COUNTY OF ERIE

Department of Mental Health

Questions and responses from ECDMH pertaining to RFP # 2026-048VF

1. Recognizing the current limitations in the workforce, would ECDMH consider qualified provisionally licensed mental health professionals (permits) operating under appropriate supervision, or must all direct-response clinicians hold full professional licensure at time of hire?
    A. ECDMH appreciates the ways local agencies and programs are navigating the current workforce challenges. Provisionally licensed mental health professionals operating under a valid New York State permit with appropriate clinical supervision may be proposed, provided they are legally authorized to perform the required scope of practice. The proposer must clearly describe its supervision model and demonstrate how clinical quality and program expectations will be maintained. This should include a plan for the permit holder to secure their licensure within 6 months of their hire date.

2. Will dedicated workspace, internet access, phone lines, and secure storage be provided for clinicians at the BPD district station, or should proposer's budget account for these items?
    A. The Buffalo Police Department will provide reasonable workspace for assigned clinicians. Proposers should budget for equipment and operational resources necessary to support their staff (e.g., laptops, agency-issued phones, documentation systems) unless otherwise specified.

3. While the RFP states that clinicians are not expected to respond to every behavioral health related call, can ECDMH provide additional guidance regarding anticipated

deployment volume during pilot operating hours? Is there any data from BPD that can be shared with submitting providers on volume of calls during the RFP days/hours?

A. Clinicians are anticipated to respond to all calls related to behavioral health in coordination with the Behavioral Health Team. Deployment decisions will be made by the BPD Behavioral Health Team based on operational need and appropriateness of the call. Historical call volume data is not available in a format that reliably predicts clinician utilization. The County anticipates the workload will fluctuate as the pilot is implemented and operational practices evolve. Clinicians are not expected to respond to calls without BHT officers.

4. During the Monday- Friday 8a to 6p schedule provided for the clinicians, does the schedule include time after each visit for documentation as required by the RFP? And during downtime, are the clinicians able to perform other agency-related duties?
   A. Yes. The anticipated workflow includes time for required documentation. During periods when clinicians are not actively responding to calls, they may complete documentation, participate in case consultation, training, quality improvement activities, and/or other agency-related duties that do not interfere with their availability to respond. It should be noted that the clinicians assigned to the BPD BHT are full-time employees of the pilot and should not be engaging in additional agency related tasks (during scheduled pilot hours) that could impede the responder role.

5. Is clinical supervision time and team meetings within the proposer's organization supported in the workflow?
   A. Yes. The County recognizes that routine clinical supervision and team meetings are essential components of quality behavioral health services. Proposers should describe how these activities will be incorporated while maintaining adequate response coverage.

6. Can a provider use its existing staffing structure/licensed employees to cover gaps in the two-clinician staffing minimum?
   A. Yes. Existing qualified staff may be utilized to maintain coverage provided all staffing requirements and response expectations identified in the RFP are met.

7. Is it more important that there are at least two clinicians providing co-response at all times, or that five positions are filled at all times?
   A. The County's primary expectation is consistent operational coverage during the required service hours. Proposers should demonstrate a staffing model that reliably maintains a minimum of two clinicians available for co-response at all times while accounting for leave, vacancies, training, supervision, and other

anticipated staffing contingencies. The County has not established a required minimum number of individual clinician positions, recognizing that proposers may utilize different staffing approaches to achieve this operational expectation.

8. Can you share the criteria used to determine what calls qualify BPD BHT to respond?
    A. The most frequent incidents BHT responds to include mental health crises, suicide attempts, assisting individuals with co-occurring disorders (substance use/abuse), and issues related to the unhoused population (linking individuals with relevant services).

9. The RFP requires documentation within twenty-four hours and entry into both the agency record system and a County reporting platform. Please identify the County reporting platform and any anticipated technical requirements or training needs.

    A. Clearpoint is the system associated with all ECDMH contracts. The awarded agency will work with a ECDMH contract coordinator to ensure adequate training and access to the Clearpoint database for reporting purposes proir to implementation. Providers may continue to utilize their own internal electronic health record/documentation system for clinical documentation. However, the provider must ensure that case documentation and supporting records are maintained in accordance with applicable laws and are available to ECDMH for quality assurance, program monitoring, audit, or other authorized review purposes, as necessary. The expectation will also be that any agency specific documentation related to this pilot will not be used for billing/fee for service purposes. At this time there is not an expectation that the proposer access or submit any data into BPD systems, any exchange of data will be addressed in a detailed data sharing agreement.

10. Will formal data-sharing agreements and client confidentiality procedures be established by the County prior to implementation, particularly regarding information sharing among the provider, ECDMH, and BPD?
    A. Yes. Appropriate data-sharing agreements, confidentiality requirements, and operational protocols will be finalized prior to implementation and will comply with all applicable federal and state privacy requirements.

11. Does ECDMH anticipate that clinicians will conduct any post-encounter outreach or follow-up activities, or is the role limited strictly to real-time response and referral at the time of the encounter? If so, is there a plan for hand-off for follow-up or can the proposer use existing programs in their organizations to meet this need.

A. At present, the clinician's time associated with this pilot does not include post encounter follow up. Third-party outsourcing may be utilized for follow-up efforts; however, the process has not yet been finalized.

12. The RFP suggests that the clinicians are acting in a consultation role for BPD and it notes that "BPD maintains responsibility and authority for controlling the scene and has final decision-making authority". What protections would be in place for decisions that cannot be clinically or ethically supported by the clinician?
    A. Clinicians remain responsible for practicing in accordance with the ethical, legal, and professional standards of their respective disciplines. While BPD maintains responsibility for scene safety, operational command, and law enforcement decisions, clinicians are expected to exercise independent clinical judgment with respect to behavioral health assessment, recommendations, and documentation.

       The ultimate decision to take an individual into custody pursuant to Mental Hygiene Law §9.41 rests solely with the responding law enforcement officer, who is responsible for determining whether the statutory criteria are met and for completing the required transport documentation. Clinicians serve in a consultative role, providing behavioral health expertise to inform decision-making, but they are not expected to make or endorse law enforcement decisions that fall outside their professional scope of practice.

13. What percentage of the work is anticipated to be consultation versus the clinician providing assessment and intervention in a collaborative on-site response?
    A. The role includes both consultation and direct behavioral health assessment/intervention. The balance between these activities will vary depending on the circumstances of each response and cannot be prescribed as a fixed percentage.

14. Given the nature of this pilot, what would ECDMH consider the top three KPI's for this project and the most important indicators of its success?
    A. As this is a pilot initiative, ECDMH will evaluate success using a combination of operational, clinical, and system-level performance measures. While additional metrics may be refined during implementation, the County anticipates the primary indicators of success to include:
       1. Operational Coverage: The percentage of eligible behavioral health calls in which clinicians are available and deployed to provide co-response alongside BPD.
       2. Disposition Outcomes: The outcomes of co-response encounters, including the proportion of individuals successfully diverted to the most appropriate

level of care (e.g., community-based services, emergency evaluation, or other appropriate dispositions).

3. Program Performance: Timely response, effective collaboration with BPD, and the collection of reliable data to evaluate the pilot's impact on service delivery, resource utilization, and future program development.

15. Are start-up expenses incurred prior to 1/1/27 considered allowable costs under the Contract?
    A. The pilot start date is 1/1/27. Pilot specific items should not be acquired until after the contract with Erie County has been finalized and approved by the designated ECDMH contract coordinator.

16. Buffalo Police Dept has had an active BHT model for several years. What top challenge are BPD and ECDMH working to improve with this new approach of having the County fund the clinician positions vs. the model used the date?
    A. The Police Department does not intend to implement significant alterations to the model as it has demonstrated its advantage to the community. With any pilot program, the hope is to assess the flow of services, identify challenges and solutions, and evaluate effectiveness and/or potential adjustments. Currently, the focus is on delivering consistent and suitable services to community members in any behavioral health crisis.

17. What is the likelihood of continued funding for this effort after the pilot period?
    A. Continued funding will depend upon pilot performance, demonstrated outcomes, and future funding availability. At this time, funding beyond the pilot period cannot be guaranteed. Future County tax dollars are not guaranteed.

18. Who is expected to provide clinical supervision within the proposed staffing structure for this RFP? Would it be one of the five clinicians, or would it be someone in addition to them?
    A. The clinicians in this pilot are employees of the Proposer, and therefore, the proposing agency is responsible for providing appropriate clinical supervision consistent with applicable professional licensing requirements and agency practices. Clinical supervision may be provided by one of the proposed staff members if appropriately qualified, or by another supervisory employee of the organization. Proposers should clearly describe their supervision model in the proposal.

19. (Referencing question 18) If in addition to them, is this time that’s able to be covered by budget funds?

A. Yes. Reasonable supervisory costs necessary to support the pilot may be included in the proposed budget, provided they are clearly identified and justified within the budget.