



## SOS CTI NYC Questions and Answers

### Questions on Application for Teams Process

- In the RFP, on pg. 17, it says that "4 awards will be made through this RFP but there will be a total of 8 teams developed." Does that mean each applicant must apply for two teams or can an applicant apply for just one team?
- It is understood that an agency can apply for more than one team, but can the agency apply for more than one team in the same borough?
- The RFP says only 4 awards will be made for 8 teams. How does that work if an agency can apply for only one team?

**To clarify, there are eight (8) teams to be awarded: Three (3) Teams in Manhattan, Two (2) Teams in Brooklyn, Two (2) Teams in Bronx and One (1) Team in Queens. Applicants can apply for any number of teams up to the maximum number of individual teams allotted in each individual borough, but there will be no more teams awarded in said borough that what is indicated in the RFP. For example, it is possible to apply for either one (1), two (2) or three (3) teams in Manhattan.**

**As stated in the Grants Gateway (Description Box), if an applicant is choosing to apply for teams in different boroughs, separate applications must be provided for each borough. Additionally, applicants must be specific and clear in their application as to the number of teams they are applying for in that borough.**

**Teams will be awarded to the highest score of each individual application, not highest score by borough (as originally indicated in the RFP).**

**In the event all teams in a borough are not awarded, OMH will go to the next highest scorer to offer that team.**

1. Is there any info available on when the SOS RFP will be released for WNY / rest of NY State? I'd be grateful for any info, as our organization is looking for funding opportunities to expand our homeless street outreach program.  
**Not at this time.**
2. Are there restrictions for where the team is based and located within each borough?  
**No.**
3. Are there specific requirements for facilities and space?  
**No.**

4. How is housing being arranged? Who is responsible for housing placements?  
**The SOS Critical Time Intervention team will work with the SOS Hub and housing providers for referral and placement.**
5. Which boroughs are each of the 4 additional teams to be awarded?  
**The process to site the operational areas of the NYC-based teams awarded outside of this procurement opportunity will be defined by service and coverage needs, as determined by State and City governmental agencies.**
6. What kind of outreach is required?  
**In-person, assertive and persistent outreach - utilizing a person-centered approach at both the street level and within transit stations- is expected. The strategies or techniques employed as part of outreach may vary depending on the individualized needs of each recipient. The goals of outreach include establishing trust, assessing the immediate needs of the individual, when necessary, using a harm reduction approach and fostering engagement.**
7. Are there any requirements that these new teams contribute to the HUB team street outreach?  
**SOS Teams will work collaboratively with all existing outreach teams to maximize the scope of that work and to coordinate and share information about the homeless individuals served and services being proposed or offered.**
8. Can client contacts be carried out as a hybrid of face-to-face vs telephonic contacts?  
**Telephonic contact may be utilized to provide additional opportunity for connection with clients, but telephonic contact should not be used in lieu of face-to-face contact.**
9. There have been longstanding staffing and recruitment challenges during COVID. This is also a challenging population to work with and the budgets are providing limited funding to appropriately recruit and staff 12 FTE. In addition, the ramp up time does not provide sufficient time to recruit staff. Will any consideration be given to increasing the funding amount and offering more ramp up time?  
**At this time, the funding is fixed. However, as result of monitoring the ramp up and implementation phase of the SOS CTI Teams, consideration may be given to increased funding to address areas/elements of weakness in the team or insufficient capacity that needs to be addressed through additional staff and/or availability and the associated costs.**
10. Will OMH consider proposals tailored to specific populations, e.g., individuals within the RFP priority population who are involved in the criminal legal system?  
**The target population for this procurement opportunity is defined as street homeless, which is inclusive of the subpopulation of street homeless who may frequent the New York City subway system. It is an expectation that the SOS teams will conduct intensive outreach activities in the subway system.**
11. Will there be specific catchment areas assigned to providers selected through the RFP process?  
**The SOS hub will manage the assignment of cases and in collaboration with NYC Department of Homeless Services (DHS) and other key stakeholders decisions will be made about the high-need areas for each of the boroughs.**

12. The program budget as outlined in the RFP will make it very difficult for providers to staff SOS teams given the extremely competitive hiring environment, specifically for the types of staff designated for the SOS teams. Is the budget in the RFP a final amount?  
**See answer to question #9.**
13. is there any flexibility around hiring clinical staff or the nursing staff re: SOS team requirements? These positions as described in the RFP may be difficult to hire while also increasing program expenses.  
**Not at this point.**
14. Please describe any plans to separately fund new housing, safe haven beds, and related options for the people successfully engaged in SOS services?  
**See answer to question #4.**
15. The RFP says that the SOS team must have two peers. Do they have to be certified peers?  
**Candidates who possess any of the following certifications are preferred: New York Certified Peer Specialist, Credentialed Youth Peer Advocate, Certified Recovery Peer Advocate or a Certified Peer Worker. Candidates with relevant lived experience who do not possess a provisional or full certification, may qualify so long as they commit to pursuing the appropriate peer credential or certification and obtain minimum provisional certification in the time frame required by the relevant peer credential/certification body.**
16. The RFP talks about intensive outreach to “street homeless” individuals, but the SOS Program press release says that the SOS teams will be focusing on homeless people in the NYC subways and MTA stations. Can you clarify the preferred homeless population for the SOS teams?  
**See answer to question #10.**
17. Is the target population the street homeless or the subpopulation of street homeless in subways/train stations?  
**See answer to question #16.**
18. The budget is tight for a 12-person team and doesn't really allow for expenses other than staff/fringe and admin. Is there flexibility around the budget? Could it be increased if expenses clearly justified the increase?  
**See answer to question #9.**
19. If an agency is awarded 2 SOS teams, could the 2 teams share a nurse to help offset the cost of the program and reduce the challenge of finding a nurse for every team, which will be very hard given the healthcare workforce shortages?  
**No.**
20. DHS has a successful nursing outreach program. Could an SOS team leverage this resource rather than higher a nurse directly?  
**No.**
21. Are 4 Licensed Clinicians a mandatory requirement? Given the staffing challenges in the BH field, timely implementation is more likely with staffing flexibility.

**Yes, this is a requirement.**

22. CTI programs often have 'wrap around' funds to support engagement and community stability. Will these funds be available through the SOS Hub?  
**The funding amount assumed \$1,000 per client in wrap-around dollars. Teams are expected to serve 120 clients and \$120,000 is assumed in the funding provided for that purpose. OMH recognizes that every client will not need to fully utilize \$1,000 in wrap around dollars.**
23. Could you clarify the expectations for "increased revenue from billable services" referenced in 5.3 and how you envision the Health Home Plus program/billing to fit in to this program and its future budget/funding?  
**Billing for services and the associated revenue is not the initial focus of these teams. The first priority will be to implement the teams and have them reaching out to the homeless as soon as possible. OMH will provide notification to providers when billing revenue will start to be considered as part of the funding package.**
24. How strict are the proposed staffing patterns? Could a CQI/QA staff person be added? Could a psychiatrist be added to the staff OR cover a portion of costs for increased time from a contract psychiatrist to oversee the team's nurses and clinical staff?  
**Within existing dollars, an agency can propose a more enriched staffing plan, as long as they meet the multidisciplinary team staff requirements.**
25. Is it allowed to contract out the RNs?  
**No.**
26. Could you clarify and elaborate upon the CQI/QA expectations?  
**See Section 5.1.2 of the RFP which describes the QI infrastructure expected and participation in a learning community that will offer an opportunity to use data to drive program improvements.**
27. Could you clarify the education/work experience requirements envisioned for direct service staff? NOTE: there is awareness of Health Home Plus staff requirements that have precluded recent grads from joining the team.  
**It is desirable that all team members have some prior experience working with homeless individuals and/or lived experience. The clinical staff would be expected to be licensed in their respective disciplines.**
28. Could you clarify the target population you envision for this program? Will clients be required to have a specific set of diagnoses, Medicaid utilization percentile, and/or anticipated housing transition, or is there more leeway and discretion left to the teams?  
**The target population is street and MTA dwelling homeless individuals, many of whom will have behavioral health needs, but a diagnosis is not a requirement.**
29. Could you clarify whether the "National CLAS Standards" referenced in 6.3f refer to the 15 actions steps set up by HHS?  
**Yes, this refers to the National CLAS Standards referenced on HHS website.**

30. Multiple sections reference instructions for formatting, prequalification, and required components in section 2.11, but this section does not exist in the RFP instruction document. Could you please advise.  
**Section 2.8, 2.9 and 2.10 provide all the appropriate instruction. There was an intentional removal of a subsection in Section 2, which created a renumbering of subsequent subsections. It was not noticed that there is a reference to the now non-existing Section 2.11 in the body of the RFP.**
31. Are these teams a supplement to the subway/street homeless outreach teams? Do they have separate responsibilities from the subway/street outreach teams?  
**SOS Critical Time Intervention teams will supplement other existing homelessness outreach teams in operation in New York City, and will offer a different scope and intensity of services under the Critical Time Intervention model.**
32. Is there a referral system required to refer, track and manage cohorts?  
**The SOS hub will manage these processes.**
33. Is there flexibility around staffing? With this level of coordination needed, a strong operations person seems to be a good option. Also, the possibility of a part time psychiatrist provider for medication, when/if indicated?  
**See answer to question #24.**
34. Is there any flexibility on the staffing pattern?  
**See answer to question #24.**
35. What does OMH foresee specifically the role of the Registered Nurse to be on this team?  
**The Registered Nurse will meet with all new intakes for a focused health assessment and medical needs evaluation, ensure linkage to primary care, ensure that physical/behavioral health goals are part of the care plan, and provide health education and overall wellness promotion.**
36. Is there a possibility of hiring an LPN rather than an RN?  
**No.**
37. Can a psychiatrist be added to the SOS team?  
**An agency can propose a more enriched staffing plan, as long as they meet the multidisciplinary team staff requirements and is within the allowable budget.**
38. Can the psychiatrist count as part of the FTE for the 4 FTE clinicians?  
**See answer to question #37.**
39. Will the SOS teams have direct access to Safe Haven and Crisis beds and shelter?  
**Specific details are being discussed to enable access to Safe Haven, Crisis, and shelter beds.**
40. Can funding be used to collaborate with other organizations to build teams (i.e. hospital to collaborate with community-based orgs)?  
**No.**

41. What is the percentage or portion of folks expected to be referred to this do you expect will already be connected to a street outreach team?  
**At the beginning of SOS CTI team operations, the percentage may be greater but as the teams start working in different transit stations and/or areas of the city, it is anticipated that the individuals served may not have an existing relationship with an outreach team. As stated previously, SOS CTI teams will collaborate very closely with existing teams to reduce confusion and duplication of services.**
42. Is this RFP for non-profits or can for profits submit proposals?  
**As indicated in Section 2.4, eligible applicants are non-profits. For-profit providers are not eligible to apply.**
43. Is the expectation that the provider will need to bill Medicaid for some of the clients?  
**While the funding awards under this procurement support a programmatic model that does not currently require Medicaid billing, awardees may decide to seek Medicaid reimbursement for some services. However, over the course of the contract, state funding may be reduced commensurate with increased revenue from billable services, as described in Section 5.3 of the RFP. Also, see answer to question #23.**
44. What provisions have been made for securing 4,000 housing units for the SOS to place individuals? CTI only applies as an intervention after someone is placed in housing.  
**See answer to question #4.**
45. To be eligible for the program – do clients have to be in transition to housing? Or can the team support those who are seeking housing?  
**Clients do not have to be in transition to housing to be eligible for this program. The only eligibility requirement is that an individual is street homeless.**
46. After the 12 months, if an individual needs extra support, can it be extended another 3 months?  
**Yes, the services can be provided up to 3 months post-housing placement. If an individual transitions to housing at month 12, the team can extend services for another 3 months. Ultimately this is a person-centered approach and so there will be flexibility to ensure that recipients needs are adequately met.**
47. Will there be new housing options available for the individuals who are served by the SOS teams?  
**See answer to question #4.**
48. Will the SOS teams have access to the DHS StreetSmart system?  
**OMH is currently in discussion with relevant stakeholders to provide access to databases and systems necessary for the successful operation of SOS CTI teams.**
49. Will the provider be able to choose the database that they want to use? Will OMH require certain systems/databases that the SOS Team would need to use? If so, which?  
**Please see Section 5.1.2(4) for Technology Supports.**
50. Will SOS use a unique electronic platform for documentation/reporting?  
**See answer to Question #48.**

51. Can we give the client a cell phone for six months?  
**Yes, within the wraparound funding defined in the answer to question #22.**
52. Is there any effort to create a city-wide BAA under HIPPA so outreach teams can more easily coordinate with hospitals about the outreach teams' clients?  
**Yes, New York State will be pursuing a Business Associate Agreement with the relevant stakeholders necessary to the successful operation of this program.**
53. Can you elaborate more on what pre-post 12 months engagement is?  
**See answer to Question #46.**
54. Does an agency have to be physically located in the city of NY to bid?  
**No. Please see Section 2.4 of the RFP.**
55. The RFP does not indicate that this is a renewable grant. Is OMH envisioning that this is only a five-year program?  
**As with any State funded program, it is subject to the availability of funding within the NYS budget. At this time, NYS is not considering this a temporary program.**
56. Can you provide any more info about the Referral Hub? Who will be running it and how will they send referrals to teams? Will the referrals include info about other city and/or state services consumer is currently linked to and will we be allowed to access PSYCKES records upon referral (prior to consent)?  
**CBC will run the referral hub. They will provide information about the homeless individual. PSYCKES access will follow current requirements.**
57. Will the SOS referrals take priority over the 10,000 shelter residents already waiting for housing?  
**If a shelter resident has been referred and is waiting for housing, the SOS CTI team referrals will not be prioritized over that resident.**
58. Will there be a dedicated liaison at DHS for this program and/or a person from DHS at the Hub?  
**Key stakeholders from all relevant State/City entities will liaise with the hub.**
59. Can an agency who already has a program that houses the homeless refer clients to their program?  
**Yes.**
60. Will the SOS teams be able to bypass or streamline the HRA 2010e application, which has been barrier to housing for many homeless people?  
**OMH is working closely with HRA and other stakeholder agencies to reduce barriers to housing for SOS clients.**
61. Which boroughs are each of the 4 additional teams to be awarded?  
**See answer to question #5.**
62. How are the SOS teams goals, tactics, and resources different from already-operating outreach teams w/clinical staff and ACT/IMT teams?  
**SOS Teams utilize a unique framework that combines outreach and engagement services with a Critical Time Intervention-focused and phased approach to help**

**support homeless individuals as they transition into housing, connect to community supports and treatment services. SOS teams are a time-limited service and work with individuals, on average, for 9-12 months.**

63. During the post-housing outreach, will supportive housing agencies be required to let SOS teams into their facilities?

**Yes.**

64. Will housing providers be oriented to this new program? This isn't typically a population that many housing providers are eager to work with. Will the housing providers possible be offered additional support to encourage admission?

**Yes, OMH will work to orient housing providers to the SOS Critical Time Intervention model and offer additional support to housing providers to strengthen the admission process.**

65. What are the requirements for physical space, do we need a site that clients can come to?

**There are no requirements for physical space.**

66. Can client contacts be carried out as a hybrid of fact-to-face and telephone?

**See answer to question #8.**

67. Will it be allowed for some staff positions to be provided on an in-kind basis?

**The applicant should detail the in-kind staff in their proposal, outlining how this additional staff will support the aims of the SOS CTI team.**

68. How will this program work in collaboration with SPOA?

**SOS teams will work with SPOA if SOS CTI clients need to access the treatment services that SPOA oversees.**

69. Are peers and homeless providers part of the planning?

**Yes.**

70. How are peers and service providers part of the planning?

**At all levels of the development of the SOS CTI program. Peers and services providers will be included in the learning collaborative that is part of the SOS CTI program.**

71. It seems like there's a larger question here about people's reluctance to enter shelter as it currently exists. Are there conversations going on between OMH and DHS about creating more welcoming environments?

**Yes, OMH is actively engaged with State and City partners to improve the pathways from homelessness to permanent housing.**

72. How does the Referral Hub work with the Joint Command Center (JCC) that is City-run? Will these two entities continue to exist separately?

**They will continue to exist separately but will work together very closely.**

73. If SOS teams are a collaborative supplement to the DHS street outreach teams, who gets credit for the housing placement? Both?



**When the SOS teams works collaboratively with any of the existing street outreach teams, the shared aim will be transitioning the SOS CTI client to permanent housing. The credit will be shared.**

74. How would you anticipate that the teams would describe to the SOS clients what their role is to prevent role confusion for clients?  
**SOS CTI teams will use engagement techniques that reflect a non-judgmental, person-centered approach that relays to homeless individuals that the staff genuinely cares about them as unique individuals. To strengthen the relationship and build trust, SOS CTI team staff will pay specific attention to what the client wants, likes/dislikes, and will be able to reflect on and respond as quickly as possible to those preferences/needs. They may include using wrap-around dollars to meet a concrete need. The focus is on the person more than their psychopathology.**
75. Can you clarify what is meant by “ensure 24/7 crisis intervention capacity for all recipients served by the team? I.e. does the staffing level need to be sufficient to provide emergency telephonic services, or in-person rapid response 24/7?  
**Yes, there is an expectation for 24/7 coverage is both telephonic and in-person.**
76. Is this program eligible for Law Enforcement? If so, are the costs for the officers OT deployment to accompany SOS CTI Teams eligible?  
**SOS CTI teams will work closely with NYPD, FDNY/EMS and the City’s co-response teams. It is not expected that the teams will have to budget for officer overtime.**
77. What are the deliverables?  
**Please see Section 5 of the RFP**
78. How many clients are expected to be served?  
**Please see Section 5.1.5 of the RFP**
79. It there geographic coverage for the Bronx?  
**Please see Section 5.1.1 of the RFP**
80. What is the staff to client ratio?  
**Please see Section 5.1.5 of the RFP**
81. Can some of the funding be used for the collaboration that must take place with hospitals?  
**Providers have flexibility in how they budget the funding that is available for each team as long as the OMH required deliverables are being met.**
82. Regarding the Health Home Plus program offsetting future costs: Do you expect that SOS clients who are found eligible for Health Home Plus will be diverted to a Health Home Plus team, or is the expectation that the SOS provider will eventually operate a Health Home Plus program?  
**Once an SOS CTI client has achieved a level of stability, the team may seek Health Home Plus enrollment as well as other individualized supports as part of the service plan that will sustain gains.**

83. What does OMH envision as the source of “increased revenue”?  
**OMH anticipates that some of the services provided to clients would be billable. Billing is not the focus for the initial implementation of the CTI teams.**
84. Are there required academic, work experience, or other qualifications for peers? If so, what are they?  
**See answer to question #15.**
85. Given current SPOA waitlists for care coordination teams, does the SOS-CTI referral hub plan to coordinate with SPOA to prioritize waitlisted clients who may be appropriate for SOS-CTI instead? Will we be allowed to make referrals to multiple teams (to SPOA and to SOS-CTI)? Is there a plan to minimize duplication?  
**The SOS hub will work closely with the teams and SPOA to minimize duplication and achieve the best possible care plan for the SOS client.**
86. Can you clarify the specific role you envision nurses playing?  
**See answer to question #35.**
87. What does OMH foresee the specific role of the Registered Nurse to be?  
**See answer to question #35.**
88. Are there long term plans to resource and staff the teams to be able to provide direct clinical treatment to clients?  
**The SOS CTI teams clinical staff may employ a variety of clinical treatments when working with individuals, including, but not limited to, those services outlined in Section 5.2 of the RFP. The teams are not designed to directly provide prescription medication treatment, but will work to connect clients with community-based treatment services and if necessary, facilitate emergency transport pursuant to Mental Hygiene Law 9.58. Depending on an individual’s needs, SOS CTI teams may assist with scheduling and accompaniment to behavioral health and primary care appointments, provide health education and assist with obtaining medication from pharmacy and medication management and support from the team’s nursing staff.**
89. Please clarify potential ways in which SOS\_CTU teams can be linked to transitional housing programs so that they may offer non-shelter options to their clients? Without such resources, their ability to implement the CTU model—as well as their ultimate effectiveness—is likely to be compromised.  
**See answer to question #4.**
90. Utilization Review section on page 18 of the RFP: In order to meet the utilization review requirements, do we need to engage third-party evaluators? Or do we need to have our own program evaluation team?  
**A third-party evaluator is not required under this procurement request.**
91. Quality infrastructure section on page 18 of the RFP: This section talks about submitting monthly reports. Are the monthly reports quantitative or qualitative?  
**Both.**
92. Participation in the Learning Community on page 18 of the RFP: This section states learning community activities will involve at a minimum quarterly meetings with OMH and

key stakeholders to assure that the teams' caseloads are full and that case-level and program-wide concerns can be quickly addressed. What is the tracking mechanism to ensure the teams' caseloads are full and that case level and program-wide concerns are quickly addressed?

**The SOS hub will manage referrals and caseload sizes as well work closely with key stakeholders to address program specific and system concerns.**

93. Are we allowed to accept referrals from agencies/local service providers not part of the Referral Hub?

**Any agency or local service provider may make a referral to an SOS CTI team by sending the client information to the SOS hub.**

94. Please provide more information on this point - the provider must commit to meeting the SOS CTI team start-up requirements, including program location, staffing, and monthly ramp-up deliverables.

**Information relevant to this point is further described in Section 5.**

95. Will documentation have to be entered into a specific electronic platform?

- a. Will there be a shared platform for the teams to use?
- b. Is there a process in place so that as the client moves, the various teams can access and share information on that person?

**See answer to question #48.**

96. Is it expected that same team that outreached a client, continue to work with them until they are discharged?

- a. If a client is placed in a distant part of the City, is there a mechanism to transfer the client to another team?

**SOS CTI team referrals and assignments will be managed centrally by the SOS hub and account for the population intransigence.**

97. If a street homeless client is placed into mental health housing, can their ongoing services needs be met by the residential provider and SOS services can terminate?

**This will be determined by the client in consultation with their SOS CTI team.**

98. The \$1,192,800 per annum funding is inadequate to fully support competitive salaries for the team as well as cover OTPS costs, even without setting aside \$100,000 per year for wrap around dollars. Will \$100,000 in wrap around funds be provided in addition to the \$1,192,800 available to support the SOS team?

**No. The wrap around funds are assumed within the \$1,192,800 per team/per year funding.**

99. Should any of the increases proposed in the Governor's 2022-2023 budget proposal for OMH (5.4% COLA, workforce bonuses, etc.) be enacted, will the SOS funding be eligible for these enhancements as well?

**No. COLAs are not applied to the first year of funding since the funding amount was developed based on current cost estimates. If a COLA is included in the 2023-24 Budget, it would increase the funding by the amount of the COLA.**

100. Will any additional start up funds be available for equipment, office leasing, staff recruitment, etc.? How does OMH anticipate these costs being funded?

**There is no additional funding available at this time. The budget includes an allowance for Administration and Overhead.**

101. Can wrap around funds be used as a tool of engagement prior to the client consenting for services?

**Yes**

102. Will the SOS teams only be able to work with people with a SMI? If so, how will they know which of the street homeless have such diagnoses? What proof of diagnosis will they be required to obtain?

**Any individual who is street homeless is eligible for SOS CTI team service.**

103. Can wrap around funds be used only for clients with a SMI diagnosis?

**Wrap around funds are available for each SOS CTI team client regardless of diagnosis.**

104. Could an individual with a Bachelors or Masters degree in Criminal Justice, Rehabilitation Counseling, Public Health or Public Administration or other related field who also possesses experience in behavioral health qualify for the Team Lead position?

**An individual with a Masters in Public Health or Masters in Public Administration may be considered for the Team Lead position if they have demonstrated experience working with the population being served and have experience supervising staff.**