



Office of
Mental Health

Department
of Health

Office of Addiction
Services and Supports

Certified Community Behavioral Health Clinics (CCBHC)

RFP Bidder's Conference August 9, 2023

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Housekeeping

- Please enter your name and your agency into the chat.
- This presentation will be recorded and made available on the OMH Website where the RFP is posted within a week.
- During the Bidder's Conference, questions can be typed into the chat.
 - Please make sure to be clear and write in a question format for ease of answering during the presentation AND for adding to the Q&A that will be posted as per the RFP.
- After the Program and RFP Overview, there will be an opportunity to review program questions and to ask additional questions.
- After the Fiscal Overview, there will be an opportunity to review fiscal questions and to ask additional questions.
- Any questions not answered during the presentation will be posted by August 28th, 2023, as outlined in the Key Events/Timeline of the RFP.



Program and RFP Overview

August 9, 2023, 1:30pm-3:00pm

Fiscal Overview

August 9, 2023, 3:00pm-4:30pm



Agenda

- Brief History of CCBHC and Eligible Population
- RFP Announcement and Purpose
- Eligible Agencies
- Evaluation of Proposals
- Awarded Agencies
- Process for Allocating Contracts
- Scope of Work
 - Community Needs Assessment
 - Description of Services
 - Implementation
 - Designated Collaborating Organizations (DCO)
 - Governance
 - Reporting Quality Improvement and Utilization
- Review of Key Events/Timeline
- FAQ
- Questions



History of CCBHCs

- The CCBHC model was established on April 1, 2014, by Congress through the passage of the Protecting Access to Medicare Act of 2014 (Section 223 of P.L. 113-93, as amended).
- On July 1, 2017, thirteen providers throughout NYS implemented the program model.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) extended the federal Demonstration through September 2025 and issued guidance effective February 21, 2023, enabling additional providers to be added to the NYS Demonstration program.



Eligible Population

- CCBHCs are designed to serve all New Yorkers experiencing mental health disorders, substance use disorders, or both, in their service area regardless of age, ability to pay, or location of residence.
- This includes children, adolescents, adults, older adults, and families.
- Any individual who presents to a CCBHC must be provided services, including those with co-occurring behavioral health disorders and intellectual/developmental disabilities.
- For people who require higher levels of care, CCBHC staff will collaborate with the person and assist them in accessing the next level of care.



Announcement of Request For Proposals

Purpose of the Request for Proposal:

- NYS OMH, OASAS and DOH – hereinafter referred to as The Offices announce the development of 13 new Certified Community Behavioral Health Clinics (CCBHCs) within the 10 economic development regions (EDRs) of NYS to further develop an integrated behavioral health treatment system that is available to all New Yorkers regardless of residence or ability to pay.
 - Within NYC - 6 CCBHCs within the NYC EDRs
 - Rest of NY State – 7 CCBHCs within the 9 EDRs outside of NYC
- The development of 13 CCBHCs statewide will take into consideration counties identified as high needs on Medicaid data within the EDR, specifically on the metrics of: mental health hospitalization, mental health emergency department visits, suicide attempt or self harm behavior, and overdose.



NYS Economic Development Regions

Region	Counties	High Needs Counties
Capital Region	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington	Albany, Rensselaer, Saratoga, Schenectady, Washington
Central New York	Cayuga, Cortland, Madison, Onondaga, Oswego	Cayuga, Onondaga, Oswego
Finger Lakes	Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates	Monroe, Ontario, Wayne
Long Island	Nassau, Suffolk	Suffolk
Mid-Hudson	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	Dutchess, Ulster
Mohawk Valley	Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie	Oneida
New York City	Bronx, Kings, New York, Richmond, Queens	-----
North Country	Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence	Clinton, Jefferson, St. Lawrence
Southern Tier	Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins	Broome, Chemung, Tompkins
Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Niagara	Cattaraugus, Chautauqua, Erie, Niagara



Eligible Agencies

- Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices.
 - For OMH licensed programs, “good standing” is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations, having an OMH accepted Performance Improvement Plan and not receiving or not under active Enhanced Provider Monitoring.
 - For OASAS certified programs, “good standing” is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations, having an OASAS accepted Corrective Action Plan based on its most recent recertification review, and may not be receiving or be under active Enhanced Oversight Provider Monitoring.
- Eligible agencies considering submitting a proposal must evaluate if they will be able to achieve internal capacity within the proposed clinic site to directly provide developmentally appropriate, integrated mental health and substance use services for children, youth, families, and adults separate from any Designated Collaborating Organization (DCO) relationship by **July 1, 2024**.



Evaluation Factors and Awards

Evaluation Criteria

- All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission.
- The Evaluation will apply points in the following categories as defined in Section 6:

Technical Evaluation	Points
Agency Performance	20
Population (High Needs County Identification)	15 (maximum 18)
Description of Program	20
Implementation	26
Diversity, Equity, and Inclusion	10
Reporting, Quality Improvement and Utilization Review	8
Financial Assessment	26
Total Proposal Points	128 Points



Evaluation Criteria Cont.

- Up to 3 additional points will be awarded to proposals that include serving one or more of the high needs counties within a given EDR, as outlined in [Section 1.1](#) NYS Economic Development Regions chart. Such proposals must identify the EDR county and include the county in the Community Needs Assessment and implementation plan. Proposals will be awarded points based on a comprehensive plan to serve the county(ies) that addresses these metrics.



Awarded Agencies

- The CCBHCs selected through this RFP will support New York State's efforts to further develop an integrated behavioral health treatment system that is available to all New Yorkers regardless of their location of residence or ability to pay. This system will emphasize a person-centered continuum of care that enables individuals to enter and exit the system based on need.
- Awarded agencies will receive one-time startup funds and programmatic support to grow existing operations to reach Demonstration standards by July 1, 2024 and will expend all funds by June 30, 2025. The awardees will have the opportunity to participate in the Demonstration for the duration of the federal SAMHSA CCBHC Demonstration program.
- The CCBHCs will have a contract start date of January 1, 2024, and must be operational by July 1, 2024. CCBHCs will be jointly selected for participation in the federal CCBHC demonstration by the NYS OMH and OASAS.



Process for Allocating Contracts

Initial Awards and Allocations

- Proposals will be reviewed, scored and ranked. Awards will be made to assume the development and operation of a CCBHC Demonstration by July 1, 2024. The proposed clinic site must hold either an Article 31, Article 32, or both license(s).
- For the 6 CCBHCs which will be awarded within the New York City (NYC) EDR, one award will be made to each of the five (5) boroughs: Kings, Queens, New York, Richmond, and the Bronx to the applicant receiving the highest score in each borough. After the state awards one (1) CCBHC to the highest scoring proposal in each of the five (5) boroughs for which the state receives proposals, a second CCBHC will be awarded to each borough based on the next highest scoring proposal in NYC, until each borough with applicants achieving a passing score is awarded a second CCBHC. This process will continue until a maximum of 6 CCBHCs are awarded.



Initial Awards and Allocations Cont.

- For the seven (7) CCBHCs, which will be awarded in the nine (9) EDRs outside of NYC, awards will first be made to the highest scoring proposal(s) for each of the three (3) EDRs without a current CCBHC (i.e., Southern Tier, Mohawk Valley, and Capital Region) until each of these EDRs for which the state receives proposals achieving a passing score are awarded at least one (1) CCBHC. Then, one (1) CCBHC will be awarded to each EDR outside of NYC based on the next highest scoring proposal until each EDR for which the state receives proposals with a passing score are awarded (one) 1 CCBHC. If a total of (seven) 7 awards cannot be made based on this allocation methodology, a second CCBHC will be awarded to each EDR based on the next highest scoring proposal in the 9 EDRs outside of NYC, until each EDR outside NYC with applicants achieving a passing score are awarded a second CCBHC. This process will continue until a maximum of (seven) 7 CCBHCs are awarded.
- In the event that all 13 CCBHCs are not awarded using the process above, the Offices reserve the right to issue the remaining awards based on the highest scoring proposals across either NYC or the 9 EDRs outside of NYC until all 13 CCBHC are awarded, following the same process as above.



Scope of Work: Community Needs Assessment

- CCBHCs must complete a Community Needs Assessment which is a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served. As such, proposals must include a completed Community Needs Assessment.
- Agencies will collaborate with community stakeholders to complete their assessment, including input from the entities that are listed in the federal CCBHC Certified Criteria. The assessment should identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders.
- Specific CCBHC criteria are tied to the Community Needs Assessment including staffing, language and culture, services, locations, service hours and evidence-based practices (EBPs). Therefore, the assessment must be thorough and reflect the treatment and recovery needs of those who reside in the service area across the lifespan, including children, youth, adults, older adults, and families.
- Agencies will also collaborate with the OMH Field Offices, OASAS Regional Offices, Local Government Units (LGUs), local law enforcement agencies, and other community programs and providers to complete their assessment. Additionally, agencies should participate in county and community planning, including active collaboration in Community Service Boards and inclusion in Local Service Plans to best serve the community's needs.



Description of Services

- CCBHCs must follow and adhere to the NYS CCBHC Scope of Services Provider Manual and the updated SAMHSA Certification Criteria (refer to links in [Section 1.1](#)) to provide services that are voluntary, person-centered, and trauma informed.
- The CCBHC will need to demonstrate their ability to comply with the updated SAMHSA CCBHC Certification Criteria, which was released in March 2023, with an implementation date of July 1st, 2024.
- A CCBHC is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs must serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.



CCBHC Nine Core Services

- Crisis behavioral health services including prevention, 24-hour mobile crisis teams, emergency crisis intervention, and crisis stabilization
- Screening, assessment, and diagnosis including risk assessment
- Person-centered and family-centered treatment planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer supports, Peer counseling, and family/caregiver supports
- Intensive community-based mental health care for members of the Armed Forces and veterans



CCBHC Behavioral Health Services

- CCBHCs are required to provide a **comprehensive array of behavioral health services** so that people who need care are not caught trying to piece together the behavioral health support they need across multiple providers.
- CCBHCs play an essential role in **transitions of care** from hospital inpatient, emergency room and Comprehensive Psychiatric Emergency Programs (CPEPs) as well as other transitions in care, including but not limited to individuals returning to the community from incarceration.
- To facilitate this role, CCBHCs must establish **communication protocols and partnerships** with community partners to facilitate these important transitions. In addition, CCBHCs must provide care coordination to help people navigate behavioral health care, developmental health care, physical health care, social services, and the other systems in which they are involved.



CCBHC Behavioral Health Services, Cont'd

- Another important feature of the CCBHC model is that it requires crisis services that are **available 24 hours a day, 7 days a week, 365 days per year.**
- All services are **voluntary, person-centered, and trauma-informed**, with an emphasis on peer support that is recovery oriented.
- CCBHCs must ensure services are delivered in a **comfortable and welcoming environment** by a multidisciplinary team.
- CCBHC staff will act in a manner that is culturally competent, person-centered and trauma-informed to understand and respect personal preferences throughout their interactions with people receiving services and other staff members at the CCBHC.



Implementation

- CCBHCs will be jointly monitored, and overseen by NYS OMH and OASAS, in accordance with Articles 31 and 32 of the Mental Hygiene Law (MHL). All aspects of implementation shall be guided by SAMHSA's CCBHC Certification Criteria, 14 NYCRR Part 599/822 Regulation, and the NYS CCBHC Scope of Services Provider Manual.
- Awarded agencies may need to apply for authorization to provide Integrated Outpatient Services (IOS) as part of the implementation process.
- CCBHCs may be operated by or affiliated with hospitals and/or hospital affiliated programs. Additionally, CCBHCs may be co-located with existing facilities.
 - CCBHCs that are co-located or adjoined with an existing facility must ensure the facility operates in accordance with applicable CMS requirements, NYS Regulations and program guidance.
- CCBHCs must be adequately staffed with a multidisciplinary team.
- Staffing must have the ability to meet the needs of both the areas and the populations being served.
- Staffing numbers will be based on operating needs and will reflect demographic data collected on the service area. CCBHCs must have internal capacity to directly provide the nine core services.



Designated Collaborating Organizations

- Although the CCBHC is responsible for ensuring all services are available through the CCBHC, there are services for which the CCBHC may contract with another provider to deliver or assist with delivery. These formal contracts are referred to as Designated Collaborating Organizations (DCOs).
- A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) of the required core services.
- The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized.
- The formal relationship between CCBHCs and DCOs must provide for seamlessly integrated services delivery across service providers under the umbrella of a CCBHC.
- DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the federal Certification Criteria.
- DCO agreements shall make the DCO responsible for providing any services provided as a part of the DCO relationship in accordance with the NYS CCBHC Scope of Services Provider Manual.
- Additional information regarding the financial component of DCO relationships are available in the [Section 223 Demonstration Programs to Improve Community Mental Health Services Prospective Payment System \(PPS\) Guidance and NYS CCBHC Prospective Payment System \(PPS\)](#)



Governance

- CCBHC governance must be informed by representatives of the individuals being served by the CCBHC. This assures that the perspectives of people receiving services, families, and people with lived experience of mental health and substance use conditions are integrated in leadership and decision-making.
- Meaningful participation means involving a substantial number of people with lived experience and their family members in developing initiatives and activities; identifying community needs, goals, and objectives; providing input on service development and CQI processes; and budget development and fiscal decision making. CCBHCs reflect substantial participation by one of two options:
 - Option 1: At least fifty-one percent of the CCBHC governing board is comprised of individuals with lived experience of mental and/or substance use disorders and families.
 - Option 2: Other means are established to demonstrate meaningful participation in board governance involving people with lived experience (such as creating an advisory committee that reports to the board). Under this option, input from individuals with lived experience and family members must be incorporated and representatives from the alternate approach must have formal voting power on the governing board.
- Additional information on the requirements for governance under Option 1 and Option 2 can be found in the federal CCBHC Certification Criteria.



Reporting, Quality Improvement, and Utilization Review

- CCBHCs must have the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing: (1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services.
- Data collection and reporting requirements are elaborated in the federal Certification Criteria. Information about people receiving services and care delivery should be captured electronically, using widely available standards.
- CCBHCs are required to collect the Clinic-Collected quality measures identified as required in the federal Certification Criteria. Reporting is annual and, for Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services.
- The required quality metrics and Cost Reports must be submitted to NYS OMH for inclusion in the state's annual report to SAMHSA. CCBHCs must also comply with all OMH fiscal reporting requirements as outlined in the [Aid to Localities Spending Plan Guidelines](#).
- Additional data tracking and reporting may be required at the discretion of the Offices.



Reporting, Quality Improvement, and Utilization Review Cont'd

- In order to maintain a continuous focus on quality improvement, the CCBHC must develop, implement, and maintain an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided.
- The CCBHC must establish a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services. CCBHCs must have a systematic approach for self-monitoring that ensures ongoing quality improvement of services, including analyzing utilization review findings and recommendations.
- Areas for quality improvement include not only provision of services while at the CCBHC, but also referrals, follow-up attempts, and client feedback.
- Additional information on requirements for CCBHC CQI are included in the federal Certification Criteria.
- The Offices will work with the CCBHCs to collect initial and ongoing feedback from people receiving services. Findings will inform the CCBHC's overall quality improvement plan. Providers will participate in regular oversight activities and site visits from NYS OMH and OASAS.



Key Events/Timeline

RFP Release Date	7/6/2023
Letters of Intent Due	7/20/2023
Bidder's Conference	8/9/2023 (1:30pm Program Overview & Fiscal Overview 3:00pm)
Questions Due	No Later Than 4:00 PM EST, 8/14/2023
Questions and Answers Posted on Website	8/28/2023
Proposals Due	No later Than 1:00 PM EST, 9/28/2023
Anticipated Award Notification	11/14/2023
Anticipated Contract Start Date	1/1/2024



Federal and State Requirements

Additional information related to CCBHC requirements can be found within:

Title 14 NYCRR Part [599/822/598/825](#)

[NYS CCBHC Scope of Services Provider Manual](#) (OMH.gov)

[SAMHSA CCBHC Certification Criteria](#) (SAMHSA.gov)

[Section 223 Demonstration Programs to Improve Community Mental Health Services Prospective Payment System \(PPS\) Guidance](#)
(SAMHSA.gov)

[NYS CCBHC Prospective Payment System \(PPS\)](#) (OMH.gov)



FAQs

Q: In section 2.5 Eligible Agencies, the RFP notes **Agencies** must have an Article 31 **and** Article 32 license. In section 4.3.1 Initial Awards and Allocations, the RFP states a proposed CCBHC **clinic site** must hold either an Article 31, Article 32 or both license(s). Please clarify.

A: **Agencies** must have an Article 31 **AND** Article 32 license to be eligible to apply for this RFP. The proposed CCBHC **clinic site** must hold at least 1 license (Article 31 or Article 32) or both licenses.

Q: What is the expectation of applicants in regard to collaboration and letters of intent to the OMH Field Offices/OASAS Regional Offices?

A: The letter of intent is to inform the Field/Regional Office of the applicant's decision to apply for the RFP and to share findings outlined in their Community Needs Assessment, which is required with the RFP application. The Field/Regional Office is in the restricted period of the procurement process and is not at liberty to provide feedback at this time.



Questions?



BREAK

Fiscal Overview

Will begin promptly at 3:00pm

