Request for Proposals

Grant Procurements

Certified Community Behavioral Health Clinic (CCBHC)
OMH112

(On-Line Submission Required)

March 2024

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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) and counties without access or with limited access to CCBHC services 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, as well as those counties with limited access to currently operating CCBHC services. The Offices are seeking to develop 5 CCBHCs Downstate, defined as NYC and Long Island, and 8 CCBHCs in Upstate, defined as the remaining EDRs, as detailed in the table below. Each awardee will be authorized to implement the full CCBHC model (i.e. providing all nine (9) required services) at an existing clinic[1] site located within the proposed borough for NYC or the proposed EDR Upstate. 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 October 1, 2024, and must be operational by July 1, 2025. CCBHCs will be jointly selected for participation in the federal CCBHC demonstration by the NYS OMH and OASAS.

NYS Economic Development Regions

Region	Counties
Capital Region	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington
Central New York	Cayuga, Cortland, Madison, Onondaga, Oswego
Finger Lakes	Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates
Long Island	Nassau, Suffolk
Mid-Hudson	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Mohawk Valley	Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie
New York City	Bronx, Kings, New York, Richmond, Queens
North Country	Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence

[1] NYS OMH licensed Article 31 clinics are now named Mental Health Outpatient Treatment and Rehabilitative Services providers (MHOTRS). However, for this document, 'clinic' will be used to refer to Article 31 outpatient programming.

Southern Tier	Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins
Western New York	Allegany, 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 and family-guided 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, 2025 and will expend all funds by June 30, 2026. 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 and serve the full lifespan.

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 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)

CCBHC Overview Webinar (MCTAC.org)

Applicants should review the above references prior to applying to inform content and planning.

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 the lifespan: 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 individuals who require higher levels of care, CCBHC staff will collaborate with the individual, and, as applicable, family, and assist them in accessing the next level of care.

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:

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

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal are strongly encouraged to submit a Letter of Intent to Bid. A Letter of Intent does not obligate an agency to submit a proposal.

2.3 Key Events/Timeline

RFP Release Date	3/26/24
Letters of Intent Due	5/30/24
Questions Due by 4:00 PM EST	4/24/24
Questions and Answers Posted on Website	5/16/24
Proposals Due by 1:00 PM EST	7/1/24
Anticipated Award Notification	8/7/24
Anticipated Contract Start Date	10/1/24

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

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.9 and Section 2.10 for additional Prequalification Information. 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 in one of the following categories:
  - Agency must hold licensure for an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic license AND Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification in good standing with both of the Offices.

    OR
  - Agency must hold licensure for an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic license OR Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification in good standing with both of the Offices AND have a licensing or certification application for the other program under way as of the date this RFP is issued. This means the eligible applicants must have the outstanding application reviewed by the Behavioral Health Services Advisory Council, with recommendation, by July 1, 2024 to qualify. To support a timely review process, applicants are expected to remain engaged and responsive to state-issued inquiries and requests throughout the duration of the licensure/certification process. If selected as an awardee of this funding opportunity, provider agencies must be approved for licensure/certification upon the conclusion of the federal SAMHSA CCBHC Demonstration. If required licensure/certification is not secured within the required timeframe, the contract may be canceled.

- Agency proposed *location* must hold EITHER licensure for an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic program OR an Article 32 Part 822 Substance Use

Disorder Outpatient Programs clinic certification, in good standing with both of the Offices.

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.

All CCBHC programs must have the ability to directly provide developmentally appropriate, integrated mental health and substance use services for children, youth, families, and adults. Therefore, eligible agencies considering submitting a proposal must evaluate if they will be able to achieve capacity for this requirement within the proposed clinic site by July 1, 2025. When determining capacity for direct service requirements, eligible agencies should do so separate from any Designated Collaborating Organization (DCO) relationship.

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 April 24, 2024, 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. Please put “OMH 112 Certified Community Behavioral Health Clinic (CCBHC)” in the subject line of any Q&A email. If you do not use the aforementioned subject line OMH cannot guarantee your question will be answered.

The questions and official answers will be posted on the OMH and OASAS websites by May 16, 2024.

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, and the NYS Contract Reporter.

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

2.8 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 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 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.

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 SFS is required to contain:

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

Not-for-profit organizations must Register as a vendor 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 grantsreform@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 5-10 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 may result in a grant application being disqualified.

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 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, 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 whose proposal fails to conform to the requirements of the RFP;

- Disqualify an applicant that is not in good standing per OASAS good standing requirements 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, SFS 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.

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 federal Demonstration standards by July 1, 2025. The contract term starts October 1, 2024 and all funds must be expended by June 30, 2026. 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	12
Population (High Needs County Identification)	17 (maximum 20)
Description of Program	21
Implementation	9
Diversity, Equity, and Inclusion	10
Reporting, Quality Improvement and Utilization Review	8
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 2.10. 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.

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, as outlined in Section 4.3. Such proposals must identify the high needs 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).

Any proposal not receiving a minimum final 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 6.3) 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, 2025. To be eligible to apply for this funding opportunity, the agency must meet the eligibility criteria as outlines accordance with Section 2.5.

Note: the proposed clinic ***site*** must hold either an Article 31, Article 32, or both license(s).

DOWNSTATE (5 Awards) – includes NYC (Richmond, Kings, Queens, Bronx, NY) and Long Island (Suffolk, Nassau)

For the five CCBHCs awarded in NYC and Long Island, one award will be made in Richmond County and one award will be made in Suffolk County. The next CCBHCs awarded will be made to the three highest scoring applications in any of the five NYC boroughs, Nassau or Suffolk County, one per county or borough. If the remaining CCBHCs are not assigned after the state awards one CCBHC to the next highest scoring application from any of the five boroughs, Nassau or Suffolk, a second CCBHC will be awarded based on the next highest scoring applicant within these NYC boroughs and counties, one per county or borough. This process will continue until the remaining CCBHCs are awarded within one borough or county at a time.

UPSTATE (8 Awards) – Rest of State EDRs

For the eight (8) Upstate CCBHCs, which will be awarded outside of NYC and Long Island, awards will first be made within each EDR to the highest scoring proposal whose proposed CCBHC main site is located in a county that does not have a CCBHC demonstration main site in-county AND is not in any operational CCBHC's service area until each of these EDRs for which the state receives proposals achieving a passing score are awarded at least one (1) CCBHC. These counties are: Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Essex, Fulton, Green, Hamilton, Herkimer, Jefferson, Lewis, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, Sullivan, Tioga, Tompkins, Ulster, Washington.

If an Upstate EDR does not have any awarded applicants that meet the first criteria, then, one (1) CCBHC will be awarded within each EDR to a provider whose proposed CCBHC main site is located in a county that does not have a CCBHC demonstration main site in-county, but is in an operational CCBHC's service area, based on the highest scoring proposal until each EDR for which the state receives proposals with a passing score are awarded (one) 1 CCBHC. These counties are: Alleghany, Cattaraugus, Cayuga, Chautauqua, Cortland, Livingston, Madison, Oswego, Seneca, St. Lawrence, Wayne, Yates.

If an Upstate EDR does not have any awarded applicants that meet the first two criteria, then, one (1) CCBHC will be awarded to EDRs to applicants whose proposed CCBHC main site includes in its service area a county or counties that has no in-county CCBHC demonstration main site. These counties are: Albany, Alleghany, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Cortland, Columbia, Delaware, Dutchess, Essex, Fulton, Green, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Seneca, Schuyler, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Washington, Wayne, Yates.

If an EDR does not have applicants that meet any of the above three criteria, the next highest scoring applicant with a passing score will be awarded.

Three (3) additional points will be awarded to the Population (High Needs County Identification) score for an applicant who will include in their service area the following county(ties) who have been identified as having high needs and no in-county CCBHC Demonstration site: Alleghany, Cayuga, Columbia, Greene, Lewis, Rensselaer, Schenectady, Sullivan, Tompkins.

If a total of eight (8) awards cannot be made based on this allocation methodology, a second CCBHC will be awarded to each Upstate EDR based on the next highest scoring proposal using the above methodology until each Upstate EDR with applicants achieving a passing score are awarded a second CCBHC. This process will continue until a maximum of eight (8) CCBHCs are awarded.

In the event that all 13 CCBHCs are not awarded using the Downstate and Upstate 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 unsuccessful cost reporting, non-participation in technical assistance/training, or failure to meet start-up milestones or meet the federal CCBHC Certification Criteria or the NYS Provider Manual, including the provision of the nine core services, for the July 1, 2025 federal implementation date. 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: 5 CCBHCs in Downstate and 8 CCBHCs Upstate, 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 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, 2025. The NYS Provider Manual has been updated to reflect the new Certification Criteria and includes 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 informs program capacity to address the needs of the population 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 Local Government Units (LGUs), local law enforcement agencies, and other community programs and providers to complete their assessment.

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

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 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, 2025.

CCBHCs must provide nine required 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 across the lifespan so that people who need care are not 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.

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 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 capacity to directly provide the nine core services, except where those services are provided by Designated Collaborating Organizations (DCOs).

Designated Collaborating Organizations (DCOs)

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 Provider Manual.

NYS allows the DCO of the following services:

- Mobile Crisis
- Primary Care Screening and Monitoring
- Targeted Case Management
- Psychiatric Rehabilitative Services
- Peer Support, Peer counseling, and Family/Caregiver Supports
- Community-based mental health care for members of the Armed Forces and veterans

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 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.

Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance.

Program providers must have a quality, supervisory, and operational infrastructure to support submitting data to OMH regarding all enrolled clients, including client-identified data. OMH will provide programs with a template of the data items required for reporting. Information will also be submitted regarding performance indicators demonstrating that recipients' continuity of care has been assured.

Program providers will have a systematic approach for self-monitoring and ensuring ongoing quality improvement of services, including analyzing utilization review findings and recommendations. Providers should ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.

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, 2026. 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.

- Off-set cost of staffing program expansion including funds for new staff, or retention or relocation funds for current staffing.
- Off-set start-up costs to support the sustainability of projected CCBHC including increased administrative support, reduced productivity as caseloads are established and grown, etc.
- Off-set costs to support efforts in raising community awareness of CCBHC services and access.
- The identification and onboarding of qualified staffing to appropriately and competently serve the population.
- New training and resources to modify current programming to engage and treat the various needs and features of the expanded program type.
- Refurbishment of ***new or*** existing program space to safely and suitably serve the expanded population including, new art or furniture in a waiting room, adjustments to therapy rooms to account for play or dyadic therapy, etc[2].
- Operational expenses including office equipment and other costs to support adherence to program requirements and service access including, devices to facilitate telehealth, EHR updates, etc.
- Expanded service implementation to including the nine (9) core services.
- Development of new materials to market to and engage new individuals/families and referral sources of the expanded population.

Upon implementation of the CCBHC Demonstration on July 1, 2025, 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.

Funding Exclusions: While certain space refurbishment is permitted, capital improvement projects are not allowable.

6. Proposal Narrative

When submitting proposals under this RFP, the narrative must address all components listed below, in the following order. Narrative responses for Sections 6.1-6.5 should not exceed 100 pages, not including supporting documentation.

[2] If these costs are not included in lease expenses, or if the CCBHC is located at property owned by the provider applying for a CCBHC under this procurement, site specific alterations could include painting, carpeting, office furniture, computers and other office equipment. It would not include building out of office space, electrical work, cabling, or other similar expenses.

Please be clear and concise in your response. Not all responses to questions need to fulfill the character allowance.

6.1 Agency Performance

If agency experience or expertise is limited in any of the below categories and/or if any of the below areas are not currently included in program operations, state such and incorporate planning for addressing program or policy expansions/adjustments in Section 6.3.

a. Describe the provider's experience engaging, developing, implementing, and providing mental health and substance use services. All responses should account for, as applicable:
    - serving the full lifespan (to children, adolescents, adults, older adults, and families)
    - providing services in the home and community
    - service provision for co-occurring mental health and substance use disorders, as well as co-occurring intellectual/developmental disabilities.

i. Describe how individuals', and, as applicable, families', behavioral healthcare needs (crisis, at risk, and routine) are met. Include typical workflows and wait times for initial and subsequent appointments for each of the above.

ii. Describe current protocols and procedures for transitioning individuals, and, as applicable, families, from area hospital inpatient units, emergency departments, CPEPs, and residential facilities, include any real time notification of discharge and record transfers that support the seamless delivery of care.

iii. Describe current treatment of substance use disorders, *across the lifespan*, including use of Motivational Interviewing, and harm reduction, for nicotine, alcohol, and opioid use disorders. Describe how you currently use Medication for Addiction Treatment (MAT) services, including for opioid use disorder and alcohol use disorder. Describe the modalities used to deliver MAT Services.

iv. Describe current provision of long acting psychotropic injectables.

v. Specify the evidence-based practices utilized to address mental health disorders and substance use disorders for individuals, and, as applicable, families.

b. Describe how current clinic adheres to each of the DDCAT and/or DDCMHT dimensions. Describe your rating in context of strengths and needs in order to be fully enhanced.

c. List 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.

6.2 Population

As part of the Community Needs Assessment, applicants must identify the county(ies) in which the proposed CCBHC main site will be located and that will be within the service area.

Proposed Location

a. Provide the address of where the proposed CCBHC main site will be located.
b. List the counties within service area, specifying if counties fall within high needs counties with no in-county CCBHC demonstration main site as defined by Section 4.3.
c. 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.

Community Needs Assessment

d. Complete a Community Needs Assessment as outlined in the SAMHSA CCBHC Certification Criteria, addressing each area in its' entirety. Summarize the following:
   i. Describe the CCBHC service area, including:
      a. identification of sites where services are delivered by the CCBHC, including through DCOs.
      b. Information about the prevalence of mental health and substance use conditions related to needs in the service area, including but not limited to rates of suicide and overdose.
      c. Economic factors and social determinants of health affecting the population's access to health services, such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing.
      d. Cultures and languages of the populations residing in the service area.
      e. The identification of the underserved population(s) within the service area. Plans to update the community needs assessment, at minimum, every 3 years.

e. The Local Governmental Unit (LGU), Director of Community Service (DCS)/Mental Health Commissioner has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorder and/or intellectual/developmental disability in their communities. LGU collaboration is a vital part of the work of CCBHCs.
   i. Applicants must notify the LGU(s) of their intent to apply. Attach Letter of Intent provided to county(ies) within the identified service area.
   ii. Describe your network, internally and externally, of behavioral health and other providers, and how you plan to utilize those networks to facilitate rapid access to care. In your response, describe how you plan to ensure close collaboration with the Local Government Unit (LGU) to facilitate care for individuals served by CCBHCs in all applicable counties. In addition, attach any letters of support you

receive from hospital partners, and other community stakeholders to support the development of a CCBHC.

f. Based on your Community Needs Assessment, complete the provided staffing template, that will reflect the needs of the individuals in your service area. The plan includes staff, either contracted or directly employed, consistent with the requirements in the NYS Provider Manual.

6.3 Description of Proposed CCBHC Program

Responses should be consistent with the NYS Provider Manual, the updated SAMHSA CCBHC Certification Criteria (released March 2023) and reflective of your completed Community Needs Assessment.

a. Provide a narrative/plan describing how individuals, and as applicable, families, will be offered, and able to immediately access, CCBHC services when they are requested. Include how underserved populations will be reached and how the incorporation of culture and language is utilized in practice to support outreach and engagement.

b. When responding to questions i. through ix., describe how the CCBHC will provide each of the following required services. Responses must account for the following: providing **integrated behavioral healthcare across the lifespan**; and, how culture and language are interwoven in each service.

   If current operations are limited in any of the below categories and/or if any of the below areas are not currently included in program operations, state such and incorporate planning for addressing program or policy expansions/adjustments to enable full implemented CCBHC operations.

   If applicable, describe if, and how, any of the required 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 and risk 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.

   ii. *Outpatient mental health & substance use services:* Describe 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. Describe workflows during workforce shortages while ensuring individuals can receive immediate access to these services. Include information on Evidence Based Practices to be used, as outlined in the Provider Manual and, the provision of Medication for Addiction Treatment (MAT) and Injectable psychotropic medications.

   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. *Crisis behavioral health services:* Describe how crisis services will be offered and provided across the lifespan for behavioral health care crisis, including 365/7 days a week mobile crisis with a response within a maximum of 3 hours and for individuals in who present in crisis at the clinic. Include partnerships with other crisis resources, such as 988 suicide and crisis lifelines, crisis stabilization centers, county and community crisis teams.

v. *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.

vi. *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.

vii. *Psychiatric rehabilitation services (PRS)*: Include a description of who would receive PRS and what the goal of the service would be. Describe your collaboration with PROS, CORE, and any other Rehabilitation providers.

viii. *Outpatient primary care screening & monitoring:* Describe the screening and monitoring services to be offered. and describe how you would coordinate care with community Primary Care providers.

ix. *Community-based mental health care for members of the Armed Forces and veterans:* Include how veteran status will be screened and documented, services to be provided and any linkages that will be pursued.

6.4 Implementation

Responses should be consistent with the NYS Provider 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, October 1, 2024, and the anticipated operational timeframe by July 1st 2025.

a. Explain how the proposed CCBHC Medical Director position will be filled and utilized in day-to-day operations.
b. Describe how the proposed CCBHC will provide a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine and other FDA-approved medications used to treat opioid, alcohol, and tobacco use disorder.

c. Describe the proposed CCBHC's planned organizational structure, as well as administrative and supervisory support, for all CCBHC staff.
d. If planning to DCO, describe how organizationally, the CCBHC will monitor DCO relationships and quality of care for any DCO arrangements.
e. Provide details of how leadership will recruit, hire, and retain staff, and support staff morale during periods of workforce shortages and health crises. Include partnerships and practices to support these efforts.
f. 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, 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, and, as applicable, families, 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). 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:

   i. addressing other language accessibility needs (Braille, limited reading skills);

   ii. 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.

6.6 Reporting, Quality Improvement, and Utilization Review

a. Identify and describe the current Electronic Health Record (EHR) that is being used. Indicate if funding will be used to enhance the EHR to collect the SAMHSA and NYS required data elements and to support an interoperability system.

   If you do not have an EHR: Provide a description of how an EHR environment will be established, 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 completed Certified Community Behavioral Health Clinic (CCBHC) Cost Report.
  - The CCBHC Cost Report template may be found in in Grants Gateway.
  - 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.

- A completed Anticipated Cost Detail Report (found in SFS) 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.

- A completed Uncompensated Care Survey (SFS). 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.

- Startup funds may only be used up until 6/30/25. When completing the budget template (Appendix B in SFS), note the following:
    - "Total Operating Costs Funded by State Grant" represents the total net deficit funding (start-up) that is being requested.
    - Administrative costs cannot be more than 15%. The indirect cost/administrative overhead rate is capped 15%.
    - 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.
    - Any travel costs included in the Budget must conform to New York State rates for travel reimbursement.
    - Applicants must list staff by position, fulltime equivalent (FTE), and salary.

- Applicants must also complete a Budget Narrative (Appendix B1 in SFS) which must include the following:
    - Describe how your agency manages its operating budget.
    - Provide detailed expense components that make up the total operating expenses.
    - Provide the calculation of intended use of startup funds or logic with detail of each expense in alignment with Section 5.5.