



Arizona  
Department  
of Housing

## Request for Proposal

### Transitional Shelter for Persons Experiencing Homelessness with Mental Health Needs

**Agency Officer:**

**ISSUE DATE:** August 18, 2020

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Title: Human Resources and Procurement Administrator

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**RFP NAME:** Transitional Shelter for Persons Experiencing Homelessness with Mental Health Needs

**RESPONSE DUE DATE:** October 30, 2020 no later than 3:00 pm AZ time

Responses to this Request for Proposal (RFP) must be in the actual possession of ADOH on or prior to the time and date indicated above.

Respondent must submit one (1) electronic copy of the complete Response with all exhibits and forms via the ADOH Portal (<https://housing.az.gov/portals/document-upload-portals/rental-development-upload-portal>). The Responses must be organized in accordance with the numbering on the RFP.

It is the policy of ADOH to comply in all respects with the non-discrimination requirements of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Individuals who require the reports to be provided in an alternative format may contact Joy Johnson at joy.johnson@azhousing.gov to make their needs known. Requests should be made as soon as possible to allow sufficient time to arrange the accommodation.

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## 1. OVERVIEW

## 2. DEFINITIONS

- 2.1. Serious Mental Illness (SMI) - A designation as defined in A.R.S. §36-550(4) and determined in an individual 18 years of age or older.
- 2.2. Homeless - For the purposes of this RFP, a person is homeless if he/she lacks a fixed, regular, and adequate nighttime residence, including:
  - 2.2.1. a primary nighttime residence that is a public or private place not meant for human habitation;
  - 2.2.2. living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);
  - 2.2.3. exiting an institution and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
    - a) an institution may include but is not limited to jail, prison, hospital, behavioral health residential facility, inpatient behavioral health facility;
  - 2.2.4. being discharged from an institution, program or facility that is required to provide or arrange housing upon release (e.g. crisis stabilization unit, detox facility) and without adequate sustainable safe housing; or
  - 2.2.5. has a referral from a medical or behavioral health professional stating the need for permanent supportive housing due to ongoing homelessness, housing instability or frequent and ongoing use of crisis or institutional facilities due to the behavioral or physical health condition.
- 2.3. General Mental Health/Substance Use Disorder (GMH/SUD) - behavioral health disorders requiring support services for adult members age 18 and older who have not been designated as SMI.
- 2.4. Participant - an individual experiencing homelessness who meets the Transitional Shelter target population criteria defined in Section 4.2 below and who utilizes the Transitional Shelter beds.
- 2.5. Transitional Shelter – for the purposes of this project, Transitional Shelter would be a temporary shelter for persons determined SMI or with other behavioral health needs to provide a safe and stable setting in which to address barriers to community or other long term/permanent housing solutions.

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2.6. Arizona State Hospital (ASH) - the Birch Building facility, which is located on ASH property, will be used for the purposes of operating a Transitional Shelter facility. The Birch Building will be physically separated such that it will be inaccessible and apart from the other operations of ASH and will have separate access from the primary ASH facility and its operations. The selected operator will be required to successfully negotiate a lease of the Birch Building with ADHS/ASH, upon terms and conditions acceptable to ADHS/ASH in its sole discretion, as a condition of the award.

### **3. INTRODUCTION / PURPOSE of RFP (and/or Background)**

3.1. The Arizona Department of Housing (ADOH) has allocated up to \$3.0 million to renovate the Birch Building located on the ASH grounds for the purpose of providing up to fifty (50) units of transitional shelter and supportive services for persons experiencing homelessness with mental health conditions including persons designated as SMI as well as GMH/SU(D). Participants may have co-occurring disabilities or service needs in addition to mental health needs. The facility can be physically configured to provide shelter capacity for men, women and transgender persons experiencing homelessness. The selected operator will work with ADOH and ADOA to identify appropriate improvements and renovations to the Birch Building to implement the Transitional Shelter Facility program. The requested improvements will be approved at the sole discretion of ADOH and ADOA. The selected operator will not need to rehabilitate the Birch Building, as ADOA General Services will implement and oversee the construction of the approved renovations prior to the beginning of the lease period.

### **4. REQUIREMENTS**

#### **4.1. Overall Requirements**

4.1.1. The proposed program must utilize the Birch Building facing 24<sup>th</sup> Street on the ASH property. Other than the property lease from ASH, the proposed program will not be associated with ASH in any respect and will be programmatically, operationally and fiscally separate from ASH and its programs. The provider may not utilize ASH, ASH staff and programs, or provide services to the Birch Building through contracted services (e.g., food services, security, maintenance, housekeeping) with ASH to support the operation or programs of the Birch Building or Transitional Shelter proposed here. ASH will not be responsible for the care of or safety of the program Participants.

4.1.2. The Birch Building is a 17,500 square foot building that is currently configured

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for 26 single occupancy units that are approximately half of the facility as well as facilities for offices, common areas, programmatic office space and shared restroom facilities (including showers). While the Birch Building is on the ASH grounds, it will be physically separate and secured away from the ASH facilities and operations and will have separate direct street access to the facility.

- 4.1.3. ADOH administered Housing Trust Funds of up to \$3.0 million will be made available to ADOA to renovate and remodel the space for up to 50 shelter units and other approved programmatic space needs (e.g. office space, showers, kitchen) to operate a transitional shelter program.

## 4.2. Target Population

- 4.2.1. Under current ASH use restrictions, the facility must serve persons with “mental health” needs, although other co-occurring needs may be present (e.g. substance abuse, physical disability). The intent is to serve persons experiencing homelessness who have been designated SMI and those determined to have GMH/SU challenges. Program and facility should provide appropriate designated facilities and accommodations for male, female and transgender Participants.
- 4.2.2. The target population to be served by the project must be homeless per the definition in Section 2.1 of this document.
- 4.2.3. The project may elect to serve persons in other homeless subpopulations (e.g. elderly) or with other presenting needs (e.g. persons with substance use disorders) as long as they are also eligible under the target populations defined in 4.2.1 and 4.2.2 above.

## 4.3. Programs and Services

- 4.3.1. The Transitional Shelter operator will need to provide a private space for supportive services to be provided on site by one or more outpatient providers to meet needs of the target population. Outpatient services to be provided to Participants may include but are not limited to:
  - a) Independent living skills (self-care, life skills education, budgeting, healthy meal planning, personal hygiene, housekeeping, shopping, transportation resources and how to use public transportation, social and recreational activities)
  - b) Medication education
  - c) Peer and Family Supports

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- d) Community Resources Linkages
- e) Meaningful daily activities
- f) Community Safety
- g) Employment assistance
- h) Case Management
- i) Assistance with housing searches, placement assistance, rental and move in assistance
- j) Assistance with securing identification cards and other documents
- k) Assistance with applying for benefits
- l) Substance use and support services (referrals to community resources)
- m) Health and wellness education and coordination with off-site medical services/care as indicated
- n) Coordination of Care and referrals to community resources that is consumer driven and conducted in collaboration with the outpatient adult recovery team

4.3.2. The Transitional Shelter will not be a licensed behavioral health facility, licensed inpatient facility, or a licensed residential behavioral health facility. No Medicaid reimbursable services may be provided at the Transitional Shelter with the exception noted in 4.3.1 (outpatient services addressed in 4.3.1 would be billed by, and paid to, the outpatient services provider and not by or to the Transitional Shelter operator).

- a) Under no circumstances shall the Transitional Shelter and related services be operated as or considered an Institution for Mental Disease (IMD) as defined by Section 1905(a)(B) of the Social Security Act and 42 C.F.R. 435.1010. Pursuant to 42 C.F.R. 435.1010, IMD means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. It is the obligation of respondents to the RFP to be aware of the IMD definition and rules and to ensure that the proposed model is not an IMD.

4.3.3. The Transitional Shelter operator may be affiliated with an outpatient provider of services provided to Participants. Regardless of affiliation, the Transitional Shelter operator will ensure that all Participants are able to choose outpatient

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providers of their choice.

- 4.3.4. The facility is not intended to serve as a “secured” or inpatient treatment setting and program Participants should be allowed to leave the facility/program/services on their own volition.
- 4.3.5. The Transitional Shelter must have an appropriate number of staff onsite twenty four hours a day, seven days a week to manage the program’s Participants and provide a safe environment. This includes weekends and holidays. At no time shall the Transitional Shelter be left unsupervised.
- 4.3.6. The facility must follow all recommended protocols and evidence based practices related to COVID or pandemic prevention including ability to provide adequate “social distancing” in the facility and sleeping areas, availability and use of appropriate personal protective equipment for staff and Participants, adequate access to hygiene supplies and facilities, and protocols for COVID screening and service coordination.
- 4.3.7. Respondent would be responsible for all operational and programmatic expenses associated with the facility and program including rent use agreement with ASH. See the Attachment “C” – Proposed Operating Budget

## 5. INFORMATION REQUESTED

ADOH is requesting a detailed written response to each of the following:

### 5.1. Proposed Program Description

- 5.1.1. Describe the target population of persons with behavioral health issues be served through the proposed project.
  - a) Describe any other specific subpopulations or issues to be addressed (i.e., gender, age groups, demographics, substance abuse or other co- occurring disorders) in working with the target population.
  - b) Describe the specific service needs and resources required to successfully serve the target population. What is the scope of the need for the proposed services? Provide any data or documentation used to inform the targeted population and/or proposed service model to be implemented.
  - c) How will the target population be identified, prioritized and referred to the program? Will the project coordinate with other systems of care including homeless systems (Coordinated Entry and HMIS), behavioral health

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system, jail and/or prisons, outreach, crisis system or AHCCCS Health Plans (i.e., RBHA and ACC plans) to identify?

- d) Are there additional eligibility requirements or limitations anticipated for program Participants?

5.1.2. Describe the proposed Transitional Shelter use/program to be implemented at the Birch Building. Include all key proposed program elements including:

- a) Number of beds/units/persons to be served.
- b) Processes and tools used to evaluate and identify Participant's needs.
- c) Strategies for connecting Transitional Shelter Participants to social services (e.g. for access to social security, AHCCCS eligibility).
- d) Proposed staffing levels (number of staff, coverage hours) and competencies.
- e) Target length of stay.
- f) Any evidence-based practices to be implemented such as Housing First
- g) How will the Transitional Shelter operator deliver "client focused" services?
- h) Describe how program strategies, collaborations or resources for ensuring adequate housing or post-transitional placements are available for persons exiting the project.
- i) Will the Transitional Shelter operator utilize any 3rd party collaborative partners or contracted services? Please describe the partnerships and services to be provided. Consider administrative partners and services such as food preparation, janitorial, etc., in addition to outpatient services.
- j) Describe the experience of a typical Participant in the program from entrance to exiting the Transitional Shelter. What is the process for admittance? Under what circumstances will a Participant exit the Transitional Shelter? What is the process for a Participant's exit from the Transitional Shelter? What, if any, is the documentation used to effectuate or facilitate entrance into and/or exiting from the Transitional Shelter?
- k) Will they be charged a service fee for participation if they have income? If so, under what conditions will a fee be charged? Provide a schedule of service fees, if applicable.

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- l) What basic necessities will be provided to Participants (i.e. food, toiletries, clothing, bedding, etc.)? Will these be provided free of charge, or will some be fee-based? If some will be fee-based, what will the fees be and under what circumstances will fees be charged?
  - m) How will Participants gain access to food/meals? How will dietary restrictions be addressed? Where will the food be prepared and who will prepare it? What is the cost? Is a contract in place or under negotiation? What are the proposed terms of the contract?
  - n) Describe protocols, facility design strategies, staff training or precautions, and/or other special accommodations that will be implemented to prevent the spread of COVID or other pandemic type illnesses in the Transitional Shelter. Include a description of how this facility will coordinate its COVID related responses with other pandemic and public health efforts and resources.
- 5.1.3. Describe in detail the physical renovations to the Birch Building that would be necessary to implement the proposed model (e.g. kitchen facilities, secured or specialized program areas, physical accommodations).
- 5.1.4. Describe any proposed programmatic outcomes or success anticipated by the proposed program and how will it be measured and documented. Would the project utilize HMIS or other data systems to track Participant outcomes?
- 5.1.5. What timeframe would be needed to implement the proposed program?
- 5.2. Vendor Qualifications
- 5.2.1. Describe the experience and expertise of the organization that will be operating the facility in operating emergency or transitional shelters, permanent supportive housing or other residential facilities serving the target population.
- 5.2.2. Provide resumes of officers and resumes of key staff who will operate the Transitional Shelter. Job descriptions including qualifications may be substituted for resumes of key staff to be hired.
- 5.3. Financial/Total Cost of Project
- 5.3.1. Describe the intended revenue sources needed to cover the anticipated programmatic and operational expenses for the proposed project.
- 5.3.2. The Transitional Shelter operator could not receive direct reimbursement from

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Medicaid. However, the services could potentially be delivered onsite by a third-party provider and be covered by Medicaid, and the third-party provider could be an affiliate of the Transitional Shelter operator. Are there other anticipated revenue sources including grants or tenant related income (i.e., program fees or occupancy/rent fee)?

- 5.3.3. Using the provided budget template (Attachment C), provide, to the extent possible, an estimated cost model to implement and operate your described program including unit costs.

## 5.4. Other

- 5.4.1. If applicable, identify any legal, physical, programmatic or fiscal concerns not identified elsewhere that may impact the implementation of the proposed program and operational model in the Birch Building that require additional clarification or consideration.

- 5.4.2. Describe in detail the process to be implemented should the operator be incapable of administering the program, or experience a disruption to the continuity of operations. Neither ADOH, AHCCCS, nor ASH, shall be liable for operating the Transitional Shelter. How will the operator ensure Participants are appropriately transitioned to another facility or program or how will the operator otherwise facilitate the exit by the Participant from the Transitional Shelter in such cases? Provide copies of documentation that the operator will use to reflect the Participant's occupancy arrangements. The operator will be required to assign to ASH and ADOH its interest(s) under any occupancy arrangements to be made with the Participants.

## 6. CONTENTS OF YOUR RESPONSE

Please include the following in your response:

- 6.1. Attachment "A" - Respondent's Contact Information
- 6.2. Attachment "B" - Detailed Written Response to all areas listed above.
- 6.3. Attachment "C" - Proposed Operating Budget
- 6.4. Documentation of occupancy arrangements it intends to use.

## 7. PRE-SUBMISSION ASSISTANCE

ADOH will not preview, comment on, or pre-judge any element of any Proposal prior to its

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initial submittal. All requests for clarification shall be made in writing via e-mail to [Rental-NOFA@azhousing.gov](mailto:Rental-NOFA@azhousing.gov) and identify that the question pertains to this RFP. The responses thereto will be posted no more often than weekly to the Department's website to a document entitled "Clarifications to Transition Shelter RFP". Respondents are responsible for checking the Department's website for this information.

## **8. HOW TO RESPOND**

- 8.1. Respondent must submit one (1) electronic copy of the complete Response with all exhibits and forms via the ADOH Portal (<https://housing.az.gov/portals/document-upload-portals/rental-development-upload-portal>). The Responses must be organized in accordance with the numbering on the RFP.
- 8.2. Submit your response no later than the time indicated on the front page of this RFP. Please take into consideration the Arizona time zone.

## **9. CONFIDENTIAL/PROPRIETARY INFORMATION**

- 9.1. This RFP and responses to the RFP are subject to the Arizona Public Records law and as such, are open to public inspection after the selection period expires.
- 9.2. Respondent shall not submit anything labeled or considered confidential or proprietary.

## **10. REIMBURSEMENT**

ADOH will not reimburse any respondent for the cost of preparing and submitting a response to the RFP.

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## ATTACHMENT A – Respondent’s Contact Information

Company Name:	
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Address \_\_\_\_\_  
\_\_\_\_\_

Federal Employer ID Number:	
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For Clarification of this Response Contact:

Name:
Title:
Phone:
Email:

Signature of Authorized Person:
Name:
Title:
Date:

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## **ATTACHMENT B – Detailed Written Response to all areas listed above**

**(Attach narrative of detailed written response to all areas listed above)**

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## **ATTACHMENT C – Proposed Operating Budget**

**(Attach the excel spreadsheet provided with the proposed operating budget.)**

## Attachment C Proposed Operating Budget

PROGRAM REVENUE	Assumptions/Basis	Line Item Total	TOTAL ANNUAL
Medicaid Reimbursement (estimate)	Daily per Client Reimbursement	[ ]	
Service Fees paid by participants (if applicable)		[ ]	
Grants (Other Funding) - Describe below		[ ]	
_____		[ ]	
_____		[ ]	
_____		[ ]	
<b>TOTAL PROGRAM REVENUE</b>			\$ -

### PROGRAM OPERATING COSTS

<b>Rent/Space</b>			
Rent	17,500 s.f. x \$ _____ per s.f.		\$ -
<b>Utilities</b>			
Electric/Gas (estimate)		[ ]	
Water/Sewer (estimate)		[ ]	
<b>Subtotal - Utilities</b>			\$ -
<b>General Administrative Expenses</b>			
Office Supplies		[ ]	
Telephone & Internet		[ ]	
Travel/Training		[ ]	
Accounting & Bank Service Charges		[ ]	
Legal		[ ]	
Annual Software Licensing Fees		[ ]	
Licensing Fees		[ ]	
Other - (describe here)		[ ]	
<b>Subtotal - General Administrative Expenses</b>			\$ -
<b>Staffing</b>			
Salaries and Wages		[ ]	
ERE		[ ]	
<b>Subtotal - Staffing</b>			\$ -
<b>Other Program Operations</b>			
Food/Meal Services		[ ]	
Medications		[ ]	
Laundry		[ ]	
Participant Personal Supplies (i.e. bedding, clothing, toiletries)		[ ]	
Program supplies		[ ]	
Transportation		[ ]	
Other - please describe		[ ]	
<b>Subtotal - Other Program Operations</b>			\$ -
<b>Repairs &amp; Maintenance</b>			
Pest Control		[ ]	
Housekeeping		[ ]	
Repairs		[ ]	
Security		[ ]	
Trash Removal		[ ]	
HVAC and Equipment Maintenance		[ ]	
Other Maintenance Contracts		[ ]	
<b>Subtotal - Repairs &amp; Maintenance</b>			\$ -
<b>Taxes &amp; Insurance</b>			
Taxes		[ ]	
Property Insurance		[ ]	
Other Insurance		[ ]	
<b>Subtotal - Taxes &amp; Insurance</b>			\$ -
<b>Reserves</b>			
Replacement Reserves		[ ]	
Operating Reserves		[ ]	
<b>Subtotal - Reserves</b>			\$ -
Administration Overhead (if applicable)	Applicant Overhead Rate		[ ]
<b>TOTAL OPERATING EXPENSES</b>			\$ -

**END OF DOCUMENT**

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