New York State

Strategic Sourcing – Bid Event

Event Description:

New York has led the nation in affordable housing preservation and construction. The State Fiscal Year 2025-26 Enacted Budget continues funding to advance Governor Hochul's comprehensive plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. The State has committed this funding in order to create or preserve affordable and supportive housing units.

New York will invest a portion of these resources to specifically address vulnerable populations experiencing homelessness. To ensure the maximum benefit of this investment, the State will utilize the existing federal Department of Housing and Urban Development (HUD) Continuum of Care (CoC) model that engages localities and not-for-profit (NFP) providers in developing and implementing data-driven strategies to address homelessness in specific populations such as victims or survivors of domestic violence, runaway and homeless youth and formerly incarcerated individuals (see Section 1.4 for full list of eligible target populations). The State intends to develop a total of 20,000 units over a period of 15 years. As such, the State is issuing this Request for Proposals (RFP) to advance the goal of developing 1,400 units of supportive housing annually for persons identified as homeless with special needs, conditions, or other life challenges.

Each applicant will be required to demonstrate that their proposal is consistent with their most recent HUD CoC data or other local data and have the support of their local CoC or local planning entity. Support from the local CoC or local planning entity does not need to be site specific. However, the support letter should indicate the need for and support of a project serving the proposed population within the CoC¿s jurisdiction. CoCs or local planning entities are not expected to prioritize proposals. Applicants are required to notify the local government units (LGU), including both social service districts and/or local mental hygiene

directors, of the proposed ESSHI project. Applicants should notify the LGU prior to submission of this application and should remain in regular communication throughout development. Proof of LGU notification will be required before projects receive lock in and a permanent award. For applicants proposing projects that include ESSHI units for people with intellectual and/or developmental disabilities, a letter of support from the OPWDD Regional Office is required. Failure to obtain these letters of support will result in the project being disqualified.

Applicants should demonstrate how the proposal meets the gap that is identified in the CoC report specific to the sub-populations proposed to be served or other local data, where available. For those populations not typically included in the CoC, the proposal should demonstrate involvement with local levels of planning to ensure that necessary local engagement processes have been completed, and may include supplemental local, state, and/or federal data.

Sixty percent of the scoring of this RFP will be assigned based upon how the proposal addresses locally specific needs. Cost effectiveness and readiness comprise the balance of the elements on which the scoring will be based.

The State has continuously assessed the breakdown of units awarded by region of the state and special needs group they are serving to ensure that awards are being disbursed according to areas and groups with greatest need. Based on this assessment, this RFP emphasizes the development of permanent supportive housing for underserved populations including chronically homeless individuals and families, individuals that have mental health and/or substance use disorders, and victims or survivors of domestic violence. Applications where greater than 50% of the ESSHI units are dedicated to these populations will be eligible to receive more points than those that do not.

Please see the RFP document for full details and funding information.

Event ID: OMH149

Vendor Name: SEARCH FOR CHANGE INC

Bid Response ID: 1

Submitted Date: 07/13/2025

Grant Opportunity

- State Agency Name: Office of Mental Health
- Opportunity Name: Empire State Supportive Housing Initiative
- Event ID: OMH149

Organization

- Organization Type: Not-For-Profit
- Vendor ID: 1000012805
- Requested Amount: $1,039,348.00

SFS Vendor Name	Event Description	Event ID	Date Time Submitted
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Submission Information

Submission Date:	07/13/2025
Submitted By:	abrody3

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Project/Site Addresses

Address Line 1:	338-352 Mt. Pleasant Avenue
Address Line 2:	
City:	Mamaroneck
Postal:	10543
State:	NY

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Vendor Bid Factors

Please upload the Provider Contact Form.

Response

Vendor Comments

Vendor Attachment SFC_-_Provider_Contact_Form.pdf

Please upload the completed Sexual Harassment Certification form.

Response

Vendor Comments

Vendor Attachment SFC_-_Sexual_Harassment_Prevention_Certification.pdf

Question 1 - Please upload your PDF response. Please combine everything (including

any attachments referenced in the Proposal Narrative) into one PDF. The template is located in the attachments section of this Bid Event in SFS. There are no character limits or word counts applicable in this document. Please note that the Budget Narrative is included in the template document and should be answered there and not in a separate upload. PLEASE NOTE THAT UPLOADS CAN NOT EXCEED 20MB.

Response

Vendor Comments

Vendor Attachment RFP_Proposal_Template_ESSHI_9_SFS_(Final).pdf

Provide letter of support from local CoC or local planning entity.

Response

Vendor Comments

Vendor Attachment CoC_Letter_of_Support.pdf

Provide letter of support from local CoC or local planning entity.

Response

Vendor Comments

Vendor Attachment LGU_-_Letter_of_Support.pdf

For applicants proposing projects that include ESSHI units for people with intellectual and/or developmental disabilities, provide a letter of support from the OPWDD Regional Office.

Response

Vendor Comments

Vendor Attachment

Please enter your answer for Continuum of Care.

Response The applicant proposes to develop this project in Westchester County, specifically within the Continuum of Care (CoC) identified as NY-604.

Vendor Comments

Vendor Attachment

Please enter the total number of dwelling units in the project.

Response This project will include a total of 62 units, half of which will be allocated to individuals with Serious Mental Illness (SMI). It will include 39 studio

apartment units, 19 one-bedroom units, and 4 two-bedroom units.

Vendor Comments

Vendor Attachment

Please enter the number of ESSHI-funded qualifying individuals. Note that this number should equal the sum of the responses to 1.d. - 1.n., below, specifying the number of individuals to be served in each eligible population (i.e. do not double-count individuals that may have multiple disabilities or life challenges).

Response 31

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) individuals with a Serious Mental Illness (SMI).

Response 31

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) individuals with a Substance Use Disorder (SUD).

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) individuals who are living with HIV/AIDS (HIV).

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) individuals who are living with Hepatitis C.

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) victims or survivors of domestic violence (DV).

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) veterans.

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) chronically homeless individuals.

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) young adults 18-25.

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) individuals reentering the community from incarceration.

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) seniors.

Response 0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) individuals with an Intellectual/Developmental Disability (I/DD).

Response

0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) survivors of human trafficking .

Response

0

Vendor Comments

Vendor Attachment

Please enter (number of qualifying individuals by population) persons with a physical disability.

Response

0

Vendor Comments

Vendor Attachment

Please enter the capital funding source(s) that are planned to be used to develop the project.

Response

Capital sources to be used in this project will include, but not necessarily be limited to, an Office of Temporary and Disability Assistance (OTDA) /Homeless Housing and Assistance Program (HHAP) grant; Home and Community Renewal (HCR) Low Income Housing Tax Credit (LIHTC); Supportive Housing Opportunity Program (SHOP) subsidy; a deferred developer fee; and a bank loan(s), among others.

Vendor Comments

Vendor Attachment

Please enter SHARS ID or HHAP ID, if applicable.

Response

This is not applicable.

Vendor Comments	
Vendor Attachment	

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Budget Details Summary

Budget Type			**Total Funding Available**
EXPENDITURE			$238,969,524.00
Period	**Bid Event Line**	**Period From Date**	**Period To Date**
1	1	06/04/2025	09/04/2025

Budget Details:

Event ID	OMH149	**Max Award Amount**	$238,969,524.00
Period	1		
Bidder/Vendor ID	1000012805	**Budget Type**	EXPENDITURE

Budget Properties:

Apply Match	
Budget Match %	0.00
Calculate Match	
Include Match Worksheet	☐

Budget Category Properties:

	Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage
1	SALARY	☑	☐	0	☑	☑	10.00
2	FRINGE	☑	☐	0	☑	☑	10.00
3	CONTRACTUAL	☑	☐	0	☑	☑	10.00
4	TRAVEL	☑	☐	0	☑	☑	10.00
5	EQUIPMENT	☑	☐	0	☑	☑	10.00
6	SPACE/PROPERTY RENT	☑	☐	0	☑	☑	10.00
7	SPACE/PROPERTY OWN	☐	☐	0	☐	☐	0.00
8	UTILITIES	☑	☐	0	☑	☑	10.00
9	OPERATING EXPENSES	☑	☐	0	☑	☑	10.00
10	OTHER	☑	☐	0	☑	☑	10.00

Narrative:

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Costs associated with applicable taxes, health insurance premiums, and pension contributions for covered employees. These benefits are required by law and considered customary and reasonable. They are in line with the agency's prevailing fringe benefit rate.

ESSHI project personnel, including the Program Director, Registered Nurse, Housing Specialists, and Peer Specialist must periodically transport occupants of supportive housing units to appointments with community-based healthcare and social welfare agencies. The cost of insurance is comparable to the cost of insurance for other vehicles within the agency's fleet. The cost of vehicle repairs and maintenance (including gasoline purchases) are comparable to such costs for other vehicles within the agency's fleet. This cost assumes 5,000 miles of travel per year.

ESSHI project personnel, including the Program Director, Registered Nurses, Housing Care Managers, and Peer Specialist will provide transportation for project tenants to essential appointments with community-based healthcare and social welfare organizations. Although clients will often utilize public transportation to meet their travel needs, they will occasionally require assistance from project personnel in navigating interactions with other members of their treatment and support networks. The agency utilizes a fleet management company to procure vehicles through lease agreements, and this fleet manager tailors its services to minimize costs to the agency. The expense for this lease agreement is neither excessive nor exceptional. It includes a modest request for funding in support of one vehicle lease with which the agency will serve 31 supportive housing tenants. Transportation provided by this vehicle will promote tenants' enduring stability and community tenure.

Occupants of supportive housing units will require periodic assistance in replacing damaged furnishings and related items.

This is necessary to ensure subsidies are calibrated to affordability standards as defined by the Department of Housing and Urban Development. Administrative and Overhead expenses include such items as telecommunications, office supplies, personnel training and development, and audits, among others. Such expenses are customary and necessary for a project of this type.

Period Budget Summary:

	Budget Category	Grants Funds Requested	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1	SALARY	$407,900.00	$0.00	0%	0%	$0.00	$407,900.00
2	FRINGE	$118,291.00	$0.00	0%	0%	$0.00	$118,291.00
3	CONTRACTUAL	$0.00	$0.00	0%	0%	$0.00	$0.00
4	TRAVEL	$11,282.00	$0.00	0%	0%	$0.00	$11,282.00
5	EQUIPMENT	$6,600.00	$0.00	0%	0%	$0.00	$6,600.00
6	SPACE/PROPERTY RENT	$0.00	$0.00	0%	0%	$0.00	$0.00

7	SPACE/PROPERTY OWN	$0.00	$0.00	0%	0%	$0.00	$0.00
8	UTILITIES	$0.00	$0.00	0%	0%	$0.00	$0.00
9	OPERATING EXPENSES	$9,500.00	$0.00	0%	0%	$0.00	$9,500.00
10	OTHER	$485,775.00	$0.00	0%	0%	$113,760.00	$599,535.00

Sub Totals:

Grants Funds	$1,039,348.00	**Match % Calc**	0%
Match Funds	$0.00	**Other Funds**	$113,760.00
Total	$1,153,108.00		

Category Details

Budget Type: EXPENDITURE
Budget Category: OTHER

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Rental subsidies and associated costs for 19 studio apartment units less tenants' expected contributions		$267,216.00	$0.00	0%	$72,048.00	$339,264.00				$0.00	0.00	0.000%	0.00	0	0.00000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $267,216.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $72,048.00
Cumulative Category Details Totals: $339,264.00

Narrative

This is necessary to ensure subsidies are calibrated to affordability standards as defined by the Department of Housing and Urban Development. Administrative and Overhead expenses include such items as telecommunications, office supplies, personnel training and development, and audits, among others. Such expenses are customary and necessary for a project of this type.

Budget Type: EXPENDITURE
Budget Category: OTHER

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Rental subsidies and associated costs for 9 one-bedroom units less tenants' expected contributions		$138,024.00	$0.00	0%	$34,128.00	$172,152.00				$0.00	0.00	0.000%	0.00	0	0.00000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $138,024.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $34,128.00
Cumulative Category Details Totals: $172,152.00

Narrative

This is necessary to ensure subsidies are calibrated to affordability standards as defined by the Department of Housing and Urban Development. Administrative and Overhead expenses include such items as telecommunications, office supplies, personnel training and development, and audits, among

others. Such expenses are customary and necessary for a project of this type.

Budget Type: EXPENDITURE
Budget Category: OTHER

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Rental subsidies and associated costs for 2 two-bedroom units less tenants' expected contributions		$38,328.00	$0.00	0%	$7,584.00	$45,912.00				$0.00	0.00	0.000%	0.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $38,328.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $7,584.00
Cumulative Category Details Totals: $45,912.00

Narrative

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Budget Type: EXPENDITURE
Budget Category: OTHER

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Administrative and Overhead Expenses		$42,207.00	$0.00	0%	$0.00	$42,207.00				$0.00	0.00	0.000%	0.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $42,207.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $42,207.00

Narrative

This is necessary to ensure subsidies are calibrated to affordability standards as defined by the Department of Housing and Urban Development. Administrative and Overhead expenses include such items as telecommunications, office supplies, personnel training and development, and audits, among others. Such expenses are customary and necessary for a project of this type.

Budget Type: EXPENDITURE
Budget Category: FRINGE

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Fringe benefits (e.g., health insurance premiums, pension contributions, etc.)		$118,291.00	$0.00	0%	$0.00	$118,291.00				$0.00	0.00	0.000%	0.00	0	0.00000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $118,291.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $118,291.00

Narrative

Costs associated with applicable taxes, health insurance premiums, and pension contributions for covered employees. These benefits are required by law and considered customary and reasonable. They are in line with the agency's prevailing fringe benefit rate.

Budget Type: EXPENDITURE
Budget Category: SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
		$4,400.00	$0.00	0%	$0.00	$4,400.00	CLINICAL DIRECTOR			$110,000.00	40.00	4.000%	12.00	0	0.00000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $4,400.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $4,400.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type: EXPENDITURE
Budget Category: SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
		$52,500.00	$0.00	0%	$0.00	$52,500.00	REGISTERED NURS			$105,000.00	20.00	100.000%	12.00	0	0.00000	$0.00	$0.00	$0.00	0.00

E

Category Totals

Cumulative Grant Funds:	$52,500.00
Cumulative Match Funds:	$0.00
Cumulative Other Funds:	$0.00
Cumulative Category Details Totals:	$52,500.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type:	EXPENDITURE
Budget Category:	SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
		$66,000.00	$0.00	0%	$0.00	$66,000.00	PROGRAM DIRECTOR			$66,000.00	40.00	100.000%	12.00	0	0.00000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds:	$66,000.00
Cumulative Match Funds:	$0.00
Cumulative Other Funds:	$0.00
Cumulative Category Details Totals:	$66,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type:	EXPENDITURE
Budget Category:	SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units

	$52,000.00	$0.00	0%	$0.00	$52,000.00	HOUSING CARE MANAGER			$52,000.00	40.00	100.000%	12.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $52,000.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $52,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type: EXPENDITURE
Budget Category: SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
		$48,000.00	$0.00	0%	$0.00	$48,000.00	PORTER			$48,000.00	40.00	100.000%	12.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $48,000.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $48,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type: EXPENDITURE
Budget Category: SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units

$45,000.00	$0.00	0%	$0.00	$45,000.00	FACILITIES MANAGER			$90,000.00	20.00	100.000%	12.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds:	$45,000.00
Cumulative Match Funds:	$0.00
Cumulative Other Funds:	$0.00
Cumulative Category Details Totals:	$45,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type:	EXPENDITURE
Budget Category:	SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
		$48,000.00	$0.00	0%	$0.00	$48,000.00	RECEPTIONIST			$48,000.00	40.00	100.000%	12.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds:	$48,000.00
Cumulative Match Funds:	$0.00
Cumulative Other Funds:	$0.00
Cumulative Category Details Totals:	$48,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type:	EXPENDITURE
Budget Category:	SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units

$46,000.00	$0.00	0%	$0.00	$46,000.00	SECURITY WORKER		$46,000.00	40.00	100.000%	12.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds:	$46,000.00
Cumulative Match Funds:	$0.00
Cumulative Other Funds:	$0.00
Cumulative Category Details Totals:	$46,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type:	EXPENDITURE
Budget Category:	SALARY

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
		$46,000.00	$0.00	0%	$0.00	$46,000.00	SECURITY WORKER			$46,000.00	40.00	100.000%	12.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds:	$46,000.00
Cumulative Match Funds:	$0.00
Cumulative Other Funds:	$0.00
Cumulative Category Details Totals:	$46,000.00

Narrative

The Clinical Director assigned to this project is currently employed by the Applicant, Search for Change, Inc. (SFC), and she provides oversight and supervision for its supportive housing, care management, Home and Community Based Services (HCBS), Community Oriented Recovery and Empowerment (CORE), and Safe Options Support (SOS): Critical Time Intervention (CTI) programs. A modest (4%) portion of this position's time and corresponding salary will be attributed to this project and funded accordingly. Insofar as this project will also by subject to the direct oversight of a Program Director who will be dedicated exclusively to this project and its operations, little additional oversight by the Clinical Director will be required. All other positions necessary to support this project and its occupants including the Registered Nurse, Housing Care Managers, Peer Specialist, Facilities Manager, Porter, Receptionist, and Security Workers will be employed exclusively in support of this project and its qualifying individuals. Thus, 100% of these positions will be funded through a "Services and Operating" award. These positions are customary and essential for a project of this type and their salaries are comparable to others within their respective industries.

Budget Type:	EXPENDITURE
Budget Category:	TRAVEL

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per	STD Work Week	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per	Grant Amt Per	# of Units

								Position	(hrs)						unit	Unit		
Vehicle Insurance	$1,610.00	$0.00	0%	$0.00	$1,610.00			$0.00	0.00	0.000%	0.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $1,610.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $1,610.00

Narrative

ESSHI project personnel, including the Program Director, Registered Nurse, Housing Specialists, and Peer Specialist must periodically transport occupants of supportive housing units to appointments with community-based healthcare and social welfare agencies. The cost of insurance is comparable to the cost of insurance for other vehicles within the agency's fleet. The cost of vehicle repairs and maintenance (including gasoline purchases) are comparable to such costs for other vehicles within the agency's fleet. This cost assumes 5,000 miles of travel per year.

Budget Type: EXPENDITURE
Budget Category: TRAVEL

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Vehicle Repairs and Maintenance		$9,672.00	$0.00	0%	$0.00	$9,672.00				$0.00	0.00	0.000%	0.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $9,672.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $9,672.00

Narrative

ESSHI project personnel, including the Program Director, Registered Nurse, Housing Specialists, and Peer Specialist must periodically transport occupants of supportive housing units to appointments with community-based healthcare and social welfare agencies. The cost of insurance is comparable to the cost of insurance for other vehicles within the agency's fleet. The cost of vehicle repairs and maintenance (including gasoline purchases) are comparable to such costs for other vehicles within the agency's fleet. This cost assumes 5,000 miles of travel per year.

Budget Type: EXPENDITURE
Budget Category: EQUIPMENT

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Vehicle Lease		$6,600.00	$0.00	0%	$0.00	$6,600.00				$0.00	0.00	0.000%	0.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $6,600.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $6,600.00

Narrative

ESSHI project personnel, including the Program Director, Registered Nurses, Housing Care Managers, and Peer Specialist will provide transportation for project tenants to essential appointments with community-based healthcare and social welfare organizations. Although clients will often utilize public transportation to meet their travel needs, they will occasionally require assistance from project personnel in navigating interactions with other members of their treatment and support networks. The agency utilizes a fleet management company to procure vehicles through lease agreements, and this fleet manager tailors its services to minimize costs to the agency. The expense for this lease agreement is neither excessive nor exceptional. It includes a modest request for funding in support of one vehicle lease with which the agency will serve 31 supportive housing tenants. Transportation provided by this vehicle will promote tenants' enduring stability and community tenure.

Budget Type: EXPENDITURE
Budget Category: OPERATING EXPENSES

Category Details

Type/ Description	Justification	Grant Funds	Match Funds	Match %	Other Funds	Total Funds	Position on Title	Role/Responsibility	# in Title	Annualized Salary Per Position	STD Work Week (hrs)	% of Effort Funded	# of Months Funded	Item # SKU	Quantity	Unit Price	Total Amt Per unit	Grant Amt Per Unit	# of Units
Replacement of furniture and related items for supportive housing tenants		$9,500.00	$0.00	0%	$0.00	$9,500.00				$0.00	0.00	0.000%	0.00	0	0.0000	$0.00	$0.00	$0.00	0.00

Category Totals

Cumulative Grant Funds: $9,500.00
Cumulative Match Funds: $0.00
Cumulative Other Funds: $0.00
Cumulative Category Details Totals: $9,500.00

Narrative

Occupants of supportive housing units will require periodic assistance in replacing damaged furnishings and related items.

SFS Vendor Name	Event Description	Event ID	Date Time Submitted
SEARCH FOR CHANGE INC	New York has led the nation in affordable housing preservation and construction. The State Fiscal Year 2025-26 Enacted Budget continues funding to advance Governor Hochul's comprehensive plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. The State has committed this funding in order to create or preserve affordable and supportive housing units. New York will invest a portion of these resources to specifically address vulnerable populations experiencing homelessness. To ensure the maximum benefit of this investment, the State will utilize the existing federal Department of Housing and Urban Development (HUD) Continuum of Care (CoC) model that engages localities and not-for-profit (NFP) providers in developing and implementing data-driven strategies to address homelessness in specific populations such as victims or survivors of domestic violence, runaway and homeless youth and formerly incarcerated individuals (see Section 1.4 for full list of eligible target populations). The State intends to develop a total of 20,000 units over a period of 15 years. As such, the State is issuing this Request for Proposals (RFP) to advance the goal of developing 1,400 units of supportive housing annually for persons identified as homeless with special needs, conditions, or other life challenges. Each applicant will be required to demonstrate that their proposal is consistent with their most recent HUD CoC data or other local data and have the support of their local CoC or local planning entity. Support from the local CoC or local planning entity does not need to be site specific. However, the support letter should indicate the need for and support of a project serving the proposed population within the CoC¿s jurisdiction. CoCs or local planning entities are not expected to prioritize proposals. Applicants are required to notify the local government units (LGU), including both social service districts and/or local mental hygiene directors, of the proposed ESSHI project. Applicants should notify the LGU prior to submission of this application and should remain in regular communication throughout development. Proof of LGU notification will be required before projects receive lock in and a permanent award. For applicants proposing projects that include ESSHI units for people with intellectual and/or developmental	OMH149	07/13/2025

disabilities, a letter of support from the OPWDD Regional Office is required. Failure to obtain these letters of support will result in the project being disqualified.

Applicants should demonstrate how the proposal meets the gap that is identified in the CoC report specific to the sub-populations proposed to be served or other local data, where available. For those populations not typically included in the CoC, the proposal should demonstrate involvement with local levels of planning to ensure that necessary local engagement processes have been completed, and may include supplemental local, state, and/or federal data.

Sixty percent of the scoring of this RFP will be assigned based upon how the proposal addresses locally specific needs. Cost effectiveness and readiness comprise the balance of the elements on which the scoring will be based.

The State has continuously assessed the breakdown of units awarded by region of the state and special needs group they are serving to ensure that awards are being disbursed according to areas and groups with greatest need. Based on this assessment, this RFP emphasizes the development of permanent supportive housing for underserved populations including chronically homeless individuals and families, individuals that have mental health and/or substance use disorders, and victims or survivors of domestic violence. Applications where greater than 50% of the ESSHI units are dedicated to these populations will be eligible to receive more points than those that do not.

Please see the RFP document for full details and funding information.

Work Plan Summary

Work Plan Header

Event ID: **Business Unit:** **Period From:**

Period: 0 **Work Plan ID:** **Period To:**

Allow Bidder Defined Objective and Tasks: ☐ **Online Work Plan Required:** ☐

Project Summary

SFS Vendor Name	Event Description	Event ID	Date Time Submitted
SEARCH FOR CHANGE INC	New York has led the nation in affordable housing preservation and construction. The State Fiscal Year 2025-26 Enacted Budget continues funding to advance Governor Hochul's comprehensive plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. The State has committed this funding in order to create or preserve affordable and supportive housing units. New York will invest a portion of these resources to specifically address vulnerable populations experiencing homelessness. To ensure the maximum benefit of this investment, the State will utilize the existing federal Department of Housing and Urban Development (HUD) Continuum of Care (CoC) model that engages localities and not-for-profit (NFP) providers in developing and implementing data-driven strategies to address homelessness in specific populations such as victims or survivors of domestic violence, runaway and homeless youth and formerly incarcerated individuals (see Section 1.4 for full list of eligible target populations). The State intends to develop a total of 20,000 units over a period of 15 years. As such, the State is issuing this Request for Proposals (RFP) to advance the goal of developing 1,400 units of supportive housing annually for persons identified as homeless with special needs, conditions, or other life challenges. Each applicant will be required to demonstrate that their proposal is consistent with their most recent HUD CoC data or other local data and have the support of their local CoC or local planning entity. Support from the local CoC or local planning entity does not need to be site specific. However, the support letter should indicate the need for and support of a project serving the proposed population within the CoC¿s jurisdiction. CoCs or local planning entities are not expected to prioritize proposals. Applicants are required to notify the local government units (LGU), including both social service districts and/or local mental hygiene directors, of the proposed ESSHI project. Applicants should notify the LGU prior to submission of this application and should remain in regular communication throughout development. Proof of LGU notification will be required before projects receive lock in and a permanent award. For applicants proposing projects that include ESSHI units for people with intellectual and/or developmental disabilities, a letter of	OMH149	07/13/2025

support from the OPWDD Regional Office is required. Failure to obtain these letters of support will result in the project being disqualified.

Applicants should demonstrate how the proposal meets the gap that is identified in the CoC report specific to the sub-populations proposed to be served or other local data, where available. For those populations not typically included in the CoC, the proposal should demonstrate involvement with local levels of planning to ensure that necessary local engagement processes have been completed, and may include supplemental local, state, and/or federal data.

Sixty percent of the scoring of this RFP will be assigned based upon how the proposal addresses locally specific needs. Cost effectiveness and readiness comprise the balance of the elements on which the scoring will be based.

The State has continuously assessed the breakdown of units awarded by region of the state and special needs group they are serving to ensure that awards are being disbursed according to areas and groups with greatest need. Based on this assessment, this RFP emphasizes the development of permanent supportive housing for underserved populations including chronically homeless individuals and families, individuals that have mental health and/or substance use disorders, and victims or survivors of domestic violence. Applications where greater than 50% of the ESSHI units are dedicated to these populations will be eligible to receive more points than those that do not.

Please see the RFP document for full details and funding information.

Attachments

File Name	Description	Uploaded By	Upload Date	Attachment Type
SFC_-_Provider_Contact_Form.pdf	abrody32025-06-17-14.28.33.807SFC_-_Provider_Contact_Form.pdf		2025-06-17T00:00:00.000000-0400	Bid Factor
SFC_-_Sexual_Harassment_Prevention_Certification.pdf	abrody32025-07-07-15.21.56.840SFC_-_Sexual_Harassment_Prevention_Certification.pdf		2025-07-07T00:00:00.000000-0400	Bid Factor
LGU_-_Letter_of_Support.pdf	abrody32025-07-08-09.22.05.922LGU_-_Letter_of_Support.pdf		2025-07-08T00:00:00.000000-0400	Bid Factor
RFP_Proposal_Template_	abrody32025-07-10-15.49.47.364		2025-07-10T00:00:00.000000-0400	Bid Factor

ESSHI_9_SFS_(Final).pdf	RFP_Proposal_Template_ESSHI_9_SFS_(Final).pdf		
CoC_Letter_of_Support.pdf	abrody32025-07-10-15.56.08.505 CoC_Letter_of_Support.pdf	2025-07-10T00:00:00.000000-0400	Bid Factor
Provider_Fillable_Contact_Form_1.25.24.pdf	cocojxr2025-06-10-08.17.05.175 Provider_Fillable_Contact_Form_1.25.24.pdf	2025-06-10T00:00:00.000000-0400	Bid Event
sexualharassmentpreventioncertification.pdf	cocojxr2025-06-10-08.17.28.444 sexualharassmentpreventioncertification.pdf	2025-06-10T00:00:00.000000-0400	Bid Event
RFP_Proposal_Template_ESSHI_9_SFS_.docx	cocojxr2025-06-10-08.17.41.636 RFP_Proposal_Template_ESSHI_9_SFS_.docx	2025-06-10T00:00:00.000000-0400	Bid Event

The following content is related to the attached filename

SFC_-_Provider_Contact_Form.pdf

PROVIDER CONTACT FORM

PLEASE RETURN THIS FORM WITH YOUR CONTRACT TO YOUR REGIONAL FIELD OFFICE

Provider

Legal Provider Name: Search for Change, Inc.
Legal Address:
Line 1: 400 Columbus Avenue
Line 2: Suite 201E
City: Valhalla
State: NY Zip: 10595
County: Westchester
Phone no: (914) 428-5600 Ext.: 9228
Fax no: (914) 922-9096
E-mail Address: abrody@searchforchange.org

Executive Director -President/CEO

Name: Ashley Brody
Title: Chief Executive Officer
Phone no.: (914) 428-5600 Ext.: 9228
E-mail Address: abrody@searchforchange.org

Chairperson of the Board

Name: Kenneth Kruger
Title:
Address:
Line 1:
Line 2:
City: Ossining
State: Zip:
Phone no.: Ext.:
Email Address:
@ .

Office Contact For Provider

Name: Thomas Watson
Title: Chief Financial Officer
Phone no: (914) 428-5600
Ext. 9235
E-mail Address:
twatson@searchforchange.org

Person Receiving Payment Information

Name: Thomas Watson
Title: Chief Financial Officer
Address (Please enter exactly as entered/supplied to the Office of the State Comptroller)
Line 1: 400 Columbus Avenue
Line 2: Suite 201E
City: Valhalla
State: NY Zip: 10595
Phone no.: (914) 428-5600 Ext.: 9235
Fax no: (914) 922-9096
E-mail Address:
twatson@searchforchange.org

Circle appropriate entry(ies)

OMRDD ☐ **OMH** ☑ OASAS ☐ SED ☐

Article 28 ☐ Article 31 Auspice ☑
Auspice ☑
County ☐ State ☐ Voluntary ☑ Proprietary ☐

State Funded : ☑ Yes ☐ No

Contract Handling: (please enter information of the person who will be handling the contract processing)
Name: Ashley Brody
Title: Chief Executive Officer
Address:
Line 1: 400 Columbus Avenue
Line 2: Suite 201E
City: Valhalla
State: NY Zip: 10595
Phone No.: (914) 428-5600 (x9228)
Email address: abrody@searchforchange.org

Additional Information

Federal ID #: 13-
Date Opened: August 14, 1975
Charity Registration:
MMIS #:
SFS ID #:

The following content is related to the attached filename

SFC_-_Sexual_Harassment_Prevention_Certification.pdf

NEW YORK STATE | Office of Mental Health

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

Sexual Harassment Prevention Certification

Solicitation # and/or OMH descriptive name of solicitation:

Empire State Supportive Housing Initiative

State Finance Law §139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees.

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 its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

***

I hereby affirm that Search for Change, Inc. (Offerer's Name) has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law. Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with State Finance Law §139-l.

I understand and agree that: 1) OMH shall have the right to terminate the contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH may exercise its termination right by providing written notification.

Date: July 7, 2025

Signature of Offerer's Authorized Representative Ashley Brody

Printed Name and Title: Ashley Brody, Chief Executive Officer

Name of Offerer: Search for Change, Inc.

Offerer's Address: 400 Columbus Avenue (Suite 201E), Valhalla, NY 10595

The following content is related to the attached filename

LGU_-_Letter_of_Support.pdf

Westchester County

Kenneth W. Jenkins
Westchester County Executive

Michael Orth, MSW
Commissioner

July 7, 2025

Ashley Brody, MPA, CPRP
Chief Executive Officer
Search for Change, Inc.
400 Columbus Avenue
Suite 201E
Valhalla, New York 10595

Re: Supportive and Affordable Housing Development

Dear Mr. Brody:

The Westchester County Department ofCommunity Mental Health (WCDCMH) recognizes an enduring shortage ofaffordable and supportive housing for individuals with Serious Mental Illness (SMI), which poses serious risks to the health and welfare ofan exceptionally vulnerable population. This crisis is especially acute in Westchester County in view of its prohibitively priced housing market and impediments to housing development. Currently, our county's housing waitlist, in total, includes over 900 people living with serious, diagnosable behavioral health needs. Some are residing in shelters. Many are completely unsheltered.

We are therefore supportive of Search for Change's plan to develop 62 units of supportive and affordable housing via new construction under the auspices ofthe Empire State Supportive Housing Initiative (ESSHI). We understand half these units will be reserved for homeless individuals with SMI, and eligible applicants for these placements will be assessed by the County Single Point ofAccess (SPOA) and Coordinated Entry systems in accordance with existing referral and placement procedures. We also understand Search for Change has purchased properties in the Village of Mamaroneck on which this project will be developed, and your project management team has submitted an application to the Village of Mamaroneck Planning Board for site plan approval.

We look forward to continuing our work with your organization to meet the needs of the people we collectively serve.

Sincerely,

Joseph A. Glazer, Esq.
Deputy Commissioner
Westchester County Department of Community Mental Health

The following content is related to the attached filename

RFP_Proposal_Template_ESSHI_9_SFS_(Final).pdf

Empire State Supportive Housing Initiative
Round 9 - 2025
OMH#147

Instructions to Applicant:

Please use this document to answer all questions in this Proposal Narrative. There are no character limits or word counts applicable in this document. Once this document is complete, please combine everything (including any attachments referenced in the Proposal Narrative) into one **PDF** and upload into SFS under the Proposal Narrative question 1. Any supporting attachments MUST be labeled specific to the question it is associated with. Attachments that are not labeled may result in either a 0 for the question or disqualification of the application.

Please Note: Attachments in SFS may not exceed 20 MB, file names must be 64 characters or less and CANNOT contain any special characters, PDFs with markup or comments are not allowed.

Administrative Information

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

1. List the County/Counties that this proposed program will serve.
Answer: Westchester
2. List the name, address, title & email address of the leader of your organization.
Answer: Ashley Brody, Chief Executive Officer, Search for Change, Inc. 400 Columbus Avenue Suite 201E Valhalla, NY 10595 abrody@searchforchange.org
3. List the name & email address of any other individual at your organization who should be included on correspondence regarding this application.
Answer: Kate Jancovic (Clinical Director) – kdjancovic@searchforchange.org

Proposal Narrative

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

Section 1 – Basic Project Data

Please be advised that Section 1/Basic Project Data Questions 1a-1s are not included in this Proposal Template form. These questions must be answered individually in the Statewide Financial System (SFS) RFP build. The Proposal Template form that the applicant will be completing and uploading in addition to responding to the Basic Project Data Questions begins with Section 2/Need and goes through the Attestations.

2. Need	
2a	Provide an executive summary of the proposed project. Please include target population(s), total number of dwelling units, number of ESSHI qualifying individuals, total requested ESSHI funds, requested ESSHI funds per qualifying individual, location (or address, if known), building description (if known), and capital project team (if known).
Answer: The proposed project will serve homeless individuals with Serious Mental Illness (SMI) who require supportive housing in order to achieve improved health and community tenure. Many individuals served through this initiative will have experienced repeated episodes of relapse and other adverse events including hospitalization, incarceration, and homelessness. This proposal aims to develop 62 units of affordable housing, 31 of which will be available to individuals with SMI and include support services designed to enhance their stability. This population was selected following consultations with key stakeholders serving this population and analyses of needs assessments that reveal a widespread incidence of homelessness among individuals with SMI. This project will be located in Westchester County, and according to the Westchester County Continuum of Care Partnership to End Homelessness (the Continuum of Care [CoC] serving Westchester), the incidence of homelessness in the county has steadily increased between 2023 and 2025. This is aligned with both regional and national trends as affirmed by the most recent (2024) edition of the Annual Homelessness Assessment Report (AHAR), a report prepared by the Department of Housing and Urban Development (HUD) that describes trends in homelessness in considerable detail. The 2024 AHAR report revealed an 18% nationwide increase in homelessness between 2023 and 2024 (U.S. Department of Housing and Urban Development, 2024). The state of homelessness among individuals with SMI is similarly dire. Point In Time (PIT) Counts conducted by the Westchester County Continuum of Care Partnership to End Homelessness revealed a 17% increase in homelessness among members of this population between 2024 and 2025. (CoC PIT reports identified 254 and 306 homeless individuals with SMI in 2024 and 2025, respectively.) Individuals with SMI who qualify for placement in the project described in this proposal are customarily referred through a Single Point of Access (SPOA), a mechanism administered by the Westchester County Department of Community Mental Health (WCDCMH) that ensures housing applicants fulfill applicable placement criteria and receive consideration in accordance with need and other factors. According to a Program Director for the WCDCMH, there are currently 954 eligible individuals awaiting placement in supportive housing. Many of them must endure	

homelessness, protracted periods of hospitalization, or inhabit substandard living arrangements until supportive housing becomes available to them (Westchester County Department of Community Mental Health, 2025).

The project to be developed through this proposal will be situated on a parcel under the ownership of the applicant, Search for Change, Inc. (SFC). SFC is a nonprofit social welfare organization with 50 years of experience in the provision of supportive housing and related rehabilitative services for individuals with SMI and other special needs. In February 2024, SFC purchased three contiguous parcels of property located at 338-352 Mt. Pleasant Avenue, Mamaroneck, NY 10543. Considerable progress in project development has been achieved that includes, but is not limited to, comprehensive environmental impact analyses; architectural and civil engineering studies; and consultations with a host of municipal stakeholders tasked with land use review and approval procedures. The applicant assembled a project development team that prepared and submitted an application for site plan approval to the Village of Mamaroneck (VoM) Planning Board (PB), and members of this team have repeatedly appeared before the PB throughout the past year. Members of this team include the applicant (SFC); CSD Housing, LLC, a development consultant; Cuddy & Feder, a law firm with expertise in land use review and approval procedures; DTS Provident, a project management and engineering firm; Hudson Engineering & Consulting, P.C., a civil engineering and landscape design organization; and Dattner Architects, an architectural firm. The proposed project will entail new construction of a six-story building comprised of 62 units that include 39 studio apartments, 19 one-bedroom units, and 4 two-bedroom units. As indicated above, 31 of these units will be reserved for individuals with SMI who fulfill criteria for inclusion in this project as members of a specialized population, and the remaining 31 units will be allocated to individuals and families who qualify for inclusion in affordable housing projects pursuant to applicable financial criteria. The project will be situated in proximity to Mamaroneck Avenue, a main thoroughfare and home to various retail establishments on which future tenants will depend. It will also be situated in proximity to the Mamaroneck Station of the Metro-North Railroad and a bus stop serviced by the Westchester County Bee-Line Bus System. Studies conducted by members of the project development team have confirmed this location is highly "walkable" and suitable for individuals who do not own vehicles and must rely on public transportation. To effectively serve individuals with SMI who reside in this project and to meet other expenses associated with the operation of the project, the applicant is requesting $1,039,348.00 in total ESSHI (i.e., "Services and Operating") funds per year. This is equivalent to $33,527.35 in ESSHI funds per qualifying individual.

2b	Provide the unit configuration of the ESSHI project for each target population (e.g., # of studio apartments, # of one-bedroom units, # of two-bedroom units, etc.).

Answer: The ESSHI project will serve adults with Serious Mental Illness (SMI) and individuals who qualify for placement in affordable housing projects in accordance with financial criteria applicable to such projects. It will include 39 studio apartments, 19 one-bedroom units, and 4 two-bedroom units. This unit count will be divided equally between individuals with SMI who qualify for placement in accordance with this characteristic. The remaining units will be allocated to those who qualify for affordable housing pursuant to prevailing income eligibility criteria.

2c	Provide a brief overview and history of your agency. Explain how the agency meets the eligibility requirements set forth in Section 1.3 of the RFP.

Answer: The applicant, Search for Change, Inc. (SFC), is a nonprofit organization established in 1975 to provide supportive residential services for individuals with behavioral health conditions, many of whom had histories of institutionalization in state-operated and acute care psychiatric facilities prior to their enrollment in the agency's programs. As such, it fulfills essential criteria for participation in the Empire State Supportive Housing Initiative (ESSHI). SFC has grown substantially in recent decades, and it currently operates a vast network of supportive housing units throughout Westchester and Putnam Counties. Its facilities are licensed by the New York State Office of Mental Health (OMH), and its clients receive various rehabilitative services designed to promote their lasting stability and independence. In addition, the agency operates respite programs that provide temporary housing and intensive support services for individuals experiencing crises, psychosocial stressors, or other adverse circumstances. SFC is an established network partner of the Hudson Valley Care Coalition (HVCC), an organization that serves as a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of healthcare and social welfare organizations operating throughout the Lower Hudson Valley Region of New York State. SFC's membership in the HVCC has enabled it to pursue clinical integration activities with its partners and to undertake more sophisticated contracting activities with emerging payers than was previously possible. It has also enabled SFC to participate in an emerging SCN – an ambitious initiative authorized by a Waiver of Medicaid regulations pursuant to Section 1115 of the Social Security Act through which SFC may deliver services designed to address unmet Health-Related Social Needs (HRSNs) of eligible Medicaid recipients heretofore unavailable to them.

SFC also delivers vocational rehabilitation services that promote individuals' acquisition of gainful employment in accordance with their personal goals. In 2015, SFC added a Mobile Outreach Team (MOT) to its portfolio of services, and this team delivers intensive care management and nursing support services to individuals with histories of institutionalization in state-operated psychiatric facilities. In 2016, the agency established a Transitional Outreach Program (TOP), and this team complements and enhances the activities of the MOT. The TOP provides intensive engagement and transitional support services to individuals hospitalized in state-operated psychiatric facilities designed to promote their reintegration into the community. The agency also delivers Home and Community Based Services (HCBS) and Community Oriented Recovery and Empowerment (CORE) services to eligible recipients through which it aids individuals with extensive behavioral health service needs in pursuit of their recovery and lasting tenure. SFC also maintains a contract with the Office of Temporary and Disability Assistance (OTDA) through which it administers a Solutions to End Homelessness Program (STEHP) to individuals at risk of homelessness. This has enabled the agency to cultivate partnerships with private and municipal organizations participating in a Continuum of Care (CoC) serving the agency's catchment area. In addition, the agency recently established a Safe Options Support (SOS): Critical Time Intervention (CTI) Program through a grant from the OMH. The SOS: CTI Program was established in 2022 and originally implemented in the five boroughs of New York City. It is now being deployed throughout New York State, and SFC is the sole operator of this program for a portion of the agency's catchment area (i.e., Westchester County). This constitutes both a logical extension of services provided through

the agency's MOT and TOP programs and a further enhancement and diversification of SFC's service portfolio. This has enabled SFC to deliver highly intensive care management and associated support services to unsheltered homeless individuals, many of whom are expected to qualify for placement in the housing project described in this proposal. Thus, SFC is uniquely equipped to operate a supportive and affordable housing project and to support its tenants under the auspices of the ESSHI.	
2d	Describe any service provider and/or housing partnerships required for the applicant agency to meet the experience requirements in Section 1.3. Describe the roles, responsibilities, and highlight the experience of any partnership agencies with each of the targeted population(s).
Answer: The applicant, Search for Change, Inc. (SFC), fulfills all the experiential requirements necessary to successfully administer the project described in this proposal. SFC was established in 1975 at the inception of the deinstitutionalization movement, and during the past 50 years it has provided a variety of housing and rehabilitative support services to individuals and families with Serious Mental Illness (SMI), histories of homelessness, and other significant life challenges. In recent years, the agency has enhanced the depth and breadth of its service offerings, and it now supports individuals with comorbid psychiatric, substance use, and physical health conditions, many of whom had extended periods of institutionalization prior to their enrollment in the agency's programs. The agency also serves individuals involved in the criminal justice system and it currently operates specially designated housing units for members of this population. SFC's service modalities now include supportive housing, vocational rehabilitation, care management, Home and Community Based Services (HCBS), and Community Oriented Recovery and Empowerment (CORE) services. In addition, the agency maintains a contract through the Office of Temporary and Disability Assistance (ODTA) through which it administers services designed to prevent homelessness among individuals deemed at risk of it. The agency also recently implemented a Safe Options Support (SOS): Critical Time Intervention (CTI) Program through which it delivers intensive outreach and engagement services to unsheltered homeless individuals. SFC is the sole operator of this program for Westchester County, but it relies on existing and emerging partnerships with a host of healthcare and social welfare providers to ensure these vulnerable individuals receive the vast array of services essential to their health and safety. In a similar vein, the agency has established collaborative relationships with a diverse array of health, behavioral health, and social service providers on which its clients rely for treatment and rehabilitative services. These include, but are not limited to, outpatient clinics; Personalized Recovery Oriented Services (PROS); Assertive Community Treatment (ACT) teams; Substance Use Disorder (SUD) treatment services; Peer Specialists; Health Homes (HHs); and associated Care Management Agencies (CMAs). These relationships ensure the coordination of recipients' care among a variety of treatment and rehabilitation service providers and promote positive outcomes including reductions in potentially preventable emergency department visits and inpatient hospitalizations. The agency is also a member of the Hudson Valley Care Coalition (HVCC), an organization that serves as a HH, Independent Practice Association (IPA), and Social Care Network (SCN) comprised of healthcare and social welfare organizations operating throughout the Lower Hudson Valley Region of New York State. SFC's membership in the HVCC has enabled it to pursue clinical integration activities with its partners and to undertake more sophisticated	

contracting activities with emerging payers than was previously possible. It has also enabled SFC to participate in an emerging SCN – an ambitious initiative authorized by a Waiver of Medicaid regulations pursuant to Section 1115 of the Social Security Act through which SFC may deliver services designed to address unmet Health-Related Social Needs (HRSNs) of eligible Medicaid recipients heretofore unavailable to them. SFC also delivers vocational rehabilitation services that promote individuals' acquisition of gainful employment in accordance with their personal goals. In view of the agency's proven experience in the provision of supportive housing services coupled with its established relationships with a broad network of similarly situated healthcare, behavioral healthcare, and social welfare providers (many of which have been formalized through joint participation in an IPA and other mechanisms designed to ensure efficient allocation of resources [e.g., Single Point of Access, Continuum of Care, etc.]), it is uniquely qualified to provide housing coupled with rehabilitative support services for individuals with SMI as described in this proposal.

2e	Describe each target population(s) the proposal would serve.

Answer: This project will serve homeless adults with Serious Mental Illness (SMI), some of whom are expected to be accompanied by family members or children. This project will include two-bedroom units to accommodate families or single adults with children. Individuals with SMI are at considerable risk of adverse health outcomes in the absence of affordable and appropriately supportive housing, and housing opportunities have become increasingly scarce in recent years. As indicated in response to other project-specific questions, Westchester County is reputed for its prohibitively priced housing market, and it has failed to develop new affordable housing units commensurate with need. Nearly 1,000 adults with SMI are awaiting housing placement through the county's Single Point of Access (SPOA), and recent Point In Time (PIT) counts have revealed a marked increase in the incidence of homelessness among members of this population. The development of supportive housing units specifically for individuals with SMI will mitigate this crisis and promote improved stability and community tenure among members of an exceptionally vulnerable population.

2f	Highlight the applicant agency's experience with each of the targeted population(s) that will be served through your proposal; demonstrate your agency's ability to effectively serve the targeted population(s).

Answer: The applicant, Search for Change, Inc. (SFC), is a nonprofit organization incorporated in 1975 to provide supportive residential services for individuals with Serious Mental Illness (SMI). SFC operates a vast network of supportive housing units throughout its catchment area, and its facilities are licensed and funded by the New York State Office of Mental Health (OMH). Its clients receive various rehabilitative services designed to promote their lasting stability. In addition, the agency operates respite programs that provide temporary housing and intensive support services for individuals experiencing crises or other adverse circumstances. In 1984, the agency established a Vocational Services program that helps individuals to secure employment. In 2015, SFC added a Mobile Outreach Team (MOT) to its portfolio of services, and this team delivers intensive care management and nursing support services for individuals with histories of institutionalization in state-operated psychiatric facilities. In 2016, the agency implemented a Transitional Outreach Program (TOP) to complement and to enhance the activities of the MOT. The TOP provides intensive engagement and transitional support services to individuals hospitalized in state-operated psychiatric facilities designed to promote their

successful reintegration into the community. The agency has also been approved to deliver Home and Community Based Services (HCBS) and Community Oriented Recovery and Empowerment (CORE) services to eligible recipients. These services aid individuals with extensive behavioral health service needs in achieving their recovery goals. In addition, the agency now administers a Homelessness Prevention Program (HPP) through the Solutions to End Homelessness Program (STEHP), and this has enabled its personnel to cultivate additional experience in serving vulnerable individuals at risk of homelessness in partnership with a Continuum of Care (CoC) in which it is a participant. SFC recently developed a Safe Options Support (SOS): Critical Time Intervention (CTI) Program through a grant from the OMH with which it delivers intensive outreach and engagement services to unsheltered homeless persons in Westchester County. This constitutes a logical extension of the agency's service portfolio inasmuch as it has delivered both care management and supportive housing services to homeless and unstably housed individuals, and the SOS: CTI Program has extended the depth and breadth of the agency's impact. Moreover, some individuals to be served by this program will qualify for placement in the project envisioned in this proposal, and their dual enrollment in the SOS: CTI Program and supportive housing project will enhance the quality and continuity of care available to them.

When SFC was established nearly 50 years ago, its clients experienced symptoms and life challenges associated with mental illness, but few experienced comorbid substance use or other impediments to stability such as criminal justice involvement. That has changed in recent decades, and many of the agency's service recipients now experience complex symptoms and life challenges for which intensive and specialized care is required. The agency's expertise in serving these populations has been bolstered through its partnership with the Hudson Valley Care Coalition (HVCC), an organization that serves as a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of healthcare and social welfare organizations operating throughout the Lower Hudson Valley Region of New York State. SFC's membership in the HVCC has enabled it to pursue clinical integration activities with its partners and to undertake more sophisticated contracting activities with emerging payers than was previously possible. It has also enabled SFC to participate in an emerging SCN – an ambitious initiative authorized by a Waiver of Medicaid regulations pursuant to Section 1115 of the Social Security Act through which SFC may deliver services designed to address unmet Health-Related Social Needs (HRSNs) of eligible Medicaid recipients heretofore unavailable to them. SFC's success in serving the target population has been repeatedly affirmed by various licensing and regulatory bodies to which it is subject via favorable audits and recertifications. In summary, SFC's extensive experience in the provision of supportive housing and rehabilitative services to vulnerable individuals, specifically those with SMI and others who qualify for inclusion in this project, coupled with its established relationships with similarly qualified organizations, make it uniquely qualified to administer this project.

2g	Describe the identified housing and services needs for each target population(s).

Answer: The target population to be served through this proposal will include individuals with Serious Mental Illness (SMI) whose symptoms and associated life challenges necessitate the provision of care coordination and related support services. Many of these individuals will have experienced repeated episodes of relapse, periods of institutionalization in hospitals, homeless shelters and correctional facilities, comorbid Substance Use Disorder (SUD), and

physical health conditions that have compromised their stability. The applicant, Search for Change, Inc. (SFC), expects many of the individuals served through this proposal will fulfill criteria for inclusion in multiple subpopulations targeted by this Request for Proposals (RFP). It is common for individuals with SMI to interface with multiple service systems that address specific issues or circumstances (e.g., substance use, etc.) and for which care coordination services will be imperative. Thus, individuals served through this proposal will exhibit diverse needs for which flexible, person-centered, trauma-informed, and culturally competent service interventions will be required. All of this project's recipients will have experienced homelessness prior to placement, and many will enter it with untreated or poorly managed health conditions for which referrals to preventive and acute care services may be necessary. Therefore, services provided or arranged by SFC will include, but not be limited to, behavioral health treatment; care management, including eviction prevention and the development of skills needed to fulfill responsibilities of tenancy; counseling and crisis intervention; life skills training; risk assessment and safety planning; guidance in the acquisition and retention of public benefits, health insurance and other essential income supports; educational and vocational services; parenting skills and assistance in accessing parenting support resources; family counseling and conflict resolution; and social support and recreational services.

Some individuals to be served through this project may require periodic emergency support or crisis diversion services in order to address certain psychosocial stressors and to avoid potentially preventable emergency department encounters and inpatient hospitalizations. SFC is an established member of the Hudson Valley Care Coalition [HVCC], a Health Home [HH], Independent Practice Association [IPA], and Social Care Network [SCN] comprised of behavioral healthcare and social service organizations, some of which offer respite and associated services for individuals whose issues or circumstances warrant a temporary departure from their permanent place of residence and placement in a "service enriched" residential setting. Thus, SFC's participation in this network will extend the depth and breadth of services available to occupants of the project described herein. The vast majority of this project's tenants will also have experienced poverty as a consequence of chronic unemployment and other impediments to financial stability for which supportive housing and associated rent subsidies are essential. Some tenants are expected to require additional assistance in managing their financial affairs, and this assistance will be delivered by tenant support personnel assigned to the project and other entities to the extent necessary and practicable. The foregoing services will be delivered in accordance with principles of Harm Reduction, Housing First, and Motivational Interviewing that calibrate interventions to recipients' needs, preferences, and readiness for change. A Trauma-Informed Care (TIC) approach will infuse the foregoing interventions, as many tenants of the project described herein will have experienced traumatic events. Practices and principles consistent with Critical Time Intervention (CTI) will also be employed. CTI is one of many evidence-based interventions to be utilized in this program inasmuch as it has been proven to facilitate successful outcomes during precarious transitions of care for vulnerable populations. Formerly homeless individuals who secure placement in this housing project will benefit from the robust array of engagement and support strategies delivered during the initial period (i.e., Phase I) of the CTI service delivery process.

2h	What factors have created and perpetuated homelessness among each target population(s) that your organization is proposing to serve?

Answer: Homeless individuals with Serious Mental Illness (SMI) often experience exacerbations of symptoms that impede their capacity to perform activities of daily living or to fulfill other demands essential to their community tenure. These individuals frequently experience comorbid physical health and substance use conditions that further compromise their overall stability and lead to increased hospitalization rates, encounters with the criminal justice system, and consequent homelessness. That is, individuals with significant impairments who have experienced repeated episodes of hospitalization or incarceration are often unable to maintain stable housing due to the chronic disruption and displacement associated with such institutionalization. Furthermore, homeless individuals and those with SMI and other significant health challenges are frequently unemployed, and their resultant economic distress precludes the retention of stable housing arrangements, especially in prohibitively priced rental markets. This was underscored by a report of the Bazelon Center for Mental Health Law that revealed only one in ten (10%) individuals with SMI enjoy full-time employment (Judge David L. Bazelon Center for Mental Health Law, 2014).

The plight of this population is further exacerbated by a dearth of affordable housing units in Westchester and rising competition for available units. A Housing Needs Assessment conducted by the Westchester County government concluded 11,703 new housing units must be constructed to accommodate increasing demand (Westchester County Housing Needs Assessment, 2019). According to the Westchester County Continuum of Care Partnership to End Homelessness (the Continuum of Care [CoC] serving Westchester), the incidence of homelessness in the county has steadily increased between 2023 and 2025. This is aligned with both regional and national trends as affirmed by the most recent (2024) edition of the Annual Homelessness Assessment Report (AHAR), a report prepared by the Department of Housing and Urban Development (HUD) that describes trends in homelessness in considerable detail. The 2024 AHAR report revealed an 18% nationwide increase in homelessness between 2023 and 2024 (U.S. Department of Housing and Urban Development, 2024). The state of homelessness among individuals with SMI is similarly dire. Point In Time (PIT) Counts conducted by the Westchester County Continuum of Care Partnership to End Homelessness revealed a 17% increase in homelessness among members of this population between 2024 and 2025. (CoC PIT reports identified 254 and 306 homeless individuals with SMI in 2024 and 2025, respectively.)

Individuals with SMI who qualify for placement in the project described in this proposal are customarily referred through a Single Point of Access (SPOA), a mechanism administered by the Westchester County Department of Community Mental Health (WCDCMH) that ensures housing applicants fulfill applicable placement criteria and receive consideration in accordance with need and other factors. According to a Program Director for the WCDCMH, there are currently 954 eligible individuals awaiting placement in supportive housing. Homeless individuals and those with SMI often encounter other obstacles for which additional support resources are needed. For instance, the specter of stigma and discrimination continues to loom large for vulnerable individuals in Westchester County, as evidenced by the county's repeated failure to abide by the terms of a fair housing settlement that required it to substantially increase its stock of affordable housing and to adopt other measures to promote affordable

housing in select municipalities. According to a 2017 report of the Journal News (a widely circulated periodical in the region), the U.S. Second Circuit Court of Appeals determined county officials had repeatedly failed to abide by the terms of this agreement (Wilson, 2017). Other trends, such as the disappearance of rent-stabilized apartments in the county, have exacerbated the plight of homeless individuals and those with limited income, many of whom live with SMI and other significant life challenges (Matsuda, 2019). The COVID-19 pandemic has exacerbated the foregoing trends as prospective tenants have fled the five boroughs of New York City, leading to increased competition for scarce housing opportunities (Prevost, 2020). Significantly, in her 2023 State of the State Address, Governor Hochul pressed for the development of additional affordable housing to ameliorate a worsening crisis, and she identified portions of the Hudson Valley (including Westchester) for their recalcitrance in this endeavor. Her proposed housing compact has garnered support from many stakeholders, but it continues to encounter obstacles among many municipal planning authorities (Foley, 2023). In summary, the need for additional units of supportive and affordable housing in Westchester County, specifically for members of an exceptionally vulnerable recipient population, is greater than it has ever been.

2i	Provide a thorough description of the community and the need for the project based on the agency's experience.

Answer: Westchester County is a metropolitan suburb situated on the northern border of New York City. Its prohibitively priced real estate market and dearth of affordable housing are well documented, and the COVID-19 pandemic has exacerbated this trend as residents of New York City have fled its five boroughs to compete for available housing in this community (Prevost, 2020). A Community Needs Assessment administered by the Westchester Community Opportunity Program, Inc. (WESTCOP) reported Westchester has the 7th highest cost of living in New York State (WESTCOP, 2019), and the National Low Income Housing Coalition named Westchester as one of the top ten least affordable communities (Matthews, 2006). Consequently, many households are "cost-burdened" or "severely cost-burdened." (Cost-burdened households are those that apply more than 30% of their income toward housing expenses, and severely cost-burdened households apply more than 50% of their income toward these expenses.) Furthermore, according to the Westchester County Continuum of Care Partnership to End Homelessness (the Continuum of Care [CoC] serving Westchester), the incidence of homelessness in the county has steadily increased between 2023 and 2025. This is aligned with both regional and national trends as affirmed by the most recent (2024) edition of the Annual Homelessness Assessment Report (AHAR), a report prepared by the Department of Housing and Urban Development (HUD) that describes trends in homelessness in considerable detail. The 2024 AHAR report revealed an 18% nationwide increase in homelessness between 2023 and 2024 (U.S. Department of Housing and Urban Development, 2024). The state of homelessness among individuals with SMI is similarly dire. Point In Time (PIT) Counts conducted by the Westchester County Continuum of Care Partnership to End Homelessness revealed a 17% increase in homelessness among members of this population between 2024 and 2025. (CoC PIT reports identified 254 and 306 homeless individuals with SMI in 2024 and 2025, respectively.) Individuals with SMI who qualify for placement in the project described in this proposal are customarily referred through a Single Point of Access (SPOA), a mechanism administered by the Westchester County Department of Community

Mental Health (WCDCMH) that ensures housing applicants fulfill applicable placement criteria and receive consideration in accordance with need and other factors. According to a Program Director for the WCDCMH, there are currently 954 eligible individuals awaiting placement in supportive housing. Many of them must endure homelessness, protracted periods of hospitalization, or inhabit substandard living arrangements until supportive housing becomes available to them (Westchester County Department of Community Mental Health, 2025). This is unsurprising in view of the findings of a Housing Needs Assessment conducted by the Westchester County government that concluded 11,703 new housing units must be constructed to accommodate increasing demand (Westchester County Housing Needs Assessment, 2019).

In a similar vein, the Village of Mamaroneck (the municipality in which the project described in this proposal will be developed) has acknowledged this trend through extensive research undertaken by its Planning Department and Affordable Housing Task Force, both of which urge the municipality to permit affordable housing development to proceed in a manner commensurate with its needs. Between 2000 and 2022, the percentage of its severely cost-burdened households increased by 15.3%. Nearly one-third (32%) of its households are now severely cost-burdened and an additional 15% are cost-burdened. This is unsurprising in view of a precipitous rise in median monthly rent within the Village of Mamaroneck. Between 2000 and 2023, median monthly rent rose by 82%, whereas median household income remained relatively stagnant, having risen by only 15% (Common Ground, 2024). In short, it is imperative for the municipality to promote the development of affordable housing to ensure its continuing viability. The disconcerting trends described above have also been affirmed by the county's Local Services Plan (LSP), a document developed annually by the WCDCMH in partnership with a diverse array of stakeholders that serve or support individuals with behavioral health conditions. The 2025 LSP concluded there continues to be lengthy waitlists for housing for individuals with behavioral health conditions necessitating the development of new supportive housing units (Westchester County Department of Community Mental Health, 2025). In summary, the addition of 62 units of supportive and affordable housing as described in this proposal will alleviate the region's crisis and its impact on its most vulnerable residents.

2j	Attach and summarize the HUD CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report (point in time data) and Housing Inventory Chart for your continuum, if these reports are available to the applicant. For sub-populations not included in Continuum of Care data, please substitute relevant data. Applicants are encouraged to augment CoC and local planning data with other relevant information. Please focus your response on housing inventory on the Permanent Housing beds in your area.

Answer: The Homeless Assistance Programs Homeless Populations and Subpopulations Report (Point In Time Count) conducted by the Westchester County Continuum of Care Partnership to End Homelessness has revealed a significant increase in the incidence of homelessness in Westchester County between 2023 and 2025. Total counts of homeless persons were 1,317 and 1,730 in 2023 and 2025, respectively. Furthermore, it revealed a 17% increase in homelessness among individuals with Serious Mental Illness (SMI) between 2024 and 2025. (CoC PIT reports identified 254 and 306 homeless individuals with SMI in 2024 and 2025, respectively.) This is consistent with the conclusion of an affordable housing Gaps Analysis

administered by the CoC that indicates at least 16,000 additional housing units are needed to mitigate a critical shortage of affordable housing opportunities, and it underscores the imperative to develop additional units for individuals with SMI in consideration of their unique needs and vulnerability to adverse outcomes in the absence of affordable housing coupled with appropriate support services. In addition, the most recent Housing Inventory Chart (HIC) developed by the CoC revealed a total of 1,464 Permanent Supportive Housing (PSH) units available in Westchester County, and many of these units have been allocated to members of select subpopulations (e.g., military veterans, survivors of domestic violence, etc.) and are therefore unavailable to individuals with SMI or other special needs. This HIC offers additional evidence of a severe housing shortage that disproportionately affects individuals with SMI.

Supplemental data sources have substantiated the findings of the CoC and suggest the county's municipalities must develop additional housing units to address a widespread crisis in affordability. For instance, a Housing Needs Assessment conducted by the Westchester County government concluded 11,703 new housing units must be constructed to accommodate increasing demand (Westchester County Housing Needs Assessment, 2019). In a similar vein, the Village of Mamaroneck (the municipality in which the project described in this proposal will be developed) has acknowledged this trend through extensive research undertaken by its Planning Department and Affordable Housing Task Force, both of which urge the municipality to permit affordable housing development to proceed in a manner commensurate with its needs. Between 2000 and 2022, the percentage of its severely cost-burdened households increased by 15.3%. Nearly one-third (32%) of its households are now severely cost-burdened and an additional 15% are cost-burdened. This is unsurprising in view of a precipitous rise in median monthly rent within the Village of Mamaroneck. Between 2000 and 2023, median monthly rent rose by 82%, whereas median household income remained relatively stagnant, having risen by only 15%. In short, it is imperative for the municipality to promote the development of affordable housing to ensure its continuing viability. The disconcerting trends described above have also been affirmed by the county's Local Services Plan (LSP), a document developed annually by the WCDCMH in partnership with a diverse array of stakeholders that serve or support individuals with behavioral health conditions. The 2025 LSP concluded there continues to be lengthy waitlists for housing for individuals with behavioral health conditions (Westchester County Department of Community Mental Health, 2025). Please note Appendix A (attached to this document) includes the most recent (2025) Point In Time Count and Housing Inventory Chart for Westchester County.

2k	Describe how your proposal responds to the identified housing need for each of the populations to be served, as described in the PIT sub-population report or other data described above.

Answer: Westchester County's population of homeless individuals with Serious Mental Illness (SMI), the population to be served through this proposal, has persisted in recent years as indicated by recent Point In Time (PIT) Counts conducted by the Westchester County Continuum of Care Partnership To End Homelessness (CoC). Between 2023 and 2025 the incidence of homelessness among individuals with SMI has increased by approximately 15%. (Westchester County Continuum of Care Partnership to End Homelessness, 2025.) Counts of homeless persons with SMI were 1,317 and 1,730 in 2023 and 2025, respectively. These findings underscore the need for additional housing units as described in this proposal, and it

is unsurprising in view of the county's documented dearth of affordable housing and prohibitively priced rental market. A recent report of the Office of the State Comptroller (OSC) indicates statewide median rental costs have risen by nearly 13 percent during the past decade, and residents of Westchester County bear a disproportionate share of housing-related expenses (Office of the State Comptroller, 2019). Additional sources affirm a worsening affordable housing crisis in the region. The National Low Income Housing Coalition named Westchester County as one of the top ten least affordable communities (Matthews, 2006), and a report of the Westchester Community Opportunity Program, Inc. (WESTCOP) revealed a preponderance of households are "cost-burdened" or "severely cost-burdened" in several municipalities within the county (WESTCOP, 2019). (Cost-burdened households are those that apply more than 30% of their income toward housing expenses, and severely cost-burdened households apply more than 50% of their income toward these expenses.) Additional evidence of the plight of individuals with SMI was provided by a Program Director within the Westchester County Department of Community Mental Health (WCDCMH) charged with oversight of its Single Point of Access (SPOA). The SPOA evaluates candidates for placement in Office of Mental Health (OMH)-sponsored Scattered Site Supportive Housing (i.e., permanent housing) and other OMH-sponsored housing units in accordance with applicable eligibility criteria. In 2025, this Program Director reported 954 individuals were awaiting placement, an increase of 11% between 2022 and 2025 (Westchester County Department of Community Mental Health, 2025). (There were 855 individuals awaiting placement in 2022.) Those fortunate enough to secure a subsidy for placement in a Scattered-Site Supportive Housing unit encounter additional obstacles that often preclude their acquisition of affordable housing. The discrepancy between established Fair Market Rent(s) (i.e., the maximum monthly rent to which Scattered-Site Supportive Housing subsidies may be applied) and the "actual" prevailing rents has increased in recent years. Therefore, recipients of rental subsidies are often unable to locate units in this region that fulfill affordability criteria.

Characteristics of the municipality in which this project will be developed lend additional urgency to its realization. An Affordable Housing Task Force convened by the Village of Mamaroneck has revealed disconcerting trends that underscore the imperative to develop additional units of affordable housing lest the municipality become unaffordable for a substantial segment of its residents. According to a Task Force Report, between 2000 and 2022, the percentage of its severely cost-burdened households increased by 15.3%. Nearly one-third (32%) of its households are now severely cost-burdened and an additional 15% are cost-burdened. This is unsurprising in view of a precipitous rise in median monthly rent within the Village of Mamaroneck. Between 2000 and 2023, median monthly rent rose by 82%, whereas median household income remained relatively stagnant, having risen by only 15% (Village of Mamaroneck Affordable Housing Task Force, 2025). In summary, the addition of 62 units of supportive and affordable housing via new construction will increase the stock of housing for a population of individuals disproportionately affected by an affordable housing crisis. In doing so, it will also reduce the incidence of homelessness among the region's most vulnerable residents.

2l	Explain how homeless services are currently coordinated and delivered in the proposed area. If there is a Continuum of Care (CoC), describe which organizations/individuals are represented and the entity charged with coordinating the planning.

Answer: Homeless services are currently coordinated through municipal and private organizations serving this population. The Westchester County Continuum of Care Partnership To End Homelessness (CoC) is the primary conduit for service delivery for homeless individuals, and it includes representatives of the County Department of Social Services (DSS), Westchester County Department of Community Mental Health (WCDCMH), and an array of shelter and supportive housing providers. Private organizations participating in the CoC include, but are not limited to, The Children's Village, Family Service Society of Yonkers, Lifting Up Westchester, The Guidance Center of Westchester, Westhab, and CLUSTER, among many others. The applicant, Search for Change, Inc. (SFC), has become actively involved in the activities of the CoC through its recent implementation of a Safe Options Support (SOS): Critical Time Intervention (CTI) Program under a grant from the New York State Office of Mental Health (OMH). This program enables SFC to deliver intensive outreach and engagement services to unsheltered homeless persons, some of whom are expected to qualify for placement in the housing project envisioned in this proposal. In addition, SFC shares membership with several of the foregoing agencies in the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of behavioral healthcare and social service organizations operating throughout the Hudson Valley Region. This shared membership has enabled participating agencies to pursue clinical integration and associated activities designed to enhance their collective success in serving a common clientele. This process will be leveraged in service of individuals targeted through the project described in this proposal.

SFC has also played a prominent role in the implementation and operation of a CoC in Putnam County, one in which the agency provides supportive housing, homelessness prevention, and vocational rehabilitation services. Putnam shares membership in a Balance of State (BoS) CoC with several other counties throughout New York State, and SFC's Chief Executive Officer (CEO) serves on its Steering Committee. SFC also administers Homelessness Prevention services in Putnam under a contract with the Office of Temporary and Disability Assistance (OTDA) through which its personnel have cultivated an intimate understanding of the CoC and Department of Housing and Urban Development (HUD) regulations. This understanding will be readily applied to the project described herein and promote SFC's ongoing participation in the proceedings of the Westchester CoC accordingly. Westchester County maintains a Coordinated Entry System (CES) that facilitates individuals' access to housing through a network of designated providers, and its WCDCMH administers a Single Point of Access (SPOA) through which homeless individuals with Serious Mental Illness (SMI) access a variety of OMH-sponsored housing services. SFC has been an active participant in the SPOA since its inception in 1999. The agency's program supervisors and administrative personnel regularly collaborate with SPOA administrators in the provision of supportive housing and associated services to homeless members of the SMI population.

SFC currently provides housing and support services for 338 individuals with SMI throughout Westchester (when at peak residential occupancy), many of whom were homeless prior to their placement and were referred for services through the CoC or SPOA, and the agency recently secured a contract to expand its Scattered-Site Supportive Housing program by 15 units. That is, SFC will soon have the capacity to deliver supportive housing services to 353 individuals. In summary, the applicant agency possesses the organizational experience and

expertise necessary to support individuals with SMI and to facilitate their acquisition and retention of permanent supportive housing under the auspices of the Empire State Supportive Housing Initiative (ESSHI).	
2m	Explain your agency's role in the CoC or local planning process. For those agencies not active in the CoC planning process or are not CoC participants, please describe what efforts will be undertaken to engage in or to seek an active role.

Answer: The applicant, Search for Change, Inc. (SFC), regularly collaborates with members of the Westchester County Continuum of Care Partnership To End Homelessness (CoC), and it is an active participant in the Westchester County Department of Community Mental Health (WCDCMH) Single Point of Access (SPOA). Agency representatives have participated in the SPOA since its inception in 1999, and this body is charged with the coordination and delivery of housing and associated support services for individuals with Serious Mental Illness (SMI) and related health conditions. The CoC and SPOA share responsibility for the evaluation of homeless services and the allocation of scarce resources for the most vulnerable individuals, including those who merit priority consideration in accordance with the presence of a SMI and other characteristics that elevate the risk of adverse outcomes. SFC is also an active participant in the local planning process insofar as its chief executive has served on the Westchester County Community Services Board (CSB) and as a Co-Chairperson of its Adult Mental Health Subcommittee. These entities evaluate emergent trends and gaps in care that inform their recommendations to the County Executive and other stakeholders. Their activities also inform the development of the County Local Services Plan (LSP), a document that describes essential community-based behavioral health services and corresponding priorities for investment. SFC will apply its extensive knowledge of local planning activities borne of its longstanding participation in the SPOA and related forums in service of this project.

Some of this knowledge has also been acquired through the agency's participation in a Balance of State (BoS) CoC of which Putnam County, a neighbor to Westchester in which the agency administers various services, is an active member. SFC personnel have played an integral role in the establishment of this CoC, and its Chief Executive Officer (CEO) currently serves on its Steering Committee. Moreover, the agency administers Homelessness Prevention services under a contract with the Office of Temporary and Disability Assistance (OTDA), and this has enabled it to cultivate an intimate understanding of Department of Housing and Urban Development (HUD) practices and regulations. These include participation by agency personnel in joint meetings of a Coordinated Entry and SPOA meeting and utilization of a Homelessness Management Information System (HMIS), among other items.

In addition, SFC recently established a Safe Options Support (SOS): Critical Time Intervention (CTI) Program in Westchester County through a grant from the New York State Office of Mental Health (OMH). This constitutes a significant enhancement and diversification of services through which SFC will deliver intensive outreach and engagement services to unsheltered homeless persons, many of whom are expected to fulfill admission criteria for the project to be developed through this proposal. This initiative has also enabled agency personnel to cultivate deeper relationships with the leadership of the Westchester County CoC, and these relationships will be leveraged in support of the proposed housing project. SFC is also an active member of the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of behavioral healthcare

and social service providers operating throughout the Hudson Valley Region. The HVCC is not directly involved in local planning processes, but it plays an influential role inasmuch as many of its member organizations offer housing and associated homelessness services and coordinate their efforts in service of a common clientele. In summary, SFC is intimately involved in a variety of planning processes applicable to homeless individuals including those with special needs. The agency is therefore poised to coordinate essential services for future occupants of the housing project described herein.

2n	Explain how the proposed program funded under this RFP will be coordinated with the existing programs in the CoC or local planning process, and how duplication of effort will be avoided with this project.

Answer: The project described in this proposal will be integrated into existing planning and service coordination systems designed to manage scarce resources, to ensure the timely and effective provision of vital support services to vulnerable recipient populations, and to avoid duplicative efforts. These systems include the Westchester County Continuum of Care Partnership to End Homelessness (CoC), Westchester County Department of Community Mental Health (WCDCMH) Single Point of Access (SPOA), Coordinated Entry System (CES), and other entities serving homeless populations. Prospective tenants of the proposed housing project who experience Serious Mental Illness (SMI) will be reviewed by the SPOA in accordance with its procedures for evaluating candidates for existing Office of Mental Health (OMH)-funded permanent supported housing units. The SPOA will confer priority consideration on individuals deemed at heightened risk of adverse health outcomes in the absence of permanent supportive housing. These include those with histories of complex or comorbid health conditions, homeless individuals and those inhabiting dangerous or substandard living environments, and subjects of Assisted Outpatient Treatment (AOT) orders and similar mandates, among others. The SPOA was instituted in Westchester County in 1999, and it has established various procedures to ensure coordination of services among a disparate network of private and municipal organizations. For instance, recipients seeking supportive housing services through the SPOA are evaluated for other rental subsidy or psychosocial support services for which they are eligible in order to ensure the efficient allocation of resources. Those who receive rental assistance through the Department of Housing and Urban Development (HUD) Housing Choice Voucher Program or similar programs would naturally be excluded from an OMH-funded supportive housing program unless extenuating circumstances suggest their enrollment in it is necessary to address specific needs.

The applicant, Search for Change, Inc. (SFC), has been an active participant in the SPOA since its inception, and its staff is uniquely equipped to collaborate with SPOA administrators in the evaluation of candidates for the project described herein. Agency personnel will evaluate candidates in accordance with established practices designed to gauge risk factors and to elicit their needs, preferences, and personal goals. This process will inform the development of individualized service and support plans and ensure coordination among myriad stakeholders including recipients, their health and behavioral health service and support providers, municipal sources of rental subsidies and income supports, and family members and natural support networks, among others. Prospective tenants of affordable (i.e., "non-supported") units will be evaluated in accordance with their financial eligibility and in coordination with entities charged to serve financially vulnerable populations. In addition, SFC recently

developed a Safe Options Support (SOS): Critical Time Intervention (CTI) Program in partnership with the OMH and leading representatives of the Westchester CoC through which it delivers intensive outreach and engagement services to unsheltered homeless persons, many of whom are expected to experience SMI and to qualify for placement in the project described herein. The agency's operation of this SOS: CTI Program will aid in the efficient and effective coordination of services among a multiplicity of providers and stakeholders. SFC is also an established member of the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of behavioral healthcare and social service providers operating throughout the Hudson Valley Region. These relationships will be leveraged in furtherance of the project described in this proposal and reduce the potential for inefficient or duplicative efforts. Furthermore, duplication or miscoordination of service is exceedingly unlikely in view of the paucity of supportive housing resources currently available to the population targeted by this proposal. In other words, a risk of service duplication exists when a surfeit of resources is available to meet identified needs. In this instance, a pronounced absence of resources renders the possibility of duplicative effort all but impossible.

2o	Describe your agency's participation (or lack of participation) in the Homeless Management Information System or other comparable database. If your agency is a Victim Service Provider, please reflect that in your answer.

Answer: The applicant agency, Search for Change, Inc. (SFC), administers a vast network of housing, psychosocial support, and rehabilitation services for individuals with histories of homelessness and associated life challenges. It participates in a Homeless Management Information System (HMIS) through a Balance of State (BoS) Continuum of Care (CoC) in a neighboring county (i.e., Putnam) in which it administers Homelessness Prevention services through the Solutions to End Homelessness Program (STEHP) under a contract with the Office of Temporary and Disability Assistance (OTDA). This CoC (identified as NY-525) is comprised of several counties throughout New York State, and the agency's personnel have played an integral role in its development. For instance, its chief executive serves on its Steering Committee, and he has assisted others in the implementation of associated policies, procedures, and practices, some of which include utilization of an HMIS. This CoC's HMIS is administered by CARES of NY, Inc., an organization that delivers services designed to support homeless individuals and to ameliorate housing crises. The agency's involvement in the foregoing activities has enabled its senior personnel to develop an intimate understanding of the HMIS and various regulations promulgated by the Department of Housing and Urban Development (HUD) applicable to programs serving the homeless population.

In recent years, as the COVID-19 pandemic has exacerbated the plight of marginalized populations and further exposed enduring structural inequities in the treatment of racial and ethnic minorities, the BoS CoC has joined a Regional Racial Justice Advisory Committee (RRJAC) in which SFC's Chief Executive Officer (CEO) has assumed a leading role. This RRJAC is currently examining a host of practices, including some related to the utilization of the HMIS, that might inadvertently perpetuate such disparate treatment and require revision accordingly. These activities have enabled SFC's CEO and other members of the agency's leadership team to refine their understanding of the HMIS and how it might be fully leveraged in service of the project described herein. Furthermore, SFC recently established a Safe Options Support (SOS): Critical

Time Intervention (CTI) Program through which it delivers intensive outreach and engagement services to unsheltered homeless persons. In concert with this implementation, agency personnel are utilizing the ClientTrack HMIS, one presently in use by the Westchester County CoC. SFC's administrative and supervisory personnel also utilize other data management systems associated with the agency's recipient population, including the Child and Adult Integrated Reporting System (CAIRS), New York Incident Management and Reporting System (NIMRS), Mental Health Provider Data Exchange (MHPD), and Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), among others. SFC also maintains an agreement with its Regional Health Information Organization (RHIO) through which its administrative and supervisory personnel receive alerts regarding clients' emergency department and health service encounters. In addition, SFC maintains an Electronic Health Record (EHR) that contains extensive demographic data, including recipients' housing and homelessness status.

SFC is also an established member of the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of behavioral health and social welfare organizations operating throughout the Hudson Valley Region. SFC and its fellow members are pursuing a variety of initiatives designed to promote their clinical integration and to enhance the depth, breadth, and quality of services delivered in coordination among an expansive provider network. These activities include utilization of an HMIS in service of a common clientele of homeless and unstably housed individuals.

3. Impact	
3a	Describe the process of how the target population(s) will be identified and list the primary referral sources (e.g., SPOA, coordinated entry, etc.). Include your agency's understanding and commitment to working with the referral process appropriate to population(s) served.

Answer: In Westchester County, the Single Point of Access (SPOA) is the primary mechanism through which individuals with Serious Mental Illness (SMI) who require supportive housing are referred for placement. The applicant, Search for Change, Inc. (SFC), has participated in the SPOA since its inception in 1999. It has also served adults with SMI, comorbid Substance Use Disorder (SUD), and physical health conditions during the past 50 years and has amassed expertise in the provision of housing and essential support services for these vulnerable populations. Representatives of SFC regularly attend meetings of the SPOA and collaborate with its administrators in identifying and evaluating individuals who would benefit from supportive housing. These include those who fulfill placement criteria established by the Office of Mental Health (OMH) and for whom the provision of supportive housing would mitigate the risk of adverse outcomes. Insofar as the current demand for supportive housing exceeds its supply, the SPOA must allocate scarce resources in accordance with candidates' needs. Individuals who are homeless or have relied heavily on institutional care services, subjects of Assisted Outpatient Treatment (AOT) orders or similar mandates, and other vulnerable subpopulations are given priority consideration for placement. SFC personnel who participate in the SPOA are intimately acquainted with these considerations and support the SPOA administrators in their application. For instance, the SPOA has established processes through which different classifications are assigned to applications in accordance with the foregoing considerations and presumed risk factors. Individuals who are homeless, subject to AOT orders, and others deemed at elevated risk of adverse outcomes in the absence of supportive

housing are given priority consideration for placement. SFC personnel also coordinate their efforts with other organizations serving homeless individuals with SMI and other special needs including the Westchester County Continuum of Care Partnership to End Homelessness (CoC) and its Coordinated Entry System (CES), among others. Inasmuch as the CES is a primary conduit through which homeless individuals access housing and essential support services, it is expected to serve as a prominent referral source for the project described in this proposal.

SFC is also an active participant in the CoC of a neighboring county in which it delivers services, and its Chief Executive Officer (CEO) serves on its Steering Committee. This is a Balance of State (BoS) CoC identified as NY-525 and comprised of several counties in New York State. Knowledge acquired through these activities will be similarly applied in Westchester and in support of the project described herein. SFC also engages other participants in recipients' support networks that include, but are not limited to, outpatient behavioral and physical healthcare professionals; Personalized Recovery Oriented Services (PROS) providers; Assertive Community Treatment (ACT) teams; Health Homes (HHs) and their contracted Care Management Agencies (CMAs); Peer Specialists; vocational rehabilitation service providers; and "natural" support providers. The agency's administration of programs serving specialized subpopulations, including patients of state-operated psychiatric centers and inmates of local and state correctional facilities, has also enabled its personnel to cultivate understandings of these systems, their referral procedures, and other aspects of their operations as needed to ensure recipients' successful transition between service settings. Such a holistic approach to recipient engagement is consistent with person-centered, recovery-oriented, trauma-informed, and culturally competent practices. These practices should promote recipients' enduring community tenure and advance the mission of the project described herein.

3b	Provide a detailed description of outreach efforts, intake, and exit from the program. How does your program conduct these efforts in a welcoming, inclusive, and culturally sensitive way?

Answer: The applicant, Search for Change, Inc. (SFC), has cultivated relationships with various organizations serving individuals with Serious Mental Illness (SMI) with which it coordinates outreach, engagement, placement, continuing service delivery, and discharge activities. The primary mechanism through which candidates are identified for placement is the Single Point of Access (SPOA), and SFC has been an active participant in the SPOA since its inception. Agency representatives regularly attend meetings of the SPOA and collaborate with its administrators in the evaluation of prospective recipients of supportive housing services. The Westchester County Continuum of Care Partnership to End Homelessness (CoC) is also integral to the identification of individuals who would benefit from supportive housing services, and SFC personnel participate in this CoC and leverage relationships with its participants in furtherance of project goals. Significantly, SFC recently developed a Safe Options Support (SOS): Critical Time Intervention (CTI) program that delivers intensive outreach and engagement services for unsheltered homeless individuals throughout Westchester County, and this has enabled its personnel to develop relationships with new stakeholders and to identify and to serve a new cohort of recipients, some of whom meet the eligibility criteria for inclusion in the project described in this proposal.

The process of recipient engagement commences at or even before the point of referral. For instance, agency representatives routinely conduct "in reach" activities (i.e., visits to

prospective recipients in hospitals, shelters, correctional facilities, or other settings) to administer assessments or to evaluate candidates' needs and preferences. During these assessment processes, agency representatives elicit information concerning candidates' needs, preferences, and other factors that inform the placement process and the development of appropriate support plans. Agency personnel regularly participate in professional development activities designed to promote their understanding of the innumerable factors that inform recipients' experience with the understanding this knowledge will be applied in support of individuals targeted through this proposal. For instance, agency leaders have participated in Co-Occurring System of Care Committees (COSOCCs) comprised of health, behavioral health, and social welfare organizations serving individuals dually diagnosed with SMI and Substance Use Disorder (SUD). The foregoing principles and affiliations have also enabled the agency's personnel to cultivate expertise in leading evidenced-based practices applicable to the population identified herein. These include Housing First, Harm Reduction, Motivational Interviewing, and similar practices that impose few, if any, barriers to access and calibrate service interventions in accordance with recipients' expressed needs, preferences, and readiness to change. These activities and their underpinning principles will support formal intake processes through which SFC personnel will collaborate with recipients and other key stakeholders in the completion of additional tasks as needed to ensure appropriate placements in accordance with program guidelines.

Although the proposed supportive housing program will provide permanent residential accommodations for its tenants, participants will be encouraged to cultivate skills and resources that will promote their stability and self-sufficiency and reduce their reliance on publicly funded benefits or other safety net services. Tenants will also be encouraged to seek rental assistance through other avenues that will enable them to exit the supportive housing program should they choose to do so. Tenants who exit the permanent supportive housing program will receive continuing support services from SFC personnel during a transitional period following their departure to ensure their continuing stability and engagement. Agency personnel will leverage their relationships with a broad array of community-based health and social welfare organizations to promote tenants' enduring success after they exit the housing program. This is consistent with a Critical lime Intervention (CTI) approach, a proven evidence-based modality that modulates the intensity of services delivered during transitions of care, and it has been employed by the aforementioned SOS: CTI program and other programs operated by SFC.

3c	Describe what supportive services will be provided to the targeted population(s) through this funding. Provide evidence of any relationships/linkages with other community service providers (letters of support, etc.) specific to the specialized population(s) proposed to be served, for example, victims or survivors of domestic violence, persons diagnosed with substance use disorder, etc. Clearly distinguish ESSHI-funded services to be provided directly by the applicant agency and those to be provided through ESSHI-funded agreements/partnerships with other community service providers.

Answer: The applicant, Search for Change, Inc. (SFC), will provide (or arrange for the provision of) a broad array of housing assistance and psychosocial support services to individuals with Serious Mental Illness (SMI), many of whom are expected to experience other health

conditions and significant life challenges. These services will include, but not be limited to, behavioral health treatment; nursing support services; care management, including eviction prevention and the identification and development of skills needed to fulfill responsibilities of tenancy; counseling and crisis intervention; life skills training; risk assessment and safety planning; guidance in the acquisition and retention of public benefits, health insurance, and other essential income supports; educational and vocational services; parenting skills and assistance in accessing parenting support resources; family counseling and conflict resolution; and social support and recreational services. Services will be provided in a culturally competent, trauma-informed, and recovery-oriented manner in accordance with training and professional development opportunities provided to agency personnel. Additional evidence-based practices specific to the population to be served will also be applied. (For instance, inasmuch as many individuals with SMI are dually diagnosed with Substance Use Disorder [SUD] and this increases the risk of adverse outcomes, agency personnel receive training facilitated by regional Co-Occurring System of Care Committees [COSOCCs] in which agency leaders play a prominent role.) Tenants will also have access to emergency assistance on a 24-hour basis. Concierge, security, janitorial, and maintenance services will also be provided. Tenants will have access to respite services if circumstances warrant a temporary departure from their permanent place of residence. In addition, SFC recently implemented a Safe Options Support (SOS): Critical Time Intervention (CTI) Program through which it delivers intensive outreach and engagement services to unsheltered persons in Westchester County, many of whom are expected to experience SMI and to qualify for placement in the project described herein. This will facilitate the provision of a diverse array of services for the most vulnerable individuals that include, but are not necessarily limited to, those enumerated above.

SFC has also established partnerships with a host of behavioral health and primary care providers, social service organizations, and municipal authorities with which it coordinates its services. SFC is an established member of the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of healthcare and social welfare organizations operating throughout the Lower Hudson Valley Region of New York State. As an SCN, the HVCC and its member agencies (of which SFC is one) are poised to deliver additional services to address unmet Health-Related Social Needs (HRSNs) for Medicaid recipients, some of whom are expected to be served by this proposal. SFC has also established formal and informal partnerships with inpatient and outpatient physical and behavioral healthcare service providers; care management agencies; Personalized Recovery Oriented Services (PROS) programs; vocational rehabilitation programs; Peer Specialists; Assertive Community Treatment (ACT) teams; SUD treatment services; Home and Community Based Services (HCBS) and Community Oriented Recovery and Empowerment (CORE) service providers; and natural support networks, among others. SFC will be specifically responsible for the provision of housing support services, care management, and associated services to qualifying individuals, and it will rely on its partners to provide them with other services referenced above. All services will be carefully coordinated in order to enhance their efficacy and to avoid duplication of effort among disparate stakeholders.

3d	Describe any tenant eligibility requirements for the proposed project.

Answer: Eligibility for placement in the "supportive" units within the proposed project, specifically units allocated for homeless individuals with Serious Mental Illness (SMI), will be

determined in accordance with prevailing Office of Mental Health (OMH) criteria for the provision of housing and associated support services for this population. This includes "persons who are in psychiatric crisis, or persons who have a designated diagnosis of mental illness under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and whose severity and duration of mental illness results in substantial functional disability." In addition, prospective tenants must be homeless prior to placement pursuant to the primary eligibility criterion applicable to projects funded under the Empire State Supportive Housing Initiative (ESSHI). Candidates will be assessed and served irrespective of other factors that might influence their presumed readiness for housing. In other words, principles consistent with Housing First and Harm Reduction models of service delivery will be employed inasmuch as they have been proven to promote stability and community tenure among vulnerable recipient populations. Application of these principles has been reinforced through the agency's participation in a regional Co-Occurring System of Care Committee (COSOCC) that promotes integrated and inclusive care for individuals with co-occurring health conditions. To this end, candidates who agree to abide by basic terms and conditions of a standard lease agreement will be considered regardless of their use of alcohol or illicit substances, engagement in treatment or preventive care services, or other presumed indicators of "readiness." In addition, individuals whose service utilization histories or known risk factors warrant expedited access to supportive housing will be considered accordingly. This includes recipients subject to Assisted Outpatient Treatment (AOT) orders or other mandates, chronically homeless individuals, individuals with comorbid health conditions, and others at elevated risk of adverse outcomes.

All candidates will be assessed on a case-by-case basis and every effort will be made to provide reasonable accommodations for individuals who might encounter difficulty in fulfilling one or more material conditions of residency. For instance, candidates who fulfill criteria for inclusion in the SMI population as described in the ESHHI Request for Proposals (RFP), agree to abide by basic terms of tenancy, but are unable to fulfill financial obligations due to a lack of income will be considered and offered placement with the understanding they will collaborate with program support staff in securing publicly funded entitlements or other resources for which they might be eligible. Recipients' continuing eligibility for inclusion in the project will be determined in accordance with their adherence to the terms and conditions of standard lease agreements as would customarily apply to any tenants irrespective of their disability status or other demographic factors. Nevertheless, accommodations will be offered to individuals who require them to fulfill continuing obligations of tenancy. For instance, recipients who experience difficulty in fulfilling their financial obligations might receive assistance in money management or guidance in the acquisition of a representative payee. Prospective occupants of "non-supportive" units (i.e., units allocated to individuals in accordance with income guidelines only) will be evaluated according to financial criteria applicable to affordable housing projects of this type. Representatives of SFC and other stakeholders with which the agency might collaborate in the operation of this project (e.g., property management and leasing support firms, etc.) will utilize income verification systems necessary to ensure candidates' eligibility for placement in these units.

3e	Describe in detail the staffing of the project. Include the roles and functions of each ESSHI-funded position.

Answer: The proposed project will incorporate professional, supervisory, direct service, janitorial and maintenance, reception, security, and other support personnel as needed to ensure its successful operation. A Clinical Director (CD) employed by Search for Change, Inc. (SFC), the applicant, will be charged with oversight of all program operations including management of the program's professional and supervisory personnel, direct service workers, maintenance, and support staff. The CD will support a Registered Nurse (RN), Program Director (PD), and direct service staff in the delivery of housing support services in accordance with recipients' needs. The CD will also ensure the timely and accurate communication of any incidents or related developments to key community stakeholders and the coordination of other programmatic operations. The RN will monitor residents' overall health and ensure the effective coordination of medical and primary health-related services delivered to them. A PD will supervise the direct service personnel assigned to this project to ensure they fulfill all duties in accordance with its mission and intended outcomes. A Housing Care Manager will deliver a broad array of services to recipients targeted in this proposal that will include, but not be limited to, eviction prevention and the development of skills needed to fulfill responsibilities of tenancy; counseling and crisis intervention; life skills training; risk assessment and safety planning; guidance in the acquisition and retention of public benefits, health insurance and other income supports; educational and vocational services; parenting skills and assistance in accessing parenting support resources; family counseling and conflict resolution; and social support and recreational services. The Housing Care Manager will deliver these services under the supervision of the PD and CD and in partnership with community-based health and social service providers. These partners include Health Homes (HHs); Personalized Recovery Oriented Services (PROS) programs; vocational rehabilitation programs; Peer Specialists; Assertive Community Treatment (ACT) teams; Substance Use Disorder (SUD) treatment providers; and Home and Community Based Services (HCBS) and Community Oriented Recovery and Empowerment (CORE) providers, among others. A Facilities Manager will ensure the building in which this project is housed remains in good repair. A Porter will work in conjunction with the Facilities Manager to ensure the property remains clean and free of any health hazards. A Receptionist will field calls and inquiries from guests and address issues concerning program operations with the appropriate personnel. Security personnel will provide continuous coverage of the building in which this project will be situated and respond to tenants' concerns and emergencies accordingly.

Although the foregoing facility support personnel (e.g., Facilities Manager, Receptionist, etc.) will not bear responsibility for the delivery of rehabilitation services to tenants, they will nevertheless receive training in evidence-based practices essential to ensure tenants' safe and successful occupancy and to alert other personnel to emerging concerns. Such trainings include cultural competence and Trauma-Informed Care insofar as they are uniquely applicable to the recipients to be housed, many of whom are expected to have experienced trauma and a need for continuing support in effectively managing its sequelae. This project will rely on support from other professional, paraprofessional, and natural support networks on which its tenants will depend for a diverse array of healthcare and social welfare services. Nevertheless, SFC will bear primary and ultimate responsibility for all facets of the project and its operations and ensure its tenants receive services commensurate with their needs and essential to their health and wellbeing.

3f	Identify appropriate safety and security measures for the target population as well as building security.

Answer: Occupants of supportive housing units described in this proposal (i.e., occupants who qualify for placement in accordance with a disabling condition and require tenancy support services) will receive assistance in developing individualized plans through which they will enumerate various measures essential to ensure their safety in the event of emergencies. These measures will include, but not be limited to, notification of the building Receptionist, security personnel, representatives of law enforcement, and emergency services and fire departments. It will also include notification of the project Clinical Director (CD), Registered Nurse (RN), Program Director (PD), or direct service personnel (i.e., Housing Care Manager) in accordance with established "on call" procedures. Security cameras and remote monitoring systems will also be present on the premises and configured to alert appropriate authorities in the event of security breaches or other events that might jeopardize the health and safety of the building's tenants. Representatives of recipients' professional, paraprofessional, natural, and informal support networks will also be apprised of these measures and their assistance will be enlisted in applying them to the extent practicable and in accordance with recipients' expressed needs and preferences. Although occupants of the affordable (i.e., "non-supportive") units will not receive specialized services or participate in the development of individualized safety and support plans, they will have access to other procedures and amenities essential to their safe and comfortable occupancy. These include the aforementioned security personnel and remote monitoring services and access to law enforcement, emergency services personnel, and fire detection and prevention services, among others.

All personnel associated with this project including the Receptionist, security staff, Porter, CD, PD, RN, and direct service workers will receive continuing training in policies and procedures essential to the safety of the project's occupants. Training in risk identification and assessment, Trauma-Informed Care, and related principles will be regularly employed. Other evidence-based practices uniquely applicable to the target population to be served through this proposal and commensurate with its health and safety needs will also be utilized. These include, but are not limited to, Wellness Recovery Action Planning (WRAP) and Seeking Safety, among others. In addition, all personnel will be equipped to administer naloxone in the event a tenant or visitor experiences an opioid drug overdose for which such administration is necessary. The New York State Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) have made fentanyl test strips (FTS) available to providers operating under their licensure, and these will be offered to tenants and others associated with this project (e.g., guests, etc.) who desire them or evidence risk of poisoning or overdose through ingestion of this prevalent and uniquely hazardous substance.

Potential threats to tenants' safety will be continually reviewed by representatives of the applicant agency, Search for Change, Inc. (SFC), in collaboration with other interested stakeholders. In addition, a tenant council will be convened on a regular basis at which various issues of interest or concern to tenants will be addressed. Potential threats to the community's safety and security that might arise from tenants' behavior will be evaluated during the intake process and on a continuing basis. Specifically, tenant need and risk assessments will be administered during the initial evaluation process to identify and to mitigate potential risks;

however, no prospective tenants will be denied placement in permanent supportive housing based solely on the presence of known risk factor(s). (An exception to this practice might apply to candidates included in the New York State Sex Offender Registry. Inclusion in the Registry would not categorically exclude a candidate from placement, as extenuating factors might indicate their placement is warranted. In some instances, however, inclusion in this Registry could subject a candidate, other tenants, and project personnel to heightened scrutiny or similarly adverse events, in which case alternative placements would be explored to ensure the continuing success and viability of the project.) In addition, the applicant agency will conduct periodic reviews of incident trends, sentinel or untoward events, and other developments with implications for the safety of program participants. These reviews will be conducted in accordance with the applicant's existing Incident Review procedures and Continuous Quality Improvement (CQI) program.

3g	Describe any rent collection, eviction, and turnover procedures.

Answer: Tenants will participate in standard lease agreements that describe applicable rent collection procedures and other terms and conditions of residency. Occupants of the project's supportive units (i.e., units allocated to individuals who qualify for placement due to a disabling health condition or special need in accordance with eligibility criteria enumerated in the Empire State Supportive Housing Initiative Request for Proposals) will be subject to the same terms and conditions as other tenants. None of the individuals with special needs will be subject to additional constraints or other conditions that would not appear in a contract between property owners and tenants. Tenants who neglect to remit rent payments in accordance with the requirements enumerated in their lease agreements will be advised of their lapses through verbal notifications by Search for Change, Inc. (SFC) personnel. Agency personnel will proactively address issues of concern that would impede tenants' timely remittance of rent payments, and continual efforts will be made to aid tenants in meeting this responsibility. This process will commence at the intake phase during which agency personnel will advise candidates of their financial obligations. Program support personnel will engage tenants in fulfilling their financial obligations and addressing any impediments to the same.

Support personnel will also engage other agencies as needed to supply tenants with financial management assistance, representative payee services, and related support services essential to their economic self-sufficiency. For instance, in the event a qualified applicant has no monthly income due to a lapse in eligibility for publicly funded benefits, program support personnel will aid the applicant in reapplying for these benefits or addressing other obstacles to their acquisition to the extent practicable. Tenants who fail to fulfill their obligations despite such assistance will receive written requests for remittance if rent payments are outstanding for 30 days. Additional written requests will be delivered on accounts that remain in arrears for 60 days. These requests will advise recipients of pending eviction in the event their accounts remain delinquent. Every effort will be made to address obstacles to remittance and to promote tenants' access to services and supports necessary to restore their financial standing. For instance, agency personnel regularly assist tenants in securing representative payee services from individuals and organizations qualified to provide such assistance in order to aid them in managing their financial affairs when other interventions prove ineffective. In the event the foregoing remedial efforts do not produce desired results and tenants remain in arrears, eviction procedures will be initiated through a court of local jurisdiction. Tenants will

remain apprised of their rights throughout this process and advised of legal, advocacy, and related support services available to them. These include the Westchester County Department of Community Mental Health (WCDCMH), Office of Mental Health (OMH), and Legal Services of the Hudson Valley (LSHV), among others. SFC maintains affiliations with agencies that offer tenancy support and eviction prevention services, and these agencies may be enlisted to support tenants and to restore their good standing.

Although the project will provide permanent supportive housing, some of its tenants will likely vacate the project for various reasons. For instance, some occupants may qualify for subsidies through the federal Housing Choice Voucher Program that will enable them to transfer their rental assistance to other properties. Tenants will be advised to notify SFC of their intention to vacate the premises pursuant to the terms of their lease agreements, and their successors will be identified through a waitlist established by the Single Point of Access (SPOA), Continuum of Care (CoC) and its Coordinated Entry system, or other applicable authorities. Prospective occupants of affordable (i.e., "non-supportive") units will be identified in accordance with a lottery system or other procedures applicable to such units.

3h	Provide an overview of the desired outcomes. (Include specific performance measures intended to improve the health status and/or self-sufficiency and/or safety of the individuals served through this project). Outcome measures should be quantifiable.

Answer: The project described herein aims to reduce the incidence of homelessness and to promote the health, stability, and enduring community tenure among members of its target population. It is also expected to reduce potentially preventable emergency department and inpatient service encounters among its recipients. The applicant, Search for Change, Inc. (SFC), delivers rehabilitative services that will aid tenants of the proposed housing project in the acquisition and retention of stable housing arrangements. Agency personnel will facilitate the provision of housing, treatment, rehabilitation, and related support services for vulnerable individuals in coordination with other community-based service agencies. Services provided by SFC and other organizations with which it collaborates will include behavioral health treatment; nursing support services; care management, including eviction prevention and the identification and development of skills needed to fulfill responsibilities of tenancy; counseling and crisis intervention; life skills training; risk assessment and safety planning; guidance in the acquisition and retention of public benefits, health insurance and other essential income supports; educational and vocational services; parenting skills and assistance in accessing parenting support resources; family counseling and conflict resolution; and social support and recreational services. Tenants will also have access to emergency assistance on a 24-hour basis.

SFC will implement process and performance measurement standards that will enable it to evaluate the efficacy of programmatic interventions and to calibrate them in an iterative fashion. Agency personnel will administer assessments of tenants' needs and service utilization histories upon placement in supportive housing, and data obtained via these assessments will establish baselines to which subsequent measurement data will be compared. Such assessment data will include, at a minimum, inpatient hospitalization and emergency department utilization histories during the 24-month period preceding housing placement; housing status during this period; criminal justice involvement; connectivity with outpatient and community-based support services; subjective assessments of wellness; and conditions or behaviors relevant to whole health and the recovery process. These include such factors as

substance use, tobacco dependence, and nutritional habits, among others. Other metrics will include, but not necessarily be limited to, the percentage of recipients who receive ''follow-up" support from a care manager or other responsible party following emergency department visits or inpatient hospitalizations; the percentage of recipients who achieve stable or improved housing status; and the percentage of individuals who enroll in Health Home (HH) services. Other measures, including some applicable to a select subset of the population to be served, will also be applied as necessary to promote desired outcomes. For instance, "Diabetes Screening for Individuals with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications" is a National Committee for Quality Assurance (NCQA)-approved measure designed to prevent the onset of diabetes among individuals at elevated risk of it. Measures that address the import of Health-Related Social Needs (HRSNs) (e.g., progress toward gainful employment, acquisition of income and nutritional supports, etc.) and disparities associated with racial, ethnic, and related demographic factors will also be included insofar as they are more determinative of recipients' overall health than "conventional" healthcare interventions. HRSN-related measures are also integral to a variety of reforms presently underway including an ambitious initiative of New York State in which the applicant is an active participant. This initiative was authorized under a federal Medicaid Waiver that facilitated the establishment of Social Care Networks (SCNs), networks of healthcare and social welfare organizations that coordinate the delivery of HRSN services to Medicaid recipients for whom such assistance is expected to promote improved health outcomes. The applicant is a contracted provider of HRSNs for the region in which this project will be developed, and it is poised to utilize this opportunity in furtherance of the project's goals. The foregoing measures and supporting activities are expected to produce favorable and quantifiable outcomes including reduced recidivism in various forms; improved overall health, as evidenced by improved management of chronic health conditions such as diabetes and cardiovascular disease; increased self-sufficiency; and enduring community tenure.

3i	Describe how your agency will monitor the effectiveness of the program, and how tenants will be included.

Answer: This project aims to reduce the incidence of homelessness among vulnerable individuals and to promote their overall stability and community tenure. It also aims to enhance recipients' connectivity to various social support, acute, and preventive care services that will reduce their reliance on emergency department and inpatient services. To the extent this project achieves these ends it should also yield other desirable outcomes among its recipients including improved management of chronic health conditions and increased engagement with social, emotional, and vocational support networks. The applicant, Search for Change, Inc. (SFC), will utilize a variety of methods to monitor the efficacy with which its interventions achieve the foregoing outcomes. These methods will also enable the agency to modify its practices as needed to address any deficiencies and to optimize results. Data obtained via assessments, electronic databases (e.g., the Psychiatric Services and Clinical Knowledge Enhancement System [PSYCKES], etc.), and structured interviews with tenants and members of their collateral support networks are expected to reveal trends for which certain interventions may be warranted. SFC personnel will not rely solely on these data to inform their approach to recipient engagement, however. Data concerning hospitalization rates, emergency services utilization, incarceration, and other significant events are trailing

indicators of change, and a proactive approach necessitates preventive care and early intervention. Additional measures endorsed by health plans and programs serving adults with significant behavioral health concerns will be applied to this end. These measures will include, but not necessarily be limited to, the percentage of recipients who receive "follow-up" support from a care manager or other responsible party following emergency department visits or inpatient hospitalizations; the percentage of recipients who achieve a stable or improved housing status; and the percentage of individuals who enroll in Health Home (HH) services. These metrics are leading indicators of change, and they should correlate positively with other favorable outcomes.

Additional measures and associated interventions uniquely applicable to the target population identified herein will address Health-Related Social Needs (HRSNs), racial and ethnic disparities (specifically structural impediments to the attainment of desirable outcomes among persons of color and other marginalized populations), and related considerations. Another measure heretofore unavailable but now applicable to this project entails recipients' access to screening, navigation, and HRSNs delivered through a Social Care Network (SCM) in which the applicant is an active participant. That is, an ambitious initiative authorized through a federal Waiver of Medicaid regulations has enabled New York State to extend a comprehensive suite of HRSNs to select Medicaid recipients who require them to achieve enduring stability and self-sufficiency. The applicant agency will ensure individuals deemed eligible for participation in this initiative gain access to it accordingly.

Furthermore, agency personnel will maintain an ongoing dialogue with tenants and their representatives and conduct regularly scheduled meetings in their apartments or other community-based settings. These meetings and communications will enable program staff to deliver services identified in tenants' support plans and to address issues of concern that could compromise their stability. Many individuals served through this initiative will likely experience incremental changes over the course of their tenancy, and these changes may include perceived "setbacks" that could be reframed as opportunities for insight and renewal. This orientation is consistent with principles of Motivational Interviewing (MI) that empower individuals to achieve lasting changes in a manner that is consistent with their values and preferences. Agency personnel will monitor the effectiveness of the program via key performance indicators that include, at a minimum, inpatient hospitalization and emergency department utilization rates, incidence(s) of criminal justice involvement, connectivity with outpatient and community-based support services, subjective assessments of wellness, and conditions or behaviors relevant to whole health and the recovery process. The foregoing quantitative measures will be complemented by qualitative measurement processes designed to capture information not readily accessible via other means. Tenants' participation will be solicited in every facet of project management, and they will be regularly consulted on the value and suitability of performance measures and the manner in which they are applied. Tenants will be consulted individually and in group sessions (e.g., tenant councils), and approaches to the measurement process will be adjusted in accordance with their advice and counsel and in alignment with leading evidence-based practices. These include, but are not limited to, Trauma-Informed Care; Cultural and Linguistic Competence; and Diversity, Equity, and Inclusion, among others.

3j	State specifically how the proposal will address one or more of the goals of the Executive Order 190 (Incorporating Health Across All Policies into State Agency Activities).

Answer: The project described in this proposal will advance several elements of Executive Order (EO) 190 ("Incorporating Health Across All Policies into State Agency Activities") in accordance with the applicant agency's existing activities, key objectives, and overarching mission. The applicant, Search for Change, Inc. (SFC), has provided a broad array of community-based support and rehabilitative services for adults with disabilities and special needs since its inception. As such, it has advanced elements of EO 190 long before they were codified. By establishing safe, supportive, and affordable living arrangements for its clientele (as it does within its supportive housing programs), the agency promotes a healthy and safe environment for many of its region's most vulnerable residents. This is a core element of EO 190. The operation of a 62-unit housing project, as envisioned in this proposal, which includes affordable units for individuals who qualify in accordance with economic need and additional units specifically for individuals with disabling conditions will have an appreciable impact on a regional housing crisis and the fulfillment of EO 190. Moreover, inasmuch as this project will serve individuals with Serious Mental Illness (SMI), many of whom will have experienced Substance Use Disorders (SUDs) and other significant health conditions, it will advance another central aim of EO 190, promoting wellbeing and preventing mental health and SUDs. Other aims of the EO are synergistic and neatly aligned with the intended outcomes of the project described in this proposal.

Services delivered through this project will also fulfill objectives of other initiatives that comport with the overarching aims of EO 190. For instance, the World Health Organization (WHO) identifies Eight Domains of Livability that aim to improve overall population health. These domains include outdoor spaces and livability; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community and health services. A supportive and affordable housing project as described in this proposal that ensures the full community integration and corresponding opportunities for participation among vulnerable individuals naturally addresses the foregoing domains and advances health and wellbeing among its tenant population. This is also consistent with a key principle of the Olmstead Implementation Plan, one that aims to reduce the incidence of institutionalization and consequent segregation of vulnerable individuals. It is also consistent with an initiative of New York State that authorizes the delivery of a comprehensive suite of services designed to address select Medicaid recipients' Health-Related Social Needs (HRSNs) through a federal Waiver of Medicaid regulations pursuant to Section 1115 of the Social Security Act. The applicant agency is an active participant in this initiative, and it has executed a contract with a Social Care Network (SCN) operating within its catchment area that will enable it and its sister agencies to deliver HRSNs in furtherance of recipients' wellbeing. Significantly, two domains of health identified in EO 190 (housing and transportation) have been targeted through this initiative. As such, they are neatly aligned with services to be delivered through this project and aligned with its intended outcomes.

In addition, the applicant will ensure tenants receive a comprehensive array of community-based treatment and support services through an expansive network of agencies with which it

maintains longstanding affiliations. This is consistent with a holistic approach that addresses innumerable determinants of health, including HRSNs, and specifically the conditions in which people are born, grow, work, live, play, and age, and the wider set of forces and systems shaping the conditions of daily life as described in EO 190. To the extent this project is successful in achieving its overall aims it will advance other elements of EO 190 that include the prevention of chronic and communicable disease; improved health among women, infants, and children; enhanced access to health care and supportive services; and overall advances in wellness, longevity, and quality of life among its recipients.

3k	How does your program integrate trauma knowledge into its policies, procedures, and practices? Provide a plan for staff training, examples of trauma-informed procedures and policies, client confidentiality, and client conflict resolution.

Answer: The applicant, Search for Change, Inc. (SFC), has undertaken several measures in recent years to infuse principles of Trauma-Informed Care (TIC) into its policies and procedures. These will be deployed in support of the project described in this proposal. The agency has incorporated formal training on the impact of trauma on its service recipients into its curriculum, and all personnel are required to participate in this and to demonstrate basic competencies following their completion of such training. The applicant is uniquely positioned to integrate TIC practices and principles into the project described herein inasmuch as it has participated in a TIC initiative in partnership with a behavioral health Independent Practice Association (IPA) of which it is a prominent member. Furthermore, the applicant's Clinical Director (CD), who will be charged with oversight of this project, completed an extensive course in trauma-informed supervision that has equipped her to guide other personnel in assimilating key TIC principles. This IPA operated under the name of Coordinated Behavioral Health Services (CBHS), and it recently merged its activities with Hudson Valley Care (HVC), a prominent Health Home (HH) operating through the Lower Hudson Valley Region. The product of this merger, the Hudson Valley Care Coalition (HVCC), now administers a HH, IPA, and Social Care Network (SCN) comprised of healthcare and social welfare organizations entrusted to serve individuals with serious behavioral health conditions. Prior to this merger, CBHS had commissioned a behavioral health consulting firm, Health Management Associates (HMA), to collaborate in the development of TIC Standards of Care, provider Attestations, and related materials to be adopted by participating agencies. SFC's Chief Executive Officer served as Co-Chairperson of the CBHS Quality Improvement Committee (QIC) and played a leading role in disseminating these practices and principles within his own agency and others. In addition, SFC utilizes a learning management system (LMS) administered by Relias, a firm that offers specialized training services for the behavioral health sector. The nature and scope of the agency's training program has evolved in concert with emerging evidenced-based practices, and it has supplemented its offerings with others provided by recognized matter experts. For instance, Westchester Jewish Community Services (WJCS) maintains a "Center for Trauma and Resilience" through which it disseminates information, resources, trainings, and best practices in Trauma-Informed Care to various audiences. SFC and WJCS enjoy a productive collaboration through joint membership in the HVCC. Subject matter experts within WJCS and SFC have delivered trainings on the multifaceted nature of trauma and its various manifestations to agency personnel, and these have enabled many, especially those charged with direct service responsibilities, to gain a nuanced understanding of the role of abuse (both emotional and

psychological), illness, poverty, and discrimination in all its forms (e.g., racism, sexism, homophobia, etc.) in perpetuating illness and dysfunction among their clients. SFC has also availed itself of the offerings of the Alliance for Rights and Recovery (formerly the New York Association of Psychiatric Rehabilitation Services [NYAPRS]), an agency that delivers advocacy, education, and related offerings for the behavioral health and social welfare sector. The Alliance for Rights and Recovery (Alliance) offers training and professional development for agencies licensed by the Office of Mental Health (OMH), and SFC personnel have participated in TIC trainings delivered by Alliance representatives with expertise in this and related topics.

As the foregoing activities unfold, key representatives of SFC's administration, including its CEO, Clinical Director (CD), Human Resources (HR) Director, and other supervisory personnel continue to review longstanding policies and procedures to ensure they incorporate elements of TIC into daily practices. These include safety planning for service recipients; reflective listening and authentic communication; use of strengths-based language; preservation of client confidentiality through adherence to standards codified in the Health Insurance Portability and Accountability Act (HIPAA) and related regulations; and crisis intervention and de-escalation techniques as applied to both individual crises and the resolution of conflicts between individuals. Personnel assigned to support tenants of the housing project described in this proposal (including facility support personnel such as janitors and receptionists who are often among the first to identify potential issues concerning tenants' safety and stability) will be required to participate in the aforementioned training protocols and to demonstrate their competence in TIC, as many of the project's occupants are expected to have experienced traumatic events and stressors associated with their economic plight, disability status, and other factors. A TIC approach is critical to the health and wellbeing of all vulnerable persons, but it is especially applicable to tenants of the project to be developed through this proposal inasmuch as individuals with SMI are uniquely susceptible to traumatic life events. Please note Appendix B (attached to this document) includes policies and procedures concerning Trauma-Informed Care and related considerations.

3l	Describe how your program addresses the needs of marginalized populations, including individuals of color, diverse cultural identities or ethnicities, people who identify as LGBTQ or gender non-conforming, etc.

Answer: Throughout the agency's 49-year history of operation, it has served diverse recipient populations and employed personnel of similar diversity in accordance with its overarching mission. In recent years, the agency has enhanced its array of professional development opportunities for its personnel that address various dimensions of diversity and their implications for successful engagement and service delivery. Principles of Trauma-Informed Care, cultural competence and humility, gender and sexuality, and implicit bias figure prominently in the agency's training curriculum and have been incorporated into policies and procedures. The agency has also established linkage agreements with other agencies and organizations that provide information and education on these and related topics through which these organizations supplement the agency's existing curriculum. The foregoing training offerings are enhanced by a learning management system (LMS) to which the agency acquired access, and it maintains a compendium of offerings that include such topics as Trauma-Informed Care, cultural and linguistic competence, and related topics applicable to marginalized populations. Furthermore, the agency's Chief Executive Officer currently serves

on a Regional Racial Justice Advisory Committee (RRJAC) that operates under the auspices of a Continuum of Care (CoC) in which the agency is a leading participant. The RRJAC was constituted to address enduring practices that perpetuate disparate treatment and marginalization of racial and ethnic minorities and others who have been subjected to societal prejudice. Findings of the RRJAC have informed the activities of the CoC and its member agencies and will be similarly applied to the project described herein. An example of the RRJAC's activity in furtherance of greater diversity, equity, and inclusion (DEI) among persons served includes a comparison of racial and ethnic data obtained via Homeless Management Information Systems (HMIS) to population data provided by participating Coordinated Entry Systems (CES). Emergent discrepancies between these data sets suggest certain Coordinated Entry Systems might inadvertently perpetuate disparities in the provision of essential services to marginalized populations. These and other findings are being applied via corrective action plans, and lessons learned will be similarly applied to the project described in this proposal.

As indicated in the foregoing description of the agency's programs and services, its personnel also conduct extensive outreach and "in reach" activities. To this end, agency personnel who facilitate outreach and "in reach" activities participate in all the foregoing training sessions and receive supplemental guidance and education on topics or issues of concern that pertain to individuals entrusted to their care. For instance, agency personnel regularly receive demographic profiles of individuals slated for preliminary engagement activities that includes information concerning race, ethnicity, gender and sexual identity, language preferences, and other characteristics. These personnel review these profiles with their supervisors to determine whether particular needs, accommodations, considerations, or other factors must be identified to ensure the engagement process proceeds with due respect and consideration of individuals' unique circumstances. The agency is also an established member of an Independent Practice Association (IPA) comprised of numerous behavioral healthcare and social welfare organizations that serve populations of considerable demographic diversity including frequently marginalized populations such as people who identify as LGBTQIA+ or gender non-conforming, among others. The agency is pursuing various quality assurance and clinical integration activities with its fellow IPA member organizations, and these will be leveraged in service of tenants of the project described herein.

3m	How does the program provide language access for individuals with limited English proficiency? Describe to what extent the following are available to tenants: translated materials, multilingual staff and/or interpretation and translation services.

Answer: Although the applicant, Search for Change, Inc. (SFC), is not altogether unlike other health and social welfare organizations that have experienced difficulties in the recruitment and retention of qualified personnel, including bilingual employees, the agency has leveraged other resources and avenues of assistance to ensure its clients receive appropriate language translation and support services. The agency has enlisted the services of a vendor to translate much of its documentation, specifically its policies, procedures, service line descriptions, brochures, and advertising materials, among others, to other languages commonly in use by its clientele. The agency has also maintained an ongoing dialogue on this topic with key stakeholders within the New York State Office of Mental Health (OMH) inasmuch as they are equipped to provide technical assistance and regulatory oversight and share responsibility for the provision of language translation and support services as needed. The agency and its

governmental partners have identified additional vendors that offer telephonic language translation services as needed for the purpose of engagement, assessment, and ongoing service provision as needed. Fees associated with some of these services are reimbursed by third parties, whereas others must be incurred by the agency or other stakeholders. For instance, some Managed Care Organizations (MCOs) with which the agency has contracted for the provision of Home and Community Based Services (HCBS) to eligible recipients (i.e., those enrolled in Health and Recovery Plans (HARPs) and deemed in need of HCBS in accordance with prevailing eligibility assessment protocols), have signaled a willingness to provide reimbursement for language translation services.

The agency is also an established member of the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of healthcare and social welfare agencies operating throughout the Lower Hudson Valley Region. The HVCC is comprised of a diverse array of organizations of similarly diverse personnel and resources including multilingual staff and translation services. SFC is also pursuing various quality assurance and clinical integration activities in partnership with fellow IPA member organizations that will be leveraged in service of individuals targeted through this proposal. Many service recipients, including those who will likely be served through the project described in this proposal, enjoy joint enrollment in several HVCC member organizations and therefore benefit from a multiplicity of service offerings that include language translation and support services. A core principle of supportive housing, of which SFC has been a provider for nearly 50 years, is the provision of individualized services as enumerated in recipients' support plans. To this end, agency personnel will ensure tenants of the project described herein who require language support services will receive them through one or more sources, and these sources will be invited to participate in tenants' support plans to the extent practicable and in accordance with tenants' choice and expressed written consent.

4. Readiness

4a	Is there an identified site for the proposed project?

Answer: A site for the proposed project has been purchased, and it is now under the ownership of the applicant agency, Search for Change, Inc. (SFC). In addition, numerous predevelopment activities have been completed, and the applicant and members of its project development team have made repeated appearances before a municipal Planning Board in pursuit of site plan approval. This site is located in the Village of Mamaroneck, a municipality uniquely positioned to support a project of this type inasmuch as it is centrally located and boasts an extensive array of community resources on which future occupants of the project will depend. This municipality also has a well-documented need for additional units of affordable and supportive housing. As indicated in response to other project-specific questions, an Affordable Housing Task Force convened by the Village of Mamaroneck produced a report that revealed a dire shortage of affordable housing opportunities in the community. Between 2000 and 2022, the percentage of its households that apply more than 50% of household income toward rent (i.e., "severely-cost burdened" households) increased by 15.3%. Nearly one-third (32%) of its households are now severely cost-burdened and an additional 15% apply more than 30% of household income toward rent and are classified as "cost-burdened" households. This is unsurprising in view of a precipitous rise in median monthly rent within the Village of Mamaroneck. Between 2000 and 2023, median monthly rent rose by 82%, whereas median

household income remained relatively stagnant, having risen by only 15% (Village of Mamaroneck Affordable Housing Task Force, 2025). The Village of Mamaroneck is situated in a suburban region of Westchester in proximity to White Plains, the County Seat. The site on which the project will be developed is located at #338-#352 Mt. Pleasant Avenue, Mamaroneck, NY 10543. Like many other properties in this community, it is located in proximity to main thoroughfares and public transportation routes, retail stores and establishments, and a major hospital and behavioral healthcare center with which the applicant, Search for Change, Inc. (SFC), enjoys a longstanding partnership. Extensive predevelopment activities have been performed that include, but are not limited to, environmental, civil, and traffic engineering analyses; architectural studies; legal assessments including evaluations of prevailing planning and zoning considerations and consultations with the State Historic Preservation Office (SHPO); and extensive exchanges with representatives of the Planning Board and its consultants. SFC also maintains an existing infrastructure in Mamaroneck through the operation of an Office of Mental Health (OMH)-certified Congregate Treatment Program (CTP) and Apartment Treatment Program (ATP) and the delivery of Scattered-Site Supportive Housing services to area residents.

4b	Does the applicant have site control? If yes, describe the form of site control. If not, describe your plan to achieve site control

Answer: The applicant, Search for Change, Inc. (SFC), has secured complete site control through the purchase of three contiguous parcels located at #338-#352 Mt. Pleasant Avenue, Mamaroneck, New York, 10543. The aggregate size of these properties is sufficient to support the construction of a six-story building to accommodate 62 units of supportive and affordable housing, and they are located in proximity to essential amenities on which future tenants will depend. Moreover, SFC operates an extensive network of supportive housing programs licensed and funded by the Office of Mental Health (OMH) in this municipality, and it will leverage its infrastructure in furtherance of this project and its goals. The Chief Executive Officer (CEO) of SFC and other members of the project development team including a development consultant, architect, land use attorney, and civil engineer have completed extensive predevelopment activities that include a comprehensive environmental impact analysis (as encompassed in Parts I, II, and III of an Environmental Impact Form), preparation of civil engineering and traffic reports, and architectural studies, among others. The project development team has also made repeated appearances before the Village of Mamaroneck Planning Board (PB) in pursuit of site plan approval. Potential impediments to development have been addressed and site plan approval should be forthcoming. Additional approvals must be secured from a Zoning Board of Appeals and Harbor & Coastal Zone Management Commission, and the development team is prepared to address actual or potential issues raised by these and other applicable authorities.

4c	Describe what capital funding sources have already been secured. If capital funds have not been secured, discuss how your agency plans to secure capital funds within a 24-month timeframe.

Answer: Search for Change, Inc. (SFC) has purchased a site suitable for development of the project described in this proposal. In February 2024, SFC purchased three contiguous parcels located at 338, 346, and 352 Mt. Pleasant Avenue, Mamaroneck, New York, 10543. This site fulfills essential criteria inasmuch as it is situated in proximity to main thoroughfares and

corresponding mass transit routes, retail stores and establishments, and a prominent hospital and provider of behavioral healthcare services. Extensive predevelopment activities have been executed that include, but are not limited to, market and feasibility studies; engineering and architectural analyses; surveying and environmental reviews (including completion of a comprehensive environmental impact analysis as conveyed in parts I, II, and II of an Environmental Assessment Form [EAF]), and presentations to municipal land use authorities. These presentations entailed the preparation and submission of applications for site plan approval to the Village of Mamaroneck (VoM) Planning Board that commenced in May 2024 and continued to the present. In addition, SFC received a conditional "Services and Operating" award during the last (i.e., eighth) round of ESSHI award allocations and is seeking its renewal in response to the current (i.e., ninth) round of ESSHI Requests for Proposals (RFP), as construction and subsequent leasing and occupancy activities will not be undertaken until a later date. SFC and its development partners have explored various predevelopment funding resources available through the New York State Office of Mental Health (OMH) and Corporation for Supportive Housing (CSH), a private entity that offers low-interest loans and other services designed to facilitate supportive housing development. This funding supports such expenses as an architectural feasibility study and environmental (Phase 1) analysis, both of which have been completed. With the information provided by these studies, SFC and its partners will prepare a financial pro forma and submit it to OMH for approval. SFC and its partners will also submit a Concept Paper to the Homeless Housing and Assistance Program (HHAP) and participate in a meeting with HHAP personnel to review this Paper and to receive their feedback and recommendations. The HHAP offers funding in support of capital (i.e., construction) costs, and the submission of a Concept Paper that describes the project and its overarching goals and objectives is viewed as integral to the HHAP application process. (Significantly, SFC and its development partner, CSD Housing, LLC [CSD], are collaborating in another project in Putnam County for which an HHAP application was submitted and other predevelopment activities completed. This has enabled the agencies to cultivate a productive partnership and proficiencies in navigating the approval process that will be leveraged in furtherance of the project described herein.) SFC and its development partner will maintain an ongoing dialogue with various stakeholders throughout the development process. These will include, but not necessarily be limited to, municipal officials (e.g., planning authorities for the VoM); Westchester County Department of Community Mental Health (WCDCMH); Westchester County Department of Social Services (DSS); OMH; community health and social service providers; and prospective tenants and neighbors of the proposed project. In summary, capital funding sources will include, but not necessarily be limited to, an Office of Temporary and Disability Assistance (OTDA)/Homeless Housing and Assistance Program (HHAP) grant; Home and Community Renewal (HCR) Low Income Housing Tax Credit (LIHTC); Supportive Housing Opportunity Program (SHOP) subsidy; a deferred developer fee; and a bank loan(s), among others.

4d	Provide a detailed timeline for the project: Include milestones such as site acquisition, closing on financing, construction timeframe, and estimated project opening date. Address other items such as known zoning issues, community support, project development, team readiness, etc.

Answer: The applicant agency, Search for Change, Inc. (SFC), purchased a site suitable for development located at 338-352 Mt. Pleasant Avenue, Mamaroneck, NY 10543. Extensive predevelopment activities have been completed that include, but are not limited to, market and feasibility studies; engineering and architectural analyses; surveying and environmental reviews (including completion of a comprehensive environmental impact analysis as conveyed in parts I, II, and II of an Environmental Assessment Form [EAF]), and presentations to municipal land use authorities. These presentations entailed the preparation and submission of applications for site plan approval to the Village of Mamaroneck (VoM) Planning Board that commenced in May 2024 and continued to the present. In summary, all necessary due diligence activities have been completed, and the project development team expects to secure site plan approval by or about July 2025. Additional reviews will be conducted by a Zoning Board of Appeals (ZBA) and Harbor & Coastal Zone Management Commission. Capital funding for development should be approved by or about October, 2025, at which time construction documents should be drafted. A closing on financing necessary to proceed to construction should occur by or about December, 2025, and construction should commence in the spring of 2026 (by or about March, 2026). Completion of all construction activities should occur by or about February, 2028 and the project should open shortly thereafter (by or about April, 2028).

4e	If this project is already in development, identify the status/stage of development, including the percentage of construction completion, if applicable

Answer: The project is in its predevelopment phase inasmuch as the parcels on which it will be situated have been purchased by the applicant agency and extensive predevelopment activities have been completed. These include, but are not limited to, market and feasibility studies; engineering and architectural analyses; surveying and environmental reviews (including completion of a comprehensive environmental impact analysis as conveyed in parts I, II, and II of an Environmental Assessment Form [EAF]), and presentations to municipal land use authorities. These presentations entailed the preparation and submission of applications for site plan approval to the Village of Mamaroneck (VoM) Planning Board that commenced in May 2024 and continued to the present. Construction will begin at a future date, specifically after site plan approval has been secured and capital (i.e., construction) financing has been acquired.

5. Budget

5a	Describe the extent to which other viable sources of funding are available to provide operating and support services costs. Include any applicable funding such as tenant contributions, foundation funds, other subsidies, etc.

Answer: The applicant, Search for Change, Inc. (SFC), has not yet secured a definitive promise of leverage funding from any specific sources of such funding. Nevertheless, tenants of the proposed housing project will be expected to apply 30% of their adjusted monthly income toward rent, and this will reduce the amount of funding required from state aid and other sources to operate this project. In the event an incoming tenant does not have a reliable source of income with which to make such a contribution, agency support personnel will offer assistance in accessing publicly funded benefits as needed. In addition, the federal Housing Choice Voucher Program (i.e., Section 8) is expected to provide rental subsidies that will aid some of the tenants of the proposed housing project in fulfilling their financial obligations.

Westchester County maintains a long waitlist for Section 8 rental assistance, and it is not immediately available to many individuals who qualify for it in accordance with household income and other factors. Nevertheless, tenants of the proposed housing project will be encouraged to apply for Section 8 assistance and to accept it once it becomes available to them. Tenants may then apply this assistance toward their rent expense and thereby reduce the state share of funding needed to support it. In addition, SFC has cultivated enduring relationships with a host of healthcare and social welfare organizations on which its clients rely for essential services, and these organizations have pledged their support for the project to be developed through this proposal. Moreover, SFC is a member of the Hudson Valley Care Coalition (HVCC), a Health Home (HH), Independent Practice Association (IPA), and Social Care Network (SCN) comprised of behavioral healthcare and social service agencies operating throughout its region. SFC's participation in this network has enabled it to pursue clinical integration activities designed to enhance the depth and breadth of its service offerings to a clientele it shares with its organizational partners. Insofar as occupants of the project envisioned in this proposal will experience symptoms and life challenges common among individuals with Serious Mental Illness (SMI), some of whom will also fulfill criteria for inclusion in other subpopulations due to comorbid health conditions and associated life challenges (e.g. Substance Use Disorder), their access to a diverse array of healthcare, behavioral healthcare, and social welfare services will facilitate their stability and community tenure. SFC and its partners within the HVCC have established organizational affiliations and synergistic service offerings that will be leveraged in service of the project's tenants and their overall success. The aforementioned clinical integration activities have also advanced IPA member organizations' readiness to engage emerging payors, such as Managed Care Organizations (MCOs), in Alternative Payment Models (APMs) that ensure services are delivered in accordance with the highest standards of quality as defined by specific performance outcomes. In addition, SFC maintains a designated grant writing and development specialist who routinely pursues funding through foundations, donors, and other sources. Such activities will be leveraged in furtherance of the project described in this proposal. Application of the partnerships and associated resources as described above will effectively enhance and extend the impact of "Services and Operating" funds allocated to this project.

5b	Describe the fiscal viability and health of the applicant agency, including the history of successfully managing public grant funding.

Answer: The applicant, Search for Change, Inc. (SFC), was incorporated in 1975, and throughout its history it has steadily grown and diversified its services in accordance with its mission. During the past several years, SFC has developed new programs and correspondingly diverse revenue streams that support its operations. It derives approximately half its operating income from the New York State Medicaid program for rehabilitative services delivered to occupants of its Office of Mental Health (OMH)-licensed residential programs. The agency's fiscal, administrative, and program management personnel have developed procedures to ensure services are delivered and documented in accordance with prevailing Medicaid regulations and standards established by the Office of the Medicaid Inspector General (OMIG). The agency was subject to a routine audit by the OMIG in 2013 and deemed in compliance with its protocols. The OMIG uncovered no irregularities or improprieties that would have resulted in a disallowance or reversal(s) of previously paid claims.

The balance of the agency's operating revenue is derived from programming fees and municipal grants and contracts. These revenue sources include, but are not limited to, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits paid to and remitted by program participants to satisfy applicable programming fees; payments issued by the Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR) and OMH for vocational rehabilitation services rendered in accordance with the agency's vocational services contracts; and reimbursements paid by Managed Care Organizations (MCOs) for Home and Community Based Services (HCBS) delivered to eligible recipients. The agency also receives grant funding in support of its care management service lines. This includes a Mobile Outreach Team (MOT) and Transitional Outreach Program (TOP) that that deliver intensive support services to an exceptionally vulnerable cohort of the agency's recipient population, specifically individuals with histories of institutionalization in state-operated psychiatric centers. It also includes a third team that constitutes a significant expansion of the agency's service portfolio. This team, a Safe Options Support (SOS): Critical Time Intervention (CIT) Team, is a recent initiative of New York State that delivers intensive outreach and engagement services to unsheltered homeless individuals at serious risk of adverse outcomes absent such support. SFC was recently awarded a grant to operate this program in Westchester County, and it includes funding sufficient to support nine (9) Full-Time Equivalent (FTE) personnel and associated operating costs. This grant, valued at nearly $1 million annually, has enabled SFC to increase its operating revenue by approximately 10% and to further diversify its service offerings in accordance with its mission. In addition, the agency maintains a contract with the New York State Office of Temporary and Disability Assistance (OTDA) for the provision of various services through the Solutions to End Homelessness Program (STEHP). This has enabled the agency's personnel to develop an understanding of OTDA and Department of Housing and Urban Development (HUD) contracting guidelines through which they have enhanced the agency's capacity to execute increasingly complex contracting activities.

The agency has consistently fulfilled its fiduciary duties associated with these contracts, as affirmed by favorable audits and continuing contract renewals. The agency has developed similarly effective means of accounting for its funds, and it has continually remained in good standing with its issuing and oversight authorities. It also maintains a robust reserve in addition to reliable sources of revenue. These reserves have been cultivated through concerted and sustained fundraising activities that include a capital campaign for which the agency has secured an experienced consultant and fundraising counsel. In summary, a review of the agency's IRS Form 990 and CHAR500 confirm its viability and readiness to undertake a project of this type. In addition, the agency's most recent (2024) audited Consolidated Statements of Financial Position confirmed its assets significantly exceed its liabilities. As of December 31, 2024, the agency reported $24,964,765 in total assets and $19,070,916 in total liabilities. This is indicative of a positive working capital position. It also indicates a marked improvement in the agency's financial position between 2023 and 2024. (As of December 31, 2023, the agency reported $16,329,737 in total assets and $10,644,324 in total liabilities.)

5c	In the past three years, has the applicant agency been audited or reviewed by a government agency. If so, what was the results? Describe any negative findings and how they were resolved.

Answer: In 2024, the applicant agency's supportive housing programs were reviewed by the New York State Office of Mental Health (OMH) in accordance with OMH's standard operating procedures. That is, SFC operates several residential programs licensed by the OMH that must be reviewed through a Targeted Recertification process on a triennial (or more frequent) basis. SFC navigated this review successfully and its Operating Certificates (OCs) were reviewed for a three-year (i.e., 36-month) term. This term indicates SFC's programs are operating in conformity with applicable licensing guidelines. That is, there were no negative findings. The OMH identified certain practices and procedures to which certain improvements could be made in keeping with an orientation of Continuous Quality Improvement. The agency prepared a Corrective Action Plan (CAP) that enumerated measures to be taken to enact OMH's recommendations. The OMH subsequently approved this CAP.	
5d	Indicate if audited financial statements have been prepared for the applicant agency within the past twelve months and if the audit resulted in an unqualified, or "clean" opinion. If the audit resulted in a qualified opinion, please describe.
Answer: The applicant agency, Search for Change, Inc. (SFC), was recently subject to an independent audit of its financial operations. Findings of this audit were prepared and delivered to the agency's Management Team and Board of Directors on May 14, 2025. The auditors issued a "clean" or unqualified opinion of the agency's finances, and they did not identify any material weaknesses in internal control in accordance with prevailing accounting standards.	
5e	Did the most recent audited financial statements of the applicant agency indicate that current assets were equal to or exceeded current liabilities (a positive working capital position)?
Answer: The most recent audited financial statements confirmed the agency possesses $24,964,765 in total assets and $19,070,916 in total liabilities. Insofar as the agency's assets exceed its liabilities, it maintains a positive working capital position.	
5f	Indicate the percentage of the total funding request attributable to rent subsidies, and the anticipated ESSHI rent subsidies per unit size, and the AMI level(s) the ESSHI rents are intended to equate to (e.g., 50% of AMI).
Answer: Approximately 42% of the total funding requested for the project described in this proposal will be attributable to rent subsidies for occupants of its "supportive" housing units. A total of $1,039,348 has been requested, of which $443,568 is attributable to rent subsidies. The anticipated ESSHI rent subsidies assume annual rents of $1,594 per tenant per year for the one-bedroom units included in this proposal. More specifically, the total monthly rent for a one one-bedroom unit included in this proposal is $1,594 of which its tenant is expected to apply 30% of household income toward the rent expense. For most tenants, this will be equivalent to $316 per month or 30% of the prevailing Supplemental Security Income (SSI) rate. The ESSHI rent subsidy combined with the tenant contribution result in rents at the 50% Area Median Income (AMI) level. This is unsurprising in view of the prohibitively high cost of living in Westchester County and need to calibrate operating expenses and associated subsidies accordingly. Rental subsidies were also determined in accordance with the expected cost of personal services, equipment, general operating, and other expenses necessary to support 31 qualifying individuals. Approximately 50% of the cost of this project will be	

attributable to personal services inasmuch as it proposes to maintain a robust roster of professional, supervisory, and direct service personnel to ensure the safety of its occupants and to provide them with the services needed to achieve stability and enduring community tenure.

5g	Describe how the amount of ESSHI funding requested per qualifying individual was determined. Explain the calculations regarding the services and other costs indicated in the budget. Each item should be justified.

Answer: The amount of ESSHI funding requested per qualifying individual was determined in accordance with the total amount requested divided by the number of qualifying individuals to be served and adjusted for differential service and support needs of select recipients. Individuals who fulfill criteria for inclusion in this project frequently have health conditions, service utilization histories, or substantial Medicaid expenditures indicative of heightened vulnerability and a need for enhanced support services. Thus, some of these individuals will require more intensive supportive housing services than their peers and a corresponding share of budgetary resources. A variety of other factors were considered in the development of a project budget, total amount of funding requested, and allocation of funding per qualifying individual. The proposed project will require $526,191 per year for personal services (including both salary and fringe benefits) for personnel assigned to deliver services and supports to occupants of ESSHI-funded units. These include a Clinical Director (CD), Registered Nurse (RN), Program Director (PD), Housing Care Manager, Porter, Facilities Manager, Receptionist, and Security Workers. The budget for personal services was developed through an appraisal of each position, its corresponding educational and experiential requirements, and a review of salaries for comparable positions within their industries. Expenditures for non-personal services will include certain goods and services to be procured from qualified vendors, travel expenses, property and utility costs, general operating expenses, and other items (e.g., modest expenses attributable to administrative personnel essential to support this project but not to exceed established thresholds for administrative expenditures). Goods and services to be procured from one or more qualified vendors will include such items as garbage removal, pest control, a vehicle lease, and applicable insurance. Estimated costs for these services were derived from the agency's existing data from its similarly situated supportive housing programs. Estimated expenditures for staff travel will include the cost of vehicle repairs, maintenance, and gasoline. These estimates were developed in a similar manner. The agency maintains a fleet of vehicles and has a wealth of historical data concerning these vehicles and their operating costs. Property costs associated with this project were estimated via analyses of prevailing market values for comparable units in the region, the composition of units within the proposed project (i.e., quantity of studio, one-bedroom and two-bedroom units), and anticipated tenant contributions. A variety of operating expenses, including replacement of household furnishings (for qualifying individuals), facilities repairs and maintenance, legal fees, water, and sewer charges, among others, were also included in the proposed budget. Estimates of these costs were derived from data on the agency's existing operations and in consultation with its development partners. All other expense estimates associated with this project, including select administrative expenses (e.g., administrative salaries, insurance,

supplies, audit, telecommunications, etc.) were established using existing salary and expense data.	
ATTESTATIONS - the following 5 questions must be attested to.	**Yes or No**
Submitting Early - I understand it is strongly encouraged to submit this grant application at least 48 hours prior to the due date and time. This will allow sufficient opportunity to obtain assistance and take corrective action should there be a technical issue with the submission process.	**Yes**
Application Due Date and Time: I understand that this grant application must be submitted electronically via the Statewide Financial system before the deadline listed in the RFP document.	**Yes**
Application Submission - I understand that only someone in the Bid Response Initiator & Bid Response Submitter role can electronically submit this application via the Statewide Financial System and I have taken steps to ensure that my organization has someone in the correct role, or that I am in the correct role.	**Yes**
No Late Applications Accepted - I understand that late applications will not be accepted, and the Statewide Financial System will prevent the submission of any application once the due date and time has passed according to the Statewide Financial System clock.	**Yes**
Prequalification - I understand my organization must be prequalified, if not exempt, by the due date and time listed in the RFP.	**Yes**

Appendix A
PIT and HIC Summary Reports
(Corresponds to Question 2j in RFP Proposal Template)

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

All Persons: Persons in Households with at least one Adult and one Child ("AC")

	Sheltered		Unsheltered	Total
Persons and Households	Emergency	Transitional		
Total Number of Households	182	149	0	331
Total Number of Persons (Adults & Children)	599	485	0	1,084
Number of Persons (under age 18)	350	294	0	644
Number of Persons (18 - 24)	46	29	0	75
Number of Persons (25 - 34)	79	68	0	147
Number of Persons (35 - 44)	83	58	0	141
Number of Persons (45 - 54)	28	33	0	61
Number of Persons (55 - 64)	11	3	0	14
Number of Persons (over age 64)	2	0	0	2

	Sheltered		Unsheltered	Total
Race/Ethnicity (Adults and Children)	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	3	0	3
Asian or Asian American (only)	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African (only)	318	285	0	603
Black, African American, or African & Hispanic/Latina/e/o	35	52	0	87
Hispanic/Latina/e/o (only)	151	74	0	225
Middle Eastern or North African (only)	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White (only)	15	10	0	25
White & Hispanic/Latina/e/o	68	50	0	118
Multi-Racial & Hispanic/Latina/e/o	3	9	0	12
Multi-Racial (all other)	9	2	0	11

	Sheltered		Unsheltered	Total
Chronically Homeless	Emergency	Transitional		
Total number of households	0	N/A	0	0
Total number of persons	0	N/A	0	0

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

All Persons: Persons in Households with only Children ("CO")

Persons and Households	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	2	1	0	0	3
Total Number of Children (under 18)	2	1	0	0	3

Race/Ethnicity	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0	0
Asian or Asian American (only)	0	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0	0
Black, African American, or African (only)	1	1	0	0	2
Black, African American, or African & Hispanic/Latina/e/o	0	0	0	0	0
Hispanic/Latina/e/o (only)	1	0	0	0	1
Middle Eastern or North African (only)	0	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0	0
White (only)	0	0	0	0	0
White & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial (all other)	0	0	0	0	0

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0	N/A	0	0	0

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

All Persons: Persons in Households wth Adults Only ("AO")

Persons and Households	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	553	34	0	44	631
Total Number of Persons (Adults)	557	42	0	44	643
Number of Persons (18 - 24)	26	18	0	3	47
Number of Persons (25 - 34)	92	3	0	10	105
Number of Persons (35 - 44)	128	5	0	8	141
Number of Persons (45 - 54)	103	7	0	10	120
Number of Persons (55 - 64)	138	9	0	8	155
Number of Persons (over 64)	70	0	0	5	75

Race/Ethnicity	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous (only)	1	0	0	0	1
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	1	0	0	0	1
Asian or Asian American (only)	1	0	0	0	1
Asian or Asian American & Hispanic/Latina/e/o	1	0	0	0	1
Black, African American, or African (only)	280	19	0	27	326
Black, African American, or African & Hispanic/Latina/e/o	19	2	0	0	21
Hispanic/Latina/e/o (only)	112	5	0	14	131
Middle Eastern or North African (only)	1	0	0	0	1
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander (only)	1	1	0	0	2
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	1	0	0	0	1
White (only)	94	13	0	3	110
White & Hispanic/Latina/e/o	41	2	0	0	43
Multi-Racial & Hispanic/Latina/e/o	1	0	0	0	1
Multi-Racial (all other)	3	0	0	0	3

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	127	N/A	0	6	133

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

All Persons, TOTALS

Persons and Households	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	737	184	0	44	965
Total Number of Persons (Adults & Children)	1,158	528	0	44	1,730
Number of Persons (under 18)	352	295	0	0	647
Number of Persons (18 - 24)	72	47	0	3	122
Number of Persons (25 - 34)	171	71	0	10	252
Number of Persons (35 - 44)	211	63	0	8	282
Number of Persons (45 - 54)	131	40	0	10	181
Number of Persons (55 - 64)	149	12	0	8	169
Number of Persons (over 64)	72	0	0	5	77

Race/Ethnicity (Adults and Children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous (only)	1	0	0	0	1
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	1	3	0	0	4
Asian or Asian American (only)	1	0	0	0	1
Asian or Asian American & Hispanic/Latina/e/o	1	0	0	0	1
Black, African American, or African (only)	599	305	0	27	931
Black, African American, or African & Hispanic/Latina/e/o	54	54	0	0	108
Hispanic/Latina/e/o (only)	264	79	0	14	357
Middle Eastern or North African (only)	1	0	0	0	1
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander (only)	1	1	0	0	2
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	1	0	0	0	1
White (only)	109	23	0	3	135
White & Hispanic/Latina/e/o	109	52	0	0	161
Multi-Racial & Hispanic/Latina/e/o	4	9	0	0	13
Multi-Racial (all other)	12	2	0	0	14

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	127	N/A	0	6	133

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

Youth Subpopulation: Unaccompanied Youth Households ("Youth UY")

Persons and Households	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of unaccompanied youth households	23	12	0	3	38
Total number of unaccompanied youth	23	12	0	3	38
Number of unaccompanied children (under 18)	2	1	0	0	3
Number of unaccompanied youth (18 - 24)	21	11	0	3	35

Race/Ethnicity	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0	0
Asian or Asian American (only)	0	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0	0
Black, African American, or African (only)	11	8	0	2	21
Black, African American, or African & Hispanic/Latina/e/o	3	1	0	0	4
Hispanic/Latina/e/o (only)	7	2	0	1	10
Middle Eastern or North African (only)	0	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	1	0	0	0	1
White (only)	1	1	0	0	2
White & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial (all other)	0	0	0	0	0

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	4	N/A	0	0	4

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

Youth Subpopulation: Parenting Youth Households ("Youth PY")

Persons and Households	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of parenting youth households	20	13	0	33
Total number of persons in parenting youth households	51	35	0	86
Total Parenting Youth (youth parents only)	26	14	0	40
Total Children in Parenting Youth Households	25	21	0	46
Number of parenting youth (under 18)	0	0	0	0
Children in households with parenting youth under 18 (children under age 18 with parents under 18)	0	0	0	0
Number of parenting youth (18 - 24)	26	14	0	40
Children in households with parenting youth 18 - 24 (children under age 18 with parents age 18 to 24)	25	21	0	46

Race/Ethnicity (Youth Parents Only)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0
Asian or Asian American (only)	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African (only)	15	8	0	23
Black, African American, or African & Hispanic/Latina/e/o	1	0	0	1
Hispanic/Latina/e/o (only)	6	3	0	9
Middle Eastern or North African (only)	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White (only)	0	0	0	0
White & Hispanic/Latina/e/o	4	3	0	7
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial (all other)	0	0	0	0

Chronically Homeless	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	0	N/A	0	0
Total number of persons	0	N/A	0	0

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

Veterans Subpopulation: Veteran Households with at least one Adult and one Child ("Vets

Persons and Households	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	2	0	0	2
Total Number of Persons	4	0	0	4
Total Number of Veterans	2	0	0	2

Race/Ethnicity (Veterans only)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0
Asian or Asian American (only)	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African (only)	0	0	0	0
Black, African American, or African & Hispanic/Latina/e/o	0	0	0	0
Hispanic/Latina/e/o (only)	2	0	0	2
Middle Eastern or North African (only)	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White (only)	0	0	0	0
White & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial (all other)	0	0	0	0

Chronically Homeless	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	0	N/A	0	0
Total number of persons	0	N/A	0	0

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

Veterans Subpopulation: Veteran Persons in Adult Only Households ("Vets AO")

Persons and Households	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	20	0	0	1	21
Total Number of Persons	20	0	0	1	21
Total Number of Veterans	20	0	0	1	21

Race/Ethnicity (Veterans Only)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0	0
Asian or Asian American (only)	0	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0	0
Black, African American, or African (only)	12	0	0	0	12
Black, African American, or African & Hispanic/Latina/e/o	1	0	0	0	1
Hispanic/Latina/e/o (only)	1	0	0	0	1
Middle Eastern or North African (only)	0	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0	0
White (only)	6	0	0	1	7
White & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial (all other)	0	0	0	0	0

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	5	N/A	0	0	5

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

ALL Veterans, TOTALS

Persons and Households	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	22	0	0	1	23
Total Number of Persons	24	0	0	1	25
Total Number of Veterans	22	0	0	1	23

Race/Ethnicity (Veterans Only)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous (only)	0	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0	0
Asian or Asian American (only)	0	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0	0
Black, African American, or African (only)	12	0	0	0	12
Black, African American, or African & Hispanic/Latina/e/o	1	0	0	0	1
Hispanic/Latina/e/o (only)	3	0	0	0	3
Middle Eastern or North African (only)	0	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander (only)	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0	0
White (only)	6	0	0	1	7
White & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0	0
Multi-Racial (all other)	0	0	0	0	0

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	5	N/A	0	0	5

PIT Summary Report

NY-604: Yonkers, Mount Vernon/Westchester County CoC
Date of PIT Count: 1/29/25
PIT Count Type: Sheltered and Unsheltered Count

Additional Homeless Populations

Persons (Adults Only)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	251	47	0	8	306
Adults with a Substance Use Disorder	113	11	0	12	136
Adults with HIV/AIDS	3	1	0	0	4
Adult Survivors of Domestic Violence (optional)	63	23	0	3	89

Appendix A
PIT and HIC Summary Reports
(Corresponds to Question 2j in RFP Proposal Template)

HIC Summary Report

PSH Beds Summary

NY-604: Yonkers, Mount Vernon/Westchester County CoC

HIC Date: Wed 1/29/25

Beds by HMIS Participation	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
HMIS Beds	849	571	0	1,420
Non-HMIS Beds	44	0	0	44
Comp. Database Beds	0	0	0	0
Total	**893**	**571**	**0**	**1,464**
HMIS Bed Coverage Rate	**95.1%**	**100.0%**	**N/A**	**97.0%**

Non-VSP* Beds by HMIS Participation	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
Non-VSP HMIS Beds	849	571	0	1,420
Non-VSP, Non-HMIS Beds	44	0	0	44
Non-VSP Comp. Database Beds	0	0	0	0
Total	**893**	**571**	**0**	**1,464**
HMIS Bed Coverage Rate**	**95.1%**	**100.0%**	**N/A**	**97.0%**

Beds by Target Population	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
DV	0	0	0	0

HIC Summary Report

PSH Beds Summary

NY-604: Yonkers, Mount Vernon/Westchester County CoC

HIC Date: Wed 1/29/25

HIV	23	0	0	23
NA	870	571	0	1,441
Total	**893**	**571**	**0**	**1,464**

Beds by Inventory Type	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
Current Beds	893	571	0	1,464
Under Development Beds	0	0	0	0
Total	**893**	**571**	**0**	**1,464**

All Beds by Project Type	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
ES	0	0	0	0

HIC Summary Report

PSH Beds Summary

NY-604: Yonkers, Mount Vernon/Westchester County CoC

HIC Date: Wed 1/29/25

TH	0	0	0	0
SH	0	0	0	0
RRH	0	0	0	0
PSH	893	571	0	1,464
OPH	0	0	0	0
Total	**893**	**571**	**0**	**1,464**

HMIS Beds by Project Type	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
ES	0	0	0	0
TH	0	0	0	0
SH	0	0	0	0
RRH	0	0	0	0
PSH	849	571	0	1,420
OPH	0	0	0	0
Total	**849**	**571**	**0**	**1,420**

Notes:

• This summary includes exclusively current inventory (i.e. inventory records for which the "Inventory Type" is "C") and not beds that are under development ("Inventory Type" of "U") unless otherwise specified.

Acronyms/Abbreviations:

• HMIS: Homelessness Management Information System

• VSP: Victim Service Provider

HIC Summary Report

PSH Beds Summary

NY-604: Yonkers, Mount Vernon/Westchester County CoC

HIC Date: Wed 1/29/25

- DV: Beds for Survivors of Domestic Violence
- HIV: Beds for Individuals with Human Immunodeficiency Virus / AIDS
- NA: Beds not otherwise designated as DV or HIV
- Comp: Comparable Database Participating
- Project Types: ES: Emergency Shelter; TH: Transitional Housing; SH: Supportive Housing; RRH: Rapid Re-housing; PSH: Permanent Supportive Housing; OPH: Other Permanent Housing

Appendix B
Trauma-Informed Care Policies and Procedures
(Corresponds to Question 3k in RFP Proposal Template)

CBHS Standards of Care for Trauma Informed Care

- Agency mission statement and/or written policies and procedures include a commitment to promoting a culture of trauma informed care in the organization and providing trauma-informed training, services, and supports.
- Physical environment is warm and welcoming and promotes a sense of safety and is calming for clients and staff.
- Workforce development & training address race, diversity, and the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety.
- People with lived experience (employees or clients) can provide feedback to the organization on quality improvement processes for better engagement and services. Lived experience may include people living with mental health challenges, trauma survivors, or member of individual support networks.
- Strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce.
- Organizations can identify community providers and referral agencies that have experience delivering evidence-based trauma services and support services related to social determinants of health. Organizational culture supports collaborative relationships with these partners.
- Cross-sector training on trauma and trauma informed approaches is available for leadership and all staff.
- Agency budgets include funding support for ongoing training on trauma and trauma-informed approaches for leadership, supervisors, and direct care staff.
- Agency addresses the emotional stress that can arise when working with individuals who have had traumatic experiences.
- Mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes to create accessible, culturally relevant, trauma-informed services and supports.
- Organizations will collaborate with other agencies to ensure a continuity of care of trauma informed services.
- Agency provides a mechanism and commitment for ongoing training on trauma and trauma-informed approaches for leadership, supervisors, and direct care staff.
- Agency recognizes and addresses the impact of secondary, or vicarious, trauma.
- Agencies services should be accessible, culturally competent, trauma informed, and strength based.

CBHS STANDARDS OF CARE FOR TRAUMA INFORMED CARE & SELF-ASSESSMENT

POLICIES AND PROCEDURES

The following Standards of Care (SOC) for Trauma Informed Care and Self-assessment are based on nationally recognized principles of trauma informed care (TIC) and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.[1] In addition, the SOC reflect what we are learning about implementation from partners around the region and were reviewed by the CBHS Trauma Informed Care Committee that included staff from different fields of practice. The SOC are intended to provide benchmarks for planning and monitoring progress and a means to highlight accomplishments. We recommend use of the SOC and Self-assessment by multi-level teams within organizations.

Please keep the following in mind in using the SOC and Assessment tool:

1. The SOC are intended to help agencies communicate to individuals seeking services, community partners, contracting or funding entities, and other stakeholders how and to what extent they are working to build TIC within their program, clinic, agency, and network.
2. Moreover, there is no assumption that the SOC will be equally useful across all agencies or programs. Culturally specific organizations, for example, may describe how they effectively provide care for trauma survivors in quite different ways than what appears in the SOC. Different services or program types may need different language, and possibly alternative or added Standards as well.
3. Individual Standards also will be interpreted differently in different contexts.
4. To assist agencies to assess strengths and weaknesses and to set goals, we have included a Self-assessment. This is for internal communication, planning purposes, and contributing to ongoing development of TIC within the agency and for the network. The ratings should not be used to compare one program or agency to another. Note that there is always room for improvement, and perspectives may vary depending on who is answering the self-assessment. Though CBHS or the TIC Committee does not require that agencies share their Self-assessments we do encourage feedback and input from the agencies to promote and further develop TIC for the network.
5. There is no expectation that an agency or program will be able to respond affirmatively to every item listed in the Self-assessment. We hope the SOC and Self-Assessment will support planning and ongoing quality improvement. Furthermore, agencies may be doing any number of other things to create a culture of TIC that we have not captured in the SOC or Self-assessment. Space is provided for this additional information in the Self-assessment.
6. In using the Self-assessment tool for planning, it may be helpful to summarize the self-ratings into areas of strength and areas where work is needed and to consider whether to build on existing strengths or to address significant gaps. In addition, we strongly encourage efforts to address issues that affect the workforce as well as those that affect individuals seeking or receiving services.

7. Finally, we recognize that there are intangible elements of an organization's practice or culture that can affect individual's experiences that may not be fully captured in formalized standards of care or that can be captured in a self-assessment tool. Every agency should have a process for continuous quality improvement that involves solicitation of feedback from recipients as well as the staff providing services and working for the organization. The CBHS TIC Committee encourages member agencies to encourage dialogue regarding TIC in their agencies and leadership teams and to share feedback with the committee and to use the TIC Committee as a resource.

CBHS asks that member agencies review the Standards of Care regularly and that attestation occur annually by specified date. Based on feedback from agencies the Standards of Care and Self-assessment may be revised by the CBHS Trauma Informed Care Committee.

[1] Substance Abuse and Mental Health Services Administration, SAHMSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication NO. (SMA) xx-xxx. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

The following content is related to the attached filename

CoC_Letter_of_Support.pdf

WESTCHESTER COUNTY CONTINUUM OF CARE
PARTNERSHIP TO END HOMELESSNESS

July 7, 2025

To Whom It May Concern:

The Westchester County Continuum of Care (CoC) Partnership to End Homelessness is pleased to provide this letter of support for Search for Change in their application to develop the Harbor Side Apartments project. This proposed initiative will create 31 units of permanent housing for individuals and families experiencing homelessness and living with Serious Mental Illness (SMI).

Search for Change is a trusted and active partner in our CoC, with a strong track record of serving individuals with complex needs. Through its Safe Options Support (SOS) Critical Time Intervention outreach program, the agency has demonstrated its commitment to high-quality service delivery. Search for Change has a working knowledge of the Coordinated Entry system and HMIS, which supports streamlined referrals and effective care coordination.

The Harbor Side Apartments program aligns closely with our community's priorities to expand supportive housing for people with SMI, a population that faces persistent barriers to stability. The development of this housing will represent a meaningful step toward addressing those needs.

We support the advancement of this project and look forward to continued collaboration with Search for Change as we work collectively to end homelessness in Westchester County.

Sincerely,

Allison McSpedon
Co-chair
Westchester County Continuum of Care Partnership to End Homelessness

The following content is related to the attached filename

sexualharassmentpreventioncertification.pdf

PROVIDER CONTACT FORM

PLEASE RETURN THIS FORM WITH YOUR CONTRACT TO YOUR REGIONAL FIELD OFFICE

Provider

Legal Provider Name:
Legal Address:
Line 1:
Line 2:
City:
State: Zip:
County:
Phone no: Ext.:
Fax no:
E-mail Address:

Executive Director -President/CEO

Name:
Title:

Phone no.: Ext.:
E-mail Address:

Chairperson of the Board

Name:
Title:
Address:
Line 1:
Line 2:
City:
State: Zip:
Phone no.: Ext.:
Email Address:

Office Contact For Provider

Name:
Title:
Phone no:
Ext.
E-mail Address:

Person Receiving Payment Information

Name:
Title:
Address (Please enter exactly as entered/supplied to the Office of the State Comptroller)

Line 1:
Line 2:
City:
State: Zip:
Phone no.: Ext.:
Fax no:
E-mail Address:

Circle appropriate entry(ies)

OPWDD **OMH** OASAS SED DOH

Article 28 Article 31 Auspice
Auspice
County State Voluntary Proprietary

State Funded : Yes No

Fiscal Contact Information

Name:

Title:

Phone no.: Ext.:

E-mail Address:

Contract Handling: (please enter information of the person who will be handling the contract processing)
Name:
Title:
Address:
Line 1:
Line 2:
City:
State: Zip:
Phone No.:
Email address:

Additional Information

Federal ID #:
Date Opened:
Charity Registration:
MMIS #:
SFS ID #:

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sexualharassmentpreventioncertification.pdf

NEW YORK STATE | Office of Mental Health

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

Sexual Harassment Prevention Certification

Solicitation # and/or OMH descriptive name of solicitation:

_____

State Finance Law §139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees.

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 its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

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I hereby affirm that _____(Offerer's Name) has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law. Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with State Finance Law §139-l.

I understand and agree that: 1) OMH shall have the right to terminate the contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH may exercise its termination right by providing written notification.

Date_____ 20___

Signature of Offerer's Authorized Representative _____

Printed Name and Title _____

Name of Offerer_____

Offerer's Address_____