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# Safe Options Support (SOS) Program: CTI Teams

Request for Proposals- New York City  
Bidder's Conference

**February 3, 2022**

# New York State's Expanded Homeless Initiative



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# NYS Expanded Homeless Initiative

- Currently there is an estimated 4,000 street homeless individuals in New York City (NYC).
- Funding is being provided to support 8 SOS (Safe Options Support) Critical Time Intervention (CTI) Teams to operate in NYC.
- When fully implemented, 20 multi-disciplinary SOS teams will be operating across NYS, including those 8 teams requested via this current RFP.



# SOS CTI Award Information

- Awards will be made for a total number of eight (8) SOS CTI Teams to be developed in NYC.
- Teams will be awarded in the following boroughs:
  - Manhattan: 3 Teams
  - Brooklyn: 2 Teams
  - Bronx: 2 Teams
  - Queens: 1 Team



# SOS CTI Award Information

- Each team award will be made in the amount of \$5,964,000 for five (5) years. Annual funding for each of the five (5) years is \$1,192,800 million.
- Over the course of the contract, state funding may be reduced commensurate with increased revenue from billable services.



# SOS (Safe Options Support): CTI Teams Overview



# SOS CTI Teams

- SOS Teams will use an evidence-based Critical Time Intervention (CTI) approach to provide intensive outreach, engagement and care coordination services for up to 12 months, pre- and post-housing placement, with an intensive initial outreach and engagement period.
- Participants will learn self-management skills and master activities of daily living to support self-efficacy and recovery.



# SOS CTI Teams

- Each SOS CTI team will attempt to outreach at least 120 identified individuals each calendar year and actively engage with at least 90 of these individuals.
- All individuals referred will receive sustained outreach and engagement attempts, even if recipients initially decline services.





# SOS CTI Teams

- SOS Teams will be comprised of licensed clinicians, care managers, peers and registered nurses.
- SOS Teams will be serving individuals as they transition from street homelessness to housing and facilitating connection to treatment and support services.



# Referrals to SOS CTI Teams



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# Referrals to SOS CTI Teams

- Individual referrals to SOS CTI Teams can be made by
  - Outreach teams
  - Hospitals
  - Community, family and caregivers
  - Community providers
  - Police
  - MTA
  - City and State Agencies (OMH, OASAS, OTDA, DOHMH, DHS, etc.)



# Referrals to SOS CTI Teams

- Referrals to the SOS CTI Teams will be managed through a Referral Hub and assigned to teams based on location and need.
- Teams will work in close collaboration with Street Homeless Outreach Teams, hospitals, and other stakeholders to prevent duplication and ensure that individuals in greatest need are identified, referred, and immediately connected to services.



# Referrals to SOS CTI Teams

- Upon receiving a referral, the SOS CTI teams will begin efforts towards connection with referred individuals within 24 hours.
- The teams will provide coordinated care transition activities and support, starting from the time of referral through transition to community housing, treatment and supports.



# Staffing & Hours of Operation



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# SOS CTI Team Staffing

- Teams will be comprised of 12.0 FTE's:
  - 1.0 FTE Team Leader
  - 4.0 FTE licensed clinicians (ex. LCSW, CASAC, LMSW, LMHC), including at least one clinician with specialized training and experience working with substance use disorders,
  - 4.0 FTE care managers,
  - 2.0 FTE peer specialists
  - 1.0 FTE Registered Nurse



# Hours of Operation

- Teams will have hours of operation that include evenings and weekends to ensure consistent outreach and engagement.
- Team will ensure 24/7 crisis intervention capacity for all the recipients served by the team.





# SOS CTI Team Staffing

- SOS CTI team start-up will include the involvement of OMH and other key agencies to provide support around the development of the team.
- Monthly calls and/or meetings will be held to provide technical assistance and ensure the delivery of services consistent with programmatic objectives.



# Phases of SOS CTI Support



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# Phases of SOS CTI Team Support

## Phase 1 - Outreach and Engagement (0-3 months):

- Identifying and outreaching recipients, developing a trusting relationship
- If hospitalized, engaging with recipient prior to discharge and working with inpatient team on aftercare planning
- Developing a care plan using historical information obtained through the OMH PSYCKES Medicaid application



# Phases of SOS CTI Team Support

Phase 2 - Support, Transition and Linkage (3-6 months):

- Beginning to connect recipient to people and providers that will assume the primary role of support in the community
- Utilization of motivational interviewing and/or substance use/harm reduction counseling
- Assessment of housing needs and benefits/entitlements support



# Phases of SOS CTI Team Support

## Phase 3 (Months 6-9):

- Monitoring and strengthening of recipient's support network and promoting self-efficacy in all areas
- Assist the recipient with community inclusion efforts and augment community and social supports
- Assisting recipient in transition to housing and/or housing stability



# Phases of SOS CTI Team Support

Phase 4 (Months 9 to 12) - SOS Completion and Achievement Recognition:

- Reducing the frequency of visits to 1 or 2 times monthly, or other appropriate frequency
- Communicating with the recipient the plan for longer-term goals, including decreased involvement of SOS CTI Team



# Phases of SOS CTI Team Support

Phase 5 - Post-housing placement support:

- Interventions may continue up to 3 months after housing placement to ensure community and housing stability, and that community linkages remain in place



# Quality Infrastructure and Reporting Requirements



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# Quality Infrastructure / Reporting Requirements

- Providers must have a quality, supervisory and operational infrastructure that assures fidelity to the CTI model.
- Providers will be expected to participate in a SOS CTI Team active learning community, in collaboration with OMH, to review progress, outcomes and develop best practices.



# Quality Infrastructure / Reporting Requirements

- Submission of monthly reports to OMH regarding all enrolled clients, including admission and discharge dates, characteristics of individuals served, etc.
- Provide information regarding performance indicators demonstrating continuity of care and reduced reliance on Emergency Departments and Inpatient settings.



# Quality Infrastructure / Reporting Requirements

- Ensure ongoing quality improvement, including analyzing utilization review findings and recommendations.
- Measure timeliness of services, disposition and outcomes to inform the SOS agency's overall quality improvement plan.
- Participate in site visits and ensure regular monitoring and evaluation of outcomes.



# Documentation & Use of Technology



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# Documentation and Use of Technology

- Applicants must describe how they will utilize digital technology to support client engagement in care and describe digital tools available to staff, as well as those available to clients.
- Applicants should note whether they use an electronic health record (EHR) and if so, describe the EHR.



# Documentation and Use of Technology

- Providers should have an electronic health record that can document referrals, assessments and each encounter with the recipient.
- It is expected that the provider maximizes the use of technology to help support the team's communication and quality improvement efforts, as well as each recipient's transition and recovery goals.



# Proposal Narrative



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# Proposal Narrative- Population and Description of Program

Proposal narratives must address the following components:

- Population – experience with / knowledge of homeless individuals in NYC, familiarity with temporary housing options
- Description of Program – engagement strategies, coordination of rapid response, partnership with other systems of care





# Proposal Narrative- Implementation and Agency Performance

- Implementation – timeframes, physical space, recruitment and training; inclusion, equity, cultural/linguistic competence plan
- Agency Performance – mission, experience in providing culturally informed/competent services, ways agency has strengthened quality/fiscal stability



# Proposal Narrative- Review, Reporting, Financial Assessment

- Utilization Review, Reporting, Quality Improvement – method of ensuring confidentiality, ways agency will integrate SOS CTI into overall quality improvement infrastructure
- Financial Assessment – 5-year budget for each team and plan for how agency will manage its operating budget



# Questions?



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# Questions?

- Questions and requests for clarification will now be taken in the chat box on the right side of your screen.
- Both questions presented and answers provided will be included in the Question and Answer document posted to the New York State Contract Reporter as outlined in the RFP.
- Additional questions or requests for clarification concerning the RFP must be submitted in writing to the Issuing Officer by e-mail to [carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov) by 4:00 PM EST on February 10, 2022.

