



**Office of
Mental Health**

**Office of Addiction
Services and Supports**

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Request for Proposals
Grant Procurements
Intensive Crisis Stabilization Centers

(On-Line Submission Required)

January 2022

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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) and Office of Addiction Services and Supports (OASAS), hereinafter the Offices, announce the availability of operational funds and state-aid for the development of 12 new Intensive Crisis Stabilization Centers (ICSCs) within the 10 economic development regions. The Offices are seeking to develop 3 Centers within the New York City economic development region and 9 Centers outside of New York City, one in each of the nine economic development regions listed below. It is expected that the ICSCs will have executed contracts by October 2022 and be operational by January 2023. Development of ICSCs will be in accordance with Article 36 of the Mental Hygiene Law (MHL) and the to-be-promulgated regulations of Title 14 NYCRR Part 600, regarding certified Crisis Stabilization Center Programs. NYS MHL Article 36 authorizes Crisis Stabilization Centers to be jointly certified by the NYS Office of Mental Health and the Office of Addiction Services and Supports.

NYS Economic Development Regions

Region	Counties
Capital Region	Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer, 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
Southern Tier	Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins
Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Niagara

New York State is developing a comprehensive crisis response system, available to all New Yorkers, regardless of 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. To this end, OMH and OASAS are committed to the development of increased, enhanced, and connected crisis services across the state composed of a telephonic triage through the implementation of 988, the continued support and development of mobile crisis teams, crisis residential programs, crisis stabilization centers, and other community services and supports.

There are two types of Crisis Stabilization Centers (CSCs) being developed by OMH and OASAS: Supportive Crisis Stabilization Centers (SCSCs) and ICSCs (ICSCs). This RFP is specific to the development of ICSCs (ICSC).

- **Supportive Crisis Stabilization Centers** means a center that provides support and assistance to individuals with mental health and/or substance use crisis symptoms. Services are for individuals experiencing challenges in daily life that do not pose a likelihood of serious harm. Such challenges may create risk for an escalation of behavioral health symptoms that cannot reasonably be managed in the person's home and/or community environment without on-site supports. SCSCs will provide voluntary services with an emphasis on peer and recovery support. SCSCs will also provide, or contract to provide, behavioral health stabilization services twenty-four hours per day, seven days per week. Recipients may receive services in a SCSC for up to twenty-four hours.
- **Intensive Crisis Stabilization Centers** means a center that provides urgent treatment to individuals experiencing an acute mental health and/or substance use crisis. ICSCs offer all services provided at a SCSC in addition to providing rapid access to services for acute symptoms to assist in diversion from a higher level of care, including medication treatment for management of substance use and mental health symptoms. ICSCs will provide voluntary crisis treatment services, with an emphasis on peer and recovery support, in a safe and therapeutic environment. ICSCs will also provide, or contract to provide, behavioral health stabilization and referral services twenty-four hours per day, seven days per week. Recipients may receive services in an ICSC for up to twenty-four hours.

ICSCs offer walk-in services to all individuals, including adults, children, adolescents, and families, 24/7, 365 days per year. All services are voluntary, person-centered, and trauma-informed, with an emphasis on peer and recovery-oriented support. Centers must ensure services are delivered in a comfortable and welcoming environment by staff from various disciplines, including but not limited to, Peer Specialists and Advocates, Credentialed Alcoholism and Substance Abuse Counselors (CASACs), Licensed Mental Health Professionals, Registered Nurses, Psychiatric Nurse Practitioners, and Psychiatrists. ICSC staff will be culturally competent, understanding and respecting everyone's personal preferences throughout their interactions.

ICSCs should form partnerships with other agencies within the crisis response system, including but not limited to mobile crisis providers, crisis residences, Supportive Crisis Stabilization Centers, law enforcement, EMS, and other community treatment and support services. The development and implementation of CSCs reflect the commitment of the Offices to enhance the development of a comprehensive crisis response system in NYS.

The Offices anticipate Title 14 NYCRR Part 600 will be re-posted for public comment by February 2022. The reposted Crisis Stabilization Program Regulation will be available at the links below. Draft Crisis Stabilization Program Guidance will be released at a later date and will be available using the links below:

Title 14 NYCRR Part 600:

https://omh.ny.gov/omhweb/policy_and_regulations/

[Laws and Regulations | Office of Addiction Services and Supports \(ny.gov\)](#)

Crisis Stabilization Program Guidance:

<https://omh.ny.gov/omhweb/bho/crisis-intervention.html>

[Laws and Regulations | Office of Addiction Services and Supports \(ny.gov\)](#)

1.2 Eligible Population

ICSCs are designed to serve all New Yorkers experiencing a mental health and/or substance use crisis in their service area regardless of age, ability to pay, or location of residence. This includes children, adolescents, adults, and families. Any individual who presents to an ICSC must be provided services. For recipients who require higher levels of care, ICSC staff will collaborate with the recipient and assist them in accessing the next level of care.

1.3 Bidder's Conference

A Bidder's Conference will be held at the date and time listed in the Schedule. Prospective Proposers' participation in this conference is highly encouraged but not mandatory.

The purpose of the Bidder's Conference is to:

- Provide additional description of the project; and
- Explain the RFP process

The details for the Bidders' Conference are as follows:

Date/Time – February 28, 2022 from 9:00 AM – 10:30 AM

Join from the meeting link :

<https://meetny.webex.com/meetny/j.php?MTID=m2a3ff01040ae2c840718f24cc8d938f4>

Join by phone

+1-518-549-0500 USA Toll

Join by meeting number

Meeting number (access code): 1615 79 1362

Meeting password: EUj5yFJPv57

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
carol.swiderski@omh.ny.gov

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal do not need to submit a Letter of Intent to Bid.

2.3 Key Events/Timeline

RFP Release Date	<u>1/28/22</u>
Bidders Conference	<u>2/28/22</u>
Questions Due	<u>3/10/22</u>
Questions and Answers Posted on Website	<u>3/31/22</u>
Proposals Due by 3:00 PM EST	<u>5/19/22</u>
Anticipated Award Notification	<u>6/16/22</u>
Anticipated Contract Start Date	<u>10/1/22</u>

2.4 Disposition of Proposals

All proposals received by the due date become the property of the Offices and shall not be returned. Any proposals received after the due date cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

2.5 Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health and substance use services to persons with serious mental illness and/or substance use disorders. If you are

unsure if your agency is an eligible applicant, contact the Issuing Officer identified above.

Applicants shall include information needed to demonstrate that the provider is currently licensed, certified or otherwise authorized by OMH, OASAS or the NYS Department of Health (DOH); in compliance with the application certification requirements of the Offices; and in good standing at the time of certification approval. For more information on the certification application and approval process, please refer to the to-be-promulgated regulations of Title 14 NYCRR Part 600.

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 carol.swiderski@omh.ny.gov by 4:00 PM EST on 3/10/22, 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 3/31/22.

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

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. Grounds for disqualification include, but are not limited to:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.5; or

- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.11 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.11, by the proposal due date of 3:00 PM EST on 5/19/22.

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 5/19/22 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

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

- 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.

2.11 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 Internet Explorer (11 or higher) 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 logged in as a ‘Grantee Contract Signatory’ or a ‘Grantee System Administrator’ role 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 Grants Management website.

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

2.12 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.

2.13 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 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 within the 18 months of the award date, 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 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 in the [Vendor User Manual](#) 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;
- 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;
- Direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- 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 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";
- 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;

- Accept applications after the due date for submissions, if OMH and OASAS in their sole discretion, determines there is good cause demonstrating the delay in submission was solely the result of an electronic submission process /systems error.

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 a five-year term. 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. In accordance with New York State Executive Law Article 15-A, the Offices hereby establish a 0% goal for Minority-owned Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction. With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how 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 recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH 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 OMH and OASAS. 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-l requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

3.9 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 2.11 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 as well as joint internal reviews conducted by OMH and OASAS.

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

Technical Evaluation	Points
Equity	10
Population	10
Description of Program	18
Implementation	28
Agency Performance	8
Reporting and Quality Improvement	6
Financial	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 2.11. 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.

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

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

Any proposal not receiving a minimum average 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 Implementation (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, and awards will be made to the applicants with the highest score in each of the NYS Economic Development Region (EDR) (NYC will receive three (3) awards, the other EDRs will receive one (1) to assume the development and operation of ICSCs.

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. These include but are not limited to, failure to meet start-up milestones, failure to maintain staff to client ratio, excluding referrals based on criminal or substance use history, or poor performance outcomes. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH and OASAS will go to the next highest ranked proposals.

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.

OMH and OASAS 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 development of 12 ICSCs throughout NYS: 3 Centers in the NYC economic development region; and 9 Centers outside of NYC, throughout the nine other economic development regions, as shown in the table in Section 1.1. Funds for this award will include one-time operational funds and limited state-aid. State-aid will be dependent on certification.

In addition to operational funds and state-aid, applicants awarded this RFP will be eligible to request capital funding. Capital funding will be available for up to \$1,000,000, to be spent within 12 months of contract execution. ICSC Providers must commit to meet start-up spending requirements, with the expectation that Centers will be operational and have the capability to bill for services upon licensure.

The selected Providers will establish ICSCs according to the Crisis Stabilization Center Program Guidance. See Section 1 of this document for a link to the draft guidance.

Both the proposed regulation and program guidance are *not* yet formally approved. While no substantive changes are anticipated in either the regulation or program guidance, ICSCs will be expected to comply with the final regulation and program guidance when promulgated and effective.

Applicants awarded this RFP will need to be in possession of an operating certificate jointly issued by the Offices to be able to operate an ICSC. In keeping with the provisions of MHL Article 36, the Provider must demonstrate its capacity to deliver OMH and OASAS jointly certified Crisis Stabilization Center services to all New Yorkers at risk of, or currently experiencing, a mental health and/or substance use crisis. ICSCs must have capacity to serve all presenting individuals, including adults and children/adolescents, twenty-four hours per day, seven days per week, 365 days per year.

Centers will collaborate with the OMH Field Offices, OASAS Regional Offices, Local Government Units (LGUs), law enforcement agencies, schools, hospitals, and other community programs and providers. Participation in county and community planning, including active collaboration in Community Service Boards and inclusion in Local Service Plans, will also be crucial to serve the community's needs.

ICSCs may be operated by or affiliated with hospitals and/or hospital affiliated programs. Additionally, Centers may be co-located with existing facilities and service providers, consistent with any applicable CMS requirements, including but not limited to, crisis residential services, mobile crisis services, outpatient clinics, inpatient rehabilitation or residential programs and/or other services such as Opioid Treatment Programs and Open Access Centers. CSC Providers considering development of an ICSC co-located or adjoined with an existing facility and/or service provider must ensure the Center operates in accordance with the Crisis Stabilization Program Guidance.

5.2 Objectives and Responsibilities

ICSCs must follow and adhere to the CSC Program Guidance to provide services that are voluntary, person-centered, and trauma-informed, with an emphasis on peer and recovery-oriented supports. Services will be provided in a welcoming and comforting environment that has the capacity to serve children, adolescents, adults, and families. Individuals may present to an ICSC as a walk-in or voluntary transport by law enforcement, EMS, and/or collaterals.

ICSCs will be adequately staffed with a multidisciplinary team. Staffing will have the ability to meet the needs of the service area and provide services for various levels of acuity. Staffing numbers will be based on the needs of operating a 24/7 facility and will reflect demographic data obtained on the service area.

Peers are integral to the crisis response and stabilization of recipients at ICSCs. The presence of a peer upon presentation to the Center helps to reduce an individual's stress associated with their presenting concerns and/or the stigma related to needing on-site services.

Additionally, peers may function as an advocate to the recipient throughout service delivery, providing support based on their expertise and personal experiences. Peer support is critical in ensuring Centers provide person-centered and recovery-oriented services. Peers will be available at all ICSCs to ensure recipients have their needs met in a comfortable, non-threatening environment. Recipients will have the option for peers to remain engaged throughout their stay to increase their level of comfort. Peers can also assist with resources and community linkages.

Staff with appropriate credentials and/or licensure will be available to screen and assess for level of acuity, including risk of harm to self, harm to others and overdose risk, by using appropriate evidence-based tools. Additionally, Centers will have staff with expertise in assessment of withdrawal from substances and providing withdrawal management, as clinically indicated, to assess for immediate or emerging needs for a higher level of detoxification based on a standard withdrawal assessment tool. ICSC staff will be knowledgeable of resources available in the community to address social determinants of health and the inherent disparities in such areas that include but are not limited to healthcare access, housing, employment status, and food security.

ICSCs provide services for all levels of acuity, within their staff's scope of practice and scope of services provided at the Center, including but not limited to the stabilization and treatment of acute mental health and/or substance use symptoms. The following services must be provided at the ICSC.

- Triage, screening, and assessment
- Therapeutic interventions
- Peer support
- Ongoing observation
- Care collaboration with a recipient's identified collaterals
- Discharge, aftercare planning and follow-up
- Psychiatric Diagnostic Evaluation and Plan
- Psychosocial Assessment
- Medication Management
- Medication for Addiction Treatment (MAT)
- Medication Administration and Monitoring
- Mild to Moderate Detoxification Services

ICSCs will serve all individuals who present, regardless of age and/or primary residence. Services are to be provided in order to meet the recipient's needs and should be discussed in collaboration with the recipient. All Centers will assess for level of acuity, including but not limited to suicide risk, overdose risk, risk of violence, substance use, health, and mental health needs, using evidenced-based screening and assessment instruments during the initial assessment, and throughout service delivery, as indicated. Centers will assist individuals with a wide array of presentations, including but not limited to housing needs, trauma, acute stress, family dynamics, anxiety, grief, and adjustment to major life events.

ICSCs will have the ability to serve the presentations described above and will also be equipped to serve individuals experiencing mild to moderate intoxication, those in need of mild to moderate detox, symptoms related to medication adjustments, assistance with medication administration and management, and individuals presenting with early stages of psychosis.

ICSCs must have procedures in place to inform what staff will do if acute safety concerns arise, (i.e., suggesting a recipient move to a quiet area, providing immediate support, calling for an ambulance, security, and/or 911 for assistance) For recipients who require a higher level of care, the ICSC must assist the individual with accessing the next level of care.

Discharge and aftercare planning are fundamental services that will begin when an individual presents to the ICSC and will be continuously discussed throughout the service period. Discharge and aftercare planning involve creating clear pathways for continuity of care. Continuity of care is critical to ongoing stabilization of the recipient. Throughout discharge planning, staff will assess and identify basic needs, including but not limited to emergency housing, food pantries, and community resources for connection and linkage.

All attempts will be made to provide aftercare appointment times with outpatient providers, programs, case managers, and intensive services prior to discharge. It is also strongly recommended that all Centers create, update, and/or share Wellness and Safety Plans consistent with recipient consent (see Program Guidance for reference). Centers will assist with transitions and arrange warm hand-offs, including transportation assistance, when possible, with aftercare providers and/or programs.

Follow-up services are essential to ensure recipients are supported and directly connected with the next level of care. All recipients will be offered follow-up services. Follow-up may include a phone call within twenty-four hours post discharge from the Center to check on referrals and aftercare appointments. Discussion of continuity of care and/or transitional services will be conducted in collaboration between ICSC staff and the recipient. Policies and procedures should reflect follow-up service processes. All efforts will be made to ensure recipients are connected to referred services and supports.

5.3 Implementation

ICSCs will be jointly licensed, monitored, and overseen by OMH and OASAS, in accordance Title 14 NYCRR Part 600.

According to Crisis Stabilization Center Program Guidance, Centers are required to employ an adequate number of professional staff. ICSC Providers will hire staff that have the qualifications to meet the needs of the service area and in a timeline that ensures coverage of 24/7 operations. All efforts will be made to hire and retain staff that reflect the diverse demographic profile of the community.

ICSCs will be overseen by a Medical Director (refer to definition of Medical Director in the regulation and program guidance). ICSC Providers are required by Title 14 NYCRR Part 600 to have at least one Psychiatrist or Psychiatric Nurse Practitioner, a Credentialed Alcoholism and Substance Abuse Counselor, and a Certified or Credentialed Peer Specialist on-duty and available at all times (refer to definition of on-duty in the regulation and program guidance). ICSCs must also have a Registered Nurse on-site twenty-four hours per day, seven days per week. Additional types, schedules, and numbers of staff should be based on projected volume and needs of recipients. Staffing plans will be formulated based on the foundation of the Crisis Stabilization Center Regulations, Program Guidance and the needs of the service area.

Centers must provide ongoing and emergency supervision by qualified staff. ICSC Providers will maintain a plan for regular supervision of all staff members described in the staffing plan.

ICSC Providers will develop a training plan that includes but is not limited to the training components outlined in the Crisis Stabilization Program Guidance. ICSC Centers will create policies and procedures to provide and monitor staff training within specified time frames. Trainings should be continuously reviewed and updated based on the needs and changes of the catchment area. Providers will arrange training for their staff as required as an OMH/OASAS jointly licensed Crisis Stabilization Center.

ICSCs will establish working relationships with community agencies in their service area. Memorandums of Understanding (MOU) must be obtained with programs described in Crisis Stabilization Center Regulations and Program Guidance to facilitate rapid access and linkages to follow-up services. Partnerships must include providers and programs within the crisis response system.

Additional relationships will be established with community partners including but not limited to law enforcement, EMS, local hospitals, inpatient rehabilitation, residential and detoxification facilities, community-based providers, harm reduction programs, health homes, local housing programs, and other community-based services to ensure individuals are referred to and connected with the appropriate follow-up services based on their preference and need.

ICSCs will have the ability to meet billing requirements described in Program Guidance. All individuals who present will receive voluntary services, regardless of ability to pay. ICSCs and MCOs will work collaboratively to facilitate discharge and aftercare planning, where applicable.

ICSCs must maintain a welcoming and comforting environment that has the capacity to serve children, adolescents, adults, and families in accordance with Part 600 and Program Guidance. Centers will be designed to provide separate waiting areas and service delivery areas to individuals under the age of 18. Physical spaces should include privacy areas and/or privacy options for families and individuals who require additional accommodations. The Center must be reasonably maintained to accommodate all recipients including but not limited to individuals with developmental and intellectual disabilities, physical disabilities, language access needs, and visual impairment and blindness.

Centers will maintain case records in accordance with state and federal confidentiality and privacy laws, rules and regulations in the to-be-promulgated regulations of Title 14 NYCRR Part 600, and Program Guidance.

5.3.1 Capital Project Funds

To assist in capital improvements for the implementation of certified ICSCs, OMH will provide up to \$1,000,000 in capital funding to RFP awardees upon request, under a separate capital contract. Capital improvements will vary widely depending on the programmatic changes proposed by each bidder. Note these funds may not be used for acquisition and must be expended within 12 months of executing the capital contract.

The table below is not an exhaustive list of eligible expenses. However, any expenses not listed on the table below are subject to the approval by OMH.

Category of Expense	Allowable Costs
Construction	Site work, Construction, contingency,
Design	Architect fees
Administration	Legal fees, accounting fees,
Other	Permits, site testing, insurance, owner's representative

5.4 Reporting, Quality Improvement, and Utilization Review

ICSCs must comply with all OMH fiscal reporting requirements as outlined in the [Aid to Localities Spending Plan Guidelines](#).

ICSC providers are required to adhere to the incident reporting requirements under the Justice Center in accordance with MHL Section 31.35 and 14 NYCRR 550 and use of the New York Incident Management Reporting System (NIMRS).

Centers must ensure staff complete background checks as part of the hiring process in accordance with to-be promulgated Title 14 NYCRR Part 600 and program guidance.

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

ICSC Providers must have a quality, supervisory, and operational infrastructure to support submitting monthly reports to OMH and OASAS regarding all enrolled clients, including presentation and discharge dates, characteristics of individuals served, referral source, services provided, discharge plan, disposition, and follow-up. Information will also be submitted regarding performance indicators demonstrating that recipients' continuity of care has been assured. The Offices will provide Centers with a template of the data items required for reporting for manual or bulk data entry.

OMH and OASAS will work to minimize reporting burden overtime by developing interoperability options to avoid duplicate data entry. The offices plan to leverage data directly with the ICSC Electronic Health Records (EHRs). EHR is expected to have an HL7 FHIR®/ CCDA/ CSV or similar web service for seamless direct integration of data.

Providers will be expected to participate in an active learning community, in collaboration with the Offices, to review progress, outcomes and develop best practices for Crisis Stabilization Centers. Learning community activities will involve, at a minimum, quarterly meetings with the Offices and key stakeholders to assure that the Center staff are serving the community and that individual and program-wide concerns can be quickly addressed.

ICSC Providers will have a systemic approach for self-monitoring and ensuring ongoing quality improvement of services, including analyzing utilization review findings and recommendations. Areas for quality improvement may include not only provision of services while at the ICSC, but also referrals, follow-up attempts, and recipient feedback. Findings will inform the ICSC's overall quality improvement plan. Providers should ensure continuous quality improvement of services and development of the Center, including regular monitoring and evaluation of outcomes. Providers will participate in site visits from OMH, OASAS, and the New York City Department of Health and Mental Hygiene (DOHMH) where applicable.

5.5 Operating Funding

Providers will be funded through net deficit and Medicaid funding.

Start-up funds will be allocated in the first year of the contract (\$1.67M) and can be spent over two years. Additionally, there will be ongoing net deficit support of \$1.4M per Center annually.

Crisis Stabilization Center providers will also be expected to bill Medicaid.

The annual expected Medicaid revenue per Center is as follows:

ICSC Upstate - \$2,752,574

ICSC Downstate - \$3,155,913

Please note that downstate includes NYC, Dutchess, Nassau, Orange, Suffolk, Westchester, Rockland and Putnam Counties.

6. Proposal Narrative

When submitting proposals for funding 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 questions need to fill the full character allowance. Separate proposals must be submitted for each program that is proposed. Agencies will use only the space available in Grants Gateway.

6.1 Equity

- Entity's Commitment to Equity and the Reduction of Disparities in Access, Quality, and Outcomes for Marginalized Populations.
 - a. Provide the Center's 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, cultural/linguistic competence. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
 - c. Provide the diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the [National CLAS Standards](#) for the ICSC. 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, and treatment outcomes in patient population, 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 behavioral health service users 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 catchment 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 Center's 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, 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 users. 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 ICSC service users;
 - 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 users;
 - iii. current staffing levels of supervisors who are from or have experience working with the most prevalent cultural groups of its service users;
 - 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 users.

- 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 Center is seeking to recruit diverse candidates, and efforts to retain diverse employees 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 recipients 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 and 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 recipients 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 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.

6.2 Population

- a. Describe where the center will be located and the service area. Using available quantitative data, describe the need for a Crisis Stabilization center in your area, including projected number of individuals served per month and the method used to project this number.
 - i. Describe your understanding of the service needs and approach for addressing the needs of children, adolescents, families, and adults experiencing a crisis, including those who may have limited support networks and/or resources, and who may not otherwise be engaged in traditional services.
- b. Provide a detailed narrative of the center location and community amenities such as public transportation, parking, and surrounding environment. Include a description of the lot size and/or building.
 - i. 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. Include partnership(s) and how the co-location will benefit the served populations and/or

expand services provided at the Center. If planning a stand-alone or free-standing facility, please respond N/A to this question.

- c. Describe and demonstrate experience in engaging children, adolescents, families, and adults experiencing a mental health and/or substance use crisis and acute/complex trauma in the community. Provide a description of the engagement practices and strategies to be used and targeted to meet the needs of the populations being served.

6.3 Description of Program

Responses should be consistent with the Crisis Stabilization Program Guidance **but should not be a reiteration of the Guidance**. Responses should describe how your agency would meet these areas following the Crisis Stabilization Program Guidance.

- a. Describe the plan for providing crisis services on a 24 hour per day, 7 day per week basis. Provide a narrative/plan describing how an individual will move through the Center when they present for services (I.e., who will be responsible for greeting, triaging, assessing, etc.).
 - i. Include a narrative describing how staff will work as a multidisciplinary team, including peers and other staff.
 - ii. Describe methods used for greeting, triaging/screening, and assessing recipients.
- b. Describe how the Center will provide and/or contract to provide each of the following services:
 - Triage, screening, and assessment
 - Therapeutic interventions
 - Peer support
 - Ongoing observation
 - Care collaboration with a recipient's identified collaterals
 - Discharge, aftercare planning and follow-up
 - Psychiatric Diagnostic Evaluation and Plan
 - Psychosocial Assessment
 - Medication Management
 - Medication for Addiction Treatment (MAT)
 - Medication Administration and Monitoring
 - Mild to Moderate Detoxification Services
 - i. Describe the tools, strategies, and therapeutic approaches that the Center will use to provide these services – including methods to assess for level of acuity, risk of harm to self, risk of harm to others, and overdose risk.

- ii. Describe how medications will be managed, stored, and administered.
- c. Describe the treatment/intervention approaches that will be utilized for children and adolescents. The approach should include the Center's relationship with local school districts and colleges, Child Protective Services, and pediatricians/primary care providers. Outline how the treatment/intervention approach for children and adolescents will differ from the treatment approach for adults.
- d. Describe the methods and approaches the Center will use to promote and enforce that services provided are voluntary, person-centered, trauma informed and recovery-oriented, to all individuals that may present with a range of needs and acuity.
 - i. Explain how the Center will address complex situations, including high levels of acuity that may require hospitalization, including but not limited to inpatient psychiatric care, inpatient rehabilitation care, or inpatient detox. Include methods and approaches for internal approval, as well as internal and external warm handoffs.
 - ii. Include a description of how the Center plans to develop a safe, comforting, and welcoming environment for children, adolescents, families, and adults.
- e. Describe methods for developing referral and follow-up systems. Explain how partnerships will be utilized in this planning – including relationships with case managers, peer organizations, and advocate services.
 - i. Describe the approach that will be used to ensure successful transitions to next level of care (when necessary) and other community-based services. Include strategies the Center will utilize when there is not an available service and/or appropriate next level of care.

6.4 Implementation

Responses should be consistent with the Crisis Stabilization Program Guidance **but should not be a reiteration of the Guidance**. Responses should describe how your agency would meet these areas following the Crisis Stabilization Program Guidance. In responding, delineate the important activities and associated timeframes. The plan should be consistent with the timeframes that contract is approved by October 1, 2022 and the program is operational by January 2023.

- a. Provide a plan for how the Center will establish partnerships with other components of the coordinated crisis response system in their area of coverage, including mobile crisis providers, crisis residences, and other

Crisis Stabilization Centers. Include a narrative describing how the Center will establish partnerships with other providers and services including law enforcement, EMS, hospitals, inpatient and outpatient providers, and other community services.

- i. Provide a list of programs and entities the Center will partner with in their service area to ensure there are linkages to services and next level of care when needed. Describe how the Center plans to engage these providers, services and/or entities.
 - ii. Provide a list of existing working relationships, including plans for sustaining and retaining those partnerships as well as the nature of the partnership (such as existing memoranda of understanding or formal agreements).
 - b. Provide a staffing plan that includes coverage of peak and off-peak, 24/7 staffing. Include method(s) for projecting peak and off-peak hours. Provide a brief description of the roles and responsibilities of each staff member – including specific skills and level of experience expected of each staff member.
 - i. Include plans and strategies to retain and support staff in a demanding environment.
 - ii. Provide plans for regular staff supervision and what will be included as part of supervision.
 - iii. Provide details of how leadership will obtain, retain, and support staff during periods of workforce shortages and health crisis.
 - c. Describe the services that on-call providers/staff will provide. Provide strategies and methods for utilizing on-call staff, including expected response time(s) based on the geography of the service area and needs of the populations being served.
 - i. Additionally, describe the services that telehealth providers/staff will provide. Provide strategies and methods for utilizing telehealth staff, including expected response time(s) based on the Centers ability to provide telehealth services (i.e. equipment and bandwidth). Include plans for how the Center will engage the recipient when services are delivered via telehealth and how on-site staff members will assist.
 - d. Describe how the Center will develop a physical space that is comfortable and practical relative to equipment and administrative oversight – including medication administration. Include potential barriers the Center may face operating and maintaining a 24/7 facility and how the Center plans to overcome those challenges.

- e. Describe the method/system that will be used to maintain case records consistent with state and federal rules regarding the confidentiality of protected information, including how case records will be securely stored.
- f. Describe how the Center will proactively prepare for and actively advocate for the safety and wellness of participants during a mental health and/or substance use crises (individual service plans, wellness, and safety plans). Include emphasis on clients whose racial, ethnic or gender identities are known to increase risk of potentially harmful encounters with the emergency response system (i.e., police, EMS).

6.4.1 Capital Project Funds

If the Provider does not plan to utilize/request capital funds, please respond N/A to the following questions.

- g. For capital funding, provide the following:
 - i. A detailed narrative explanation of the proposed scope of work to be funded using capital money to implement physical plant changes and/or modifications. Note these funds may not be used for acquisition and must be expended within 12 months of the award. Section 5 includes examples of allowable expenditures.
 - ii. A timeline showing how the funds will be expended within 12 months of the capital contract execution, as requested by the RFP.

6.5 Agency Performance

- a. Provide a brief summary of the Provider's experience developing, implementing, and providing physical health, mental health and substance use crisis services. Include general experience as well as experience within the scope of services and supports described in the Program Guidance, if applicable. Include services for which the Provider is licensed or certified (if applicable), and the population(s) served. Describe how these experiences demonstrate the Provider's experience and qualification for operating an ICSC.
- b. Describe the Center's planned organizational structure and the administrative and supervisory support for clinical and direct care services to be provided by ICSC staff – including the governing body, and any advisory body that supports the organization and effective service provision.

6.6 Reporting, Quality Improvement and Utilization Review

- a. Describe and demonstrate the effectiveness of the proposed approach to self-monitoring and ensuring ongoing quality improvement for the ICSC,

including incorporation of findings based on the regular monthly metrics that are collected. In addition, describe how the Center will link its QI activities to its participation in the active learning community collaboration.

b. Provide the following:

- i. **If the Center has an EHR:** A description of the current provider Electronic Health Record (EHR) environment. Include a narrative of how funds will be used to enhance the EHR to collect the required data elements and to support an interoperability system. Include if funding will be used to enhance the EHR system.
- ii. **If the Center does not have an EHR:** A description of how the Center 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.

c. Describe how the Center will use digital technology to support recipient engagement in care. Technology supports include tools and resources for identifying potential service users, communicating and responding to referral sources, communicating with recipients and key support persons, discharge planning, and transition planning. Include description of digital tools available to staff as well as those available to service users.

6.7 Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B). \$1.4M is available annually, as well as start-up funds totaling \$1.67M. Note that administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.
- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1) which should include the following:
 1. detailed expense components that make up the total operating expenses;
 2. the calculation or logic that supports the budgeted value of each category; and,
 3. description of how salaries are adequate to attract and retain qualified employees.