

RFP: Home Based Crisis Intervention (HBCI) Teams

OVERVIEW

On April 5th, the New York State Office of Mental Health (OMH) released a Request for Proposals (RFP) for the procurement of pilot Home Based Crisis Intervention (HBCI) teams serving youth with co-occurring mental health and intellectual and/or developmental disorders (I/DD). HBCI teams will serve children/youth ages 5 to 21 years who are either at risk of entering or returning home from inpatient settings or residential services. The HBCI team is comprised of mental health interventionists and a clinical supervisor, and may include a consulting psychiatric prescriber and/or program assistant.

This RFP will provide funding to one HBCI team upstate and one HBCI team downstate (New York City/Long Island). HBCI teams will be funded via state aid contracts.

The full RFP is available [here](#). Applications are due on June 13th.

FUNDING

The available annual funding per team, inclusive of one full-time supervisor and three full-time interventionists, will be \$518,271. Administrative costs cannot exceed 15 percent.

Contracts will last for five years beginning on October 1st.

ELIGIBLE APPLICANTS

Eligible applicants are not-for-profit 501(c)(3) agencies with experience providing mental health services to individuals with serious emotional disturbance. All staff on the HBCI team should have experience providing direct services to families and children with serious emotional disturbance and I/DD. If applicants are applying for more than one team, a separate proposal will be required for each team (upstate and downstate).

Applicants will be required to notify the Local Governmental Units (LGU) that they are applying to provide HBCI services in the intended catchment area(s) and share their plans for collaboration.

TARGET POPULATION

Children are eligible for HBCI if they meet the following criteria:

- Are at least 5 years of age at the time of enrollment (may be served until 20 years, 11 months of age);
- Are diagnosed with a mental health disorder;
- Are diagnosed with I/DD; and
- Are in acute crisis at the time of the referral, as demonstrated by meeting at least two of the following:
 - Current, persistent, and severe major symptoms and/or behaviors (e.g., affective, psychotic, suicidal or significant impulse control issues) that are contributing to a current state of crisis for the child;
 - Child and/or family has not adequately engaged or responded to treatment in more traditional settings;

- Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs in current crisis;
- High use of acute psychiatric hospitals;
- High use of psychiatric emergency or crisis services; and/or
- Clinically assessed to be at immediate risk of requiring a more restrictive living situation (e.g., community residence, psychiatric hospital, or RTF) without intensive community services.

In addition to the above, young adults ages 18 to 20 years and 11 months must meet all of the following criteria:

- Resides full time with at least one caregiver who is either a legal guardian OR who fulfills a primary caretaking role;
- Is financially dependent on a caregiver (without the finances of the caregiver the young adult would not be able to provide for their own basic needs);
- The caregiver is willing to provide the bulk of the emotional support to the young adult during HBCI treatment and immediately after, agrees to participate in HBCI treatment with the youth, and agrees to facilitate attendance in ongoing treatment after discharge; and
- The young adult is willing to have the caregiver fulfill the duties above and will sign a Release of Information between the caregiver and HBCI.

PROGRAM SERVICES

Program services in the HBCI model include the following:

- Delivering comprehensive and flexible treatment and support to children/youth in their natural living settings rather than in hospital or clinic settings;
- Providing services that are tailored to meet the individual’s specific needs by implementing key components of evidence-based practices for children and families, which may include models such as Motivational Interviewing, cognitive and behavioral interventions, trauma-informed care, etc.;
- Assessing regularly for risk through the consistent use of standardized tools to screen, assess, and monitor the children/youth; and
- Providing emergency and crisis intervention services 24 hours per day, 7 days per week.

Teams will be required to demonstrate their ability to provide HBCI services to six children/youth per 6-9 week length of stay.

APPLICATION

Proposals will be scored based on the following criteria:

- Equity (10 points)
- Agency Organization/Qualifications (10 points)
- Population Experience (10 points)
- Program Development (17 points)
- Program Implementation (25 points)
- Utilization Review, Reporting, and Quality Improvement (8 points)
- Financial Assessment (20 points)

Proposals must receive a minimum score of 70 to be considered for funding. In the case of a tie, the proposal with the highest score on the “Program Implementation” section will be ranked higher.

Timeline

Proposals must be submitted by June 13th. Awards are expected to be announced on July 20th.

Questions may be submitted to Carol Swiderski at Carol.Swiderski@omh.ny.gov with the subject line “Home Based Crisis Intervention IDD Statewide RFP” by April 26th. Questions will be posted on the OMH website on May 17th.