Behavioral Health Crisis Stabilization (3aii)
Crisis Stabilization Services RFP Q&A

APPLICATION PROCESS/FUNDING

Q: Can the hard copy proposals be received after the electronic submission deadline?

Electronic submissions should be in by the RFP deadline. Hard copy submissions do not need to be in by the deadline, but should arrive within 1 week following the deadline.

Q: If you are developing a proposal with multiple organizations, can the page limit be extended to accommodate the additional information?

No. The page limit will not be extended.

Q: If you are applying to provide services in multiple counties, can you submit multiple proposals due to the need to address demographic and need data within a 10 page limit?

If applying to provide services in more than one county, you may break out the proposals by county but are not required to do so.

Q: Will the funding allow for acquisition of property or renovations?

Yes. Descriptions of renovations and acquisitions should be included your proposal.

Q: Are there any guidelines on how much funding is available to help in the budget prep? Is there a maximum amount providers can apply for?

Funding will be varied and based on number of factors including geographic coverage, Medicaid lives impacted, extent to which existing services are leveraged, and the project as a whole receiving full valuation from the state.

Q: Is the expectation to spend funding awarded in the first year, or can it be spread out across several years?

There is no restriction to spend awarded funds in the first year.

Q: What is the duration of the project/contract?

Varied. It is our goal to fund the project through the close of DSRIP, however the continuation of executed contracts will be contingent upon the availability of funding and awardee performance.

Q: Approximately, how many projects are you looking to fund?

There is no target number of awards. Instead, we are looking to fund programs to enhance service availability to 100% of the PPS geographic region.

Q: Can funding be used on training, and specifically the cost of IPS training?

Funding can be used on training. CNYCC is exploring possibilities of making regional training available to awarded providers.

STAFFING

Staffing Requirement Updates: The staffing requirements of the mobile crisis model have been adjusted to more closely align with Part 599 Regulations. Specifically:

1. The requirement of bachelor's level staff has been eliminated. Programs may choose to include bachelor's level staff in staffing plan, but it is not a requirement.
2. Enhanced Mobile Treatment staffing parameters broadened. Team must include peer staff; psychiatrist or Psychiatric NP; and a licensed behavioral health provider(s) with specific experience in family therapy/systems.

Q: What is the expectation for the role of the psychiatrist or Psychiatric Nurse Practitioner?

Incorporation of the psychiatrist or psychiatric nurse practitioner into the Enhanced Mobile Treatment Team is to create a comprehensive treatment team, at minimum allowing for psychiatric assessments and medication management. Other roles can be determined by the site.

Q: Could tele-psych be utilized?

Telepsychiatry can be used to support service delivery in the presence of circumstances where in person service delivery is not feasible provided services that are proposed are done so in accordance with telepsychiatry regulations. The need and circumstances for proposing use of this service will need to be clearly outlined where the use of telepsychiatry has been identified.

Q: Do proposals need to provide for full time staff positions, or are creative proposals of per diem, on-call, part time, an option?

Creative staffing proposals are encouraged and should reflect local needs.

Q: Does the Crisis Respite Center Program Director have to be a licensed clinician?

No, there is no requirement for the Respite Program Director to be a licensed clinician. This role could be filled by an individual who is licensed, non-licensed, or peer certified, provided that they have the appropriate skills and experience to carry out that role.

Q: What are the requirements for the Crisis Respite Center position?

The program director should have a strong history of management in a human services capacity and able to supervise and support peer staff.

Q: Are the peer staff required to have bachelors?

No. NYS does not require Peer Staff to have a bachelor's degree to be eligible for certification.

SUSTAINABILITY

Q: Is it up to the applicant to develop sustainability plan as a part of the application?

Yes. This can include alignment with existing services, creating complimentary/overlapping relationships, or fee for service billing. Creative plans are welcome.

Q: It is expected that these services will be able to be reimbursed by individuals eligible for HARP plans via HCBS Services?

Alignment with HARP Plans was one way in which we saw overlap and the potential for sustainability. It is not a requirement that programs provide HCBS Services or be reimbursed through this model.

Q: What other reimbursement options are available besides HARP/HCBS for these services?

There is additional alignment with some services outlined in NYS OMH Part 599. Not all services will have identified, existing funding streams. Intentionally, we are piloting services that aren't included in fee-for-service structures that could, in a value-based payment arrangement contribute to cost savings, through a reduction in hospital-based crisis de-escalation and the use of other high-cost, restrictive services.

SERVICES PROVIDED

Q: What is the scope of work being asked of the mobile crisis portion?

From the RFP, Mobile crisis scope of work will include the following.

1. Respond to, assess, and provide interventions to deescalate individuals in crisis.
2. Complete with the individual, a comprehensive assessment and evidence-based screenings, if needed, to determine appropriate linkages (including but not limited to: Mental Status, Suicide, Drug and Alcohol, Imminent Danger/Risk)
3. Develop safety plan or aftercare plan, and facilitate linkages to community services.
4. Provide follow up and support post-response.
5. Incorporate physician consultation into development of plans.
6. Provide enhanced mobile treatment and support for up to 1 year to targeted population outlined.

Q: If a county has walk in clinic hours, does the mobile crisis team need to have 24/7 coverage, or would it be around the clinic hours?

The mobile crisis team needs to be able to meet an individual in their preferred location in the community (home, school, etc.) to provide face to face services 24/7. Without a mobile option, walk-in clinic hours would not meet the intention of the model.

Q: Does the warm line have to be staffed 24/7/365?

Yes.

Q: For 24-hour phone availability, does it need to also be a point of access for the mobile crisis team as well as the respite or can they refer to these and other resources without being the actual 'intake'?

The warm line is not intended to be an "intake" point of access, but a support line for individuals whose need does not rise to the level of mobile crisis intervention or respite.

Q: Is the central triage assessment line the same as the warm line?

The Central Triage Assessment Line, as part of the broader Crisis Stabilization Project (3aii) has not been developed yet. At this point there is no overlap between the undeveloped Central Triage Assessment Line and the warm line in this RFP.

Q: Are we reading correctly that you would have 24 hours to complete an assessment?

There are currently no guidelines as to the length of time to complete an assessment. Details of service delivery will be developed and refined during the collaborative meetings that take place after awards are announced and throughout the life of the project.

The window of time for face to face mobile response will not exceed 24-hours, with the ideal response time as close to the request for service as possible. The goal being to prevent utilization of other higher-cost, more restrictive levels of care when needs do not point to a higher level of care.

Q: What are the requirements for transportation to community services?

Proposals need to address how the program will provide or make arrangements for client transportation to treatment or other appropriate services based on identified need.

OTHER

Q: Is there anything that prohibits co-location of respite beds with other OMH beds such as Treatment Apartments or Supported Housing?

There is nothing from CNYCC's perspective that prevents the co-location of other services with the Crisis Respite Center. Any co-location must be appropriate under the program's regulatory body.

Q: The RFP states it is for adults, so this is not for children and youth?

Correct. If opportunities exist to link to existing services or new services for children, from CNYCC's perspective there is nothing preventing organizations that are awarded funds through this project from doing so.

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