



Crisis Intervention Teams (CIT) and Adjacent System Transformation Programs

RFP#MH253023

Questions & Answers

Q1. Can the State please clarify whether this funding opportunity is reserved for SDVOBs or whether other agencies are eligible to apply? The funding opportunity ad on New York State Contract Reporter states, "This opportunity is reserved for SDVOBs only. Only NYS Certified SDVOBs are allowed to respond to this opportunity." However, page 3 of the RFP states, "Eligible applicants are not-for-profit agencies with 501(c) incorporation." There is also no SDVOB requirement listed under 3.6 ("Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses") on page 11 of the RFP. A1. This is a mistake. There is a checkbox that was NOT checked off when creating the ad, so it was mistakenly indicated that this opportunity is open to SDVOBs only on the NYSCR ad. This was corrected in the ad itself, and announcement was made on OMH's website where the RFP is posted to clarify.

Q2. Contract and Funding Start Date - Section 2.2 lists the anticipated contract start date as July 1, 2027, while Section 5.3 states that the annual award will begin January 1, 2027, and end December 31, 2029. Can OMH please clarify the anticipated start and end dates for the contract and the corresponding funding periods? A2. The contract start date is July 1, 2027. Contracts will be for a 3-year term ending June 30, 2030.

Q3. Adjacent Systems Transformation - The RFP refers throughout to "adjacent systems transformation work." Can OMH provide some additional guidance on what is intended by this term beyond the specific initiatives identified in the RFP, such as MAP, 911 Diversion, CIT for Youth, Mental Health First Aid for Public Safety, and training for non-law-enforcement responders? A3. "Adjacent systems transformation work" refers to efforts aimed at improving training and cross-system connections between law enforcement and the broader crisis response system so that when law enforcement is the first responder for individuals experiencing a behavioral health crisis officers have the enhanced training and community resource knowledge to ensure individuals are directed to appropriate care. This includes strengthening community partnerships, establishing multi-disciplinary steering committees, conducting system mapping (using the Sequential Intercept Model), identifying service gaps, and integrating alternative response pathways such as peer support, family services, and community-led programs.

Q4. Additional Systems Transformation Trainings - Section 5.2 states that the awardee will provide at least 12 additional system transformation-related trainings each year. The Training Deliverables table also identifies annual requirements for 911 Diversion, CIT for Youth, Mental Health First Aid for Public Safety, non-police first responder training, and additional Train-the-Trainer courses. Are the 12 systems transformation trainings intended to include these activities, or are 12 additional trainings expected beyond those already identified in the table? A4. The 12 additional systems transformation-related training per calendar year are intended to be drawn from the menu of options listed in the "Additional In-Service Training Programs" section (such as 911 Diversion, CIT-Y, MHFA-PS, non-police first responder training, and additional TTT). The "at least 12" is the mandatory minimum annual requirement, while the table outlines the maximum anticipated volumes for each specific training type (totaling up to 16) that may be delivered based on local mapping, data collection, and technical assistance needs.



Q5. Please clarify the requirement for developing a curriculum for non-police first responders. Pages 21-22 note that the applicant “should expand CIT initiatives by developing and piloting a curriculum for non-police first responders.” Our understanding is that this is what CREST NY is contracted to do. Relatedly, 6.3 a (p. 26) asks “What efforts will be made to ensure that trainings and technical assistance made available through the OMH program are not duplicative of training resources available through other OMH funded training partners?” A5. The development and conducting a pilot of any training for non-police first responders is intended to be an option for adjacent crisis system transformation work and is not a requirement. The development and implementation of any CIT related training is intended to meet the local needs identified during the system mapping and technical assistance processes for the selected CIT jurisdictions. To ensure no duplication of resources, the awardee must coordinate closely with OMH's Diversion Center and other OMH-funded training partners as needed. A finalized list of active training partners and coordination protocols will be provided as needed for the awardee upon contract implementation.

Q6. Coordination with Other OMH-Funded Training Partners - Section 6.3(a) asks applicants to describe how they will coordinate with other OMH-funded training partners and avoid duplicating existing resources. At the same time, the RFP asks the awardee to develop and provide training for non-police first responders and other crisis-adjacent professionals. How does OMH envision these responsibilities being coordinated when the work of the awardee may overlap with training or technical assistance already being provided by another OMH-funded partner? Can OMH provide a list of other anticipated training partners? A6. OMH envisions the awardee acting as a collaborative partner within the NYS crisis response training network. The awardee will participate in coordination meetings facilitated by OMH's Diversion Center to align efforts as needed. A finalized list of active training partners and coordination protocols will be provided as needed for the awardee upon contract implementation.

Q7. MAP Expansion - Section 5.2 states that MAP currently operates in 12 jurisdictions and that the awardee will develop the program in up to five additional jurisdictions over the three-year contract, bringing the total to 17. However, the Systems Transformation Program Expansion table appears to call for five additional MAP sites per year, or 15 over the three-year contract. How many new MAP jurisdictions should applicants plan for each year and over the full three-year contract? A7. This is an addition error. The total number of potential jurisdictions should be 27. The awardee will be responsible for maintaining the 12 current Mobile Access Programs (MAP) jurisdictions and developing up to five (5) additional jurisdictions a year over the course of the three-year contract, with the maximum number of MAP jurisdictions to 27. Budgets should be built to support the maintenance of the 12 existing jurisdictions and the gradual phase-in of up to 5 new jurisdictions per year (totaling 27).

Q8. MAP Equipment and Technology Costs - The RFP states that the awardee will be responsible for maintaining MAP equipment, data service, and the virtual health care platform for both current and newly added jurisdictions. Should applicants budget for all of the ongoing technology costs associated with MAP, including replacement equipment, cellular/data plans, platform licensing, repairs or replacement, and technical support for all participating jurisdictions? A8. Yes. Applicants must budget for all ongoing technology costs associated with the MAP program within their annual proposal. This includes cellular/data plans, virtual healthcare platform licensing, and necessary equipment maintenance, repairs, or replacements for both the 12 existing jurisdictions and the up to 5 newly added jurisdictions per year.



Q9. 911 Diversion Training - Section 5.2 describes 911 Diversion Training as an eight-hour virtual course delivered in two four-hour sessions on consecutive days. Is this intended to be the required delivery model under the new contract, or is there flexibility to provide the training in person or in another format based on the needs of the participating jurisdiction and with OMH approval? A9. Virtual course delivery will not be the requirement.

Traditionally, this training has been provided in-person, but OMH will consider proposals for a variety of effective training delivery formats on a case-by-case basis during the contract, subject to the needs of the participating jurisdiction and prior approval from OMH's Diversion Center.

Q10. Statewide CIT Conference/In-Service Day - Section 5.2 appears to describe a statewide CIT conference or in-service day occurring once per year, for a total of three over the contract period. The Training Deliverables table, however, appears to list three per year while also listing three over the life of the contract. Can OMH clarify the expected number of statewide CIT conferences/in-service days each year and over the three-year contract? A10. The statewide CIT conference or in-service day is expected to occur up to **one (1) time per year**, for a total of up to three (3) events over the three-year contract term.

Q11. Statewide Geographic Scope — New York City - The RFP repeatedly refers to a “statewide CIT program” and “statewide CIT initiative.” Does the geographic scope of this contract include New York City and its five boroughs? A11. No, it does not include New York City and its five boroughs.

Q12. Statewide and Local Data Measures - The RFP requires participating CIT jurisdictions to collect a minimum of three data elements selected in consultation with the awardee. Does OMH anticipate identifying a core set of measures that would be collected consistently across participating jurisdictions, with additional measures selected locally, or will each jurisdiction identify its own three or more measures in consultation with the awardee? A12. OMH, in collaboration with BFERDA and the awardee, will establish a core set of recommended data elements to promote consistency across the state. However, jurisdictions will have the flexibility to select their specific minimum of three data elements in consultation with the awardee to ensure the measures are relevant to their local systems and data collection capacities.

Q13. Costs Included Within the Annual Award - Section 5.3 identifies annual funding of \$747,360. The Scope of Work includes a significant number of required activities and associated expenses, including training, technical assistance, program and curriculum development, consultants, travel, MAP equipment and technology, data collection, and administrative responsibilities. Should applicants assume that all costs associated with the required deliverables must be supported within the \$747,360 annual award, or are there any required expenses, reimbursements, technology costs, or other program costs that will be funded separately by OMH? A13. No separate or additional funding will be provided by OMH for these activities.

Q14. Can OMH confirm the project start date? Section 2.2 indicates a start date of 7/1/27 but section 5.3 indicates a start date of 1/1/27. A14. See A2.

Q15. Please identify or provide the OMH policies, procedures, directives, and guidance documents that are applicable to contractor performance under this agreement. A15. The selected contractor must comply with OMH's Contract for Grants standard terms, the Community Mental Health Services Block Grant guidelines, the NYS OMH Federal Certification, submission of quarterly expenditure reports and standard Consolidated Fiscal Report (CFR) reporting rules



(specifically using Program Code 041Z). Specific programmatic guidelines and data security policies will be provided to the awardee upon contract execution.

Q16. The RFP indicates that, “All trainings and materials generated under this contract will be the sole property of the NYS Office of Mental Health.” If the contractor uses its own, already developed and copyrighted intellectual property to provide some of the services requested by OMH, is the expectation that OMH will have rights to those materials as well? What about if modifications are made to existing IP to fit the needs of the program while still maintaining the core/integrity of the original material? A16. Pre-existing intellectual property (IP) owned by the contractor prior to the contract remains the property of the contractor. However, by submitting a proposal, the contractor grants New York State a perpetual, royalty-free, non-exclusive license to use, reproduce, and distribute any such pre-existing materials or modifications thereof delivered under this contract. All newly created materials developed specifically using contract funds will be the sole property of NYS OMH.

Q17. Does the available funding of \$2,242,080 over three years (\$747,360.00 annually) include the "maximum of \$187,500 per year" in payments to police departments referenced on page 20 of the RFP, or are those funds held separately and simply administered by the awardee? A17. Yes, the maximum of \$187,500 per year for police department reimbursements must be funded *within* the annual operating award of \$747,360.00. It is not funded separately.

Q18. If the statewide CIT conference or in-service day is held in person, is the awardee expected to provide fiscal support for the meeting, or does OMH provide support? A18. The awardee is expected to cover the operational and logistical costs of the statewide CIT conference (such as venue rental, virtual platform fees, materials, and speaker compensation) within the annual \$747,360.00 grant award. OMH does not provide separate funding for this event.

Q19. Is OMH able to provide guidance on the length or formatting conventions for the technical proposal? A19. A proposal template is provided in the “Event Comments and Attachments” Section of SFS. Applicants should use the provided template to answer the questions posed. There are no character limits or page limits.

Q20. Is the state supporting the stance that CIT should exist as the sole crisis response in the community or is OMH’s perspective that CIT should be coupled with co-responder programs and/or mobile crisis because CIT alone does not satisfy all BH crisis needs in the community? A20. This is outside the scope of the questions in this RFP.

Q21. Please clarify the anticipated contract start date and three-year contract period. Section 2.2 identifies an anticipated start date of July 1, 2027, while Section 5.3 states that funding begins January 1, 2027 and ends December 31, 2029. A21. See A2.

Q22. Please confirm whether the CIT officer reimbursement costs of up to \$187,500 annually are expected to be funded within the \$747,360 annual operating award, or whether separate funding will be made available for these reimbursements. A22. See A17.

Q23. Are costs associated with maintaining MAP equipment, data service, and virtual health care platform licenses for current and newly added MAP jurisdictions expected to be included within the \$747,360 annual award? If so, can OMH provide historical or current annual costs for these items to support consistent budgeting among



applicants? A23. Yes, all costs associated with maintaining MAP equipment, data services, and platform licenses must be included within the \$747,360.00 annual award. OMH cannot provide historical cost data at this time; applicants should research and estimate standard commercial rates for cellular data plans, iPad maintenance, and HIPAA-compliant telehealth platform licensing for their proposed budgets. The cost of the data plans and maintenance is around \$25,000.00 annually.

Q24. To assist applicants in estimating staffing and operating costs, can OMH provide the current number of active and past CIT jurisdictions expected to receive technical assistance under this contract, as well as historical annual utilization of technical assistance services? A24. There are CIT programs in 41 counties with varying levels of technical assistance needs. Historically the requests for technical assistance have been limited. Applicants should plan to provide ongoing technical assistance to all prior and newly awarded sites. Current work and newly awarded sites take priority to any technical assistance needs for past sites.

Q25. Section 5.2 states that the awardee will provide at least 12 additional systems transformation-related trainings per calendar year, while the Training Deliverables table identifies up to 16 additional in-service trainings annually. Please clarify the minimum number of additional trainings applicants should budget and staff for annually and whether the individual program quantities shown in the table are required minimums or maximum anticipated volumes. A26. The awardee must deliver a minimum of 12 additional systems transformation-related trainings per calendar year. The quantities listed in the Training Deliverables table represent the maximum anticipated volumes for each specific training type. The exact mix and volume of trainings will be finalized annually in collaboration with OMH's Diversion Center based on local needs.

Q26. Please clarify the required frequency of the CIT Statewide Conference/In-Service Day. Section 5.2(f) states that it may occur up to one time per year, while the Training Deliverables table lists three trainings per year and three over the life of the contract. A26. See A10.

Q27. What existing OMH-owned curricula, training materials, implementation tools, data collection tools, TA resources, and program records will be transferred to the selected awardee at contract start? Will the selected awardee also receive historical program and evaluation data for existing CIT and MAP jurisdictions? A27. Yes, OMH will facilitate the transfer of existing OMH-owned curricula, training materials, and historical program/evaluation data for active CIT and MAP jurisdictions to the selected awardee upon contract execution to ensure a seamless transition.

Q28. Please clarify the respective roles of the awardee and OMH in developing the annual CIT RFA, establishing selection criteria, scoring applications, making final selection decisions, and issuing award notifications. Will OMH provide an existing RFA, scoring rubric, application platform, and/or selection procedures for the awardee to adapt? A28. The awardee is responsible for adapting the existing CIT application for jurisdictions in collaboration with OMH as needed. The awardee will issue the CIT RFA, manage the application platform, and coordinate the scoring process. OMH will collaborate on the selection criteria, participate in scoring, and make the final selection decisions in concert with the awardee. OMH will provide the awardee with historical RFA templates and scoring rubrics to adapt as needed.

Q29. Will OMH provide the data collection and reporting platform/tool to be used by the awardee and participating jurisdictions, or should applicants budget for development and maintenance of a data collection system? If an existing



tool is used, can OMH describe the tool and the awardee's anticipated responsibilities for administration, user support, data management, and reporting? **A29.** OMH's Diversion Center and BFERDA will provide the designated data collection guidelines and reporting templates. The awardee is responsible for collecting, aggregating, and submitting this data to OMH. Applicants do not need to budget for the development of a new proprietary database system but must ensure their IT infrastructure can support secure data storage and transmission.

Q30. Please clarify whether OMH's ownership of trainings and materials generated under the contract applies only to materials newly developed with contract funds and excludes pre-existing intellectual property, proprietary methodologies, tools, curricula, and materials owned by the contractor or its subcontractors prior to contract execution. A30. See A16.

Q31. Can OMH provide additional detail regarding the expected intensity and frequency of ongoing technical assistance to participating CIT sites (e.g., minimum number of consultations, coaching sessions, site visits, or learning collaboratives per site per year)? A31. The intensity of technical assistance (TA) will vary based on site readiness and maturity. At a minimum, the awardee should plan for monthly check-ins with active sites, attendance at one steering committee meeting per site in their first year, and prompt response to ad-hoc TA inquiries.

Q32. Can OMH provide examples of activities that it considers within the scope of "adjacent system transformation" beyond traditional CIT implementation? A32. OMH will consider proposals for a variety of effective trainings or in-service programs which further cross-system collaboration or improve knowledge of service providers and/or first responders. Examples of adjacent system transformation activities include establishing 911 dispatch diversion training; implementing law enforcement telehealth programs (like MAP); developing non-police alternative training or in-service development and delivery.

Q33. Can OMH provide estimated annual participant volumes for each training deliverables listed on page 22 and 23? A33. For the 40-hour CIT training, the class size is capped at 25 officers per session (up to 125 officers annually across 5 classes). For other trainings (e.g., 911 Diversion, CIT-Y, MHFA-PS, non-police first responders), class sizes typically range from a minimum of 10 to a maximum of 30 participants per session, depending on local jurisdiction needs.

Q34. Will OMH provide standardized performance measures and reporting templates, or is the contractor expected to develop proposed performance metrics and reporting methodologies? A34. OMH will provide standardized reporting templates and core performance measures. The contractor will be expected to work collaboratively with OMH's Diversion Center and BFERDA to refine these metrics and develop specific data collection methodologies.

Q35. Should proposers assume statewide in-person coverage for all regions of New York, including rural and frontier counties, or will OMH support prioritization of virtual technical assistance where appropriate? A35. Proposers must plan for statewide coverage, including rural and frontier counties. While certain deliverables (such as the 40-hour CIT training and SIM mapping) must be delivered in person, OMH supports the strategic use of virtual platforms for technical assistance, follow-up consultations, and 911 Diversion training where appropriate and approved.

Q36. Does OMH anticipate allocating training and TA resources proportionally across all regions, or based on site readiness, need, and program maturity? A36. Resources will be allocated based on site readiness, local need, and



program maturity, rather than geographic distribution. The awardee will work with OMH to prioritize TA requests by jurisdictions.

Q37. Are you able to provide the proposal template and any other attachments/templates on the OMH website along with the RFP? A37. No, all templates and attachments are available in the "Event Comments and Attachments" section of SFS.

Q38. Section 2.2 lists an anticipated contract start date of July 1, 2027. Section 5.3 states that one award will be made in the amount of \$747,360.00 annually starting January 1, 2027, and ending December 31, 2029. Section 3.4 further notes that OMH reserves the right to modify the first period to coincide with the applicable fiscal period. Please confirm the intended contract start date and whether Year 1 of the budget should be built as a full twelve-month period or a partial period. A38. See A2. The budget should be built as a full twelve-month period.

Q39. The RFP describes good-faith efforts related to MWBE and SDVOB participation but does not appear to specify numerical participation goals. Could OMH please clarify whether specific MWBE or SDVOB participation goals will apply to this award? If so, could OMH provide the applicable percentages and indicate the cost base against which those percentages should be calculated? A39. While there are no set mandatory percentage goals established for this specific grant, contractors are required to document "good-faith efforts" to utilize certified MWBEs and SDVOBs as subcontractors and suppliers for any expenditures exceeding the thresholds outlined in Sections 3.5 and 3.6.

Q40. Section 3.7 references a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement. Please confirm if completion of OCSD-1 M/WBE PARTICIPATION / EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT will satisfy this requirement. A40. Yes, submission of the standard NYS form OCSD-1 (M/WBE Participation / Equal Employment Opportunity Policy Statement) will satisfy the policy statement requirement at the time of proposal submission.

Q41. Because applicants are instructed to submit an annual budget of \$747,360, could OMH provide additional information about how the 20-point Financial Assessment will be evaluated? For example, will the assessment consider factors such as cost reasonableness, allocation of resources, completeness, and alignment between the budget and budget narrative? A41. The 20-point Financial Assessment will evaluate the completeness of Appendix B, mathematical accuracy, compliance with the 15% indirect cost cap (or active NICRA), adherence to GSA travel rates, and the clarity and reasonableness of the budget narrative (including the logic supporting cost calculations and salary adequacy).

Q42. Section 5.1 states that all trainings and materials generated under this contract will be the sole property of NYS OMH. Please clarify whether this provision applies only to materials newly created under the contract, or whether it also extends to an applicant's pre-existing curriculum and intellectual property adapted for use under the contract. Please also clarify how the provision applies to third-party licensed curricula, such as Mental Health First Aid Public Safety, which the applicant cannot assign. A42. OMH's ownership of materials applies only to newly developed curricula and resources created specifically under this contract. It does not apply to pre-existing proprietary intellectual property or third-party licensed curricula (such as Mental Health First Aid), which remain subject to their respective licensing agreements.



Q43. Section 5.2 indicates that the statewide CIT conference or in-service day may occur up to once per year, for up to three events during the contract. The Training Deliverables table appears to list three A46 events per year and three over the life of the contract. Could OMH please clarify the anticipated number of statewide CIT conferences or in-service days per year and over the full contract term? A43. See A10.

Q44. The annual quantities listed in the Training Deliverables table appear to total 31, while the stated total is 29. If the statewide CIT conference or in-service day is anticipated to occur once annually, the quantities would total 29. Could OMH please clarify the annual and three-year quantities applicants should use when developing their proposals and budgets? A44. The annual total of 29 in this table is correct, based on the expectation of one (1) statewide CIT conference/in-service day per year. The table's listing of "3" under the annual column for the conference was a typographical error.

Q45. Several activities in Section 5.2 are described as occurring "up to" a specified number, while the Training Deliverables table lists annual quantities without that qualification. For consistent proposal and budget development, should applicants plan for all quantities shown in the table, or plan for maximum capacity with the specific mix and volume to be determined in collaboration with OMH during the contract? A45. Applicants should build their proposals and budgets to support their maximum capacities outlined in the Training Deliverables table. Twelve trainings is the mandatory minimum performance threshold. The specific mix and volume of additional in-service trainings delivered will be finalized in collaboration with OMH's Diversion Center during contract performance based on local demand.

Q46. Section 5.2 calls for at least 12 additional systems-transformation-related trainings per calendar year. The maximum quantities listed for 911 Diversion, CIT for Youth, MHFA–Public Safety, non-police first responders, and the additional Train-the-Trainer course could total as many as 16 annually. Could OMH please clarify whether applicants should plan for 12 trainings, up to 16 trainings, or all quantities listed in the table? Would a statewide CIT conference or in-service day count toward the annual minimum of 12? A46. See A46. The statewide CIT conference does not count toward the annual minimum of 12 additional systems-transformation-related trainings.

Q47. The MAP narrative indicates that the awardee will develop the program in up to five additional jurisdictions over the three-year contract, resulting in as many as 17 total jurisdictions. The accompanying table appears to list five sites per year and 15 over the contract term. Could OMH please clarify the number of new MAP jurisdictions applicants should anticipate supporting each year and over the full contract? Could OMH also clarify what the figure of 15 in the table represents? A47. See A7. The awardee will support the 12 existing MAP jurisdictions and develop the program up to five (5) additional jurisdictions over the course of the three-year contract (bringing the total up to 27 possible sites). The table's reference to "15" references the possible total number of new MAP sites over the contract term.

Q48. Section 5.2 indicates that the awardee will reimburse police departments \$1,500 for each officer completing CIT training, for up to 25 officers in each of five classes annually, with a stated maximum of \$187,500 per year. Should applicants include these reimbursements within the annual award of \$747,360, or will separate funding be available for this purpose? If the reimbursements are included within the annual award, should applicants budget the full maximum amount each year? A48. See A17. The officer reimbursement costs (up to \$187,500 annually) must be included within the annual award of \$747,360.00. Applicants must budget the full maximum amount of \$187,500 each year to ensure funds are available to support up to 25 officers across 5 classes.



Q49. To assist applicants in estimating the resources needed for data collection and reporting, could OMH provide any currently available information about anticipated data elements, reporting frequency, file formats or systems, privacy and security requirements, and record-retention requirements? Will the awardee receive or maintain individual-level protected information? Additionally, does OMH anticipate providing a common data platform, or should applicants include a data platform or system in their proposed budgets? A49. The awardee will collect aggregated, program-level data rather than individual-level protected health information (PHI) or personally identifiable information (PII). OMH will provide standardized reporting templates and data security guidelines. Applicants do not need to budget for a proprietary data platform.

Q50. To assist applicants in estimating the anticipated technical-assistance workload, could OMH provide the approximate number of current and past CIT sites, MAP jurisdictions, and other localities expected to receive ongoing support during the contract? Are there anticipated minimum expectations for the frequency, duration, or format of technical assistance provided to each site? A50. The awardee will support 12 existing MAP jurisdictions, up to 5 new MAP jurisdictions, and 5 new CIT jurisdictions awarded each year (up to 15 total over the contract). Technical assistance expectations include monthly check-ins, annual steering committee attendance, and ad-hoc support as needed.

Q51. For planning and budgeting purposes, could OMH provide the anticipated minimum and maximum class sizes, if established, for CIT, CIT Train-the-Trainer, CIT for Youth, 911 Diversion, MHFA–Public Safety, and non-police first-responder trainings? A51. The maximum class size for the 40-hour CIT training is 25 officers. For other courses (such as 911 Diversion, CIT-Y, MHFA-PS, and non-police first responder training), class sizes typically range from a minimum of 10 to a maximum of 30 participants to ensure interactive and effective learning environments.

Q52. For purposes of developing a complete training budget, could OMH clarify whether the awardee is expected to cover participant lodging, meals, travel, accessibility accommodations, continuing-education credits, or interpreter services? If so, are there anticipated quantities or cost assumptions that applicants should use? A52. No, the awardee is not expected to cover travel, lodging, or meal costs for training participants. The \$1,500 reimbursement per officer is intended to help local police departments offset their own staffing and overtime costs. The awardee is, however, responsible for securing training venues, providing training materials, and covering travel/compensation for instructors and consultants.

Q53. Section 5.2 references quarterly and annual reports, while Section 6.5 also references monthly reporting. Could OMH please clarify the anticipated reporting schedule and, to the extent currently known, the expected content, format, and due dates for each report? A53. The awardee will submit quarterly and annual progress reports to OMH's Diversion Center, alongside routine data submissions. Monthly reporting referenced in Section 6.5 refers to internal tracking of deliverables to support continuous quality improvement. Standardized templates and due dates will be finalized upon contract execution.

Q54. Section 5.2(3) states that MAP is currently operating in 12 jurisdictions and that the awardee will be responsible for maintaining the equipment, data service, and virtual health care platform license for current and newly added jurisdictions. Please confirm whether existing MAP equipment and platform licenses will transfer to the awardee, or whether the awardee should budget to procure equipment and licensing for the 12 existing jurisdictions. A54. Existing MAP equipment (iPads) and active platform licenses in the 12 current jurisdictions will be transferred to the selected



awardee. The awardee must budget for the ongoing maintenance, data service plans, and licensing for these 12 existing sites, as well as the procurement of equipment and licensing for the up to 5 new expansion sites.

Q55. Is there a page limit or formatting requirement (font, margins, spacing) for the Proposal Narrative? A55. A proposal template is available in the “Event Comments and Attachments” section of SFS and must be used to submit a proposal. There are no character or page limits to this document.

Q56. The Financial Assessment section is listed as 6.6 in the RFP and 6.7 in the template. Can you please confirm that vendors should use the numbering in the template? A56. The proposal template should be used. 6.7 is a typo in the template and the financial assessment section is 6.6. Applicants should just use the template as is.

Q57. The SFS Portal requests the following: “Local Government Unit (LGU) Notification- In order 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.).” However, Section 4.1 of the RFP does not appear to reference LGU notification. Could OMH please clarify whether LGU notification is required for this RFP? A57. This was a mistake in building the RFP in SFS. Notification of LGUs is not required for this RFP. SFS will not allow applicants to submit their applications without uploading something to that question. Please upload a blank page in order to submit your proposal.

Q58. For the Equal Opportunity Staffing Plan component, Section 3.7 states the Applicant “will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan,” but also describes the form itself as “Form # to be supplied during contracting process.” Is this component required during the application process, or only during contracting? Is there a template for this component? A58. The Equal Opportunity Staffing Plan is required to be submitted with the proposal. While the specific "Form #" will be finalized during contracting, applicants should submit a preliminary staffing plan or workforce breakdown using their own format or a standard NYS staffing plan template to demonstrate compliance.

Q59. Section 2.2 lists the Anticipated Contract Start Date as 7/1/27, while Section 5.3 states the funding period begins January 1, 2027, and ends December 31, 2029. Could you confirm the anticipated contract start date and period of performance? A59. See A2.

Q60. To confirm, should the Bid Amount field in SFS reflect the annual award amount or the total three-year funding amount requested? A60. The Bid Amount field in SFS should reflect the total three-year funding requested.

Q61. Is the expectation that the vendor will be certified to implement a specific curriculum (i.e., CIT International) or will alternative curricula be considered? A61. No, it is not required that the CIT International Training be implemented. The expectation is that the vendor will utilize existing or a proposed CIT training curriculum which aligns with the evidence-based CIT core elements established by CIT International. Alternative evidence-based curricula will be considered if they meet OMH's standards and receive prior approval.

Q62. If OMH expects vendors to implement the CIT International training, is it expected that applicants are already certified in the train-the-trainer model through CIT International, or can that be included as part of the costs in the proposed budget, as described on p22 of the RFP? A62. The CIT International Training program is not required to be



used but any costs associated with obtaining or maintaining train-the-trainer certifications, including fees for external certifying bodies (such as CIT International), may be included in the proposed operating budget.

Q63. The budget templates states “A 15% de minimus rate of Modified Total Direct Costs (MTDC) can be claimed unless your agency has an approved and current Negotiated Indirect Cost Rate Agreement (NICRA) from SAMHSA.” Can you confirm that NICRAs from other federal agencies will be accepted? Our organization has a different cognizant federal agency (DOJ). A63. Yes, OMH will accept an active, approved Negotiated Indirect Cost Rate Agreement (NICRA) from any cognizant federal agency (including the Department of Justice), not just SAMHSA. A copy of the active agreement must be submitted with the proposal.

Q64. With regards to question 6.3, can you list the OMH training partners relevant to this program? A64. Yes, OMH will accept an active, approved Negotiated Indirect Cost Rate Agreement (NICRA) from any cognizant federal agency (including the Department of Justice), not just SAMHSA. A copy of the active agreement must be submitted with the proposal. Please note that indirect cost rates may be capped or potentially disallowed on certain grant programs based on operational needs and/or corresponding legislation tied to the award