HBCI IDD Round 3 (2nd Issuance) Questions and Answers

1. If an applying organization will be operating within one of the counties included in the Tier, but also intends to deliver the proposed services to counties not included in the Tier, is that grounds for disqualification?

   ANSWER – Consult Section 4.3 of the RFP for eligibility, including that an applicant needs to submit separate applications for each team for which they are applying, and that one team cannot cover two counties outside of the Rural tier.

2. To make sure we understand in terms of scope of practice, is there an expectation of the interventionist positions that they are diagnosing?

   ANSWER – Please see HBCI Program Guidance for additional information on staff roles and qualifications.

3. Will there be any funding provided in the budget from NYS for staff to undergo the evidence-based, best practice trainings that should be offered? (reference on pg. 14 of the HBCI Guidance Document). These trainings and other population specific trainings that we would like to offer, would be of significant expense.

   ANSWER – Yes, training is an eligible state aid expense.

4. The RFP advises that we must reach out to the local LGU where we are applying. We were unable to identify an LGU for Queens using the link provided on page 25 of the RFP. Can you please share the LGU contact for Queens County?

   ANSWER – The link to the list of LGU contacts (including New York City as a whole) can be found on the Checklist page of the RFP as well as in Section 6.1 of the RFP.

5. We are being asked to create a 5-year operating budget. Does this mean that the term of the contract will be five years? If so, will the award remain fixed at $560,734/year or will there be increases each year to account for cost-of-living salary adjustments?

   ANSWER – Yes, the contract will be for a term of 5 years with an annual funding of $560,734 per team and cost of living increases are not guaranteed as they are subject to the availability of funding in the NYS budget.

   Note: Bottom of Page 30 says "refer to section 5.5 for net deficit funding that is available annually." There is no section 5.5 in the RFP. It stops at 5.3 and goes to 6.

   ANSWER – This is a typo. It should refer to Section 5.3

6. Is a workplan required during the submission process or like other HBCI grants will this be provided?

   ANSWER – No workplan is required as part of the RFP application/submission process.

7. Can funds be used for capital improvements?

   ANSWER – No, funds cannot be used for capital improvements.

8. Can funds be used for the purchase of a vehicle?

   ANSWER – Yes, award funds can be used for purchase of a vehicle, this should be reflected in your 5-year budget submitted in your application.

9. For the Interventionist positions – if we cannot identify a staff with a Master's Degree, can we consider someone with a Bachelors with the necessary skill and experience?

   ANSWER – HBCI Program Guidance states that a Master's Degree is preferred and a BA with experience can be considered. Please see HBCI program guidance for additional information on staff roles and qualifications.

10. Please clarify which budget template should be used.

    ANSWER – Please use the budget template that is provided for/uploaded into SFS (Event Comments and Attachments).

11. We are requesting clarification about the staffing requirements outlined in Section 5.3/Operating Funding, which specifies funding for 1 FTE Supervisor and 3 FTE Interventionists totaling $560,734.

    Specifically, please confirm whether the funding requirement can be met by splitting the 4 Full-Time Equivalent (FTE) positions across multiple part-time employees. For example, having 6 part-time employees whose collective hours equate to 4 full-time positions.

    ANSWER – No

12. The Applicant Checklist (p.4) states "The 'Bid Amount' box is required to be filled out in SFS. Please enter the total amount of funding your organization is requesting…" Does this mean applicants can request an amount different from the $560,734 specified in Section 5.3 if their proposed method justifies it (e.g. to include a psychiatric prescriber) or is $560,734 a firm annual cap?

    ANSWER – The amount to be entered into this box is the total value of the 5 years of available state funding being asked for.

13. As this is "Round 3" of this initiative, can OMH provide any information on the potential for funding renewal or sustainability beyond the initial five-year term for successful programs?

ANSWER – Historically OMH has been able to continue funding to providers who run a successful HBCI program. There is a process for providers who fall into this category to renew their contract when the time comes. However, as with all state programs, availability of funds and the continuation of any program is at the discretion of state leadership.

14. The funding of $560,734 is modeled for a Supervisor and 3 Interventionists. Given the high cost of clinical personnel in the Metro tier, can an applicant propose a model that leverages existing agency infrastructure for essential functions (e.g. part-time psychiatric consultation, administrative support) as an in-kind contribution, or must all personnel costs be fully contained within the grant budget?

    ANSWER – Applicants only need to budget for expenses that they intend to use awarded state aid funding for. Applicants are allowed to budget up to 15% of state aid for administrative costs.

15. Section 4.3.1 states "Awards will be county specific…and there will be no more than one HBCI/DD team per county." Does this mean the awarded agency becomes the designated HBCI provider or all eligible residents of that county, regardless of their insurance or healthcare system affiliation? Or can an agency define a more limited catchment area within a county.

    ANSWER – An agency cannot define a more limited catchment area within a county. HBCI Program Guidance reviews HBCI program eligibility.

16. If the service is county-wide, will OMH establish a centralized referral/intake system for the designated county, or is the awarded agency responsible for building and managing the entire referral network from all community sources (hospitals, schools, self-referrals, etc.)?

    ANSWER –It is up to each individual agency to develop its own referral/intake system with community resources.

17. For a youth in crisis, is eligibility for a county-specific team determined by their county or legal residence or their physical location at the time of referral (e.g. a hospital)? For example, if we are the awarded provider for Queens, would we be

expected to serve a Brooklyn resident who is hospitalized at Cohen Children's Medical Center (located in Queens)?

ANSWER – No, it would be the county of residence.

18. Can OMH clarify why certain Metro counties (e.g. Nassau, Brooklyn, Bronx) are not included in this RFP? Is it because these counties are already served by existing HBCI-I/DD teams? If so, could OMH identify the awarded agencies for those counties to facilitate regional coordination?

    ANSWER – Eligible counties for this RFP are those not already covered by an HBCI I/DD team. Find a Mental Health Program lists operating HBCI I/DD programs across the state.

19. Section 6.5f discusses the plan for 24/7 support. Can OMH clarify the expectation for this coverage? Specifically – a) must the on-call individual be one of the program's three core interventionists or the Supervisor? b) is it permissible to use a tiered system where a centralized, clinically-staffed crisis call center (internal to the awardee agency) provides the initial response, with direct escalation to the assigned Interventionist as needed?

    ANSWER – Please refer to HBCI Program Guidance for information regarding on-call coverage.

20. Section 5.2.1 requires a "master's level Licensed Supervisor" and "master's level" Clinical Interventionists. Are there specific license types required for these roles (e.g. LCSW, LMHC, PhD)?

    ANSWER – Please refer to HBCI guidance for details on staff roles and qualifications.

21. Section 5.1 mentions a team "may include…a Peer Advocate". Could an individual with lived experience and appropriate certification (e.g. Certified Peer Specialist) who also meets other experience criteria potentially qualify as one of the three core "Interventionist" positions, or is this role strictly an addition to the core team of three?

ANSWER – A Peer Advocate is in addition to the core team of three Interventionists and one Supervisor. Please see HBCI Program Guidance for educational and certification requirements for the required positions.

22. Section 6.5b states an expectation of in-home contact within 48 hours of referral. Is there a different expectation for immediate telephone response time when a family calls in crisis outside of business hours?

    ANSWER – Please see section 5.2 Objectives and Responsibilities of the RFP. HBCI Providers must adhere to fidelity of the HBCI model including providing emergency and crisis intervention services on 24 hours a day, 7 days a week basis as outlined in HBCI Program Guidance.

23. The RFP mentions several approaches (Family Systems, CBT, Trauma-Informed Care). Does OMH have a list of preferred or mandated EBPs for this specific dual-diagnosis (MH/IDD) population, or is the applicant responsible for proposing the full clinical model?

    ANSWER – OMH will provide each HBCI I/DD team with a contract for training with the National Center for START Services for specialized Evidenced Based training. The applicant should include any Evidence Based Practices that they propose to use in their application.

24. How does OMH envision HBCI teams integrating with other state-funded crisis services like NYSTART/CSIDD, Comprehensive Psychiatric Emergency Programs (CPEPs), and Mobile Crisis Teams? Should HBCI be the primary responder for this target population, or should it function as a step-down service or parallel support?

    ANSWER – HBCI should work closely with other crisis services; see HBCI Program Guidance for additional information.

25. Section 2.4 states that “Eligible applicants are not-for-profit agencies with 501(c)(3) incorporation that have experience providing mental health services to persons with serious emotional disturbance.” What counts as services for this population? Does the agency need experience providing clinical services to individuals with SED, or would experience providing only supportive services for this population count?

ANSWER – To demonstrate experience in providing mental health services to persons with serious emotional disturbance, a state or county contract must be referenced or provided as part of response to Question 6.4b. In regard to service provision, due to the lack of clarity on what supportive services means OMH is unable to answer this part of the question.

26. Section 6 states that "Any travel costs included in the budget must conform to New York State rates for travel reimbursement." Does this mean that there is additional reimbursement available for transportation costs of providers traveling to visit clients outside of the $560,734 funds?

    ANSWER – No, all reimbursable expenses must be budgeted within the amount of annual state funding available for this opportunity.

27. If allowable, are the same transportation cost rules applicable regardless of time of service (routine visits versus crisis response)?

    ANSWER – Any travel costs included in the Budget must conform to New York State rates for travel reimbursement.

28. Can award funds be used to cover transportation-related operating costs for the HBCI team (e.g. purchase of an agency-owned vehicle or car services), or is the operational funding intended to be limited primarily to personnel costs?

    ANSWER – Refer to the answer for Question 8

29. Section 6.5 states that "Specify if the programs on call system will be a rotating model or if interventionists will provide 24/7 support for their own caseloads." Should referrals/crisis calls to the HBCI team be received directly by the HBCI team 24/7, or may providers use an after-hours line that route calls to the HBCI team's on-call clinician?

    ANSWER – Please refer to HBCI Program Guidance

30. The RFP states that there be 24/7 access to required emergency/crisis services, but that the HBCI team have in-home contact within 48 hours of a referral receipt. Can OMH clarify whether, outside of the required 48-hour in-home visit, telephone or

video triage is acceptable as in initial response to a crisis, with in-person response based on clinical judgment?

ANSWER – Please refer to section 2.6 Telehealth of the HBCI guidance for OMH expectations around the use of telehealth in providing HBCI services.

31. Can you clarify expectations regarding in-person emergency visits by the HBCI team during overnight hours?

    ANSWER – Please refer to HBCI Program Guidance.

32. Can you clarify whether HBCI teams are expected to serve as the primary point of contact for crises, or whether crises will typically be routed through existing community crisis providers/crises lines, with subsequent notification to the HBCI team?

    ANSWER – Due to the intense nature of the service, it is likely that the HBCI interventionist will be in contact with the family more than other outpatient providers and will likely be involved in the majority of crises that occur.