direct care staff.

(iii) Describe the resources and supports that will be used to help individuals who desire more independent housing.


(iv) Describe the services and supports that will be available on-site through your agency, as well as those that will be provided by other agencies through service agreements and other linkages.

(vii) If not proposing a backfill arrangement, describe what resources your agency has to meet the needs of individuals who move directly into Supported Housing.

(viii) Provide a staffing plan. Note if these proposed units will be part of your 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 initial and ongoing staff training and supervision. Describe the use of peer-to-peer services and supports that will be available.

(ix) Describe resident assessment procedures and the development of a person-centered, strengths-based support plan developed in coordination with the Health Home care manager. Attach a copy of any resident assessment tools and a sample support plan. Describe the process of support planning that will incorporate strategies to engage and motivate residents towards their recovery and provide an appropriate response to residents who are at risk of relapsing and/or begin not taking their medications. Discuss methods for ensuring integrated services for residents with co-occurring substance dependence/use disorders. Describe how residents will be assisted when a mental illness or substance use relapse occurs. Explain the process for handling resident emergencies after hours and on weekends. Describe your agency’s procedures to minimize the use of 911 calls.

(x) Attach a copy of the proposed lease or sublease agreement. For sublease arrangements, provide the rent collection and rent arrears procedure. Describe the supports provided by your

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 14
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>


agency to appropriately ensure rent payment is made on time by residents. 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. 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. County must review and approve all lease/sublease templates, policies and procedures and any changes during the term of the contract(s) resulting from this RFP.

#### 4) Agency Performance

- a) Describe your agency's experience and approach in providing recovery-oriented housing and/or mental health services to persons with mental illness, including helping these individuals achieve their rehabilitation and recovery goals.
- b) 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.
- c) Additional areas of organizational competence include: Supported Housing review forms, percentage of admissions from OMH PCs or OMH-operated residential programs; transition of residents 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 Supported Housing units within the contractual time frame and with the priority population specified will be rated.
- d) For housing providers under contract with the OCDMH, reviews conducted by OCDMH and OMH will be included in assessing the Agency(s)'s organizational competency and their use of Results Scorecard<sup>TM</sup>.
- e) In addition, all agencies submitted proposals in response to this RFP must attach a copy of most 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.

#### 5) Financial Assessment

- a) Highlight other sources of funding, if any. Describe how your agency manages its operating budget.
- b) Attach an operational budget. Include start-up costs in Year 1 of the budget and assume a full year of operating funds (see Appendix B). The start-up should include the amount needed for the establishment of or continuation of the program, including cost of staffing and other expenses. Show sources of income including other sources of funding. Agencies should list staff by position, full-time equivalence (FTE), and salary if applicable.
- c) Agencies must complete a Budget Narrative which should include the following:
  - (i) detailed expense components that make up the total operating expenses;
  - (ii) the calculation or logic that supports the budgeted value of each category;
  - (iii) description of how salaries are adequate to attract and retain qualified employees; and

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 15
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

Use the Operating Budget (*see* Appendix B) and the Budget Narrative (*see* Appendix B1) to submit with your proposal. The Operating Budget (Appendix B) is a separate document on the RFP section of the OCDMH website and can be downloaded in PDF format. Do not substitute your own budget format. Failure to complete the Operating Budget using the correct form may be cause to reject your proposal for non-responsiveness.

**ALTERNATE PROPOSALS**

Orange County reserves the right to consider alternatives submitted by applicants that provide enhancements beyond the RFP requirements. Proposal alternatives may be considered if deemed to be in the best interest of Orange County. Applicants shall clearly identify and explain in detail where such alternatives deviate from or qualify the terms of the proposal and specifications as issued.

**COMPLIANCE WITH LAWS, LICENSES AND PERMITS**

The applicant(s) agree that they will fully comply with all applicable Federal, State and County policies, procedures, standards and laws, rules and regulations.

**PERSONNEL IDENTIFICATION**

All personnel must carry on their person photo identification (e.g. employee identification badge, valid driver’s license, etc.).

**TERM**


The County anticipates that the term of this contract will be for one (1) year. The County reserves the right to extend the contract for up to four (4) additional one (1) year period(s), at the sole option of the County and under the terms and conditions of the original RFP, unless alternate terms are specified in this RFP and/or the contract for renewals/extensions.

Upon expiration of the original term or any renewal thereof, if authorized by the County as above, this contract may be extended unilaterally by the County for an additional period of up to two months upon notice to the Vendor/Consultant with the same terms and conditions as the original contract including, but not limited to, quantities (prorated for such extension), prices, and delivery requirements. With the concurrence of the Vendor/Consultant, the extension may be for a period of up to three months in lieu of the up to two-month period.

**PRICING**

1. Total available funding for (24) Supported Housing beds (Transformation) is \$13,171.00 per bed for a total annualized value of \$158,064.00. These beds are awarded effective July 1, 2017. Operating funding for scattered-site Supported Housing is a combination of resident rent payments and OMH funds. Residents of Supported Housing are required to pay thirty (30%) percent of their net income for rent and reasonable utilities. Contract Agency(s) will receive annual funding for units developed under this initiative through an OCDMH contract at the current Orange County Supported Housing rate. This funding is for rent stipends, housing case management services and contingency funds, as specified in the Supported Housing Guidelines.

2. The proposed scope and specifications are not a guarantee, were developed based on past or anticipated needs, and are as accurate as the County can ascertain at the time of issuance of this RFP. When an anticipated

 <b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 16
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>	<b>RFP-OCDMH-SH-17</b>

volume or other quantities of goods or services are listed, the County has listed these either based upon a history of usage over a previous period or anticipated need. The County in no way guarantees that the actual volume or quantities listed will be necessary or ordered. When volume or quantities are listed, the Offeror should understand that the actual volume or quantities may be more or less, depending on the actual needs of the County. The Offeror shall hold the County harmless against any damages because of estimated volume or quantities. In the event quantities exceed the estimate, the County shall receive the price as listed in the contract or, if a better price is available at that time, that price shall be passed on to the County.

3. The prices submitted shall be exclusive of federal and state sales taxes (or other taxes inapplicable to government entities) and must not include any tax for which the Offeror may claim exemption because of doing business with the County. Unless otherwise indicated in this RFP, prices shall be net, including any applicable transportation and delivery charges fully prepaid by the successful Vendor/Consultant to the destination(s) indicated in the contract. Prices are to be listed as FOB Delivered: ORANGE COUNTY, NY. No freight and/or handling and/or fuel surcharges will be accepted, unless otherwise agreed to in the contract.

**PAYMENT**


Payment shall be made in accordance with the payment/compensation provisions of the Contract Agency Agreement template attached to this RFP.

**SUBMISSION OF PROPOSALS**

Unless otherwise noted below, one (1) signed original (as applicable to the document type) and the number of copies specified in Item #5 of the Instructions to Offerors, of each of the following items should be submitted in your Proposal package- **It is NOT necessary to include a copy of the entire RFP in your Proposal package only the items required below. Proposals must include:**

1. Completed and signed Proposal Form
2. Completed Agency Transmittal Form (see Appendix A)
3. Proposal Narrative that includes an organized narrative response to all elements listed in the specifications
4. Operating Budget (see Appendix B)
5. Budget Narrative (see Appendix B1)
6. Non-Collusive Certification
7. Disclosure of Non-Responsibility Determination (copy of instruction page not required)
8. Iran Divestment Act Certification
9. Pay-to-Play Forms (Due to an exemption in the Pay-to-Play Law, Government Entities and School Districts do not need to complete Pay-to-Play forms)



	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 17
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

10. Supplier Forms (if not already a current Orange County awarded vendor)
11. Information or other materials to be included, only as requested in the Specifications section of this RFP
12. Any supplemental agreements (e.g. a licensing agreement) requested by an Offeror must be included in the Proposal and are subject to the discretionary approval of the County Attorney and the County Executive. For any software required in the Specifications, include any proposed license or maintenance agreements with your Proposal. Offeror awarded a contract agree to execute the contract in the same form as the template enclosed in this RFP and in the timeframe, if any, indicated in this RFP. Failure to reach agreement on contract terms and conditions may result in rejection of a proposal, rescission of an award and/or retention of Bid Security by the County.

**The Proposal Narrative should be concise. The Operating Budget and Budget Narrative (Appendix B and B1) are separate documents that appear in the RFP section of the OCDMH website and can be downloaded in fillable PDF format. Offeror’s must not substitute their own budget format. Failure to use the provided Operating Budget and Budget Narrative formats may result in disqualification for non-responsiveness.**

**ALL SUBMISSIONS MUST BE CLEARLY MARKED ON THE OUTSIDE PACKAGING WITH THE RFP TITLE AND NUMBER.**

**INSURANCE:** While not required in the Proposal package, Offerors are reminded that Certificates of Insurance evidencing Vendor's/Consultant's compliance with the Insurance requirements of this RFP must be provided prior to execution of the contract by the County. The number of days for submission may vary but it may be less than one business week, please be prepared. **FAILURE TO SUBMIT INSURANCE DOCUMENTS MAY RESULT IN DISQUALIFICATION OF THE VENDOR/CONSULTANT AS NON-RESPONSIVE AND/OR THE COUNTY'S RETENTION OF BID SECURITY.**

**ADDITIONAL INFORMATION, INTERVIEWS & SITE VISITS**

The County may require any or all Offerors to present additional evidence of experience, ability and financial standing as well as a statement as to the materials, equipment or personnel which the Offeror will have available for the performance of this contract. The County reserves the right to interview, any or all Offerors and/or visit any or all Offeror's sites during the evaluation of Proposals. If applicable, the County shall contact Offerors to arrange an interview (which County may require to be held at the Department of General Services) and/or a site visit of Offeror's facilities at any time during the evaluation process. Offerors are reminded to include their best technical and price terms in their initial offer and not to automatically assume that they will have an opportunity to participate in interviews, site visits or be asked to submit a best and final offer. The County may award the contract without interviews and/or site visits for any or all Offerors, if deemed to be within the best interests of the County.

**BASIS OF AWARD**

1. Award(s) may be made to the highest scoring Offeror(s) resulting from the evaluation procedure described below.
2. Proposals will be scored and weighted by an evaluator or evaluation team in accordance with evaluation criteria listed below. A score of 1 means the proposal does not meet requirements/expectations, 3 means the proposal meets requirements/expectations, and 5 means the proposal exceeds requirements/expectations.

Proposal Narrative: WELCOME Orange philosophy, vision, mission, values and principles	1-5
Proposal Narrative: Population to be Served/Statement of Need	1-5
Proposal Narrative: Housing Implementation	1-5
Proposal Narrative: Proposed Program/Approach	1-5
Agency Performance	1-5
Financial Assessment	1-5
Internal Reviews/Interviews	1-5
<b>Total</b>	<b>7-35</b>

If the evaluator or evaluation team determines, at his/her/its sole discretion, that interviews are in the best interest of the County, responsive proposals will be reviewed and scored as described above in a preliminary round to aid in determining whether all Offerors, or just those with top scoring proposals, will be interviewed. If interviews are held, the same review and scoring process described above will be repeated for those Offerors interviewed, and any award(s) made will be based on that secondary scoring round.

3. The submission of a Proposal implies the Offeror's acceptance of the evaluation criteria and acknowledgment that subjective judgments must be made by the evaluation committee. Award of any contract(s) shall be made to the responsible Offeror(s), whose Proposal(s) is(are) determined to be in the best interest of the County.
4. The County reserves the right to: accept other than the lowest priced offer, waive any informality, or reject any or all Proposals, with or without advertising for new Proposals, if in the best interest of the County.

**ANTICIPATED RFP TIMELINE**

All dates except for the Proposals Due date are approximate and subject to change, unless otherwise noted. Any change in the Proposals Due date will be made by an Addendum to the RFP issued by the County.

Publication of RFP	9/26/17
Questions Due	10/9/17
Addendum(s) issued	on or about 10/16/17
Proposals Due	10/26/17



**ORANGE COUNTY, NEW YORK**

Department of General Services  
PO Box 218, 22 Wells Farm Road  
Goshen, New York 10924

**RFP TITLE: Supported Housing Beds (Transformation)**

**RFP-OCDMH-SH-17**

**PROPOSAL FORM**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

NAME, TITLE, TELEPHONE, FAX AND EMAIL OF CONTACT PERSON: \_\_\_\_\_

Does this business have a minority, women's, disadvantaged, or small business certification?      Yes      No

If yes, please list the designation(s) and the certifying entity(ties) \_\_\_\_\_

Number of Beds	Description of Beds	Per Bed	Total
	<b>Supported Housing Beds (Transformation)</b>	<b>\$13,171.00</b>	

The undersigned proposes to furnish and deliver the services described in **RFP-OCDMH-SH-17 Supported Housing Beds (Transformation)** and its responding Proposal to the County of Orange, at the prices stated in the Proposal submitted. The individual submitting this Proposal on behalf of the business entity noted above, certifies by his or her signature below that:

- he or she understands and has complied with the requirements of State Finance Law Sections 139-j and 139-k and will continue to do so throughout the Restricted Period;
- he or she has read and understood the full Request for Proposal cited above; and
- he or she is duly authorized to submit this Proposal on behalf of the business entity noted above.

By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Federal Tax ID Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
DUNS Number, if applicable


**ADDENDA CONFIRMATION (Offerors should only complete this section if any addenda were issued for this RFP.)**

Addendum # \_\_\_ - Received \_\_\_\_\_, 20\_\_\_ Initialed by person signing above \_\_\_\_\_

Addendum # \_\_\_ - Received \_\_\_\_\_, 20\_\_\_ Initialed by person signing above \_\_\_\_\_

Addendum # \_\_\_ - Received \_\_\_\_\_, 20\_\_\_ Initialed by person signing above \_\_\_\_\_



 <b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 21
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>	<b>RFP-OCDMH-SH-17</b>

**NON-COLLUSION CERTIFICATION**

- (a) "By submission of this Bid, each Bidder and each person signing on behalf of any Bidder certifies, and in the case of a joint Bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
- (1) The prices in this Bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor.
  - (2) Unless otherwise required by law, the prices which have been quoted in this Bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and
  - (3) No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a Bid for the purpose of restricting competition."
- (b) A Bid shall not be considered for award nor shall any award be made where the provisions of (a)(1)(2) and (3) above have not been complied with; provided however, that if in any case the Bidder cannot make the foregoing certification, the Bidder shall so state and shall furnish with the Bid a signed statement which sets forth in detail the reasons therefore. Where (a)(1)(2) and (3) above have not been complied with, the Bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the Bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a Bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being proposed, does not constitute, without more, a disclosure within the meaning of subparagraph (a)(1) of this certification.

Any Bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by an Bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such Bid contains the certification referred to in subparagraph (a)(1) of this certification, shall be deemed to have been authorized by the board of directors of the Bidder, and such authorization shall be deemed to include the signing and submission of the Bid and the this Non-Collusion Certification as the act and deed of the corporation or other business entity submitting the Bid.


\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
BUSINESS NAME

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 22
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCMH-SH-17</b>

**IRAN DIVESTMENT ACT CERTIFICATION**

The Iran Divestment Act of 2012 (“Act”), Chapter 1 of the 2012 Laws of New York, added State Finance Law (SFL), §165-a and General Municipal Law §103-g, effective April 12, 2012. Under the Act, the Commissioner of the New York State Office of General Services (“OGS”) developed a list (“Prohibited Entities List”) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). In accordance with SFL § 165-a(3), the Prohibited Entities List may be found on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> .

Pursuant to General Municipal Law §103-g, by signing below, Bidder certifies as true under the penalties of perjury that: By submission of this proposal each Bidder and each person signing on behalf of any Bidder certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the State Finance Law.

A proposal shall not be considered for award nor shall any award be made where the certification has not been made, provided, however, that if in any case the Bidder cannot make the certification, the Bidder shall so state and shall furnish with the proposal a signed statement which sets forth in detail the reasons therefor. The County may award a contract to a Bidder who cannot make the required certification on a case-by-case basis if:

1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the person has adopted, publicized, and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
2. The County makes a determination that the goods and services are necessary for the County to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

During the term of the Contract, should the County receive information that a person is in violation of the above-referenced certifications, the County will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the County shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the contractor in default.

The County reserves the right to reject any Bid, Proposal, contract or request for assignment for an entity that appears on the Prohibited Entities List prior to the award or execution of a contract or any renewal thereof, as applicable, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities List after contract award.


\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 23
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

**INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

**Background:**

New York State Finance Law §139-k(2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. In accordance with State Finance Law §139-k, an Offeror must be asked to disclose whether there has been a finding of non-responsibility made within the previous four (4) years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law § 139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such contact does not fall within one of the exemptions).

As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offeror fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Offeror that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offeror is necessary to protect public property or public health safety, and that the Offeror is the only source capable of supplying the required Article of Procurement within the necessary timeframe. *See State Finance Law §§139-j (10)(b) and 139-k(3).*

**Instructions:**

The County of Orange includes the following disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of Proposals or Bid documents or specifications or contract documents, as applicable, for Procurement Contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract, Supplement or Change Order. It shall be submitted to with your Bid or Proposal to the County agency conducting the Governmental Procurement.

The following disclosure form must accompany each Bid Form, Letter of Interest, or Proposal submitted by all Offerors.





	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 25
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

**INFORMATION SHEET**

The questions asked on this Information Sheet are voluntary. It is not necessary to complete this Information Sheet. Filling out this sheet does not change your chances of a contract award in any respect. By completing this form, you will be helping the County track trends that we believe to be of importance. The information collected will NOT be used to compile mailing lists and will not be used to contact you. It will also not be sold. The information collected may be used to generate reports showing historical data with regard to the County's purchasing process.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

In what county are the primary operations of this business conducted? \_\_\_\_\_

Business type (Sole Proprietorship, Corporation, LLC, etc.) \_\_\_\_\_

Does this business have a minority, women's, disadvantaged, or small business status? Yes No

If yes, please list the designation(s) and the certifying entity(ties) \_\_\_\_\_

\_\_\_\_\_

How many individuals does this business employ? \_\_\_\_\_

Have you conducted business with the County before? Yes No

How did you discover this Proposal opportunity? \_\_\_\_\_

Do you use the Empire State Municipal Purchasing Group Website (BidNet)? Yes No

If Yes, do you find it useful (explain) or if No, why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


Please list any other comments or suggestions pertaining to doing business with Orange County.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 26
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

**NON-OFFEROR'S RESPONSE**

BUSINESS NAME: \_\_\_\_\_

For the purpose of facilitating your firm's response to our Request for Proposals, the County of Orange is interested in ascertaining reasons for prospective Offerors' failure to respond to Requests for Proposals. If your firm is not responding to this Proposal, please indicate the reason(s) by checking any appropriate item(s) below and faxing it to the Department of General Services at (845)360-7206 or mailing it to the above address.

We are **not** responding to this RFP for the following reason(s):

- We do not offer this product or service.
- We are unable to meet specifications.
- Specifications not clearly understood or applicable (please note in "Other reason(s)" below if too vague, too rigid, etc.).
- We are unable to meet your bond requirements.
- Insufficient time allowed for preparation of Proposal.
- Incorrect address used or our branch/division does not handle this type of Proposal. Correct name and mailing address is:

\_\_\_\_\_

\_\_\_\_\_


Other reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<b>ORANGE COUNTY, NEW YORK</b> Department of General Services PO Box 218, 22 Wells Farm Road Goshen, New York 10924	Page 27
<b>RFP TITLE: Supported Housing Beds (Transformation)</b>		<b>RFP-OCDMH-SH-17</b>

**ATTACHMENT A**

**SERIOUS AND PERSISTENT MENTAL ILLNESS**

In order to be considered an adult with a serious and persistent mental illness, "1" below must be met, in addition to either "2", "3", or "4":

1. Designated Mental Illness

The individual is 18 years of age or older and currently meets the criteria for a primary mental health diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions. ICD.10 psychiatric categories and codes that do not have an equivalent in DSM-V are also included mental illness diagnoses.

**AND**

2. SSI or SSDI due to Mental Illness

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

**OR**

3. Extended Impairment in Functioning due to Mental Illness

a. Documentation that 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:

- i. Marked difficulties in self-care (personal hygiene, diet, clothing avoiding injuries, securing health care or complying with medical advice).
- ii. Marked restriction of activities of daily living (maintaining a residence, using transportation, day to day money management, accessing community services).
- iii. Marked difficulties in maintaining social functioning (establishing and maintaining social relationships, interpersonal interactions with primary partner, children or other family members, friends, neighbors, social skills, compliance with social norms, appropriate use of leisure time).
- iv. Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (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).

**OR**

4. Reliance on Psychiatric Treatment, Rehabilitation and Supports

A documented history shows that the individual at some prior time met the threshold for 3 (above), but the 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 (e.g. Congregate or Apartment Treatment Programs) which may greatly reduce the demands placed on the individual and thereby, minimize overt symptoms and signs of the underlying mental disorder.