Health-led Community Behavioral Health Crisis Response

Questions and Answers

1. Can you please confirm the annual amount available per project? So no more than $2m for up to three years? not $2m per year? confirming based on what you just said: it is $2M over 3 years? not $2M annually?

   ANSWER: The award is for $2M for up to 3 years per pilot area. Funding to support the operation of this program is contingent upon the continued availability of State appropriations.

2. Can you clarify length of contract?

   ANSWER: The contracts awarded in response to this RFP will be for up to a three-year term.

3. Up to 3 years, meaning we can propose a short pilot?

   ANSWER: The applicant will describe the length of the pilot.

4. If all 3 years, is budget required for each year?

   ANSWER: Yes

5. I think earlier you had said "at least 3 pilots," does this mean you may make issue more than 1 award per pilot area?

   ANSWER: Yes

6. Is it likely that if we propose a pilot under 3 years, we may only receive partial funding?

ANSWER: Awards will be made based on the proposed application budget not to exceed $2M.

7. For all the questions asked here (answered and not), will they be posted on 12/15 as well?

   ANSWER: Yes

8. Are questions due the 21st?
   ANSWER: Yes

9. Are final questions due at midnight on the 21st (or at 2PM)?

   ANSWER: Yes, at midnight

10. Can you remind about what types of entities would be applying?

    ANSWER: Not-for-profit agencies with 501(c) (3) incorporation or county run or municipal entities; agencies with experience providing behavioral health services in the community

11. Can OMH provide examples of documentation of notification of LGU? One of our county's "notification of the LGU" occurs through an online form, and the form does not provide any documentation after submission.

    ANSWER: There is no set format of notification. It can be a short paragraph informing the county of intent to apply submitted via email, certified mail, etc.

12. When you say the "pilot will demonstrate working relationship with 911 and 988 system," you mean that the agency has a pre-existing relationship with these prior to the pilot? Or can it be initiated during the pilot?

    ANSWER: This can be initiated during the pilot. See Section 6.2(d)

13. Is the expectation that referrals come from the 911 and 988 systems? and, if so, what process is envisioned for coordination with 911 to accept, triage, etc. referrals?

    ANSWER: Yes. See Section 6.2(d)(e)

14. Any thoughts on how will 911 or 988 decide if they activate this team or the county's designated crisis team?

    ANSWER: See Implementation Section 5.2(F) and Section 6.2(c)(d)(e)

15. Can this team work/alongside with the Crisis team

    ANSWER: See Implementation Section 5.2(F) and Section 6.2(c)

16. Can you please be more explicit about who needs to be notified in NYC -- by way of agencies and elected officials?

    ANSWER: NYC Mayor or Mayor's designee

17. Based on the rule stated in Section 5.1, RFP p18 ("This crisis response pilot may not be used to create a co-response team that consists of behavioral health crisis response staff and law enforcement:

    Is it allowable or not allowable for a team member of this OMH-funded pilot program to be part of the CO-RESPONSE when law enforcement comes out due to a threat of violence, as required/advised in the RFP, Section 5.2 D, Implementation, p20,: "A law enforcement response, when needed, due to a threat of violence, should include officers who have received specialized Crisis Intervention Training (CIT) and/or include co-response with a trained behavioral health professional").

    ANSWER: Co-response for the purposes of this RFP means a team that consists of a BH staff and law enforcement. It does not refer to law enforcement being present at BH crisis due to the threat of violence.

18. Does the pilot need to serve all people deemed in behavioral health crisis within the catchment area? ie can we use other criteria to determine the scope of the pilot? is there a minimum geographic size for the catchment area?

    ANSWER: See 6.1 Population of Focus and Area of Need

19. Can you please speak some more to the distinctions between this crisis response team in this pilot and existing mobile crisis teams?

    ANSWER: Please refer to the Daniel's Law Task Force BH Crisis Response Report

20. How would an applicant of go about getting pre-approval for using funding for transportation? in the rural counties, transportation is a barrier to all things so responders would need to meet ppl where they are!

    ANSWER: This service should be described in the application, in the narrative and budget sections

21. It looking at the (core) principles, prevention and education is valued??

    ANSWER: Please refer to the Daniel's Law Task Force BH Crisis Response Report

22. What is minimum length of pilot?

    ANSWER: The minimum length must meet the objectives and responsibilities of the pilot and is not to exceed three years.

23. Just a clarification question, this pilot program response team is to join law enforcement during 911 calls if the call is flagged a mental health crisis?

    ANSWER: Please refer to the Daniel's Law Task Force BH Crisis Response Report

24. Will law enforcement included in a response be REQUIRED to have CTI training?

    ANSWER: A law enforcement response, when needed, due to a threat of violence, should include officers who have received specialized Crisis Intervention Training (CIT) and/or include co-response with a trained behavioral health professional

25. Can a pilot be developed in a town or city vs. an entire county?

    ANSWER: The pilot area is determined by the applicant: geographic catchment area-municipality, county or region

26. Can a volunteer ambulance service be part of a pilot, especially in rural areas?

    ANSWER: Yes, see Section 6.2(c)

27. If we are a designated Mobile Crisis Provider, is our agency eligible to apply for Daniel's Law Pilot Program funding to enhance or expand our existing mobile crisis services?

    ANSWER: Funding can be used to enhance or expand existing mobile crisis services as part of the mobile crisis pilot in alignment with the RFP parameters.

28. Can existing Mobile Crisis infrastructure be leveraged to fulfill the requirements of the Daniel's Law Pilot Program, or must applicants establish entirely new service models?

    ANSWER: Existing mobile crisis infrastructure may be leveraged.

29. Will services provided under the Daniel's Law Pilot Program be billable through Medicaid or other reimbursement mechanisms similar to those used for Mobile Crisis services under the Crisis Intervention SPA?

    ANSWER: Yes, for state-approved mobile crisis providers.

30. Is there flexibility in the use of funds to support rural adaptations of the model, such as telehealth or hybrid response teams?

    ANSWER: Yes, and the pilot should meet the expectations as described in the RFP and Daniel's Law Task Force BH Crisis Response Report

31. Please clarify if it is necessary to have a licensed clinician be part of the responder team once the "peer responder" and "EMT/nurse/medic" have extensive crisis response training. Confirming no clinicians?

    ANSWER: A health-led response team should be comprised of trained behavioral health professionals, and behavioral health workers that include peer support staff and/or a behavioral health crisis response trained Emergency Medical Services (EMS) team with behavioral health workers that include peer support staff.

32. What if we already have peers responding for a mobile crisis team?

    ANSWER: A health-led response team should be comprised of trained behavioral health professionals, and behavioral health workers that include peer support staff and/or a behavioral health crisis response trained Emergency Medical Services (EMS) team with behavioral health workers that include peer support staff.

33. Can you provide a list of allowable and unallowable expenses? More specifically, are capital expenses like vehicles allowable?

    ANSWER – Capital expenses are not allowable - Vehicles may be allowable with justification and Program/budget approval. All operational costs are allowable. Please consult the CFR manual Appendix X for nonallowable costs.

34. In SFS for the Daniel's Law Pilot RFP (MH253010), we noticed that the layout of the bid in SFS includes TWO prompts for the "letter of commitment" from the County executive and NO upload prompt for LGU notification. We believe this may be in error and wanted to notify you as soon as possible.

In SFS, these duplicative prompts read:

- "A **letter of commitment** must be provided from the identified County chief elected or delegated authority or for NYC the Mayor or delegated authority that expressly supports the development of this crisis response system pilot within their County(ies). Please upload your letter(s) here."

AND

- "Due to the importance of the collaboration of multiple systems across a county(ies), including 911 and EMS, a **letter of commitment** is required by County chief elected or delegated authority or for NYC the Mayor or delegated authority. Please upload your letter here."

In the RFP, the LGU is supposed to be notified, but SFS does not have an upload prompt for this yet:

- "Applicants are required to **provide proof of notification to the Local Governmental Unit (LGU)** / Director of Community Service (DCS)/Mental Health Commissioner and or municipality of identified service area"

  ANSWER: There are two mandatory document requirements for this RFP: 1) Notification of intent to apply must be made to the Local Governmental Unit (county director of community services) and or municipality for each city/county to be served under the program application, as defined in Section 41 of the New York State Mental Hygiene Law; and, 2) A letter of commitment must be provided from the identified County(ies) chief elected or delegated authority or for NYC Mayor or delegated authority that expressly supports the development of this crisis response system pilot within their County(ies). The Checklist that was provided in front of the RFP document has check boxes for these two (2) items.

  Specific to Section 2.4/Eligible Agencies - If these two documents are not provided, the application will be deemed "Ineligible" and the application will not be reviewed.

  Please note there was an error in the SFS build requiring the following: "Due to the importance of the collaboration of multiple systems across a county(ies), including 911 and EMS, a **letter of commitment** is required by County chief elected or delegated

authority or for NYC the Mayor or delegated authority. Please upload your letter here." This letter is not required.

These are the directions on how to upload the required documents: 1) Notification to the LGU – Because we did not ask for this in the SFS build, you will have to upload this document in response to the following: "Due to the importance of the collaboration of multiple systems across a county(ies), including 911 and EMS, a letter of commitment is required by County chief elected or delegated authority or for NYC the Mayor or delegated authority. Please upload your letter here.; and, 2) Letter of Commitment that expressly supports the development of this crisis response system pilot with their County(ies) – Please upload this in response to the following question – "A letter of commitment must be provided from the identified County chief elected or delegated authority or for NYC the Mayor or delegated authority that expressly supports the development of this crisis response system pilot within their County(ies). Please upload your letter(s) here.

35. Can we apply for multiple counties?

ANSWER: Yes

36. For urban counties, who picks the town in which the crisis team is located?

ANSWER: The applicant

37. Who determines the level of law enforcement involvement?

ANSWER: See Section 6.2 Implementation

38. What is the role of law enforcement, if any?

ANSWER: See Section 6.2 Implementation

39. Can we ramp up over time to meet the 24 hours/7-day staffing requirement, or is required on day 1 of implementation?

ANSWER: It is not required on day 1 of implementation, but a plan and timeline should be included to address this requirement.

40. How does the crisis team know if law enforcement staff are trained in CIT? Is someone maintaining a list?

ANSWER: See Section 6.2(c) Planning

41. What is the definition of crisis response?

ANSWER: Refer to the Daniel's Law Task Force BH Crisis Response Report

42. What is included in the expected response and is there a required time (i.e., 8 hours from the call)?

ANSWER: Refer to Section 5.2 Objectives and Responsibilities

43. What is the interface between the crisis response team and 911/988?

ANSWER: Refer to Section 5.2 Implementation

44. Is the $2,000,000 funding for the full three years or up to $2,000,000 for each year?

ANSWER: See Question #1

45. Is there a preferred staffing structure?

ANSWER: A health-led response team should be comprised of trained behavioral health professionals, and behavioral health workers that include peer support staff and/or a

behavioral health crisis response trained Emergency Medical Services (EMS) team with behavioral health workers that include peer support staff.

46. Have conversations with law enforcement already occurred about this project?

    ANSWER: There was some outreach to law enforcement agencies during the development of the Daniel's Law Task Force BH Crisis Response Report.

47. Can funding for this expansion be combined with other county contract and Medicaid billing to provide a comprehensive program aligned with DL principles?

    ANSWER: Yes

48. Are services under this expansion grant also billable to Medicaid if an eligible client has appropriate insurance coverage, and are the Mobile Billing Rate Codes appropriate to bill?

    ANSWER: State-approved providers may bill Medicaid for allowable crisis intervention services

49. Telehealth can be used with permission, can that be used for overnight services or is telehealth limited to certain circumstances?

    ANSWER: Telehealth can be used for overnight services and if using telehealth, the application should also describe the parameters in which it will be implemented.

50. Do we need to complete 2 applications if we intend to serve Rural and Suburban areas?

    ANSWER: Please refer to Section 5.1 (Scope of Work/Introduction) of the RFP as detail is provided there.

51. Would we need a letter from each LGU we intend to serve or one letter with all signatures if applying to serve multiple LGUs?

ANSWER: To clarify, the letter of intent is not from the LGU. The notification of intent to apply is from the applicant to the LGU(s). These notifications could be sent as one email as long as each county that is being applied for is notified. For the other required document, the Letter(s) of Commitment from the County chief elected/designee or NYC Mayor/designee could be combined into one letter as long as there is a signature from each county being applied for. There is also the option of sending individual notifications of intent and receiving individual letters of commitment, as long as each are provided with the application.

52. Row 76 of the Budget Template Excel sheet indicates, "A&OH %, no greater than 15%, should be entered in cell B40." Should such percentage also or instead by entered in cells B35, C35, and D35?

ANSWER: Only enter the dollar amounts in cells B35, C35 and D35. The percentage isn't needed

53. For program designs that may plan launching a 50% FTE job role part-way through Year 1 (after a 3-month ramp-up period, for example), are applicants correct in understanding that in column C, OMH would like to see the entered FTE% value reflect the multiplied product of such role's planned FTE% X the fraction of Year 1 that this position will be funded (i.e., in this example: 50% FTE X 0.75 year = 37.5% FTE would be entered into column C and then 50% FTE would be entered into columns F and I for this same role)? In such cases, are we correct that the preferred two places to explain such calculations (offering transparency into such composite FTE values), are: (1) using the cell formula field (e.g., applicant would enter "=0.5*0.75" into column C, resulting in a visible "37.5%"); AND (2) within the budget narrative?

ANSWER: Correct

54. Would OMH prefer that applicants indicate a single compound total "Other" in row 32 of the budget template and then explain each of the component costs in the budget narrative? (Or, alternatively would OMH prefer that applicants create "Other" sub-labels (starting in row 32 and then adding new Excel rows), in a format such as "Other: Item X",

"Other: Item Y", "Other: Item Z" to reflect specific *sub-items* in the OTPS "Other" meta-category, with each item explained in a separate line in the budget narrative?

ANSWER: OMH would prefer that applicants indicate a single compound total "Other" in row 32 of the budget template and then explain each of the component costs in the budget narrative

55. The Daniel's Law Task Force NY State Behavioral Health Crisis Response Report, in Recommendation #2 (pp22-23), tasks the emerging Statewide Technical Assistance Center (**TAC**) with the action item, "Pursue the interoperability of 911 and 988 with local communities and statewide systems," and the **Funding Strategy Roadmap** (p2) indicates, "It is anticipated that there may be **additional costs** to implement and sustain technology needed to improve interoperability [between 988 and 911]…" [bold added].

    a. Are applicants correct in understanding that the limited funding available in this pilot program is not necessarily expected to cover such technological interoperability and instead is intended *more* toward helping assure: (1) immediate in-person health-led response to **911** behavioral health referrals and (2) developing *protocols* for assuring that the funded health-led team also works with **988** call centers to support response to 988 calls? (As per RFP p22, Section 6.2d and 6.2e?)

    ANSWER: Yes

56. One of the suggested possible future pay-for-performance measures (statewide) mentioned in the **Funding Strategy Roadmap** (p7) is "increase in calls transferred from 911 to 988". Is OMH open to applicants to use this funding toward piloting protocols that don't inherently require *transferring* such a call (which might be considered an extra step in some cases), still with the goal of achieving a health-led response?

    ANSWER: Yes, this strategy should be described in the application in alignment with the Section (5.2) Objectives and Responsibilities

57. Many 911 response centers are housed in Police Departments. Can applicants use funds from this grant to *help coordinate* a health-led response?

    ANSWER: Yes. Funding may not be used to create a co-response team and shall not support expenses of police law enforcement agencies per Chapter 53 of the Laws of 2025.

58. Section 5.1 (Scope of Work / Introduction) p18 indicates, "The crisis response pilot may **not** be used to create a co-response team that consists of behavioral health crisis response staff and law enforcement." [bold added]

    a. Given this restriction, but also given aspects of the exemplary models ("Highlighted Behavioral Health Crisis Service Programs") provided on pp12-14 of the "Daniel's Law Task Force: NYS Behavioral Health Crisis Response Report," such as the Gerstein Center (TCCS, Toronto), which co-locates crisis workers at the 911 call center to respond to callers diverted from 911 directly, or the Orange County Crisis Mobile Response Team which co-locates with the Emergency Operations Center for 911, to what extent may funds from this pilot project be used with discretion by grantees (applicants and their coalition partners) to integrate or ***embed*** physically (or virtually) health-led behavioral-health team members ***in*** key crisis operations that may indirectly (downstream) or directly *involve* law enforcement, such as 911 / call centers and/or sites where police frequently situate or respond, to enable strong coordination and ***warm-hand-off*** of client situations (calls or in-person) to *health-led* teams?

       ANSWER: Funding cannot be used to create a co-response team and shall not support expenses of police law enforcement agencies per Chapter 53 of the Laws of 2025.

    b. Can OMH please provide more clarity/specificity on what definition(s) and criteria constitute a **prohibited** "co-response team that consists of behavioral health crisis response staff and law enforcement" (**RFP p18**) vs. allowable / <u>expected</u> situations of structured cooperation and collaboration of pilot-funded behavioral health staff with law enforcement (in instances of uncertainty around

violence to co-promote health-led professional involvement and public safety, as referenced in RFP p19, Section D)?

ANSWER: Funding cannot be used to create a co-response team and shall not support expenses of police law enforcement agencies per Chapter 53 of the Laws of 2025.

59. For applicants outside of New York City, if applying to only cover an area within City limits and not the entire County, will the County Executive also need to write a letter of support? Or is a letter from the Mayor of the City enough?

ANSWER: One letter from the Mayor of the City will be enough, but both will be accepted.

60. Can new non-profits recently create Prequalify?

ANSWER: Please refer to Section 2.9 of the RFP and the links contained within for Prequalification guidance and information. Please note that the applicant must be prequalified by due date and time of RFP in order to submit an application.

61. Does the fact that an existing non-profit has never received a municipal or state grant impact their likelihood of selection or prequalification?

ANSWER: Please refer to Section 2.4 for Eligibility Requirements to be met in order to apply and Section 2.9 for information on Prequalification.

62. What role will the Technical Assistance Center play in supporting the implementation of Daniel's Law pilots?

ANSWER – This has not been determined.