



**Office of
Mental Health**

Capital for Expanding Comprehensive Psychiatric Emergency Programs (CPEPs) Round 2

Request for Proposals/Request for Application

Grant Procurements

(On-Line Submission Required)

Statewide Financial System (SFS) Identifier- MH253019

January 2026

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RFP#MH253019 Applicant Checklist

Frequent Issues/Questions:

- Please begin working on your application in SFS **no later than 5 business days before the application due date** and **submit no later than 48 hours before the due date**. This will allow you time to troubleshoot any issues that arise that may prevent you from submitting. 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.
- All required forms/templates are available in the “Event Comments and Attachments” section of SFS. 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.
- No workplan is required at this time, if awarded, a workplan will be developed during the contract development phase.
- The “Bid Amount” box is required to be filled out in SFS. Please enter the total amount of funding your organization is requesting from NYS OMH in this box.
- 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 will prohibit the submission of the application in SFS.

Please complete the following checklist prior to submission of your proposal. This checklist **SHOULD NOT** be submitted, it is for your use only.

Confirm the following:

- ☐ Your organization has met the eligibility requirements outlined in **Section 2.4 Eligible Agencies**
- ☐ Your organization is prequalified in SFS. SFS will prevent submission if your organization is a not-for-profit and not prequalified (see **Section 2.8 and 2.9 of the RFP document** for more information on Registration, Prequalification and Training Resources for SFS)
- ☐ Updates to the RFP can happen at any time, per **Section 2.6**, check the OMH website for any updates to the RFP posted by OMH.
- ☐ Notification of intent to apply was sent to local government unit and proof has been uploaded in SFS. A list of County Local Mental Hygiene Directors can be found [here](#).
- ☐ Provider Contact form completed and uploaded in SFS
- ☐ Sexual Harassment Prevention Certification Completed and uploaded in SFS
- ☐ Gender Based Violence and the Workplace Certification completed and uploaded in SFS.
- ☐ Proposal Template completed and any applicable attachments labeled with question numbers (example: question 6.2a calls for a sample assessment tool, the assessment tool should be labeled as 6.2a and added at the end of the Proposal Template)
- ☐ Proposal Template and attachments (except budget, see next checkbox) combined into one PDF and uploaded in SFS under Q1
- ☐ Budget Template Completed (left in Excel) and uploaded in SFS under Q2
- ☐ Application submitted in SFS prior to the due date and time listed in **Section 2.2 Key Events/Timeline** (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)

1. Introduction And Background

1.1 Purpose of the Request for Proposal

The Office of Mental Health announces the availability of up to \$20 million in capital funds statewide for the development of Comprehensive Psychiatric Emergency Programs (CPEPs). \$3 million is also available in startup funds for new CPEPs across New York State.

The purpose of the RFP is to solicit proposals from qualified health care organizations to provide high-quality, equitable and accessible emergency psychiatric services. The Office of Mental Health is seeking to expand the availability of CPEP services to ensure that individuals with mental health needs can access CPEP care. Based on local need, these capital funds are intended to expand CPEP services and increase a hospital's ability to serve children, adolescents and adults.

Up to \$20 million in capital funds and \$3 million in startup funds per new CPEP will be awarded through this RFP. Funding through this initiative is available for the following:

- a) Up to \$5 million per award in capital funding for new CPEP programs.
 - o Given the need for new CPEPs that serve children, this also includes expansion of existing adult-serving CPEPs to add capacity to serve children. Capital funds may be used for any physical plant changes to serve children/youth, such as separate family-friendly waiting areas, evaluation and treatment space and distinct EOB spaces.
- b) Up to \$ 1 million per award for expansion and/or renovation of a CPEP for the purposes of improving the milieu and increasing the availability of CPEP services. Milieu improvements may include increasing the footprint of treatment areas, waiting areas, group activity areas, the number of Extended Observation Bed (EOBs), and improving the space and safety of the unit to adequately provide services. **Please note: Milieu improvement projects cannot decrease the square footage or number of EOBs.**

This Request for Proposal (RFP) is intended to address capital needs for the provision of CPEP main or satellite sites in one or more of the following areas:

- A) Acquisition – purchasing of real estate with an existing structure or vacant property on which a new structure can be built.
- B) Construction – building a new structure for the purpose of providing CPEP services.
- C) Rehabilitation – restoration of existing structure for the purpose of providing additional or new CPEP services.

As these programs will be licensed by the Office of Mental Health, physical plants will require compliance with 14 NYCRR 590.

Notice: Notification of intent to apply should be made to the Local Governmental Unit (county director of community services) for each county to be served under

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the program application, as defined in Section 41 of the New York State Mental Hygiene Law. Proof of this notification is required to be uploaded in SFS and should not be sent directly to the procurement unit.

1.2 Target Population/Eligibility Criteria

CPEPs provide triage, observation, evaluation, care, treatment and referral in a safe and comfortable environment for those individuals with a known or suspected mental illness. They provide a full range of psychiatric emergency services and crisis outreach services within a defined geographic area to individuals experiencing symptoms of a behavioral health crisis including co-occurring disorders. These co-occurring disorders may include substance use disorders, intellectual and developmental disabilities, and medical conditions.

1.3 Bidders conference

A Bidders' Conference webinar will be held on January 27th, 2026, to provide an overview of the RFP components. This webinar will be recorded and made available on OMH's website www.omh.ny.gov.

Below is the information necessary to access the webinar:

Webinar topic: Capital for Expanding Comprehensive Psychiatric Emergency Programs (CPEPs) Round 2 RFP

Bidders Conference Date and Time: January 27th, 2026 @ 11 am

Join from the meeting link

<https://meetny-gov.webex.com/meetny-gov/j.php?MTID=m918cff0a2c99e3d7fd892bbb8f66867f>

Join by meeting number

Meeting number (access code): 2818 339 7081

Meeting password: jKSImpDK274

Tap to join from a mobile device (attendees only)

+1-929-251-9612,,28183397081## United States Toll (New York City)

+1-415-527-5035,,28183397081## United States Toll

Join by phone

+1-929-251-9612 United States Toll (New York City)

+1-415-527-5035 United States Toll

Global call-in numbers

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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:

Jerry Witkop
Contract Management Specialist 1
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Key Events/Timeline

RFP Release Date	<u>01/06/26</u>
Bidder's Conference	<u>01/27/26</u>
Questions Due	<u>02/10/26</u>
Questions and Answers Posted on Website	<u>03/03/26</u>
Proposals Due by 2:00 PM EST*	<u>03/24/26</u>
Anticipated Award Notification	<u>05/05/26</u>
Anticipated Contract Start Date	<u>TBD</u>

*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 submitted by the due date and time become the property of OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

2.4 Eligible Agencies

Eligible Applicants are:

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NYS public health law Article 28 licensed general hospitals organized as a public benefit corporation, a county-operated program, government entity, or as a not-for-profit organization exempt from federal income tax under section 501(c) of the Internal Revenue Code;

Additionally, applicants must currently operate programs that are licensed, certified or otherwise authorized by OMH and be in good standing with the Office of Mental Health, i.e., not under enhanced program monitoring by OMH.

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.8 and Section 2.9 for additional Prequalification Information.

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 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. Please enter “Capital for Expanding Comprehensive Psychiatric Emergency Programs (CPEPs)” in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.2.

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 OMH website and the NYS Contract Reporter.

It is the applicant’s responsibility to periodically review the [OMH Procurement 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

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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 2:00 PM EST on the Proposal Due Date posted in section 2.2.

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 2:00 PM EST on the Proposal Due Date posted in section 2.2 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 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.

For any application that does not contain all of 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. A workplan is not required for this RFP.

Each proposal submission through SFS is required to contain:

- Startup Budget (Appendix B) if applicable
- Capital Budget

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 with 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.

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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 grantsmanagement@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 business days from the receipt of complete

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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 will prohibit the submission of the application in SFS.

Final Submission Format

Please note that all responses/applications/submissions to this RFP **must** be submitted through the Statewide Financial System (SFS). No mailed, delivered or emailed submissions will be accepted. OMH strongly recommends that applicants plan accordingly and allow themselves enough time to appropriately complete and submit by the due date and time of this RFP.

When providing uploads in response to any of the questions posed (other than the Fiscal/Budget component), please upload only PDF versions of those documents. When saving these files before uploading, with the exception of an underscore, please do not use any special characters in the file name, letters only should be used. All attachments required with the proposal must be combined into the proposal template PDF and clearly labeled. Uploading documents that are not in PDF form (other than the budget, which must be uploaded as an excel document) will result in the disqualification of the application.

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 any applicant, and rescind any conditional award or contract made to such applicant whose conduct as a provider does not meet applicable standards as determined solely by OMH 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's 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, SFS 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

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and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;

- Rescind awards should awardees fail to adequately demonstrate progress toward project completion within 18 months of the award notification date
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure";
- Change any of the scheduled dates stated in the RFP.

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 calendar days of the OMH dated letter. OMH will not offer debriefing to providers who receive an award. 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. OMH reserves the right to modify the first period of the contract to coincide with the applicable fiscal period. For New York City contracts, the fiscal period is July 1 through June 30 of each year. Selected applicants awarded a contract under this RFP will be required to

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adhere to all terms and conditions in OMH's Contract for Grants.

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 16% goal for Minority-owned Business Enterprise (MBE) participation, a 14% 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.

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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:

- i. If an award recipient fails to submit a MWBE Utilization Plan;
- ii. If an award recipient fails to submit a written remedy to a notice of deficiency;
- iii. If an award recipient fails to submit a request for waiver; or,
- iv. 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.

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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 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 sub-contractors 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

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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-l 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 Gender-Based Violence and the Workplace Certification

State Finance Law §139-m requires all vendors bidding on state contracts to implement and attest to a Gender-Based Violence and the Workplace policy. Applicants on state procurements must certify that they have a written policy addressing gender-based violence and the workplace that meets the minimum requirements of State Finance Law §139-m. 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.

3.10 Bid Response

Neither the State of New York nor OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.11 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 2.9 of this RFP.

3.12 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

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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.

3.13 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
Notification of LGUs	1
Population	9
Description of Program	15
Implementation	20
Agency Performance	15
Capital Project Funds	10
Diversity, Equity and Inclusion and Peer Support Language	10
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 2.9. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.4, 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.

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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 budget(s) and budget narrative(s) 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 receiving a score of less than 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the 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

OMH will review and evaluate funding proposals submitted by an eligible applicant per the criteria set forth in this RFP.

Up to \$20 million in capital funds and \$3 million in startup funds will be awarded through this RFP. It is anticipated that each of the awards will not exceed \$5 million in capital. Applicants will be ranked based on their final total score.

Up to 3 passing applications to fund a new CPEP program (as described above in 1.1.a) will be funded before applications to improve the milieu of existing CPEPs. Within passing applications for new CPEP programs, funding will be awarded as follows:

- A maximum of one award will be made per Economic Development Region (i.e., Capital Region, Central New York, Finger Lakes, Long Island, Mid-Hudson, Mohawk Valley, New York City, North Country, Southern Tier, Western New York)
- OMH prioritizes the equitable distribution of CPEP services. The highest scoring applications for the Long Island and Capital District Economic Development Regions (EDR) will be funded before applications for other EDRs, in order to address significantly limited CPEP services in these areas. Central New York, Finger Lakes, Mid-Hudson, Mohawk Valley, New York City, North Country, Southern Tier, and Western New York will be awarded in rank score order.
- If there are fewer than 3 new CPEPs awarded, across 3 EDRs, additional awards will be made in EDRs that are already awarded.
- Applications that propose lifespan services will be awarded over those proposing only children or only adults. Applications that propose to serve children only will be funded before those that are only adult-serving.

\$15 million of this procurement is reserved for funding three new CPEPs. What remains unawarded of the \$15 million will be withheld for a future procurement.

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With remaining funding after awards for new CPEPs, funding for new milieu improvements will be awarded to the highest scoring applications until funding is exhausted.

For additional information please refer to section 3.1 Reserved Rights.

4.4 Contract Termination and Reassignment

There are a number of factors that may result in the awarded funding being reassigned and reallocated. These include, but are not limited to, an OMH determination that the agency has failed to adequately progress a project within 18 months of the award notification date; a failure to successfully and properly secure the grant through a state aid grant lien; failure to obtain OMH licensure; an OMH determination that the project is not feasible; or an OMH determination that a lease for a site is not minimally commensurate with the bond amortization and said lease cannot be renegotiated. By submitting a response to this RFP, an agency acknowledges that any determination to rescind and/or reallocate funding is solely at the discretion of OMH. A contractor will be provided notification if the awarded funding is to be rescinded and reallocated. By submitting this application, the applicant commits to complying with and obtaining licensure through the OMH; Regulation Parts 590/591 of 14 NYCRR.

In the instance of reallocation of funding, OMH will go to the next highest ranked proposal that did not receive an initial award and will work its way down the list until the funding is fully committed. In the event the award cannot be made, OMH reserves the right to re-procure the terminated or reassigned contract.

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 a contract can be finalized.

5. Scope of Work

5.1 Introduction

The goal of this RFP is to identify a healthcare organization that can provide trauma-informed, family-centered, equitable and accessible CPEP services for children, adolescents and adults in New York State.

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 Comprehensive Psychiatric Emergency Programs. Applicants should notify the LGU(s) of their intent to apply. Proof of this notification is required to be uploaded in SFS and should not be sent directly to the procurement unit.

5.2 Objectives and Responsibilities

The funds awarded in this RFP are intended to develop new CPEPs. If applicants intend

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to expand CPEP spaces, they must make a case for the expansion based on current CPEP census, promotion of a safer, more therapeutic environment, length of stay and ED wait times.

The awarded vendor(s) will be expected to meet the objectives and responsibilities below. These will form the basis for the scope of work and contract deliverables when an award is made.

- A. Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance. A unique CFR Program Reporting Code has been created for tracking of these funds; funding will be reported under code 1760.
- 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.
- D. CPEPs must follow and adhere to the CPEP Regulations and Program Guidance to provide triage, observation, evaluation, care, treatment and referral in a safe and comfortable environment for those individuals with a known or suspected mental illness.
- E. CPEPs will be open 24 hours per day, seven days a week, and provide a full range of psychiatric emergency services and crisis outreach services within a defined geographic area to individuals experiencing symptoms of a behavioral health crisis including co-occurring disorders. These co-occurring disorders may include substance use disorders, intellectual and developmental disabilities, and medical conditions.
- F. Individuals may present to the CPEP in a variety of ways including, but not limited to: referrals from behavioral health provider agencies, emergency medical services transport, police transport, and walk-ins. The CPEP staff will make a reasonable effort to obtain as much information as possible from the individual(s) accompanying and/or referring the patient to the CPEP.
- G. CPEPs will be adequately staffed with a multidisciplinary team. Staffing plans will have the ability to meet the needs of the service area and the populations being served. Staffing numbers will be based on the needs of operating a twenty-four hours per day, seven days per week facility and will reflect demographic data obtained on the catchment area.
- H. Extended Observation Bed (EOBs) will be available 24 hours per day, seven days a week. EOBs will be located in or adjacent to the emergency room of a CPEP and

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provide a safe environment for an individual who, in the opinion of the examining physicians, requires extensive evaluation, observation, assessment, or stabilization of the person's acute psychiatric symptoms for a period up to 72 hours. EOBs will be available for children and adolescents and adults.

- I. CPEPs will provide crisis outreach services including evaluation, assessment, and stabilization services in person outside of an emergency room. Crisis outreach will be provided seven days per week, during at least the day and evening hours pursuant to a staffing plan approved by the Office of Mental Health. Crisis outreach services may be provided directly by the CPEP or through written agreement with a provider of service approved by the Office of Mental Health. Crisis outreach services include Mobile Crisis Outreach services, and Crisis Outreach Follow Up. For more information about these services, please refer to the CPEP Program Guidance.

Staff Qualifications and Training

- J. The bidding organization must demonstrate that their staff members are appropriately trained and qualified to work with individuals with psychiatric conditions. Staff training should include best practices in psychiatric care, including de-escalation techniques, trauma-informed care, and cultural competence.

Therapeutic Environment and Activities

- K. The program should create a nurturing and therapeutic environment within the program designed to make individuals feel safe and valued. Assessment and treatment should focus on strengths. The environment of care must be functional and supportive of patient care to ensure quality care and safety. Elements of the environment of care include the area of the building where the program is located, any adjoining treatment space, equipment used to support services or the operation of the building and the people, including those who work within the organization, the patients, family, and anyone else who enters the treatment environment. A thoughtful proposal includes addressing the following:
 - Environment of care that complies with Office of Mental Health regulations and creates surroundings that support the dignity of the individual patient and permit ease of interaction.
 - An environment of care that creates surroundings that support the dignity of the individual patient and permit ease of interaction, including adequate space for family/caregivers, particularly for minors or those with court-appointed guardians.
 - Security for individuals and their belongings.
 - Size and configuration of treatment space that allows for high-quality treatment.
 - Meeting room(s) large enough for family/stakeholder meetings.
 - Appropriate space design utilization allowing staff supervision of patients

while maintaining appropriate privacy.

- Supervision and oversight of patients that are balanced against individuals' rights to privacy.
- A range of developmentally-appropriate therapeutic activities, such as expressive therapies and recreational activities.
- Capacity for accessibility modifications for those with mobility devices and wheelchairs.
- Availability of language access services and assistive technology as needed for full participation in the treatment environment.

Clinical Treatment

L. Clinical treatment should utilize a team-based clinical formulation/conceptualization, based on comprehensive assessment and evidence-based and evidence-informed treatments matched to the presenting issue. Clinical treatment methods include the following as appropriate:

- Modalities of evidence-based treatment specific to the mental health, addictions, developmental, and medical disorders as the focus of treatment.
- Measurement-based care using individualized goal attainment scaling and repeated use of standardized measures.
- Family treatment prioritized throughout the admission as needed.
- Services that use a mixed methods approach, including telehealth and web-based communication based on individualized considerations.
- Creation and maintenance of strong partnerships with families as appropriate, oversight agencies, advocates, and community providers result in lower lengths of stays and smooth and successful transitions back to home, community, and school as applicable.
- Peer advocate services, including adult, youth, and family as appropriate.
- Interventions should be selected with consideration for the capacity of aftercare providers to continue or complete treatment courses initiated during hospitalization.

Medication Management

M. The proposed program must adhere to best practices in medication management, ensuring appropriate assessment, administration, monitoring of medications when necessary, and prevention and reduction of polypharmacy.

5.3 Capital & Start-up Funding

Up to \$15 million in capital funding and \$3 million in startup funding per new CPEP will be awarded through this RFP. Up to \$5 million in Capital funding with a maximum of \$1 million per award is available for milieu improvements. Funding is available for the

capital development costs associated with the acquisition of property, construction and/or rehabilitation of new or existing facilities. Capital development costs may include, but not limited to, cost of planning and consultants, construction, renovation, acquisition and equipment needed to complete capital project. If the plan will exceed the awarded amount, capital funds for the remainder of the award must be identified.

Costs associated with the project that are incurred prior to the date of a capital contract execution may not be reimbursed from grant funds except for Start-up funds for CPEPs.

Start-up funds will be allocated quarterly in the first year of a separate 2-year fixed term contract and can be spent over two years. Start-up funding will be available for up to \$1,000,000 per new CPEP as described in 1.1a. Applicants must commit to meet start-up spending requirements, with the expectation that programs will be operational and have the capability to bill for services upon licensure. **For milieu improvement, start-up funds are not available.**

CPEPs are encouraged to use start-up funds in the following ways:

- Off-set start-up costs to support the sustainability of CPEPs including increased administrative support, reduced productivity as caseloads are established and grown, etc.
- Off-set costs to support efforts in raising community awareness of MHOTRS services and access.
- The identification and onboarding of qualified staffing to appropriately and competently serve the population.
- New training and resources to modify current programming to engage and treat the various needs and features of the expanded program type.
- Refurbishment of new or existing program space to safely and suitably serve the expanded population including, new art or furniture in a waiting room, adjustments to therapy rooms to account for play or dyadic therapy, etc.
- Expanded service options in alignment with identified population. For example, adding optional services such as Psychological and Developmental Testing, or adding required services for adults such as Injectable Psychotropic Medication Administration (with or without Monitoring and Education).
- Development of new materials to market to and engage new individuals/families and referral sources of the expanded population.
- Expand crisis outreach team staffing and hours of operation to provide 24/7 services;
- Develop and/or strengthen crisis outreach follow-up services to include dedicated staff to conduct patient outreach post-discharge;
- Develop and implement peer bridger staff (including adult peer, youth peer, and family peer) and services in CPEPs;

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- Strengthen CPEP coordination and collaboration with community providers, including but not limited to: clinics, shelter providers and homeless outreach, teams, Assertive Community Treatment (ACT), Intensive Mobile Treatment (IMT), Community Oriented Rehabilitation Services (CORE), and CFTSS (Children and Family Treatment Supports and Services), Home Based Crisis Intervention (HBCI), Critical Time Transition Program for Children, Youth and Families (CTTP), Children's Crisis Residences (CCR), Safe Options Support (SOS) teams, and residential providers;
- Strengthen CPEP coordination and collaboration with all components of the Crisis System, including but not limited to: Crisis Residential Programs, Crisis Stabilization Centers, and Emergency Departments;
- Ensure timely crisis outreach response to 988 referrals within a catchment area;
- Expand CPEP data reporting; and
- Optimize capacity for billing for crisis outreach services.

This RFP does not provide operating funds. Applicants are expected to identify potential sources for operating funding to demonstrate fiscal sustainability. No assurance is made by OMH to provide operating funding to meet all program expenses.

Applicants are reminded that funding to support the operation of this program is contingent upon the continued availability of State appropriations.

5.4 Instructions for Completing the Capital-Based Budget in SFS

Applicants must complete an itemized Capital-Based Budget in SFS that provides detailed projected expenses for the proposed capital project expected after the date of contract execution (for tentative date, see Section 2.2.) For Applicants convenience, reference Appendix A to view the format of the Capital Budget to be completed in SFS. The itemized values in the Capital Budget must clearly distinguish between expenses to be claimed under the State grant share and expenses to be covered by alternative sources of funding (if applicable). Match Funds are not required. Please use the Other Funds column to indicate amounts for any applicable funding necessary for the project other than the funds requested under this RFP. Note that the Scoping and Predevelopment, as well as Work Capital/ Reserves categories of expenses are not eligible categories and are therefore not available for entries.

Please use the table below as reference for allowable costs under each Category of Expense in the Capital-Based Budget. This is not an exhaustive list of eligible expenses. However, any expense not listed on the table below are subject to approval by OMH.

Category of Expense	Allowable Costs
Construction	Site work, Construction, contingency, Rehabilitation should include a 10% contingency and new construction

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	should include 5% contingency of total construction cost.
Design	Architect fees (see definition section), Architect additional fees should be 10% of the contingency cost, engineering fees.
Acquisition	Land / building, closing costs, survey, appraisal.
Administration	Legal fees and accounting fees. As a general guideline, applicants are advised to include \$20,000 for legal fees related to bond financing.
Other	Permits, site testing, insurance, owner's representative, applicants are advised to include a construction cost escalation factor to account for the length of time needed to enter into a construction contract.

Please note that soft cost items, including those set forth above, must be directly associated with the facilitation of the capital project. OMH retains the sole and absolute discretion to reject any non-qualifying soft costs. Also, OMH reimbursement will only be made for actual expenditures based on submitted and approved invoices.

Unallowable expenses include, but are not limited to:

- Costs associated with the operations of program, including but not limited to employee salaries and benefits;
- Interest, fees or other costs associated with other capital funding sources related to the proposed project;
- Costs associated with applying for or administering the OMH capital grant;
- Debt service; or
- Reimbursement of acquisition or carrying costs for property already owned by the applicant.

In the Financial Assessment of the application, the Applicant will be asked for a breakdown, explanation and justification of the projected costs included in the Capital Budget in a Budget Narrative. The Applicant will be expected to provide cost estimates and upload supporting documentation for those estimates (i.e. an estimate or estimates prepared by a design or construction professional) in response to Section 6.8.

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Applicants must complete the entirety of their Capital Budget in SFS. Do not upload your own Capital Budget form. Failure to complete the Capital Budget in SFS may be cause to reject your proposal for non-responsiveness.

6. Proposal Narrative

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.

A proposal template is provided in the “Event Comments and Attachments” section of SFS and MUST be used to answer the following questions. Any supporting attachments MUST be included in the upload of the proposal template as one continuous PDF document AND be labeled specific to the question number it is associated with. **Proposals/applications not submitted as described (other than the budget which must be uploaded in excel format) will result in disqualification of the application.**

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

6.1 Notification of LGUs

- a. 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](#). Proof of this notification is required to be uploaded in SFS and should not be sent directly to the procurement unit.

6.2 Population

- a. Describe the age range and population that the proposed CPEP will serve, denoting services for individuals dually-diagnosed with mental health disorders, substance use disorders and developmental disabilities if applicable. **For milieu improvement, describe how the improvements will impact the age range and population the CPEP serves.** Describe your understanding of the service needs and approach based on experience and collected service area data, for addressing the needs of individuals in need of psychiatric care, including those who may have limited support networks and/or resources, and who may not otherwise be engaged in services. Include a description of the engagement practices and strategies to be used and targeted to meet the needs of the populations being served.
- b. Describe where the CPEP will be/is located and the catchment/service area. Using available quantitative data, describe the need for this service, including but not limited to the projected number of individuals served per month that would otherwise be served in an emergency department or similar crisis setting, and the methods used to project these numbers. If your proposed project is age-limited (adults only or children/youth only), please specify the

regional resources that will serve the other part of the age spectrum, i.e., if the proposal describes services for individuals 0-18, describe what regional crisis resources would be available for individuals 19 and up. Submit Memorandums of Understanding and specify the agreements with these entities to direct referrals and message/market to the community. **For milieu improvement, CPEPs are not required to submit MOUs.**

6.3 Description of Program

- a. Provide a description of the proposed program including the number of CPEP EOBs the applicant intends to develop. **For milieu improvement proposals, provide a description of the improvements and how they will benefit the existing program.** The program description should include the program elements mentioned in section 5.2 **but should not be a reiteration of section 5.2 above.**
- b. Describe your network, internally and externally, of behavioral health the methods and approaches the program will use to utilize those networks to facilitate rapid access promote and ensure that services provided are person-centered, and trauma informed, to all individuals that may present with a range of needs and acuity.
- c. Describe the methods that will be used to assess for level of acuity, including but not limited to suicide risk, overdose risk, risk of violence, safety assessments such as fire setting risk, inappropriate sexual behavior risk, substance use, substance intoxication and withdrawal risk, health, and mental health needs throughout services.
- d. Describe the services and supports that will be provided by OMH Certified Peer Specialists, OMH Credentialed Family Peer Advocates, OMH Credentialed Youth Peer Advocate, and/or OASAS Certified Recovery Peer Advocates. For milieu improvement please describe the current services and supports provided by the above.
- e. Describe how the CPEP will provide each of the following services – including tools, strategies, and therapeutic approaches. For milieu improvement proposals, provide a description of how the changes will improve the provision of the below services.
 - Triage and Referral
 - Full Emergency Visits
 - Extended Observation Beds
 - Crisis Outreach

6.4 Implementation

Responses to the questions below regarding implementation of the program should

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address the specific needs of the population you are proposing to serve: adults, children or adolescents.

New CPEP applicants should answer questions 6.4a,b,c & d and Milieu improvement applicants should only answer 6.4e.

New CPEP Applicants:

- a. Identify the anticipated referral sources for the program. Provide any linkage agreements or Memorandums of Understanding (MOU) with referral sources, if available. Include the process for referrals and interface with referral sources including but not limited to: OMH Field Offices, Single Point of Access, Health Homes, outpatient mental/behavioral health practitioners, outpatient substance use treatment providers, school-based mental health clinics, Comprehensive Psychiatric Emergency Program, School Counselors, Managed Care Organizations (MCO's), Private Insurers, Mobile Crisis, Emergency Departments, Local Hospital Systems, Law Enforcement, Self-Referrals, etc.
- b. Describe admission criteria and orientation procedures for the operation of the CPEP. State your commitment to serve individuals that meet admission criteria regardless of special population status, including, but not limited to: LGBTQ and gender-nonconforming individuals, individuals who are dually diagnosed, individuals who are unhoused, individuals who have a justice involved history and, for children and adolescents, individuals involved in the child welfare system.
- c. Describe individual assessment procedures and the development of a person centered, strength-based individualized treatment plan. Describe how the treatment plan will address the needs of the individual and include how identified supports, which may include family, will be involved in the service planning and implementation. Attach a copy of any individual assessment tools and a completed sample treatment plan with identifying information redacted.
- d. Describe discharge procedures, including the agency's approach to facilitate an individual's return to a stabilized level of functioning including connections to community services and supports identified by the individual receiving services. Describe how communication and coordination with partners will begin at the time of admission and foster continuity of care between the hospital and community providers. Describe how discharge planning will involve existing providers, and new or existing care coordination services. Describe how discharge planning will involve coordination with Single Point of Access (SPOA) or Children's Single Point of Access (C-SPOA), as needed. Describe how collaboration with community partners will take place, e.g., timing of discharge planning meetings. Describe how discharge planning meetings will reduce role confusion between systems of care, strengthen and support follow-up with aftercare providers and/or referrals. Attach completed

sample discharge plan. Describe how the recipient, and family/caregiver, as applicable, will be involved in the discussion and choice of aftercare services and how the recipient's (and family's/caregiver's as applicable) role in a safe, transition to the community will be promoted.

Milieu Improvements Applicants:

- e. For milieu improvement provide an implementation plan detailing the proposed timeline, steps, and needed activities to complete the changes.

6.5 Agency Performance

- a. Provide a brief summary of the healthcare organization/agency, the services for which the agency is licensed and provides, and the population(s) served. Describe how these experiences demonstrate the agency's experience and qualification for operating a CPEP service.
- b. Describe the agency's organizational structure, administrative and supervisory support for services to be provided by CPEP – include the governing body, and any advisory body that supports the organization and effective service provision.

Answer question 6.5c as it applies to your application

- c. **Applicants that hold a current OMH license for inpatient psychiatry services and are applying to develop a new CPEP** must provide an overview of the agency's experience in providing inpatient psychiatry services to individuals with a serious mental illness, serious emotional disturbance or both. They must also provide an overview of the agency's experience in providing psychiatric emergency services, in either a psychiatric emergency room or a CPEP elsewhere in the agency. In the narrative incorporate information from recent licensing visits to demonstrate that your agency operates inpatient services in accordance with OMH and Joint Commission guidelines. Agencies must note their average length of stay, readmission statistics and ability to discharge individuals into community settings, including housing and outpatient services.

Applicants that hold a current OMH license for inpatient psychiatry services and are applying for milieu improvement must provide an overview of the agency's experience in providing psychiatric emergency services in a CPEP. In the narrative incorporate information from recent licensing visits to demonstrate that your agency operates CPEP services in accordance with OMH and Joint Commission guidelines. Agencies must note their average length of stay, readmission statistics and ability to discharge individuals into community settings, including housing and outpatient

services. In addition, provide an overview of the hospital's experience in completing renovations. Please provide past project details and how the hospital limited patient impact due to construction.

Applicants that do not hold a current OMH license for inpatient psychiatry services and are applying for a new CPEP or milieu improvement must describe their agency's experience with and ability to serve individuals recovering from a serious mental illness or serious emotional disturbance in other levels of care (e.g., Clinic, partial hospitalization program, emergency services, etc.) and must include information from recent licensing visits from other OMH licensed or funded programs to demonstrate that your agency operates services in accordance with OMH guidelines.

6.6 Capital Project Funds

- a. Provide a brief overview of the capital project for which OMH funding is being requested while incorporating information related to:
 - A brief description of the project as it relates to obtaining or having site control, acquisition, construction, any additional capital dollars anticipated or already associated with the project and rehabilitation;
 - The specific address/location of the project, if available. Provide the proposed county where the site will be located, as well as the county/counties and OMH region(s) that will be served.
 - Describe the existing and/or proposed structure, square footage, physical space/layout as identified in 14 NYCRR XIII Part 590 for CPEP. Include any other pertinent physical characteristics of the site. Attach/upload design drawings, if available.
- b. If the Applicant were to receive Capital funding, please describe the following:
 - How the applicant plans to fully fund the capital project if this award is not sufficient to cover the entire cost of the proposal;
 - how the applicant plans to fund the on-going operation of the CPEP unit; and
 - that initial and ongoing marketing strategies would be used to inform the community and referral sources of the services provided within this program.

6.7 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.
 - 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.

6.8 Financial Assessment

- a. a. The proposal must include a Capital Budget for the proposed capital acquisition, construction and/or rehabilitation project using the Capital Budget in SFS. Please see section 5.4 Instructions for Capital Budget for allowable and excluded expenses.
- b. Provide a detailed explanation and justification for the cost estimates provided in the Capital Budget completed in SFS. Upload and refer to supporting documentation for the cost estimates, where applicable. Include in the narrative the calculation or logic that supports the budgeted value of each itemized entry. Include details in the narrative such as, any purchases that would need to be made, services that would need to be contracted, and permits, approvals or permission that would need to be secured or have already been secured. OMH Bureau of Housing Development and Support and the Bureau of Crisis Services, Emergency & Stabilization Initiatives in collaboration with the Division of Integrated Community Services for Children and Families will work with selected providers as projects progress to refine what is supplied here. If the total cost of the project exceeds the amount of funding being requested, identify which costs your organization intends to cover with additional funding and describe how the agency has or will secure(d) additional funding to complete the project. If your organization has supporting documentation related to additional funding, it may be attached. Finally, include a description of how your organization will undertake and complete the project.

Please note milieu applicants should not complete 6.8c and 6.8d. Only new CPEP applicants should complete 6.8c and 6.8d.

- c. The proposal must include a 2-year startup Budget (Appendix B) if applicable. Start-up funds totaling \$1 million are available when applicable. For milieu improvement start-up funds are not available. The indirect cost/administrative overhead rate is capped at 15%. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. 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.
- d. Describe how your agency will manage its startup budget. Please include the following:
 - detailed expense components that make up the total startup expenses;
 - the calculation or logic that supports the budgeted value of each category;
 - if applicable, a description of how salaries are adequate to attract and retain qualified employees; and,

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- an explanation of the plan for continued operating costs once the startup is expended.