Critical Time Transition Program for Children, Youth and Families
January 2025

SFS Identifier - OMH#136

Request for Proposals

Grant Procurements
(On-Line Submission Required)

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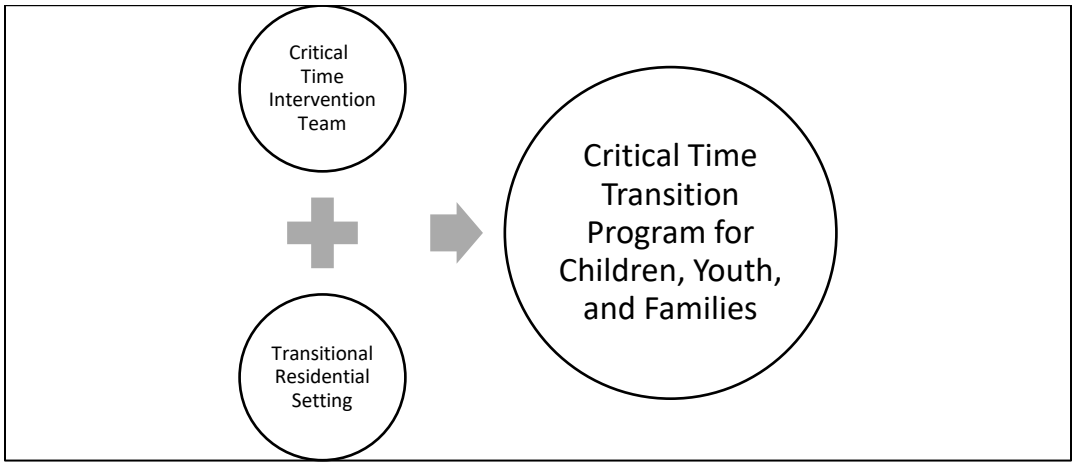
1. Introduction and Background

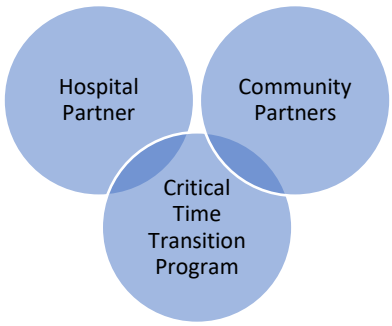
1.1 Purpose of the Request for Proposal

Young people with mental health challenges and complex needs in New York State, ages 11 – 17, are more likely to experience discharge delays from higher levels of care waiting for the appropriate community services. These higher levels of care include, but are not limited to, psychiatric and general emergency departments or being boarded on a pediatric service. Youth with complex needs and their families/caregivers require immediate access to a variety of services such as critical time transitional supports, mental health/behavioral treatment and support, interpersonal and rehabilitative skills training, maintenance and continuity of their educational setting/program, intensive family/caregiver education/support/advocacy to facilitate engagement, coordination of all stakeholders and service providers, and, as needed, a transitional home-like environment to stay and access to supportive, temporary educational programming.

The New York State (NYS) Office of Mental Health (OMH) announces the statewide availability of funds for the development of up to four (4) Critical Time Transition Programs (CTTP) for Children, Youth, and Families. The CTTP is comprised of a Critical Time Intervention (CTI) team and a Transitional Residential Setting (TRS) with allowance for up to a 120 day stay.



The goal of the CTTP is to facilitate the critical transition to the community for youth who are boarding in hospital settings. All children/youth and families/caregivers enrolled in the CTTP will be served by a single team with two specific components. The CTI component will follow the principles of the evidenced based Critical Time Intervention approach, with modifications for children/youth/families. CTI is a time-limited, phase-based care management service designed to help vulnerable individuals during critical times of transition in their lives. (See Appendix A). The CTI team works closely with families/ caregivers throughout these phases. Some children/youth and families/ caregivers enrolled in the CTTP may also benefit from a stay in, or participation in the services in, the TRS. The TRS is expected to provide stabilization, positive behavioral supports and strategies, and connection to assessment. The CTTP has a single Program Director that oversees all staff and both components of the program.



The CTTP 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 children/youth and families/caregivers and implemented in strong coordination with local governmental units and other local supports and hospitals. CTTP services begin with assertive engagement with children/youth and their families/caregivers, as well as all stakeholders, while in the hospital setting. Services continue through the (optional) stay in the TRS and afterward. CTTP will coordinate a discharge to the community, provide a warm hand-off to community care management, and allow additional use of the TRS as required for brief periods of stabilization.

OMH intends to fund projects that can demonstrate an ability to provide the appropriate needs based CTTP services and to complete the capital project for the TRS in a timely manner. Regardless of the timeline to stand up the TRS, the awardee is expected to stand up the CTI team upon award and coordinate with hospital partner(s). Both capital funding for the development of the TRS and operating funding for both the CTI Team and the TRS 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 funding will be subject to approval by the New York State Division of the Budget (DOB). 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 CTTP services

C) Rehabilitation – restoration of existing structure for the purpose of providing CTTP services.

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

1.2 Target Population/Eligibility Criteria

The CTTP for Children, Youth, and Family target population is as follows:

1. Children/youth aged 11 – 17 years old; young people who turn 18 while in the program may continue to be served until age 19; and their families/caregivers;
2. Youth with mental health conditions, including those with co-occurring substance use, medical conditions, or Intellectual or Developmental Disabilities (I/DD); and
3. Youth who would benefit from an intervention during a critical transition in care, primarily focusing on:

- Youth boarding in Emergency Department (ED)/ Comprehensive Psychiatric Emergency Program (CPEP) who are medically and psychiatrically cleared for discharge;
- Youth boarding on a pediatric unit who are medically and psychiatrically cleared for discharge;
- Youth boarding on an inpatient psychiatric unit who are medically and psychiatrically cleared for discharge.

Throughout this RFP and program, family is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

NOTE: Health plan coverage is not an eligibility factor for this program. Medicaid will be a payor for CTI services. For youth with other payors meeting eligibility criteria, it is expected that the CTTP seek Home and Community-Based Waiver services and Family of One Medicaid. Net deficit funding will be available. For the TRS operating funding, all funds will initially be via State Aid. OMH is planning to license these programs in the future, allowing the ability for the programs to draw Medicaid and other applicable reimbursement.

1.3 Bidders Conference

Bidder's Conference will be held on the date and times listed below. Prospective Proposers' participation in these conferences is highly encouraged, but not mandatory. The purpose of the Bidder's Conference is to:

- Provide description of the program requirements;
- Explain the RFP process; and
- Answer any questions.

The details for the Bidder's Conference:

- Tuesday, February 11th 2025, 11:00am Link to join: https://meetny-gov.webex.com/meetny-gov/j.php?MTID=m368913494fff52f811995ff10d1f36b9

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

NYS 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 NYS 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

Any General Inquiry must have "CTTP For Children, Youth, and Families Inquiry" in the Subject Line.

2.2 Key Events/Timeline

RFP Release Date	01/23/2025
Bidders Conference 11:00 AM EST	02/11/2025
Questions Due by 4:00 PM EST	02/19/2025
Questions and Answers Posted on Website	03/11/2025
Proposals Due by 2:00 PM EST*	04/08/2025
Anticipated Award Notification	05/13/2025
Anticipated Contract Start Date	10/01/2025

*NYS OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to 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 NYS 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 2.9 for additional Prequalification information.

Eligible applicants are not-for-profit agencies with 501(c)(3) incorporation that have experience providing residential services to children/youth and their families, and care management and/or behavioral health services to children/youth and their families. Eligible applicants may have experience providing these services in programs or opportunities other than those licensed by OMH. Eligible applicants may demonstrate experience with care management and behavioral health services as aspects of other programs; i.e., applicants do not need to have experience running care management programs specifically.

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 4:00 PM EST on the "Questions Due" date indicated in Section 2.2 Key Events/Timeline 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.

The questions and official answers will be posted on the NYS OMH website as listed in Section 2.2 Key Events/Timeline.

All questions posed must have "CTTP RFP for Children, Youth and Families Question" in the Subject Line.

2.6 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the NYS OMH website and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the NYS 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 the course of 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 2.8 and 2.9; or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by the proposal due date and time noted in Section 2.2 Key Events/Timeline.

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 in order 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 noted in section 2.2 Key Events/Timeline 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 five (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. **Please note a workplan is not required for this RFP.**

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B) combining budgets for CTI team and Transitional Residential Setting

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 grantsmanagement@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

NYS 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 whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation's 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 in the course of 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 in order 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.

3.2 Debriefing

NYS 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, within 15 business days of the NYS OMH dated letter. NYS OMH will not offer debriefing to applicants who are awarded a team. NYS 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 NYS 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 NYS OMH website in the RFP section. Protests of an award decision must be filed within 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 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 NYS OMH's Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

NYS 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 NYS OMH. NYS 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 individual 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 NYS 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 NYS OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

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

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

b. If a notice of deficiency is issued, the award individual will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to NYS 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 NYS OMH to be inadequate, NYS OMH shall notify the award individual and direct the award individual 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.

NYS 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 individual fails to submit a MWBE Utilization Plan;

b. If an award individual fails to submit a written remedy to a notice of deficiency;

c. If an award individual fails to submit a request for waiver; or,

d. If NYS OMH determines that the award individual has failed to document good faith efforts

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

NYS 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 Applicant 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 Applicant 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, in order 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 NYS 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.

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

Technical Evaluation	Points
Population, Demonstration of Need, and LGU Collaboration	8

Description of Program	21 (up to 24 for an applicant that has at least one program licensed by OMH and/or OPWDD)
Readiness	8
Capital Funding	10
Agency Performance	10
Utilization Review, Reporting & Quality Improvement	10
Diversity, Equity, Inclusion and Recipient Input	10
Financial Assessment	20
Total Proposal Points	97 (up to 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 applicant 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 6.2) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Up to one (1) CTTP will be awarded in each Economic Development Region. Applicants can apply for any number of teams, but if an applicant is choosing to apply for teams in

different Economic Development Regions, separate applications must be provided for each region.

Economic Development Region (EDR)	Counties in EDR
Mohawk Valley	Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie
Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Niagara
Long Island	Nassau, Suffolk
New York City	Bronx, Brooklyn, Queens, New York, Richmond

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

To support the provision of care for specialized populations, an additional 3 points will be added to the applications of those eligible applicants who currently have programs serving children/youth that are licensed or certified by both OMH and OPWDD; that is, if an eligible applicant has at least one program serving children/youth that is licensed by OMH and at least one program serving children/youth that is certified by OPWDD.

OMH will award the funding in a manner that best achieves the goals and intent of the RFP, including a distribution that best achieves access to the various types of CTTPs geographically within the limits of available funding. This includes the right to make initial awards that are lower than the amount requested, and the right to make awards up to the full amount of the funding available.

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.

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 OMH licensure; 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 is able to 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.

Finally, should the cost of the capital project exceed the OMH award, applicants must demonstrate they have secured the full funding to complete the project before the OMH contract will be executed. 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

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 the CTTP. Applicants must notify the LGU of the intent to apply and advise the LGU of the proposed hospital partnerships. Applicants must submit a letter of support from the DCS(s).

The Director of Social Services (DSS) has authority and responsibility over social services that may benefit children/youth and families. Applicants must submit a letter of support from at least one DSS in the county of the proposed Transitional Residential Setting.

A critical aspect of this program is the partnership between CTTPs and hospitals (inpatient psychiatry units, emergency departments, and CPEPs). CTT staff must have full access to hospitals settings, both to engage in relationship building with youth and their guardians, and to partner in discharge and aftercare planning with hospital staff. CTTP staff bring expertise in the continuum of local behavioral health services and supports, housing options, benefits, and other local resources necessary for community tenure. Hospitals and the CTTP will work together to identify high need individuals who would benefit from CTTP and immediately include CTTP in aftercare planning. CTTP must use data, such as PSYCKES, to assist with an informed discharge planning approach including the assessment of past supports, current providers, and clinical history relevant to the individual's community tenure and recovery; this must include any assessments completed at the ED/CPEP. Applicants must submit a letter of support from at least one hospital that notes a commitment to establishing an MOU with the applicant's CTTP, matching the requirements in section 6.3.

Each CTTP must have a well-defined working relationship with at least one (1) local Article 28 hospital (e.g., inpatient psychiatry units, emergency department and/or CPEP. This relationship must include a Memorandum of Understanding (MOU). The MOU is not required at the time of submission of the proposal. The MOU should outline a coordinated process/workflow 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 youth and the family/caregiver to provide the CTI team prior to discharge. These workflows must be established prior to implementation by both the CTTP and hospital leadership.

In order to support implementation of the hospital's person-centered discharge plan, the applicant must develop coordinated admission and transition plans with community providers, including Certified Community Behavioral Health Clinics (CCBHC), Child and Family Treatment Supports and Services (CFTSS), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), Home Based Crisis Intervention (HBCI), Youth Assertive Community Treatment (YACT), Home and Community Based Services (HCBS) providers, High Fidelity Wrap (HFW) providers, Health Homes Serving Children care management, community services certified by the NYS Office of Addiction Services and Supports, community services licensed by the Office for People with Developmental Disabilities, preventive services authorized by the Office of Children and Family Services, and other community resources to coordinate needed services and supports to ensure successful transition to community-based services.

The selected agencies will establish the CTTP according to the guidance in Appendix A and below, and work in collaboration with OMH to conform to forthcoming comprehensive Program Guidance. Agencies must demonstrate their capacity to provide CTTP services to up to 16 children/youth and their families at a time, with up to 8 at any given time in the Transitional Residential Setting.

5.2 Objectives and Responsibilities

The intended goals of the CTTP are:

- Evaluate barriers to residing in community with caregiver or in other less restrictive community residential placement in which the youth previously resided;
- Facilitate a comprehensive assessment for those that require it;
- Provide care with a non-judgmental, person-centered, strength-based approach that meets youth and families/caregivers where they are, helps them identify what is important to them and communicates resilience;
- Provide sustained and persistent outreach and engagement attempts, even if the youth and their caregiver(s) initially decline services;
- Mobilize the resources of the family/caregiver and community to support the youth's ongoing treatment and recovery needs, connecting the youth with identified supports and linkages to community services in order to prevent future crises, or reduce the intensity and duration of crises that may arise;
- Ensure that the youth's and family's/caregiver's immediate needs are met (including clothing, shelter, and food), and that community linkages and supports remain solid;
- Restore the youth and family/caregiver to a level of functioning and stability that supports the youth's transition to community-based services and remaining/returning home;
- Provide a short term, supportive, staffed transitional residential setting for those youth who need it.

The CTTP is connected directly to hospitals, including emergency departments (ED) and Comprehensive Psychiatric Emergency Programs (CPEPs) in a given catchment area. The ED/CPEP partners on immediate stabilization, preliminary evaluation, and collaboration on transition to a less restrictive setting. The CTTP provides both in-reach to the hospital as well as continued connection to the child/youth and family/caregiver after discharge (if applicable) from the Transitional Setting.

The core of CTTP is an intensive care management and family/caregiver engagement approach that supports transitions (Critical Time Intervention), including transition to the appropriate home and community setting. This intensive care management includes a minimum of weekly contact and coordinated efforts between transition support staff, family/caregiver(s), and involved agencies. CTI will assess presenting circumstances, comprehensively assess current needs, secure services, and revise supports based on individual needs. 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 6-9 months. The model will provide individualized support focused on resilience, psychiatric rehabilitation, positive behavioral strategies/supports, family/caregiver skill building, and assistance with transition from more restrictive settings to community services. During comprehensive evaluation, identification of appropriate treatment and engagement are prioritized. The model is trauma-informed, uses behavioral support principles, prioritizes family support and skill-building, and is built on a strengths-based, relationship-focused culture.

A component of CTTP is a Transitional Residential Setting (TRS) where a youth may reside, if needed, as an alternative to more restrictive settings that are not meeting current needs. The targeted length of stay for the TRS component of the CTTP is no more than 120 days, in cumulative days or briefer stays throughout program involvement. The primary goal is to stabilize the youth and family/caregiving system in order to maintain (or return to) the home or other setting. This will be accomplished through increasing parental/caregiver resilience via training/education (e.g., parenting skills, child development, and the social/emotional needs of youth requiring cross-systems levels of care) and a cross-systems approach to treatment.

The TRS will provide 24/7 monitoring and supervision as well as intensive crisis treatment and support for the child/youth and family/caregiver to facilitate the child/youth's successful return to the community. The TRS will have space for youth to comfortably stay and receive services and support, and will provide space for family/caregiver visits and participation in family therapy and skill building. The TRS will be a home-like setting of eight (8) beds in which steps are taken to maintain safety and minimize elopement. These settings will be created with capital funding for new construction or enhancements to current structures. The physical environment must maximize safety and minimize elopement risk.

5.3 Implementation

The provider must commit to meeting CTTP start-up requirements, including program location, staffing, and ramp up deliverables. CTTP start-up will include the involvement

of NYS OMH and other key agencies 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 CTTP services and will be able to complete the capital project for the Transitional Residential Setting in a timely manner. Regardless of the timeline to stand up the Transitional Setting, the awardee is expected to stand up the CTTP (all aspects except the TRS) and coordinate with hospital partner(s). 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 CTTP

CTTPs will receive referrals from hospital(s). CTTPs will work closely with the hospital(s) and other stakeholders to ensure timely access to services once a referral is received. CTTP teams will begin efforts towards connection with referred individuals immediately upon receipt of the referral.

CTTPs will conduct assertive and persistent outreach to establish trust and foster engagement, including going on-site at the hospital. The program will provide coordinated care transition activities and support, starting from the time of referral through transition to community housing, treatment and supports. CTTPs must build and maintain relationships with hospitals, and other referral sources.

Referrals to CTTPs must include:

- Documentation that child/youth is boarding in the ED for at least 72 hours with no discharge plan due to lack of available community-based services, including documented declination from community-based programs;
- Assessment and recommendations from the hospital program including any diagnoses as applicable (including medical, psychiatric, developmental, etc.); note that there are not specific diagnoses that are needed for admission to CTTP;
- Documentation of medical and psychiatric clearance for discharge from the hospital setting.

The hospital and CTTP must partner on identifying the required partners for planning (see 5.3.2 Program Operations) and documenting their commitment to participation prior to admission to the CTTP. All youth must have a planned discharge setting to work toward during the CTTP admission, identified prior to the admission.

Exclusion Criteria for referrals to this program are:

- Youth evaluated to require inpatient psychiatric care;
- Youth evaluated to require around the clock nursing care or medical detox;
- Youth ordered to detention or for court ordered clinical assessment or placement by Family or Criminal Court;
- Youth who require one to one supervision for activities of daily living such as

toileting, feeding, etc.

5.3.2 Program Operations

It is recognized that the children/youth and their caregiver(s) supported by this program are likely facing complex, multi-system challenges and needs. To that end, the CTTP involves a multi-system approach with frequent collaboration. Treatment approaches will be trauma-informed and utilize evidence-based and promising practices.

The child/youth and guardian's natural and community supports will be identified at admission to the program. A discharge setting must be identified prior to admission for the CTTP to work towards, including the home, or for youth in a residential setting (e.g., Children's Community Residential, Agency Operated Boarding Home, Residential Treatment Center, etc.), agreement to return to the setting with CTI support. It is expected that, for some youth, the discharge setting identified at admission may change during the course of the admission in the program.
The CTTP will coordinate meetings with all involved participants and caregivers for the child/youth. These meetings will occur on at least a weekly basis, and will include:

- Family member(s)/caregiver(s) who attest to attend all care planning meetings and actively participate in meetings and care planning;
    - OR for youth for whom a family member or caregiver cannot be engaged in active planning:
        - Attestation from the child/youth's guardian that they will accept Preventive and/or Child Protective Services from the child/youth's home Local Department of Social Services (LDSS) to receive support and services at the county level ***AND***
        - Attestation from the child/youth's home Local Department of Social Services (LDSS) that the assigned caseworker will attend all care planning meetings for the child/youth, and actively participate in meetings and in care planning.
- Any identified supporters of the family member(s)/caregiver(s)
- Children's Single Point of Access;
- Home School District Guidance Counselor and/or Committee on Special Education (CSE) Chair;
- Any established care management resource including Health Homes Serving Children Care Manager, Managed Care Organization Care Manager, etc.;
- Any established outpatient behavioral health treatment providers;
- For young people with OPWDD eligibility or referred for evaluation for OPWDD eligibility: DDRO, and CCO if applicable;
- For young people in care and custody of LDSS/ACS: LDSS/ACS;
- For young people in a residential setting prior to requiring CTTP services, that they will return to: staff member from that setting (e.g., Children's Community Residential, Residential Treatment Center, Qualified Residential Treatment Program, Agency Operated Boarding Home, etc.)

- For youth who are determined homeless, school district Homeless Liaison and/or LDSS;
- For all youth, hospital and/or ED liaison, as appropriate.

The CTTP's support and interventions will include:

- Phase-based Critical Time Intervention (CTI) for the child/youth and their family/caregiver as detailed in Appendix A. CTI includes sustained and persistent outreach and engagement attempts, even if the youth and family/caregiver initially decline services. Necessary connections must be established for the youth and family's/caregiver's social care needs to be met (including clothing, shelter, and food). 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 at, helps them identify what is important to them and communicates hope that resilience is possible. Refer to Critical Time Intervention Manual (2002) and the CTI Manual for Workers and Supervisors (2021) for CTI principles; note that forthcoming guidance and technical assistance will modify these manuals as appropriate for children/youth and families.
- Comprehensive evaluation and connection to necessary treatment for the child/youth and family/caregiver(s), such as mental health treatment for the child/youth and their family/caregiver(s), psychiatric consultation, psychological testing, behavioral assessments, substance use disorder (SUD) assessments and referrals to treatment, and respite/crisis stays in the associated TRS.
    - Information on past behavior and treatment is essential to guide the reason for evaluation. If needed, the CTTP will provide or coordinate comprehensive evaluation to determine individual service needs. This may include a caregiver interview, caregiver consent and signed release to review all pertinent documentation related to health, medical, and school records, formal and in some cases informal assessment in five developmental domains including cognitive, physical (with vision and hearing within past 12 months), communication, social/emotional, and adaptive development. In some unique cases, specialty evaluations (i.e., neurological, substance use, psychiatric consultation, psychological testing) may be requested/coordinated if recent records do not provide enough detailed information. It is expected that the CTTP will contract with appropriate specialists if needed assessments are not available or cannot be completed in a timely fashion through other available means (e.g., clinics).
- Access to 24/7 crisis support
- Access to TRS, for continuous or intermittent stays, as well as the services staffed in the TRS for youth who do not require an overnight stay, which will include:
    - 24/7 staffing

- Nursing care: health assessments, medication administration; medication education, health teaching;
- Space and staffing to provide comprehensive assessment services;
- Space to provide meeting space for case management and linkage services, when community settings are not preferable;
- Space to provide a hub for CTTP staff, increasing team operability and functionality.

Young people enrolled in the CTTP are expected to be connected to, or remain connected to, all appropriate outpatient supports (with the exception of duplicative care management supports). The CTTP will facilitate these outpatient supports, including but not limited to: transporting youth to and from appointments, coordinating and appropriately maximizing the utilization of telehealth, referring to additional outpatient supports, and coordinating existing outpatient supports. The CTTP is expected to coordinate the completion of the comprehensive evaluation described above. This comprehensive evaluation may be completed with staff hired by the CTTP, by contracting for the assessments needed, or a combination of these two. If needed, the office space of the TRS may be used by contracted and employed staff to complete the needed assessments for the evaluation, including for youth not currently residing in the Transitional Residential Setting but who are enrolled in CTTP.

The educational needs of the youth residing in the TRS are best served by their home school district in order to maintain continuity for the youth, and to work within NYS Education Law 3202 (6). The CTTP will collaborate with the home district on education, including facilitating education on site at the TRS and working with the home district on transportation as needed.

The TRS is intended to provide a home-like environment. The program will offer assessment and supports in a family-centered environment. Ample kitchen, dining and living space must be provided in order to facilitate skill building, group activities, and recreational opportunities. Although this is an unlicensed program model, the design is expected to provide adequate living and program space for individuals and staff without overcrowding. In addition, the TRS will be required to be handicapped accessible, and have fire safety protection. OMH is planning to license the TRS in the future; applicants may reference NYS Regulation Part 594 for details regarding space and accessibility expectations. The specific requirements will be shared with the agencies selected to develop the transitional residential settings.

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

- Use of time delay locks for egress doors
- Adequate facilities for space away from the active milieu, such as a comfort/calming/sensory room
- Single occupancy bedrooms
- Single occupancy shower/bathrooms

- 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 of young people while maintaining appropriate privacy
- Capacity for accessibility modifications for those with mobility devices and wheelchairs

5.3.3 Documentation and Use of Technology

It is expected that the applicant has an electronic health record 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 plan 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.

All applicants must have an electronic health record (EHR) and describe the EHR. 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.).

CTTPs 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 CTTP Team Staffing

CTTP Teams will hire staff with the appropriate qualifications to meet the needs of the target population and develop policies that maintain the caseload sizes identified, including a caseload of up to 16 children on the children's CTI team. The purpose of braiding funding for the CTI team and Transitional Residential Setting is to allow providers the flexibly meet needs and seamlessly provide services. The CTI team care management services will be reimbursable through Medicaid. It is expected that all children/youth and families will receive care management in alignment with the CTI team standards. However, through braiding of funding, it is expected that the CTI model is seamlessly integrated into the overall CTTP and that youth who are enrolled in the program will also receive the supplemental services provided by the program overall,

including beds at the Transitional Residential Setting and services that are provided by the staff cost-allocated to the Transitional Residential Setting.

The required staffing of the CTI team is 2 FTE Case Managers, .5 Educational/ Vocational Specialist, and .5 Program Director (shared with the TRS). The required staffing of the TRS consists of .5 Program Director, 1 Administrative Assistant, 1 Clinician, 1 RN, 1 Credentialed or Provisionally Credentialed Family Peer Advocate, 1 Credentialed or Provisionally Credentialed Youth Peer Advocate, 1 Recreation/ Expressive Therapist, 1 Positive Behavior Support Specialist. The required direct staffing must include both direct care staff and senior direct care staff, with adequate staffing for direct care counselors to stay in ratio of no less than 3 staff to every 8 youth on unit during awake hours and no less than 1 staff to every 4 youth overnight (with at least 1 staff awake). The budget should additionally include allowance for 1:1 supervision for youth who require it and allowance for a relief factor as needed. The applicant's submitted budget should include all needed staff, including contracting for additional needing staff such as maintenance or needed specialists.

All eligible CTTP Team members are expected to obtain and maintain Transport for Evaluation (9.58) certification, as applicable. CTTP Teams will ensure that staff are trained in CTI and other applicable evidence-based approaches (i.e., motivational interviewing, Integrated Dual Disorder Treatment, trauma informed care). CTTP Teams will be expected to participate in any CTTP Team learning communities; complete all required trainings; access the Care Management Institute, utilize I-CONECT and any other OMH identified training resources; and attend meetings to review progress, outcomes and develop best practices for CTTP Teams. CTTP Teams should consider training staff in specialty areas such as housing, community resources, health and wellness, and vocational supports.

CTTP Teams will maintain a plan for regular supervision of all staff members.

5.3.5 Hours of Operation

CTTPs will have hours of operation that allows them to adequately provide all necessary services with consideration of the unique needs and availability of the youth and families whom they serve. The hours of operation are 24/7.

5.4 Quality Infrastructure and Reporting Requirements

The applicant must commit to documentation, tracking, data collection, and reporting requirements according to NYS OMH requirements that will be released as part of the implementation of the teams and modified as necessary.

CTTPs will be required to submit regular reports to NYS OMH regarding all individuals referred to them, including but not limited to, completed referrals, denials, reason for denial of referral if applicable, admission and discharge dates, characteristics of individuals served, diagnoses, referral source, services provided, discharge plan, disposition, community networking efforts, transition between stages of CTI, all referrals, and follow-up. Information will also be submitted regarding performance indicators demonstrating that members' continuity of care has been assured (including stable

housing) and that reliance on psychiatric center, inpatient and emergency department services and mobile crisis services has been reduced. NYS OMH will provide programs with a template of the data items required for reporting for manual or bulk data entry.'

CTTPs will be required to participate in OMH-directed training and technical assistance, including but not limited to regular calls, learning collaboratives, etc.

CTTPs will have a systemic approach for self-monitoring and ensuring ongoing quality improvement including analyzing utilization review findings and recommendations. This information should be used to measure timeliness of services, disposition, and outcomes, and will inform the CTTP's overall quality improvement plan. CTTPs should ensure continuous quality improvement of services and development of the program including regular monitoring and evaluation of outcomes.

5.5 Operating Funding

Over the course of the contract, OMH plans to submit a Medicaid State Plan Amendment (SPA) to allow for Medicaid reimbursement for the CTI component of the CTTP. Once approved, funding will change from full state aid coverage to a mix of state aid and Medicaid billing. Providers will be expected to work with NYS OMH regarding any program or fiscal changes related to this movement to Medicaid coverage and must be prepared for funding to change in accordance with future program development. This includes, but is not limited to, CTI Teams completing the steps needed to become licensed by OMH.

One (1) award will be made for the CTI component for each CTTP team for a five (5) year period, starting 10/01/2025.

Until the CTI State Plan Amendment is approved, allowing for Medicaid billing, CTI teams will be fully funded per the total annual value of the CTI model via State Aid. Subsequent to State Plan Amendment approval, newly licensed CTI teams will continue to be funded at the total annual value of the CTI model for one additional quarter. After that, the ongoing State Aid values will be equal to the total of the Net Deficit and Service Dollar funding listed in the Medicaid Net Deficit CTI model. Provided below are summaries detailing the structure of the CTI model funding both pre and post State Plan Amendment (SPA) approval.

CTI Model- Pre State Plan Amendment (SPA) Approval

Upstate Children's CTI Funding Model (Annual Funding)

State Aid Funding	$323,305
Service Dollar Funding	$24,682
Total Annual Value	**$347,987**

Downstate Children's CTI Funding Model (Annual Funding)

State Aid Funding	$352,756
Service Dollar Funding	$24,682
Total Annual Value	**$377,438**

Medicaid Net Deficit CTI Model – Post State Plan Amendment (SPA) Approval

Upstate Children's CTI Funding Model (Annual Funding)

State Aid Funding	$129,322
Service Dollar Funding	$24,682
Anticipated Medicaid Revenue	$193,983
Total Annual Value	**$347,987**

Downstate Children's CTI Funding Model (Annual Funding)

State Aid Funding	$141,102
Service Dollar Funding	$24,682
Anticipated Medicaid Revenue	$211,654
Total Annual Value	**$377,438**

Appropriate uses of service dollar funds are outlined in Service Dollar Guidance.

One-time Start-up funds will be allocated as a lump sum at beginning of the contract for:
$100,000

Start-up funds are used for initial costs associated with starting a new CTI component of the CTTP 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).

Operating funding for TRS:

For each TRS program awarded through this RFP, $1,102,608 will be provided for staff and supplies to provide community-based services for enrolled youth and families, prior to the physical TRS site opening. TRS direct care staff are not included in this initial TRS funding. An additional $1,441,938 will be provided on the anticipated TRS site open date, bringing the annual TRS funding to $2,544,546 at that time. This funding is intended to support the specialized staff as outlined in section 5.3.4, fringe benefits, OTPS, property costs (not including capital), admin and overhead.

In addition, one-time Program Development Grant (PDG) funds are available to assist with establishing these units. PDG funding will be based on the most current rate at the time of opening, which is $9,677 per unit at this time. All reasonable costs to develop the TRS units should be included in the budget.

Funding for this program may not be utilized in any other program, except 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.

5.6 Capital Funding for Transitional Setting

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. 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.

6. Proposal Narrative

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

Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide Here. Failure to comply with these guidelines may result in attachments not being viewable to reviewers.

Any supporting attachments MUST be labeled specific to the question it is associated with. Attachments that are not labeled may result in either a 0 for the question or disqualification of the application.

Provide the location, including county/borough to be served, for which this proposal applies.

6.1 Population, Demonstration of Need, and LGU Collaboration

a. Describe in narrative the characteristics of the population to be served by the proposed CTTP. Provide as much specific demographic information as possible, including, but not limited to, age group, specialized clinical needs, as well as cultural and linguistic needs for those you intend to serve. If specific subgroups of needs are identified (e.g., those with co-occurring intellectual/developmental disability and those without), provide specific information.

b. Describe how the proposed CTTP will alleviate the challenges with discharge delays from hospital settings in the region of location. Provide available quantitative data, including data from the proposed hospital partner on the volume of youth with discharge delays, the reasons for discharge delays, and the specific needs of youth with discharge delays. Describe how the proposed CTTP will benefit the child serving systems of care in the state.

c. Describe your network, internally and externally, of behavioral health, developmental disability, child welfare/social services, and other community providers including school districts, and how you plan to utilize those networks to facilitate timely discharges and warm hand-offs.

d. Describe your collaboration with the Local Government Unit (LGU) including previous collaboration as well as any collaboration on this proposal. Describe previous and current partnerships with the Director of Community Services and the Director of Social Services. In your response, describe how you will work with those entities to facilitate care for individuals served by the CTTP. **Upload the letters of support from the DCS and DSS.**

6.2 Description of Program

a. Provide a description of the proposed program. The program description should include the program elements mentioned section in 5.1, 5.2, and 5.3 but should not be a reiteration of these sections. State commitment to complying with and obtaining licensure through OMH for the CTI team and commitment to collaborating with local school districts of origin for young people. Describe how the program will plan for and coordinate the educational and vocational needs of the enrolled youth. Describe how your agency will implement a CTTP including: process for referrals, engagement and enrollment, assessment, staffing, identification of transition points, utilization of community resources, and discharge. Regarding staffing, describe staff organization, supervision method and frequency, and retention strategies. Regarding Youth Peer Advocate and Family Peer Advocate support and supervision, describe the plan for peer supervision if the Program Director lacks peer support experience, through internal staff or external consultants. State commitment to accepting youth who meet criteria for admission to the CTTP and any considerations for deferring admissions.

Your response should reflect the implementation of a CTI team while the site for TRS is being built or renovated.

b. Describe how the CTTP will conduct assertive and persistent outreach to establish trust and foster engagement with youth and their families/caregivers. And for those referred, how the coordinated care transition activities will be conducted during hospital stay or in other sites, and continue through transition back to the home and outpatient treatment and supports. Describe how the CTI model will be utilized to engage families/caregivers in the youth's care, how the team will maintain at least weekly contact with the family/caregiver and the required participants in planning.

c. Describe the approach the CTTP will use to ensure the development of strong working relationships with inpatient facilities, emergency departments, and CPEPs. Describe the strategies the CTTP will use to ensure timely and on-going communications. Describe how the CTTP will coordinate with hospital settings and staff to review referrals within 24 hours and meet face-to-face with youth and families/caregivers to begin the engagement process and facilitate and coordinate discharge efforts with the providers identified in the youth's discharge plan. Describe how you will ensure individuals, hospitals, and community providers have immediate access to the CTTP. Provide a list of hospital(s) where the CTTP will ensure there is an ongoing relationship. **Provide a letter of support from the hospital(s) listed, including the hospital's answers to the below three (3) questions and signatures from the hospital executive C-suite**.

    i. How will the hospital embed the CTTP in discharge planning processes?

    ii. How will the hospital ensure access for CTTP staff to engage with youth and families/caregivers served while inpatient?

    iii. What processes will be put in place to identify and refer youth eligible for the CTTP?

d. Describe the comprehensive assessment services that will be provided in the TRS for all CTTP recipients. Describe the plan to directly provide or facilitate assessment in a timely and culturally responsive manner, including through contracting as required. Describe the specialists that may be required for comprehensive, strengths-based assessment of the youth identified for the CTTP population; identify the licensure of this staff and the nature of the assessments that they will provide. Describe the case conceptualization process that will be used to identify and implement recommendations. Describe the continuing assessment process throughout the CTTP admission. Identify treatment modalities (including evidence-based practices) that will be offered or facilitated to meet the needs of youth and families/caregivers.

e. Describe how the program will ensure that family/caregiver and youth voice and choice are centered in their care and treatment. Describe how the program will promote youth empowerment and positive youth development. Please provide examples of how youth will be centered, engaged and empowered. Describe how the program will ensure that families are meaningfully engaged to participate in the care and treatment of the children and adolescents. Provide example of how families and caregivers will participate in the care and treatment of children and adolescents. Please provide examples of how families and caregivers will be engaged during the youth's involvement with the CTTP, including the mitigation of barriers to family/caregiver engagement (scheduling conflicts, financial and economic challenges, lack of access to transportation, lack of access to childcare, etc.).

f. Identify the trauma informed care model that will be implemented across the program, including in the TRS. Identify how the program will strive to maintain a restraint free environment and who will lead the ongoing work to maintain a restraint free environment. Describe how the CTTP will assess, manage and mitigate patient risk to themselves and others (suicide, self-harm, physical aggression, problematic sexual behavior, fire setting, running away behavior, etc.) **Attach a copy of any individual assessment tools that will be used to assess, manage and mitigate patient risk.**

g. Provide a staffing plan compliant with the staffing requirements for twenty-four hours per day, seven days per week staffing. 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.

h. Describe discharge procedures, including the agency's approach to facilitate a child or adolescent's return to a stabilized level of functioning including connections to community services and supports (including the home school district) identified by the individual receiving services. Describe how communication and coordination with the system of care partners will begin at the time of admission and foster continuity of care between the CTTP and community providers. Describe how you will facilitate warm handoffs to ensure the continuity of care of the youth and family/caregiver post-discharge. Describe how the CTTP will achieve and maintain a cumulative stay of no longer than 120 days in the TRS and an overall average length of stay of 9-12 months. Describe how you will offer opportunities for youth and/or their families or caregivers to support future recipients of CTTP, for example by sharing their resilience experiences. **Attach completed sample discharge plan.**

i. Name any program(s) within your agency that are licensed by OMH and/or OPWDD. Note that as described in 4.3.1 above, agencies with both OMH licensed programs and OPWDD licensed programs will receive three (3) additional points in the RFP scoring process.

6.3 Implementation

a. Describe in detail the applicant's experience providing behavioral health, care management, and residential services to children and youth, including those

diagnosed with mental health conditions. Describe your agency's experience utilizing the Critical Time Intervention approach or similar evidence-based care management practices used to support resilience for youth with behavioral health challenges and their families. Describe your agency's experience with, and strategies for, outreach and engagement of individuals with a history of poor engagement in services. Describe your agency's success in assisting youth in returning to their home community or an alternate level of care after a crisis event. Describe how the applicant's experience is applicable to the CTTP and what new services and expertise will be developed for the CTTP implementation.

b. Describe the applicant's experience engaging, developing, implementing, and providing mental health services for youth and their families, and services for individuals with co-occurring conditions, including Intellectual and Developmental Disability (I/DD), and their families in the community. Describe in detail the therapeutic and other programming provided to these youth. Describe clinical treatment models, including family models, that have been successful in working with these youth and families. Describe the agency's experience in providing crisis response. Provide any applicable outcome data.

c. Describe your agency's track record working with youth with multiple system involvement, and how your agency advocated with them and on their behalf to better coordinate care among behavioral health, medical, educational, and other providers. Describe specific experience in providing and coordinating care for youth, including relationships with schools, child welfare, and youth development programs.

d. Please provide the following information:

    - Recruitment Strategy: Describe the strategy and methods your organization will use for recruitment, including for peer advocate and nursing staff. 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 CTTP 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 to families, and family/caregiver and youth communication and conflict resolution strategies. Describe the agency's general training and supervision practices and how the CTTP staff will be integrated into the agency's overall training and supervision practices.

- Marketing: Describe the initial and ongoing marketing strategies would be used to inform the community and referral sources of the services provided within this program.

e. Describe start-up and phase-in activities necessary to implement the program components, both CTI and TRS. Include plans for formalizing the MOU with the hospital(s). Include timeframes in your description.

6.4 Capital Funding

a. Provide a brief overview of the capital project for which funding is being requested. Provide a description of the project as it relates to obtaining or having site control, acquisition, construction and rehabilitation. Give the specific address/location of the project, if available. Provide the proposed county where the site will be located. Describe the existing and/or proposed structure, square footage, physical space/layout. For existing structures, be as specific as possible and include information about when the space was built, when it was last updated, renovated, or otherwise improved. Include any other pertinent physical characteristics of the site. Attach/upload design drawings, if available.

b. If the Applicant were to receive Capital funding, please describe how the applicant plans to fully fund the capital project if this award is not sufficient to cover the entire cost of the proposal.

6.5 Agency Performance

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

b. Attach a copy of recent monitoring reports for any care management or residential program for children/youth that the agency operates that were issued by a city, state, or federal government agency. Applicants must also submit the following specific data points over the last two (2) year period for all applicable programs: number of admissions, average length of stay, youth and family/caregiver satisfaction survey outcomes number of discharges and substantiated mandated reporting incidents.

6.6 Utilization Review, Reporting, and Quality Improvement

a. 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.

b. Describe how the agency will ensure the program is adhering to the fidelity of the CTI approach as outlined in the CTI Manual for Workers and Supervisors. Note applicable modification that may be necessary for youth and families. Describe the proposed approach to self-monitoring and ensuring ongoing quality improvement for the CTTP. Describe how the applicant will review findings and

recommendations to ensure the CTTP follows the phased approach as outlined in the CTI Manual for Workers and Supervisors.

c. Describe how the agency will integrate the 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.

d. Describe the program's proposed plan to collect and analyze data and performance outcomes. Describe how the CTTP will use this data for quality improvement. Also describe how the CTTP will ensure compliance with any NYS OMH reporting requirements specific to this initiative. Describe the electronic health record (EHR) the applicant plans to use. Describe the EHRs 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.).

6.7 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

a. 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.

b. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.

c. 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.

d. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). The 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 immigrant individuals and families in the project's catchment area as identified in 5.4.2.
- 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

e. Describe the organization's committees/workgroups Equity Structure that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).

f. 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

g. 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

h. Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, hard of hearing). 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

i. Describe the agency or program's plan to espouse recovery and resilience-

oriented values into practice.

Collaboration with Diverse Community-Based Stakeholders/Organizations

j. 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.

6.8 Financial Assessment

a. The proposal must include a five (5)-year Budget (Appendix B), detailing expenses equal to or less than the total annual value of the applicable CTI funding model. 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. 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.

APPENDIX A

CTI Model

Pre-CTI is the early engagement phase and is usually started prior to discharge from the ED or boarding on a Pediatric Unit. The Phase one (1) tasks of engagement, assessment and connecting to community resources are labor-intensive. In Phase two (2), the worker will step back a bit to monitor the resource network and adjust as needed. Finally, as the intervention winds down in Phase three (3), the worker steps back further and assumes a monitoring role to ensure that needed resources are in place. Thus, the amount of contact that a worker has with both the youth and family/caregiver and their resource networks declines over time.[1]

Pre-CTI Early Engagement Phase – Occurs prior to discharge from the ED or boarding on a Pediatric unit, and is of moderate intensity. A primary goal in this phase is developing a trusting relationship with the youth and family/caregiver. Data suggests that the greater the time, intensity, and number of contacts pre-discharge from the ED/Pediatric unit, the better the outcomes. Tasks in this phase include *but are not limited to*:

- Early engagement with the youth and family/caregiver to build rapport and trust prior to discharge from the hospital – this should include multiple contacts, when possible, with at least one (1) in-person contact per week.
- Conducting an initial assessment by gathering contact information and any other needed information. Begin the assessment process using hospital data systems or PSYCKES to determine history of treatment, existing resources, and other supports.
- Working with the hospital team on identifying the strengths and weaknesses of proposed discharge plans.
- Communicating with existing or prospective providers and other key stakeholders of the individual's recovery and transition goals (e.g., family/caregiver, friends, school, etc.).
- Facilitating and suggesting other referrals for the youth and the family/caregiver that will maximize the success of the youth's discharge and recovery plan.

Phase 1 Initiate Linkages – Months one (1) to three (3) post discharge from ED/boarding in hospital, and of high intensity. This phase's goals are providing support and beginning to connect the individual to the people and providers that will assume the primary role of support in the community. Tasks in this phase include but are not limited to:

[1] CTI Manual for Workers and Supervisors 2021, p.15

- Providing skill building for parents/caregivers
- Assess needs such as income/benefits, cell phone access, transportation, food, safety, adequate heat, lighting, etc.
- On the day of discharge from the ED/boarding in hospital, accompany the youth and family/caregiver to transitional setting, or to the home, unless the youth and family/caregiver does not want this support.
- Create the plan for Phase 1 with the youth and family/caregiver. Encourage the youth to identify and express where they would like to see change.
- Collaborate with all required community providers
- Observe operation of the youth's support network by accompanying them and their caregiver/parent(s) to medical, psychiatric, and other provider visits.
- Provide/coordinate a comprehensive assessment as applicable in order to coordinate service needs for the child/youth and family/caregiver
- Develop a collaborative relationship with the youth and their family/caregiver. Establish with the youth and family/caregiver a routine check-in plan that may decrease in frequency over time as the youth and family/caregiver adjust to implemented supports and skills; Check-ins may take place in the youth's home or other places in the community (such as school).
- Prepare with the youth and family/caregiver a crisis and support plan that can be activated if needed by the individual.
- Give a case presentation at the team supervision meeting.
- If the youth is admitted to an acute service (e.g., an emergency department, CPEP/inpatient (IP) visit), then the team will work with the individual, crisis supports, or hospital treatment team to resolve the crisis and return the individual back to their community setting as soon as possible.
- Identify and link the youth and family/caregiver to resources. Help identify solutions to resolve barriers and/or concerns related to successful transition to the new setting/support system and achievement of the hospital discharge plan.
- Improve community living and interpersonal skills.

Phase 2 Try Out - Months four (4) to six (6) post ED/boarding in hospital discharge and of moderate intensity. The goals in this phase are monitoring and strengthening of the support network and the youth and family's/caregiver's skills in self-advocacy. Tasks in this phase include but are not limited to:

- Step back to monitor linkages to resource network. Continuing to observe the operation of the network while decreasing the number of in-person meetings with the youth and family/caregiver to once per week from more frequent contacts during Phase 1.

- Mediate between youth and family/caregiver and resource network if needed. Adjust resource network as needed.
- Work with the youth and family/caregiver to identify or augment community and social supports that can provide meaningful interactions or activities – e.g., involvement with a faith community, gym membership, social clubs, arts groups, community-based peer support services, and other services to support work and education goals, etc.
- If the youth is admitted to an acute service (e.g., emergency department, CPEP, inpatient psychiatry), the team will work with the individual, crisis supports, or hospital treatment team to resolve the crisis and return the individual back to their community setting as soon as possible.
- Planning for Phase 3 with the youth and family/caregiver, reducing the frequency of visits to approximately one (1) or two (2) times monthly. Move to more of a monitoring role.

Phase 3 Final Transfer of Support - Months six (6) to nine (9) post discharge, low intensity. Termination and Achievement Recognition – Tasks in this phase include but are not limited to:

- Rebuilding of social networks and relationships.
- Holding a final transfer of support meetings with the youth and family/caregiver and resource network (see Appendix 1), ensuring that the youth, family/caregiver, and supports can function safely without the CTT Program support.
- Offering opportunities for the youth and/or family/caregiver to support future recipients of the CTTP
- Holding a wrap-up meeting with the youth and family/caregiver to acknowledge all that has been accomplished.
- Preparing a discharge summary and disenrolling the youth from the service.