Enhanced Step-Down Program – Mental Health and Intellectual and/or Developmental Disabilities (ESD – MH/IDD)

Statewide

OMH#118

Request for Proposals

Grant Procurements

(On-Line Submission Required)

July 2024

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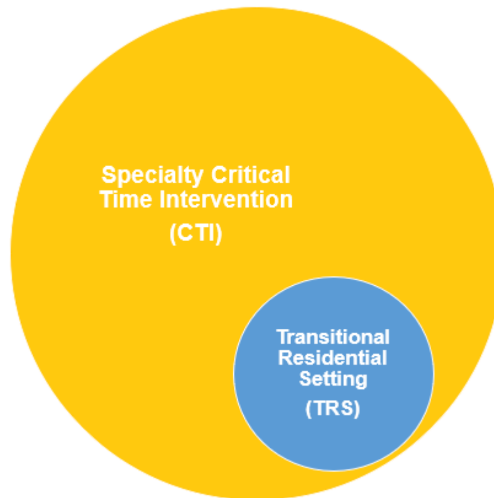
1. Introduction and Background

1.1 Purpose of the Request for Proposal

People with moderate to severe behavioral issues associated with co-occurring mental health (MH) disorders and intellectual and/or developmental disabilities (I/DD) often have high and inappropriate utilization of emergency and inpatient psychiatric services. These settings are ill-equipped to address the myriad clinical and systems issues this population presents, leading to frequent, brief presentations to emergency settings or long lengths of inpatient stays. The New York State Office of Mental Health (OMH) is committed to investing in community-based services that will reduce demand for these hospital-based settings and improve the quality of life among this population. OMH, in partnership with the Office for People With Developmental Disabilities (OPWDD), is seeking proposals from not-for-profit organizations with experience in operating programs and services for adults with such co-occurring disorders to operate Enhanced Step-Down (ESD) Programs for Adults with Co-Occurring Mental Health and Intellectual and/or Developmental Disabilities (MH/IDD), a specialized model of critical time intervention and transitional housing to support safe discharges from inpatient units and emergency departments.

Enhanced Step-Down Programs are comprised of a specialty Critical Time Intervention (CTI) Team and a Transitional Residential Setting (TRS). As a specialty model, the Enhanced Step-Down Program will focus transitioning adults with co-occurring MH/IDD from hospital-based care to the community. The Enhanced Step-Down Program will assess each individual prior to discharge from the hospital or emergency department to determine whether the individual is appropriate for and would benefit from an admission to the Transitional Residential Setting (which would include Critical Time Intervention services) or if they would benefit from Critical Time Intervention alone. Placement in the residence is not required or guaranteed for individuals who are admitted to Enhanced Step-Down Program.



The Enhanced Step-Down Program's Transitional Residential Setting is intended to provide stabilization, positive behavioral supports and strategies, assessment, and skill building in a home-like environment. The case management and residential staff will work as one team to ensure that individuals are able to move to a more independent housing setting. The average length of stay is expected to be approximately 6 months, though providers will have flexibility to ensure a positive discharge outcome. Although this is an unlicensed program model, NYS may consider licensing these programs in the future.

A critical aspect of this program is the partnership between the Enhanced Step-Down Program and the hospital. Enhanced Step-Down Program staff bring expertise in the continuum of local I/DD and behavioral health services and supports, housing options, benefits, and other local resources necessary for community tenure. Hospitals and the Enhanced Step-Down Program will work together to identify high need individuals with co-occurring MH/IDD who would benefit from this model, and close collaboration between the hospital and Enhanced Step-Down program must begin immediately upon referral and prior to hospital discharge.

The Enhanced Step-Down Program braids two funding streams (FY 23-24 CTI and FY 23-24 Transitional Housing) to allow for flexible provision of services that are individualized to adults with co-occurring disorders and implemented in strong coordination with local governmental units and other local supports. Enhanced Step-Down services begin with assertive engagement with the individual while in the hospital setting and continue through the transition to the community, whether directly from the hospital or after an admission to the Transitional Residential Setting

OMH intends to fund projects that can demonstrate an ability to provide the appropriate needs based Enhanced Step-Down services and will be

able to complete the capital project for the Transitional Residential Setting in a timely manner. Both capital funding for the development of the Transitional Residential Setting and operating funding for both the Specialty Critical Time Intervention Team and the Transitional Residential Setting will be available to selected applicants.

Capital project costs will be developed by the selected applicants and the OMH Bureau of Housing Development and Support after further analysis of each individual project. Capital needs for the Transitional Setting may include one or more of the following areas:

a) Acquisition – purchasing of real estate with an existing structure or vacant property on which a new structure can be built.
b) Construction – building a new structure for the purpose of providing Enhanced Step-Down services.
c) Rehabilitation – restoration of existing structure for the purpose of providing Enhanced Step-Down services.

Both capital funding for the development of the project and operating funding will be available to selected applicants. The issuance of a capital contract and operating contract will be subject to the approval of the Division of Budget (DOB) and Office of the State Comptroller (OSC).

Awardees must participate in Technical Assistance offered by NYS and come into compliance with Program Guidance to be released.

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 Allocation of ESD-MH/IDD

OMH intends to award five (5) programs throughout the state, including one (1) in each OMH region:

- One (1) program located in and serving New York City (NYC),
- One (1) program located in and serving Western New York (WNY),
- One (1) program located in and serving Central New York (CNY),
- One (1) program located in and serving Hudson River (HR), and
- One (1) program located in and serving Long Island (LI).

For a map of OMH regions and list of counties in each region, please refer to the OMH Field Office website. Awardees are not anticipated to provide full geographic coverage to the region in which they are awarded. Applicants may propose to site their project in any county in the state.

Applicants must submit separate applications for each region where they intend to site a program. Applicants may apply to as many regions as they would like.

1.3 Target Population/ Eligibility Criteria

Individuals with co-occurring mental health disorders and intellectual or developmental disabilities often have complex needs that require support and services through multiple service systems. When these individuals present to emergency rooms or are hospitalized for behavioral issues in the community, they are often psychiatrically stabilized, but discharges can be hampered by issues including eligibility for OPWDD services, ongoing behavioral support needs that exceed the capacity of referring settings, criminal justice involvement, substance use, and lack of appropriate evaluation and follow up for medical, psychiatric, and behavioral issues. The ESD Program has been designed to innovatively navigate multiple systems of care, bringing a high level of clinical expertise to accurately assess and diagnose individuals, identify strengths and barriers, and support successful transitions in close collaboration with OMH and OPWDD.

Individuals are eligible for admission to ESD – MH/IDD if they meet the following admission criteria:

- Age 18 and older,
- Resident of NYS,
- Diagnosed with a mental illness,
- Diagnosed with a co-occurring intellectual and/or developmental disability (I/DD) *or* suspected to have an I/DD with one or more functional limitations and/or a developmental delay,
- Currently admitted to an inpatient psychiatric unit or emergency department,
- Psychiatrically stable and no longer requiring hospital-based care, and
- Requiring intensive transitional assistance to secure and support a safe and appropriate discharge (i.e., time-limited, intensive case management to facilitate access to available resources, while transitioning to an appropriate residential setting).

Individuals who are admitted to the TRS must meet the following additional admission criteria:

- Ability to self-administer medications with supervision,
- Ability to self-preserve (evacuate) independently in the event of an emergency, and
- Ability to reside safely in the TRS environment within the support available in this setting.

The TRS is not a qualified residential setting for OPWDD Home and Community Based Services (HCBS) Waiver recipients. HCBS waiver enrollees will be disenrolled from the OPWDD HCBS Waiver at the time of admission to the TRS. Upon the person's return to a qualifying community-based residential setting after completing the stay in the TRS, the person will be re-enrolled in the OPWDD HCBS Waiver.

Awardees may only adjust the admission criteria with approval from the State.

NOTE: Health plan coverage and OPWDD eligibility are not eligibility factors for this program. NYS is evaluating options to fund the ESD through Medicaid; however, net deficit funding will be available during implementation of the program.

1.4 Bidders Conference

An optional Bidders' Conference will be held on **August 7th, 2024, at 12:00pm** to provide a description of the program requirements, explain the RFP process, and answer any questions. Prospective Proposers' participation in these conferences is highly encouraged, but not mandatory.

Meeting Link and Call-In Information:

Enhanced Step-Down Program Bidders' Conference

Webex Link:
https://meetny.webex.com/meetny/j.php?MTID=ma704e8d971370e743d09b087c6b1cb00

Meeting number: 161 025 5379
Password: Ze7vm3P2DgD
Join by phone
+1-518-549-0500 US (English Menu)
Access code: 161 025 5379

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

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

Amanda Szczepkowski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Key Events/Timeline

RFP Release Date	07/09/2024
Bidders' Conference	08/07/2024
Questions Due by 2:00 PM EST	08/14/2024
Questions and Answers Posted on Website	09/04/2024
Proposals Due by 2:00 PM EST*	09/25/2024
Anticipated Award Notification	12/03/2024
Anticipated Contract Start Date	04/01/2025

*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 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 or State or local government providers that have experience providing residential and clinical services to persons with co-occurring intellectual and/or developmental disabilities and mental illness. Eligible applicants must operate residential and clinical services that are licensed/certified or funded by OMH or OPWDD.

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 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 "ESD – MH/IDD RFP" in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline Section 2.2.

2.6 Addenda to Request for Proposals

If 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 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 2.8 and 2.9, by the proposal due date of 2:00 PM EST on the date indicated in section 2.2.

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 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 the date indicated in 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

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 the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify any applicant, and rescind any conditional award or contract made to such applicant, whose conduct as a provider does not meet applicable standards as determined solely by OMH and/or whose proposal fails to conform to the requirements of the RFP;
- Disqualify an applicant that is on OPWDD's Early Alert list at the time the application is submitted;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this

solicitation requirements;

- 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 agency's request for clarifying information during evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- 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 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 to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency 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; and
- Make awards based on geographical or regional consideration to serve the best interests of the State.

3.2 Debriefing

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, within15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. 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 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 OMH website in the RFP section. Protests of an award decision must be filed within fifteen (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 twenty (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 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 OMH. 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 recipient 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 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 OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient 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 OMH may withhold payment from the award recipient 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 recipient 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 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 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 OMH.

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

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

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

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 Agency 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 Agency 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, 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 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 OMH internal reviews.

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

Technical Evaluation	Points
Description of Program	25
Agency Performance	10
Utilization Review, Reporting, and Quality Improvement	15
Diversity, Equity, Inclusion, and Recipient Input	10
Implementation and Readiness	20
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 agency 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 6.1) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be ranked, and one award made to the applicant with the highest score in each region.

Following an award, the agency is expected to:

- Continue to collaborate with OMH's Bureau of Housing Development and Support to prepare a Project Justification that can be used to submit the project for NYS Division of Budget (DOB) approval.
- Enter into a Capital Contract and cooperate with all financing requirements in a timely manner upon DOB approval.
- Successfully complete the Community Notification process as applicable.

A successful and selected applicant is reminded that capital grant award funding is not final or approved for expenditure until such time as the DOB and the Office of the State Comptroller (OSC) has approved the specific project and its associated Capital contract. Neither OMH nor the State of New York is liable for any expenditure incurred or made by an applicant until the applicable action(s) listed above occur.

In the event any region(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 an ESD Program, the agencies who bid on other regions.

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, an OMH determination that the agency has failed to adequately progress a project within 18 months of the award notification date; failure to obtain licensure (when available); an OMH determination that the project is not feasible; or an OMH determination that a lease for a site is not minimally commensurate with the bond amortization and said lease cannot be renegotiated. failure to meet start-up milestones, failure to maintain staff-to-individual ratio, excluding

referrals based on criteria other than the exclusion criteria, or poor performance outcomes. A contractor will be provided notification if there is need for reassignment.

By submitting a response to this RFP, an agency acknowledges that any determination to rescind and/or reallocate funding is solely at the discretion of OMH. 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.

OMH reserves the right to conduct a readiness review of the selected applicant prior to the execution of the contract. The purpose of this review is to verify that the applicant can comply with all participation standards and meets the conditions detailed in its proposal.

Once an Applicant is notified of an award through this RFP, they may also be required to submit an “Appraisal & Feasibility Request Form.” The Bureau of Housing Development and Support staff will review this information and may contact the agency for further information regarding the planned capital improvements and/or to arrange a visit to the site. If the site is acceptable, OMH will order a feasibility study to further evaluate the proposed plan.

The Capital Budgets of awardees are subject to approval by the Bureau of Housing Development and Support after further analysis of each individual project before the Capital Budget is finalized.

Capital contracts will be finalized when the Division of the Budget (DOB,) the NYS Attorney General and the Office of State Comptroller approval is received. Neither OMH nor the State of New York is liable for any expenditure incurred or made by an Applicant until the applicable action(s) listed above occur.

This capital funding is made available as interest free construction financing and it must be repaid with a Dormitory Authority of the State of New York (DASNY) bond mortgage. OMH would in turn fund the annual debt service for this mortgage. The Applicant must agree to an Assignment Agreement allowing OMH to make payments directly to DASNY on behalf of the Applicant.

5. Scope of Work

5.1 Introduction

This RFP is issued to develop up to five (5) Emergency Step-Down (ESD) Programs for individuals who meet the criteria outlined in Section 1.3 and in accordance with the allocations outlined in Section 1.2. The primary goal of the ESD Program is to facilitate safe discharges from the hospital or emergency department for individuals in the target population. A secondary goal of the ESD Program is to support the individual with building the skills and supports necessary for them to be successful in the identified permanent, community-based housing setting. Providers will be required to operate both the Specialty CTI and Transitional Residential Setting or TRS components of this program, although not everyone served by the ESD will be placed in the residence. The success of this model is rooted in the strengths-based and recovery-oriented approach of the ESD team.

ESD is comprised of two interrelated services: case management through specialty CTI and transitional housing through TRS. After an initial referral to ESD from a hospital setting, there are two pathways for ESD referrals:

Pathway #1 – Specialty CTI Only:

The majority of referrals will not necessitate an admission to ESD's transitional housing but will benefit from CTI, which is an evidence-based, time-limited, phase-based care management service. ESD CTI staff bring expertise in navigating the continuum of local I/DD and behavioral health services and supports, housing options, benefits, and other local resources necessary for community tenure. Hospitals and the ESD Program will work together to identify high need individuals with co-occurring mental health disorders and I/DD who would benefit from this model.

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 ESD CTI team will engage with the client while in the hospital setting and work closely with hospital staff, as appropriate, to:

- gather documentation necessary for diagnostic clarity, including but not limited to complete diagnostic evaluations;
- submit documentation to OPWDD or other applicable agencies for eligibility determination purposes;

- navigate the appropriate service referral and enrollment processes, including referrals for appropriate residential supports and services;
- provide consultation on creating a positive behavioral support plan for the client while in the hospital setting;
- provide any needed psychiatric consultation on medication management; and
- work closely with existing supports in the community (e.g., family, existing residences, shelter, etc.).

When the client is discharged, the ESD CTI team will continue to provide services based on the CTI model, which include transitional care management, skill development, linkages to community services and support in procuring benefits. 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.

Pathway #2 – Specialty CTI + Transitional Residential Setting (TRS):

For a smaller proportion of clients, the ESD will determine that they could benefit from admission to the program's TRS, which offers transitional housing, skill building, and therapeutic services in a comfortable, safe, recovery-oriented, home-like environment with an enhanced staffing model and expertise with the complex clinical, systems, and behavioral issues of this population. All clients will continue to receive CTI services prior to admission to the TSR (i.e., while still in the hospital setting); at the TSR (where case management services will be similar to those described in Pathway #1) and after discharge (also see Pathway #1). Specialty CTI and residential staff will work as one team to support individuals as they transition into and out of the TRS.

A critical aspect of this program is the partnership and collaboration between the ESD Program and hospitals (inpatient psychiatry units, emergency departments, and CPEPs). As such, each ESD 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 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 begin CTI services prior to discharge. Note that because of the specialty focus of ESD Programs, awardees are encouraged to consider partnering with more than one (1) hospital/facility, based on local need.

ESD staff must have full access to inpatient and emergency department settings, both to engage in relationship building with individuals served, and to partner in discharge and aftercare planning with hospital staff. Upon referral, hospitals must immediately include the ESD Program in aftercare planning. ESD Programs must use data, such as PSYCKES, to assist with an informed discharge planning approach including the assessment of past supports, current providers, and clinical and developmental history relevant to the individual's community tenure and recovery.

The ESD Program will work closely with the hospital(s) to ensure timely access to services once a referral is determined appropriate. ESD Programs will begin efforts towards connection with referred individuals within 24 to 48 hours.

To support a person-centered discharge planning and transition to community services, the provider must develop coordinated admission and transition plans with other community providers, including but not limited to:

- OMH and OPWDD funded or licensed housing/ residential providers,
- Care Coordination Organizations (CCOs) and Health Home Care Management Agencies (CMAs),
- Certified Community Behavioral Health Clinics (CCBHC),
- Personalized Recovery Oriented Services (PROS),
- Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) and OPWDD-certified Article 16 outpatient clinics, and,
- Other community services certified by the NYS Office of Addiction Services and Supports (OASAS).

The selected agencies will establish the ESD Program according to the guidance below, and work in collaboration with OMH to conform to forthcoming comprehensive ESD Program Guidance. Agencies must demonstrate their capacity to provide ESD services to up to 30 individuals at a time, with up to 5 at any given time in the Transitional Residential Setting.

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 ESD Programs. Applicants must notify the LGU(s) of their intent to apply.

5.2 Objectives and Responsibilities

To accomplish the ESD Program goals identified above, the provider will:

- Evaluate barriers to residing in the community and identify supports to address those barriers;
- Conduct assessments and evaluations necessary to accurately diagnose mental health disorders and intellectual and/or

developmental disorders, and when appropriate submit relevant documentation to OPWDD to request a developmental disability eligibility determination;

- Assist in completing accurate and strengths-based documentation that supports connection to community services and supports, including permanent housing;
- Create, implement, and revise as needed a positive behavioral support plan to target behavioral challenges that impact community tenure and quality of life;
- Provide services with a non-judgmental, person-centered, recovery-oriented, and strength-based approach that meets the individual where they are;
- Provide sustained and persistent outreach and engagement to individuals who are initially resistant;
- Mobilize the resources and community services needed to support the individual's ongoing treatment and recovery needs, connecting the individual with identified supports and linkages to community services to prevent or reduce the intensity of future crises;
- Ensure that the individual's immediate needs are met (including clothing, shelter, and food), and that community linkages and supports remain solid;
- Build or restore the individual to a level of functioning and stability that supports long-term placement in the community, including potential placement in a congregate residence, supportive housing, or independent living; and
- Provide a short term, supportive, staffed transitional residential setting for individuals who need it, establishing a period of community tenure that will support their transition to permanent housing.

ESD Programs will employ a combination of Critical Time Intervention, Psychosocial Rehabilitation and Habilitation. These programs will also provide short-term counseling and psychotherapy services as needed while connecting individuals to long-term clinical services in the community. 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.

ESD Programs will develop safety plans for any individual served by the team when warranted. For individuals who are currently enrolled in a Care Coordination Organization (CCO), ESD staff will collaborate with the resident's Care Coordinator to implement their individual safeguards or individual plan of protective oversight as outlined in their Life Plan.

ESDs must assess each individual's skills, supports, and needs to determine the most appropriate permanent housing options, which could range from fully independent settings in the community to OPWDD-certified or OMH-licensed residential programs. To facilitate access to the most appropriate level of housing in a timely manner, ESD case management staff must

interface with the Housing Single Point of Access (SPOA) and Developmental Disabilities Regional Office (DDRO) for consideration of priority access to appropriate residential vacancies and/or non-certified housing supports/subsidies.

The ESD Program will hold the following regularly scheduled meetings to support program operations:

- TRS Clinical Meeting: This meeting is to be held at least once per week for one hour and includes all members of the team, except those providing direct support. The purpose of this meeting is to discuss any concerns related to daily schedules and planned activities, staffing, any crisis situations that may require additional protections and planning, resources or supply needs within the program, and review of the progress of each person residing in the TRS, as well as any additional ideas to provide support.
- CTI-only Clinical Meeting: This meeting is to be held at least once per week for one hour and includes the Program Director, CTI Team Leader, Care Manager, Behavior Support Specialist, and RN. The purpose of this meeting is to discuss any concerns related to individuals on the CTI-only caseload, including each individual's current status, upcoming appointments, any crisis situations that may require additional protections and planning, and the progress of each person on the caseload, as well as any additional ideas to provide support.
- Program Management meeting: This meeting is to be held at least one per month for one hour and includes all staff, except those providing direct support, and key agency administrators (e.g., Director of Operations, QI/QA, Clinical Director or Medical Director, etc.). The purpose of this meeting is to establish consistent practices, discuss strengths and needs, and to further develop consistent practices and maintain quality transitional supports and services.

All buildings in which programs will be located must have a valid Certificate of Occupancy (or equivalent local approval of habitability such as a Letter of No Objection).

5.2.1 Objectives and Responsibilities for the Specialty CTI Component

The core of ESD is an intensive care management and engagement approach that supports transitions (CTI model), including transition to the appropriate home and community setting. CTI is a phased model, including assertive engagement and outreach at the beginning of involvement. The targeted length of stay for the CTI component of this program is 9-12 months for adults discharged from the hospital to permanent housing and 9-18 months for adults discharged from the hospital to the TRS. The model will provide individualized support focused on recovery, skill building, positive behavioral strategies/supports, system navigation, and assistance with

transition from more restrictive settings to community services. During comprehensive evaluation, identification of appropriate treatment is prioritized.

The case management component of the ESD 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, 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 ESD will receive sustained and persistent outreach and engagement attempts, even if they initially decline services. The ESD case management staff 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. When necessary, the ESD Program will provide psychological/diagnostic evaluations and psychosocial assessments while the individual is still inpatient to facilitate rapid access to services upon discharge. The Specialty CTI Team will also provide short-term counseling and psychotherapy services as needed, while connecting individuals to long-term clinical services in the community.

Pre-CTI is the early engagement phase and is usually started prior to discharge. In Phase One (1), the team will focus on tasks of engagement, assessment and connecting to community resources. In Phase Two (2), the team will monitor the resource network, provide consultation, and adjust as needed. Finally, in Phase Three (3), the team will monitor progress to ensure that needed resources continue to remain in place. Thus, the amount of contact that a team has with both individuals and their resource networks declines over time, reflecting the way in which the team's role shifts over the course of the intervention.

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.

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.

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.

Phase 3 Final Transfer of Support - Months six (6) to nine (9) post discharge, low intensity. Termination and Achievement Recognition.

Individuals who are admitted to the TRS or any other transitional housing setting will likely require a longer period of engagement in CTI to support both their transition from the hospital to the transitional setting and then from the transitional setting to permanent housing. In these cases, the Specialty CTI Team will extend the Phase 2 Try Out period to support both transitions.

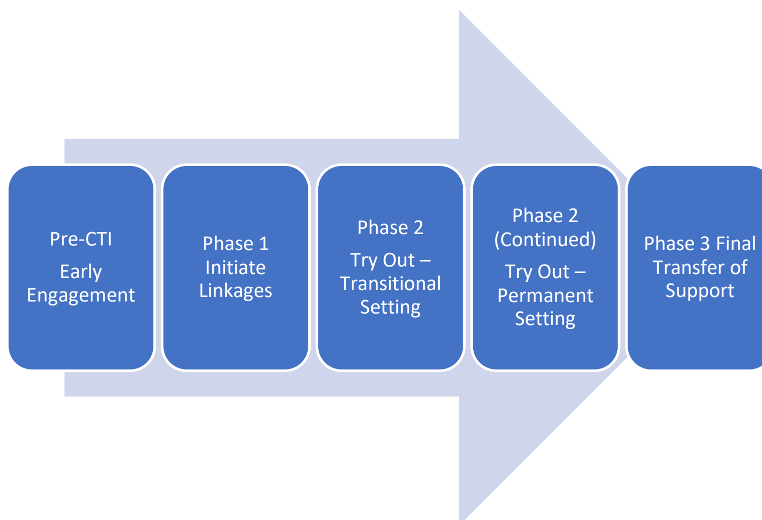


Figure 1 Adaptation to CTI Model for ESD Program Participants in Transitional Housing

5.2.2 Objectives and Responsibilities for the TRS Component

The Transitional Residential Setting (TRS) serves as an alternative to more restrictive settings that are not meeting current needs (e.g., continued hospitalization or emergency room stay). The targeted length of stay for the TRS component of the ESD Program is approximately 6 months. The TRS provides short term stabilization and ongoing assessment of needs and supports for the individual. The team will work together to provide support to help the individual build skills and establish the

resources necessary to support community living and tenure. This includes providing safe and appropriate housing while establishing eligibility for OPWDD services, when appropriate. TRS staff will collaborate with the Specialty CTI Team to write accurate, person-centered, strengths-based, and service-appropriate documentation to support eligibility for appropriate services, which may include OPWDD eligibility and OMH and OPWDD residential opportunities and other services. OMH and OPWDD are committed to working with ESD providers to facilitate access to appropriate residential supports/services to ensure this program remains transitional.

For individuals who are admitted to the transitional residence, within 48 hours of admission, an immediate needs assessment will be completed which will address the basic needs the person is identifying in their life. This includes an individualized assessment of the individual's ability to independently navigate the community. Within 7 days, the TRS will develop a person-centered comprehensive support plan which includes a discharge goal. The assessment and person-centered planning process is facilitated in collaboration with the individual and collaterals, and will include exploration of protective factors, strengths, challenges, interests, goals, and past successes. For individuals enrolled in CCO or Health Home (HH), their care coordinator must be invited to attend and participate in the assessment and planning process to the extent possible.

The TRS will provide:

- 24/7 monitoring and supervision with an overnight staffing ratio of 2:5 and a day and evening staffing ratio of 3:5;
- Direct care, skill building (habilitation and rehabilitation), and positive behavioral support,
- Daily structured activities;
- Immediate needs assessment and development of a comprehensive support plan;
- Three (3) meals per day, in addition to nutritious snacks and beverages;
- Transportation to and assistance with appointments;
- Supervision with medication administration;
- Assistance with money management; and
- Support and assistance with the upkeep of common areas and bedrooms.

Nursing services shall be available through the respective provider agency 24/7 for consultation and basic direct care

but shall not be considered a substitute for community-based providers.

Transitional housing staff shall be provided with 24/7 administrative support. During normal business hours, the ESD's clinical team is responsible for responding to emergencies or escalating situations, supporting both direct support staff and residents, determining course of action for any situation that requires supports exceeding those available within the transitional housing program. After hour emergency and emerging crisis situations shall be addressed following any individualized plan in place for a resident, or the staff shall utilize the respective provider agency Administrator-on-Duty (AOD) system.

The TRS is a home-like setting which includes:

- Five (5) private, single-occupancy bedrooms,
- Single occupancy bathrooms
- Ample kitchen, dining, and living space to facilitate skill building, group activities, and recreational opportunities,
- Secure storage for medications, and
- Computer and internet access for residents.

The TRS will offer daily structured activities including but not limited to in-house counseling or psychotherapy (unless and until the individual is connected to outside treatment services), group-based skill building, house meetings, and recreational activities. The Specialty CTI Team and TRS staff will work together to connect each individual to meaningful community activities outside of the TRS including day programming, employment, volunteer activities, classes or other educational opportunities, participation in religious communities, etc. Individuals cannot be required to leave the residence to attend day programming.

Although this is an unlicensed program model, the TRS is expected to provide adequate living and program space for individuals and staff without overcrowding. In addition, the residence will be required to be handicapped accessible and have fire safety protection. The specific requirements will be shared with the agencies selected to develop the transitional residences. OMH or OPWDD may consider certifying and/or licensing these programs in the future.

The residence will include sufficient office space to include the full ESD Team to promote integration between the Specialty CTI Team and the TRS staff. The office space or suite should include a conference or meeting space to

support person-centered planning and the inclusion of collaterals and family of choice in transition planning. The office space should include a separate entrance to maintain privacy and minimize disruptions in the home environment.

These settings will be created with capital funding for new construction or enhancements to current structures.

In addition to the minimum requirements, a competitive capital project proposal will reflect:

- Adequate facilities for space away from the active milieu, such as a comfort/calming/sensory room;
- Meeting room(s) large enough for family/stakeholder meetings/visits;
- Office space for staff as needed;
- Secure outdoor space for physical activity and recreational therapy;
- Appropriate space design allowing staff supervision while maintaining appropriate privacy; and
- Capacity for accessibility modifications for those with mobility devices and wheelchairs.

5.3 Implementation

The provider must have the administrative and organizational infrastructure necessary to support both the CTI and TRS components of the ESD Program model.

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

OMH intends to fund projects that can demonstrate an ability to provide the appropriate need based ESD services and will be able to complete the capital project for the Transitional Residential Setting in a timely manner. Regardless of the timeline to open the Transitional Setting, the awardee is expected to begin coordinating with hospitals and providing the Specialty CTI component within 3 months of the contract start date. Both capital funding for the development of the Transitional Setting and operating funding for both the CTI Team and the Transitional Setting will be available to selected applicants.

5.3.1 Referrals to ESD Program

Referrals will be made by hospitals directly to the ESD. The ESD Program will work closely with the hospital(s) to ensure timely access to services once a referral is determined appropriate. ESD Programs will begin efforts towards in-person connection with referred individuals within 24 to 48 hours.

The specialty CTI Team will conduct assertive and persistent outreach to establish trust and foster engagement. CTI staff will provide transitional care coordination and support, starting from the time of referral through transition to community housing, treatment and supports.

5.3.2 Documentation and Use of Technology

It is expected that the applicant has an electronic health record (EHR) 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.

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.

5.3.4 ESD Program Staffing

The ESD Program is managed by a single Program Director who provides clinical and administrative oversight for both the Specialty CTI Team and the TRS. By sharing key staff between both components of the program, the ESD will maximize the supports and expertise available to all program participants, whether they reside in the TRS or not.

Staffing Pattern and Qualifications

Staff in the Specialty CTI Team and the TRS are expected to work together closely as a single team in support of individuals who reside in the TRS. The below staffing pattern breaks out the FTE assigned to each program component for the purposes of implementation.

Staff Role	***CTI FTE***	***TRS FTE***	***Total FTE***
Program Director	0.5	0.5	1.0
CTI Team Leader	1.0	0.0	1.0
Care Manager	1.0	0.0	1.0
Behavior Intervention Specialist	1.0	0.0	1.0
Residential Clinical Coordinator	0.0	1.0	1.0
Residential Manager	0.0	1.0	1.0
Nurse (RN)	0.5	0.5	1.0
Direct Support Professional	0.0	16.0	16.0
Clinician	0.0	0.5	0.5
Consultant Psychiatrist	0.0	0.05	0.05
Total FTEs	**4.0**	**19.55**	**23.55**

The program must employ at least one FTE Licensed Clinical Social Worker or Licensed Psychologist *and* must have the capacity to provide diagnostic psychological evaluations, including IQ testing and comprehensive assessments for autism spectrum disorder (ASD).

The Program Director, CTI Team Leader, and Residential Clinical Coordinator must be licensed mental health professionals (e.g., Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Psychologist, or LCSW). The Behavior Intervention Specialist must be an LCSW or Licensed Psychologist or must be a master's level mental health professional under the supervision an LCSW or Licensed Psychologist.

The ESD Program must have access to a psychiatrist with experience working with dually diagnosed individuals with moderate to severe behavioral issues. The psychiatrist is available to consult with the team, provide support on individual cases, and liaise with existing other psychiatric providers.

Direct Support Professionals (DSPs) should have a minimum of 12 months of direct care experience with the I/DD population and have an interest in working with individuals with moderate to severe behavioral challenges in a strengths-based, person-centered residential model.

Staff Training and Supervision

ESD Programs will maintain a plan for regular supervision of all staff members.

All ESD Program staff, including DSPs, will receive training in trauma informed care, positive behavioral support and de-escalation techniques, harm reduction, cultural competence, medication supervision and therapeutic communication skills. Providers should consider additional training in specialty areas such as housing, community resources, health and wellness, and vocational supports.

The ESD Program's Clinical Staff will provide training, modeling, coaching, and supervision for DSPs. To achieve this, the Clinical Staff will provide a level of weekend and evening coverage at the TRS. While Clinical Staff will not typically be expected to provide direct support services and supervision to residents, it may be required at times to support staff development.

Specialty CTI Team staff will receive training in Critical Time Intervention. Additional trainings and support will be available through I-CONECT and other OMH training partners.

ESD Programs will be expected to participate in learning communities focused on implementation, improving outcomes, and developing best practices.

5.3.5 Hours of Operation

ESDs will have hours of operation that allows them to adequately provide all necessary services with consideration of the unique needs and availability of the individuals whom they serve. The TRS will be staffed 24/7.

5.4 Quality Infrastructure and Reporting Requirements

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. Areas for quality improvement include but are not limited to timeliness of services, disposition, and outcomes. Providers should ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.

Agencies must conform to all OMH fiscal reporting requirements as outlined in the "Aid to Localities Spending Plan Guidelines."

5.5 Operating Funding

OMH and OPWDD are committed to developing a plan for long term funding options to support the program model once the contract period ends. Providers will be expected to work with OMH and OPWDD regarding any program or fiscal changes related to this and must be prepared for funding to change in accordance with future program development. This may include but is not limited to completing the steps needed to become certified and/or licensed.

The ESD Program (Specialty CTI and TRS) will be fully funded by Net Deficit Funding, or state aid, until such time as another funding mechanism has been determined by the state. Funding for these programs may not be utilized for any other program, even if funded on the same contract.

Applicants are reminded that funding to support the operation of this program is contingent upon the continued availability of State appropriations.

For the purposes of this RFP, "Downstate" is defined as programs located in the following counties: Bronx, Queens, Kings, New York, Richmond, Nassau, Putnam, Rockland, Suffolk, and Westchester.

5.5.1 Operating Funding for the Specialty CTI Team

One (1) award will be made for each Specialty CTI Team for a five (5) year period, starting 01/01/2025.

Start-Up Funds will be allocated as a lump sum at beginning of the contract for: $100,000 (Not inclusive of Capital Funding as described in 5.6 below).

- 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).

Until another funding mechanism has been determined by the state, Specialty CTI teams will be fully funded with State Aid. The full annual (and monthly) values of State Aid funding are as follows:

Downstate Team: $652,216 ($54,351)

Upstate Team: $604,042 ($50,337)

5.5.2 Operating Funding for the TRS

Each TRS program awarded through this RFP will receive annual operating funding totaling $1,900,000 (Upstate) or $2,130,000 (Downstate). This funding is intended to support TRS personal service, fringe benefits, other than personal service, and admin and overhead operating expenses associated with the TRS program.

5.6 Capital Funding for the TRS

OMH Capital funding is available for property acquisition, construction and/or rehabilitation, subject to the approval of the NYS Division of the Budget. OMH reserves the right to limit funds for property acquisition up to the appraised value of the property and to determine appropriate per bed and per square foot costs for construction.

Capital budgets will be developed in consultation with OMH subsequent to the award. OMH will provide technical assistance as well as coordinate the request of necessary studies including appraisals and architectural feasibility reports to evaluate a potential site.

OMH's capital includes the advance of State Grant Funds during construction, which will be taken out by a municipal tax-exempt bond sale or private mortgage. Debt service payments for this mortgage will be paid on behalf of the Provider as an extension and in addition to the operating funding for the program.

Program Development Grant (PDG) funds will also be available as part of this contract to assist with developing the new program funded by OMH.

6. Proposal Narrative

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

6.1 Description of Program

1. Provide a description of the clinical and demographic characteristics of the target population described in Section 1.3.

2. Provide a description of your agency's experience working with the populations described in Section 1.3 and demonstrate your agency's ability to effectively serve the complex needs of these individuals. Include in your response a description of your agency's experience supporting individuals and families in navigating the OPWDD eligibility process. For organizations without such experience, describe how you will establish familiarity and expertise in this area.

3. Provide a description of the proposed program, including the program elements described in Sections 5.1, 5.2, 5.3, and 5.4. This description should be individualized to the program you are proposing and should not be a reiteration of the RFP.

4. State your commitment to the admission criteria and indicate any considerations for deferring or denying admission to the ESD Program and TRS.

5. Describe the approach the ESD Program will use to ensure the development of strong working relationships with inpatient units and emergency departments. Describe the strategies the ESD Program will use to ensure timely and on-going communications. Describe how the ESD Program will coordinate with hospital settings and staff to review referrals within 24-48 hours and meet in-person with individuals to begin the engagement process and facilitate and coordinate prior discharge efforts with the providers identified hospital discharge plan. Describe how you will ensure individuals, hospitals, and community providers have immediate access to the ESD Program.

6. Provide a list of hospital(s) where the ESD Program will ensure there is an ongoing relationship. Provide at least one (1) letter of support from the hospital(s) listed, including the hospital answers to the below three (3) questions and signatures from the hospital executive C-suite.
   a. How will the hospital embed the ESD Program in discharge planning processes?
   b. How will the hospital ensure access for ESD Program staff to engage with individuals served while inpatient or admitted to the ED?
   c. What processes will be put in place to identify and refer individuals eligible for the ESD Program?

7. Describe how the program will plan for and coordinate MH *and* I/DD services for individuals in the program.

8. Describe briefly the program's referral, assertive outreach, engagement and admission, assessment, and service planning processes. Include an explanation of how the ESD Program will provide diagnostic/psychological evaluations for individuals in the program.

9. Describe the plan to directly provide or facilitate assessment in a timely and culturally responsive manner. Describe the case conceptualization process that will be used to identify and implement recommendations. Identify treatment modalities (including evidence-based practices) that will be offered or facilitated to meet the needs of individuals, including those who are admitted to the TRS and those who are served through Specialty CTI only.

10. Describe how the program will facilitate strengths-based person-centered planning, including engagement of any identified collaterals or family of choice.

11. Identify the trauma informed care model that will be implemented across the program, including in the TRS.

12. Describe the de-escalation strategies currently used by your organization and that will be implemented in the ESD Program, including any specific training programs that are currently used with your workforce.

13. Describe how the ESD Program will assess, manage, and mitigate each individual's risk to themselves and others (suicide, self-harm, physical aggression, elopement, etc.). Attach a copy of any individual assessment tools that will be used to assess, manage, and mitigate individual risk factors.

14. Provide a staffing plan that includes both the Specialty CTI and TRS components of the program. Indicate the staff that will be hired, provide titles, job descriptions, FTEs and a staffing schedule. Provide a brief description of the roles and responsibilities of each staff member, including specific skills and level of experience expected of each staff member.

15. 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. This should include but is not limited to Article 16, 28, 31 and 32 outpatient providers; HH Care Management Agencies and CCOs; and OPWDD service providers.

16. Describe your collaboration with the Local Government Unit (LGU), including previous collaboration and any specific collaboration on this proposal. In your response, describe how you will work with the Director

of Community Services to facilitate care for individual served by the ESD Program.

17. Describe how your agency will work with SPOA and the local DDRO to support individuals' transition to permanent or long-term housing.

18. Describe discharge procedures, including how communication and coordination with the system of care partners will begin at the time of admission and foster continuity of care between the ESD and community providers. Describe how the ESD Program will achieve and maintain an average length of stay of 6 months in the TRS and an overall length of stay of no more than 18 months in the Specialty CTI component. Attach completed sample discharge plan.

6.2 Agency Performance

1. Describe the agency's organizational structure, administrative and supervisory support for services to be provided by ESD Program, include the governing body, and any advisory body that supports the organization and effective service provision.

2. Attach a copy of the most recent licensing or monitoring reports for any care management, clinical, or residential program for adults with mental illness or intellectual/developmental disabilities that the agency operates that were issued by a city, state, or federal government agency.

6.3 Utilization Review, Reporting, and Quality Improvement

1. 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.

2. Describe how the agency will ensure the ESD Program 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 ESD Program. Describe how the applicant will review findings and recommendations to ensure the ESD Program follows the phased approach as outlined in the CTI Manual for Workers and Supervisors.

3. Describe how the agency will integrate the ESD Program 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.

4. Describe the ESD Program's proposed plan to:

    a. collect and analyze data and performance outcomes.
    b. use this data for quality improvement

c. ensure compliance with any State reporting requirements specific to this initiative.

5. Describe the electronic health record (EHR) the applicant plans to use, including the EHR's 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.).

6.4 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

1. 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.
2. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
3. 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).
4. 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:
   - workforce diversity (data-informed recruitment);
   - workforce inclusion;
   - reducing disparities in access quality, and treatment outcomes in the patient population;
   - soliciting input from diverse community stakeholders, organizations and persons with lived experience;
   - efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area

- 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

5. 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).
6. 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

7. 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

8. 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:

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

Recovery Values

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

Collaboration with Diverse Community Based Stakeholders/Organizations

10. 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.

6.5 Implementation and Readiness

1. Describe in detail the applicant's experience providing residential and clinical services to persons with co-occurring intellectual and/or developmental disabilities and mental illness, particularly those who have a history of moderate to severe behavioral issues in the community. Explain how the applicant's experience is applicable to the ESD Program and what new services and expertise will be developed for the ESD implementation.

2. List all residential and clinical treatment programs your organization currently operates that are licensed/certified or funded by OMH or OPWDD. This list should include the program type, number of sites, number of individuals served, and which state agency (OMH or OPWDD) licenses/certifies or funds it.

3. Describe your agency's experience coordinating or managing care and services for adults with intellectual/developmental disabilities. Include in your response any experience your agency has with completing evaluations and documentation for accessing services in both the OMH and OPWDD systems for individuals with complex histories.

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

5. 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, and other providers.

6. Please provide the following information related to organizational infrastructure and support for this program:

- *Recruitment Strategy:* Describe the strategy and methods your organization will use for staff recruitment. Describe the results of your current recruitment strategies for difficult to fill positions.
- *Employee Retention:* Describe in detail your organization's experiences, methods, and resources to successfully retain staff in community-based and residential programs. Provide detailed information on staff turnover in your community-based or residential programs, broken out by staff type, as applicable.
- *Training:* Describe the staff training that will be given prior to the ESD Program accepting referrals. Describe the ongoing training and supervision that will be provided to assure fidelity to the CTI approach and high-quality services. Describe the ongoing training and supervision that will be provided for delivering skill building (habilitation and rehabilitation) and positive behavioral supports.

7. Describe start-up and phase-in activities necessary to implement the ESD Program's components, both Specialty CTI and the TRS. Highlight agency resources that will be made available to implement the program. Your answer must include plans for formalizing the MOU with the hospital(s). Include implementation timeframes in your description.

8. Provide a brief overview of the capital project for which funding is being requested. Is there an identified site for the proposed project? If so, what is the address? If not, please describe the steps your agency will take to identify and secure a site.

9. Provide a detailed timeline for the project: Include milestones such as site acquisition, local approvals, construction timeframe, and estimated project opening date. Address other items such as known zoning issues, project development team readiness, etc.

10. Describe your agency's experience developing a capital project with OMH, OPWDD, or other state agencies. Describe your agency's experience in overcoming development challenges and working with community members and stakeholders to gain support for the project.

11. Confirm your agreement to complying with and obtaining licensure to operate the ESD Program, including the Specialty CTI Team and Transitional Residential Setting, if and when such licensure becomes available.

6.6 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.

   Use the Operating Budget (Appendix B) and the Budget Narrative (Appendix B1) to submit with your proposal. The Operating Budget (Appendix B) format is available in SFS and a sample can be viewed on the OMH website. Do **not** substitute your own budget format. **Failure to complete the Operating Budget using the correct form may be cause rejection of your proposal for non-responsiveness.**