Adult Critical Time Intervention Teams
(CTI Teams)

Request for Proposals

SFS ID: OMH111

Grant Procurements

(On-Line Submission Required)

March 2024

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State (NYS) Office of Mental Health (OMH) announces the availability of funds for the development of twenty-six (26) Adult Critical Time Intervention Teams (CTI Teams) statewide. These CTI Teams will serve individuals during a critical transition time who have mental illness and who have not been successfully engaged in services during or after critical times in transition.

CTI Teams will be modeled on Critical Time Intervention (CTI), an evidence-based approach that is a time-limited, phase-based care management service. CTI promotes community integration, self-advocacy, and access to ongoing support by helping individuals develop and utilize strong ties to their professional and non-professional support systems during and after transition periods. CTI includes assertive outreach and engagement with individuals in higher-level of care settings as well as in the community with a focus on addressing key social care needs at the individual level. CTI places emphasis on helping individuals build skills and strengthen linkages to ongoing sources of support that will remain in place after the time-limited CTI intervention ends.

The development of these twenty-six (26) Adult CTI Teams represents a commitment by the NYS OMH to better meet the needs of vulnerable populations by providing this evidence-based approach to transitions in care.

Notice: Notification of intent to apply should be made to the Local Governmental Unit (county director of community services) for each county to be served under the program application, as defined in Section 41 of the New York State Mental Hygiene Law.

1.2 Target Population/Eligibility Criteria

CTI has been applied with several populations in various types of transitions – veterans, people with mental illness, people who are homeless or involved with the criminal justice system, and other groups. For this request for proposal (RFP) for Adult CTI Teams, the target population is as follows:

1. Individuals who are at least age 18 years old (*see “young adult” exception below);
2. Individuals with complex mental health conditions, including co-occurring substance use, medical conditions, or co-occurring Intellectual or Developmental Disabilities (I/DD) for agencies who have the experience and knowledge to serve this population; and
3. Individuals who would benefit from an intervention during a critical transition in care, including but not limited to:
    - Individuals being discharged from an inpatient psychiatric hospital, who have had long-stay admissions or multiple admissions.
    - Individuals being discharged from Emergency Room (ER)/ Comprehensive Psychiatric Emergency Program (CPEP) or other crisis services – who are not otherwise engaged, returning to ER/CPEP multiple times, and who lack community supports.
4. CTI team’s priority population will be those being discharged from hospital settings as outlined above, however, CTI teams may at times also serve:
    - Individuals who have not previously engaged in services after a critical transition.
    - Individuals who are precariously housed or homeless or at risk of losing their housing.
    - Other specialty populations in a critical time of transition (e.g., coming out of jail or prison.
    - Individuals who are 16 years old or older, considered “young adults” in need of transitional support through complex children’s and adult service systems.

A critical aspect of this program is the partnership between CTI Teams and hospitals (inpatient psychiatry units, emergency departments, and CPEPs). CTI staff must have full access to inpatient and ER settings, both to engage in relationship building with individual’s served, and to partner in discharge and aftercare planning with hospital staff. CTI staff bring expertise in the continuum of local behavioral health services and supports, housing options, benefits, and other local resources necessary for community tenure. Hospitals and the CTI Team will work together to identify high need individuals who would benefit from CTI and immediately include CTI in aftercare planning. CTI Teams must use data, such as PSYCKES to assist with an informed discharge planning approach including the assessment of past supports, current providers, and clinical history relevant to the individual’s community tenure and recovery.

1.3 Bidders Conference

There will be a Bidder’s Conference held on the date and time listed below. Prospective Proposers’ participation in these conferences is highly encouraged, but not mandatory.

The purpose of the Bidder’s Conference is to:

- Provide description of the program requirements;
- Explain the RFP process; and
- Answer any questions.

The details for the Bidder's Conference:

- March 22, 2024 12:30PM-1:30PM
- Registration Link

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

NYS 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 NYS OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Jeremy Rossello
Contract Management Specialist 1
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

Any General Inquiry must have "Enhanced CTI Inquiry" in the Subject Line.

2.2 Key Events/Timeline

RFP Release Date	3/12/2024
Bidders Conference	03/22/2024
Questions Due by 4:00 PM EST	3/26/2024
Questions and Answers Posted on Website	4/9/2024
Proposals Due by 2:00 PM EST*	4/25/2024
Anticipated Award Notification	6/5/2024
Anticipated Contract Start Date	TBD

*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.

2.3 Disposition of Proposals

All proposals submitted by the due date and time become the property of NYS OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

2.4 Eligible Agencies

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.8 and Section 2.9 for additional Prequalification Information.

Eligible applicants are:

- Not-for-profit agencies with 501(c) (3) incorporation, including county run, that have experience providing persistent outreach, case management and/or behavioral health services to persons with mental illness.
- General hospitals designated pursuant to Section 9.39 of NYS mental hygiene law which are operated by state or local governments or voluntary agencies.
- Community-based Behavioral Health Independent Practice Associations (BH IPA) which developed from the NYS Behavioral Health Care Collaborative (BHCC) project.

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.

2.5 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 OMHLocalProcurement@omh.ny.gov by 2:00 PM EST on the "Questions Due" date indicated in Section 2.2 Key Events/Timeline 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. Please enter "Name of RFP" in the subject line of the email. If you do not use the aforementioned subject line OMH cannot guarantee that your question will be answered.

The questions and official answers will be posted on the NYS OMH website as listed in Section 2.2 Key Events/Timeline.

All questions posed must have "CTI Teams RFP Question" in the Subject Line.

2.6 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 and the NYS Contract Reporter.

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

2.7 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 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9; or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date and time noted in Section 2.2 Key Events/Timeline; or
- Proposals from applicants that are not in good standing with the Office of Mental Health.

2.8 SFS Prequalification 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 be Prequalified 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 2:00 PM EST on as per section 2.2 will not be able to submit their bid response through SFS.

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.

2.9 Vendor Registration, Prequalification and Training Resources for Not-for-Profits

NOTE: For any application that does not contain all the required documentation and/or "See Attached" responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete.

Each proposal submission through SFS is required to contain:

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

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

Not-for-profit organizations must Register as a vendor the Statewide Financial System and successfully Prequalify to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on Registration and Prequalification are available on the Grants Management Website. A high-level synopsis is provided below.

Registering as an SFS Vendor

To register an organization, send a complete Grants Management Registration Form for Statewide Financial System (SFS) Vendors and accompanying documentation where required by email to grantsreform@its.ny.gov. You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible.

Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at Helpdesk@sfs.ny.gov. If you do not know your Password, please click the SFS Vendor Forgot Password link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

  Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.

- Select the Initiate a Prequalification Application radio button and click the Next button to begin the process. Starting with **Organization Information**, move through the steps listed on the left side of the screen to upload **Required Documents**, provide **Contacts** and **Submit** your Prequalification Application.

  Note - If the Initiate a Prequalification Application radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.

- System generated email notifications will be sent to the contact(s) listed in the **Contacts** section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

  Note: New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as

soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - https://grantsmanagement.ny.gov/ and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.

- A Grantee Handbook

(upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf)

, which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS

- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

3.Administrative Information

3.1 Reserved Rights

NYS 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

OMH's sole discretion;

- Withdraw the RFP at any time, at OMH's sole discretion
- Make an award under the RFP in whole or in part;
- 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;
- Request all bidders who submitted proposals to present supplemental information clarifying their proposal either in writing or by formal presentation; 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 applicant's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Make inquiries of third parties, including but not limited to bidders' references, with regard to the applicants' experience, or other matters deemed relevant to the proposal by the OMH. By submitting a proposal in response to this RFP the applicant gives its consent to any inquiry made by the OMH.
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Direct all bidders who submitted proposals to prepare modifications addressing RFP amendments and / or amend any part of this RFP with notification to all bidders. These actions are without liability to any bidder or other party, for expenses incurred in the preparation of any proposals or modifications submitted in response to this RFP.
- 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 NYS OMH website, SFS, and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- 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 NYS OMH objectives and is in the best interests of the State;
- Fund only one portion, or selected activities, of a selected bidder's proposal; and/or adopt all or part of the selected bidder's proposal based on State requirements.
- Conduct contract negotiations with the next responsible applicant, should the applicant be unsuccessful in negotiating with the selected applicant;
- 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 an applicant's compliance with the requirements of the solicitation;

- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure";
- Change any of the scheduled dates stated in the RFP.

3.2 Debriefing

NYS 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 NYS OMH dated letter. NYS OMH will not offer debriefing to applicants who are awarded a team. NYS 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 NYS 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 NYS OMH website in the RFP section. Protests of an award decision must be filed within 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 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 NYS 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 NYS OMH. NYS OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), 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 individual 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 NYS 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 NYS OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8. In accordance with 5 NYCRR § 142.13, each award individual 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 NYS OMH may withhold payment from the award individual 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 individual 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 NYS 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 NYS 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 NYS OMH.

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

B. If a notice of deficiency is issued, the award individual will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to NYS 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 NYS OMH to be inadequate, NYS OMH shall notify the award individual and direct the award individual 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 individual fails to submit a MWBE Utilization Plan;
b. If an award individual fails to submit a written remedy to a notice of deficiency;
c. If an award individual fails to submit a request for waiver; or,
d. If NYS OMH determines that the award individual has failed to document good faith efforts

The award individual 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 individual will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to NYS OMH over the term of the project, in such form and at such time as NYS 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. NYS 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 NYS 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.

NYS 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 Applicant 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 Applicant 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-l 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 2.9 of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for NYS 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 NYS OMH internal reviews.

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

Technical Evaluation	**Points**
Applicant Performance	13
Population	10
Description of Program	25
Implementation	13
Utilization Review, Reporting & Quality Improvement	9
Diversity, Equity, Inclusion and Recipient Input	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 2.9. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.4, the proposal will be eliminated from further review. The applicant 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 score of 70 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 6.3) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Outside of NYC, proposals will be ranked by listed region (e.g., Mid-Hudson, Capital Region, etc.) and counties listed for the region (e.g., Niagara, Orleans, Erie, etc.). An award will be made to the applicant with the highest score in the proposed region, then the next highest score, and so on, until all teams have been awarded in that region.

In the NYC Region, proposals will be ranked by listed county. An award will be made to the applicant with the highest score in each county, then the next highest score and so on, until all teams have been awarded.

Agencies will choose a region based on the list below. CTI Team location and main service area should be based on the hospital(s) or hospital system(s) located in the noted county or counties you plan to serve. Then agencies will identify additional county(ies) from that region where the CTI Team may provide services, depending on capacity of the team and needs, either for individuals returning to those county(ies) from the hospital(s), or may work with additional hospitals in those county(ies). Agencies working with larger hospital systems that expand beyond the listed counties in the regions below, those counties may be served as well by the team.

Upstate/Rural Teams

1. One CTI Team Western, Upstate Team, Hospital(s) Erie County
    a. Counties included in this award: Niagara, Orleans, Erie, Genesee, Wyoming
2. One CTI Team Western, Upstate Team, Hospital(s) Chautuaqua and Cattaraugus Counties

    a. Counties included in this award: Allegany, Cattaraugus, Chautauqua
3. One CTI Team Finger Lakes, Upstate Team, Hospital(s) in Monroe County
    a. Counties included in this award: Monroe, Wayne, Livingston
4. One CTI Team Finger Lakes, Upstate Team, Hospital(s) in Ontario, County
    a. Counties included in this award: Ontario, Seneca, Yates, Steuben, Schuyler, Tompkins, Chemung
5. One CTI Teams Central, Upstate Team, Hospital(s) in Onondaga County
    a. Counties included in this award: Onondaga, Oswego, Madison, Cayuga, Cortland
6. One CTI Team Mohawk, Upstate Team, Hospital(s) in Oneida County
    a. Counties included in this award: Oneida, Herkimer, Hamilton
7. One CTI Team Tug Hill Seaway/Central, Rural Team, Hospital(s) in Jefferson County
    a. Counties included in this award: Jefferson, Lewis
8. One CTI Team Tug Hill Seaway, Rural Team, Hospital(s) in St. Lawrence County
    a. Counties included in this award: St. Lawrence, Franklin
9. One CTI Team North Country, Rural Team, Hospital(s) in Clinton County or Warren County
    a. Counties included in this award: Clinton, Essex, Warren, Washington
10. One CTI Team Capital Region Upstate Team, Hospital(s) in Albany County
    a. Counties included in this award: Albany, Saratoga, Greene, Columbia
11. One CTI Team Capital Region, Upstate Team, Hospital(s) in Rensselaer County
    a. Counties included in this award: Rensselaer, Schenectady
12. One CTI Team Mohawk Valley/ /Southern Tier, Rural Team, Hospital(s) in Montgomery County
    a. Counties included in this award: Fulton, Montgomery, Otsego, Schoharie
13. One CTI Team Southern Tier, Rural Team, Hospital(s) in Broome County
    a. Counties included in this award: Chenango, Tioga, Broome, Delaware
14. One CTI Team Mid-Hudson, Upstate Team, Hospital(s) in Dutchess County
    a. Counties included in this award: Ulster, Dutchess, Putnam
15. One CTI Team Mid-Hudson, Upstate Team, Hospital(s) in Rockland County
    a. Counties included in this award: Orange, Sullivan, Rockland

Downstate Teams

16. One CTI Team in Mid-Hudson, Downstate Team
    a. Westchester
17. Eight CTI Teams in New York City, Downstate Team
    a. Two CTI Teams in Kings;
    b. Two CTI Teams The Bronx;
    c. Two CTI Teams Manhattan;
    d. One CTI Team in Queens; and
    e. One CTI Team in Richmond
18. One CTI Teams in Long Island, Downstate Team
    a. Suffolk
19. One CTI Teams in Long Island, Downstate Team
    a. Nassau

In the event of a tie score between two proposals, the agency with the highest score on Description of Program will receive the higher ranking.

In the event all county(ies)/teams are not awarded, OMH reserves the right to award, in order of ranked score, the agencies who also bid on location(s) already awarded will be considered for an additional team in that location. Eligible agencies with the next highest score will be given their location of preference, the eligible agency with the next highest score given their next available location and so on.

In the event any location(s) are not represented in any received bids, OMH reserves the right to contact and offer an award, in order of ranked score and ability to develop a CTI Team in the identified location, the agencies who bid on other location(s). Such contact will allow OMH to determine the interest and ability in the agency accepting an additional team(s) so that all teams are awarded. Selection is based on interest and ability from the highest bidder to the lowest bidder.

4.3.2 Contract Termination and Reassignment

There are several 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-individual 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, NYS OMH will go to the next highest ranked proposal. If there are no agencies left with a passing score, NYS 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.

5.Scope of Work

5.1 Introduction

Through this RFP, NYS OMH will make funds available for the implementation of 26 Critical Time Intervention Teams in NYS as outlined in Section 4.3.1, serving individuals who are at least 18 years old (see section 1.2 for exception of "young adults"). RFPs for specialty adult population CTI Teams will be released at a later date.

Applicants can apply for any number of teams, however, separate applications must be provided for each region. Applicants with the highest RFP score(s) will be awarded a CTI Team within each geographic area and catchment areas based on partnerships with hospitals.

The applicant must demonstrate its capacity to provide services to individuals who meet the target population detailed in section 1.2 of this RFP.

The provider must commit to meeting CTI Team start-up requirements, including program location, staffing, and monthly ramp up deliverables. CTI Team start-up will include the involvement of NYS OMH and other key agencies to provide training and support around the development of the team. Monthly calls and meetings will be held to provide technical assistance and ensure the delivery of services consistent with programmatic objectives.

The applicant must commit to documentation, tracking, data collection, and reporting requirements according to NYS OMH requirements that will be released as part of the implementation of the teams.

The applicant will establish a CTI Team based on Section 5 of this RFP. This will include the use of the Critical Time Intervention Manual (2002) and the CTI Manual for Workers and Supervisors (2021) as a baseline for the evidence-based approach, which can be found here.

Each CTI Team must have a well-defined working relationship with at least one (1) local Article 28 and/or Article 31 hospital (e.g., inpatient psychiatry units, emergency department and/or CPEP), or more in areas where there are multiple hospital systems within their awarded location. This relationship must include a Memorandum of Understanding (MOU). The CTI Team's MOU should outline a coordinated process for regular communication, process for referrals, discharge planning from the hospital, access to the hospital electronic medical record where possible, and a process for engaging in-person with individuals to provide the CTI intervention prior to discharge. MOUs must be developed prior to operating the CTI Team, but do not need to be submitted with the RFP application. CTI Teams will need to maintain relationships with hospitals,

including regular meetings (i.e., rounds on the inpatient unit, inpatient case conferences and access meeting space on unit). It is important to note that when CTI Teams work with ER/CPEPs or other crisis services, workflows should be modified to meet the needs of the settings. These workflows must be established prior to implementation by both the CTI Team and hospital leadership. In cases in which the hospital is the agency implementing the CTI Team, the above collaborations must exist within the internal structure of the hospital. Additionally, CTI Teams must develop external relationships, which may include MOUs when applicable, with community-based organizations to ensure timely access of services.

CTI Teams should consider partnering with more than one (1) hospital/facility, based on local need. CTI Teams should consider where additional relationships with hospitals in their county may be needed.

In order to support implementation of the hospital's person-centered discharge plan, the applicant must develop coordinated admission and transition plans with community providers, including Housing providers, Certified Community Behavioral Health Clinics (CCBHC), Community Oriented Recovery & Empowerment Services (CORE), or Home and Community Based Services (HCBS) providers, Personalized Recovery Oriented Services (PROS), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), community services certified by the NYS Office of Addiction Services and Supports, community services licensed by the Office for People with Developmental Disabilities, and other community resources to coordinate needed services and supports for individuals to ensure their successful transition into community-based services.

5.2 Quality Infrastructure and Reporting Requirements

CTI Teams will be required to submit regular reports to NYS OMH regarding all individuals referred to them, including but not limited to, completed referrals, reason for denial of referral if applicable, admission and discharge dates, characteristics of individuals served, diagnoses, referral source, services provided, discharge plan, disposition, community networking efforts, transition between stages of CTI, all referrals, and follow-up. Information will also be submitted regarding performance indicators demonstrating that members' continuity of care has been assured (including stable housing) and that reliance on psychiatric center, inpatient and emergency department services has been reduced, and jail/prison time decreased. NYS OMH will provide programs with a template of the data items required for reporting for manual or bulk data entry.

CTI Teams will have a systemic approach for self-monitoring and ensuring ongoing quality improvement including analyzing utilization review findings and recommendations. This information should be used to measure timeliness of services, disposition, and outcomes, and will

inform the CTI Teams overall quality improvement plan. CTI Teams should ensure continuous quality improvement of services and development of the program including regular monitoring and evaluation of outcomes.

The Local Governmental Unit (LGU), Director of Community Service (DCS)/Mental Health Commissioner has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorder and/or intellectual/developmental disability in their communities. LGU collaboration is a vital part of the work of CTI Teams. Applicants must notify the LGU(s) of their intent to apply.

Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance.

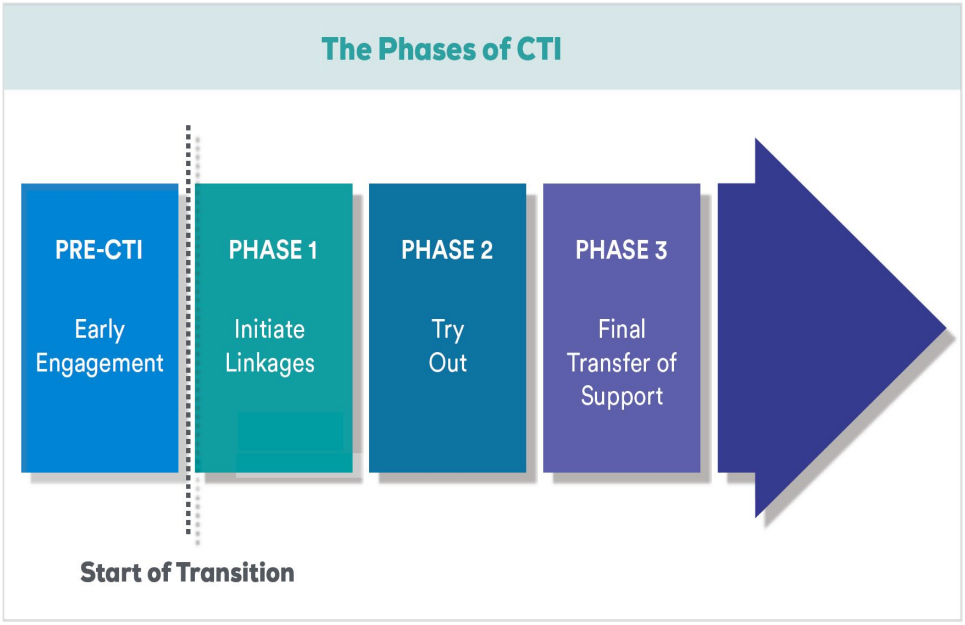
Program providers must have a quality, supervisory, and operational infrastructure to support submitting data to OMH regarding all enrolled clients, including client-identified data. OMH will provide programs with a template of the data items required for reporting. Information will also be submitted regarding performance indicators demonstrating that recipients' continuity of care has been assured.

Program providers will have a systematic approach for self-monitoring and ensuring ongoing quality improvement of services, including analyzing utilization review findings and recommendations. Providers should ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.

5.3 Objectives and Responsibilities

CTI Teams will follow the evidence-based approach of Critical Time Intervention which includes four (4) phases described below. Each of the phases requires the staff to have a skill set based on a non-judgmental, person-centered, strength-based approach that meets individuals where they are at, helps them identify what is important to them and communicates hope that recovery is possible. Refer to Critical Time Intervention Manual (2002) and the CTI Manual for Workers and Supervisors (2021) for more details.

All individuals who meet eligibility and are referred to a CTI Team will receive sustained and persistent outreach and engagement attempts, even if they initially decline services. The CTI Team will continue to work with individuals to ensure that their immediate needs are met (including clothing, shelter, and food), and that community linkages and supports remain solid.



Pre-CTI is the early engagement phase and is usually started prior to discharge. The Phase one (1) tasks of engagement, assessment and connecting to community resources are very labor-intensive. In Phase two (2), the worker will step back a bit to monitor the resource network and adjust as needed. Finally, as the intervention winds down in Phase three (3), the worker steps back further and assumes a monitoring role to ensure that needed resources are in place. Thus, the amount of contact that a worker has with both individuals and their resource networks declines over time, reflecting the way in which the worker's role shifts over the course of the intervention.[1]

Pre-CTI Early Engagement Phase - Prior to discharge from the hospital or other settings and of moderate intensity. Developing a trusting relationship with the individual. Data suggests that the greater the time, intensity, and number of contacts pre-discharge the better the outcomes. Tasks in this phase include but are not limited to:

- Early engagement with the individual to build rapport and trust prior to discharge from the hospital – this should include multiple contacts, when possible, with at least one (1) in-person contact.
- Conducting an initial assessment by gathering contact information and any other needed information. Begin the assessment process using hospital data systems or PSYCKES to determine history of treatment, existing resources, and other supports.
- Working with the hospital team on identifying the strengths and weaknesses of proposed discharge plans.
- Communicating with existing or prospective providers and other key stakeholders of the individual's recovery and transition goals (e.g., family, friends, roommates, etc.).

[1] CTI Manual for Workers and Supervisors 2021, p.15

- Assisting with housing and transportation.
- Facilitating and suggesting other referrals that will maximize the success of the individual's discharge and recovery plan.

Phase 1 Initiate Linkages – Months one (1) to three (3) post discharge and of high intensity. Providing support and beginning to connect the individual 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 providers that everything is all set according to the discharge plan. In terms of treatment, support, and basic needs, assess needs such as income/benefits, cell phone access, transportation, food, safety, adequate heat, lighting, etc.
- On the day of discharge, accompany the individual to their community setting unless the individual does not want this support.
- Conduct both immediate needs assessment prior to discharge and community-based assessments.
- Create the plan for Phase 1 with the individual. Encourage the individual to identify and express where they would like to see change in terms of the new setting or support. This allows the individual to take more responsibility for their recovery, including advocating with their medical team around medication issues.
- Observe operation of the individual's support network by accompanying them to medical, psychiatric, and other provider visits.
- Develop a collaborative relationship with the individual. Establish with the individual a routine check-in plan that may decrease in frequency over time as the individual adjusts to their new home; Check-ins may take place in the individual's home or other places in the community.
- Prepare with the individual a crisis and support plan that can be activated if needed by the individual.
- Give a case presentation at the team supervision meeting.
- If the individual is admitted to an acute service (e.g., an emergency department, CPEP/inpatient (IP) visit), then the team will work with the individual, crisis supports, or hospital treatment team to resolve the crisis and return the individual back to their community setting as soon as possible.
- Identify and link individual to resources. Help identify solutions to resolve barriers and/or concerns related to successful transition to the new setting/support system and achievement of the discharge/recovery plan.
- Improve community living and interpersonal skills.

Phase 2 Try Out - Months four (4) to six (6) post discharge and of moderate intensity. Monitoring and strengthening of the support network and the individual's skills in self-advocacy. Tasks in this phase include but are not limited to:

- Step back to monitor linkages to resource network. Continuing to observe the operation of the network while decreasing the number

of in-person meetings with the individual to once per week from more frequent contacts during Phase 1.

- Mediate between individual and resource network if needed. Adjust resource network as needed.
- Work with the individual to identify or augment community and social supports that can provide meaningful interactions or activities – e.g., involvement with a faith community, gym membership, social clubs, arts groups, community-based peer support services, and other services to support work and education goals, etc.
- If the individual is admitted to an acute service (e.g., emergency department, CPEP/IP), the team will work with the individual, crisis supports, or hospital treatment team to resolve the crisis and return the individual back to their community setting as soon as possible.
- Planning for Phase 3 with individual, reducing the frequency of visits to approximately one (1) or two (2) times monthly. Move to more of a monitoring role.

Phase 3 Final Transfer of Support - Months six (6) to nine (9) post discharge, low intensity. Termination and Achievement Recognition – Tasks in this phase include but are not limited to:

- Rebuilding of social networks and relationships.
- Holding a final transfer of support meetings with the individual and resource network ensuring that the individual and supports can function independently.
- Holding a wrap-up meeting with the individual to acknowledge all that has been accomplished and celebrate graduation.
- Preparing a discharge summary and disenrolling the individual from the service.
- Working with the individual on a Psychiatric Advanced Directive, assisting with accessing personal PSYCKES through MyCHOIS, and assisting with voter registration if the individual is interested.

5.4 Implementation

5.4.1 Referrals to CTI Teams

CTI Teams will receive referrals from hospitals, including inpatient psychiatric units, emergency departments, CPEPs, and other crisis services.

CTI Teams will work closely with the hospital(s), or other referral sources, to ensure timely access to services once a referral is determined appropriate. Upon receiving a referral, the CTI Teams will begin efforts towards connection with referred individual within 24 hours.

CTI Teams will conduct assertive and persistent outreach to establish trust and foster engagement. CTI Teams will provide coordinated care transition activities and support, starting from the time of referral through transition to community housing, treatment and supports.

CTI Teams must build and maintain relationships with hospitals, and other referral sources.

5.4.3 Documentation and Use of Technology

It is expected that the applicant has an electronic health record that can document referrals, assessments, and each encounter with the individual. It is also expected that the applicant maximizes the use of technology to help support the team's communication, quality improvement efforts, as well as each individual's transition and goals.

Applicants must have a plan on how they use digital technology to support client engagement in care. Technology supports include tools and resources for identifying potential clients, communicating, and responding to referral sources, communicating with clients and key support persons, care planning, and transition planning. Applicants should use digital tools available to staff as well as those available to clients.

All applicants must have an electronic health record (EHR) and describe the EHR. OMH is exploring a clinical data interoperability system based on the HL7 FHIR® standard (R4 or higher) for optimal compatibility that will connect directly with provider EHRs to extract required data elements and limit provider reporting burden. Applicants who don't have EHRs that support FHIR® standard can also securely submit data files to NYS OMH Platform using a secure file transfer method (MFT Process, SFTP, etc.).

CTI Teams will be expected to use data from Regional Health Information Organization (RHIOS)/Qualified Entities (QEs), PSYCKES, and other data systems as part of their work.

5.4.4 CTI Team Staffing

The size of the team, either Downstate (serves 130 individuals), Upstate (serves 80 individuals) or Rural (serves 30 individuals) is determined as listed in Section 4.3.1, listing the size team as Downstate, Upstate or Rural for CTI Team location. CTI Teams will hire staff with the appropriate qualifications to meet the needs of the target population and develop policies that maintain the caseload sizes according to the CTI Manual for Workers and Supervisors.

It is expected that each team be comprised of a multidisciplinary team of as follows:

Downstate CTI Team 10 staff comprised of 1 FTE Team Leader, 1 FTE Registered Nurse/Licensed Practical Nurse, 3 FTE Mental Health Professionals, and 5 FTE Care Managers. It is recommended that CTI Teams hire one (1) to two (2) Peer Specialists in the role of Care Manager. The CTI Team will serve a capacity of 130 individuals per month.

Upstate CTI Team 7 staff comprised of 1 FTE Team Leader, 1 FTE Registered Nurse/Licensed Practical Nurse, 1 FTE Mental Health

Professionals, and 4 FTE Care Managers. It is recommended that CTI Teams hire one (1) to two (2) Peer Specialists in the role of Care Manager. The CTI Team will serve a capacity of 80 individuals per month.

Rural CTI Teams 3 staff comprised of 1 FTE Team Leader, and 2 FTE Care Managers. It is recommended that CTI Teams hire one (1) Peer Specialist in the role of Care Manager. The CTI Team will serve a capacity of 30 individuals per month.

For CTI Temas in NYC, all eligible CTI Team members are expected to obtain and maintain 9.58 certification.

CTI Teams will ensure that staff are trained in CTI and other applicable evidence-based approaches (i.e., motivational interviewing, Integrated Dual Disorder Treatment, trauma informed care). CTI Teams will be expected to participate in any CTI Team learning communities; complete all required trainings; access the Care Management Institute, utilize the Care Management Institute and their training resources; and attend meetings to review progress, outcomes and develop best practices for CTI Teams. CTI Teams should consider training staff in specialty areas such as housing, community resources, integrated care, health and wellness, and vocational supports.

CTI Teams must maintain a plan for regular supervision of all staff members.

5.4.5 Hours of Operation

CTI Teams will have hours of operation that allow them to adequately provide all necessary services with consideration of the unique needs and availability of the individuals whom they serve. CTI Teams will have a process to ensure hospitals can connect with them 24/7.

5.4 Operating Funding

Over the course of the contract, OMH plans to submit a Medicaid State Plan Amendment (SPA) to allow for Medicaid reimbursement. Once approved, funding will change from full state aid coverage to a mix of state aid and Medicaid billing. Providers will be expected to work with NYS OMH regarding any program or fiscal changes related to this movement to Medicaid coverage and must be prepared for funding to change in accordance with future program development. This includes, but is not limited to, CTI Teams completing the steps needed to become licensed.

One (1) award will be made for each CTI Team for a five (5) year period, starting 07/01/2024.

Start-Up Funds:

One-time Start-up funds will be allocated as a lump sum at beginning of the contract for: $ 100,000

Start-up funds are used for initial costs associated with starting a new CTI Team including, but not limited to: Vehicle; Computers and tablets; Printers; Phone system and mobile devices; Office furniture; Office supplies; Recruitment;

Utilities; Insurance; Promotional material and marketing; or Electronic Health Record (reporting capabilities).

Year One Funding:

Until the CTI State Plan Amendment is approved, allowing for Medicaid billing, CTI teams will be fully funded with State Aid. Subsequent to State Plan Amendment approval, newly licensed CTI teams will receive State Aid ramp-up funding for the first four months of operation, equal to one-quarter of the full annual team model amount. The full annual and monthly values of State Aid funding are as follows:

Downstate Team - $1,288,759 ($107,397)

Upstate Team – $ 825,067 ($ 68,756)

Rural Team - $ 353,206 ($ 29,434)

CTI Budget Model (Medicaid Revenue):

Upon SPA approval, the ongoing expected annual Medicaid revenue per team is as follows:

Downstate Team - $1,012,570

Upstate Team – $ 647,119

Rural Team - $ 281,100

On-going Net Deficit Funds:

Anticipated available ongoing annual net deficit funding per team is as follows

Downstate Team - $178,689 (plus $97,500 in service dollars)

Upstate Team – $ 114,198 (plus $63,750 in service dollars[2])

Rural Teams - $ 49,606 (plus $22,500 in service dollars[2])

6.Proposal Narrative

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

Provide the region, the county where the team will be located, and the name of the hospital(s), for which this proposal applies. Please complete based on Section 4.3.1.

6.1 Applicant Performance

a. Describe the applicant's experience engaging, developing, implementing, and providing mental health and substance use services to individuals in the community. Identify services for which the applicant is licensed, certified, or otherwise authorized (if applicable), and the population(s) served. If the applicant plans to serve individuals with co-occurring mental illness and Intellectual and Developmental

[2] Appropriate uses of service dollar funds are outlined in Service Dollar Guidance.

Disability (I/DD), describe any experience you may have and unique needs of the population. BH IPAs describe relevant applicant network experience.

b. Describe how these experiences demonstrate the applicant's experience and qualification for operating a CTI Team.

c. Describe your network, internally and externally, of behavioral health and other providers, and how you plan to utilize those networks to facilitate rapid access to care. In your response, describe how you plan to ensure close collaboration with the Local Government Unit (LGU) to facilitate care for individuals served by CTI Teams in all applicable counties.

d. Describe your current protocols and procedures for transitioning individuals from area hospital inpatient units, emergency departments, CPEPs, and residential facilities, including any real time notification of discharge and record transfers that support the seamless delivery of care.

e. Describe how you currently screen and assess for, link to, or treat substance use disorders, including use of Motivational Interviewing, harm reduction, and psychopharmacology for tobacco, alcohol, and opioid use disorders.

f. Describe what Peer Support Services are currently being offered within your agency or describe relationships with outside community agencies providing Peer Support Services. Describe additional support and resources you provide to meet the unique needs of peers within your agency.

6.2 Population

a. Describe in narrative the characteristics of the population to be served by the proposed CTI Team. Identify where you plan to locate your team and describe the service area and hospitals or hospital systems you plan to serve based on local need.

b. Describe your agency's experience utilizing evidence-based practices used to support recovery for people with behavioral health challenges.

c. Describe your agency's experience with, and strategies for, outreach and engagement of individuals with a history of poor engagement in services.

d. Describe your agency's track record working with individuals with multiple systems involvement and how your agency advocated with them and on their

behalf to better coordinate care among behavioral health, medical, housing, and other providers.

6.3 Description of Program

a. Describe how your agency will implement a CTI Team including process for referrals, engagement and enrollment, assessment, staffing, identification of transition points, utilization of community resources, and discharge.

b. Describe the approach the CTI Team will use to ensure the development of strong working relationships with hospitals including inpatient facilities, emergency departments, and CPEPs. Describe the strategies the CTI Team will use to ensure timely and on-going communications.

c. Describe your agency's experience in providing and coordinating care, both internally and externally, among behavioral health, medical, housing, forensic, and other services/providers. Describe your agency's experience creating a continuum of integrated services that promote recovery, independence, and individual choice. Describe how the CTI Team will work closely with providers on behalf of individuals and ensure warm handoffs. Describe, if applicable, a specific experience in providing and coordinating care for transition age youth, ages 16 to 25, including relationships with youth-serving resources such as schools, child welfare, youth development programs, etc. If not applicable, note that.

d. Describe how the CTI will receive referrals during off hours and how they will be addressed. Describe how the CTI Team will coordinate with hospital settings and staff to review referrals within 24 hours and meet face-to-face with individuals to begin the engagement process, and facilitate and coordinate prior discharge efforts with the providers identified in the individual's discharge and recovery plan. Describe how you will ensure individuals, hospitals, and community providers have immediate access to the CTI Team.

e. Describe how the CTI Team will conduct assertive and persistent outreach to establish trust and foster engagement; and for those referred, how the coordinated care transition activities will be conducted during inpatient stay or in other sites and continue through transition to community housing, treatment, and supports.

f. Describe your agency's success in assisting individuals in achieving permanent housing including working with your Local Government Units (LGUs).

g. Describe how the CTI Team will assist individuals in achieving community inclusion and reducing social isolation. Describe how the CTI Team will assist individuals with additional sectors such as entitlements, education or vocational goals, food, transportation, etc.

h. Describe your agency's plan for individual assessment and person-centered

care planning, including ways in which the plan engages and motivates individuals toward their recovery.

i. Describe how the CTI Team will use digital technology to support client engagement in care. Technology supports include tools and resources for identifying potential clients, communicating, and responding to referral sources, communicating with clients and key support persons, care planning, and transition planning. Describe digital tools available, or that will be available to staff, as well as those available to participants. Describe how the use of digital technology will capture and analyze data for potential action steps for the participant and program activities.

6.4 Implementation

a. Describe how the CTI Team will develop ongoing relationships with hospital(s) in the proposed area, and outside of the area as needed. Provide a list of hospital(s) where the CTI Team will ensure there is an ongoing relationship. **Provide a letter of support from the hospital(s) listed, including the hospital answers to the below three (3) questions and signatures from the hospital executive leadership.**
    i. How will the hospital embed the CTI Team in discharge planning processes?
    ii. How will the hospital ensure access for CTI Team staff to engage with individuals served while inpatient?
    iii. What processes will be put in place to identify and refer individuals eligible for a CTI Team?

b. Describe start-up and phase-in activities necessary to implement the CTI Team. Include plans for formalizing the MOU with the hospital(s). Include timeframes in your description.

c. Describe the staff training that will be given prior to the CTI Team accepting referrals. Describe the ongoing training and supervision that will be provided to assure fidelity to the CTI approach and high-quality services. Describe specific training, as applicable, in serving transition-aged youth ages 16-25.

d. Describe the Human Resources plan the applicant has been using to recruit, train, retrain, retain, and support the level of professional and appropriately qualified staff needed to carry out the program duties.

e. Describe ways in which the CTI Team will attempt to use technology and data to promote best care and achievement of individuals' recovery goals.

6.5 Utilization Review, Reporting, and Quality Improvement

a. Describe how the agency will ensure confidentiality of individuals' records in a way that conforms with all local, state, and federal confidentiality and privacy regulations.

b. Describe how the agency will ensure the CTI Team is adhering to the fidelity of the CTI approach as outlined in the CTI Manual for Workers and

Supervisors. Describe the proposed approach to self-monitoring and ensuring ongoing quality improvement for the CTI Team. Describe how the applicant will review findings and recommendations to ensure the CTI Team follows the phased approach as outlined in the CTI Manual for Workers and Supervisors.

c. Describe how the agency will integrate the CTI Team into the agency's overall quality improvement infrastructure and efforts. Identify two (2) quality-related achievements that have occurred within the last two (2) years of which the agency is particularly proud.

d. Describe the CTI Team's proposed plan to collect and analyze data and performance outcomes. Describe how the CTI Team will use this data for quality improvement. Also describe how the CTI Team will ensure compliance with any NYS OMH reporting requirements specific to this initiative. Describe the electronic health record (EHR) the applicant plans to use. Describe the EHRs ability for clinical data interoperability system based on the HL7 FHIR® standard (R4 or higher). Applicants who don't have EHRs that support FHIR® standard can also describe how they will securely submit data files to OMH Platform using a secure file transfer method (MFT Process, SFTP, etc.).

6.6 Diversity, Equity, Inclusion and Recipient Input

This section describes the commitment of the entity to advancing equity. OMH is committed to the reduction of disparities in access, quality, and treatment outcomes for historically marginalized populations as well as centering and elevating the voice of individuals with lived experience throughout the system.

Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations

A. Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.
B. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
C. Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual's title, organizational positioning and their planned activities for coordinating these efforts).
D. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). Plan should include information in the following domains:
    i. workforce diversity (data-informed recruitment);
    ii. workforce inclusion;
    iii. reducing disparities in access quality, and treatment outcomes in the patient population;
    iv. soliciting input from diverse community stakeholders, organizations and persons with lived experience.

v. efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area as identified in (XXXX).
vi. how stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan.

Discuss how the plan will be regularly reviewed and updated.

Equity Structure

E. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).
F. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

Workforce Diversity and Inclusion

G. Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

Language Access

H. Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures).

   This section should also include information related to:

   i. addressing other language accessibility needs (Braille, limited reading skills);
   ii. service descriptions and promotional material.

Recovery Values

I. Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

Collaboration with Diverse Community Based Stakeholders/ Organizations

J. For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government

resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

6.7 Financial Assessment

a. The proposal must include a five (5)-year Budget (Appendix B). The indirect cost/administrative overhead rate is capped at 15%. Applicants must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. 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) 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.