



**Office of
Mental Health**

Health-led Community Behavioral Health Crisis Response Pilot Program: Round Two

Bidders' Conference

SEPTEMBER 28, 2026

Agenda

Welcome

Housekeeping

Daniel's Law Task Force Behavioral Health Crisis Response Report

Health-led Community Based Crisis Response RFP

- Eligibility
- Objectives and Responsibilities
- Implementation
- Staffing
- Quality Improvement

Submitting Proposal

RFP Timeline

Q&A

Housekeeping

- This meeting will be recorded and available following the conference
- Participants will be muted
- Questions can be submitted through the **chat box**
- All attempts will be made to answer questions during the conference
 - Questions not answered today will be responded to in the official Q&A
- Questions and **final** answers will be posted on October 29, 2026

Daniel's Law Task Force (DLTF) Behavioral Health Crisis Response Report

- The DLTF Behavioral Health Crisis Response Report, published in December 2024, includes 10 core principles and recommendations that include the establishment of pilots focused on developing sustainable models for expansion statewide.
- Please review the [Daniel's Law Task Report](#) and all related appendices in preparation for your application.
- A health-led response for purposes of these pilots means an immediate response that utilizes the lived experience of individuals to guide crisis intervention services through a trauma-informed approach in collaboration with a multi-disciplinary team.

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Health-led Community Behavioral Health Crisis Response Pilot

The New York State (NYS) Office of Mental Health (OMH) announces the availability of \$8M for the expansion and/or creation of health-led community behavioral health crisis response pilot programs consistent with the Daniel's Law Task Force (DLTF) Behavioral Health Crisis Response report established pursuant to Chapter 57 of the laws of 2023 and Chapter 53 of the Laws of 2025.

- This procurement seeks to establish at least four (4) pilot programs, including at least one (1) in a rural area.
- Multi-county proposals are acceptable.
- Proposals that propose to serve both rural and non-rural counties will be considered rural for the purpose of awards.
- Pilot awards are capped at \$2M per applicant.

Health-led Community Behavioral Health Crisis Response Pilot

Eligible Counties

Pilot Area	Eligible Counties according to US Census Bureau
Non-rural	New York, Bronx, Kings, Queens, Richmond, Westchester, Erie, Nassau, Rockland, Orange, Putnam, Saratoga, Schenectady, Dutchess, Niagara, Rensselaer, Oneida, Onondaga, Albany, Monroe (excluding City of Rochester)
Rural	Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Livingston, Madison, Montgomery, Orleans, Ontario, Oswego, Otsego, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Tioga, Ulster, Warren, Washington, Wayne, Wyoming, Yates

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- Crisis response pilot programs will deliver an immediate, coordinated health-led response to individuals across the lifespan experiencing or at risk for experiencing a behavioral health crisis.
- The pilot is designed to provide crisis intervention services to individuals across the lifespan, including children/ youth, young adults, adults, older adults, and families experiencing or at risk of experiencing a behavioral health crisis in the community.

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Pilot Tiers

Tier 1: Alternative Response Pilot

Requires an immediate non-law enforcement responder, i.e. fire or EMS, that is dispatched by 911 (although they can also be dispatched by other crisis and non-crisis lines, e.g., 988, 211). The pilot model must also include, in the immediate response, peer specialists, and may also include other non-law enforcement responders such as behavioral health clinicians. Teams not utilizing a behavioral health clinician in mobile response must have access to licensed professionals to inform assessment and treatment recommendations.

Tier 2: Behavioral Health Provider Mobile Crisis Pilot

Has non-law enforcement teams (generally 2-person) that include at least one behavioral health clinician. Teams may self-dispatch or be dispatched through crisis lines (911/988/other crisis lines). The pilot model must also include peer specialists. This pilot model does not include traditional first responders such as fire or EMS in the standard response.

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- First, proposals with highest scores in a rural area in Tier 1 model will be awarded.
- If no proposals for a Tier 1 model in a rural area receive a passing score, proposals for a Tier 2 model in a rural area will be awarded.
- Next, all remaining Tier 1 proposals will be ranked and the highest score will be awarded until funding is expended.
- Any proposal that is in the same city or counties as an award already made will be removed from scoring.
- If funds remain, all remaining Tier 2 proposals will be ranked and the highest score will be awarded until funding is expended.
- Applicants may submit for only one of the above Tiers per Pilot area which may include multiple counties.

Eligibility

- Not-for-profit agencies with 501(c) (3) incorporation or county run or municipal entities; and
- Agencies with experience providing behavioral health services in the community
- An applicant can apply as the lead agency for a group or consortium of providers
- 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.

Eligibility

Notification of intent to apply must be made to the Local Governmental Unit (county director of community services) and or municipality for each city/county to be served under the program application, as defined in Section 41 of the New York State Mental Hygiene Law.

A letter of commitment must be provided from the identified County(ies) chief elected or delegated authority or for NYC Mayor or delegated authority that expressly supports the development of this crisis response system pilot within their County(ies).

Objectives and Responsibilities

The crisis response pilots will utilize the DLTF NYS Behavioral Health Crisis Response Report as a foundation for the creation of the pilot program. This pilot will include the coordination of 911/988 systems, development or expansion of health-led crisis services and follow-up by the health-led response team to serve individuals across the lifespan in the identified service area who are experiencing a behavioral health crisis.

Individuals who are referred to health led response teams within the crisis response pilot may receive the following services:

- Triage and response
- Mental health and/or substance use assessments
- Peer/Family peer support
- Service planning
- Crisis/Safety planning
- Individual and family counseling
- Care coordination

Objectives and Responsibilities

- Health-led response services are voluntary. These services may be delivered in-person or by telehealth, including telephonically (with Office approval). All services should be designed to be delivered utilizing the Daniel's Law Task Force core principles, with an aim to de-escalate and ameliorate the crisis experience.
- Behavioral health wellness checks should be incorporated into the triage system to utilize a health-led response. Wellness checks are an in-person assessment of the safety and well-being of an individual. Historically, these have been completed by law enforcement from a referral through 911.
- The goals of these pilots include engagement, symptom reduction, stabilization, restoring individuals and families to previous levels of functioning, developing coping mechanisms and making connections to ongoing support to care when indicated, to minimize or prevent the crisis in the future.

Implementation

- The crisis response pilot will include a community council that includes individuals with lived experience, inclusive of youth and caregivers, and various community stakeholders (providers, community organizations, advocacy groups and others) interested in developing an excellent crisis response system that will be utilized to assess and inform the crisis provider of the availability of behavioral health and community resources to support and prevent future crises.
- The crisis response pilot will develop processes and protocols for coordinating with 911 and 988 for referral and response for behavioral health crises.
- The crisis response pilot program should understand the 911 and 988 system(s) in the defined area of service and demonstrate a working relationship with 911, 988, mobile crisis providers, health-led response teams and emergency responders.
- A law enforcement response, when needed, due to a threat of violence should include officers who have received specialized Crisis Intervention Training (CIT) and/or include co-response with a trained behavioral health professional.

Staffing

- A health-led response team should be comprised of peer support staff and behavioral health crisis response trained Emergency Medical Services (EMS) staff or firefighters OR peer support staff and behavioral health care professionals.
- Crisis response programs should provide an opportunity for individuals to become certified/credential peer advocates/specialists. Ideally, peer support staff should be certified/credentialed, provisionally certified/credentialed, or become certified/credentialed as soon as possible.

Quality Improvement

- OMH providers are expected to ensure continuous quality improvement of identified crisis response services, including regular monitoring and evaluation of outcomes.
- It is also expected that providers will routinely submit data to OMH, including client-identified data, quality and program data.

Submitting Proposal

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

RFP Timeline

RFP Release Date	9/3/26
Bidders' Conference	9/28/26
Questions Due	10/8/26
Questions and Answers Posted on Website	10/29/26
Proposals Due by 2:00 PM EST	11/19/26
Anticipated Award Notification	1/14/27
Anticipated Contract Start Date	7/1/27

Questions and Answers

Thank You!

Conference slides will be posted using the links below.

Official Questions and Answers will be accessible using the same links and will be available on October 29, 2026.

[MH263037 - Health-led Community Behavioral Health Crisis Response Pilots Round 2](#)



Office of Mental Health