



Office of
Mental Health

Safe Options Support (SOS) Program: CTI Teams

Request for Proposals
Bidder's Conference

August 8, 2023

New York State's Expanded Homeless Initiative



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NYS Expanded Homeless Initiative

- Currently there is an estimated 8,000 homeless individuals across NYS in regions outside NYC, with over 400 individuals who are street homeless.
- There are 11 SOS Teams now operating throughout Manhattan, Bronx, Brooklyn and Queens.
- 7 SOS Teams were recently awarded in areas outside NYC, and additional teams are planned both in NYC and across NYS.



SOS CTI Award Information

- OMH intends to issue four (4) awards through this RFP for SOS CTI Teams to be developed. One team will be awarded in each of the following geographic areas:
 - Central NY – Onondaga and Oswego Counties
 - Central NY/Southern Tier – Cortland, Tompkins, Tioga Counties
 - Hudson Valley – Sullivan and Ulster Counties
 - Southern Tier – Steuben and Chemung Counties



SOS CTI Award Information

- Each team award will be made in the amount of \$4,959,240 for five (5) years. Annual funding for each of the five (5) years is \$991,848.
- In year 1 of the contract, approximately \$93K of salary cost can be converted into Non-Salary expenses to assist programs with startup cost.
- Over the course of the contract, opportunities may be explored for increased revenue from billable services under the Health Home Plus program.



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

- SOS Teams will be serving individuals as they transition from street homelessness or temporary shelter settings to housing and facilitating connection to treatment and support services.
- All individuals referred will receive sustained outreach and engagement attempts, even if recipients initially decline services.
- SOS Teams will be comprised of licensed clinicians, care managers and peers.



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
 - Local Government Units and State Agencies (DSS, OMH, OASAS, OTDA, etc.)



Referrals to SOS CTI Teams

- SOS providers, in collaboration with OMH, will develop a process for receiving referrals which allows for rapid response by the SOS Team.
- Teams will work in close collaboration with Local Government Units (LGUs) and Single Point of Access (SPOA) 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 24-48 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 9.0 FTE's:
 - 1.0 FTE Team Leader
 - 2.0 FTE licensed clinicians (ex. LCSW, CASAC, LMSW, LMHC)
 - 4.0 FTE care managers
 - 2.0 FTE peer specialists



Hours of Operation

- Teams will have hours of operation that include evenings and weekends to ensure consistent outreach and engagement.
- Each team is expected to establish an on-call system with staff to provide 24/7 response and support to participants around housing emergencies and care transitions from hospitals and acute care settings.



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 to individuals, developing a trusting relationship by utilizing person-centered engagement strategies
- If hospitalized, engaging with individual 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):

- Provide support during transition into housing and start to connect individual to people and providers that will assume the primary role of support in the community
- Utilization of motivational interviewing, harm reduction counseling, Wellness Recovery Action Plans (WRAP)
- Provide benefits/entitlements support and accompany individual to appointments



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
- Offering connection to peer based, vocational and/or educational programs, and other services that are important for successful transitions



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

Optional 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
- Ongoing support is provided to maintain housing stability and prevent any relapse into homelessness



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 regular 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.
- All applicants should have an electronic health record (EHR) and describe their EHR.



Documentation and Use of Technology

- Providers should have an EHR 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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Population and Description of Program

Proposal narratives must address the following components:

- Population – experience with / knowledge of homeless individuals, familiarity with temporary housing options, established partnerships with LGUs and other behavioral health providers
- Description of Program – engagement strategies, coordination of rapid response, partnership with other systems of care



Implementation and Agency Performance

- Implementation – timeframes, physical space, recruitment and training; inclusion, use of data and technology
- Agency Performance – mission, experience in providing culturally informed/competent services, ways agency has strengthened quality/fiscal stability



Utilization Review, Inclusion & Diversity, Financial Assessment

- Utilization Review – method of ensuring confidentiality, ways agency will integrate SOS CTI into overall quality improvement infrastructure
- Inclusion & Diversity – equity, cultural/linguistic competence plan, training strategies, language access
- Financial Assessment – 5-year budget for each team and plan for how agency will manage its operating budget



Timeline and Questions



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Key Events/Timeline

- RFP Release Date 7/27/23
- Bidders Conference 8/8/23
- Questions Due 8/17/23
- Questions and Answers Posted on Website 8/31/23
- Proposals Due by 2:00:00 PM EST* 9/11/23
- Anticipated Award Notification 10/16/23
- Anticipated Contract Start Date 1/1/2024



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 OMHLocalProcurement@omh.ny.gov by 4:00 PM EST on August 17, 2023.

