



**Office of
Mental Health**

**Office of Addiction
Services and Supports**

**Department
of Health**

Request for Proposals

Grant Procurements

**Certified Community Behavioral
Health Clinic (CCBHC)**

(On-Line Submission Required)

July 6, 2023

**Addendum #1 Issued
July 6, 2023**

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1. Introduction and Background

1.1. Purpose of the Request for Proposal

The New York State (NYS) Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and the Department of Health (DOH), hereinafter referred to as the Offices, announce the development of 13 new Certified Community Behavioral Health Clinics (CCBHCs) within the ten economic development regions (EDRs) of New York State (as defined in the table below) which will participate in the federal CCBHC Demonstration. The development of 13 CCBHCs statewide will take into consideration counties identified as high needs based on Medicaid data within the EDR, specifically on the metrics of: mental health hospitalization, mental health emergency department visits, suicide attempt or self-harm behavior, and overdose. The Offices are seeking to develop 6 CCBHCs within the New York City (NYC) EDR and 7 CCBHCs to the 9 EDRs outside of NYC, as detailed in [Section 4.3](#). Each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. Examples include establishment of services within schools, shelters, and other community-based settings. Federal and State Requirements listed below will apply.

The CCBHCs will have a contract start date of January 1, 2024 and must be operational by July 1, 2024. CCBHCs will be jointly selected for participation in the federal CCBHC demonstration by the NYS OMH and OASAS.

NYS Economic Development Regions

Region	Counties	High Needs Counties
Capital Region	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington	Albany, Rensselaer, Saratoga, Schenectady, Washington
Central New York	Cayuga, Cortland, Madison, Onondaga, Oswego	Cayuga, Onondaga, Oswego
Finger Lakes	Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates	Monroe, Ontario, Wayne
Long Island	Nassau, Suffolk	Suffolk
Mid-Hudson	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	Dutchess, Ulster
Mohawk Valley	Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie	Oneida
New York City	Bronx, Kings, New York, Richmond, Queens	-----
North Country	Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence	Clinton, Jefferson, St. Lawrence
Southern Tier	Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins	Broome, Chemung, Tompkins
Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Niagara	Cattaraugus, Chautauqua, Erie, Niagara

The CCBHCs selected through this RFP will support New York State's efforts to further develop an integrated behavioral health treatment system that is available to all New Yorkers regardless of their location of residence or ability to pay. This system will emphasize a person-centered continuum of care that enables individuals to enter and exit the system based on need.

The CCBHC model was established on April 1, 2014, by Congress through the passage of the Protecting Access to Medicare Act of 2014 (Section 223 of P.L. 113-93, as amended). On July 1, 2017, thirteen providers throughout NYS implemented the program model. The Substance Abuse and Mental Health Services Administration (SAMHSA) extended the federal Demonstration through September 2025 and issued guidance effective February 21, 2023, enabling additional providers to be added to the NYS Demonstration program.

Awarded agencies will receive one-time startup funds and programmatic support to grow existing operations to reach Demonstration standards by July 1, 2024 and will expend all funds by June 30, 2025. The awardee will have the opportunity to participate in the Demonstration for the duration of the federal SAMHSA CCBHC Demonstration program. Upon the conclusion of the federal SAMHSA CCBHC Demonstration, selected applicants will be required to obtain licensure as required by the State to continue to operate a CCBHC, if they have not already done so.

Federal and State Requirements

Additional information related to CCBHC requirements can be found within Title 14 NYCRR Parts 599/822/598/825, the NYS CCBHC Scope of Services Provider Manual, SAMHSA Certification Criteria, CMS CCBHC PPS Methodology, and NYS CCBHC PPS available using the following links below:

Title 14 NYCRR Part [599/822/598/825](#)

[NYS CCBHC Scope of Services Provider Manual](#) (OMH.gov)

[SAMHSA CCBHC Certification Criteria](#) (SAMHSA.gov)

[Section 223 Demonstration Programs to Improve Community Mental Health Services Prospective Payment System \(PPS\) Guidance](#) (SAMHSA.gov)

[NYS CCBHC Prospective Payment System \(PPS\)](#) (OMH.gov)

1.2 Eligible Population

CCBHCs are designed to serve all New Yorkers experiencing mental health disorders, substance use disorders, or both, in their service area regardless of age, ability to pay, or location of residence. This includes children, adolescents, adults, older adults, and families. Any individual who presents to a CCBHC must be provided services, including those with co-occurring behavioral health disorders and intellectual/developmental disabilities. For people who require higher levels of care, CCBHC staff will collaborate with the person and assist them in accessing the next level of care.

1.3 Bidder's Conference (Addendum #1)

Bidder's Conference will be held on the date and times listed in the Key Events/Timeline [Section 2.3](#). Prospective Proposers' participation in these conferences is ~~mandatory~~ optional, but attendance is strongly encouraged.

The purpose of the Bidder's Conference is to:

- Provide additional description of the program requirements;
- Provide additional description of the fiscal requirements; and
- Explain the RFP process.

The details for the Bidder's Conference is as follows:

- Program & RFP Overview August 9, 2023, at 1:30 PM EST
- Fiscal Overview August 9, 2023, at 3:00 PM EST

[Registration for the Bidder's Conference](#) is required so the names of the individuals attending and the agency they are representing can be documented.

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

OMH and OASAS have 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 and OASAS regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP, who shall coordinate on behalf of both OMH and OASAS, is:

Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal are strongly encouraged to submit a Letter of Intent to Bid. Letters of Intent allow the Offices to determine eligibility prior to the completion of the proposal. A Letter of Intent does not obligate an agency to submit a proposal.

2.3 Key Events/Timeline

RFP Release Date	7/6/23
Letters of Intent Due	7/20/23
Bidder's Conference, 1:30 PM EST	8/9/23
Questions Due by 4:00 PM EST	8/14/23
Questions and Answers Posted on Website	8/28/23
Proposals Due by 1:00 PM EST	9/28/23
Anticipated Award Notification	11/14/23
Anticipated Contract Start Date	1/1/24

2.4 Disposition of Proposals

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

2.5 Eligible Agencies

Eligible applicants must meet the following core criteria to apply:

- Be a not-for-profit agency with 501(c) (3) incorporation; part of a local government behavioral health authority, an entity operated under authority of the IHS, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with IHS pursuant to the Indian Self-Determination Act; an entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437); or a Public Benefit Corporation that has experience providing mental health and substance use treatment services to persons with serious mental illness disorders, substance use disorders, or both.
- Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices. "Good standing" for OMH licensed programs is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations, having an OMH accepted Performance Improvement Plan and not receiving or not under active Enhanced Provider Monitoring. For OASAS certified programs, "good standing" is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations, having an OASAS accepted Corrective Action Plan based on its most recent recertification review, and may not be receiving or be under active Enhanced Oversight Provider Monitoring.

Eligible agencies considering submitting a proposal must evaluate if they will be able to achieve internal capacity within the proposed clinic site to directly provide developmentally appropriate, integrated mental health and substance use services for children, youth, families, and adults separate from any Designated Collaborating Organization (DCO) relationship by July 1, 2024.

Questions regarding eligibility will not be responded to by the Issuing Officer on an individual basis. All questions specific to eligibility will be incorporated into the list of Questions and Answers and be posted on the date indicated in [Section 2.3](#).

2.6 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 4:00 PM EST on August 14, 2023, the "Questions Due" date indicated in [Section 2.3](#). No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

The questions and official answers will be posted on the OMH and OASAS websites by August 28, 2023.

2.7 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 and OASAS websites, the Grants Gateway and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the OMH and OASAS websites, the NYS Contract Reporter and Grants Gateway to learn of revisions or addendums to this RFP. No other notification will be given.

2.8 Disqualification Factors (Addendum #1)

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 did not attend the Bidder's Conference; or~~
- Proposals from applicants that do not meet the eligibility criteria as outlined in [Section 2.5](#); or
- Proposals that do not comply with bid submission and/or required format instructions as specified in [Section 2.10](#); or
- Proposals from eligible applicants who have not completed Vendor Prequalification, as described in [Section 2.10](#), by the proposal due date of 1:00 PM EST on September 28, 2023.

2.9 Grants Gateway 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 register in the [Grants Gateway](#) and complete the Vendor Prequalification process 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 1:00 PM EST on September 28, 2023, cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

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.

2.10 Instructions for Bid Submission and Required Format

NOTE: For any application that does not contain all 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.

Each proposal submission through the Grants Gateway is required to contain:

- CCBHC Cost Report
- CCBHC Anticipated Cost Detail Report
- CCBHC Uncompensated Care Survey
- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Grants Gateway System (GGS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

If you are not already registered:

Registration forms are available at the GGS website:

<https://grantsmanagement.ny.gov/register-your-organization>

Include your SFS Vendor ID on the form; if you are a new vendor and do not have a SFS Vendor ID, include a Substitute for W-9 with your signed, notarized registration (also available from the website).

All registration must include an organization chart in order to be processed. When you receive your login information, log in and change your password.

If you are an applicant, and have problems complying with this provision, please contact the GGS help desk via email: Grantsgateway@its.ny.gov -- OR -- by telephone: 1-518-474-5595.

How to Submit a Proposal

Proposals must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFP. Tutorials (training videos) for use of the Grants Gateway (and upon user log in):

You must use Microsoft Edge to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

To apply, log into the Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name provided on the cover page of this RFP, select the Office of Mental Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

In order to access the online proposal and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory” or a “Grantee System Administrator”.

The ‘Grantee’ role may ONLY Initiate and Save changes to the application such as add/update information to forms, upload documents while the user is logged in as a ‘Grantee Contract Signatory’ or a ‘Grantee System Administrator’ can perform all the tasks of Grantee role and in addition, can SUBMIT the application to the State. When the application is ready for submission, click the ‘Status Changes’ tab, then click the ‘Apply Status’ button under “APPLICATION SUBMITTED” before the due date and time.

For further information on how to apply, and other information, please refer to the Vendor User Manual document.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grantee Documents section on the Grants Management website.

Late proposals will not be accepted. Proposals will not be accepted via fax, e-mail, hard copy or hand delivery.

Helpful Links

Some helpful links for questions of a technical nature are below.

Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube:

<http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>

(Technical questions)

Grants Team Email (Proposal Completion, Policy and Registration questions):
grantsgateway@its.ny.gov or by phone at 518-474-5595.

2.11 Instructions for completing the Workplan and Objectives in NYS Grants Gateway

The Workplan Overview Form will be used to create the Work Plan portion of the
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contract. Some of the information requested will be duplicative of information provided earlier in the application. Be sure to follow the guidance provided below.

The Work Plan Period should reflect the anticipated contract period. Contracts will be approved for a five-year term.

The Project Summary section should include a high-level overview of the project as instructed.

The Organizational Capacity section should include the information requested regarding staffing and relevant experience of staff and any applicable consultants to be involved in undertaking the proposed project.

The Objectives and Tasks section should identify grantee-defined objectives and tasks that are relevant to the completion of the proposed project. To get started, add your first Objective Name and Description and then click the [SAVE] button at the top of the page. After hitting Save, a field for the Task Name and Task Description will show under the Objective box. Complete both fields and hit the [SAVE] button at the top of the page. After entering the Task information and clicking Save, you will now see a box for the Performance Measure information and a box to enter a second Task. Enter a Performance Measure Name and select the Performance Measure Data Capture Type from the dropdown box. The type you choose from the dropdown will show on the screen for you to complete. Once you've entered the name, data capture type and the text/integer/or date as applicable, click the [SAVE] button at the top of the page.

For Performance Measure Name restate the Objective then enter the narrative requested in the box below. Performance Measures are also grantee-defined and should reflect some measurable benchmark(s) in order to demonstrate adequate progress as required by the RFP. Once entered, click Save. You may continue to add Objectives, Tasks and Performance Measures up to and including the max amount allowed by the state.

The online Workplan is essentially an outline/summary of the work associated with the Project(s) described in the sections above. Please note that if an application is selected for an award, the Workplan will be subject to change and can be updated during the contract development/negotiation process.

Applicants should refer to Section 5.2.4 Grantee Defined Workplan of the 'Grantee User Guide' ([Click here for Grants Gateway: Vendor User Guide](#)) for detailed instructions on how to complete the Workplan.

3. Administrative Information

3.1 Reserved Rights

OMH and OASAS reserve 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;
- Utilize any and all ideas submitted in the applications received;
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Disqualify an applicant that is not in good standing; as defined in [Section 2.5](#);
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to the requirements of this solicitation;
- 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 and OASAS websites, Grants Gateway and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all 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 and OASAS 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;
- Make awards based on geographical or regional consideration to serve the best interests of the State;
- Make awards in a culturally humble and ethnically diverse manner as determined necessary and appropriate in the sole discretion of OMH and OASAS to serve the best interests of the State;

3.2 Debriefing

OMH and OASAS 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 business days of the OMH/OASAS dated letter. The Offices will not offer debriefing to providers who receive an award. The Offices 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 Commissioners of OMH and OASAS or their designee(s) will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH and OASAS websites in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioners, or their designee(s) 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 reference the RFP title and due date. Such protests must be submitted to both agencies:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

New York State Office of Addiction Services and Supports
Commissioner Chinazo Cunningham, M.D.
1450 Western Ave
Albany, NY 12203

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for one time startup funds and support to grow existing operations to reach Demonstration standards by July 1, 2024. The contract term starts January 1, 2024 and all funds must be expended by June 30, 2025. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in the Offices Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

OMH and OASAS recognize it is their 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 contracts jointly issued by the Offices. The Offices expect 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 the Offices 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 the Offices 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 the Offices 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 client 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 and OASAS 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 and OASAS. 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 the Offices.

The Offices will review the submitted MWBE Utilization Plan and advise the award recipient of OMH and OASAS 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 the Issuing Officer, 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 and OASAS to be inadequate, the Offices 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 and OASAS 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 and OASAS determine 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 and OASAS over the term of the project, in such form and at such time as the Offices 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 and OASAS recognize 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 contracts jointly issued by the Offices.

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.

OMH and OASAS hereby establish an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master 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-I 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 Bid Response

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

3.10 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 2.10](#) of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for the Offices’ 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.

3.12 NYS and OMH/OASAS Policies

The applicant/contractor must agree to comply with all applicable New York State, OMH and OASAS policies, procedures, regulations, and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant’s written submission.

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

Technical Evaluation	Points
Agency Performance	20
Population (High Needs County Identification)	15 (maximum 18)
Description of Program	20
Implementation	26
Diversity, Equity, and Inclusion	10
Reporting, Quality Improvement and Utilization Review	8
Financial Assessment	26
Total Proposal Points	128 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 2.10](#). If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in [Section 2.5](#), 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.

The review of 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 Evaluation score. A Financial Assessment 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.

Up to 3 additional points will be awarded to proposals that include serving one or more of the high needs counties within a given EDR, as outlined in [Section 1.1](#) NYS Economic Development Regions chart. Such proposals must identify the EDR county and include the county in the Community Needs Assessment and implementation plan. Proposals will be awarded points based on a comprehensive plan to serve the county(ies) that addresses these metrics.

Any proposal not receiving a minimum final score of 90 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Implementation ([Section 6.4](#)) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be reviewed, scored and ranked. Awards will be made to assume the development and operation of a CCBHC Demonstration by July 1, 2024. The proposed clinic site must hold either an Article 31, Article 32, or both license(s).

For the 6 CCBHCs which will be awarded within the New York City (NYC) EDR, one award will be made to each of the five (5) boroughs: Kings, Queens, New York, Richmond, and the Bronx to the applicant receiving the highest score in each borough. After the state awards one (1) CCBHC to the highest scoring proposal in each of the five (5) boroughs for which the state receives proposals, a second CCBHC will be awarded to each borough based on the next highest scoring proposal in NYC, until each borough with applicants achieving a passing score is awarded a second CCBHC. This process will continue until a maximum of 6 CCBHCs are awarded.

For the seven (7) CCBHCs, which will be awarded in the nine (9) EDRs outside of NYC, awards will first be made to the highest scoring proposal(s) for each of the three (3) EDRs without a current CCBHC (i.e., Southern Tier, Mohawk Valley, and Capital Region) until each of these EDRs for which the state receives proposals achieving a passing score are awarded at least one (1) CCBHC. Then, one (1) CCBHC will be awarded to each EDR outside of NYC based on the next highest scoring proposal until each EDR for which the state receives proposals with a passing score are awarded (one) 1 CCBHC. If a total of (seven) 7 awards cannot be made based on this allocation methodology, a second CCBHC will be awarded to each EDR based on the next highest scoring proposal in the 9 EDRs outside of NYC, until each EDR outside NYC with applicants achieving a passing score are awarded a second CCBHC. This process will continue until a maximum of (seven) 7 CCBHCs are awarded.

In the event that all 13 CCBHCs are not award using the process above, the Offices reserve the right to issue the remaining awards based on the highest scoring proposals across either NYC or the 9 EDRs outside of NYC until all 13 CCBHC are awarded, following the same process as above.

4.3.2 Contract Termination and Reassignment

There are a number of factors which may result in the contract being reassigned. These include but are not limited to, failure to meet start-up milestones or meet the federal CCBHC Certification Criteria or the NYS Scope of Services, including the provision of the nine core services. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, the Offices will go to the next highest ranked proposal. If there are no agencies left with a passing score, the Offices will go to the top of the list and work their way down the list to reassign the contract.

4.4 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.

The Offices reserve the right to conduct a readiness review of the selected applicant prior to the execution of the contract. The purpose of this review is to verify that the applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.

5. Scope of Work

5.1 Introduction

New York State OMH and OASAS will make funds available for the establishment of 13 new CCBHC Demonstrations throughout NYS economic development regions including: 6 CCBHCs in the NYC EDR and 7 CCBHCs in EDRs outside of NYC, as shown in the table in [Section 1.1](#). Funds for this award will include

one-time operational funds to build the awardee's current programs to meet the CCBHC Demonstration program requirements. The selected Providers will establish CCBHCs according to federal Certification Criteria and the NYS CCBHC Scope of Services Provider Manual. Providers will need to demonstrate their ability to comply with the updated SAMHSA CCBHC Certification Criteria which was released in March 2023 and has an implementation date of July 1st, 2024. The NYS Scope of Services Manual will be updated to reflect the new Certification Criteria by the implementation date and may include additional NYS specific criteria. See [Section 1.1](#) of this document for links to these documents.

5.2 Objectives and Responsibilities

Planning

CCBHCs must complete a Community Needs Assessment which is a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served. As such, proposals must include a completed Community Needs Assessment. Agencies will collaborate with community stakeholders to complete their assessment, including input from the entities that are listed in the federal CCBHC Certified Criteria. The assessment should identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders. Specific CCBHC criteria are tied to the Community Needs Assessment including staffing, language and culture, services, locations, service hours and evidence-based practices (EBPs). Therefore, the assessment must be thorough and reflect the treatment and recovery needs of those who reside in the service area across the lifespan, including children, youth, adults, older adults, and families.

Agencies will also collaborate with the OMH Field Offices, OASAS Regional Offices, Local Government Units (LGUs), local law enforcement agencies, and other community programs and providers to complete their assessment. Additionally, agencies should participate in county and community planning, including active collaboration in Community Service Boards and inclusion in Local Service Plans to best serve the community's needs.

Description of Services

CCBHCs must follow and adhere to the NYS CCBHC Scope of Services Provider Manual and the updated SAMHSA Certification Criteria (refer to links in [Section 1.1](#)) to provide services that are voluntary, person-centered, and trauma informed. The CCBHC will need to demonstrate their ability to comply with the updated SAMHSA CCBHC Certification Criteria, which was released in March 2023, with an implementation date of July 1st, 2024.

A CCBHC is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs must serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.

CCBHCs must provide nine core services:

- Crisis behavioral health services including prevention, 24-hour mobile

- crisis teams, emergency crisis intervention, and crisis stabilization
- Screening, assessment, and diagnosis including risk assessment
- Person-centered and family-centered treatment planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer supports, Peer counseling, and family/caregiver supports
- Intensive community-based mental health care for members of the Armed Forces and veterans

CCBHCs are required to provide a comprehensive array of behavioral health services so that people who need care are not caught trying to piece together the behavioral health support they need across multiple providers. CCBHCs play an essential role in transitions of care from hospital inpatient, emergency room and Comprehensive Psychiatric Emergency Programs (CPEPs) as well as other transitions in care, including but not limited to individuals returning to the community from incarceration. To facilitate this role, CCBHCs must establish communication protocols and partnerships with community partners to facilitate these important transitions. In addition, CCBHCs must provide care coordination to help people navigate behavioral health care, developmental health care, physical health care, social services, and the other systems in which they are involved. Another important feature of the CCBHC model is that it requires crisis services that are available 24 hours a day, 7 days a week, 365 days per year.

All services are voluntary, person-centered, and trauma-informed, with an emphasis on peer support that is recovery oriented. CCBHCs must ensure services are delivered in a comfortable and welcoming environment by a multidisciplinary team. CCBHC staff will act in a manner that is culturally competent, person-centered and trauma-informed to understand and respect personal preferences throughout their interactions with people receiving services and other staff members at the CCBHC.

5.3 Implementation

CCBHCs will be jointly monitored, and overseen by NYS OMH and OASAS, in accordance with Articles 31 and 32 of the Mental Hygiene Law (MHL). All aspects of implementation shall be guided by SAMHSA's CCBHC Certification Criteria, 14 NYCRR Part 599/822 Regulation, and the NYS CCBHC Scope of Services Provider Manual. Awarded agencies may need to apply for authorization to provide Integrated Outpatient Services (IOS) as part of the implementation process.

CCBHCs may be operated by or affiliated with hospitals and/or hospital affiliated programs. Additionally, CCBHCs may be co-located with existing facilities. CCBHCs that are co-located or adjoined with an existing facility must ensure the facility operates in accordance with applicable CMS requirements, NYS Regulations and program guidance.

CCBHCs must be adequately staffed with a multidisciplinary team. Staffing must have the ability to meet the needs of both the areas and the populations being served. Staffing numbers will be based on operating needs and will reflect

demographic data collected on the service area. CCBHCs must have internal capacity to directly provide the nine core services.

Designated Collaborating Organizations (DCOs)

Although the CCBHC is responsible for ensuring all services are available through the CCBHC, there are services for which the CCBHC may contract with another provider to deliver or assist with delivery. These formal contracts are referred to as Designated Collaborating Organizations (DCOs). A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) of the required core services. The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. The formal relationship between CCBHCs and DCOs must provide for seamlessly integrated services delivery across service providers under the umbrella of a CCBHC. DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the federal Certification Criteria. DCO agreements shall make the DCO responsible for providing any services provided as a part of the DCO relationship in accordance with the NYS CCBHC Scope of Services Provider Manual.

Additional information regarding the financial component of DCO relationships are available in the [Section 223 Demonstration Programs to Improve Community Mental Health Services Prospective Payment System \(PPS\) Guidance](#) and [NYS CCBHC Prospective Payment System \(PPS\)](#).

Governance

CCBHC governance must be informed by representatives of the individuals being served by the CCBHC. This assures that the perspectives of people receiving services, families, and people with lived experience of mental health and substance use conditions are integrated in leadership and decision-making. Meaningful participation means involving a substantial number of people with lived experience and their family members in developing initiatives and activities; identifying community needs, goals, and objectives; providing input on service development and CQI processes; and budget development and fiscal decision making. CCBHCs reflect substantial participation by one of two options:

- Option 1: At least fifty-one percent of the CCBHC governing board is comprised of individuals with lived experience of mental and/or substance use disorders and families.
- Option 2: Other means are established to demonstrate meaningful participation in board governance involving people with lived experience (such as creating an advisory committee that reports to the board). Under this option, input from individuals with lived experience and family members must be incorporated and representatives from the alternate approach must have formal voting power on the governing board.

Additional information on the requirements for governance under Option 1 and Option 2 can be found in the federal CCBHC Certification Criteria.

5.4 Reporting, Quality Improvement, and Utilization Review

CCBHCs must have the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing: (1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services. Data collection and reporting requirements are elaborated in the federal Certification Criteria. Information about people receiving services and care delivery should be captured electronically, using widely available standards.

CCBHCs are required to collect the Clinic-Collected quality measures identified as required in the federal Certification Criteria. Reporting is annual and, for Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services. The required quality metrics and Cost Reports must be submitted to NYS OMH for inclusion in the state's annual report to SAMHSA. CCBHCs must also comply with all OMH fiscal reporting requirements as outlined in the [Aid to Localities Spending Plan Guidelines](#). Additional data tracking and reporting may be required at the discretion of the Offices.

In order to maintain a continuous focus on quality improvement, the CCBHC must develop, implement, and maintain an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided. The CCBHC must establish a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services. CCBHCs must have a systematic approach for self-monitoring that ensures ongoing quality improvement of services, including analyzing utilization review findings and recommendations. Areas for quality improvement include not only provision of services while at the CCBHC, but also referrals, follow-up attempts, and client feedback. Additional information on requirements for CCBHC CQI are included in the federal Certification Criteria.

The Offices will work with the CCBHCs to collect initial and ongoing feedback from people receiving services. Findings will inform the CCBHC's overall quality improvement plan. Providers will participate in regular oversight activities and site visits from NYS OMH and OASAS.

5.5 Operating Funding

Start-up funds in the amount of \$265,000 will be allocated in the first year of the contract and can be spent through June 30, 2025. Activities for which the funding can be used include, but are not limited to, staffing, policy and procedure, EHR, telehealth, crisis service, and DCO agreement development as well as site specific alteration and accreditations.

Upon implementation of the CCBHC Demonstration on July 1, 2024, providers will be funded through a combination of sources, including but not limited to Medicaid, Medicare, other third-party payors and payment from individuals

receiving services in accordance with an adopted sliding fee scale and indigent care program funding (if eligible).

For the Medicaid eligible populations, ongoing operations will be supported through a cost-based Prospective Payment System (PPS), in accordance with federal rules of the Demonstration (See Section 6.7). The PPS Medicaid rate is a daily clinic-specific rate composed of all CCBHC costs and visits for CCBHC services. These rates will be established using cost reports as submitted with this RFP and based on anticipated operational costs. Costs will be rebased after the first year of the Demonstration.

6. Proposal Narrative

When submitting proposals under this RFP, the narrative must address all components listed below, in the following order. Please be clear and concise in your response. Not all responses to questions need to fulfill the character allowance.

6.1 Agency Performance

- a. Describe the provider's experience engaging, developing, implementing, and providing mental health and substance use services to children, adolescents, adults, older adults, and families in the community. Describe services provided for co-occurring mental health and substance use disorders, as well as co-occurring intellectual/developmental disabilities. Identify services for which the provider is licensed, certified or otherwise authorized (if applicable), and the population(s) served at the sites identified in this proposal.
- b. Describe how these experiences demonstrate the provider's experience and qualification for operating a CCBHC.
 - i. Describe how you ensure immediate access to individuals.
 - ii. Describe your current protocols and procedures for transitioning individuals from area hospital inpatient units, emergency departments, CPEPs, and residential facilities, including any real time notification of discharge and record transfers that support the seamless delivery of care.
 - iii. Describe how you currently treat substance use disorders, including use of Motivational Interviewing, harm reduction, and psychopharmacology for tobacco, alcohol, and opioid use disorders. Describe how you currently use Medication for Addiction Treatment (MAT) services, including for opiate use disorder and alcohol use disorder. Describe the modalities used to deliver MAT Services.
 - iv. Describe your current use of long acting psychotropic injectables and how you plan to ensure individuals served by the CCBHC will have access to long acting psychotropic injectables as applicable.
 - v. Describe the evidence-based practices you provide to address mental

health disorders and substance use disorders.

- vi. Describe what Peer Support Services are currently being offered within your agency or relationships with agencies providing Peer Support Services outside of your agency.
- c. SAMHSA recommends the use of the Dual Diagnosis Capability in Addiction Treatment ([DDCAT](#)) for substance use disorder primary clinics and the Dual Diagnosis Capability in Mental Health Treatment ([DDCMHT](#)) for mental health primary clinics as tools to assist agencies in evaluating the degrees to which they practice integrated mental health and substance use service delivery. Describe how your agency currently operates according to the SAMHSA definitions and measures of integrated care for each dimension.
- d. Attach any letters of support you receive from LGUs, hospital partners, and other community stakeholders to support the development of a CCBHC.

6.2 Population

- a. For proposals for NYC, provide the borough which you intend to serve.
- b. For proposals for EDRs outside of NYC, provide the EDR which you intend to serve.

Community Needs Assessment

- c. In order to complete the questions a. through f., complete the New York State derived Community Needs Assessment [Mental Health and Substance Use Disorders Community Needs Assessments Data Resources \(ny.gov\)](#) and include descriptions of the following domains:
 - i. Communities to be served, including: gender, race, ethnicity, age, income, education, unemployment, poverty, health insurance status, special populations, foreign born, primary language.
 - ii. Physical and behavioral health care resources, including: inpatient physical health care facilities & outpatient physical health care facilities, physical health care practitioners, inpatient behavioral health care facilities and programs & outpatient behavioral health care services, behavioral health crisis services, care coordination, behavioral health care practitioners.
 - iii. Health status, including: Medicaid beneficiaries with mental health diagnosis, Medicaid beneficiaries with substance use disorders, Medicaid beneficiary hospital inpatient admissions and emergency room visits.
 - iv. Unmet service needs, including: behavioral health treatment, potentially avoidable hospitalizations, potentially avoidable emergency room visits.
 - v. Consumer and provider feedback based on self-reported individual surveys or focus groups coordinated by the CCBHC, including: service utilization, perceived service needs, barriers to access, scope of services in treatment.
- d. Describe how the findings of the Community Needs Assessment will inform your program planning, including integrated service delivery across the

lifespan, level of service engagement and ability to pay. Include a detailed description of the engagement practices and strategies to be used and targeted to meet the needs of the specific populations being served. Also include a description of strategies for engaging populations or communities in need of service which are currently underserved.

Proposed Location

- a. Provide the address of where the CCBHC will be located. Identify the counties within the service area. Using available quantitative data:
 - i. Describe the need for a CCBHC in your service area, including the projected number of individuals served per month and the method used to project this number.
 - ii. If planning to be co-located with an established facility and/or service provider, please identify the facility and/or service provider name and location. Describe the partnership(s) and how the co-location will benefit the served populations and/or expand services provided at the CCBHC.
- b. Will you be serving a high needs county as defined in [Section 1.1](#)? Which county(ies)?

6.3 Description of Program

Responses should be consistent with the NYS Scope of Services Manual and reflect the updated SAMHSA CCBHC Certification Criteria (released March 2023) **but should not be a reiteration of the Certification Criteria.**

- a. Provide a narrative/plan describing how an individual will be offered, and able to immediately access, all CCBHC core services when they present (i.e., who will be responsible for greeting, triaging, assessing, coordinating care, etc.) and how the staff will work internally as a multidisciplinary team to provide services.
- b. When responding to questions i. through ix., describe how the CCBHC will provide each of the following core services, with an emphasis on providing integrated care, and which EBPs are being considered. Describe if, and how, any of the core services identified in the Description of Services would be delivered by a DCO.
 - i. *Screening, assessment, and diagnosis, including risk assessment:* Include a description of the methods that will be used to assess for level of acuity including, but not limited to, suicide risk, overdose risk, risk of violence, substance use, substance intoxication and withdrawal risk, cognitive impairment, physical health, and mental health needs throughout services.
 - ii. *Outpatient mental health & substance use services:* Include details on how the full range of outpatient mental health and substance use services will be provided across the lifespan and for people with co-occurring intellectual/developmental disabilities and how those services will be integrated. Include information around Harm Reduction tools and strategies that will be available

and how people will access those services, the provision of Medication for Addiction Treatment (MAT), Injectable psychotropic medications, and using EBPs for the delivery of MH and SUD services.

- iii. *Person-centered and family-centered treatment planning*: Include a description of the methods and approaches the CCBHC will use to promote and ensure that services provided are person-centered, family-guided, trauma informed, and recovery-oriented, to all individuals, including those with co-occurring behavioral health and intellectual/developmental disabilities, that may present with a range of service needs. Describe the methods the CCBHC will use to provide family-based care, including caring for multiple individuals in the same family in an integrated manner.
 - iv. *Peer support, peer counseling, and family/caregiver supports*: Describe the services and supports that will be provided by OMH Certified Peer Specialists, OASAS Certified Recovery Peer Advocates, and Family Peer Advocates. Also consider the services and supports that could be provided by Youth Peer Advocates.
 - v. *Targeted case management services*: Include a description of who would receive TCM and what the goal of the service would be. Describe your relationship with Health Homes and other team-based intensive case management services.
 - vi. *Psychiatric rehabilitation services (PRS)*: Include a description of who would receive PRS and what the goal of the service would be. Describe your relationship with PROS, CORE, and other PRS providers.
 - vii. *Outpatient primary care screening & monitoring*: Include what screenings would be administered, which chronic conditions would be monitored and describe how you would coordinate with community Primary Care providers.
 - viii. *Crisis behavioral health services*: Include a description of how the CCBHC will support the safety and wellness of people seeking services during a mental health and/or substance use crisis, including prevention, intervention, crisis response, mobile crisis teams, and stabilization. Include an emphasis on clients whose racial, ethnic, gender identity or intellectual/developmental disability status are known to increase risk of potentially harmful encounters with the emergency response system (e.g., police, Emergency Medical Services).
 - ix. *Community-based mental health care for members of the Armed Forces and veterans*: Include how veteran status will be screened and documented, and any linkages that will be pursued.
- c. Describe the intervention approaches that will be utilized for the lifespans as well as families. The approach should include the CCBHC's relationship with local school districts and colleges, Child Protective Services, and pediatricians/primary care providers.

6.4 Implementation

Responses should be consistent with the NYS Scope of Services Manual and

reflect SAMHSA's updated CCBHC Certification Criteria (released March 2023) **but should not be a reiteration of the Certification Criteria**. Responses should describe how your agency would meet these areas following the federal Certification Criteria. In responding, plans should be consistent with the anticipated award contract start date, January 1, 2024, and the anticipated operational timeframe by July 1st 2024.

- a. Describe how your agency will move from current operations to the addition of all CCBHC services outlined in the Agency Performance [Section 6.1](#) to meeting the federal CCBHC Certification Criteria by the July 1, 2024 implementation date.
- b. Describe existing care coordination partnerships, based on the federal CCBHC Certification Criteria, that demonstrate linkage to the full scope of services, including primary care providers, care management, hospital, crisis, and emergency services across the lifespan and describe the nature of those partnerships (such as existing Memoranda of Understanding or formal agreements). Include plans for sustaining and strengthening those partnerships.
 - i. Describe the additional care coordination partnerships, based on the federal CCBHC criteria, you will need to develop as identified by the federal CCBHC Certification Criteria, and your plan for developing these additional partnerships. Explain how these partnerships will further your ability to coordinate care with other resources in your service area.
 - ii. Describe how you will link service recipients with primary care providers, ensure primary care services are received and medical recommendations are followed.
- c. Based on your Community Needs Assessment, complete the provided staffing template, that will reflect the needs of the people in your service area. The plan includes staff, either contracted or directly employed, consistent with the requirements in the NYS Scope of Services Provider Manual, which are needed for the provision all 9 core services.
 - i. Explain how the CCBHC Medical Director position will be filled and utilized in day-to-day operations.
 - ii. Describe the CCBHC's planned organizational structure, as well as administrative and supervisory support, for all CCBHC staff.
 - iii. Describe your understanding of DCO relationships and how you would monitor quality of care of the service as part of the CCBHC services.
 - iv. Describe how you will hire and retain peer staff, including Certified Peer Specialists, Certified Recovery Peer Advocates, and Certified Family Peer Advocates. If your plan includes a Youth Peer Advocate, describe the recruitment and retention of this position.

- v. Describe how the CCBHC will operate and maintain twenty-four hour per day, seven day per week crisis services, including mobile crisis and on-call, with a response time not to exceed 3 hours for both peak and off-peak hours. Include partnerships with the 988 Suicide & Crisis Lifeline (by call, chat, or text) and collaborations with other area hotlines and warmlines, residential crisis services, and crisis stabilization centers.
 - vi. Provide details of how leadership will obtain, retain, and support staff during periods of workforce shortages and health crises.
- d. Describe methods for developing Governance as outlined in the federal CCBHC Certification Criteria that will reflect the population being served within your CCBHC. Include information on the Governing Body's composition or alternative methods that assure the perspectives of clients, families, and people with lived experience of mental health and substance use conditions are integrated into leadership and organizational decision-making.

6.5 Diversity, Equity and Inclusion

- Entity's Commitment to Equity and the Reduction of Disparities in Access, Quality, and Outcomes for Marginalized Populations.
 - a. Provide the mission statement, including information about the intent to serve individuals from marginalized/underserved populations.
 - b. Identify the management level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations in your service area. This includes activities related to diversity, inclusion, equity, and cultural/linguistic competence. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
 - c. Provide the diversity, inclusion, equity, and cultural/linguistic competence plan as outlined in the [National CLAS Standards](#). Note - plan format should use the SMART framework (Specific, Measurable, Achievable, Realistic, and Timely). The plan should include information in the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access, quality, treatment outcomes in patient population, and soliciting input from diverse community stakeholders and organizations).
 - d. Describe the process by which the diversity, inclusion, equity, cultural/linguistic competence plan was created using stakeholder input from individuals receiving behavioral health service, community providers, and individuals from marginalized/underserved populations. Additionally, describe how the plan will be regularly reviewed and updated.

- e. Describe the demographic makeup of the population in the service area using available data (race/ethnicity/gender/sexual orientation/language). Additionally, please describe how this data will be used to shape decisions pertaining to the recruitment and hiring of staff, policies, trainings, and the implementation of best practice approaches for serving individuals from marginalized/underserved populations.
- Organization Equity Structure
 - a. Describe the planned committees/workgroups that will focus on efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence). Please also describe the membership of these committees/workgroups (organizational positioning). Include:
 - i. how committees/workgroups review services/programs with respect to cultural competency issues within the entity;
 - ii. how this group corresponds and collaborates with the quality assurance/quality improvement/compliance parts of the organization;
 - iii. how committees/workgroups participate in planning and implementation of services within the entity;
 - iv. how committees/workgroups transmit recommendations to executive level of entity;

Note - it is important to describe membership of representatives from the most prevalent cultural groups to be served in this project.
 - Equity Training Activities
 - a. Describe the training strategy to address topics related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and treatment outcomes for marginalized/underserved populations. These include trainings about implicit bias, diversity recruitment, creating inclusive work environments and providing language access services.
 - Workforce Diversity and Inclusion
 - a. Describe efforts to recruit, hire, and retain staff from the most prevalent cultural group of service recipients. This includes a description of:
 - i. a documented data driven goal to recruit, hire, and retain direct service/clinical, supervisory, and administrative level staff who are from or have had experience working with the most prevalent cultural groups of service recipients;
 - ii. current staffing levels of direct service/clinical staff members who are from or have experience working with the most prevalent cultural groups of its service recipients;
 - iii. current staffing levels of supervisors who are from or have experience working with the most prevalent cultural groups of its service recipients;

- iv. and current staffing levels of administrative staff members who are from or have experience working with the most prevalent cultural groups of its service recipients.
 - v. Include information about employment postings on platforms and in places specifically designed to hire diverse individuals, the use of language in employment posting(s) that illustrate the CCBHC is seeking to recruit diverse candidates, and efforts to retain diverse employees including use of best practice approaches to mitigate bias in interview/hiring processes.
- Language Access
 - a. Describe efforts to meet the language access needs of the individuals served by this project (limited English proficient, Deaf/ASL) as identified in the preliminary Community Needs Assessment. 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, and the provision of best practice approaches to provide language access services (e.g., phone, video interpretation). Also include information about efforts to ensure all staff with direct contact with individuals receiving services are knowledgeable about using these resources. Additionally, provide information about the plan to provide key documents and forms in the languages of the most prevalent cultural groups of service recipients (consent forms, releases of information, medication information, rights, and grievances procedures).

This section should also include information related to:

- i. Addressing other language accessibility needs (e.g. Braille, limited reading skills).
- ii. Service descriptions and promotional material.

6.6 Reporting, Quality Improvement, and Utilization Review

- a. Describe the current provider Electronic Health Record (EHR). Indicate if funding will be used to enhance the EHR to collect the required data elements and to support an interoperability system.

If the CCBHC does not have an EHR: Provide a description of how the CCBHC will establish an EHR environment, including funding that may be used to create the EHR to collect required data elements that support interoperability, thus minimizing duplicate data entry for staff.
- b. Describe how your agency will ensure the required federal CCBHC Clinic-Collected measures will be captured and submitted to the Offices for annual reporting requirements and for additional reports, as requested.
- c. Describe how you will collect, track and report on qualitative data measures including service access, staffing, all 9 core services delivered and outcomes.

- d. Describe and demonstrate the effectiveness of the proposed approach to self-monitoring and ensuring continuous quality improvement for the CCBHC, including incorporation of findings based on the annual measures that are collected.

6.7 Financial Assessment

The proposal must include the following items:

- a. A completed Certified Community Behavioral Health Clinic (CCBHC) Cost Report.
 - i. The CCBHC Cost Report template may be found in Grants Gateway.
 - ii. The CCBHC Cost Report Instructions are found at:
<https://www.medicaid.gov/medicaid/downloads/ccbhc-cost-report-instruction.pdf>.

Additional documentation that must accompany the cost report shall include: (a) if the applicant is using an indirect cost rate pursuant to an agreement with an cognizant agency, a copy of the agreement must accompany the cost report; and (b) copies of any proposed Designated Collaborating Organization (DCO) Agreements which are planned to be used, along with a list of the organizations you are discussing DCO Agreements with, and the services you are requesting these organizations provide to your CCBHC.

- b. A completed Anticipated Cost Detail Report (found in Grants Gateway) which details (a) the additional items of expense incurred since the base year CFR used in the CCBHC Cost Report and (b) anticipated costs which will be incurred in the first year of operation if the CCBHC is selected. An explanation for the anticipated costs is also required in the Report. Details for information reported on Lines 17, 27, 38 and 47 must be provided in the Tabs of the Report identified for each of these lines.
- c. A completed Uncompensated Care Survey (Grants Gateway). The document must detail the projected daily visits by payer for each proposed CCBHC site. The total daily visits reported in this document must equal the total daily visits detailed in the CCBHC Cost Report, including total CCBHC daily visits provided directly by employees, total CCBHC daily visits projected to be provided by DCO employees and total additional daily visits anticipated to be provided. This information is to be reported by anticipated payer, not the coverage the person receiving CCBHC services has, keeping in mind that CCBHC is “carved-out” of Medicaid Managed Care so no daily visits should be identified in the Medicaid Managed Care lines.
- d. Startup funds may only be used up until 6/30/25. When completing the budget template (Appendix B in Grants Gateway), note the following:
 - i. “Total Operating Costs Funded by State Grant” represents the total net deficit funding (start-up) that is being requested.
 - ii. Administrative costs cannot be more than 15%. The indirect cost/administrative overhead rate is capped 15%.

- iii. Providers must follow Consolidated Fiscal Reporting Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements are not allowable in this budget document.
 - iv. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement.
 - v. Applicants must list staff by position, fulltime equivalent (FTE), and salary.
- e. Applicants must also complete a Budget Narrative (Appendix B1 in Grants Gateway) which must include the following:
- i. Describe how your agency manages its operating budget.
 - ii. Provide detailed expense components that make up the total operating expenses.
 - iii. Provide the calculation of intended use of startup funds or logic with detail of each expense.