Health-led Community Behavioral Health Crisis Response Pilots Round 2

Request for Proposals

Grant Procurements

(On-Line Submission Required)

Statewide Financial System (SFS) Identifier- MH263037

September 2026

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Health-led Community Behavioral Health Crisis Response Pilots
RFP#MH263037
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 (For example, if a question asks for an org chart, when providing that document, make sure it labeled specific to that question number.)
- ☐ 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 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 2026. The DLTF NYS Behavioral Health Crisis Response Report is available via the following link: Daniel's Law Task Force New York State Behavioral Health Crisis Response Report

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.

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

Notice: Pursuant to Chapter 53 of the Laws of 2025, grants awarded under this appropriation shall not support expenses of police law enforcement agencies.

The intention of these pilots is to create a crisis response system that prioritizes a health-led response through the utilization of community experts with lived experience to inform a safe, compassionate response for individuals and families in crisis. The development of this system must be in close partnership with the local governmental unit. Every stage and component of the pilot must have significant contribution from persons/families with lived experience.

This crisis response system will include a health-led response team component. The DLTF identified a critical need in NYS for trauma-informed, community-based crisis response approaches that prioritize racial equity, cultural humility, and harm reduction for New Yorkers across their lifespans. A health-led response to a behavioral health crisis is the standard being proposed nationwide, with law enforcement collaboration only in situations threatening violence.

The DLTF report cited the Substance Abuse and Mental Health Services Administration (SAMHSA) Best Practices Toolkit as an example for the standard for crisis response which includes the three core tenets:

1. Timely Intervention
    - Rapid response during a crisis can prevent escalation and reduce harm.
    - Immediate access to mental health professionals, crisis hotlines, or mobile crisis teams is essential.
    - Involvement of trained peer support staff, when possible, as first line engagement and intervention.
2. Collaboration and Coordination
    - Federal, state, and local agencies must work together to create a seamless continuum of care for those in crisis.
    - Coordinated efforts ensure that individuals, and, as applicable, their families and caregivers receive optimal services, including crisis stabilization and follow-up care.
3. Community-Based Solutions
    - Community resources, such as crisis centers, peer supports, and crisis intervention training, support prevention, assist crisis de-escalation, and enhance emergency response.
    - Involving families, or chosen families, and social services helps to reduce harm and address the complex needs of individuals in crisis.
    - Involving individuals with lived experience of crisis services, and, as applicable, their families and caregivers, to provide feedback on what is helpful and needed to inform the development and implementation of crisis services.

In addition to the SAMHSA best practices, the DLTF developed ten (10) core principles to serve as the foundation for understanding the essential elements of a responsive and effective crisis response system. They include a focus on incorporating the values of health equity, diversity and inclusion, and the expertise of individuals with lived experience. The core principles are:

- Health-led response minimizing law enforcement
- Diversity, equity, inclusion and belonging across the lifespan
- Skilled and qualified crisis services workforce, including peers
- Prevention is a priority
- Person-first, family/family of choice-centered, responsive, strength-based approaches
- Accessible crisis services
- Data-driven and actionable
- Flexible service options
- Sustainable crisis services
- Partnerships with the community and provider programs

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. SAMHSA defines behavioral health crisis as any experience of stress, emotional, or behavioral symptoms, difficulties with substance use, or a traumatic event that compromises

or has the ability to negatively impact an individual's wellbeing, safety, and/or the ability to function within their current family or caregiver environment, living situation, school, workplace, or community, as defined by the individual experiencing the crisis or by a parent, caregiver, guardian, or designee of the individual as appropriate.

Pilot programs will be staffed by trained crisis intervention professionals, including certified and credentialed peers. Referrals include but are not limited to 911, 988, and mobile crisis teams.

The development of these pilots will provide critical information for state agencies to expand and develop sustainable models of health-led response teams statewide.

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

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

1.2 Target Population/Eligibility Criteria

The pilot is designed to create a crisis response system that serves all individuals in the identified area and includes a component that provides 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.

1.3 Bidder's Conference

A Bidders' Conference webinar will be held on 9/28/2026, to provide an overview of the RFP components. This webinar will be recorded and made available on OMH's website www.omh.ny.gov.

Please Note: to access the recording, you must have a Webex account.

Below is the information necessary to access the webinar:

Bidder's Conference Date and time: 9/28/26 at 3:00 PM

Link for Bidder's Conference Webex

Webinar number (access code): 2823 868 2019

Webinar password: RExZqRK6x72 (73997756 when dialing from a phone or video system)

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:

Amanda Szczepkowski
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	9/3/2026
Bider's Conference	9/28/2026
Questions Due	10/8/2026
Questions and Answers Posted on Website	10/29/2026
Proposals Due by 2:00 PM EST*	11/19/2026
Anticipated Award Notification	1/14/2027
Anticipated Contract Start Date	7/1/2027

*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

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.

Eligible applicants are:

- Not-for-profit agencies with 501(c) (3) incorporation or county run or municipal

entities;

- 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.

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 "Name of RFP" 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 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.
- **Notice: 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. If the LGU is the applicant, this requirement is waived.

- **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) The application will be disqualified if the letter of commitment is not included.**

Protests related to disqualification must filed within fifteen (15) business days after the notice of disqualification.

2.8 SFS Prequalification Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to be Prequalified in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 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:

- Operating Budget (Appendix B)

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.

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 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 and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure";
- Change any of the 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, non-award or disqualification decision must be filed within ten (10) business days after the notice of conditional award, non-award or disqualification 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 three-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 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. OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), on any award resulting from this solicitation in excess of $25,000 for commodities and services or $100,000 for construction.

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

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

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

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

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

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

receipt.

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

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

   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.

With respect to SDVOBs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by SDVOBs 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 SDVOB documentation. 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.

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

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 or 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 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

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 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

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission. **Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide here. Failure to comply with these guidelines may result in attachments not being viewable to reviewers.**

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

Technical Evaluation	Points
6.1 Population of Focus and Area of Need	12
6.2 Proposed Implementation Approach	24
6.3 Implementation	18

6.4. Agency and Organizational Experience	8
6.5 Utilization Review, Reporting and Quality Improvement	8
6.6 Diversity, Equity and Inclusion and Peer Support Language	10
6.7 Financial Assessment	20
Total Proposal Points	100 Points

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

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.9. 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.

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

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

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

In case of a tie in the scoring process, the proposal with the highest score on the Description of Program (Section 6.2) of the Proposal Narrative will be ranked higher.

4.3 Initial Awards and Allocations

Proposals will be scored in two tiers: Tier 1: Alternative Response Pilot and Tier 2: Behavioral Health Provider Mobile Crisis Response Pilot.

Applicants can apply for more than one pilot area (rural, non-rural); however separate applications must be submitted for each area. Awards will not be made to the same applicant for more than one area. Each application must be for either a Tier 1 or Tier 2 model. In the event that an applicant should have the highest score in more than one area, the rank of award would be rural first, non-rural next. Applicants must demonstrate their capacity to provide crisis response services to the individuals in the service area.

Tier 1: Alternative Response Pilot

This program model 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.

This program type 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.

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.

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

Funding will be capped at $2 million per applicant.

If an award cannot be made (no passing score, no application submitted), NYS OMH would consider reprocuring this initiative.

4.4 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This

includes, but is not limited to not meeting start-up milestones, lack of peer support staff, or poor performance outcomes. A contractor will be provided with notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal. 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 an operating contract can be finalized.

5. Scope of Work

5.1 Introduction

Through this RFP, NYS OMH will make funds available for the implementation of at least four crisis response pilots in NYS, serving individuals and families across the lifespan.

The applicant must commit to documentation, tracking, data collection, and reporting according to NYS OMH requirements that will be released as part of the implementation of the pilots.

The intention of these pilots is to create a crisis response system that prioritizes a health-led response through the utilization of community experts with lived experience to inform a safe, compassionate response for individuals and families in crisis. **The development of this system must be in close partnership with the local governmental unit and every stage and component of the pilot must have significant contribution from persons with lived experience and/or their families.** The pilot must include a crisis response program but is not limited to the implementation of a crisis response program. **The pilot must also include implementation of a plan for creating a health-led crisis response system by engaging all partners in system change work.**

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.

Tier 1: Alternative Response Pilot

This program model requires a 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

This program type 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.

This crisis response pilot may not be used to create a co-response team that consists of behavioral health crisis response staff and law enforcement. While law enforcement may be on scene due to local laws, policies, or regulations, this pilot is expected to be implemented with a health-led response.

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 health disorders, substance use disorders and/or intellectual/ developmental disabilities in their communities. LGU and or municipality collaboration is a vital part of the work of crisis response programs. Applicants are required to provide proof of notification to the Local Governmental Unit (LGU) / Director of Community Service (DCS)/Mental Health Commissioner and or municipality of identified service area.

Due to the importance of the collaboration of multiple systems across a county(ies), including 911 and EMS, a letter of commitment is required by County chief elected or delegated authority or for NYC the Mayor or delegated authority. The application will be disqualified if the letter of commitment is not included.

Programs will be required to maintain accurate reporting and case records under the direction of OMH.

Crisis response pilots 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.

5.2 Objectives and Responsibilities

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.

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. The pilot must include a crisis response program but is not limited to the implementation of a crisis response program. The pilot must also include implementation of a plan for creating a health-led crisis response system by engaging all partners in system change work.

The stakeholders engaged in the systems change work must include:

- Individuals with lived experience
- Family members with lived experience
- Service providers across systems identified by individuals and family members with lived experience, and minimally to include:
    - Behavioral health service providers (mental health and substance use)
    - Care management and related services providers
    - First responders such as EMS/Fire
    - First point of contact for crisis services including 988 and 911 representatives
    - Local law enforcement
- Governmental representatives

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

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

A. 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. This council will support the awardee to analyze the current crisis system, make recommendations for a future crisis system, and identify steps that will close the gap. The analysis must include the accessibility of adequate follow-up care, support, and connections after crisis intervention services.

B. The crisis response pilot will implement a systems change strategy to implement the recommendations in the plan. The pilot will identify opportunities and incentives for changing the system. The crisis response pilot will routinely receive feedback from stakeholders who use the crisis system to change the plan as appropriate. The development of this system must be in close partnership with the local governmental unit.

C. Every stage and component of the pilot must have significant contribution from persons with lived experience and/or their families, including a substantive proportion of the community council being persons with lived experiences and their families. Pilots may also supplement the community council with other methods of seeking feedback and validation of pilot elements from persons with lived experience and their families, including consultation with peer-run organizations. The pilot may seek innovative ways to engage individuals with lived experience, including using funding to reimburse and compensate participants who share their lived expertise.

D. The crisis response pilot program should understand the 911 system(s) in the defined area of service, including local law enforcement policies, the emergency medical services, current practices, and identification of these partners for planning and implementation of health-led response services.

E. The crisis response pilot should understand the 988 system in the defined area of service, 988 coverage and resources, current referral and triage services for mobile crisis services.

F. The crisis response pilot will develop processes and protocols for coordinating with 911 and 988 for referral and response for behavioral health crises. This includes taking direct referrals from 911 with immediate response. In addition, coordination with local law enforcement around current policies, procedures, local laws and regulations should be understood and considered when responding to behavioral health crises to pilot health-led response. An agreed upon definition of ‘threat of violence’, will be endorsed and operationalized and if necessary, amended during the course of the pilot with input from the community council and local law enforcement.

G. The crisis response pilot will demonstrate a working relationship with local 911, 988, mobile crisis providers, health-led response teams and emergency responders. Policies, procedures and MOUs when feasible, will guide the collaboration and coordination of crisis response.

H. 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. This should be informed by the community council and coordination with local government.

Staffing

A. 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.

   a. If utilizing Emergency Medical Technicians, they must be associated with an Emergency Medical Services provider that is overseen by a Physician Medical Director.

   b. Peer Support Staff should be included on all response teams. Teams are highly effective when they reflect the communities they serve racially, ethnically, linguistically and culturally.

Tier 1: Alternative Response Pilot

This program type 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 heath clinician in mobile response must have clinical support available to responders

Tier 2: Behavioral Health Provider Mobile Crisis Pilot

This program type 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.

B. 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. All peer support staff must be trained in crisis interventions. All Peer staff must be certified or credentialed, or provisionally certified or credentialed as a New York Certified Peer Specialist (NYCPS or NYCPS-P), Youth Peer Advocate (YPA or YPA-P), Family Peer Advocate (FPA or FPA-P), or an OASAS Certified Recovery Peer Advocate (CRPA). Staff eligible for one of these certifications or credentials must be eligible for and complete the certification or credentialling process as soon as possible. All staff responsible for supervision of peer support staff must be familiar with the values and principles of peer support and adhere to them. All peer staff must have access to in-discipline peer supervision,

including through outside consultation if their administrative supervisor is not credentialed as a peer support staff. All administrative supervisors who are not credentialed as peer staff should take and complete all approved supervision trainings as available. Supervisors of Family and youth peer advocates can find this training through the McSilver Institute and supervisors of Certified Peer Specialists can find training through The Academy of Peer Services. Staffing should include an adequate staffing pattern to provide immediate 24/7 response to the identified pilot area.

C. All programs must have lived-experience leadership from a certified peer specialist or someone eligible for certification at the administrative level, or regular, substantive consultation to the leadership team from a peer-run organization, including presence of the peer leader or consultant on calls with OMH.

Quality Improvement

A. OMH providers are expected to ensure continuous quality improvement of identified crisis response 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.

B. It is also expected that providers will routinely submit data to OMH, including client-identified data, quality and program data. This will include, but is not limited to volume of services, presenting problem that may include substance use, demographic of recipients, response times, intersection with law enforcement, recipient satisfaction, referrals, and incident management. Data submission requirements and guidance will be directed by OMH.

Programs will be required to maintain accurate reporting and case records under the direction of OMH.

Crisis response pilots 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.

5.3 Operating Funding

Up to four awards will be made in the amount of $2 million per applicant.

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

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) may 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 Population of Focus and Area of Need

a. Identify and describe the proposed defined service area (geographic catchment area-municipality, county or region) where the project will be implemented and the population(s) that will be impacted by the infrastructure development.

b. Document how the community or communities identified in the defined service area are "high-need" (e.g., where crisis response services are absent or inconsistent, where most mental health crises are responded to by first responders, and/or where first responders are not adequately trained or equipped to diffuse mental health crises).

c. Summarize process and findings from community assessments, stakeholder engagement, or service mapping (inclusive of individuals with lived experience) that validate program necessity.

d. Using quantitative data, provide information on the service gaps and other problems related to the need for infrastructure development. Identify the source(s) of the data.

6.2 Proposed Implementation Approach

Planning

a. Describe the plan to create a community council within the first three months of program implementation.

b. Describe a plan for conducting an initial mapping of the crisis system needs, with substantive feedback from individuals and families with lived experience, within the first 3 months of program implementation.

c. Clearly articulate a program philosophy centered on a health-based response to mental health or substance use crises across the lifespan, prioritizing engagement, de-escalation, and minimizing nonconsensual transport, use of force, or criminal consequences. If the funding enhances a current crisis response program, describe the changes that are necessary to enhance the programs towards the articulated program philosophy.

d. Describe the plan the crisis response pilot will use to engage and collaborate with county directors of community services, county chief elected or delegated authority or for NYC Mayor or delegated authority, law enforcement, EMS, community

providers (e.g., behavioral health clinics and residential programs, hospitals, etc.), community support programs, schools, local business, faith-based organizations to ensure strong working partnerships.

e. Describe the plan for engagement, collaboration, communication and implementation of immediate in-person response to 911 referrals. Describe plan to develop and implement protocols for partnering and coordinating health-led crisis response pilot activities with local law enforcement.

f. Describe the plan to develop and implement protocols for partnering, communication and coordinating crisis response pilot activities with the 988 contact centers.

Service Delivery

g. Describe how the agency will provide in-person health-led response services and ensure follow-up services.

h. Describe the plan to ensure crisis response and post-crisis follow-up will be developmentally appropriate/ age-appropriate for children/youth, young adults, adults, and older adults.

i. Describe how post-crisis follow-up protocols will be established and implemented for all recipients of crisis response pilot services.

Staffing

j. Provide a staffing plan compliant with the staffing requirements for twenty-four hours per day, seven days per week staffing. Provide a brief description of the roles and responsibilities of each staff member – including specific skills, licensure and/or credentialing and level of experience expected of each staff member. Describe supervision structure, including supervision of peer support staff by credentialed peers, that provides discipline specific support.

k. Describe how the program will fulfill the commitment to lived-experience leadership by a certified peer specialist or one eligible to hold certification. at the administrative level or regular, substantive consultation to the leadership team from a peer-run organization, including presence of the peer leader or consultant on calls with OMH.

l. Describe staff training plan, topics and timeline for crisis response pilot members/staff inclusive of specialty populations and lifespan including the provision of best practices serving individuals in crisis (e.g., triage/screening, including explicit screening for suicidality; assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; crisis planning and follow-up).

m. Describe the role and responsibilities for peer support staff including leadership, supervision and responsibilities.

n. Describe the role of a licensed behavioral health professional in mobile response for this program type.

6.3 Implementation

a. Describe the plan by which the awardee will engage the council in analysis of the current crisis system, make recommendations for a future crisis system, and identify steps that will close the gap. The analysis must include the accessibility of adequate follow-up care, support, and connections after crisis intervention services.

b. Describe the plan for how crisis response pilot services will achieve 24/7 coverage for a defined service area.

c. Describe the plan for how the crisis response pilot services should target response immediately or within identified timeframes.

d. Describe the plan for inclusion of peer staff in crisis response that adheres to the fidelity of the values, principles and approaches inherent within peer support services.

e. Describe the plan for providing supervision of peer staff that incorporates the values, principles and practice of peer support across the lifespan, and maintains the fidelity of peer support and provides role clarity

f. Describe how the crisis response pilot will deliver services through health led crisis response teams: triage, in-community crisis response, follow-up.

g. Describe how the pilot will support individuals in crisis, and, as applicable, their families, with time-limited services and connection to community providers and/or supports. Describe plan, if needed, on how to supplement crisis response by incorporating telehealth services to increase access to licensed / credentialed professionals (with Office approval).

h. Describe plan for how individuals, and as applicable their families, receiving crisis response pilot services will receive stabilization in the community, when appropriate, and referral to community-based behavioral health services and recovery supports, as needed.

i. Describe your processes for engagement of individuals, and, as applicable, their families/caregivers, whose physical location may not be clear or consistent when initially referred but through triage have been determined to require crisis services.

j. Describe proposed plan for how to minimize unless absolutely necessary, transport by law enforcement/police following health-led response visits. Detail protocols for when law enforcement involvement may be requested by the crisis response team (e.g., substantial risk of physical harm to others, imminent physical violence risk to the team, after exhausting alternatives for consent), including the plan for a community endorsed definition of “threat of violence.”

6.4 Agency and Organizational Experience

a. Describe the sustainability plan for continuation of this project beyond the pilot phase. For providers who do not bill Medicaid, describe your plan for becoming a Medicaid-enrolled and billing provider.

b. Describe your agency's experience with providing behavioral health crisis services to the population being served, including children, youth, families, adults and older adults. Describe your agency's experience delivering services as identified by the principles of the DLTF Response Report.

6.5 Utilization Review, Reporting, and Quality Improvement

a. Describe how the agency will ensure confidentiality of individuals' records in a way that conforms with all local, state, and federal confidentiality and privacy regulations.

b. Describe plan for and development and implementation of a data system to track crisis response pilot services key performance indicators (KPIs) and health-led response team data and outcome metrics. This will include, but is not limited to, volume of services, referral sources, type of crisis including substance use, demographic of recipients, services provided, response times, intersection with law enforcement, recipient satisfaction, referrals, disposition and incident management.

c. Describe the process for self-evaluation throughout this pilot including how the program will ensure that individuals, including family/caregiver and youth voice and choice are included in the self-evaluation process.

d. Describe process of evaluation of the barriers and facilitators of effectiveness of the health-led response.

6.6 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.

6.7 Financial Assessment

a. The proposal must include a 3-year Budget. 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.

b. Describe how your agency will manage the proposed programs operating budget. Please include the following:

- detailed expense components that make up the total operating expenses;
- the calculation or logic that supports the budgeted value of each category; and,
- description of how salaries are adequate to attract and retain qualified employees.