



# **Safe Options Support (SOS) Program: CTI Teams Request for Proposals**

**January 2023**

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## **1. Introduction and Background**

### **1.1 Purpose of the Request for Proposal**

This Request for Proposal (RFP) is issued to solicit applications for funding to support 8 SOS (Safe Options Support) Critical Time Intervention (CTI) Teams to operate in regions across New York State, with the exception of New York City. SOS CTI Teams will use an evidence-based CTI approach to provide intensive outreach, engagement, and care coordination services to individuals experiencing street homelessness and those in temporary shelter settings. Individuals will be identified through collaboration with community partners including outreach teams, law enforcement, hospitals, and others in close contact with those in need.

SOS CTI Teams will be comprised of licensed clinicians, care managers, and peer specialists. Services will be provided for up to 12 months, pre- and post-housing placement, with an intensive initial outreach and engagement period that includes multiple visits per week, each for several hours. Participants will learn self-management skills and master activities of daily living on the road to self-efficacy and recovery. The Teams' outreach will facilitate connection to treatment and support services.

The SOS CTI Teams will follow the CTI model – a time-limited, evidence-based service that helps vulnerable individuals during periods of transition. The teams will be serving individuals as they transition from street homelessness to housing. CTI promotes community integration, self-advocacy, and continuity of care by ensuring that the recipient has strong ties to their professional and non-professional support systems during these critical periods. It is a team-based model that incorporates professionals and peers. The team works with recipients and their professional and non-professional support networks to build skills and strengthen supports so that so that care can successfully be transferred, and SOS services terminated, within 12 months.

SOS CTI Teams will work in close collaboration with a SOS Referral Hub, local Dept. of Social Services, hospitals, and others to ensure that those individuals who are in greatest need for this intensive service are identified, referred, and immediately connected to services.

### **1.2 Target Population/Eligibility Criteria**

The target population is individuals experiencing street homelessness and those in temporary shelter settings.

### **1.3 Referrals**

Referrals will be coordinated through the SOS Referral Hub. Individual referrals can be made by, but not limited to:

- Outreach teams
- Dept. of Social Services
- Hospitals
- Community, family, and caregivers
- Community providers
- Police

Referrals will be reviewed and coordinated in close collaboration with OASAS, OTDA, local Department of Social Services (DSS) and Local Government Units (LGUs). This will ensure rapid connection and prevent any duplication of services.

**1.4 Bidder’s Conference**

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

The purpose of the Bidder’s Conference is to:

- Explain the initiative
- Explain the RFP process, and,
- Answer any questions Applicants may have related to the project or the process

The details for the Bidders’ Conference are as follows:

Date/Time – Wednesday, 1/25/2023 at 1:00 PM EST

Via WebEx

<b>Register and join from the webinar link</b>
<a href="https://meetny.webex.com/meetny/j.php?MTID=mc73583e00175c6420b605ba04a2c7097">https://meetny.webex.com/meetny/j.php?MTID=mc73583e00175c6420b605ba04a2c7097</a>

**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:

Carol Swiderski

Contract Management Specialist 2  
New York State Office of Mental Health  
Contracts and Claims  
44 Holland Avenue, 7<sup>th</sup> Floor  
Albany, NY 12229  
[carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov)

## 2.2 Key Events/Timeline

RFP Release Date	1/13/23
Bidders Conference	1/25/23
Questions Due	2/3/23
Questions and Answers Posted on Website	2/16/23
Proposals Due by 2:00:00 PM EST*	3/2/23
Anticipated Award Notification	3/30/23
Anticipated Contract Start Date	7/1/23

**\*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.**

## 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 are not-for-profit agencies with 501(c) (3) incorporation that have experience providing outreach, case management and/or behavioral health services to persons with a history of housing instability and/or street homelessness.

Eligible applicants must demonstrate that they have the support of the Director of Community Service (DCS) for each county in which the SOS Team will be operating. A letter of support must be included from each LGU within the proposed catchment area to be served.

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers. 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 [carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov) by 4:00 PM EST on 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.

The questions and official answers will be posted on the OMH website by on the date noted in Section 2.2 Key Events/Timeline.

## **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, the Grants Gateway and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the OMH website, the NYS Contract Reporter and Grants Gateway 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 2.9, by the proposal due date and time noted in Section 2.2 Key Events/Timeline.

## **2.8 Grants Gateway Requirement**

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the [Grants Gateway](#) and complete the Vendor Prequalification process in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date and time noted in Section 2.2 Key Events/Timeline cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

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

## **2.9 Instructions for Bid Submission and Required Format**

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

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

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

**If you are not already registered:**

Registration forms are available at the GGS website:

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

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

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

If you are an applicant, and have problems complying with this provision, please contact the GGS help desk via email:

[Grantsgateway@its.ny.gov](mailto:Grantsgateway@its.ny.gov) -- OR -- by telephone: 1-518-474-5595.

### **How to Submit a Proposal**

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

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

To apply, log into the Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator and click on the View Opportunities button under View Available Opportunities. To get



started, in the Search Criteria, enter the Grant Opportunity name provided on the cover page of this RFP, select the Office of Mental Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

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

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

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

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

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

### **Helpful Links**

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

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

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

(Technical questions)

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

## **2.10 Instructions for completing the Workplan and Objectives in NYS Grants Gateway**

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

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

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

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

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

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

Applicants should refer to Section 5.2.4 Grantee Defined Workplan of the 'Grantee User Guide' (<https://grantsmanagement.ny.gov/grantee-documents#vendor-user-manual>) for detailed instructions on how to complete the Workplan.

### **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 and applicant whose conduct 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 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, Grants Gateway 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 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. 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 contracts awarded in response to this RFP will be for a five-year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

### **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 (MWBs) and the employment of minority group members and women in the performance of OMH. 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:

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

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

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

### **3.8 Sexual Harassment Prevention Certification**

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment

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

### **3.9 Bid Response**

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

### **3.10 Acceptance of Terms and Conditions**

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.11 of this RFP.

### **3.11 Freedom of Information Requirements**

All proposals submitted for 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.

### **3.12 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 as well as OMH internal reviews.

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

<b>Technical Evaluation</b>	<b>Points</b>
Population	21
Description of Program	24
Implementation	15
Agency Performance	4
Utilization Review, Reporting & Quality Improvement	6
Inclusion and Diversity	10
Financial Assessment	20
<b>Total Proposal Points</b>	<b>100 Points</b>

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

##### **4.2 Method for Evaluating Proposals**

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

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

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion,

evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

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

In case of a tie in the scoring process, the proposal with the highest score on the Description of Program (Section 6.2) of the Proposal Narrative will be ranked higher.

### **4.3 Process for Awarding Contracts**

#### **4.3.1 Initial Awards and Allocations**

Proposals will be ranked. The highest scoring applicant in each geographic area will be awarded the SOS CTI teams allotted in that area.

#### **4.3.2 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, failure to meet start-up milestones, failure to maintain staff to client ratio, excluding referrals based on criminal or substance abuse history, or poor performance outcomes. A contractor will be provided notification if there is need for reassignment.

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

### **4.4 Award Notification**

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

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

## **5. Scope of Work**

## 5.1 Introduction

### 5.1.1 - SOS CTI Teams:

OMH intends to issue eight (8) awards through this RFP for SOS CTI Teams to be developed. One team will be awarded in each of the following geographic areas:

- **Downstate** - Westchester County
- **Long Island** - Nassau County, Suffolk County
- **Central NY** – Onondaga and Oswego Counties
- **Buffalo/Western NY** – Erie County
- **Rochester/Finger Lakes** - Monroe County
- **Capital District** - Albany, Schenectady, Saratoga Counties
- **Hudson Valley** - Orange, Dutchess Counties
- **Southern Tier** - Broome, Chenango, Otsego Counties

Applicants can apply for any number of teams, but there will be no more than one team awarded per geographic area. If an applicant is choosing to apply for teams in different geographic areas, separate applications must be provided for each region. Teams will be awarded to the highest score within each geographic area.

The provider must commit to meeting SOS CTI team start-up requirements, including program location, staffing, and monthly ramp up deliverables. SOS CTI team start-up will include the involvement of OMH and other key agencies to provide support around the development of the team, which will start based on OMH's determination of readiness. Monthly calls and/or meetings will be held to provide technical assistance and ensure the delivery of services consistent with programmatic objectives.

### 5.1.2 – Quality Infrastructure and Reporting Requirements

1. **Quality Infrastructure:** The provider who coordinates or directly operates a team must have a quality, supervisory and operational infrastructure that assures fidelity to the CTI model. SOS CTI Teams will be required to submit regular reports to OMH regarding all enrolled clients including admission and discharge dates, characteristics of individuals served, diagnoses, referral source, services provided, discharge plan, disposition and follow-up. Information will also be submitted regarding performance indicators demonstrating that recipients' continuity of care has been assured (including stable housing) and that reliance on psychiatric center (PC), inpatient (IP), and emergency department (ED) services has been reduced and jail/prison time decreased. OMH will provide programs with a template of the data items required for reporting for manual or bulk data entry.
2. **Participation in Learning Community:** Providers will be expected to participate in a SOS CTI team active learning community, in collaboration

with OMH, to review progress, outcomes and develop best practices for SOS CTI Teams. Learning community activities will involve, at a minimum, quarterly meetings with OMH and key stakeholders to assure that the teams' caseloads are full, and that case-level and program-wide concerns can be quickly addressed.

3. **Utilization Review:** SOS CTI Teams will have a systemic approach for self-monitoring and ensuring ongoing quality improvement including analyzing utilization review findings and recommendations. This information should be used to measure timeliness of services, disposition and outcomes, and will inform the SOS agency's overall quality improvement plan. SOS CTI providers should ensure continuous quality improvement of services and development of the program including regular monitoring and evaluation of outcomes. SOS CTI providers will participate in site visits from OMH, OASAS and LGU's where applicable.
4. **Technology Supports:** Applicants must describe how they use digital technology to support client engagement in care. Technology supports include tools and resources for identifying potential clients, communicating and responding to referral sources, communicating with clients and key support persons, care planning, and transition planning. Applicants should describe digital tools available to staff as well as those available to clients.

Applicants should note whether they use an electronic health record (EHR) and if so, describe the EHR. OMH is exploring a clinical data interoperability system based on the HL7 FHIR® that will connect directly with provider EHRs to extract required data elements and limit provider reporting burden. Applicants should note whether their EHR supports an interoperability system using secured data transfer protocols such as SFTP, TIS 1.2, OAuth 2, SAML.

### **5.1.3 – Referrals to The SOS Teams**

Referrals to the SOS CTI Teams will be managed through a Referral Hub and be assigned to teams based on location and need. The referral hub, as well as the SOS CTI Teams, will work closely with LGU's to ensure that referrals and/or recipients are not enrolled with another program that offers duplication of services.

Upon receiving a referral, the SOS CTI teams will begin efforts towards connection with referred individuals within 24 hours. Once connection is established, teams will conduct assertive and persistent outreach to establish trust and foster engagement. The teams will provide coordinated care transition activities and support, starting from the time of referral through transition to community housing, treatment and supports.

### **5.1.4 – Components:**

The Safe Options Support program includes a SOS Referral Hub, SOS CTI Teams, and is intended to involve close collaboration with the county Director of Community Services, Department of Social Services, Single Point of Access, and local service providers.

#### **5.1.5 – SOS CTI Team Staffing**

It is expected that each team be comprised of 9.0 FTE's: 1.0 FTE Team Leader, 2.0 FTE licensed clinicians (ex. LCSW, CASAC, LMSW, LMHC, Licensed Psychologist), 4.0 FTE care managers and 2.0 FTE peer specialist.

Each team is expected to establish an on-call system with staff to provide 24/7 response and support to participants around housing emergencies and care transitions from hospitals and acute care settings.

#### **5.1.6 – Documentation System and Use of Technology**

Not only for the purpose of accurate and successfully billing and revenue cycle management but also as a quality and learning tool, it is expected that the provider have an electronic health record that can document referrals, assessments and each encounter with the recipient. It is also expected that the provider maximizes the use of technology to help support the team's communication and quality improvement efforts as well as each recipient's transition and recovery goals.

#### **5.1.7 – Hours of Operation**

Teams will have hours of operation that allows them to adequately provide all necessary services with consideration of the unique needs and availability of the clients whom they serve. This shall include evenings and weekends, alongside the aforementioned 24/7 on-call capacity.

### **5.2 Objectives and Responsibilities**

The SOS CTI teams will be expected to conduct assertive homeless outreach where there is a lack of outreach resources within the assigned catchment area. It is expected that teams will work closely with any existing outreach providers to expand current coverage and identify locations of focus. This will include outreach to areas where unsheltered individuals are known to frequent, understanding that all individuals referred will receive sustained outreach and engagement attempts, even if recipients initially decline services. They will also continue to work with the recipients to ensure that their immediate needs are met (including clothing, shelter and food), and that community linkages and supports remain solid.

The SOS CTI teams will each follow the evidence-based model of critical time intervention which includes four phases as described below. Each of the phases requires the SOS CTI Team to have a skill set based on a non-judgmental, person-centered, strength-based, and trauma-informed approach that meets participants where they are, helps them identify what is important to them, and communicates hope that things can and will change.

**Phase 1** Outreach and Engagement (Months 0-3): Identifying and reaching out to participants and developing a trusting relationship with the recipient. For some, beginning to connect the individual to the people and providers who will assume the primary role of support in the community. Tasks in this phase include but are not limited to:

- Outreach to communities, local outreach providers, police, hospitals, providers, and community/family members and other caregivers to help identify individuals who would benefit from referral to a SOS CTI Team
- Conducting assertive and persistent outreach to establish trust and foster engagement with referred individuals
- Utilizing engagement strategies that are person-centered, culturally based, and considerate of an individual's preferences, priorities, and immediate needs
- Conducting ongoing assessment of an individual's immediate needs, including, but not limited to, health, safety, clothing, food, and shelter.
- Working closely with the participant, using the OMH PSYCKES Medicaid record system to determine what has been tried before in terms of treatment and other supports, and developing a care plan that addresses demographics, family/social history, vocational/educational history, medical and behavioral health history, housing, legal involvement (if any), entitlement/benefits, and strengths/preferences
- Communicating via in-person and remote (e.g., zoom, texts) meetings with prospective providers and other supporters of the participant's recovery and transition goals (e.g., family, caregivers, and others)
- For those participants who are hospitalized:
  - Engaging with the individual prior to discharge in the hospital to build rapport and trust – this should include a number of face-to-face visits
  - Prior to discharge, confirming with housing and other providers that the new setting/provider is prepared to meet the individual's needs in terms of treatment, support, and basic needs such as income/benefits, cell phone access, transportation, food, safety, adequate heat, lighting, etc.
  - Working with the hospital team on identifying and addressing the strengths and weakness of proposed discharge plans

- On the day of discharge, accompanying the participant to the new home setting unless the individual does not want this support as part of their personal recovery goals
- Assisting with housing and facilitating and suggesting other referrals that will maximize the success of the participant's discharge and recovery plan

**Phase 2** Support, Transition and Linkage (Months 3-6): Providing support and beginning or continuing to connect the individual to the people and providers who will assume the primary role of support in the community. Tasks in this phase include but are not limited to:

- Observe operation of the individual's support network by accompanying the participant to medical, psychiatric and other provider visits
- Establish with the participant a plan for routine check-in visits; these may be more frequent initially, and decrease as the individual adjusts to their new home, with visits taking place in the person's home or other places in the community
- Prepare with the participant a wellness plan, and/or crisis and support plan that can be activated if needed by the individual. Wellness Recovery Action Plans (WRAP) can be especially helpful.
- Benefits and entitlements support by assisting individuals with appropriate paperwork to apply to receive social services and entitlements, with peer escorts to benefit offices as needed
- If the participant needs more intensive supports (e.g., an ED/CPEP/IP visit), the team will work with the individual and treatment team to resolve the crisis and return the participant back to the community setting as soon as possible
- Mediate conflicts between the individual and their support team
- Help identify solutions, if needed, to resolve barriers/concerns related to successful transition to the new setting/support system and achievement of housing stability
- Encourage the person to identify and express desired change in terms of the new setting or support so that they may take more responsibility for their recovery, including in advocating with their medical team around medication issues
- Working closely with the participant, identifying goals that provide the motivation to take care of their health
- Support the individual to enhance their activities of daily living skills which will contribute to success in community housing
- Utilization of motivational interviewing and/or substance use/harm reduction perspective for individuals with current or past chemical dependency issues
- Assessment of housing needs, completion of any required housing applications, and coordination of housing placement

**Phase 3** Monitoring and strengthening of the support network and the participant's skills in managing their support system and advocating for themselves (Months 6-9): Tasks in this phase include but are not limited to:

- Continuing to observe the operation of the support network while decreasing the number of meetings with the individual as appropriate
- Continuing to assess the participant's need for skill-building and introduce extra supports to promote self-efficacy in all areas, as necessary
- Working with the participant to identify and/or augment community and social supports of interest – e.g., involvement with a faith community, gym membership, social clubs, arts groups, etc. The team should budget for wrap-around dollars to assist the participant with these important community inclusion efforts
- Based on the participant's interests, offering connection to peer-based, vocational and/or educational programs, and other services that are important for successful transitions
- Again, if the participant needs more intensive supports (e.g., an ED/CPEP/IP visit) then the team will work with the individual and treatment team to resolve the crisis and return the participant back to their community setting as soon as possible
- Assisting participant in transition to housing and/or housing stability

**Phase 4** SOS Completion and Achievement Recognition (Months 9 to 12): Tasks in this phase include but are not limited to:

- Reducing the frequency of visits to 1 or 2 times monthly, or other appropriate frequency as determined by the SOS CTI team in consultation with the participant
- Communicating with the participant the plan for longer-term goals, including the SOS CTI team's stepping back and allowing the participant to manage their supports independently and to fully achieve recovery goals
- Supporting the participant in their continued engagement with community providers and other sources of supports
- Holding a final meeting with the participant and their supporters to acknowledge all that has been accomplished and ensuring that the supports can function independently
- Preparing a discharge summary and disenrolling the participant from the service

**Phase 5:** Post-housing placement support. Interventions may continue up to 3 months after housing placement to ensure community and housing stability and community linkages.



### **5.3 Operating Funding**

Each team award will be made in the amount of \$4,776,750.00 for five (5) years. Annual funding for each of the five (5) years is \$955,350.00 with additional startup funding available in year one (1). However, over the course of the contract, state funding may be reduced commensurate with increased revenue from billable services.

## **6. Proposal Narrative**

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

### **6.1 Population**

- a. Describe your agency's understanding of the service needs of street homeless individuals in your area.
- b. Describe your agency's experience with the critical time intervention model and its use to support homeless or unstably housed individuals, or experience with other interventions used to support unsheltered individuals in achieving stability.
- c. Describe your agency's experience with, and strategies for, outreach and engagement of individuals with a history of unstable housing.
- d. Describe your agency's track record in working with recipients with multiple system involvement and how you have advocated with them and on their behalf to better coordinate care among behavioral health, medical, housing, and other providers.
- e. Describe your agency's experience in working with and employing peer counselors.
- f. Describe your agency's network of behavioral health and other providers and how you have utilized those networks to facilitate rapid access to care.
- g. Describe your agency's familiarity with temporary housing options, the supportive housing system and experience with coordinating housing applications, housing placements and housing supports.

### **6.2 Description of Program**

- a. Describe how you will coordinate the review of SOS CTI team referrals in a timely manner and meet face-to-face with recipients – within 24 hours of referral - to begin the outreach and engagement

process.

- b. Describe how you will conduct assertive and persistent outreach to establish trust and foster engagement with referred individuals.
- c. Describe how do you intend to partner with local homeless outreach providers and shelters to coordinate outreach efforts and avoid duplication of effort.
- d. Describe your experience in collaborating and coordinating with providers of mental health, substance use, medical, and other services, to work closely on behalf of recipients and ensure connection to treatment providers and other supports.
- e. Describe the engagement practices and strategies that you will employ to connect with recipients.
- f. Provide a description of your crisis management and safety plan that will be used should recipients require it.
- g. Describe your agency's success in assisting recipients in achieving permanent housing.
- h. Describe your agency's success in assisting recipients in achieving community inclusion and reducing social isolation.
- i. Describe your agency's plans for individual assessment and person-centered care planning, including ways in which the plan engages and motivates recipients toward their recovery.

### **6.3 Implementation**

- a. Describe start-up and phase-in activities necessary to implement the SOS CTI Teams for the geographic area in the application. Include timeframes in your description.
- b. Describe the agency's physical space needs for all the teams and other equipment and administrative oversight supports necessary to successful programmatic operation.
- c. Describe the staff training that will be given prior to the teams taking on any clients, and the ongoing training and supervision that will be provided to assure fidelity to the CTI model and ensure high-quality services.
- d. Describe the recruitment plan that the agency will use to recruit, train, retrain, and support the level of professional and appropriately qualified staff needed to carry out the program duties.

- e. Describe ways in which your agency will attempt to use technology and data to promote best care and achievement of recipients' recovery goals.

#### **6.4 Agency Performance**

- a. Describe your agency mission.
- b. Describe how your agency and its board have strengthened the quality, fiscal stability and mission of the agency over the last five years. Give examples of proudest achievements and lessons learned/obstacles/barriers/challenges that the organization has encountered.

#### **6.5 Utilization Review, Reporting, and Quality Improvement**

- a. Describe how you will ensure confidentiality of recipients' records in a way that conforms with all local, state, and federal confidentiality and privacy regulations.
- b. Describe how your agency will integrate this program into your overall quality improvement infrastructure and efforts. Identify two achievements of your quality department that have occurred within the last two years of which you are particularly proud.
- c. Describe how your agency will participate in an active learning community, in collaboration with OMH, to review progress, outcomes and develop best practices for SOS CTI Teams.

#### **6.6 Inclusion and Diversity**

- a. Provide a mission statement for this program, that includes information about the intent to serve individuals from marginalized/underserved populations.
- b. Identify the management level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations. This includes activities related to diversity, inclusion, equity, and cultural/linguistic competence. Information provided should include the individual's (title, organizational positioning, education, relevant experience).
- c. Provide the diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National CLAS Standards for this program. Note - plan format should use the SMART framework (Specific, Measurable, Achievable, Realistic, and Timely). Plan should include information in the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in

access, quality, and treatment outcomes in patient population, soliciting input from diverse community stakeholders and organizations).

- d. Describe the process for which the diversity, inclusion, equity, cultural/linguistic competence plan was created using stakeholder input from service users and individuals from marginalized/underserved populations. Additionally, describe how the plan will be regularly reviewed and updated.
- e. Describe the demographic makeup of the population in the catchment area using available data (race/ethnicity/gender/sexual orientation/language). Additionally, please describe how this data will be used to shape decisions pertaining to the recruitment and hiring of staff, policies, and the implementation of best practice approaches for serving individuals from marginalized/underserved populations.
- f. Describe the agency's committees/workgroups that focus on efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence). Please also describe the membership of these committees/workgroups (organizational positioning). Include:
  - how committees/workgroups review services/programs with respect to cultural competency issues within the agency;
  - how this group corresponds and collaborates with the quality assurance/quality improvement/compliance parts of the organization;
  - how committees/workgroups participate in planning and implementation of services within the agency; and
  - how committees/workgroups transmit recommendations to executive level of agency

Note: It is important to describe membership of representatives from the most prevalent cultural groups to be served in this project.

- g. Describe the training strategy on for topics related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and treatment outcomes for marginalized/underserved populations. These include trainings about implicit bias, diversity recruitment, creating inclusive work environments, providing languages access services.
- h. Describe program efforts to recruit, hire and retain staff from the most prevalent cultural group of service users. This includes a description of:
  - a documented data driven goal to recruit, hire and retain direct service/clinical, supervisory, and administrative level staff who are from or have had experience working with the most prevalent cultural groups of its service users;
  - current staffing levels of direct service/clinical staff members who are from or have experience working with the most prevalent cultural groups of its service users.

- current staffing levels of supervisors who are from or have experience working with the most prevalent cultural groups of its service users. and
- current staffing levels of administrative staff members who are from or have experience working with the most prevalent cultural groups of its service users.

This information can also include information about employment postings on platforms and in places specifically designed to hire diversity, the use of language in employment posting(s) that illustrate that the program is seeking to recruit diverse candidates, efforts to retain diverse employees use of best practice approaches to mitigate bias in interview/hiring processes.

- 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 and the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide key documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures).

This section should also include information related to:

- addressing other language accessibility needs (Braille, limited reading skills).
- service descriptions and promotional material

## **6.7 Financial Assessment**

- The proposal must include a 5-year Budget (Appendix B) for each team totaling \$4,776,750.00 with an annual per team amount of \$955,350.00 available.

Note that administrative costs cannot be more than 15%. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.

- Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1 – one narrative for both components can be provided) which should include the following:

- detailed expense components that make up the

total operating expenses;

2. the calculation or logic that supports the budgeted value of each category; and,
3. description of how salaries are adequate to attract and retain qualified employees.
4. Revenue expectations under the Health Home Plus program that will offset costs.
5. Pursuant to Section 5.3 - Discuss plans on how the increasing revenue will be used to enhance the teams.