



NYS Office of Mental Health

Request for Proposals (RFP)

Partnership Innovation for Older Adults

Released April 29, 2016

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[Appendix C OMH Master Contract Forms and Instructions](#)

I: Introduction and Background

1.1 Purpose of the Request for Proposals

The New York State Office of Mental Health (OMH) is issuing this Request for Proposals (RFP) to invite eligible applicants to submit proposals for creating a local “triple partnership” of mental health, substance use disorder, and aging services providers to innovatively address the unmet needs of older adults for such services. Requirements include, but are not limited to, (1) the provision of substantial mobile outreach and off-site services and (2) the utilization of technological innovations such as telecare, telemedicine, telepsychiatry, and mobile technologies. The target population is older adults age 55 or older whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health (mental health and/or substance use disorder) problem.

A local “triple partnership” is expected to:

- Access behavioral health services for those in aging services programs who need them;
- Access aging services for those in behavioral health services programs who need them;
- Develop and utilize substantial mobile outreach and off-site services capacity to identify at-risk older adults in the community who are not connected to the service delivery system and those who encounter difficulties accessing needed services; assess their needs for behavioral health, aging, and other services; provide and/or access services to address unmet needs; and
- Utilize technological innovations such as telecare, telemedicine, telepsychiatry, and mobile technologies.

For a five-year grant period, OMH will award successful applicants up to \$200,000 a year. No waiver of licensure or regulatory requirements accompanies these awards, but OMH staff will provide operational support, and a Geriatric Technical Assistance Center will provide programmatic and fiscal technical assistance. Contingent upon the amount of available funding, OMH anticipates awarding up to eight contracts to begin 1/1/17. See Section IV, 4.3 for more information on grant awards.

This RFP is made in accordance with Section 7.41 of the Mental Hygiene Law, which calls for OMH to establish a geriatric service demonstration program to provide grants to providers of mental health care to the elderly, and constitutes the fourth round of these program grants. It is largely based on recommendations made by members of the Interagency Geriatric Mental Health and Chemical Dependence Planning Council in June 2015 for local partnerships, outreach support, off-site support, and technology to innovatively meet the unmet needs of older adults in New York State.

1.2 Availability of the RFP

The RFP will be available on the [OMH website](#), advertised through the NYS Contract Reporter, and listed in the New York State [Grants Gateway system](#). An announcement regarding the RFP will also be emailed to members of the Interagency Geriatric Mental Health and Chemical Dependence Planning Council.

II: Proposal Submission

2.1 Letter of Intent

Agencies interested in responding to this RFP must submit a Letter of Intent to Bid to OMH Central Office postmarked or emailed by 5/12/16. The Letter shall be non-binding. Please include your email address in the Letter of Intent to Bid and send it to:

Carol Swiderski
Contract Management Specialist II
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Carol.Swiderski@omh.ny.gov

2.2 Issuing Officer/Designated Contact

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. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non-responsible. 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 II
New York State Office of Mental Health
Contract and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Carol.Swiderski@omh.ny.gov

2.3 Key Events/Time Line

Event	Date
RFP Release	4/29/16
Deadline for Submission of Mandatory Letter of Intent to Bid	5/12/16
Deadline for Submission of Questions	5/12/16
Questions and Answers Posted on OMH Website	5/25/16
Proposals Due	6/14/16
Notice of Conditional Award	8/29/16 Est.
Contract Start Date	1/1/17 Est

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by email to the Issuing Officer at Carol.Swiderski@omh.ny.gov or by fax at (518) 402-2529 by 4:30 PM on 5/12/16. The questions and answers will be posted on the OMH website by 5:00 PM on 5/25/16 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

2.5 Addenda to the Request for Proposals

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website and included in the NYS Contract Reporter and the New York State Grants Gateway system. It is the bidder's responsibility to periodically review the OMH website, the NYS Contract Reporter, and/or the New York State Grants Gateway system to learn of revisions or addendums to this RFP. No other notification will be given.

2.6 Eligible Applicants

Eligible applicants are either (1) not-for-profit agencies funded or licensed by OMH that operate outpatient behavioral health programs for adults or (2) local government units in New York State. State-operated programs are not eligible to respond to this RFP.

Agencies that do not meet eligible applicant criteria may partner with an eligible applicant, but they themselves would not be able to respond to this RFP. The eligible applicant must submit the proposal and – if awarded a contract – will be the recipient of grant funding and assume responsibilities for the contract and fiscal and program operations.

Eligible applicants must be in good standing with OMH; eligible applicants that have an OMH licensed program with an Operating Certificate of less than 12 months in duration (other than a new OMH licensed program with an initial Operating Certificate of less than 12 months) are not considered in good standing.

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. 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 Section II, 2.6;
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.9, by the proposal due date of 4:30 PM on 6/14/16; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.8.

2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form ([Appendix A](#));
2. Summary (no more than 1 page)
3. Four-part Project Narrative (no more than 8 pages);
4. Operating Budgets for Years 1-5 ([Appendix B](#));
5. Complete Budget Narratives ([Appendix B1](#)); and
6. Letter of Commitment from each “triple partnership” provider other than the applicant to carry out partnership responsibilities (see Section V, 5.3E).

The Operating Budget Form and the Budget Narrative Form (see [Appendix B](#) and [B1](#)) are separate documents that appear in the RFP section of the OMH website and can be downloaded in Excel or PDF format. Bidders must NOT substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.**

For the Summary and Project Narrative page limits in Section V, 5.3B&C, a page is 8.5” x 11” in size and printed only on one side with a Times Roman or equivalent font size of not less than 12. Font size may be smaller in charts, tables, and graphs. Proposals that do not meet these formatting requirements will be screened out and returned without review. If a proposal includes appendices or attachments used to extend or replace any part of the Summary or Project Narrative, those appendices or attachments will be disregarded.

Bidders must submit two (2) hard copies of the entire proposal package described in Section II, 2.8 above, as well as an agency identified flash drive containing the proposal as one PDF document, via US mail; package delivery service; or hand delivery to be received by 4:30 PM on 6/14/16. Proposal materials must be sealed in an envelope or boxed and addressed to the Issuing Officer:

Carol Swiderski
Contract Management Specialist II
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: RFP for Partnership Innovation for Older Adults

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via email or fax. All proposals received after the due date and time cannot be accepted and will be returned unopened.

2.9 Grants Gateway Requirement

Prior to submitting an application for funding, non-profit applicants are responsible for prequalification in the New York State Grants Gateway System (GGS). 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 non-profits to register

in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the Grants Reform website.

All non-profit applicants must be prequalified in the Grants Gateway at the time and date that proposals are due. Proposals received from non-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 6/14/16 at 4:30 PM cannot be evaluated. **Such proposals will be disqualified from further consideration.**

Should you require any guidance on the process, please contact the Issuing Officer, Carol Swiderski, at Carol.Swiderski@omh.ny.gov or at (518) 473-7885. The Vendor Prequalification Manual on the Grants Reform website details the requirements, and an online tutorial is available to further explain the process.

Please note that the information in this RFP regarding prequalification is not intended to be exhaustive, and non-profit applicants should visit the [Grants Gateway website](#) or contact the Grants Gateway Team at grantsreform@its.ny.gov for more information about the Grants Gateway and prequalification.

Once you are Prequalified, please check the status of your document vault on a regular basis to ensure that none of your documents will expire prior to the proposal due date. Expired documents will lead to the loss of prequalification status.

Non-profit applicants are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

2.10 Executive Order #38

Pursuant to [Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See [Appendix C](#) of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

2.11 Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

III: Administrative Information

3.1 Term of Contract

Contracts will be for a period of five (5) years, subject to available funding. The anticipated start date is 1/1/17.

3.2 Reserved Rights

The Office of Mental Health reserves the right to:

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to 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 and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- 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 offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation; and
- Cancel or modify contracts due to the insufficiency of appropriations.

3.3 Debriefing Process

The Office of Mental Health will issue award and non-award notifications to all bidders. Both awarded and non-awarded bidders may request a debriefing in writing requesting feedback on their own proposal, regardless if it was selected for an award or disqualified within 15 business days of the OMH dated letter. 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 II, 2.2.

3.4 Protests of Award Outcome

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non-award, or five (5) business days from the date of a completed debriefing. The Commissioner or her 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:

Ann Marie T. Sullivan, MD
 Commissioner
 New York State Office of Mental Health
 44 Holland Avenue
 Albany, NY 12229

IV: Evaluation Factors for Awards

4.1 Method of Evaluation

Proposals from ineligible applicants (see Section II, 2.6) and disqualified proposals (see Section II, 2.7) will not be evaluated for an award.

The evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment.

A committee consisting of at least three technical evaluators will complete the Technical Evaluation. Each technical evaluator will independently review the technical portion of a proposal and compute a technical score. The technical evaluators who reviewed the same proposal may then meet together to provide clarity or review any questions about a particular part of a proposal; following any such discussion, the evaluators may independently revise their original score in any part of the technical evaluation and will note changes on the evaluation sheet. Once completed, final technical evaluation scores will be calculated and averaged to arrive at a Total Technical Score. Proposals receiving a Total Technical Score of less than 55 will be eliminated from further consideration.

Independent financial assessment evaluators will complete the Financial Assessment. For proposals receiving a Total Technical Score of 55 or higher, the Total Technical Score and the Financial Assessment Score will be added to arrive at a Total Proposal Score. If necessary to break a tie, the proposal with the highest score in the “Implementation” component of the evaluation will be selected.

Scoring will be as follows:

Component	Maximum Points
Summary	5
Project Narrative: Population to be Served/Statement of Need	10
Project Narrative: Proposed Program/Approach	25
Project Narrative: Organization and Staffing	15
Project Narrative: Implementation	25
Total Technical Score	80
Financial Assessment	20
Total Proposal Score	100

4.2 Proposal Evaluation

4.2.1 Technical Evaluation

Points are applied in the evaluation of proposal responses to required descriptions and questions for the Summary and four-part Project Narrative.

4.2.2 Financial Assessment

Points are applied in the evaluation of how complete and comprehensive, informative and detailed, and realistic and reasonable the proposal's Operating Budgets and Budget Narratives are with respect to implementing and operating the proposed program.

4.3 Agency Recommended Award and Notification

With an estimated starting date of 1/1/17, an anticipated total of up to eight awards will be made through this RFP.

- A total of up to five awards will be made to applicants with the highest scoring proposal in each of the five OMH Field Office regions. If there are no proposals with a passing score in a region, the highest scoring proposal not yet selected will be selected regardless of regional location.
- The remaining number of awards will be made to applicants with the highest scoring proposals regardless of regional location.

Upon completion of the evaluation process, notification of conditional award will be sent to all successful and non-successful applicants. The award is subject to approval of a contract by the New York State Attorney General's Office and the New York State Office of State Comptroller.

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

V: Scope of Work

5.1 Introduction

The need to address the unmet needs of older adults for mental health, substance use, and aging services increases as the aging population itself grows. Less than ten years from now, in 2025, New Yorkers age 60 or older will make up more than 25 percent of the population in 51 of the state's 62 counties.

The most common mental disorders of older adults are anxiety and/or major depressive disorders, which often contribute to severe social isolation and inactivity; depressive disorders contribute to the high rate of suicide among older adults, making adults age 65 years or older 50 percent more likely to commit suicide. The percentage of heavy drinkers among older adults has been estimated to be as high as 16 percent, and the misuse of prescription drugs is also of significant concern; older adults use prescription drugs nearly three times as often as the general population, and studies suggest that misuse is very common.

Studies also suggest that focusing on basic human needs such as adequate nutrition, proper shelter, socialization, subsistence income, good hygiene, obtaining and taking needed medication, and regular medical visits are essential to good health – which underscores the need for appropriate home and community-based, non-medical, aging support services for older adults to maximize their ability to age in their communities, avoid higher levels of care, and improve positive health care outcomes.

Finally, many older adults with behavioral health problems or their families are unidentified; others encounter difficulties accessing needed services because services are in short supply, they cannot afford them, they cannot travel to where services are provided, or service providers cannot speak their language or otherwise understand their culture. This speaks to the need for culturally competent mobile outreach and off-site services and the utilization of technological innovations.

5.2 Objectives and Responsibilities

As noted in Section I, 1.1, the purpose of the Partnership Innovation for Older Adults RFP is to create a local “triple partnership” of mental health, substance use disorder, and aging services providers to innovatively address the unmet needs of older adults for such services.

A. Program Requirements

Each proposed Partnership Innovation for Older Adults program is required to:

- **Create a Local “Triple Partnership”**
Applicants (see Section II, 2.6) must create a local “triple partnership” of mental health, substance use disorder, and aging services providers to innovatively address the unmet needs of older adults for such services; applicants must also be a participating provider in their partnership and be responsible for its leadership. Apart from requiring at least one provider from each of the three service provider groups, there is no specific limit to the number of providers that may constitute an effective, working local partnership. Partnership responsibilities include significant collaborative commitment to and involvement in planning, implementing, and overseeing the program during the five-year grant period, so applicants seeking to create an effective local “triple partnership” need providers who are committed, reliable, flexible, fiscally sound, and know how to serve the target population.
- **Include the Local Office for the Aging**
The Partnership Innovation program must include its local Office for the Aging as part of the program because area agencies on aging are able to provide and/or administer services that help older adults maximize their abilities to age in their communities and directly relate to the purpose of the grant. There is a local Office for the Aging in every county but in the New York City area, where one office covers all five boroughs, and most of them are direct providers. The local Office for the Aging must be included as either (1) an aging services provider in the “triple partnership” with partnership responsibilities noted above or (2) a contractual or collaborative organization with an important role in carrying out the program.
- **Serve the Target Population**
The target population is older adults age 55 or older whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health (mental health and/or substance use disorder) problem.

- **Access Behavioral Health Services**
 The Partnership Innovation program must be able to access behavioral health services to meet the needs of older adults in aging services programs who need them. Doing so involves assessing individuals for the presence of a behavioral health disorder. Effective behavioral health screening instruments – such as the Patient Health Questionnaire-9 (PHQ-9) for depression, the Generalized Anxiety Disorder-7 (GAD-7) for anxiety, and the Alcohol Use Disorders Identification Test-C (AUDIT-C) for hazardous drinking and alcohol use disorders – must be used, followed by a more comprehensive assessment for those who screen positive. Behavioral health treatment services, when indicated, include appropriate brief or longer term pharmacological, counseling, and psychotherapeutic interventions that address identified behavioral symptoms and disorders.
- **Access Aging Services**
 The Partnership Innovation program must also be able to access home and community-based, non-medical, aging support services administered by the local Office for the Aging to meet the needs of older adults in behavioral health services programs who need them. These services include but are not limited to: personal care to assist with daily living activities; transportation to needed medical appointments, community services, and activities; home modification to ensure a safe and adequate living environment; help with everyday tasks; home delivered meals; nutrition counseling and education; benefits and application assistance; social adult day services; and senior center programming. The Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS) tool is commonly used to determine the need for these services.
- **Provide Mobile Outreach and Off-Site Services**
 To identify at-risk older adults in the community who are not connected to the service delivery system and those who encounter difficulties accessing needed services, the Partnership Innovation program must develop and utilize substantial mobile outreach and off-site services capacity. Mobile outreach and off-site services are to be used to engage individuals in these two segments of the older adult population to assess their unmet needs for behavioral health and aging services, as well as unmet needs related to areas such as physical health, cognition, social isolation, self-neglect, abuse, housing, financial resources/benefits, and legal issues. Based on the assessment, an individualized care plan is to be developed to address identified concerns and high levels of need, and until planned services are in place, the Partnership Innovation program must be able to provide interim client care and care coordination services.
- **Utilize Technological Innovations**
 The Partnership Innovation program must utilize one or more technological innovations – such as telecare, telemedicine, telepsychiatry, and mobile technologies – to better serve the target population and help the program and its staff innovatively address the unmet needs of the target population for behavioral health and aging services. In short, *telecare* refers to telecommunications technology that allows individuals to stay safe and independent in their own homes, helping to manage a wide range of risks associated with independent living; *telemedicine* refers to telecommunications technology that allows the provision of health care services and education over a distance, including video consultations with specialists and remote evaluations and diagnoses; and *telepsychiatry* in OMH-licensed clinic treatment programs is the use of two-way, real time, interactive audio and video equipment that allows physicians and psychiatric nurse practitioners to provide and support clinical psychiatric care at a distance (see http://www.omh.ny.gov/omhweb/clinic_restructuring/telepsychiatry.html).

B. Cultural Considerations

Knowledge, information, and data from and about individuals, families, communities, and groups in the geographic area to be served should be used to address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population. The information should be utilized to adapt clinical standards and practices, skills, services approaches, techniques, and outreach to support the beliefs, values, preferences, and life circumstances of diverse cultural communities represented by individuals who receive services.

C. Core Implementation Team

Successful applicants are required to establish a Core Implementation Team to inform and support the work of the local “triple partnership,” whose partnership responsibilities include significant collaborative commitment to and involvement in planning, implementing, and overseeing the program during the five-year grant period. The team is to be composed of the applicant and other “triple partnership” providers and is to include, at minimum, (1) members of senior management with the authority to make decisions and (2) staff with on-the-ground knowledge and supervisory experience.

D. Geriatric Technical Assistance Center

With other grantees, successful applicants are required to engage in the programmatic and fiscal technical assistance offerings of a Geriatric Technical Assistance Center (GTAC), which typically include introductory calls with senior leadership, in-person site visits, monthly individual program coaching calls, group calls to provide direct information and facilitate communication among grantees, monthly webinars, and three yearly in-person Learning Community meetings that involve travel for 3-6 staff to Albany, New York. Expenses associated with such travel should be considered when budgeting.

E. Data

Successful applicants are required to collect, manage, and report a set of program performance measures to OMH. Of particular importance is data that can be used to measure change, which is necessary to confirm improvement in client health and demonstrate positive program outcomes; this frequently entails the initial administration of specified screens or questions and follow-up screening or questioning at prescribed intervals. Data produced by grantees in connection with their responsibilities under the grant shall belong to OMH but may be used by the grantee for educational or research purposes, as long as all other legal requirements for the use of such data have been satisfied and with the permission of OMH. Successful applicants are required to electronically submit individual client level performance measures to OMH using a format provided by OMH that requires neither client identity nor confidential information.

5.3 Requirements for Submission

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not be considered. See Section II, 2.8 for additional information on proposal format and content.

A. Agency Transmittal Form

B. Summary (no longer than one page)

Provide a concise description of the program that summarizes its goals, overall approach (including identification of the population to be served, local “triple partnership” providers, and other contractual or collaborative organizations with an important role in carrying out the program), anticipated outcomes, and materials or other products that will be produced as a result of the program.

C. Project Narrative (no longer than a total of eight pages for 1 through 4 below)

1. Population to be Served/Statement of Need

This section should be used to describe the need for developing a Partnership Innovation program for the target population in the geographic area(s) to be served, including the problems that the program intends to address by implementing the proposal. The description should include, but need not be limited to, the following:

- Demographic data, with source citations, on the specific population to be served;
- Data on the behavioral health, aging, and other service needs of the population to be served, including at-risk older adults in the community who are not connected to the service delivery system and older adults in the community who encounter difficulties accessing needed services;
- How data related to age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the population to be served were reviewed and how they affected program design; and
- Problems that the program intends to address by implementing the proposal.

2. Proposed Program/Approach

This section should provide a clear and concise description of how the Partnership Innovation program’s local “triple partnership” of mental health, substance use disorder, and aging services providers will innovatively address the unmet needs of older adults for such services. The description should include, but need not be limited to, the following:

- How the applicant will create a local “triple partnership” of mental health, substance use disorder, and aging services providers that also includes the applicant as a participating provider;
- How the applicant will provide leadership for the partnership’s work [*Proposals submitted for funding under this RFP must include a Letter of Commitment – not simply a Letter of Support – from each “triple partnership” provider other than the applicant to carry out partnership responsibilities, which include significant collaborative commitment to and involvement in planning, implementing, and overseeing the Partnership Innovation program during the five-year grant period.*];
- Identification of the program’s partnership providers by each of the three service provider groups, i.e., mental health, substance use disorder, and aging services;
- Identification of contractual or collaborative organizations with an important role in carrying out the program who are not “triple partnership” providers;
- The capability and experience of the applicant with the provision of culturally competent care for older adults;

- How services provided will take into account the beliefs, values, preferences, and life circumstances of different cultural groups in the population to be served;
- How effective behavioral health screening instruments – such as the PHQ-9, GAD-7, and AUDIT-C – followed by a more comprehensive assessment for those who screen positive will be used to identify older adults in aging services programs who need behavioral health services; and how the Partnership Innovation program will access needed behavioral health treatment services for them with “triple partnership” or other providers;
- How the need for home and community-based, non-medical, aging support services administered by the local Office for the Aging will be assessed to identify older adults in behavioral health services programs who need them, and how the Partnership Innovation program will access needed aging support services for them with “triple partnership” or other providers;
- How mobile outreach and off-site services will be provided to identify (1) at-risk older adults in the community who are not connected to the service delivery system and (2) older adults in the community who encounter difficulties accessing needed services; how mobile outreach and off-site services will engage them and assess their unmet needs for behavioral health and aging services, as well as unmet needs related to areas such as physical health, cognition, social isolation, self-neglect, abuse, housing, financial resources/benefits, and legal issues; how an individualized care plan based on the assessment will be developed to address identified concerns and high levels of need; and how the program will provide interim client care and care coordination services until planned services are in place with “triple partnership” or other providers;
- How the program will utilize one or more technological innovations – such as telecare, telemedicine, telepsychiatry, and mobile technologies – to better serve the target population and help staff innovatively address the unmet needs of these older adults for behavioral health, aging, and other services; and how the applicant evaluated the utility and cost of technological innovation(s) considered before selecting the technological innovation(s) to be utilized; and
- Realistic estimate of the unduplicated number of individuals to be served by the program and the number of their face-to-face contacts or encounters with program staff for services during **each** year of the five-year grant period for **each** of the three required components of service, i.e., Access Behavioral Health Services, Access Aging Services, and Mobile Outreach and Off-Site Services [*Before providing an estimate, please note that initial implementation of all three required components of service is expected in year two of the five-year grant period. See Section V, 5.3C4.*]

3. Organization and Staffing

This section should describe and demonstrate organizational capability to implement and operate the proposed Partnership Innovation program. Information provided should clearly delineate the roles and responsibilities of local “triple partnership” providers and other contractual or collaborative organizations with an important role in carrying out the program and include, but need not be limited to, the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed program;
- Day-to-day responsibility for key tasks such as providing leadership; communicating with partners; program planning, implementation, and oversight (see also Section V, 5.2C); collecting, managing, and reporting program performance measures; monitoring ongoing progress; and preparing monthly and other as-needed reports;

- The roles, qualifications, expertise, relevant experience working with older adults, and professional licensure/certification of key personnel;
- Because each of the three required components of service (Access Behavioral Health Services, Access Aging Services, and Mobile Outreach and Off-Site Services) is meant to address the needs of different segments of the older adult population, the number and type of staff needed for **each** component; and
- A staffing pattern that reflects an adequate number and appropriate mix of staff and includes staff with language skills appropriate to the cultural communities represented by the population to be served.

4. Implementation¹

This section should clearly and carefully describe how the Partnership Innovation program’s local “triple partnership” providers will complete program implementation tasks related to (1) planning, (2) program installation, (3) initial implementation, (4) full implementation, and (5) sustainability. *Initial implementation of all three required components of service (Access Behavioral Health Services, Access Aging Services, and Mobile Outreach and Off-Site Services) is expected in year two of the five-year grant period.* The description should include, but need not be limited to, the following:

Planning

- How the applicant will establish and operationalize a Core Implementation Team (see Section V, 5.2C) to inform and support the work of the “triple partnership,” whose partnership responsibilities include significant collaborative commitment to and involvement in planning, implementing, and overseeing the program during the five-year grant period;
- How “triple partnership” providers plan to communicate about the program with clients, staff, and other stakeholders;
- An assessment of the top three potential barriers to implementation;
- An Implementation Workplan with tasks, timelines, and assigned responsibilities to facilitate program installation, initial implementation, full implementation, and sustainability;

Program Installation

- *In a stage of implementation focused on tasks that need to be accomplished before the first client is seen*, identification of what equipment and technologies are needed to operate the program and when they will be acquired, installed, and ready to use;
- How “triple partnership” providers are to employ the right new staff and/or realign existing staff, develop or modify job descriptions, structure supervision, plan staff orientation, and ensure the ongoing provision of training, consultation, and on-the-job coaching;
- Identification of what written policies and procedures need to be developed or revised and put in place;
- How a system for collecting and submitting individual level program performance measures using OMH guidelines (see Section V, 5.2E) is to be established;

¹ This section contains information adapted from the work of Dean L. Fixsen and his colleagues in Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Initial Implementation

- *In a stage of implementation often characterized by change and resistance to change*, how administrative, clinical, and other staff will be supported by training focused on the background, theory, philosophy, and values of the program, including the core elements and rationales of program practices;
- How staff will be provided opportunities to practice new skills and receive feedback in a safe training environment;
- How staff consultation and on-the-job coaching will be used at the outset and throughout the life of the program to help bring about positive behavior change;
- How program evaluation capabilities will be utilized to help ensure implementation and provide administrative, clinical, and other staff regular feedback to improve services;
- How “triple partnership” providers will provide leadership, support the overall implementation process, and keep staff organized and focused on desired outcomes;

Full Implementation

- Identification of measures or standards for **each** of the following five characteristics of a fully implemented program so that “triple partnership” providers will be able to determine and demonstrate to others that the program is fully operational: (1) a substantial caseload of the target population of older adults is being served in the three required components of service (Access Behavioral Health Services, Access Aging Services, and Mobile Outreach and Off-Site Services); (2) one or more technological innovations are being utilized to better serve clients and innovatively address unmet needs; (3) staff is carrying out the program with proficiency and skill; (4) administrative staff support and facilitate the program; and (5) communities in the geographic area(s) being served are aware of the program and what it can do;
- Identification of the most useful and valuable areas upon which to focus a valid outcome evaluation of program effectiveness;

Sustainability

- *In a stage of implementation whose goal is the long-term success of an effective program*, how future plans for the Partnership Innovation program will be developed and how funding options and sources of political support for the program will be examined;
- How the program fits with similar programs and activities in “triple partnership” and other provider organizations;
- How the roles, responsibilities, and workload of staff and supervisors will be re-evaluated to address issues related to adequate staffing and ensure long-term program success;
- How program evaluation capabilities will be utilized to monitor program effectiveness and guide ongoing efforts to improve the program; and
- How “triple partnership” providers will ensure that administrative structures and supports are sufficient to sustain the program.

D. Operating Budgets and Budget Narratives

Be sure to use the required budget formats – the Operating Budget Form and the Budget Narrative Form ([Appendix B](#) and [B1](#)) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.2.2).

- Develop Yearly Operating Budgets for Years 1-5. For a five-year grant period, OMH will award successful applicants up to \$200,000 a year.

- Complete Budget Narratives for all the detailed expense and revenue components that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.

E. Letter(s) of Commitment

Proposals submitted for funding under this RFP must include a Letter of Commitment – not simply a Letter of Support – from each “triple partnership” provider other than the applicant to carry out partnership responsibilities, which include significant collaborative commitment to and involvement in planning, implementing, and overseeing the Partnership Innovation program during the five-year grant period.

VI: Appendices

[Appendix A Agency Transmittal Form](#)

[Appendix B Operating Budget Form](#)

[Appendix B1 Budget Narrative Form](#)

[Appendix C OMH Master Contract Forms and Instructions](#)

The link to the forms and instructions in [Appendix C](#) is provided for informational purposes only. Please do not complete and submit [Appendix C](#) forms with your proposal.