Capital for New or Expansion of Psychiatric Residential Treatment Facilities for Children and Adolescents

Request for Proposals

Grant Procurements

(On-Line Submission Required)

Statewide Financial System (SFS) Identifier – MH263029

July 2026

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RFP#MH263029
Applicant Checklist

Frequent Issues/Questions:

- Please begin working on your application in SFS **no later than 5 business days before the application due date** and **submit no later than 48 hours before the due date**. This will allow you time to troubleshoot any issues that arise that may prevent you from submitting. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.
- All required forms/templates are available in the "Event Comments and Attachments" section of SFS. Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide **here**. Failure to comply with these guidelines may result in attachments not being viewable to reviewers.
- No workplan is required at this time, if awarded, a workplan will be developed during the contract development phase.
- The "Bid Amount" box is required to be filled out in SFS. Please enter the total amount of funding your organization is requesting from NYS OMH in this box.
- New York State reserves 5-10 business days from the receipt of complete Prequalification Applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits prequalify as soon as possible. Failure to successfully complete the prequalification process early enough will prohibit the submission of the application in SFS.

Please complete the following checklist prior to submission of your proposal. This checklist **SHOULD NOT** be submitted; it is for your use only.

Confirm the following:

- ☐ Your organization has met the eligibility requirements outlined in **Section 2.4 Eligible Agencies**
- ☐ Your organization is prequalified in SFS. SFS will prevent submission if your organization is a not-for-profit and not prequalified (see **Section 2.8 and 2.9 of the RFP document** for more information on Registration, Prequalification and Training Resources for SFS)
- ☐ Updates to the RFP can happen at any time, per **Section 2.6**, check the OMH website for any updates to the RFP posted by OMH.
- ☐ Notification of intent to apply was sent to local government unit and proof has been uploaded in SFS. A list of County Local Mental Hygiene Directors can be found **here**.
- ☐ Provider Contact form completed and uploaded in SFS
- ☐ Sexual Harassment Prevention Certification Completed and uploaded in SFS
- ☐ Gender Based Violence and the Workplace Certification completed and uploaded in SFS.
- ☐ Proposal Template completed and any applicable attachments labeled with question numbers (example: question 6.2a calls for a sample assessment tool, the assessment tool should be labeled as 6.2a and added at the end of the Proposal Template)
- ☐ Proposal Template and attachments (except Appendix C Staffing Plan, see next checkbox) combined into one PDF and uploaded in SFS under Q1
- ☐ Appendix C Staffing Plan completed (left in Excel) and uploaded in SFS under Q2
- ☐ Application submitted in SFS prior to the due date and time listed in **Section 2.2 Key Events/Timeline** (OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.)

1. Introduction And Background

1.1 Purpose of the Request for Proposal

The Office of Mental Health announces the availability of capital and program development grant (PDG) (also known as start-up funds) for the acquisition of new property, construction of new facilities or rehabilitation of existing buildings for the expansion of existing or development of new Psychiatric Residential Treatment Facilities (PRTF), also known as Residential Treatment Facilities (RTFs), within four distinct regions in New York State. Throughout the remainder of this RFP, "RTF" will be used as an inclusive term encompassing both PRTF and RTF. As a part of a historic investment to expand mental health services for children, adolescents and adults, the Office of Mental Health is seeking to increase RTF accessibility in areas of the State that in need of additional capacity by opening new RTF programs or beds in existing programs to serve children and adolescents based on regional and statewide need for RTF beds in Central, Hudson River, New York City and Long Island. Applicants from the OMH Regions Hudson River and New York City will be prioritized for award allocation as they have the greatest regional need. To be responsive to the specific needs of Long Island, OMH will be issuing another RFP to establish an RTF in Long Island. RTFs are voluntary sub-acute inpatient psychiatric programs and are statewide resources that serve children and youth with primary mental health diagnoses from all regions, regardless of region of origin.

The purpose of the RFP is to solicit proposals from qualified organizations to provide high-quality, trauma sensitive, youth and family oriented, and evidence-based RTF program services. Successful applicants will demonstrate in their proposal a direct relationship between the proposed capital project and the clinical capacity to meet RTF eligible population needs.

For all OMH regions: Existing RTF programs may propose to expand bed capacity by a minimum of 2 beds for a maximum of 40 beds per licensed facility with no more than 8 beds in each facility's living units.

For the Hudson River, Long Island and Central New York regions: New RTF programs may propose a minimum of 8 and a maximum of 24 beds per site with no more than 8 beds in a unit. For the New York City region: New RTF programs must propose a minimum of 14 and a maximum of 24 beds per site with no more than 8 beds in a unit.

Successful applicants will demonstrate in their proposal an understanding of NYS and federal requirements for operating an RTF and the commitment and capacity to meet these requirements.

By submitting this application, the applicant commits to complying with and obtaining licensure through the OMH Regulation 14 NYCRR Part 583 & 584, accreditation by an approved accrediting organization, Medicaid Provider enrollment as an institutional provider, compliance with Center for Medicaid and Medicare Services PRTF conditions of participation, and certification as a RTF in New York according Department of Health

(DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance. The provider is also committing to executing an affiliation agreement with an approved NYS private special education program that has an approved New York State School-Age Approved Private School Modification request application OR establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity (youth would not need to be transported to the educational program) to the proposed RTF.

Notice: Notification of intent to apply should be made to the Local Governmental Unit (LGU) (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.

1.2 Target Population/Eligibility Criteria

RTFs are therapeutic programs that provide sub-acute inpatient psychiatric treatment under the direction of a physician to youth with complex mental health needs and support to their families. These programs are for youth who present with severe functional impairments and significant risks to their well-being across settings due to their mental health condition. The youth have challenges that need around-the-clock supervision, structure, and clinical treatment. The programs require voluntary participation.

The purpose of RTF care is to reduce symptoms and improve management of emotional and behavioral challenges. RTF care is intended to provide person centered care to support a youth's return to their home and community as early as possible, typically within 4-6 months. RTFs provide an array of medical and psychiatric services and coordinate with nearby educational programs to meet the youth's needs. RTF programs operate 24 hours, seven days a week. Each existing RTF campus varies in size from 14 to 40 beds. There is a ratio of at least one staff to five youth at all times for supervision. Most RTFs are not locked secure facilities.

RTF programs serve as a critical intermediate level of care for youth who no longer need acute care but require more intensive support than outpatient services can offer. Throughout a youth's admission they develop new strategies and skills to manage symptoms. Caregivers also learn new skills and strategies for supporting their youth. RTFs incorporate family therapy and time spent at home into treatment. This provides the space and support for youth and caregivers to practice the tools and skills learned during the youth's admission to the RTF. RTF staff are available to support a youth or family during this time at home. Further information surrounding eligibility criteria can be referenced in Appendix A.

1.3 Bidders Conference

A Bidders' Conference webinar will be held on 07/28/2026, to provide an overview of the RFP components. This webinar will be recorded and made available on OMH's website www.omh.ny.gov.

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

Below is the information necessary to access the webinar:

Bidder's Conference Date and time: Tuesday, July 28, 2026, 11:00am-12:00pm

Webinar link: https://meetny-gov.webex.com/meetny-gov/j.php?MTID=ma6d3162f7841863856ac03da87fcfa17

Webinar Call-in Number:

+1-929-251-9612 United States Toll (New York City)

+1-415-527-5035 United States Toll

Webinar number (access code): 2829 803 6578

Webinar password: 8qmJYXKrY62

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Amanda Szczepkowski
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Key Events/Timeline

RFP Release Date	7/14/2026
Bidders Conference	7/28/2026
Questions Due	8/4/2026
Questions and Answers Posted on Website	8/21/2026
Proposals Due by 2:00 PM EST*	9/15/2026
Anticipated Award Notification	11/5/2026
Anticipated Contract Start Date	7/1/2027

*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP. **Please note that there are restrictions to the type,**

size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide here. Failure to comply with these guidelines may result in attachments not being viewable to reviewers.

2.3 Disposition of Proposals

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

2.4 Eligible Agencies

Eligible applicants must be not-for-profit agencies with 501(c) (3) incorporation.

Eligible applicants must currently operate an OMH-licensed psychiatric inpatient, residential, or community-based service programs for children, adolescents and/or transition age youth (ages 18-21) with diagnosed mental health conditions or operate residential programs for children, adolescents, or transition age youth (ages 18-21) under another State Authority.

For applicants proposing to expanding beds in an existing OMH licensed RTF, the applicant must also be up to date with their Consolidated Fiscal Report (CFR) submissions including the Agency's Consolidated Fiscal Report (CFR) for the period July 1, 2024 to June 30, 2025 (NYC RTFs) or January 1, 2025 to December 31 2025 (Upstate RTFs) and the applicant must demonstrate that the RTF program site for the proposed expansion operated at a minimum of 90% of the program's licensed capacity.

Applicants proposing new or expanded RTFs must propose capital projects located in the following OMH regions based on regional RTF bed need: Central, Hudson River, New York City, and Long Island. See the table below to see which counties are eligible locations for proposing a new or expanded RTF.

Region	Counties Served
Central NY	Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, St. Lawrence, Tioga, Tompkins
Hudson River Valley	Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, Westchester
New York City	Bronx, Kings, New York, Queens, Richmond
Long Island	Nassau, Suffolk

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.8 and Section 2.9 for additional Prequalification Information.

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers pursuant to Section 2.5. No questions

about Eligibility will be responded to either individually or prior to the posting of the Q&As.

2.5 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to OMHLocalProcurement@omh.ny.gov by the "Questions Due" date indicated in section 2.2 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter "Capital for RTF RFP" in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.2.

2.6 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website and the NYS Contract Reporter.

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

2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by 2:00 PM EST on the Proposal Due Date posted in section 2.2.

Each application must identify a single, distinct project proposal per project site. If an Applicant submits a single proposal for multiple RTF sites, the proposal will be disqualified. Agencies proposing to establish multiple RTFs may request funding for more than one RTF site. However, a separate, unique and distinct project proposal must be submitted for each program site. **An agency may not submit more than two applications in total in response to this RFP.**

2.8 SFS Prequalification Requirement

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

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 2:00 PM EST on the Proposal Due Date posted in section 2.2 will not be able to submit their bid response through SFS.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.9 Vendor Registration, Prequalification and Training Resources for Not-for-Profits

NOTE: All applications must be submitted through the Statewide Financial System (SFS). No applications will be accepted electronically, US Postal Service, express mail delivery service or hand delivered.

For any application that does not contain all of the required documentation and/or "See Attached" responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete. A workplan is not required for this RFP.

Each proposal submission through SFS is required to contain:

- Staffing Plan Template (Appendix C)
- **All applicants must be registered with the New York State Statewide Financial System (SFS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.**

Not-for-profit organizations must Register as a vendor with the Statewide Financial System and successfully Prequalify to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on Registration and Prequalification are available on the Grants Management Website. A high-level synopsis is provided below.

Registering as an SFS Vendor

To register an organization, send a complete Grants Management Registration Form for Statewide Financial System (SFS) Vendors and accompanying documentation where required by email to grantsmanagement@its.ny.gov You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at Helpdesk@sfs.ny.gov. If you do not know your Password, please click the SFS Vendor Forgot Password link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

  Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.
- Select the "Initiate a Prequalification Application" radio button and click the Next button to begin the process. Starting with Organization Information, move through the steps listed on the left side of the screen to upload Required Documents, provide Contacts and Submit your Prequalification Application.

  Note - If the "Initiate a Prequalification Application" radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.
- System generated email notifications will be sent to the contact(s) listed in the Contacts section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

  Note: New York State reserves 5 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon

as possible. Failure to successfully complete the Prequalification process early enough will prohibit the submission of the application in SFS.

Final Submission Format

Please note that all responses/applications/submissions to this RFP ***must*** be submitted through the Statewide Financial System (SFS). No mailed, delivered or emailed submissions will be accepted. OMH strongly recommends that applicants plan accordingly and allow themselves enough time to appropriately complete and submit by the due date and time of this RFP.

When providing uploads in response to any of the questions posed (other than the Fiscal/Budget component), please upload only PDF versions of those documents. When saving these files before uploading, with the exception of an underscore, please do not use any special characters in the file name, letters only should be used. All attachments required with the proposal must be combined into the proposal template PDF and clearly labeled. Uploading documents that are not in PDF form (other than the budget, which must be uploaded as an excel document) will result in the disqualification of the application.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - https://grantsmanagement.ny.gov/ and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook (upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

  Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

3. Administrative Information

3.1 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify any applicant, and rescind any conditional award or contract made to such applicant whose conduct as a provider does not meet applicable standards as determined solely by OMH and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation's requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, SFS and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;

- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a “force majeure”;
- Change any of the scheduled dates stated in the RFP.

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing, in writing, requesting feedback on their own proposal, within 15 calendar days of the OMH dated letter. OMH will not offer debriefing to providers who receive an award. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

3.3 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award 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 Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

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

3.4 Term of Contracts

The capital contracts awarded in response to this RFP will be for a five-year term. PDG contracts awarded will be for a 2-year term. OMH reserves the right to modify the first period of the contract to coincide with the applicable fiscal period. For New York City contracts, the fiscal period is July 1 through June 30 of each year. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH’s Contract for Grants.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), on any award resulting from this solicitation in excess of $25,000 for commodities and services or $100,000 for construction.

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

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

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

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

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

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

B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five

(5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

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

i. If an award recipient fails to submit a MWBE Utilization Plan;

ii. If an award recipient fails to submit a written remedy to a notice of deficiency;

iii. If an award recipient fails to submit a request for waiver; or,

iv. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes 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 Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over $25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-l requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

3.9 Gender-Based Violence and the Workplace Certification

State Finance Law §139-m requires all vendors bidding on state contracts to implement and attest to a Gender-Based Violence and the Workplace policy. Applicants on state procurements must certify that they have a written policy addressing gender-based violence and the workplace that meets the minimum requirements of State Finance Law§139-m. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP.

Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

3.10 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.11 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.9 of this RFP.

3.12 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade

secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.13 NYS and OMH Policies

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

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

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

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

Technical Evaluation	**Points**
Notification of LGUs	1
Population	15
Description of Program	12
Implementation	20
Capital Funding	10
Agency Performance	6
Utilization Review, Reporting, and Quality Improvement	6
Diversity, Equity, Inclusion, and Peer Support Language	10
Financial Assessment	20
Total Proposal Points	100 Points

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

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.9. If a proposal is not complete or does not meet the basic

eligibility and participation standards as outlined in Section 2.4, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the staffing plan as well as corresponding staffing plan and fiscal viability narratives submitted.

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

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

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

Each application must identify a single, distinct project proposal per project site. If an Applicant submits a single proposal for multiple RTF sites, the proposal will be disqualified. Agencies proposing to establish multiple RTFs may request funding for more than one RTF site. However, a separate, unique and distinct project proposal must be submitted for each program site. **An agency may not submit more than two applications in total in response to this RFP. If more than two applications are received, only the first two submissions will be reviewed.**

4.3 Process for Awarding Contracts

Applicants will be rated based on their final total score. Applicants that receive a final total score of less than 70 will be ineligible to receive capital funding. Up to $20 million in capital funding will be awarded through this RFP.

If there are two or more new RTF applicants with passing scores, only two new RTF applicants will be awarded, in rank score order, according to section 4.4, consistent with the actual capital costs of up to $10 million in capital funds each. If the sum of the actual capital costs for the two new RTF applicant capital projects is less than $20 million, and there are expansion RTF applicants with passing scores, then expansion RTF applicants will be awarded for actual capital costs in rank score order according to section 4.4. The expansion RTF awards will be for actual capital costs not to exceed $5 million each. Awards will be granted until the $20 million in capital funding is fully awarded.

If there is only one applicant for a new RTF with a passing score, then the award will be consistent with the actual capital costs up to $10 million in capital funds with the balance of the remaining funds available for expansion RTF applicants with passing scores, in rank score order, according to section 4.4 and funding consistent with the actual capital costs not to exceed $5 million each. If there are no expansion RTF awards, the one new RTF applicant with a passing score will be awarded for actual capital costs up to $20

million.

If there are no new RTF applicants with passing scores, then expansion RTF awards will be available for those with a passing score, in rank score order according to section 4.4, and funding will be consistent with the actual capital costs with up to $5 million.

If there are any remaining funds after all awards are made, the balance of the remaining funds may be awarded, in rank score order according to section 4.4, consistent with the actual capital costs, until all funds are expended up to $20 million.

OMH will award the funding in a manner that best achieves the goals and intent of the RFP, including a distribution that best achieves access to the various types of RTFs geographically within the limits of available funding. This includes the right to make initial awards that are lower than the amount requested, and the right to make awards up to the full amount of the funding available. Please refer to section 3.1 for further information.

4.4 Initial Awards and Allocations

Regional Award and Funding Amount Targets:

Tier 1 – New Residential Treatment Facilities (RTFs): Applications proposing the development of a new RTF in the OMH region of New York City (NYC) or Hudson River (HR) regions. The breakdown of counties for each OMH region is located in the table below.

Tier 2 – Expansion of Existing Residential Treatment Facilities (RTFs): Applications proposing the expansion of a current RTF in the OMH region of New York City (NYC) and Hudson River (HR) regions. The breakdown of counties for each OMH region is located in the table below.

Applicants must clearly indicate in their proposal whether they are applying under Tier 1 or Tier 2 (Section 6.2 Question A). Proposals will be reviewed, scored, and ranked within their applicable tier.

No more than (two) new RTF awards and/or (four) expansion of RTFs awards for actual capital costs up to a total funding amount of $20 million will be made to applicants with passing scores in rank score order, subject to the following minimum award targets per Tier, distributed as follows:

1. First, to the highest passing score applicant in Tier 1. If there are two passing scores for Tier 1 the award will then be made in ranked score order and in accordance with section 4.3.
2. If there are no applicants in Tier 1 with a passing score, Tier 2 applicants will then be made in ranked score order and in accordance with section 4.3.
3. If there are no applicants in Tier 1 or 2 with a passing score, applicants for new and expansions RTF capital projects will be awarded in rank score order and in accordance with section 4.3.
4. As stated in 4.2, in case of a tie in the scoring process, the proposal with the highest

score on the Implementation (Section 6.4) of the Proposal Narrative will be ranked higher.

By accepting a conditional award, the awardee agrees to comply with and fulfill the following requirements:

- Once a bidder receives a conditional award through this RFP process, it must begin to actively search for and identify a viable project. When a potentially viable site has been identified, OMH will fund an appraisal (as needed) and feasibility study.
- The site identified can accommodate the proposed project.
- Acquisition and development costs are within an amount OMH capital can support.
- Capital funding above and beyond the OMH award has been identified with evidence of support from the funder.
- Additionally, applicants must obtain licensure through OMH, execute an affiliation agreement with a currently approved NYS private special education program or establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF, gain accreditation by an approved accrediting organization, enroll as Medicaid Institutional Provider, comply with Center for Medicaid and Medicare Services PRTF conditions of participation, and become certified as a RTF in New York according to the Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance in order to be eligible and receive reimbursement for services via the NYS Medicaid program.

4.5 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to an OMH determination that the agency has failed to adequately progress a project within 18 months of the award notification date; failure to obtain OMH licensure; an OMH determination that the project is not fiscally viable or programmatically feasible; or an OMH determination that a lease for a site is not minimally commensurate with the bond amortization and said lease cannot be renegotiated. A contractor will be provided with notification if there is need for reassignment. By submitting a response to this RFP, an agency acknowledges that any determination to rescind and/or reallocate funding is solely at the discretion of OMH. An agency will be provided with notification if the awarded funding is to be rescinded and reallocated. A contractor will be provided with notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal according to 4.4. In the event the award cannot be made, OMH reserves the right to re-procure the terminated or reassigned contract.

4.6 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 a contract can be finalized.

The award is further subject to the submission and approval of a Prior Application Review (PAR) application as necessary. The PAR process will require Applicants to provide proof that they have sufficient authorization and control to undertake the capital project at the project site. In order to determine that the Applicant owns, leases, or otherwise has control over the site where the project will be located, Applicants must provide a copy of the deed or lease for the site as part of the PAR. Additionally, if the Applicant is leasing the project site, a Letter of Support from the site owner to conduct proposed work will be required as part of PAR process. If the site is not under the Applicant's control, proof that the lease for the site is minimally commensurate with the bond amortization will also be required.

Once an Applicant is notified of an award through this RFP, they may also be required to submit an "Appraisal & Feasibility Request Form." The Bureau of Housing Development and Support staff will review this information and may contact the agency for further information regarding the planned capital improvements and/or to arrange a visit to the site. If the site is acceptable, OMH will order a feasibility study to further evaluate the proposed plan.

The Capital Budgets of awardees are subject to approval by the Bureau of Housing Development and Support after further analysis of each individual project before the Capital Budget is finalized.

Finally, should the cost of the capital project exceed the OMH award, applicants must demonstrate they have secured the full funding to complete the project before the OMH contract will be executed. Capital contracts will be finalized when the Division of the Budget (DOB,) the NYS Attorney General and the Office of State Comptroller approval is received. Neither OMH nor the State of New York is liable for any expenditure incurred or made by an Applicant until the applicable action(s) listed above occur.

This capital funding is made available as interest-free construction financing, and it must be repaid with a Dormitory Authority of the State of New York (DASNY) bond mortgage. OMH would in turn fund the annual debt service for this mortgage. The Applicant must agree to an Assignment Agreement allowing OMH to make payments directly to DASNY on behalf of the Applicant.

5. Scope of Work

5.1 Introduction

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 RTF Programs. Applicants should notify the LGU(s) of their intent to apply and provide proof of the notification as part of their application (See 6.1.)

This RFP is designed to support capital and start-up needs to establish new RTF programs that serve a co-ed RTF eligible population or develop an expansion of beds in existing RTF programs. The goal of this RFP is to fund selected agencies that will provide accessible and high-quality RTF services.

OMH will accept proposals to establish new RTF programs with a maximum of 24 beds. Should an awardee have a proposal for a new RTF program with fewer than 13 beds, the awardee will be required to submit a 501 C waiver for Part 584.5(e) at the time of Comprehensive PAR submission to OMH, in addition to other requirements. The 501C waiver process will require data which addresses fiscal viability concerns. A 501 C waiver may be denied if the fiscal calculations for the proposed number of beds indicate the program will not be fiscally viable in the current/proposed funding environment.

OMH will accept proposals to expand existing RTFs, as long as the agency can attest that for the period July 1, 2024 to June 30, 2025, the agency's Consolidated Fiscal Report (CFR) will demonstrate that the RTF program site proposed for expansion operated at a minimum of 90% of the program's licensed capacity. The minimum number of beds an existing RTF may propose to expand their licensed capacity by is 2. An existing RTF may not propose to operate more than 40 licensed beds at one site and may not propose to operate any units with more than 8 beds in a unit. An existing RTF's proposed capital renovation must result in all units having equal to or less than 8 licensed beds each. All proposals for new RTF programs or existing RTF expansions are required to confirm that the rooms will be single occupancy only. Double occupancy rooms will not be considered.

Prospective awardees will need to complete all of the following activities in order to operate an RTF: obtain licensure through the OMH Regulation 14 NYCRR Part 551 and 584, and execute an affiliation agreement with an approved NYS private special education program that has an approved New York State School-Age Approved Private School Modification request application OR establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF, obtain accreditation by an approved accrediting organization, enroll as a NYS Medicaid institutional provider of services, comply with Center for Medicaid and Medicare Services PRTF conditions of participation, and obtain certification as a PRTF in New York according to Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance. These requirements do not need to be met prior to applying for this RFP.

5.2 Objectives and Responsibilities

The awarded vendor(s) will be expected to meet the objectives and responsibilities below. These will form the basis for the scope of work and contract deliverables when an award is made.

A. Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance. A unique CFR Program Reporting Code has been created for tracking of these funds; funding will be reported under code 1080.

B. OMH providers are expected to ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes. To support these efforts, it is expected that providers have a quality, supervisory, operational and IT / data infrastructure to routinely self-monitor and ensure ongoing quality improvement of services, including analyzing utilization review findings and recommendations.

C. It is also expected that providers will routinely submit data to OMH, including client-identified data, quality and program data. Data submission requirements and guidance will be provided by OMH.

RTFs are therapeutic programs that provide sub-acute inpatient psychiatric treatment to children and adolescents with complex mental health needs and support to their families. These programs are for children and adolescents who present with severe functional impairments and significant risks to their well-being across settings due to their mental health condition. The children and adolescents have challenges that need around-the-clock supervision, structure, and clinical treatment. The programs require voluntary participation. OMH Regulation 14 NYCRR Part 584 details background and intent of the program in addition to operational requirements. RTF programs are accessed by the public via a Children's Single Point of Access (C-SPOA) application. Information on the application process and a copy of the application are available on the OMH web page *Information for Children, Teens and their Families* under *Easy Access Forms* section. Information concerning existing RTFs is available on the OMH web page Services for Children and Families under the *Residential Treatment Facility* Section.

While all RTFs serve children and youth with Serious Emotional Disturbance, RTFs can also serve specialized populations that require specific programming, staff training, and in some cases, staffing patterns, and designated space needs.

RTFs may operate programs with two different types of functional structures.

- RTFs may operate one or multiple units as one functional RTF program, with one set of admission criteria. RTFs that operate as single functional program may still designate units according to gender identity, developmental stage, or clinical criteria. While different units may offer slightly different programming according to needs, in general the program operates as a single entity. An example would be a 14 bed RTF that has two units with seven beds each, with one all-male unit, that shares general programming and admission criteria across all units.
- RTFs may also operate two functional programs with discrete units. A discrete unit is defined as unit(s) with specific admission criteria. Discrete unit(s) operate as a subset of an RTF's licensed capacity by serving a specialized population and providing staffing, staff training, services, and programming to meet that population's needs. RTFs that operate multiple discrete units may serve multiple populations, e.g., a general RTF eligible population in one unit and a specialized

population in the other unit. Please reference special populations identified in 4.3.1. An example would be an 18 bed RTF that has three units with 6-beds each, where two units share admission criteria, and one unit has specific admission criteria for adolescents 16 and above with fire-setting behaviors that does not intermingle within the RTF with the other unit youth.

Selected applicants will be expected to provide comprehensive behavioral health and medical services to those in their care. The proposed program must provide for robust clinical and direct care staffing 24 hours a day, seven days per week. The proposed RTF must aim to provide compassionate, trauma-informed, and patient-centered care to children or adolescents with mental health challenges and, as appropriate, their families. The RTF program should focus on comprehensive assessment, individualized treatment planning, and therapeutic interventions tailored to meet the unique needs of each child or adolescent. Programs may not utilize punitive clinical (including behavioral) interventions or models of care within the RTF in line with best practices described in OMH guidance. Clinical interventions and models of care must be appropriate for the RTF population intended to be served as indicated by the intervention or model having been initially developed for the specific population the RTF serves and/or have an evidence base with population the RTF serves. Detailed program information is found in Appendix A.

RTF programs are responsible for ensuring that children and youth admitted to the program receive education services. The RTF Agency must either establish an affiliation agreement with an approved NYS private school-age (5-21) special education program pursuant to Article 89 of the Education Law that will serve the proposed RTF beds on or near the where the proposed RTF facility will be located or work to establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law. Detailed educational information, including criteria from the New York State Department of Education (NYSED) for the provision of educational services is found in Appendix A. This RFP will not provide capital to fund education program physical plant needs.

RTF physical plants must follow regulations and policies for inpatient psychiatric programs. Detailed physical plant information is found in Appendix D. The program should create a nurturing and therapeutic environment within the unit, designed to make individuals feel safe and valued. The environment of care must be home-like and must be functional and supportive of patient care to ensure quality care and safety. A thoughtful proposal includes addressing the following:

- Environment of care that complies with Office of Mental Health regulations
- An environment of care that creates surroundings that support the dignity of the individual patient and permit ease of interaction
- Size and configuration of treatment space that allows for high-quality treatment.
- Meeting room(s) large enough for family/stakeholder meetings
- A range of age-appropriate therapeutic activities, such as expressive therapies

and recreational activities.

- Availability of language access services and assistive technology as needed for full participation in the treatment environment.

RTF programs are funded through Medicaid through a reimbursement methodology that is detailed 14 NYCCRR 578. RTF program services are Medicaid funded. Medicaid reimbursement standards are detailed in 14 NYCRR 576. Additional reimbursement information is found in Appendix E.

If awarded applicants are expected to comply with all of the following activities: obtain RTF licensure through OMH, execute an affiliation agreement with a currently approved NYS private special education program or establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF, gain accreditation by an approved accrediting organization, enroll as Medicaid Institutional Provider, comply with Center for Medicaid and Medicare Services PRTF conditions of participation, and become certified as a PRTF in New York according to the Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance in order to be eligible and receive reimbursement for services via the NYS Medicaid program.

5.3 Capital Funding

Funding is available for the capital development costs associated with the acquisition of property, construction and/or rehabilitation of new or existing facilities. Capital development costs may include, but not limited to, cost of planning and consultants, construction, renovation, acquisition and equipment needed to complete capital project.

Costs associated with the project that are incurred prior to the capital contract start date may not be reimbursed from grant funds.

Applicants are reminded that the funding for capital development is contingent upon the continued availability of State appropriations.

If project costs exceed the funded amount, applicants will need to secure the full funding needed for the project before OMH funds can be expended. The award will be commensurate with actual capital costs. Selected awardees will work with OMH to develop the capital budget submitted in the application further and execute a contract.

5.4 Operating Funding

One-time PDG (start-up) funds are available to assist with establishing a new RTF or expanding an existing RTF. Start-up funding will be based on the most current rate at the time of opening, which is $10,197 per bed at this time. All reasonable costs to develop RTF beds should be included in the Start-up budget.

Start-up funds will be allocated in full, up front on the first liability date of the contract and can be spent over the full two years of the contract. Start-up funding is intended to offset any of the following expenses:

• Program staffing expenses for new staff, such as identification and onboarding of qualified staffing to appropriately and competently serve the population.

• Materials and supplies needed for program (e.g. Vehicle; Computers and tablets; Printers; Phone system and mobile devices; or Electronic Health Record.)

• Refurbishment of new or existing program space to safely and suitably serve the expanded population including, new furniture or fixtures in a waiting room, adjustments to therapy rooms, etc. Refurbishment does not include capital projects. Funds are limited to minor space changes without construction or building modifications.

• Development of new materials to market to and engage new individuals/families and referral sources.

Exclusions for Use of Funds:

• Cannot be used to off-set costs for consultation services related to grant or application writing

• Capital improvement costs

• Rent, mortgages, or other associated ongoing building expenses

• Cannot be used to fund required staffing at pre-existing RTF Programs.

Ongoing funding to support the operation of the RTF will be provided by (1) a combination of SSI and Medicaid funding, consistent with the OMH and DOH fiscal model. Current Medicaid RTF rates can be found here: Office of Mental Health (OMH) Services Rates, NYS Reimbursement Rate Reform. While the RFP will not provide ongoing funding for RTF operation, applicants will be requested to complete an operational budget.

6. Proposal Narrative

Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide here. Failure to comply with these guidelines may result in attachments not being viewable to reviewers.

A proposal template is provided in the "Event Comments and Attachments" section of SFS and MUST be used to answer the following questions. Any supporting attachments MUST be included in the upload of the proposal template as one continuous PDF document AND be labeled specific to the question number it is associated with. **Proposals/applications not submitted as described (other than the budget which must be uploaded in excel format) will result in disqualification of the application.**

When submitting proposals for funding under this RFP, the narrative must address all

components listed below, in the following order:

6.1 Notification of LGUs

To receive the point for Local Government Unit (LGU) notification, identified in section 4.1 Evaluation Criteria, please provide proof that LGU(s) were notified of your agency's Intent to Apply to this RFP (e.g., sent email, certified letter, etc.). A copy of this letter should be submitted with the RFP. A list of County Local Mental Hygiene Directors can be found here.

6.2 Population

a. Identify the OMH region of the proposed project. Identify whether the proposal is for development of a new RTF, or an expansion of an existing RTF program. Identify you meet criteria for Tier 1 or Tier 2 (see section 4.4 for more information.)

   Describe the population to be served in the proposed new or expanded RTF program. Identify whether the proposed new or expanded RTF will operate as one or two functional programs. If one functional program, identify whether the functional program(s) will serve the general co-ed RTF eligible population or a specialized population that meets the criteria in Section 4.3. Describe in narrative form the characteristics of the co-ed RTF eligible population(s) to be served. Provide as much specific demographic information as possible, including, but not limited to, ages, IQ, mental health diagnoses, specialized clinical needs, school grade levels, educational disability classifications, as well as cultural and linguistic needs for those you intend to serve. If two functional programs (where discrete units have separate admission criteria and programming), identify whether each unit will serve the general co-ed RTF eligible population or a specialized population that meets the criteria in Section 4.3. Describe in narrative form the characteristics of the co-ed RTF eligible population(s) to be served for each discrete unit.

b. Describe how the proposed RTF beds will improve the accessibility and the quality of services available for RTF eligible youth statewide and in the region of location. Provide available quantitative data. Describe how the proposed RTF program will benefit the child serving systems of care in the state. Provide available quantitative data. Describe the ways in which RTF level of care differs from other mental health services.

c. Describe the agency's experience (in any program) serving children and youth who have Serious Emotional Disturbance (SED) or transition age youth (ages 18-21) with Severe Persistent Mental Illness (SPMI). Describe in detail the therapeutic and/or other programming provided to young people with SED or SPMI. Describe clinical treatment models, including family models, that have been successful in working with these youth and families within the agency. Describe the agency's experience in providing crisis response to young people with SED or SPMI. Provide any applicable outcome data. If the proposed RTF will serve a specialized population as identified in response to 6.2.a, describe the agency's experience (in any program) serving young people presenting with those specific clinical needs. If the agency does not have any experience serving young people with SED or SPMI, or specialized mental health

concerns, identify your understanding of what the therapeutic modalities and programming needs of these populations are.

6.3 Description of Program

a. Describe in detail the applicant's experience providing inpatient psychiatric or residential services to children and youth or transition age youth (ages 18-21) with mental health conditions. If the applicant has experience providing inpatient psychiatric services, identify the goals and outcomes of the inpatient psychiatric program(s) and how the goals and outcomes are similar and different to that of an RTF, referencing Appendix A and B. If the applicant has experience providing residential services, identify the goals and outcomes of the residential program(s) referencing Appendix A and B. If the agency does not have any experience serving young people in inpatient or residential settings, identify your understanding of what the goals and outcomes would look like, referencing Appendix A and B.

b. Provide a description of the proposed program. Include in the description:

- the number of new units
- new rooms per unit (no more than 8 per unit)
- new and total beds per program
- identification of whether the agency has secured space via site control or a tentative long-term lease agreement for a facility to operate the proposed RTF facility or RTF bed expansion, and
- identification of whether the agency has an affiliation agreement with a private school-age (5-21) special education program pursuant to Article 89 of the Education Law with site control or a tentative long-term lease agreement for site control on or adjacent to the campus where the proposed RTF facility is located which has existing capacity to serve the number of proposed RTF beds. If there is an identified school identify the educational program and detail the number of youth to be served by grade level, age and education disability classification.

The program description should comply with the program elements mentioned in Section 5.1 and 5.2 and relevant appendices but should not be a reiteration of these sections.

c. 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 including school districts, and how you plan to utilize those networks to facilitate timely discharges and warm handoffs. Describe how the proposed RTF fits into the continuum of care and how partnership with the community will minimize length of stay and maximize return home. Describe the network of emergency acute inpatient psychiatric services and how you plan to coordinate with providers for timely referral, evaluation and, as necessary, admission for RTF patients.

6.4 Implementation

a. Describe the clinical model(s) that the RTF will use as the framework of the program (e.g. Children and Residential Experiences [CARE], Sanctuary.) Describe how the proposed clinical model(s) are appropriate for the RTF population intended to be served. Clinical models not intended for the proposed population to be served by the RTF will not be considered responsive to this question. If awarded the applicant will collaborate with OMH staff to ensure appropriate treatment models are offered for the population. Describe the comprehensive diagnostic evaluation/assessment and case conceptualization process that will be used to create treatment plans. Describe the continuing assessment process throughout the admission. Identify specific individual, family and group treatment modalities (including evidence-based practices) that will be offered to meet the clinical needs of the RTF eligible population(s) to be served as identified in 6.2. If a specialized RTF eligible population was identified in 6.2, identify the specific treatment individual, family and group modalities (including evidence-based practices) that will be offered to meet the special population needs. If applicable, attach a copy of a sample treatment plan. Be sure the sample treatment plan does not include any private health information.

b. Describe how the program will ensure that youth voice and choice are centered in their care and treatment. Describe how the program will promote youth empowerment and positive youth development. Please provide examples of how youth will be centered, engaged and empowered. Describe how the program will ensure that families are meaningfully engaged to participate in the care and treatment of the children and adolescents. Provide examples of how families will participate in the care and treatment of children and adolescents. Please provide examples of how families will be engaged during the youth's involvement with the RTF, including the mitigation of barriers to family engagement (scheduling conflicts, financial and economic challenges, lack of access to transportation, lack of access to childcare, etc.).

c. Identify the trauma informed crisis prevention and response model that will be implemented across the program (e.g. Therapeutic Crisis Intervention [TCI].) Identify how the program will strive to maintain a restraint free environment adherent to OMH Regulation 14 NYCRR Part 524 and who will lead the ongoing work to maintain a restraint free environment. Describe how the RTF will assess, manage and mitigate patient risk to themselves and others (e.g., suicide, self-harm, physical aggression, problematic sexual behavior, fire setting, running away behavior, CSEC etc.) Attach a copy of any individual screening and assessment tools that will be used to evaluate, manage and mitigate patient risk.

d. Due to the unique staffing complement required for RTF programs, please provide the following information:

    - Recruitment Strategy: Describe the strategy and methods your organization will use for recruitment, including for physician and nursing staff. Describe the results of your current recruitment strategies for difficult to fill positions.

- Employee Retention: Describe in detail your organization's experiences, methods, and resources to successfully retain staff in inpatient psychiatric or residential programs. Provide detailed information on staff turnover in your inpatient psychiatric or residential programs, broken out by staff type, as applicable.

e. Describe discharge procedures, including the agency's approach to facilitate a child or adolescent's return to a stabilized level of functioning based on discharge criteria, including connections to community services and supports identified by the individual receiving services. Describe how communication and coordination with the system of care partners will begin at the time of admission and foster continuity of care between the RTF and community providers. Describe how you will facilitate warm handoffs to ensure the continuity of care of the youth and family post-discharge. Describe how the RTF will achieve and maintain an average length of stay of nine (9) months. Attach completed sample discharge plan.

6.5 Capital Funding

a. Provide brief overview of the capital project for which funding is being requested while incorporating information related to: A brief description of the project as it relates to obtaining or having site control, acquisition, construction and rehabilitation. Please provide the specific address/location of the project, if available. Provide the proposed county where the site will be located. Confirm the program will serve as a statewide resource for RTF eligible youth that meet the OMH RTF's approved admission criteria. Describe the existing and/or proposed home-like structure, square footage, physical space/layout that is compliant with requirements detailed in Appendix D. For existing structures, be as specific as possible and include information about when the space was built, when it was last updated, renovated, or otherwise improved Include any other pertinent physical characteristics of the site. Attach/upload design drawings, if available.

b. Provide a detailed timeline of the necessary tasks and milestones, including but not limited to budget development, contracting; bidding; building construction; staffing; licensure; and leasing. Include estimated completion dates and how they will be achieved

c. If the Applicant were to receive Capital funding, please provide the total estimated capital project cost and describe how the applicant plans to fully fund the capital project if this award is not sufficient to cover the entire cost of the proposal. What initial and ongoing marketing strategies would be used to inform the community and referral sources of the services provided within this program?

6.6 Agency Performance

a. Describe the agency's organizational structure, administrative and supervisory support for services to be provided by RTF, including the governing body, and any advisory body that supports the organization and effective service provision.

b. Currently licensed NYS OMH RTF providers must note the following specific data points over the last two (2) year period: number of admissions, average length of stay, staffing fill-levels, substantiated mandated reporting incidents, youth and family satisfaction survey outcomes and number of discharges. Applicants that do not have an existing NYS OMH RTF service must attach a copy of recent monitoring reports for any inpatient psychiatric or residential program for children and youth transitional age youth (ages 18-21) that the agency operates that were issued by a city, state, or federal government agency. Applicants that do not have an existing NYS OMH RTF must also submit the following specific data points over the last two (2) year period for all applicable programs: number of admissions, average length of stay, youth and family satisfaction survey outcomes number of discharges and substantiated mandated reporting incidents.

6.7 Utilization Review, Reporting, and Quality Improvement

Agencies must conform to all OMH fiscal reporting requirements as outlined in the "Consolidated Fiscal Reporting and Claiming Manual." These guidelines are available at: http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/documents/FINAL-MANUAL050218.pdf.

a. Describe the agency's approach to data informed utilization review to inform youth centered service provision, including determining if youth are receiving services to meet needs identified in initial and ongoing assessments as well as emergent needs related to significant incidents, hospitalizations, crisis, or emergency service episodes and conforms with continued stay criteria. Include the frequency of utilization reviews for RTF youth. Identify who will be responsible for conducting the RTF utilization reviews, reviewing findings, implementing recommendations and measuring recipient changes in accordance with 14 NYCRR 584.18 (b).

b. Outline the agency's proposed quality assurance activities which will monitor the quality of staff care, training, and therapeutic interventions as well as overall effectiveness of treatment of the RTF program and services. Describe how the agency will incorporate key community partners, recipients, and their families in evaluating approaches to ensure they reflect considerations for cultural competence and language access. The quality assurance activities will be required to minimally monitor quality improvement outcomes identified in section 5.3. Identify who will be responsible for the specialized RTF's quality assurance activities.

6.8 Diversity, Equity, Inclusion and Peer Support Language

This section describes the commitment of the entity to advancing equity. OMH is committed to the reduction of disparities in access, quality, and treatment outcomes for historically marginalized populations as well as centering and elevating the voice of individuals with lived experience throughout the system.

Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations

a. Provide a mission statement for this project that includes information about the intent

to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.

b. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.

c. Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual's title, organizational positioning and their planned activities for coordinating these efforts).

d. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). The plan should include information in the following domains:

- Workforce diversity (data-informed recruitment)
- Workforce inclusion
- Reducing disparities in access quality, and treatment outcomes in the patient population
- Soliciting input from diverse community stakeholders, organizations and persons with lived experience
- Efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area.
- How stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan
- Discuss how the plan will be regularly reviewed and updated.

Equity Structure

e. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).

f. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

Workforce Diversity and Inclusion

g. Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

Language Access

h. Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to: addressing other language accessibility needs (Braille, limited reading skills); service descriptions and promotional material.

Recovery Values

i. Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

Collaboration with Diverse Community-Based Stakeholders/Organizations

j. For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

6.9 Financial Assessment

a. The Applicant must submit a proposed staffing plan within the provided template (Appendix C). The template (Appendix C) is located in the event comments and attachments section of SFS. The proposed staffing listed within Appendix C will be considered the proposed staff plan for the new or expanded RTF and must be compliant with the staffing requirements detailed in Appendix B for twenty-four hours per day, seven days per week staffing. Applicants should list staff by position title, full-time equivalent (FTE), and salary. Please note that only positions listed in Appendix C are allowable in the staffing plan, however not all positions listed in Appendix C are required. The definitions for the staff position tiles and codes are located in the New York State Consolidated Fiscal Reporting (CFR) and Claiming Manual l Appendix R Appendix R – Position Titles and Codes.

b. Provide a detailed explanation and justification for the staffing plan provided in Appendix C. Please include the following:

- the calculation or logic that supports the full-time equivalent (FTE) for each staff by position title;
- the total numbers of beds the staffing plan is intended to support;

- the total amount of PDG (startup) being requested and how much will be used for program staffing expenses;
- description of how salaries are adequate to attract and retain qualified employees; and,
- description of the roles and responsibilities of each proposed staff member – including specific skills and level of experience expected of each staff member. Identify any specialized staffing beyond staff requirements in Appendix B, including for any specialized population specified in 6.2.

c. Describe the fiscal viability and health of the applicant agency. Include the history of successful management of public grant funding.

Appendix A: Prospective Residential Treatment Facility Program Requirements

Program Description

RTFs deliver services in the facility as well as in the youth's home and community. RTF services must comprehensively address the treatment needs of the those admitted with primary mental health diagnoses. This means that RTF services must include mental health services, educational and vocational services, physical health services and dietetic services. RTFs that serve specialized populations offer specialized clinical services tailored to meet the needs of the specialized population. The proposed RTF will be expected to minimally offer access to the following intensive mental health clinical services. Unless otherwise indicated services must be provided directly by the RTF.

Required Services	**Frequency**
Comprehensive diagnostic assessments	Upon admission and regular intervals throughout admission
Multidisciplinary treatment planning	Upon admission and monthly throughout admission
Psychiatric evaluation and medication management services	Upon admission and weekly throughout admission
Individual therapy	Three times per week for at least 30 minutes per session.
Family therapy	Weekly
Group therapy	45 minutes at minimum five times per week
Expressive or holistic therapy	Weekly, either on an individual basis or in a group setting.
Rehabilitative services	Weekly
Preventative and routine physical health services • Physician on duty/on-call 24/7 • May be provided through a written agreement with another provider of services.	• a physical examination upon admission, periodic assessment of physical condition, and treatment as needed; • an assessment of immunization upon admission, and an ongoing immunization program;
Preventative and routine dental services • May be provided through a written agreement with another provider of services.	• a dental examination within six months of admission, periodic assessment, and treatment as needed;

Dietetic Services	Daily access
Preventative and routine nursing treatment services • 24/7 nursing services	• health education and sex education; and • emergency care on a 24-hour basis
Recreational therapy	Weekly, either on an individual basis or in a group setting.
Family system/caregiver and sibling psychoeducation and support	Monthly
Specialty services as needed (e.g., substance use treatment) • May be provided through a written agreement with another provider of services.	According to treatment plan
Case Coordination and Transition coordination (active discharge planning and aftercare support)	Weekly
Home and community re-integration (therapeutic leave bed reservations)	According to treatment plan
Therapeutic milieu/supervision	According to treatment plan
Coordination and collaboration with local emergency and acute inpatient hospitals (hospital bed reservations)	As needed
Behavior management risk assessments and planning	Daily access
Crisis Prevention/Behavior Management Specialist services	Daily access
Permanency/Family Connections Specialist services	According to treatment plan
Room and board	Daily

RTF Eligibility Criteria

Eligibility for RTF programs is determined by OMH RTF Authorization Teams. The RTF Authorization teams review RTF referral applications for the following criteria:

(1) be between the age of 5 years old and 20 years old;
(2) have an intelligence quotient equal to or greater than 51;
(3) meet the criteria for voluntary admission in accordance with section 9.13 of the Mental Hygiene Law;
(4) have a current *primary* diagnosis of a designated mental illness;

(5) meet criteria for serious emotional disturbance; and
(6) meet all medical necessity criteria for residential treatment facility services.

(i) Medical necessity criteria determinations comply with the Code of Federal Regulations, title 42, section 441.153 as incorporated by reference in Part 502.2 of this Title. Medical necessity criteria also meet the CFR 42 section 441.152 Certification of Need requirements where the child or youth is an applicant or recipient of medical assistance pursuant to Social Services Law, title 11, article 5.

(ii) Medical Necessity criteria includes the following:

(*a*) Outpatient, community-based, and other out of home interventions available, do not meet the treatment needs of the child or youth;

(*b*) The Child or Youth is experiencing a severity of psychiatric need which requires proper care and treatment of the child or youth's psychiatric condition on a sub- acute inpatient basis in a RTF under the direction of a physician;

(c) Care and treatment provided by a RTF can reasonably be expected to improve the child or youth's condition or prevent further regression so that RTF services will no longer be needed. Poor prognosis shall not in itself constitute grounds for a denial of eligibility if treatment in a RTF offers can be expected to effect a change in prognosis.

Eligibility criteria to obtain authorization to access the OLV Intensive Treatment Program RTF developed in collaboration with the Office for People with Developmental Disabilities and designed to serve children or youth with a designated mental illness and an intellectual and/or development disability, are exempt from criteria (2) and (4) above.

Admission Criteria

Each RTF maintains their own OMH approved written admission, continued stay and discharge criteria. The admission criteria must, at a minimum, provide that the youth is eligible to access RTF services as determined by an OMH RTF Authorization Team.

Education Services

Each RTF is required to ensure the minimum requirements of the State Education Law are accessible to meet the educational needs of those admitted. This is accomplished either via an affiliation agreement with a New York State private special education program (e.g. 853 school) which has an approved New York State School-Age Approved Private School Modification request application or by establishing a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF.

For prospective awardees seeking initial approval to operate a private school-age (5-21) special education program pursuant to Article 89 of the Education Law, a New York State Initial

New York State Office of Mental Health (OMH)

Application for Approval to Operate a Private School-Age Special Education In-state or Out-of-State Day/Residential Application will need to be submitted. Regional Need will not be required for this RFP as the need for services has been established by OMH.
Note: Programs must provide instruction to a **minimum** of 16 NYS publicly placed students with disabilities.
Applicants should refer to the Regulations of the Commissioner of Education Part 200.7(a), (b) for information regarding the approval, operation, and administration of private schools for children with disabilities and 200.14 regarding day treatment programs certified by the Office of Mental Health.

The Initial Application for Approval to Operate a Private School-Age (5-21) Special Education In-state or Out-of-State Day/Residential Application can be found at:
https://www.nysed.gov/special-education/school-age-applications

Applicants may wish to review the Evaluation Criteria for each section of the application to determine if responses meet NYSED's standard for acceptance:
http://www.nysed.gov/common/nysed/files/programs/special-education/school-age-initial-evaluation-criteria-july-2020.pdf

Appendix B: Prospective Residential Treatment Facility Staffing Requirements

RTF employ an adequate number of staff and an appropriate mix of staff to carry out the goals and objectives of their program on site and off site in the community or in the homes of children and adolescents. This includes sufficient number and array of staff to ensure the continuous provision of regular (line of sight) and emergency supervision (1 staff:1 youth) of all recipients 24 hours a day. Staff plans should consider peer support staff and specialized therapeutic staff persons integral to carrying out the goals and objectives of the program. Each proposed RTF's staffing plan should be based on the needs of the RTF eligible population to be served including specialized population needs.

Minimum RTF Staff Requirements Unless otherwise specified staff may count towards more than one requirement.	Reference
At least 50% of the clinical staff hours must be provided by full time employees. • Clinical staff are all staff members who provide services directly to residents and their families or legal guardian. Clinical staff includes professional staff, paraprofessional staff and other nonprofessional staff.	14 NYCRR 584.4(a)5, 584.10(c)
Two different professional staff members must be employed full time (2 FTE each). • Professional staff are defined as individuals who are qualified by training and experience to provide direct treatment services under minimal supervision. • Professional staff include registered professional nurse; occupational therapist; physician; psychiatrist; psychologist; rehabilitation counselor; social worker (LMSW or LCSW); therapeutic recreation therapist; and speech pathologist.	14 NYCRR 584.10(e)1
The following professional categories must be employed at least 1/5 (.2 FTE) of the hours of a full-time employee: • Registered Professional Nurse • Psychiatrist • Psychologist • Social worker (LMSW or LCSW) • Therapeutic recreation therapist	14 NYCRR 584.10(e)2
The staffing ratio for employed professional staff must be 1:7 RTF licensed beds.	14 NYCRR 584.10(d)1
At least 25% of professional staff must meet the following requirements:	14 NYCRR 584.10(f)

• a nurse who has a bachelor's degree and at least three years' post-licensure experience in treating mentally ill children; • a physician who has at least one year of post-medical degree experience in treating mentally ill children; • a psychiatrist who has at least one year of post-medical degree experience in treating mentally ill children; • a psychologist who has specialized training in clinical psychology or counseling psychology and at least two years of post-licensure experience in treating mentally ill children; • a rehabilitation counselor who has a master's degree in rehabilitation counselling from a program approved by the New York State Education Department, current certification by the Commission on Rehabilitation Counselor Certification and three years of post-certification experience in treating mentally ill children; • a social worker who has specialized training in clinical practice and two years' post-graduate experience in treating mentally ill children; and/or • a therapeutic recreation therapist who has a master's degree in therapeutic recreation from a program approved by the New York State Education Department, current registration as a therapeutic recreation therapist by the National Therapeutic Recreation Society and three years of post-registration experience in treating mentally ill children	
Appropriate professional staff shall be available to assist in emergencies on at least an on-call basis at all times.	14 NYCRR 584.10(g)4
A registered professional nurse must be on site on duty 24 hours a day	14 NYCRR 526.4(c)6(l)
A qualified nutritionist must be available on at least a consultation basis.	14 NYCRR 584.10(h)
Therapists are to be employed to meet a minimum of one therapist to every seven licensed beds for a ratio of 1:7.	*OMH Guidance*
Supervisors of therapists are to be employed to meet a minimum of 1 FTE supervisor per 4 FTE therapists (a maximum 1:4 ratio.)	
Each RTF program must have 0.5 FTE of staff time solely dedicated to the RTF program’s clinical direction.	
Prescribers shall be employed to work in person with youth for at least 0.5 FTE per 14 licensed beds.	

Permanency/Family Connections Specialist shall be employed at 1 FTE. • The Permanency/Family Connections Specialist supports RTF youth to achieve both physical (a discharge resource) and emotional permanency. Through the use of Family Finding (or analogous) process this specialist finds and cultivate lifelong supports for youth who may have few or no family connections.	
One full time Transition Coordinator (Masters Degree) is to be assigned for every 6 RTF beds. • The Transition Coordinator caseload also includes up to 3 youth in post discharge status. The TC caseload should be a total of 9 youth currently admitted and in post discharge status.	
One full time Crisis Prevention Specialist position (Masters Degree) is to be employed. • The Crisis Prevention Specialist is responsible for the coordination of all aspects of training, mentoring and ongoing monitoring of crisis prevention activities. The Crisis Prevention Specialist is tasked with the maintaining a restraint free environment.	
A physician shall be available on at least an on-call basis at all times.	14 NYCRR 584.10(g)5
A physician must be on call 24 hours a day and able to arrive on premise within 30 minutes for use of restraint response.	OMH Implementation Guidelines: 14 NYCRR §526.4 Restraint and Seclusion
A minimum of two clinical staff members are assigned to direct care responsibilities for each living unit during all awake hours when admitted youth are not in school	14 NYCRR 584.10(g)1
A minimum of one clinical staff member is assigned to direct care responsibilities for each living unit for every five admitted youth during all awake hours when youth are not in school • Best practice standard: 1 staff assigned to direct care responsibilities for every 3 youth on a unit with at least one 1 direct care floater for every 2 units. Sufficient staff to meet a variety of recipient observation needs for safety and security (15 minute checks, line of sight, and temporary/emergency 1:1 constant observation.)	14 NYCRR 584.10(g)2

A minimum of one clinical staff member is assigned direct care responsibility, be awake, and be continuously available for each living unit during all hours the admitted youth are asleep. One additional staff member for every 14 children must be immediately available on site for emergencies. • Best practice standard: minimum of 2 staff per unit during all hours the youth are asleep for safety and security.	14 NYCRR 584.10(g)3
Students or trainees may qualify as clinical staff under the following conditions: • The students and trainees are actively participating in a program leading to attainment of a recognized degree or certificate in a field related to mental health at an institution chartered or approved by the New York State Education Department. Limited permit physicians are considered students or trainees. • The students or trainees are supervised and trained by professional staff meeting the qualifications specified in subdivision (f) of this section and limited permit physicians are trained by physicians. • The students or trainees receive at least one hour of supervision for every five hours of treatment services provided. Limited permit physicians must work under the direct supervision of physicians. • The students or trainees use titles that clearly indicate their status. • Written policies and procedures pertaining to the integration of students and trainees within the overall operation of the residential treatment facility receive prior approval by the Office of Mental Health.	14 NYCRR 584.10(j)
A Family Peer Advocate must be employed.	
Best practice standard for programs serving age range 14-21: A Youth Peer Advocate must be available on at least a consultation basis.	

Appendix D: Prospective Residential Treatment Facility Physical Plant Requirements

The proposed RTF physical plants must follow regulations and policies for inpatient psychiatric programs. The RTF physical plant will require compliance with the following NYS -Codes Rules and Regulations:

- 14 NYCRR 584.19;
- 14 NYCRR 77.3-8;
- National Fire Protection Association (NFPA) Life Safety Code Chapter 18;
- New Health Care Occupancies or Chapter 19: Existing Health Care Occupancies;
- NY State Building Code-Institutional Group 1-2;
- As applicable New York City Building Code: Occupancy Group H -Institutional; and
- American Disabilities Act (ADA) standards for accessible design and implementing regulations found at 28 CFR Parts 35 and 36 / Uniform Federal Accessibility Standards (UFAS.)

As all proposed programs must have a minimum of 14 beds and must comply with NYCRR Section 41.34 to comply with legal requirements for site selection if they are not located on the grounds of a residential facility licensed by a state agency.

In addition to the minimum requirements, a competitive capital project proposal will reflect:

- Use of time delay locks for egress doors
- One comfort/calming/sensory room per unit
- Single occupancy bedrooms
- Single occupancy shower/bathrooms
- Meeting room(s) large enough for family/stakeholder meetings
- Family visitation rooms
- Multi-purpose indoor space for physical activity, recreational therapy, art, dance, music, educational, occupational, and vocational services
- Secure outdoor space for physical activity and recreational therapy
- Appropriate space design allowing staff supervision of patients while maintaining appropriate privacy
- Capacity for accessibility modifications for those with mobility devices and wheelchairs

Prospective awardees may request to lock unit and/or egress doors as part of CPAR.

Appendix E: RTF Reimbursement Methodology and Payment Standards

RTFs are Medicaid funded programs. RTF services are only covered by New York State Medicaid. Regardless of insurance coverage, when a youth is eligible and accepted for admission to an RTF, OMH assists a youth in applying for NYS Medicaid based on the youth's disability and the youth's income and assets.

The RTF Medicaid rate methodology for new and existing RTF providers is detailed in 14 NYCRR 578. RTF rate setting is overseen by the Department of Health (DOH.) The most up to date rates for existing RTF providers is available on the DOH webpage Office of Mental Health Service Rates.

RTF rates of payment standards are detailed in 14 NYCRR 576. Additional information regarding reserved bed day billing is available in the RTF Bed Reservation Manual.

Transition Coordinator Service Dollars will be available to prospective awardees via a state aid contract for a set amount per licensed bed as determined by OMH to assist the youth and family/caregiver with home and community re-integration and successful discharge to less restrictive setting as soon as possible.