



NYS Certified Community Behavioral Health Clinic (CCBHC) Request for Proposals

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PRESENTED TO:
New York State Council for Community Behavioral Healthcare

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THE BASICS

FIRST THINGS FIRST

» Kudos to the NYS Council for the exceptional advocacy effort that was essential to making this procurement happen



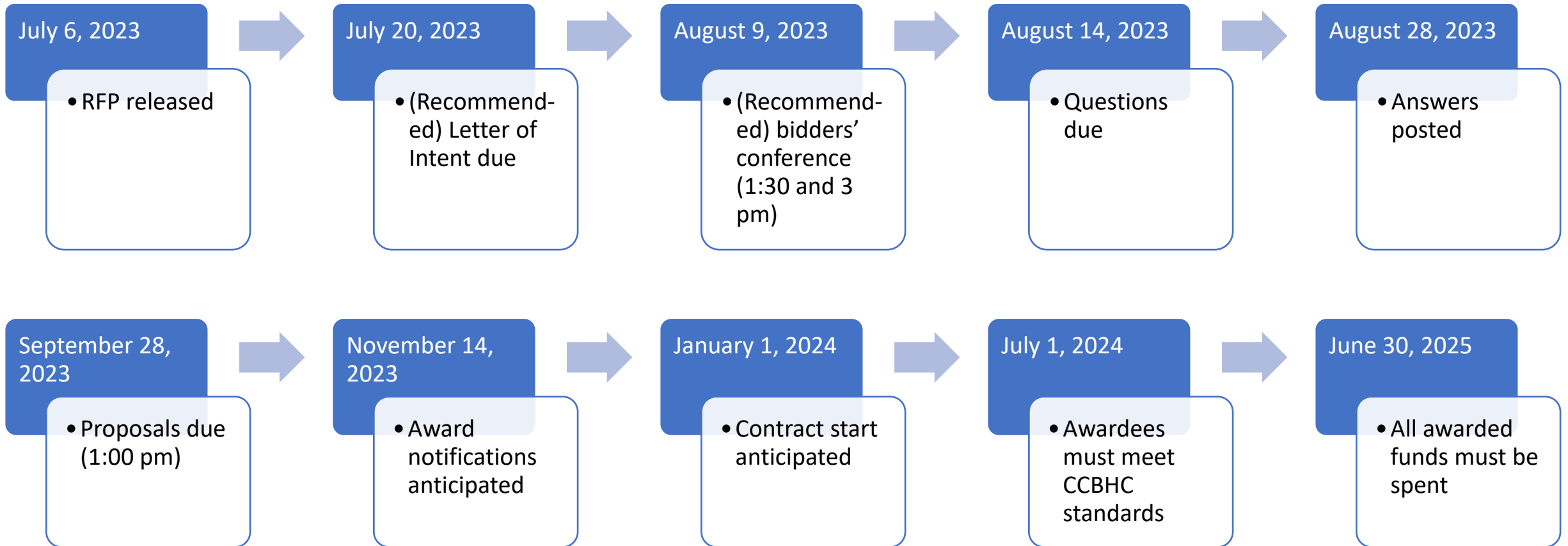
WHAT DO YOU GET? AND HOW DO YOU GET IT?

- » \$265,000 in start-up funding to be spent between 1/1/24 and 6/30/25
- » Prospective Payment System rate based on the cost report submitted with the application for as long as the CCBHC Demonstration continues

Section	Potential points
Agency Performance	20
Population	15
Bonus points for serving a high needs county	3
Description of program	20
Implementation plan	26
Diversity, Equity, and Inclusion	10
Reporting, QI, and UR	8
Financial assessment	26
TOTAL	128

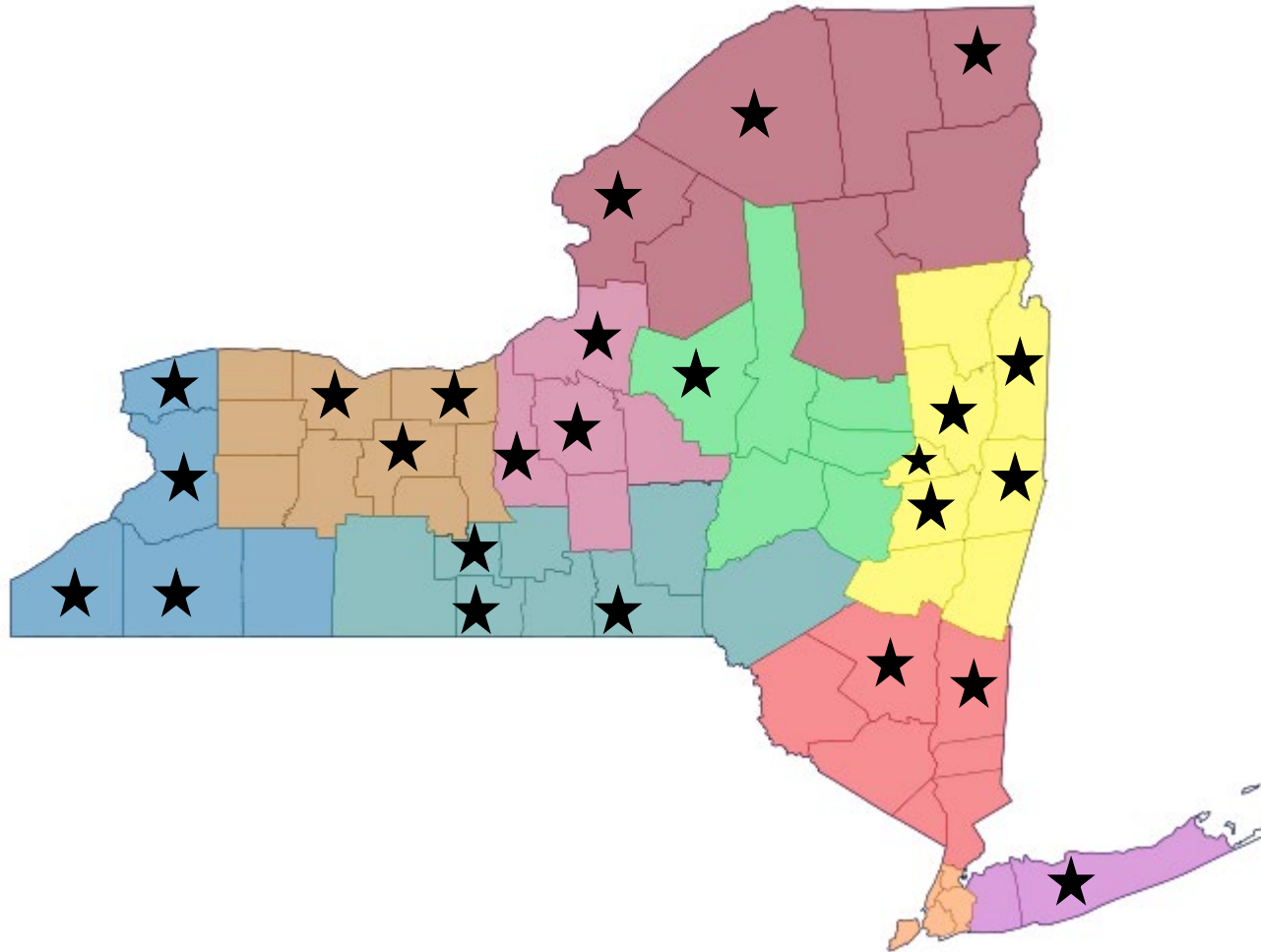
You must score at least 90 to be eligible for funding.

TIMELINE



Get Prequalified in Grants Gateway ASAP

PROCUREMENT BASED ON ECONOMIC DEVELOPMENT REGIONS



★ High Needs County (bonus points for serving)

- Six in New York City
 - One per Borough (assuming each Borough has a proposal with a passing score) + the next highest scoring applicant
- Seven in Rest of State
 - One each in Southern Tier, Mohawk Valley, and Capital Region (assuming each Region has a proposal with a passing score)
 - Then the highest scoring proposal in the next four regions

ELIGIBILITY

- » Not-for-profit, or
- » Local government BH authority, or
- » Indian health service/tribe, or
- » Public benefit corporation

AND

- » The agency is “licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices.” (p.6)
- » The site has “either an Article 31, Article 32, or both license(s)” (p. 17)
 - » Note: “Awarded agencies may need to apply for authorization to provide Integrated Outpatient Services (IOS) as part of the implementation process.”

AND

- » Not currently a CCBHC Demonstration provider in New York State (apparently)

ATTACHMENTS – SOME OF THESE WILL TAKE YOU TIME

- » Provider contact form
- » Sexual harassment certification
- » Staffing plan
- » CCBHC Cost Report (CMS-10398 (#43))
 - » Anticipated cost detail report
 - » Uncompensated care survey
- » Budget Template
- » Budget Narrative
- » M/WBE and SDOV plan
- » Needs assessment*
- » Letters of Support*

THE REQUIRED NARRATIVE

AGENCY PERFORMANCE

- » Experience engaging, developing, implementing, and providing mental health and substance use services to children, adolescents, adults, older adults, and families in the community
- » How do those experiences prepare you to operate a CCBHC
 - » Access
 - » Transitions of care
 - » SUD treatment, including MAT
 - » Long acting injectable psychotropics
 - » EBPs
 - » Peer support services
- » Treatment for people with co-occurring psychiatric and addictive disorders
- » Letters of support from LGUs, hospital partners, other community stakeholders

POPULATION

- » Borough/Economic Development Region
- » Community needs assessment
 - » Communities to be served, including demographics
 - » Service capacity in the area
 - » Health outcomes
 - » Mental health hospitalization
 - » Mental health emergency department visits
 - » Suicide attempt or self-harm behavior
 - » Overdose
 - » Service gaps
 - » Input from people who are being served

- » How the needs assessment informs the program
- » Location
 - » Service need
 - » Projected volume
 - » Co-location partnership (if applicable)
 - » High need county (ies)

“Consumer and provider feedback based on self-reported individual surveys or focus groups coordinated by the CCBHC, including: service utilization, perceived service needs, barriers to access, scope of services in treatment.”

PROGRAM DESCRIPTION

- » Adhere to the March 2023 certification standards
- » How a person will have access to all nine services
- » How you will provide clinic treatment for both MH and SUD across the whole life cycle without using a DCO
- » How the staff will work as a multi-disciplinary team
- » For each of the nine services
 - » How they will be provided
 - » How they will be integrated
 - » Which EBPs are being used/considered
 - » What (if anything) will be done by a DCO
- » How services will be provided across the lifespan
 - » Relationships with schools, universities, CPS, pediatricians, primary care providers

IMPLEMENTATION PLAN

» Typical Grants Gateway Implementation Plan

» Objective

» Task

» Performance Measure

» How you will comply with all 113 CCBHC criteria by 7/1/24

» Care coordination partnerships

» Sustain

» Grow

» Primary care

» Staffing template based on the needs assessment

» Role of Medical Director

» Table of Organization

» DCOs

» Peers

» 24x7x365 mobile crisis services (and 988 integration)

» How you will address staffing shortages

» Governance

» 51% of the Board is people with lived experience or family members

» Advisory Committee with formal voting power on the governing Board

DIVERSITY, EQUITY, AND INCLUSION

- » “Commitment to Equity and the Reduction of Disparities in Access, Quality, and Outcomes for Marginalized Populations”
 - » Mission statement
 - » Leader responsible for disparity reduction
 - » CLAS plan
 - » Stakeholder input into the EDI plan
 - » Demographics of the population to be served
- » Organizational equity structure
 - » Committees/workgroups and their membership
- » Training re EDI
- » Diversity recruitment, retention, and promotion
 - » Current extent to which your staff reflects the demographics of your clients
- » Language access

REPORTING, QI AND UTILIZATION REVIEW

- » Current EHR
- » How federal measures will be captured and reported
- » How data will be collected across all nine core services and their outcomes
- » CQI plan

FINANCIAL ASSESSMENT

- » Budget for startup funds
- » Budget narrative
 - » How you manage your operating budget
 - » Detailed expense components
 - » How you calculated the startup expenses
- » Cost report (CMS-10398 (#43))
- » Anticipated cost detail report
 - » New expenses since the base year CFR
 - » Anticipated costs
- » Uncompensated care survey

STRATEGY

THINGS TO DO RIGHT AWAY

- » Get stakeholder input for your needs assessment
 - » Field office
 - » LGU
 - » Law enforcement
 - » Community and clients
- » Solicit letters of support – Criterion 3.c lists a LOT of partner types
 - » LGU
 - » Community partners
 - » Hospitals
- » Get prequalified in Grants Gateway
- » Begin developing your cost report and associated tables
 - » Anticipated cost detail report
 - » Uncompensated care survey
 - » Staffing plan

MY ADVICE

- » Handicap your agency's position with clear eyes
- » Start now
- » Only do one application (unless you are in multiple EDRs)
 - » Put your best foot forward
- » Do a really robust needs assessment
- » If you're choosing between locations, let the data and your level of readiness guide you
 - » The three bonus points you get for serving a high needs county could make the difference
- » Don't forget elders
- » Offer something meaningful to veterans
- » Take DEI seriously
- » The implementation plan is the tiebreaker – attend to it

CONTACT



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