



**Home Based Crisis Intervention (HBCI)
Mental Health and Intellectual and/or
Developmental Disabilities (MH/IDD)
Statewide**

OMH01 #146

Request for Proposals

Grant Procurements

(On-Line Submission Required)

April 3, 2025

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH or “Office” herein after) announces the availability of funds for the procurement of pilot Home Based Crisis Intervention (HBCI) teams serving youth with co-occurring Intellectual Disabilities and/or Developmental Disorders throughout New York State, in partnership with the New York State Developmental Disabilities Planning Council (DDPC) and the Office of Persons with Developmental Disabilities (OPWDD).

The HBCI teams will serve children/youth ages 5 to 20 years, 11 months who are returning home from inpatient settings or residential services and are at risk for a rapid readmission, or are at imminent risk of entering such settings. HBCI ensures the child and their family have the level of support services and access to clinical professionals they require to sustain any gains made in crisis response or high-end services. HBCI teams deliver intensive crisis intervention to children and families to help maintain the child/youth in the home, school, and community.

HBCI interventions are focused on enhancing crisis intervention and problem-solving skills to foster well-being and stability for the child/youth. Services are delivered using a family-driven, youth-guided, and developmentally appropriate approach that comprehensively addresses the needs of the child/youth within the family and community domains.

To address the needs of children and adolescents eligible for this comprehensive service, the HBCI team is comprised of mental health Interventionists and a Clinical Supervisor. The teams may include a consulting Psychiatric prescriber and/or a program assistant and/or a Peer Advocate. OMH funding is modeled with a core team of Interventionists and Supervisor; the value of other team members is acknowledged, and teams may choose to add these providers using other avenues of funding.

HBCI is expected to promote a myriad of interventions, including: the active participation of the family and other natural supports, the utilization of promising practices and evidence-based treatment interventions focused on family and systems approaches, meaningful connections within the home and community, and preparations for transition to adulthood; all as applicable to the population served. The HBCI team must also ensure that services are comprehensive and principle driven.

A reliable and intensive treatment structure, that is flexible and responsive in nature, is required. Whereby the type and intensity of services are immediately and seamlessly adjusted to meet the individualized, changing needs of the child and family. HBCI offers support on a 24 hours a day, 7 days a week basis.

The expansion of HBCI represents a commitment by the State Office of Mental Health to increase access to crisis intervention and support services to children and youth in crisis, and their families. HBCI programs serve as a critical component in the children’s

continuum of care.

Six (6) total awards will be available statewide, as outlined below. OMH has identified 2 Tiers that will each be awarded 3 teams, Rural and Metro. Rurally designated counties are defined per the 2021 Health Resources and Services Administration Bulletin No. 20-01. If applicants are applying for more than one team, applicants must submit a separate proposal for each team for which they are applying.

Applicants may apply to cover up to two (2) contiguous counties within the rural tier; contiguous is defined as sharing a geographical border.

In the event that all applicants within a specific tier do not meet the minimum score for receiving an award, OMH reserves the right to offer another award in a different tier.

Tier	Number of Teams	Counties Included in Tier
Rural	3	Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Ontario, Orleans, Oswego, Otsego, Putnam, Rensselaer, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Wyoming, Yates
Metro	3	Albany, Dutchess, Erie, Monroe, New York (Manhattan), Niagara, Oneida, Onondaga, Queens, Richmond (Staten Island), Saratoga, Schenectady, Suffolk, Westchester

1.2 Target Population/Eligibility Criteria

HBCI is designed to address the significant needs of children ages 5 to 20 years 11 months, who are at risk of entering, or rapidly readmitting to, inpatient psychiatric treatment or residential treatment.

Children are eligible for HBCI if they meet the following admission criteria:

1. Are at least 5 years of age at the time of enrollment and may be served until 20 years, 11 months of age
2. Are diagnosed with or suspected to have a mental health disorder
3. Are diagnosed with or suspected to have an intellectual and/or developmental disability
4. Are in acute crisis at the time of the referral, in the context of demonstrating at

least two of the following criteria:

- Current, persistent, and severe major symptoms and/or behaviors (e.g., affective, psychotic, suicidal or significant impulse control issues) that are contributing to a current state of crisis for the child.
- Child and/or family has not adequately engaged or responded to treatment in more traditional settings.
- Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs in current crisis.
- High use of acute psychiatric hospitals.
- High use of psychiatric emergency or crisis services.
- Clinically assessed to be at immediate risk of requiring a more restrictive living situation (e.g., community residence, psychiatric hospital, or RTF) without intensive community services.

In addition to standard eligibility criteria, young adults ages 18 – 20 years 11 months must meet all of the following eligibility criteria:

- Resides full time with at least one caregiver who is either a legal guardian OR who fulfills a primary caretaking role
- Is financially dependent on a caregiver; without the finances of the caregiver the young adult would not be able to provide for their own basic needs
- The caregiver is willing to provide the bulk of the emotional support to the young adult during HBCI treatment and immediately after, agrees to participate in HBCI treatment with the youth, and agrees to facilitate attendance in ongoing treatment after discharge
- The young adult is willing to have the caregiver fulfill the duties above and will sign a Release of Information between the caregiver and HBCI

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Carol Swiderski
Contract Management Specialist 3
New York State Office of Mental Health
Contracts and Claims
44 Holland Ave, 7th Floor
Albany, NY 12229
Carol.Swiderski@omh.ny.gov

2.2 Key Events/Timeline

RFP Release Date	4/3/25
Questions Due	4/22/25
Questions and Answers Posted on Website	5/8/25
Proposals Due by 2:00 PM EST*	5/28/25
Anticipated Award Notification	7/2/25
Anticipated Contract Start Date	1/1/26

*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP. **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.**

2.3 Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. 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 mental health services to persons with serious mental illness.

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 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.

All questions posed must have “Home based Crisis Intervention IDD Statewide RFP” in the subject line.

The questions and official answers will be posted on the OMH website by 5/8/2025.

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 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by the proposal due date of 1:00 PM EST on 5/28/2025.

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: All applications must be submitted through the Statewide Financial System (SFS). No applications will be accepted electronically, US Postal Service, express mail delivery service or hand delivered.

NOTE: For any application that does not contain all the required documentation and/or “See Attached” responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete.

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Statewide Financial System (SFS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

Not-for-profit organizations must **Register** as a vendor the Statewide Financial System and successfully **Prequalify** to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on [Registration](#) and [Prequalification](#) are available on the Grants Management Website. A high-level synopsis is provided below.

Registering as an SFS Vendor

To register an organization, send a complete [Grants Management Registration Form for Statewide Financial System \(SFS\) Vendors](#) and accompanying documentation where required by email to grantsreform@its.ny.gov. You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at Helpdesk@sfs.ny.gov. If you do not know your Password, please click the [SFS Vendor Forgot Password](#) link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.

- Select the Initiate a Prequalification Application radio button and click the Next button to begin the process. Starting with **Organization Information**, move through the steps listed on the left side of the screen to upload **Required Documents**, provide **Contacts** and **Submit** your Prequalification Application.

Note - If the Initiate a Prequalification Application radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.

- System generated email notifications will be sent to the contact(s) listed in the **Contacts** section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

Note: New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - <https://grantsmanagement.ny.gov/> and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook (upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

3. Administrative Information

3.1 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify and 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 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, 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 Key Event/Timeline dates

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

3.3 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

New York State Office of Mental Health

Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for a five-year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 0% goal for Minority-owned Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any

modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

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

B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are

expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans> . Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and subcontractors 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-I 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 2.10 of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the

applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.12 NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations, and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission.

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.

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

Technical Evaluation	Points
6.1 Diversity, Equity and Inclusion and Peer Support Language	10
6.2 Agency Organization/Qualifications	10
6.3 Population Experience	10
6.4 Program Development	17
6.5 Program Implementation	25
6.6 Utilization Review, Reporting and Quality Improvement	8
6.7 Financial Assessment	20
Total Proposal Points	100 Points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.10. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

In case of a tie in the scoring process for a targeted county, the proposal with the highest score on the Program Implementation (Section 6.4) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be ranked, and two (2) awards made to the applicants with the highest score in each of the targeted OMH Tiers to assume the operation of a HBCI Team.

4.4 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet start-up milestones, failure to maintain staffing and/or program model, failure to fill slots when referrals are available. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal for that region. If there are no agencies left with a passing score, OMH may reissue the RFP.

4.5 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.

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 HBCI. Applicants should notify the LGU(s) of their intent to apply.

Six (6) awards will be made through this RFP. HBCI team start-up will include OMH involvement to provide support around the development of teams. Teams will start based on OMH's determination of readiness. Readiness is determined by the development of the HBCI program's policies and procedures, hiring of staff, connection with Local Government Units and community resources. Regular calls and/or meetings will be held with the HBCI Team awardees.

The selected agencies will establish the Home Based Crisis Intervention (HBCI) team according to the HBCI Program Guidance, which can be found here: https://omh.ny.gov/omhweb/guidance/hbci_program_guidance.pdf Agencies must demonstrate their capacity to provide HBCI services to 6 children/youth per 6–9-week length of stay with a team who meet the eligibility criteria outlined above in Section 2.10 and detailed in the HBCI Program Guidelines.

5.2 Objectives and Responsibilities

A. Programs will be required to maintain accurate reporting and case records according to

Regulation and Program Guidance.

- B. OMH providers are expected to ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes. To support these efforts, it is expected that providers have a quality, supervisory, operational and IT / data infrastructure to routinely self-monitor and ensure ongoing quality improvement of services, including analyzing utilization review findings and recommendations.
- C. It is also expected that providers will routinely submit data to OMH, including client-identified data, quality and program data. Data submission requirements and guidance will be provided by OMH.

HBCI Providers will follow the HBCI model, delivering services that comprehensively address the needs of the child/youth within the family, school, medical, behavioral, psychosocial, and community domains. HBCI providers will have the capacity to serve 6 children/youth per 6–9-week length of stay. Applicants must be able to substantiate the capacity of the team by providing historical and/or current data/information on the volume of youth in the region who are likely to meet eligibility criteria.

HBCI Providers must adhere to the fidelity of the HBCI model, including:

- Building a team providing coordinated services using the HBCI guiding principles with clinical staff, and a Master's level Licensed Supervisor. HBCI teams may also choose to employ a consulting Psychiatric prescriber and/or a program assistant. HBCI Providers will ensure all staff on an HBCI team have experience in providing direct services related to the treatment with families and children with serious emotional disturbance and an intellectual and/or developmental disorder.
- Delivering comprehensive and flexible treatment and support to children/youth in their natural living settings rather than in hospital or clinic settings. This means that interventions and skills training will be carried out at the locations where children/youth live, work, and socialize, and where support is needed.
- Demonstrating a clear understanding of service needs of children/youth with both behavioral health and developmental disability needs, and the needs of their families, including thorough evaluation via appropriate assessments.
- Providing services that are tailored to meet the individual's specific needs by implementing key components of evidence-based practices for children and families. These may be derived from models such as Motivational Interviewing, Family therapy/Family System approaches, cognitive and behavioral interventions, and trauma-informed care, etc., individualized to the child and family's needs.
- Assessing regularly for risk through the consistent use of standardized tools to screen, assess and monitor the level of risk. Severity screening for risk indicators within the children/youth and families should occur throughout the process of service delivery by the HBCI team to determine if/when intervention is needed.

- Maintaining the organizational capacity to ensure small caseloads and continuity of care.
- Providing emergency and crisis intervention services on 24 hours a day, 7 days a week basis, as outlined in the HBCI guidelines.

5.2.1 Implementation

To provide HBCI, all agencies will be required to complete a workplan to become an official HBCI Team. Workplans must be updated quarterly and submitted annually.

HBCI providers will provide an adequate level of professional staffing to perform the required work. HBCI providers will hire core staff that include both Mental Health Clinical Staff and a Master's Level Licensed Supervisor as outlined in the HBCI Guidelines. The HBCI Provider will hire all staff that have the appropriate qualifications to meet the needs of the target population and the HBCI model.

Each HBCI team will consist of a Licensed Master's level Supervisor, and Clinical staff. It is expected that the Clinical staff ("Interventionists") be Master's level or Bachelor's level with relevant experience and that the staffing ratio will be one Supervisor to three Interventionists.

HBCI Clinical staff should have demonstrated competencies in the HBCI guiding principles, screening and assessment, clinical approaches/treatment (that may include evidence-based practices), family therapy/family system approaches, behavior modification, parent management training, and clinical documentation.

- All staff will demonstrate basic core competencies in designated areas of practice, including: system of care/multi-system work, family psychoeducation and motivational interviewing.
- All staff will demonstrate skills in crisis prevention, response and de-escalation
- The agency ensures that the HBCI staff will receive appropriate and ongoing professional training.
- HBCI providers will maintain a plan for regular supervision of all staff members, including the Supervisor.

5.2.2 Utilization Review, Reporting and Quality Improvement

HBCI Providers will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS) and adhere to any requirements OMH may subsequently develop.

HBCI providers will establish a systemic approach for self-monitoring and ensuring ongoing quality improvement for the HBCI team, including analyzing review findings and

recommendations. This information should be used to assess the immediate availability and response to referrals, that services are provided in the client's natural environment, and that services promote safety. This information should also be used to measure recipient achievement of goals (particularly averting hospitalization), length of stays and discharge planning, and will inform the team's overall quality improvement plan.

HBCI teams will comply with the provisions governing the reporting of suspected child abuse or maltreatment, as set forth in sections 413-416 and 418 of the Social Services Law.

HBCI teams must adhere to the criminal background check requirements under the Justice Center.

5.3 Operating Funding

HBCI Teams will be funded via state aid contracts. Some of the funds will be from federal sources, and this will result in additional reporting requirements for the federal share of funding. Upon award, awardees will be notified as to what the reporting requirements will be. Available annual funding per team is as follows:

1 FTE Supervisor and 3 FTE Interventionists Team: \$560,734

6. Proposal Narrative

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

6.1 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 foreign-born 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 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, Deaf/ASL). This information should include the

use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to: addressing other language accessibility needs (Braille, limited reading skills); service descriptions and promotional material.

Recovery Values

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.

6.2 Agency Organization and Qualifications

a. Provide a brief summary of your agency, the services for which you are licensed and provide, and the population(s) you serve, including the demographic makeup of the population using available data (race, ethnicity, gender, sexual orientation, language, etc.) and how this data informs policies, service provision and staff recruitment. Outline how these services demonstrate your experience and qualifications for operating an HBCI program. Specify the catchment area that the proposed HBCI program will serve.

i. Provide your agency mission statement. Include a mission for this specific project which includes information about the intent to serve individuals from marginalized/underserved populations.

b. Describe the approach to collaboration with the Local Governmental Units of the intended county or counties you propose to serve. Include the names and titles of the county personnel with whom you shared plans and/or discussed.

c. Describe your organizational structure and administrative and supervisory support for clinical mental health and/or children's services. Include your governing body, and any advisory body, structure that supports your organization and effective service provision.

- i. Identify the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality and treatment outcomes. Include their title, organizational position, and qualifications for the role.
 - ii. Include information on any of your organizations committees/workgroups that focus on efforts to reduce disparities in access, quality and treatment outcomes for marginalized/underserved populations.
- d. If your agency provides crisis services, please provide information specific to each crisis service, including population served, clinical approaches and outcomes. Describe how you would plan to work collaboratively with HBCI teams to ensure the effective transition for children and their families to this community-based service. If your agency does not provide any crisis services, please provide information about how your program would coordinate with community providers of mental health crisis services,

6.3 Population Experience

- a. Describe your understanding of the service needs of children/youth and their families who are experiencing behavior health challenges and intellectual and/or developmental disabilities in a family setting, and your ability to coordinate services with both internal and external providers and community resources. Include clinical approaches and/or best practice in treatment and care children/youth with behavioral health challenges and intellectual and/or developmental disabilities, and their families, who require intensive intervention in order to avoid hospitalization.
- b. Describe your experiences in delivering services that are family-driven, youth guided, strength based and developmentally appropriate. Specify your experience in providing services to children and youth with diagnosed developmental disabilities and co-occurring mental health diagnoses. Outline how you operationally integrate these principles into practice when you provide services to children and their families. Include your experience in engaging children/youth and their families that have not adequately engaged or responded to treatment in more traditional settings.

6.4 Program Development

- a. Describe how you will deliver the HBCI services that comprehensively address the needs of children/youth across multiple life domains, including within the family, school, medical, behavioral, psychosocial, and community domains. Include relationships that you currently have or will develop with providers in each of those domains. Specify your delivery of crisis intervention services face to face in the community; in recipients' homes, schools, and any other relevant community spaces.
- b. Describe the plan for the HBCI team's response to referrals; it is expected that HBCI staff will have in-home contact with families within 48 hours of the receipt of the referral. Specify your experience in providing services to children and youth with diagnosed developmental disabilities and co-occurring mental health diagnoses, including work with individuals with limited verbal skills who may use assistive devices such as letter boards or smart phone apps for communication.

- c. Describe the HBCI team's approaches or tools that will be used to conduct individual and family assessments and the development of a person- and family-centered plan of care. Including the process of identifying behavioral strengths, barriers to achieving goals, service needs, and how identified interventions are directly tied to needs. Specify your experience in providing services to children and youth with diagnosed developmental disabilities and co-occurring mental health diagnoses.
- d. Describe your experience and ability to provide integrated, team-oriented, family- based approaches to treatment, to the age range of the youth identified. Include your capacity to align and coordinate multiple treatment/service interventions and service providers to the goals outlined in a treatment plan. Specify your experience in providing services to children and youth with diagnosed developmental disabilities and co- occurring mental health diagnoses.
- e. Describe the intent to serve 51 youth annually in the team. Provide historical and/or current data/information on the volume of youth in the county/counties who are likely to meet eligibility criteria to substantiate the team capacity. Include your plans for how you will ensure workforce capacity to support full staffing of your team in accordance with the model and 24/7 access to required emergency/crisis services.
- f. Describe the approach that will be used to ensure the successful transition of children/youth off the HBCI team to other community-based services. Describe discharge criteria, policies, and procedures to ensure collaboration with community-based providers and processes for maintaining continuity of care. Describe how the HBCI team will respond to crises and describe the plan for 24/7 support and crisis response. Clarify what hours and circumstances the HBCI team could respond to crises in person, and hours and circumstances the HBCI team could respond to crises via phone. Specify if the program's on call system will be a rotating model or if Interventionists will provide 24/7 support for their own caseloads.

6.5 Program Implementation

- a. Describe how the agency will create a physical space that supports the HBCI team(s) and its work and information about other supports the agency will provide for the HBCI team relative to equipment and administrative oversight.

- b. Provide HBCI staffing plan.

Include a description of the roles and responsibilities of each staff member. Indicate the specific skills and level of experience expected of each staff member. Detail how you will meet the staffing requirements according to the HBCI Program Guidelines.

- c. Describe your marketing approach and demonstrate how your organizational capacity to recruit, retain, train, and support an adequate level of professional and appropriately qualified staff to carry out programmatic duties. Include your efforts and strategies to recruit and retain staff from cultural groups that represent prevalent service users in your catchment area.

- d. Demonstrate how you will ensure that staff gain competencies in screening and assessment, System of Care; multi-systems approaches to involve the active coordination of care of the child/youth and family with multidisciplinary providers, agencies, community resources and supports, family therapy/family systems approaches consistent with the range of developmental stages of the children/youth to be served and family psychoeducation and treatment for trauma. Include how you will ensure training on topics related to diversity, inclusion, cultural competence and serving marginalized/underserved populations.

6.6 Utilization Review, Reporting, and Quality Improvement

- a. Describe your agencies' experience and approach to data collection and monitoring to inform service provision, including determining if children are receiving adequate services to meet their needs. Outline how this information is used to inform scope, frequency, duration of interventions in your services and programs. Outline your agency's standard quality assurance activities to demonstrate how you monitor the effectiveness of your services and programs. Describe how your procedures are used to ensure ongoing quality improvement.
- b. Outline your agency's standard quality assurance activities to demonstrate how you monitor the effectiveness of your services and programs. Describe how your procedures are used to ensure ongoing quality improvement. Describe how you incorporate key community entities, consumers, and their families in evaluating your approaches to ensure they reflect considerations for cultural competence and language access. Include how this informs your equity and inclusion plan.
- c. Describe your proposed approach to self-monitor this program in order to ensure ongoing quality improvement for the HBCI team. Include how you plan to implement utilization review including at what frequency, how you plan to analyze utilization review findings, how you plan to implement recommendations and measure changes. Teams are required to implement OMH-provided resources such as fidelity tools and monitoring dashboards as they are developed.

6.7 Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B). Refer to Section 5.5 for Net Deficit funding that is available annually. Note that administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.
- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1) which should include the following:
 - 1. detailed expense components that make up the total operating expenses;

2. the calculation or logic that supports the budgeted value of each category;
and,
3. description of how salaries are adequate to attract and retain qualified employees.