NEW YORK STATE OF OPPORTUNITY.

Office for People With Developmental Disabilities

Request for Information (RFI) # OPD-2024-46

Cross-System Outpatient Clinical Services

EVENT	DATE
Date RFI Issued	Monday, December 16 2024
Due Date for Questions and Request for Clarifications	4:00 p.m., Friday, December 27, 2024
Issuance of Responses to Questions / Clarifications	Tuesday, January 7, 2025
Due Date for Submission of RFI Response	4:00 p.m., Wednesday, January 22, 2025

Primary Contacts	Secondary Contacts
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1. INTRODUCTION

The Office for People With Developmental Disabilities (OPWDD), the Office of Mental Health (OMH), and the Office of Addiction Services and Supports (OASAS) deliver a vast array of diagnostic and treatment services to their respective (primarily) identified populations, including children, youth, adults, and their families. Most commonly, treatment services occur within the structures of outpatient clinic settings, however each agency's services also may occur within other designated programs. Both the outpatient clinical services and other programs that provide clinical supports can be challenged with delivering high quality diagnostic and treatment services to people who are diagnosed with co-occurring developmental disabilities, mental health conditions (MH), and/or substance use disorders (SUD) (hereinafter referred to as, "MH condition(s) and/or SUD(s)"). The target population for response to this Request for Information (RFI) is defined as people with co-occurring developmental disabilities, MH conditions and/or SUD(s) as defined above.

OPWDD certifies over 450 Article 16 clinic locations across New York State that principally serve people with developmental disabilities. Article 16 clinics deliver Medicaid state plan services and are operated by voluntary and state providers under their larger umbrella of services to people with developmental disabilities. Services are habilitative in nature and include, but are not limited to, psychology, social work, psychiatry, nursing, occupational therapy, physical therapy, and dietetics/nutrition.

OASAS certifies over 600 Article 32 outpatient services facilities that provide clinical services for people with an addiction to substances and their families who have been impacted by their addiction. Outpatient services may be delivered at different levels of intensity according to the needs of the person. These services include counseling, education, and connection to community services.

OMH licenses over 500 Article 31 Mental Health Outpatient Treatment and Rehabilitative Service (MHOTRS) programs, which serve adults, adolescents, and/or children. MHOTRS programs, often referred to as Clinics, provide an array of treatment services, such as but not limited to, assessment and individual, group and family treatments to address symptom reduction or management and medication management.

OMH and OASAS jointly license Certified Community Behavioral Health Clinics (CCBHCs) under a Federal Demonstration Partnership. CCBHCs provide integrated mental health, substance use, rehabilitative services, and physical health integration to support those enrolled with chronic medical concerns with an enhanced offering of services available for people across their lifespan.

OMH, OPWDD, and OASAS are aware of gaps in outpatient clinic care for people with co-occurring developmental disabilities, MH conditions(s), and/or SUD(s), and their families, as appropriate. Some of these inter-related gaps include, but are not limited to, the lack of sufficient:

1.1. Outpatient treatment services that have the capacity and expertise to work with people with co-occurring developmental disabilities, MH conditions(s), and/or SUD(s) across the diagnostic spectrum of complexity and severity and across a person's lifespan (e.g., people with mild developmental disabilities and serious mental illness (SMI); people with moderate developmental disabilities and common mental health issues such as depression and anxiety, people with mild developmental disabilities, who also experience anxiety and substance use disorder (SUD), etc.).

1.2. Assessment and evaluation services, available across the lifespan, that have expertise in the diagnosis of people who have the complex overlap between developmental disabilities, MH condition(s), and/or SUD(s).

1.3. Training and workforce initiatives to develop clinical competencies to work with people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), and their families, as appropriate, across all systems of care.

1.4. Formal professional or pre-professional academic training in providing clinical services to people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), and their families, as appropriate, across all systems of care.

1.5. Specialty services, available across the lifespan, that are geared towards people with co-occurring developmental disabilities, MH conditions(s), and/or SUD(s) who also have severe behavioral issues in the community, and their families, as appropriate.

1.6. Crisis services for individuals, and their families, as appropriate, who are not eligible, or not yet eligible, for OPWDD services and who are receiving services in the OMH and/or OASAS systems.

2. PURPOSE

Together, OPWDD, OMH and OASAS are committed to inter-agency and community collaborations that support the ongoing improvement of high-quality clinical services to people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), and their families, as appropriate.

This RFI is seeking information from vendors, as defined below in **Section 3** Qualified Entities, to assist OPWDD, OMH and OASAS in identifying improved clinical services for people (children, youth, and/or adults), with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), and their families, as appropriate, in the outpatient clinic setting as follows:

2.1. promising best practices,
2.2. recommendations for regulation, policy and/or procedural allowances, and
2.3. training or workforce strategies.

Responses to this RFI are to be geared specifically to addressing at least one of the identified areas above, should be evidence-informed or evidence-based, and are to include associated cost estimates, where applicable. Please note, as this document is an RFI, cost can only be estimated. Information on cost will be used for budgeting and planning purposes only. **This is not a bid opportunity**.

3. QUALIFIED ENTITIES

OPWDD, in collaboration with OMH and OASAS, is seeking information from vendors, who are currently community providers of treatment services or related supports, other state agencies, and advisors with either experience delivering clinical services and/or training to clinical staff who deliver services to people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s).

Each qualified entity must demonstrate their response to the information requested has been informed by stakeholder engagement, including but not limited to, people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s) as identified in this RFI, families of people with these lived experiences, and/or advocacy organizations that assist and support these populations. Stakeholders may, or may not, be New York residents and/or organizations located in New York.

4. INQUIRIES

Questions and/or request for clarifications are to be sent no later than **4:00pm on Monday, December 23, 2024** to Procurement@opwdd.ny.gov, with the subject line "Questions for RFI #**OPD-2024-46, Cross-System Outpatient Clinical Services** from [insert name of firm].

5. INFORMATION REQUESTED

Qualified entities **must** provide responses to **Section 5.1** Organizational Background and Experience. In addition, entities must respond to **at least one of the optional Sections 5.2., 5.3., and/or 5.4.**, and may choose to respond to more than one. Responses are to be comprehensive and **must** answer all requested information in each section chosen.

5.1. ***Organizational Background and Experience (Required)***

5.1.1. Describe the organization's experience providing professional training on assessment/treatment, direct services and/or advocacy to people with co-occurring:

5.1.1.1. developmental disabilities and Serious Mental Illness (SMI).
5.1.1.2. developmental disabilities and Serious Emotional Disturbance (SED).
5.1.1.3. developmental disabilities and Substance Use Disorder (SUD).
5.1.1.4. developmental disabilities and common mental health issues (e.g., depression, anxiety).
5.1.1.5. developmental disabilities, mental health, and common co-morbid medical issues.

5.1.2. Does your organization have any programs licensed or certified by any of the following NYS agencies: OMH, OASAS, or OPWDD (e.g., Article 16 Clinic, Article 31 MHOTRS programs, Article 32 Clinic, or other licensed, certified, designated, or funded program(s) under OPWDD, OMH and/or OASAS)? If yes, describe:

5.1.2.1. the program(s) your organization has.
5.1.2.2. the population of people served by the program(s).
5.1.2.3. the service(s) delivered through the program(s).
5.1.2.4. the age range of the population of people served by the program(s).

5.1.3. Describe how the response to this RFI was informed by stakeholder engagement, including but not limited to, people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), families of people with these lived experiences, and/or advocacy organizations that assist and support these populations of people.

5.2. ***Promising best practices for improved clinical and support services for people with co-occurring developmental disabilities and MH condition(s) and/or SUD(s) (Optional)***

5.2.1. Identify gaps in outpatient clinic services for the target population, (e.g., specific needs that are not met by the current service systems, challenges with diagnosis and/or treatment, etc.).

5.2.1.1. Identify any specific co-occurring conditions that prove most difficult to treat in the current service system and describe why these identified co-occurring conditions are difficult to treat.

5.2.2. Describe the extent to which co-occurring developmental disabilities and addiction/SUD(s) is a concern and has unmet treatment needs.

5.2.3. Identify specific gaps in screening and assessment and describe any specific best-practice trainings, screening and assessment tools, or other resources that can

support the diagnosis of co-occurring developmental disabilities, MH condition(s), and/or SUDs.

5.2.3.1. Describe estimated annual costs to implement, maintain, and support the identified diagnostic or screening practice(s).

5.2.4. Describe promising or best practice(s) for the clinical treatment of people, (children, youth and/or adults) with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), and their families as appropriate. This may include but is not limited to evidence-based or evidence-informed practices that have resulted in successful outcomes or, specific staff training programs that have increased the ability to serve the target population.

5.2.4.1. Specifically describe any promising or best practices that address the gaps and challenges noted in **Sections 5.2.1, 5.2.2, and/or 5.2.3.**

5.2.4.2. Describe estimated annual costs to implement, maintain, and support the identified promising or best practice(s).

5.3. ***Regulatory, policy and/or procedural allowances for improved clinical services for people with co-occurring developmental disabilities and MH condition(s) and/or SUD(s) (Optional)***

5.3.1. Provide a summary of the most significant administrative barriers the organization has encountered in providing services for people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s). Examples of administrative barriers include, but are not limited to, regulatory constraints or limitations, payment, eligibility, or other policy-related issues.

5.3.2. Describe proposed solutions to address each of the identified administrative barriers outlined in the response to **Section 5.3.1**. above. Please include:

5.3.2.1. whether any regulatory waivers or amendments would be needed for the proposed solution.

5.3.1.2. anticipated fiscal impacts of the proposed solutions.

5.4. ***Training and Workforce Strategies (Optional)***

5.4.1. Describe any challenges related to workforce and serving the target population (e.g., recruitment, retention, competency, training, etc.).

5.4.2. Describe your organization's success in finding, recruiting/hiring, and retaining prescribing providers with expertise in providing clinical services to people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s).

5.4.2.1. Describe any particular workforce sectors that are more difficult to recruit/hire and retain, including discipline (e.g., psychiatric prescribers), experience (e.g., transition-age youth focused), or other sector.

5.4.3. Describe the strategies used for recruiting qualified clinicians with experience diagnosing and treating people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s), and their families, as appropriate.

5.4.3.1. Describe the strategies being used to retain clinicians with this expertise.

5.4.4. Describe proposed training or workforce strategies to increase providers' knowledge, comfort, and treatment of people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s). The description must include:

5.4.4.1. target audience for the training or workforce strategy.

5.4.4.2. training content, when applicable.

5.4.4.3. method to deliver training (synchronous or asynchronous), when applicable.

5.4.4.4. description of the systems limitations and/or barriers that the proposed training or workforce initiative will address.

5.4.5.5. describe estimated annual costs to implement, maintain, and support the proposed training or workforce strategy.

5.4.5. Describe any educational, training, or other academic programming that could increase the formal professional or pre-professional academic training for clinicians providing services to people with co-occurring developmental disabilities, MH condition(s), and/or SUD(s). Areas may include, but are not limited to, academic content to address missing skills, professional discipline standards, type of degree to target changes (e.g., associate's level course work, bachelor's level course work, graduate level course work, etc.), associated credential, or any new ideas to address clinician professional development.

6. SUBMISSION OF RESPONSE

A point of contact for each respondent should be provided, including name, address, email, and phone number. Responses including the information requested in **Section 5** are to be submitted using Exhibit A - Response.

Responses must be emailed and are due no later than **4:00 p.m., Wednesday, January 22, 2025**.

Emailed responses should be sent to Procurement@opwdd.ny.gov with the subject line **Response for RFI #OPD-2024-46**, **Outpatient Cross Care Services**" from [insert name of firm].

Responders to this RFI will not be precluded from responding to a future solicitation. This is not a bid; please do not request bid documents.

7. RFI RESPONSE CLARIFICATIONS

OPWDD, in collaboration with OMH and OASAS, may seek additional information (clarifying or otherwise) regarding any of the respondents' services following the receipt of the RFI responses.

OPWDD, in collaboration with OMH and OASAS, reserves the right to meet with selected respondents to further explore ideas and concepts and to receive further detail on suggestions. These discussions will not be used to build specification and will not disqualify bidders from participating in future procurements. Such meetings will be requested by OPWDD only after a review of the RFI responses by OPWDD, OMH and OASAS has taken place.

8. DISCLAIMER

This RFI is not a contract offer and it is not an open solicitation for any services but rather an informational inquiry by OPWDD, OMH, and OASAS. This RFI does not commit OPWDD, OMH, and/or OASAS to conduct a procurement, award a contract, pay any costs incurred in preparing a response, or to procure or contract for services or supplies. Qualified entities are encouraged to respond to this RFI; however, failure to submit a response will not impact a respondent's ability to submit a response to any future competitive solicitation process (if any) for projects. Respondents are advised that all costs associated with responding to this RFI will be solely at their expense. There are no representations or warranties regarding the accuracy or completeness of the information contained in this RFI. Respondents are responsible for making their own evaluation of information and data contained in this RFI and for preparing and submitting responses to this RFI.

9. PROCUREMENT LAW

Since this is not a solicitation that will result in a contract, the procurement lobbying law does not apply; therefore, there is no restricted period.