



**Short-Term Transitional Residence for Homeless Adults
Request for Proposals 2022
Questions & Answers**

Q1. Will OMH accept proposals that substitute the staffing requirements outlined in the RFP with equivalent clinical and medical support provided through linkage agreements with qualified providers and / or provider networks?

Answer: OMH will entertain modifications to the requirements outlined in the RFP if those modifications provide equivalent staffing and will achieve the desired goals of the program.

Q2. Can a responder develop a proposal that focuses on achieving the desired outcome of moving residents to independent living that does not conform to the suggested staffing requirements outlined in the RFP?

Answer: See Question 1

Q3. Will OMH provide predevelopment capital so providers can evaluate and secure a site for the program?

Answer: There is funding available for studies to evaluate the appropriateness of property owned or not.

Q4. Our organization still needs to receive its 501(C) (3) designation letter for which we have applied. May we still apply for the Short-Term Transitional Residences for Adults Program using a fiscal agent? And, if so, would the pre-qualification application be in the name of the fiscal agent or our organization?

Answer: No, the applicant has to have its 501(C)(3) designation. Another organization can not apply on their behalf.

Q5. What happens if the client is not ready for placement or refuses placement at the end of the 120 days?

Answer: From the time of engagement recipients are educated that this is a transitional program and the level of supports in place will provide skill development so a more independent level of housing can be secured.

Q6. What if a resident needs mental health stabilization (brief psychiatric readmission) during the 120 days? does it impact their admission eligibility? is there a length of time they can be out of the residence before forfeiting their bed?

Answer: A brief psychiatric readmission would not necessarily warrant discharge from the program. A decision should be made amongst the treatment team (including the residential program) if return to the short-term residence is appropriate.

Q7. For the site, does it need to be the full building, or can it be a section of a building (i.e. 4 of 6 floors)?

Answer: The program can operate in a section of the building, but it must operate separate from other programs in the building as well as have distinct staff.

Q8. What information/assessments will the ETU be able to provide as part of the referral to the stepdown housing program?

Answer: The ETUs are inpatient psychiatric units so residential providers should expect to see the same information/assessments as those from other inpatient referrals. It is the expectation that individuals coming from the ETU will already have a submitted housing application, and will be linked with a support team (ACT, IMT, SOS) who will continue to support them through their stay in the short-term residence.

Q9. What is the criteria to get into the program for referrals that do not come from the ETU?

Answer: Specific eligibility criteria has not yet been developed, but the intent is for these programs to serve homeless individuals, specifically those with multiple touches with the hospital system, who could benefit from a period of intensive residential support in order to successfully transition to a more permanent setting.

Q10. Can you describe what an ETU is? Is it regulated or licensed by the state? How are these units funded? What sort of treatment takes place? Can you provide a list of the ETUs and contact information for each one?

Answer: Extended Treatment Units are licensed by the state and designed to:

- Provide care for patients with SMI with a history of poor community tenure who would benefit from incisive somatic treatment coupled with social learning and behavioral paradigms
- Focus on comprehensive discharge planning, person-centered care, with the individual's goals informing treatment.
- Tailor aftercare planning to the particular needs of the patient and aims to maximize opportunities for the patient to use new skills to support meaningful community re-integration.

The length of stay is approximately 90-120 days, with variation based on response to treatment and appropriate disposition. Care is covered by insurance, including commercial and Medicaid managed care.

There are currently four ETUs in the New York City region: 2nd Chance run by New York Presbyterian, Connections run by St. Joseph's Medical Center, the Extended Care Unit run by H+H/Bellevue Hospital Center and the Transition to Home Unit (or THU) run by OMH at Manhattan Psychiatric Center. Additional ETUs may be developed in the future.

Q11. How was the ETU model developed and is there any outcome data on why this is an effective alternative? Are these voluntary units? Can patients leave and return during the day?

Answer: The ETUs were developed in collaboration with OMH leadership with input from critical partners. As with any OMH-run or licensed program, quality improvement and tracking of patient outcomes is required. There is an emerging evidence base that these programs are effective in assisting the target population in their recovery as demonstrated by greater housing stability, engagement in treatment services and greater self-sufficiency through income stability and connection to natural support networks. The units vary in the degree of voluntary vs. involuntary recipients. There are opportunities for recipients to visit community programs and begin the engagement process with the providers who they will work with post-discharge.

Q12. Will providers be able to partner with specific ETUs to facilitate referrals?

Answer: Yes, although residential providers will be expected to accept applications from all ETUS.

Q13. Can a provider enter into a long-term lease for a project site, say ten or twenty years? If so, how would the terms, such as lease amount, length of time, cost of improvements, and other details be determined? Can the state provide any financial guarantees to protect the provider?

Answer: Utilizing leased space for this initiative is not prohibited, provided the duration and conditions of the lease are such that they protect any capital investment OMH makes. OMH will work with successful applicants after award to develop lease language and capital contract.

Q14. As the programs are not OMH certified, will residents qualify for Congregate Care Level II?

Answer: No

Q15. The staffing requirements do not match the goals of the program, too clinical and medical when it should focus on social needs and benefits. Capital development takes 2 to 3 years and it is difficult to find sites. Will there be pre-development funding to secure property?

Answer: The Long-Term Transitional Resident RFP was released hand in hand with the Scattered-Site Supportive Housing RFP to address the development timeline. Applicants may have surplus property in their portfolio that could be used. There is funding available for studies to evaluate the appropriateness of property.

Q16. Is this program staff 24/7?

Answer: Yes.