



Suicide Prevention – Special Population RFP Questions and Answers

1. Requesting clarification regarding the guidelines for this RFP – specifically regarding partnering with a behavioral health provider. Please clarify that as an Article 31 clinic, we would be eligible to apply for the grant.

ANSWER: If the agency meets the eligibility criteria for applicants included in RFP Section 2.7, Eligible Agencies, as well as the eligibility criteria for Licensed Behavioral Health Providers included in RFP Section 5.2.2 Partnership with Behavioral Health Provider, and has the capacity to fulfill the objectives and responsibilities for Suicide Prevention Programs as described in RFP Section 5.2, then the agency may submit a proposal describing how it will internally facilitate access to treatment services between its Suicide Prevention Program and its Article 31 clinic. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

2. We are a 501c3 and part of the National Suicide Prevention Lifeline. In Section 1/Introduction and Background, under subsection 1.1, it states “Agencies will be required to partner with an identified behavioral health provider agency to facilitate access to treatment services for individuals who need them.” It is unclear as to what the “behavioral health provider” means. Does this mean OMH will determine who we will partner with, or does this mean we select and OMH approves a provider for us to partner with.

ANSWER: Refer to RFP Section 5.2.2 Partnership with Behavioral Health Provider. OMH will not determine who the applicant partners with, rather, the applicant is responsible for identifying a partnership with a Licensed Behavioral Health Provider, which can include Article 31 clinics, Article 32 clinics, Article 27 hospitals with outpatient behavioral health clinic services, CCBHCs, and FQHCs. The applicant must provide documentation (e.g., a memorandum of agreement or a statement of support) outlining the behavioral health provider’s commitment to provide treatment services for individuals who need them.

3. We are a not-for-profit, NYS licensed provider of outpatient behavioral health services (mental health and substance use disorders). We understand that the applicant will be required to partner with an identified health provider to facilitate access to treatment services for individuals who need them. Can the behavioral health provider be the applicant?

ANSWER: If the agency meets the eligibility criteria for applicants included in RFP Section 2.7, Eligible Agencies, as well as the eligibility criteria for Licensed Behavioral Health Providers included in RFP Section 5.2.2 Partnership with Behavioral Health Provider, and has the capacity to fulfill the objectives

and responsibilities for Suicide Prevention Programs as described in RFP Section 5.2, then the agency may submit a proposal describing how it will internally facilitate access to treatment services between its Suicide Prevention Program and its outpatient behavioral health services. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

4. Upon reviewing the RFP, it was noticed that there is no mention of renewal beyond one year. If this is a one-time, one-year grant, it would not be able to be sustained beyond a year. Can you clarify/confirm that this is one-time funding? Is this leftover covid relief money that will not be replenished? This information is helpful in considering whether or not to apply.

ANSWER: At this time, funding is only available for one year.

5. On page 3, the RFP states “Agencies will be required to partner with an identified behavioral health provider agency to facilitate access to treatment services for individuals who need them.”

We are a full service family service agency with multiple community-based programs and an article 31 mental health clinic. Can we propose a project that is operated internally? Our community based programs serve communities of color which often feed into our article 31 clinics. Therefore, we would not need to partner with a behavioral health provider. Is this model acceptable?

ANSWER: If the agency meets the eligibility criteria for applicants included in RFP Section 2.7, Eligible Agencies, as well as the eligibility criteria for Licensed Behavioral Health Providers included in RFP Section 5.2.2 Partnership with Behavioral Health Provider, then the agency may submit a proposal describing how it will internally facilitate access to treatment services between its community-based Suicide Prevention Program and its Article 31 mental health clinics. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

6. Is there a format in which grantees would need to provide the individual and group counseling, family education and counseling, community engagement and outreach, academic and vocational support, wellness activities, risk assessment and referral and linkage or does the grantee agency have flexibility in designing the delivery of services?

ANSWER: All applicants must describe in-person activities. Remote services can be offered as a supplement to in-person services. Community engagement and outreach activities must include a combination of in-person and digital strategies (refer to RFP Proposal Narrative 6.3.b). Refer to RFP Section 5.3 Implementation for specifications regarding Safety and Accessibility (5.3.1) and Staffing (5.3.2) requirements for Suicide Prevention Programs. Otherwise, the applicant has flexibility in designing the delivery of these treatment adjacent services. Applicants must describe how these treatment adjacent services will be offered in the Description of Program section of the Proposal Narrative, Section 6.3.f.

7. What are the reporting requirements? How much personally identifiable information would grantee agencies need to provide about each client?

ANSWER: Refer to RFP Section 5.3.4 Reporting. Suicide Prevention Programs will be expected to submit a report to the New York State Office of Mental Health summarizing the 12-months of the Suicide Prevention Program. At a minimum, the report will include:

- a. Summary of outreach and engagement efforts for the community, youth/young adults, and families/key support systems.*
- b. Summary of treatment adjacent Suicide Prevention services provided, including aggregate numbers of individuals in the population(s) served.*
- c. Summary of partnership with the behavioral health provider, including linkage, assessment, risk management, and crisis management activities.*

8. The RFP seems to make a distinction between the “counselling” services provided by the grassroots organization and the formal therapy services provided by the mental health agency. What credentials do staff providing “counseling” need? Is there a reason that only the “counselors” can perform outreach activities.

ANSWER: Refer to RFP Section 5.3.2 Staffing for additional personnel, supervision, and training requirements. Applicants are required to describe the proposed staffing resources, experience and qualifications needed to support the Suicide Prevention Program.

Per RFP Section 5.3.2 Staffing, at least one staff member must have training and/or experience as a family specialist/family counselor and the program must describe specific family outreach activities in Section 6.3.b. The RFP requires at least one staff member with this level of experience and expertise to engage in the family outreach activities listed in 6.3.b. However, additional Suicide Prevention Program staff may also perform these outreach activities.

9. Does OMH intend for this RFP to result in a one-year contract or for there to be renewable terms?

ANSWER: At this time, funding is only available for one year resulting in a one-year contract.

10. If the contract is for one-year term, how does OMH intend for providers to sustain the youth suicide prevention programs that have been developed and implemented?

ANSWER: At this time, funding is only available for one year resulting in a one-year contract.

11. Will no-cost extensions be granted given the one-year duration of the grant?

ANSWER: As the end of the contract approaches, a grantee may request a no-cost extension from OMH in order to fully expend the awarded funding.

12. Will the one-year term begin at the execution of the contract or when the program is completely staffed/the opening day of the program? Can a hiring period of 60 days be proposed with contract spending to begin 60 days later?

ANSWER: Refer to RFP Section 5.2 Introduction. Awardees must be prepared to provide Suicide Prevention Programs as outlined in RFP Section 5.2 Objectives and Responsibilities by the second (2nd) quarter of the contract year. Based on the anticipated contract date of 10/1/2022 (see RFP Section 2.3 Key Events/Timeline) awarded Suicide Prevention Programs will be expected to be fully operational no later than 1/1/2023.

13. Does OMH have any preference for an expanded geographic service area (for example, a multi-county approach) or a focused geographic service area (for example, a single-county approach) for a proposed project? Will one approach score more points than another?

ANSWER: No, OMH does not have a preference between a multi-county vs a single-county approach. OMH is looking for Suicide Prevention Programs with a clearly defined focus population(s) including the geographic service area of the population. Therefore, in the Population section of the Proposal Narrative, Section 6.2.a, applicants must describe the region/area that the Suicide Prevention Program will primarily serve.

14. May an organization apply as both the “grassroots”/community wraparound agency and as the licensed behavioral health clinic provider partner if it meets the criteria of each category? Is a memorandum of agreement/statement of support as outlined in 6.3(i) required if the agency meets the criteria of both the “grassroots”/community wraparound agency and the licensed behavioral health clinic provider?

ANSWER: Yes, the agency may apply as both the grassroots/community wraparound agency and the licensed behavioral health clinic provider if it meets the criteria for both eligible agencies and behavioral health providers, as stated in RFP Section 2.7, Eligible Agencies and RFP Section 5.2.2 Partnership with Behavioral Health Provider, and has the capacity to fulfill the objectives and responsibilities for Suicide Prevention Programs as described in RFP Section 5.2. The agency must submit a proposal describing how it will internally facilitate access to treatment services between its Suicide Prevention Program and its behavioral health clinic provider. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

15. May an organization submit multiple proposals for separate geographic areas?

ANSWER: If one organization will operate Suicide Prevention Programs in both New York City and Rest of State, then the organization may submit up to two distinct applications: one application for New York City and one application for Rest of State.

16. Is there a sustainability plan for this grant after the one-year period? Will there be additional funding opportunities for awarded programs?

ANSWER: At this time, funding is only available for one year.

17. What are the required/expected number of participants served for counseling services?

ANSWER: There is no required number of participants to be served for counseling services. In the Population section of the RFP Proposal Narrative, Section 6.2.c, applicants must provide estimates of how many youth/young adults will be served by the Suicide Prevention Program within 12-months.

18. Are there other required/expected number of participants served in any other categories?

ANSWER: There is no required number of participants to be served. In the Population section of the RFP Proposal Narrative, Section 6.2.c, applicants must provide estimates of how many youth/young adults will be served by the Suicide Prevention Program within 12-months.

19. What is the required training level for counselors?

ANSWER: Refer to RFP Section 5.3.2 Staffing for additional personnel, supervision, and training requirements. Applicants are required to describe the proposed staffing resources, experience and qualifications needed to support the Suicide Prevention Program.

20. Is a college (as a governmental entity/public institution of higher education) eligible to apply or is this RFP open only and specifically to 501(c)(3) nonprofits?

ANSWER: Eligible applicants include not-for-profit agencies with 501(c)(3) incorporation located and doing business in New York State or American Indian tribes or tribal organizations located in New York State (see RFP Section 2.7, Eligible Agencies.).

21. Can an applicant and a Behavioral Health Provider be from the same agency? If we have an Article 31 clinic, can we self-refer?

ANSWER: If the agency meets the eligibility criteria for applicants included in RFP Section 2.7, Eligible Agencies, as well as the eligibility criteria for Licensed Behavioral Health Providers included in RFP Section 5.2.2 Partnership with Behavioral Health Provider, and has the capacity to fulfill the objectives and responsibilities for Suicide Prevention Programs as described in RFP Section 5.2 then the agency may submit a proposal describing how it will internally facilitate access to treatment services between its community-based Suicide Prevention Program and its Article 31 mental health clinic. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

22. Is there an opportunity to extend beyond the 12 months? What is the opportunity for long-term funding?

ANSWER: At this time, funding is only available for one year.

23. Section 1.1 states “Agencies will be required to partner with an identified Behavioral Health provider agency to facilitate access to treatment services for individuals who need them.” Can you clarify what this means?

ANSWER: Refer to RFP Section 5.2.2 Partnership with Behavioral Health Provider. Community-based organizations providing suicide prevention interventions must partner with a behavioral health provider to offer clinical services that are beyond the scope of the applicant. The applicant is responsible for identifying a partnership with a Licensed Behavioral Health Provider, which can include Article 31 clinics, Article 32 clinics, Article 27 hospitals with outpatient behavioral health clinic services, CCBHCs, and FQHCs. Applicants must describe procedures to ensure that clients enrolled in community-based Suicide Prevention Programs receive timely access to clinical services from the Behavioral Health Provider partner as needed, including linkage with crisis services and/or a plan to offer clients 24/7 crisis coverage.

24. Is this RFP only for the 12 months? If not, how long will it be?

ANSWER: Yes. This RFP is only for a 12 month period.

25. Once the contract period ends, will there be an opportunity to renew?

ANSWER: At this time, funding is only available for one year.

26. Can the \$1M award be used to construct facility/location to house the program? Any details you can provide regarding requirements for allocation of funds (i.e., facility construction, salaries, etc.).

ANSWER: No, these funds cannot be used for construction costs to house/locate a program.

27. Can clinical staff be hired for the clinic (i.e., LCSWs), but have them strictly designated for treating the individuals enrolled in the suicide prevention program and paid out of the suicide prevention program's budget? For example, if there are currently 6 licensed clinicians employed by the clinic, could 2 more be hired who would be assigned only enrollees in the suicide prevention program and provide the individual and group therapy to them (those 2 staff) and then pay them out of the Suicide Prevention program's budget?

ANSWER: No. These are treatment adjacent services; the funds should not be used for clinic staff.

28. Is there an expectation that treatment-adjacent services will also be funded outside of the grant award? If so, what are some examples?

ANSWER: No, there is no expectation that treatment-adjacent services will also be funded outside of these funds.

29. Are telehealth platforms an optional method for delivering treatment-adjacent services? If so, under which rules and guidelines?

ANSWER: Telehealth platforms cannot be a substitute for in-person services. All applicants must describe in-person activities. Telehealth services can be offered as a supplement to in-person services. Applicants must describe how these treatment adjacent services will be offered in the Description of Program

section of the Proposal Narrative, Section 6.3.f. Community engagement and outreach activities must include a combination of in-person and digital strategies (refer to RFP Proposal Narrative 6.3.b).

30. Can award funds be used to train other than dedicated Program staff/

ANSWER: No.

31. What are the desired outcomes of the planning meetings?

ANSWER: Refer to RFP Section 5.3.3 Planning Meetings and Learning Collaboratives. Suicide Prevention Programs will be expected meet and participate in planning and reporting meetings with the New York State Office of Mental Health to monitor and track the progress of the Suicide Prevention Program.

32. What are the desired outcomes of the learning collaborative meetings?

ANSWER: Refer to RFP Section 5.3.3 Planning Meetings and Learning Collaboratives. Suicide Prevention Programs will be expected to share best practices and lessons learned with the other awardees.

33. Can Program funds be used to pay the behavioral health provider agency for the consultation, rapid triage, communication, and family involvement regarding referrals and treatment arrangements? For any other non-reimbursable service?

ANSWER: No, funds cannot be used to pay the behavioral health provider.

34. What is the expectation for sustainability after 12 months of programming?

ANSWER: At this time, funding is only available for one year.

35. We are a treatment agency that also does community wrap-around services. Are we eligible to apply and represent both categories?

ANSWER: If the agency meets the eligibility criteria for applicants included in RFP Section 2.7, Eligible Agencies, as well as the eligibility criteria for Licensed Behavioral Health Providers included in RFP Section 5.2.2 Partnership with Behavioral Health Provider, and has the capacity to fulfill the objectives and responsibilities for Suicide Prevention Programs as described in RFP Section 5.2 then the agency may submit a proposal describing how it will internally facilitate access to treatment services between its community-based Suicide Prevention Program and its behavioral health clinic. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

36. Please define "treatment adjacent services" as compared to treatment services.

ANSWER: Refer to RFP Section 5.2.1 Treatment Adjacent Services for a list of mandatory and optional treatment adjacent services to be offered by Suicide Prevention Programs. Refer to RFP Section 5.2.2

Partnership with a Behavioral Health Provider for a description of treatment services to be offered by the Behavioral Health Provider.

37. Can the applicant organization be its own partner for fulfilling that requirement for a linkage to a licensed behavioral health clinic provider and 24-hour crisis center?

ANSWER: If the agency meets the eligibility criteria for applicants included in RFP Section 2.7, Eligible Agencies, as well as the eligibility criteria for Licensed Behavioral Health Providers included in RFP Section 5.2.2 Partnership with Behavioral Health Provider, and has the capacity to fulfill the objectives and responsibilities for Suicide Prevention Programs as described in RFP Section 5.2 then the agency may submit a proposal describing how it will internally facilitate access to treatment services between its community-based Suicide Prevention Program and its behavioral health clinic and 24-hour crisis center. Rather than submit an MOU/statement of support as outlined in 6.3(i), the applicant must justify how this model is more beneficial to the youth and young adults in the focus populations needing the services.

38. Can this program be put in an in-patient facility, such as a Residential Treatment Facility?

ANSWER: No, Suicide Prevention Programs must be implemented in community-based settings.

39. Does the entire age range have to be served or can it be proposed to serve a subset (e.g., through age 18)?

ANSWER: Applicants can offer Suicide Prevention Programs to specific focus populations, including a subset of the age range. Applicants must articulate the demographic information, including age range, of the population to be served by the Suicide Prevention program in the Population section of the Proposal Narrative, Section 6.2.b.

40. Is there a specific format or content that should be included in the mandatory letter of intent?

ANSWER: No, there is no required or expected format.

41. The RFP states that there will be a minimum of 5 awards – in the title of the RFP, there are 5 identified groups. Will each of these groups received at least one award?

ANSWER: No, the minimum of five awards are not designated for each of the five focus populations. The top five highest scoring proposals will be awarded, with at least two (2) awards, and no more than three (3) awards, made to agencies in New York City. See RFP Section 4.3.1 Initial Awards and Allocations.

42. Can activities be a combination of in-person and remote, based on what will be most beneficial?

ANSWER: All applicants must describe in-person activities. Remote services can be offered as a supplement to in-person services. Applicants must describe how treatment adjacent services will be offered in the Description of Program section of the Proposal Narrative, Section 6.3.f. Community

engagement and outreach activities must include a combination of in-person and digital strategies (refer to RFP Proposal Narrative 6.3.b).

43. Can more than one licensed behavioral health provider serve a program location as long as we have MOUs or other paperwork with each?

ANSWER: Yes. If the applicant is partnering with more than one behavioral health provider, then the applicant must provide documentation of the formal agreement (e.g., a memorandum of agreement or a statement of support) outlining each participating behavioral health provider's commitment to provide treatment services for individuals who need them.

44. For programs outside of NYC, are you looking for multiple co-existing program locations that serve one population?

*ANSWER: This is per the discretion of the applicant. See RFP Section 1.3 Focus Population/Eligibility Criteria and RFP Section 5.1 Introduction. Suicide Prevention Programs can provide services and supports to youth and young adults belonging **to one or more** of the focus populations included in this RFP. NYC applicants and non-NYC applicants will be assessed by the same standards, as outlined in RFP Section 4.1 Evaluation Criteria.*

45. Should the budget include travel to the 4x planning and reporting meetings and 2x learning collaboratives? Where would these meetings take place and are they multiple day meetings?

ANSWER: No, meetings and learning collaboratives will be held in online webinar formats.

46. On page 9 of the RFP under "performance measure", the RFP is asking that we demonstrate adequate progress within 18 months of the award date – the RFP states that this is a 12 month contract – would you like us to give 11 month benchmarks or 18 months and how would we provide OMH with the latter of the contract is closed out?

ANSWER: This language is to be disregarded as it does not apply to this RFP. It is language from another RFP that was carried over into the template used for this RFP.

47. Since the award will only be for 12 months, does OMH anticipate being able to fund recipients for longer than 12 months or being able to extend funding past 12 months?

ANSWER: At this time, funding is only available for one year.

48. How does this OMH grant opportunity define individual and group counseling? What does this service entail?

ANSWER: All applicants must offer in-person individual and group counseling. Remote counseling services can be offered as a supplement to in-person counseling. For requirements for treatment adjacent services including counseling, refer to RFP Section 5.3 Implementation for specifications

regarding Safety and Accessibility (5.3.1) and Staffing (5.3.2) requirements for Suicide Prevention Programs. Otherwise, the applicant has flexibility in designing the delivery of individual and group counseling. Applicants must describe how individual and group counseling will be offered in the Description of Program section of the Proposal Narrative, Section 6.3.f.

49. What credentials do the people providing counseling need to have? Are there specific qualifications?

ANSWER: Refer to RFP Section 5.3.2 Staffing for additional personnel, supervision, and training requirements. Applicants are required to describe the proposed staffing resources, experience and qualifications needed to support the Suicide Prevention Program.

50. Are there any plans to extend this program and grants beyond the one year grant period?

ANSWER: At this time, funding is only available for one year.

51. Is there an opportunity to renew the grant after the 12 months? The RFP makes no mention of extensions or renewals after the 12 month period.

ANSWER: At this time, funding is only available for one year.

52. Can one organization submit two applications (ex: we have programming upstate and in NYC)?

ANSWER: If one organization will operate Suicide Prevention Programs in both New York City and Rest of State, then the organization may submit up to two distinct applications: one application for New York City and one application for Rest of State.

53. Given the significant increase in mental health issues for youth, is there potential for continuing this grant opportunity for more than one year?

ANSWER: At this time, funding is only available for one year.

54. Section 1.2/Allocation – states there will be a maximum of \$1,000,000 for a minimum of five awards. Is there a minimum dollar threshold for grants?

ANSWER: No, there is no minimum dollar threshold for grants.

55. Should applications focus on all populations of interest?

*ANSWER: See RFP Section 1.3 Focus Population/Eligibility Criteria and RFP Section 5.1 Introduction. Suicide Prevention Programs can provide services and supports to youth and young adults belonging to **one or more** of the focus populations included in this RFP.*