



**Office of
Mental Health**

**Care Transition and Support Teams (CTST)
Program
New York City**

Request for Proposals

January 2021

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

This Request for Proposal (RFP) is dual-purposed and is issued to 1) provide six Care Transition and Support Teams (CTSTs) based on the critical time intervention (CTI) model, and 2) provide two high-touch intensive outreach, engagement and care coordination CTI teams for the street and subway-dwelling homeless (subway-dwelling men and women identified by OMH and the New York State Office of Temporary and Disability Assistance (OTDA) as well as long-term homeless with behavioral health and medical conditions).

1. CTST Teams - CTI is a time-limited evidence-based service that helps vulnerable individuals during periods of transitions. It promotes community integration, self-advocacy, and continuity of care by ensuring that the behavioral health recipient has strong ties to their professional and non-professional support systems during these critical periods. It is a team-based model that incorporates professional and peers. The team works with the recipient and his support team to build skills and strengthen supports so that the CTST is able to transfer care and terminate CTST services in 9 months or less.
2. Homeless CTI Teams - The teams are (made up of licensed clinicians, care managers, peers and registered nurses) intervention would last up to 12 months pre- and post-housing placement, with an intensive initial engagement period that includes multiple visits per week, each for several hours, as participants learn community engagement, self-management skills and master activities of daily living on the road to self-efficacy and recovery.

1.2 Target Population/Eligibility Criteria

CTI has been applied to a number of populations – veterans, people with mental illness, people who are homeless or involved with the criminal justice system and other groups. For this RFP, the target population is the following:

- Recipients with complex behavioral health and/or medical conditions who are currently residents at an OMH State Psychiatric Center (PCs) and/or on an OMH-licensed inpatient psychiatry unit whose inability to engage and connect with the services being proposed for community transfer has been shown through a history of frequent inpatient and PC and ED visits).
- Recipients with complex behavioral health and/or medical conditions who have been designated as 730.40 finals who are transferred to H+H/Metropolitan Hospital Center for evaluation and potential inpatient admission and then treatment and return to the community

- Recipients with complex behavioral health and/or medical conditions who are homeless on the streets or in the subway, train stations

The CTSTs must partner with and be very knowledgeable about the continuum of behavioral health treatment services, housing options, benefits, and support services available in the five boroughs of New York City and Rockland County. CTSTs must use data to help support recipients such as the use of PSYCKES when determining the best treatment services and supports necessary to promote the recipient's community tenure and recovery.

For the homeless in the NYC subway system component, the target population will be individuals with a serious mental health diagnosis identified by OMH and OTDA outreach as requiring intensive community support and care coordination on the path to permanent housing.

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
carol.swiderski@omh.ny.gov

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal **must** submit a Letter of Intent to Bid to the OMH Issuing Officer by 3/1/21. The Letter of Intent to Bid shall be non-binding.

Please e-mail the letter of intent to the Issuing Officer at carol.swiderski@omh.ny.gov :
Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229

Attention: Letter of Intent

2.3 Key Events/Timeline

RFP Release Date – 1/21/2021
Questions Due – 2/9/21
Questions and Answers Posted on Website - 2/25/21
Letter of Intent Due – 3/1/21
Proposals Due by 4:00 PM EST – 3/12/21
TENTATIVE Award Notification – 4/7/21
Anticipated Contract Start Date – 7/1/21

2.4 Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. Any proposals received after the due date will be returned to the applicant unopened.

2.5 Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health services to persons with serious mental illness who have difficulty engaging with traditional office-based services and as a result may cycle in and out of hospitals and may exhibit housing instability and are either a lead Health Home agency or an IPA, and are able to bill for Health Home plus..

If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers. No questions about Eligibility will be responded to either individually or prior to the posting of the Q&As.

2.6 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to carol.swiderski@omh.ny.gov by 4:00 PM EST on the “Questions Due” date indicated in section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

The questions and official answers will be posted on the OMH website by 2/25/21.

2.7 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website, the Grants Gateway and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the OMH website, the NYS Contract Reporter and Grants Gateway to learn of revisions or addendums to this RFP. No other notification will be given.

2.8 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.11 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.11, by the proposal due date of 4:00 PM EST on 3/12/21.

2.9 Grants Gateway Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the [Grants Gateway](#) and complete the Vendor Prequalification process in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 4:00 PM EST on 3/12/21 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their

prequalification information will be reviewed if they do not adhere to this timeframe.

2.10 Proposals Executive Order #38

[Pursuant to Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Please refer to Appendix C of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also [Executive Order #38 Homepage](#).

2.11 Instructions for Bid Submission and Required Format

Each proposal submission through the Grants Gateway is required to contain:

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Grants Gateway System (GGS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

If you are not already registered:

Registration forms are available at the GGS website:

<https://grantsmanagement.ny.gov/register-your-organization>

Include your SFS Vendor ID on the form; if you are a new vendor and do not have a SFS Vendor ID, include a Substitute for W-9 with your signed, notarized registration (also available from the website).

All registration must include an Organization Chart in order to be processed. When you receive your login information, log in and change your password.

If you are an applicant, and have problems complying with this provision, please contact the GGS help desk via email: Grantsgateway@its.ny.gov -- OR -- by telephone: 1-518-474-5595.

How to Submit a Proposal

Proposals must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFP. Tutorials (training videos) for use of the Grants Gateway (and upon user log in):

To apply, log into the Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name provided on the cover page of this RFP, select the Office of Mental Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

In order to access the online proposal and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory” or a “Grantee System Administrator”.

The ‘Grantee’ role may ONLY Initiate and Save changes to the application such as add/update information to forms, upload documents while the user logged in as a ‘Grantee Contract Signatory’ or a ‘Grantee System Administrator’ role can perform all the tasks of Grantee role and in addition, can SUBMIT the application to the State. When the application is ready for submission, click the ‘Status Changes’ tab, then click the ‘Apply Status’ button under “APPLICATION SUBMITTED” before the due date and time.

For further information on how to apply, and other information, please refer to the Vendor User Manual document.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grantee Documents section on Grants Management website.

Late proposals will not be accepted. Proposals will not be accepted via fax, e-mail, hard copy or hand delivery.

Helpful Links

Some helpful links for questions of a technical nature are below.

Grants Reform Videos (includes a document vault tutorial and an application tutorial) on

YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>

(Technical questions)

Grants Team Email (Proposal Completion, Policy and Registration questions): grantsgateway@its.ny.gov or by phone at 518-474-5595.

2.12 Instructions for completing the Workplan and Objectives in NYS Grants Gateway

The Workplan Overview Form will be used to create the Work Plan portion of the contract. Some of the information requested will be duplicative of information provided earlier in the application. Be sure to follow the guidance provided below.

The Work Plan Period should reflect the anticipated contract period. Contracts will be approved for a five-year term.

The Project Summary section should include a high-level overview of the project as instructed.

The Organizational Capacity section should include the information requested regarding staffing and relevant experience of staff and any applicable consultants to be involved in undertaking the proposed project.

The Objectives and Tasks section should identify grantee-defined objectives and tasks that are relevant to the completion of the proposed project. To get started, add your first Objective Name and Description and then click the [SAVE] button at the top of the page. After hitting Save, a field for the Task Name and Task Description will show under the Objective box. Complete both fields and hit the [SAVE] button at the top of the page. After entering the Task information and clicking Save, you will now see a box for the Performance Measure information and a box to enter a second Task. Enter a Performance Measure Name and select the Performance Measure Data Capture Type from the dropdown box. The type you choose from the dropdown will show on the screen for you to complete. Once you've entered the name, data capture type and the text/integer/or date as applicable, click the [SAVE] button at the top of the page.

For Performance Measure Name restate the Objective then enter the narrative requested in the box below. Performance Measures are also grantee-defined and should reflect some measurable benchmark(s) in order to demonstrate adequate progress within the 18 months of the award date, as required by the RFP. Once entered, click Save. You may continue to add Objectives, Tasks and Performance Measures up to and including the max amount allowed by the state.

The online Workplan is essentially an outline/summary of the work associated with the Project(s) described in the sections above. Please note that if an application is selected for award, the Workplan will be subject to change and can be updated during the contract development/negotiation process.

Applicants should refer to Section 5.2.4 Grantee Defined Workplan of the 'Grantee User Guide' ([Click here for Grants Gateway: Vendor User Guide](#)) for detailed instructions on how to complete the Workplan.

3. Administrative Information

3.1 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part; and otherwise make funding decisions that maximize compliance with and address the outcomes and priorities identified in the RFP;
- Disqualify and applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, Grants Gateway and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Change any of the scheduled dates;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant within fifteen (15) business days from notification of selection for award. This is to include completion of all required documents and signature of the contract;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine a applicant's compliance

- with the requirements of the solicitation;
- Rescind awards should awardees fail to meet prescribed timeframes for contract development and/or signature; and,
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a “force majeure”.

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

3.3 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for a five year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH’s Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 0% goal for Minority-owned Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business

days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor

would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, o the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the

Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-I requires applicants 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. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid, or provide a statement detailing why the certification cannot be made.

3.9 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.10 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.11 of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.12 NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant’s written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 6:

Technical Evaluation	Points
Population	20
Description of Program	20
Implementation	20
Agency Performance	10
Utilization Review, Reporting & Quality Improvement	10
Financial Assessment	20
Total Proposal Points	100 Points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 75 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Description of Program (Section 6.2) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be ranked, and one award made to the applicant with the highest score to assume the operation of the six Care Transition and Support Teams and the two Homeless Teams described in Section 5 below.

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet start-up milestones, failure to maintain staff to client ratio, excluding referrals based on criminal or substance abuse history, or poor performance outcomes. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reassign the contract.

4.4 Award Notification

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected applicant prior to the execution of the contract. The purpose of this review is to verify that the applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.

5. Scope of Work

5.1 Introduction

5.1.1 – Component 1 (CTST Teams) / Eight Teams

The RFP calls for eight teams: (1) **Manhattan and Rockland County**: a team that serves as a priority Manhattan Psychiatric Center and Rockland County and receives a limited number of referrals from inpatient psychiatric units in those counties, based upon team caseload and consultation with the NYS OMH – New York City Field Office; (2) **The Bronx**: a team that services Bronx Psychiatric Center and receives a limited number of referrals from inpatient psychiatric units in the Bronx, based upon team caseload and consultation with the NYS OMH – New York City Field Office; (3) **Queens**: a team that serves Creedmoor Psychiatric Center and receives a limited number of referrals from inpatient psychiatric units in the borough of Queens, based upon team caseload and consultation with the NYS OMH – New York City Field Office; (4) **Brooklyn/Kings County and Staten Island**: a team that serves South Beach Psychiatric Center and receives a limited number of referrals from inpatient psychiatric units from inpatient psychiatric units in the boroughs of Brooklyn and Staten Island based upon team caseload and consultation with the NYS OMH – New York City Field Office.

The four teams described below are hybrids of the basic model where referrals are received at point of discharge through an Intake Coordinator at the provider and staff at the Psychiatric Centers/NYCFO.

These four teams will have staff embedded in the various sites described in 5-7. Specialty/hybrid teams: (5) **CPL 730.40**: a team in Manhattan at H+H/Metropolitan Hospital that works with recipients with misdemeanor and other offenses; (6) **Kingsboro Recovery Hub team**: a team that works with Kingsboro Psychiatric Center; and (7 & 8) two **Homeless/MTA CTI Teams**: a team dedicated to individuals with histories of long-term homeless and behavioral health and medical conditions who are on the streets and another team focused on subway-dwelling men and women. The Homeless teams will conduct assertive and persistent outreach to establish trust and foster engagement; for those referred during a hospital admission or from an emergency program or by a homeless outreach team. The teams will provide coordinated care transition activities will being during inpatient stay and continue through transition to community housing, treatment and supports.

5.1.2 – Quality Infrastructure and Reporting Requirements

The provider who coordinates or directly operates the seven teams must have a quality and supervisory and operational infrastructure that assures fidelity to the CTI model and provides monthly reports to OMH on caseloads, success of the referral progress and a set of performance indicators demonstrating that recipients' continuity of care has been assured and that reliance on PC, inpatient, and ED services has been reduced and jail/prison time decreased.

Quarterly meetings with the key stakeholders (OMH Psychiatric Center staff, NYS OMH NYC Field Office staff, and the provider) will be held to assure that the teams' caseloads are full and that case-level and program-wide concerns can be quickly addressed.

5.1.3 – Referrals to the CTSTs

Referrals to Teams 1-4 described in 5.1.1 will be made by State Psychiatric Center staff champions chosen by the Executive Director of each Psychiatric Center and the NYS OMH New York City Field Office and managed by the provider's Central Intake Coordinator. Referrals to Teams 5-6 will be managed through discussions with the embedded teams and the site partners (H+H/Metropolitan Hospital, OMH Kingsboro Psychiatric Center). Referrals to the Homeless/MTA Team will be managed with the provider/NYCFO, OTDA and NYC DHS/HRA

5.1.4 – CTST Staffing

In addition to the quality, supervisory and operational (e.g., an Intake coordinator, contract oversight manager) staff that oversee the eight teams, it is expected that each of the teams be comprised of eight FTEs: An FTE Team Leader who is a senior¹ mental health clinician 1.0 FTE RN, 2.0 FTE senior mental health clinicians, 2.0 FTE case manager/LPNs, and 2.0 FTE certified peer counselor/specialist. This level of staff ensures that there is 24/7 crisis intervention telephonic capacity for all the recipients on the team. Each team is expected to serve 100-120 recipients per year for the non-homeless teams and 60-80 for the two homeless teams.

5.1.5 – Homeless Teams Staffing

It is expected that the teams be comprised of 9.0 FTE's: 5.0 FTE licensed clinicians, 3.0 FTE care managers, 1.0 FTE peer and 1.0 FTE registered nurse. The Homeless teams will attempt to outreach 120 identified individuals each calendar year and actively engage with at least 90 individuals; understanding that all individuals referred will receive sustained outreach and engagement attempts if they decline initially. They will also continue to work with the recipients to ensure that community linkages remain solid.

5.1.6 – Documentation System and Use of Technology

Not only for the purpose of accurate and successful billing and revenue cycle management but also as a quality and learning tool, it is expected that the provider have an electronic health record that can document

¹ Senior in each of the instances means staff with 3-5 years post licensure in working with recipients who have mental health and substance use disorders.

referrals, assessments and each encounter with the recipient. It is also expected that the provider maximizes the use of technology to help support the team's communication and quality improvement efforts as well as each recipient's transition and recovery goals.

5.2 Objectives and Responsibilities

The eight Care Transition and Support Teams will each follow the evidence-based model of critical time intervention which includes four phases described below. Each of the phases requires the CTST to have a skill set based on a non-judgmental, person centered, strength-based approach that meets recipients where they are and helps them identify what is important to them and communicates hope that things can and will change. Please note that because of the level of need for the recipients served by the Homeless/MTA, it may take longer than the traditional 9 months to achieve Phases 1-4. Phase 5 below applies only to the Homeless/MTA teams.

Phase 1 (Prior to Discharge from the hospital setting) Developing a trusting relationship with the OMH recipient. Tasks in this phase include but are not limited to:

- Engagement with the recipient prior to discharge in the hospital to build rapport and trust – this should include a number of face-to-face visits
- Beginning the CTST assessment process, using PSYCKES to determine what has been tried before in terms of treatment and other supports and developing a care plan that addresses minimally demographics, family/social history, vocational/educational history, medical and behavioral health history, housing, legal involvement (if any), entitlement/benefits and strengths/preferences and personal recovery goals
- Working with the hospital team on identifying the strengths and weakness of proposed discharge plans
- Communicating via in person meetings with prospective providers and other supporters of the recipient's recovery and transition goals (e.g., family and others)
- Assisting with housing and facilitating and suggesting other referrals that will maximize the success of the recipient's discharge and recovery plan

Phase 2 (Day 1 to 3 Months Post Discharge) Providing support and beginning to connect the recipient to the people and providers that will assume the primary role of support in the community. Tasks in this phase include but are not limited to:

- Prior to discharge, confirm with housing and other providers that the new setting/provider is prepared to meet the recipient's needs in terms of treatment, support, and basic needs such as income/benefits, cell phone access, transportation, food, safety, adequate heat, lighting, etc.
- On the day of discharge, accompany the recipient to the new home setting unless the recipient does not want this support
- Observe operation of the recipient's support network by accompanying him/her to medical, psychiatric and other provider visits

- Establish with the recipient a plan for routine check-in visits which may be more frequent initially and decrease as the recipient adjusts to his/her new home and may take place in the recipient's home or other places in the community
- With the recipient prepare a crisis and support plan that can be activated if the recipient needs it
- If the recipient needs more intensive supports (e.g., an ED/CPEP/IP visit) then the team will work with the recipient and treatment team to resolve the crisis and return the recipient back to his community setting as soon as possible
- Mediate conflicts between the recipient and his support team
- Help identify solutions, if needed, to resolve barriers/concerns related to successful transition to the new setting/support system and achievement of the discharge/recovery plan
- Encourage the recipient to identify and express where s/he would like things to change in terms of the new setting or support so that they are taking more responsibility for their recovery, including advocating with their medical team around medication issues

Phase 3 (Months 4 to 6) – Monitoring and strengthening of the support network and the recipient's skills in managing his support system and advocating for him/herself. Tasks in this phase include but are not limited to:

- Continuing to observe the operation of the support network while decreasing the number of face-to-face meetings with the recipient to once a week when in Phase 2 it might have been more frequent based on the recipient's needs
- Continue to assess the recipient's need for skill building and perhaps bring on extra supports to promote self-efficacy in all areas
- Work with the recipient to identify and or augment community and social supports that are interests – e.g., involvement with a faith community, gym membership, social clubs, arts groups, etc. The team should budget for wrap-around dollars to assist the recipient with these important community inclusion efforts.
- Again, If the recipient needs more intensive supports (e.g., an ED/CPEP/IP visit) then the team will work with the recipient and treatment team to resolve the crisis and return the recipient back to his community setting as soon as possible

Phase 4 (Months 6 to 9) CTST Termination and Achievement Recognition – Tasks in this phase include but are not limited to:

- Reducing the frequency of visits to perhaps 1 or 2 times a monthly
- Communicating with the recipient the plan for longer-term goals including the CTST's stepping back and allowing the recipient to manage his/her supports independently and to fully achieve his/her recovery goals
- Holding a final meeting with the recipient to acknowledge all that has been accomplished and ensuring that the supports can function independently
- Preparing a discharge summary and disenrolling the recipient from the service

Phase 5 – ONLY APPLIES TO HOMELESS/MTA TEAMS (Months 9 to 12 post housing placement) For the Homeless/MTA Team, interventions may last 9 – 12

months post-housing placement to ensure that community linkages remain in place.

5.3 Operating Funding

One award will be made in the amount of \$29,967,075 for the five (5) years.

Annual funding for each of the five (5) years will not exceed \$5,993,415. However, over the course of the contract, state funding may be reduced commensurate with increased revenue from billable services.

6. Proposal Narrative

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

Describe your agency mission.

6.1 Population

- a. Describe your agency's understanding of the service needs of recipients with long hospital stays, and who have experienced multiple admissions and readmissions to inpatient settings including State Psychiatric Centers, criminal justice involvement, housing instability, chronic medical concerns, and social isolation.
- b. Describe your agency's understanding of the service needs of those who are homeless and are primarily living on the subway trains or shelter in the larger stations such as Penn Station or Grand Central.
- c. Describe your agency's experience with the critical time intervention model and other evidence-based practices used to support recovery for people with behavioral health concerns.
- d. Describe your agency's track record in working with recipients with multiple system involvement and how you have advocated with them and on their behalf to better coordinate care among behavioral health, medical, housing, and other providers
- e. Describe your agency's experience in working with and employing peer counselors.
- f. Describe your agency's network of behavioral health and other providers and how you have utilized those networks to facilitate rapid access to care

6.2 Description of Program

- a. For the CTST Teams, describe how you will coordinate with the OMH State Psychiatric Center and Hospital Centers staff to review CTST referrals in a timely manner, meet face-to-face with recipients to begin the engagement process and facilitate and coordinate prior discharge efforts with the providers identified in the recipient's discharge and recovery plan
- b. For the Homeless/MTA Teams, describe how you will conduct assertive and persistent outreach to establish trust and foster engagement; and for those referred, the coordinated care transition activities will be conducted during inpatient stay and continue through transition to community housing, treatment and supports.
- c. Describe your experience in collaborating and coordinating with providers of mental health, substance use, medical, and other service to work closely on behalf of recipients and ensure warm handoffs.
- d. Describe the engagement practices and strategies that you will use
- e. Provide a description of your crisis management and safety plan that will be used should recipients require it
- f. Describe your agency's success in assisting recipients in achieving permanent housing including your interface with the NYC Human Resources Administration.
- g. Describe your agency's success in assisting recipients in achieving community inclusion, and reducing social isolation
- h. Describe your agency's plans for individual assessment and person-centered care planning, including ways in which the plan engages and motivates recipients toward their recovery.

6.3 Implementation

- a. Describe start-up and phase-in activities necessary to implement the seven CTST teams and the Homeless Teams. Include timeframes in your description.
- b. Describe how the agency's physical space needs for all the teams and other equipment and administrative oversight supports that might be needed to make the program a success.
- c. Describe the staff training that will be given prior to the teams taking on any clients and the ongoing training and supervision that will be provided to assure fidelity to the CTI model and ensure high-quality services.
- d. Describe the recruitment plan that the agency will use to recruit, train, retrain, and support the level of professional and appropriately qualified staff needed to carry out the program duties.

- e. Describe ways in which your agency will attempt to use technology to promote best care and achievement of recipients' recovery goals.

6.4 Agency Performance

- a. Describe your agency's experience in providing culturally informed/competent services to recipients and their families. Give examples of key ethnic and minority groups with whom your agency has worked. Include description of how your agency facilitates language access, including in the field
- b. Describe how your agency and its board have strengthened the quality, fiscal stability and mission of the agency over the last five years. Give examples of proudest achievements and lessons learned obstacles/barriers/challenges that the organization has encountered.

6.5 Utilization Review, Reporting, and Quality Improvement

- a. Describe how you will ensure confidentiality of recipients' records in a way that conforms with all local, state, and federal confidentiality and privacy regulations.
- b. Describe how your agency will integrate this program into your overall quality improvement infrastructure and efforts. Identify two achievements of your quality department that have occurred within the last two years of which you are particularly proud.

6.6 Financial Assessment

The templates for Appendix B and Appendix B1 are found on the Pre-Submission Upload page in the Grants Gateway.

- a. The proposal must include a 5-year Budget (Appendix B). \$5,993,415 is available annually.

Note that administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.

- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1 – one narrative for both components can be provided) which should include the following:
 - 1. detailed expense components that make up the total operating expenses;
 - 2. the calculation or logic that supports the budgeted

value of each category; and,

3. description of how salaries are adequate to attract and retain qualified employees.
4. Revenue expectations under the Health Home Plus program that will offset costs
5. Pursuant to Section 5.3 - Discuss plans on how excess revenue generated by billable services might be used to enhance the teams in the event the awardee is allowed to retain excess funding.