Intensive and Sustained Engagement Teams Questions and Answers

1. The RFP indicates that "INSET teams are designed to support individuals of at least 18 years of age labeled as “high risk” or with “complex mental health needs”, who are currently in or have recurrent encounters with emergency department, inpatient, crisis, and/or forensic settings. These individuals may be described by traditional systems as having chronic, serious, or long-term mental illness, substance use, complex and compounding health and wellness needs and a lack of ongoing and consistent access to care that is supportive. The program also aims to conduct outreach and engage with individuals historically and currently marginalized from traditional services." Can our INSET Team ***exclusively*** serve individuals who are formerly incarcerated/impacted by the criminal legal system, so long as they meet the criteria listed above?

Answer: No – While INSET *can and should* engage individuals who are impacted by the criminal legal system and formerly incarcerated, this program has a broader focus. It is important to ensure INSET also reaches people who may not have had experiences with incarceration and the criminal legal system because the program can support individuals who may be at risk to avoid these experiences, altogether. This would be an appropriate criterion for a Forensic INSET team, which we are not currently procuring.

2. On the Grants portal, should we upload the LGU approval separately, or include it with the proposal narrative?

Answer: There is a provided question in SFS for you to upload your LGU approval separately.

3. Are we looking to have a team available 24/7 for this support separately from our stabilization center?

Answer: Yes. In your response to the RFP, please outline how 24/7 supports will exclusively support INSET participants in a way that is unique from existing services and supports and aligned with the peer-led INSET model. If existing resources are utilized, it is crucial that

these resources not be duplicative of or funding a separate program/service, and they must be consistent with the INSET engagement approach. For instance, if your program has a 24/7 phone number that INSET participants would also be directed to use, how are they directed to support that is unique to this service and what does that look like?

4. If one of the two required Social Worker positions is supervisory, does this meet the project requirements?

Answer: No. If a clinical staff member is identified as the supervisor, they shall also be someone who identifies with and has obtained their New York Peer Specialist Certification. It is crucial that teams are supervised and directed by peer specialists to ensure consistency with a peer-led model. Peer-run programs such as INSET shall have peer workers in decision-making positions. It is also important to note that while there are two clinical positions on the multidisciplinary peer-led INSET team, one of these positions is required to be a Nurse Practitioner to support individuals with their overall health and wellness goals. The other position is set aside for either a licensed social worker (LMSW) or mental health counselor (LMHC).

5. Is there a recommended structure to ensure eligibility with the primary applicant as a not for profit collaborating with an established peer organization partner providing the peer components such as leadership of the INSET team by a Peer Team Leader and four FTE peer support specialists? For example, does a subcontracting approach meet the eligibility criteria? Or do you have other suggestions?

Answer: A structure that ensures the INSET team is led by peer specialists is necessary. Otherwise, there is no requirement that the organization applying be a peer-run organization for this RFP. It should be clearly outlined in the application responses how the proposed structure will place peer specialists in decision-making authority and supervisory positions and the following staffing structure is adhered to:

- 1 Peer Team Leader
- 4 FTE Peer Specialists
- 1 family liaison
- 2 clinical staff comprised of:

- Licensed social worker (LMSW) **or** Licensed mental health counselor (LMHC);
- **And** a Nurse Practitioner (NP)

Sub-contracting with a peer-run organization can be very beneficial toward this end, while not required.

6. Is it possible that the contract will be renewed after the initial five-year term?

Answer: Yes. The contract may be renewed pending the continued availability of state funds and assuming the entity meets all required deliverables and program design.

7. The RFP describes individuals served as "high risk" or with "complex mental health needs" and then goes on to describe examples. Please clarify.

Answer: The INSET program has broad criteria for participant eligibility with the goal of supporting individuals in avoiding negative systems involvement such as recurring involuntary inpatient or outpatient treatment or criminal legal systems involvement or stepping down from services. For this reason, teams may engage people with a variety of backgrounds and experiences who may be at risk of these outcomes and who indicate they would benefit from intensive peer-led engagement and/or who have not benefitted from more traditional or clinical services. Please refer to examples provided in the RFP.

8. Do all individuals served need to have serious mental illness? For example, can the complex needs be substance use disorder combined with recurrent emergency room presentations? Or complex medical needs being discharged from forensic settings?

Answer: INSET teams are intended to support individuals who have experience in the adult mental health system although there is sometimes overlap.

9. Are some diagnoses precluded i.e. intellectual and developmental disabilities with or without mental illness?

Answer: Please see answer to question 8.

10. In the required plan for sustainability, are you asking how we will pursue funding after the initial funding ends?

Answer: Please indicate any plans such as pursuing additional funding if needed. Please also note the response to question 6: The contract may be renewed pending the continued availability of state funds and assuming the entity meets all required deliverables and program design.

11. For the Peer Support Staff, what will be the background check requirements? Please note that peers may have a criminal record that would normally preclude them from employment at times, however, with the philosophy of wanting peer staff, will there be exceptions or different expectations regarding ability to pass background checks, especially for those who have a criminal record?

Answer: Background check requirements are defined by the entity operating an INSET program, not by the Office of Mental Health.

12. Do Peer Support Staff have to be certified peers at the time of hire, or can they be working on it with the expectation to complete it within a set time period?

Answer: Peer Support staff should be eligible for and demonstrate an ability to complete certification within a timeframe established by the entity operating the INSET. It is important to note that INSET peer staff are expected to engage individuals who may have experienced a good deal of distrust in systems and should be equipped to have difficult and nuanced conversations around topics typically framed as crises and this would typically indicate a higher level of experience from peer support staff.

13. For the Peer Support Staff, they must have a valid NYS Driver's License. What are the requirements for points on their license when running this background check?

Answer: As stated in question 11, OMH does not dictate criteria for staff such as whether or not they hold a valid NYS driver's license, undergo a specific background check, or have any such criteria such as a staff's driving status including points on one's license.

14. What is the expectation for the Nurse Practitioner regarding hours of work? Is this a full-time position, part-time position, or consultative? The sample budget on Page 6 of the INSET Program Manual suggests that this is consultative at a very low time commitment level. Is this the expectation?

Answer: OMH does not have specific work hours as a requirement of this RFP for the Nurse Practitioner and teams should remain flexible in their staffing practices and define hours to meet a community need. The NP should be able to meet participants to support their overall wellness practices. The only requirement in terms of FTEs is on peer staff.

15. What is the expectation for the Licensed Professional (either LMSW or LMHC) regarding hours of work? Is this a full-time position, part-time position or consultative? The sample budget on Page 6 of the INSET Program Manual lists this at a .75 FTE suggesting that it is not expected to be a full-time role. Is this the expectation?

Answer: Similar to question 14, there is no specific requirement for working hours for the role filled by either an LMSW or LMHC. Teams are encouraged to remain flexible in their staffing practices and define hours to meet a community need. The only requirement in terms of FTEs is on the peer staff.

16. The contract reads that the funding is the same over the entirety of 5 years. Are there any anticipated COLA increases that would come to the awarded agency that would enable them to retain employees through pay increases, or would the agency be expected to account for the same 800K every year and manage their own COLA increases?

Answer: OMH does anticipate COLA/TII increases each year however, these are not a guarantee and depend on what is approved in the Enacted Budget.

17. What has been successful in existing INSET services in the state (or in other areas) that you would like to continue with the selection of the newest INSET program?

Answer: Program guidance in the form of a program manual is published on the OMH website found here: https://omh.ny.gov/omhweb/advocacy-peer-support/inset/inset-program-manual.pdf

Organizations seeking to implement INSET should be aware that INSET is a non-clinical, peer-led program that meets people in ways and at times that is convenient to participants. INSET ultimately seeks to support individuals in finding and reaching their unique valued life goals that are not pre-defined by a set of standardized goal-setting tools set by OMH.

18. What are some items that have not been successful in the current INSET programs that you would like to see improved in the selection of a new INSET provider? What are some learnings that the existing INSET programs can share with the new INSET provider that would help it be successful more quickly?

Answer: Please direct your attention to successful elements outlined in question 17 as these will align with the program design. INSET programs will collaborate with the Office of Advocacy and Peer Support Services to identify any emerging program needs and address them. For more information, please visit the INSET webpage.

19. Are funds from one year able to be used in the following year if they are underspent or does the full amount of 800K have to be spent only in the year it applies to. (for example, if 780K is spent in the first year, is the 20K lost or can it be used in the following year for a total of 820K?)

Answer: No

20. Are there going to be any changes with the DEI language that is needed with the current federal administration?

Answer: OMH is committed to diversity, equity, and inclusion. Please refer to language in this RFP as well as in program guidance for current language utilized.

21. How is "peer" being defined in this context? What qualifies someone to serve in a peer role within an INSET? Similarly, how is "lived experience" being defined for these roles?

Answer: INSET Peer support staff would have or be eligible to obtain their New York Peer Specialist Certification as set forth by the standards of the New York Peer Specialist Certification Board: https://nypscb.org/

Staff can have varying lived experience and may even have more than one certification or credential; however, the only requirement is that they meet criteria for an NYCPS(-P).

22. The RFP underscores the importance of reporting program activity to OHM. What are the reporting requirements like (how frequent, what sort of data reported, etc.)?

Answer: Reporting requirements are outlined extensively in the existing program manual with specific attention to section 7 published on the INSET webpage

23. What happens if an agency is unable to maintain 30 enrolled participants/30 pre-enrolled participants at any given time?

Answer: This is where collaboration with the OMH INSET Program Team is beneficial. OMH can support you in navigating concerns about the ability to maintain 30 enrolled and 30 pre-enrolled participants, which may be the case in the initial phases of INSET team development. However, existing teams consistently have the ability to effectively meet with over 60 (total) individuals, so with historical context, teams are unlikely to experience constraints that would impact this number in the long-term.

24. Is there anticipated possibility for renewal/extension of the grant to ensure the INSET program continues after five years?

Answer: Yes. See response to question 6

25. What are the expected results/deliverables for participants an agency would be responsible to produce? I can see from the RFP that tailoring plans to each individual participant is key, but what are some tangible examples or overall goals toward which agencies/participants should strive?

Answer: Please see response to question 17 and refer to the INSET program manual.

26. What's the typical cadence of a successful peer meeting for INSET participants?

Answer: Meetings with INSET participants should be dictated by the participant.

27. What is a typical model for providing services as an INSET? Are there opportunities to provide participants with the option of social activities/group

meetings?Answer: The INSET model is outlined in the program manual.

28. What are examples of trainings INSET members would be expected to take? How long are typical training/courses for INSET members? Would an applicant agency be responsible for finding, creating, or providing the trainings?

Answer: INSET staff should maintain current knowledge of peer support best practices. Core and continuing curriculum can be found on the Academy of Peer Services website.

29. Are there recommended or required evidence-based practices that should inform the INSET approach?

Answer: See question 28. For more comprehensive information about this model and relevant practices, please see the program manual.

30. Is there a recommended ratio of Peer Specialists to participants to ensure quality engagement?

Answer: Please note that there are at least four (4) FTE peer staff and a minimum engagement expectation for the team of 60 individuals, with 30 in a pre-enrollment trust-building phase and 30 in the enrollment phase. Staff should be able to meet with participants at times and in places that is convenient to them, understanding that INSET includes sustained and intensive engagement, averaging approximately 4 or more meetings per month. Teams are guided to structure their staff accordingly, taking into account regional differences, such as access to transportation, technology, and more.

31. Will OMH provide standardized tools or frameworks for measuring participant progress and program impact?

Answer: Please note section 7 of the program manual.

32. Are there specific benchmarks or KPIs agencies should aim for beyond enrollment numbers?

Answer: Please note section 7 of the program manual.

33. How will OMH evaluate success across different INSET programs—qualitative feedback, quantitative metrics, or both?

Answer: OMH evaluates the success across INSET programs in different regions with a combination of quantitative and qualitative metrics and plans to implement participant satisfaction surveys. Please note section 7 of the program manual for more information about current program reporting needs.

34. What is the expected timeline for program launch after award notification?

Answer: Programs should propose a timeline inclusive of hiring, orientation and training, community engagement, and other elements required to launch the program with the knowledge that they will be expected to begin engaging prospective participants at or shortly after the receipt of a finalized contract and funding. OMH will support the entity in understanding and realizing these milestones in practice.

35. What specific information should be included in the notification of intent to apply to Local Government Units? Is there a timeframe by which notice of intent to apply must be given?

Answer: Question 6.1a asks "To receive the point for LGU notification, identified in section 4.1 Evaluation Criteria, please provide proof that LGU(s) were notified of your agency's Intent to Apply to this RFP (e.g., sent email, certified letter, etc.). A list of County Local Mental Hygiene Directors can be found here. "

The letter should state that your agency intends to apply for this funding opportunity as well as include the county/region you intend to serve if awarded funding.

36. According to 3.6 of the solicitation, applicants should consider SDVOBs [Service-Disabled Veteran Owned Businesses] for fulfillment of the Contract. Specifically, "OHM hereby establishes an overall goal of 0% for SDVOB [Service-Disabled Veteran Owned Business] participation, based on the current availability of SDVOBs" (p. 10). Is that goal of 0% accurate?

Answer: Yes.

37. According to 5.2, the INSET should be made up of a Peer Team Leader, 4 FTE Peer Specialists, 2 Clinicians (an NP and either LMSW or LMHC), and administrative staff (p. 16). Are these roles mutually exclusive? For example, do Clinicians serve as Peer Specialists? Could we receive more specifications about the expected size of staff for successful INSETs?

Answer: Teams can be flexible in their staffing practices with the knowledge that they must have an equivalent of four (4) full time peer specialists working with individuals in this capacity. Direct peer staff are expected to operate solely as peer staff.

38. Can the requirement for providing 24/7 support be met through on-call services? If so, can all of the team members provide the on-call services, or only specific roles?

Answer: Yes. If the on-call services are unique to INSET participants, are clearly defined, and meet the standards of the program model, 24/7 could be met through on-call services

with the caveat that the team should regularly when indicated and feasible make efforts to meet with participants outside of business hours.

39. What are the FTE expectations for the clinician roles? Specifically, can the NP position be part-time?

Answer: Please see staffing requirements outlined in the program manual. The only full-time equivalent requirements are of the Peer Support staff.

40. Is the family liaison a required position? It is listed in section 5.2, but not in section 5.3.

Answer: Yes. Please note the staffing pattern in the program manual.

41. We noticed a discrepancy in the RFP regarding staffing. Can you please clarify the staffing requirements for the team? It would be extremely helpful to have this information as soon as possible while we are developing our budget.
On Page 16:

5.2 Objectives and Responsibilities

The multidisciplinary INSET team is led by a Peer Team Leader and four (4) FTE Peer Support Specialists. The team also consists of a family liaison, two licensed professionals including and Licensed Master Social Worker (LMSW) or Licensed Mental Health Counselor (LMHC) and a Nurse Practitioner (NP), as well as administrative staff.

On Page 17:

5.3 Operating Funding

One award will be made in the amount of $800,000.00 per year, for each of five years. At a cost of $800K, it is anticipated that the community-based INSET team will engage with at least 60 individuals per month and be comprised of the following: peer team leader, 4 FTE certified peer specialists, and two clinicians, including an NP and either an LMSW or LMHC. INSET Peer Specialists will be offered competitive salaries

The above screenshot references section 5.2 Objectives and Responsibilities and section 5.3 Operating Funding.

Answer: Please note the staffing pattern described in the program manual. Teams are required to maintain a Peer Team Leader, four (4) FTE Peer Support Specialists, a family liaison, two clinical staff (LMSW or LMHC and NP), and administrative staff as indicated.

42. Section 5.2 (page 16) of the RFP states, "The multidisciplinary INSET team is led by a Peer Team Leader and four (4) FTE Peer Support Specialists. The team also consists of a family liaison, two licensed professionals including and Licensed Master Social Worker (LMSW) or Licensed Mental Health Counselor (LMHC) and a Nurse Practitioner (NP), as well as administrative staff." Section 5.3 (page 17) of the RFP states, "One award will be made in the amount of $800,000.00 per year, for each of five years. At a cost of $800K, it is anticipated that the community-based INSET team will engage with at least 60 individuals per month and be comprised of the following: peer team leader, 4 FTE certified peer specialists, and two clinicians, including an NP and either an LMSW or LMHC."
    - Is a Family Liaison a required FTE in the staffing plan?
    - Is an administrative staff a required FTE in the staffing plan?
    - Is 1.0 FTE Nurse Practitioner required in the staffing plan?
    - Can OMH please confirm the required FTE's in the staffing plan and the FTE's which must appear in the budget?
    - What is the total FTE of the team?
    - Is the Nurse Practitioner required to prescribe?
    - Will OMH permit the awardee to hire individuals with lived experience if they are working toward their Peer Support Specialist credential?
    - Is there a maximum number of counties that an applicant may propose to serve?

Answer: Please see response to question 41. Please note the staffing pattern described in the program manual. Teams are required to maintain a Peer Team Leader, four (4) FTE Peer Support Specialists, a family liaison, two clinical staff (LMSW or LMHC and NP), and administrative staff as indicated.

The Nurse Practitioner is not necessarily required to prescribe and should not act as someone's sole provider. The NP would ideally support someone in understanding and maintaining their overall health and wellness goals and might be available to prescribe in the event the individual needs a bridge between providers, for example.

Peer Specialists hired should have or be eligible to obtain their certification. With this said, please note that these staff should be equipped to handle sometimes challenging and nuanced conversations that might not be considered "entry level" so the staff coming in should demonstrate an ability to conduct themselves in a manner consistent with peer support values and principles in sometimes challenging situations in the community and without immediate team support.

There is no defined maximum number of counties an applicant may propose to serve. However, programs must describe how they will maintain sustained and intensive levels of engagement and be available to participants, increasing engagement during times of increased distress. The applicant's program design, including capacity to reach various regions, shall not hinder the overall intention of the INSET model.

For more on these questions, please refer to the INSET program manual.

43. Section 5.2 (page 16) of the RFP states, "INSET teams are required to engage with at least 60 individuals per month. This number accounts for 1) intensive outreach teams conduct with approximately 30 individuals per month to build trust prior to potential INSET enrollment and 2) engagement with at least 30 enrolled participants per month."
    - Are intensive outreach contacts made with the same individual unduplicated or duplicated in the 30 count?
    - Would multiple outreach contacts with the same individual be counted as one outreach contact for the month?

Answer: Outreach contacts are unduplicated. For instance, staff would connect with one individual in the intensive outreach phase several times per month but be counted as one contact. This is why the engagement numbers are counted as "individuals" and not "contacts". Teams track the number of contacts made to individuals in the outreach and engagement phase, which make up the average number of contacts defined in the program manual. However, for these numbers, the RFP is referring to the number of people who are engaging with the team, not the number of contacts being made.

44. Is the $800,000 budget exclusively state aid?

Answer: Yes

45. Are letters of support from the LGU permitted to be submitted with the application?

Answer: There is a provided upload space in SFS that you may use to submit your LGU letters.

46. Question 6.3o asks, " Describe the plan for the continued sustainability of the program." Does this question refer to sustainability after the five-year term ends?

Answer: Yes. Please also refer to questions 6 and 10 for more information.