



Youth Assertive Community Treatment (ACT) Teams

Request for Proposals

Grant Procurements

(On-Line Submission Required)

July 2023

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1. Introduction and Background

1.1. Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH or “Office” herein after) announces the availability of funds for the expansion of a Youth Assertive Community Treatment (ACT) team in the Central, Hudson River and Western New York OMH regions.

The Youth ACT team serve children/youth with Serious Emotional Disturbance (SED), who are returning home from inpatient settings or residential services, at risk of entering such settings, or have not adequately engaged or responded to treatment in more traditional community-based services.

Youth ACT ensures the child and their family have the level of support services and access to clinical professionals they require to sustain any gains made in crisis response or high-end services. Youth ACT teams deliver intensive, highly coordinated, individualized services and skilled therapeutic interventions through an integrated, multi-disciplinary team approach to better achieve success and maintain the child in the home, school, and community. The majority of services are provided by Youth ACT staff directly (not brokered) and are delivered in the home or other community-based settings.

Team interventions are focused on improving or ameliorating the significant functional impairments and severe symptomatology experienced by the child/youth due to mental illness or serious emotional disturbance (SED). Clinical and rehabilitative interventions are also focused on enhancing family functioning to foster health/well-being, stability, and re-integration for the child/youth. Services are delivered using a family-driven, youth guided and developmentally appropriate approach that comprehensively addresses the needs of the child/youth within the family, school, medical, behavioral, psychosocial, and community domains.

To address the needs of children and adolescents eligible for this comprehensive service, the Youth ACT team is multi-disciplinary with professional staff including mental health clinicians and psychiatric prescribers. Other members of the team include peer advocates (family and youth), clinical staff, and program assistants.

Youth ACT is expected to promote a myriad of interventions, including: active participation of the family and other natural supports; utilization of promising practices and evidence-based treatment interventions focused on family and systems approaches; re-integration and meaningful connections

within the home and community; and preparations for transition to adulthood; all as applicable to the population served. The Youth ACT team must also ensure that services are comprehensive and principle driven.

A reliable and intensive treatment structure that is flexible and responsive in nature, is required, whereby the type and intensity of services are immediately and seamlessly adjusted to meet the individualized, changing needs of the child and family. Youth ACT offers support on a 24 hours a day, 7 days a week basis.

The expansion of Youth ACT represents a commitment by the New York State Office of Mental Health to increase access to an evidence-based practice by children and youth with SED, and their families. Youth ACT programs serve as a critical component in the children’s continuum of care.

OMH is expanding Youth ACT by ten (10) teams under this Request for Proposal (RFP). Applicants may apply for any one (1) of the fifteen (15) counties listed below in the Central, Hudson River and Western New York OMH regions. Of the 15 counties listed, ten (10) awards will be issued for ten (10) counties based the highest scoring proposals. Applicants must identify which county they are applying for in their proposal. An applicant can apply for more than one County. If applying for more than one County the applicant must submit a separate proposal for each County.

Counties were selected for this opportunity using the following methodology. First, counties with no existing Youth ACT team were identified. Next, Medicaid data were analyzed to identify counties in the highest quartile on child/youth specific measures of need, including suicide rate, mental health presentation in inpatient and emergency (by count of residence), following after mental health hospitalization and mental health emergency presentation, engagement in mental health care after mental health inpatient hospitalization, and readmission after mental health hospitalization. Fifteen counties were identified for the RFP.

NOTE: If 10 teams are not awarded, OMH reserves the right to allocate teams in a future procurement to any geographic area in the State.

Region	County
Hudson River	1. Rensselaer 2. Rockland
Central New York	3. Cayuga 4. Clinton 5. Franklin 6. Jefferson

Region	County
	7. Lewis 8. Otsego 9. St. Lawrence
Western New York	10. Allegany 11. Cattaraugus 12. Chautauqua 13. Orleans 14. Seneca 15. Schuyler

The selected agencies will establish the Youth Assertive Community Treatment (ACT) team according to the Youth ACT Program Guidelines and Part 508 regulations, which can be found in [Grants Gateway](#) under the Pre-Submission Upload Page.

Agencies must demonstrate community need and their capacity to provide team-based OMH-licensed ACT services to 36 or 48 children/youth who meet the eligibility criteria outlined below in Section 1.2 and detailed in the NYS OMH [ACT Program Guidance](#).

1.2. Target Population/Eligibility Criteria

Youth ACT is designed to address the significant needs of children up to age 21 with Serious Emotional Disturbance (SED), who are at risk of entering, or returning home from inpatient settings or residential services or have not adequately engaged or responded to treatment in more traditional community-based settings.

Children eligible for Youth ACT must meet the following admission criteria:

1. Child must be at least 10 years old at the time of enrollment and may be served up to age 21.
2. Have a determination of Serious Emotional Disturbance (SED) defined as:
 - A child or adolescent having a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorder AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The function limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

- Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
 - Family life (e.g. capacity to live in a family or family-like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
 - Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
 - Self-direction/self-control (e.g. ability to sustain focused attention for long enough to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment; decision-making ability); or
Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).
3. Have continuous high service needs that are not being met in more traditional service settings demonstrated by two or more of the following conditions:
- Persistent severe major symptoms (e.g., affective, psychotic, suicidal or significant impulse control issues).
 - 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.
 - High use of acute psychiatric hospitals (e.g. two hospitalizations within one year, or one hospitalization of 60 days or more within one year).
 - High use of psychiatric emergency or crisis services (e.g. two or more uses of mobile crisis intervention or other community crisis services, two Emergency Department(ED)¹ visits or one crisis respite/residence admission within last 6 months.
 - Residing or being discharged from in an inpatient bed, residential treatment facility (RTF) or in a supervised community residence, or being deemed eligible for RTF, but clinically assessed to be able to live in a more independent setting if intensive community services are provided. This may also include current or recent involvement (within the last six months) in another child-serving system such as juvenile justice, child welfare, foster care, etc. wherein mental health services were provided.

¹ Emergency Department (“ED”) includes both hospital emergency rooms and Comprehensive Psychiatric Emergency Programs (CPEP).

- o 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.
4. Child's County of Residence is within program catchment area (counties) licensed to served.

2. Proposal Submissions

2.1. Designated Contact/Issuing Officer

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. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Amanda Szczepkowski
 Contract Management Specialist 2
 New York State Office of Mental Health
 Contracts and Claims
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2. Key Events/Timeline

RFP Release Date	7/31/23
Questions Due 4:00 PM	8/16/23
Questions and Answers Posted on Website	8/29/23
Proposals Due by 2:00 PM EST	9/19/23
Anticipated Award Notification	10/10/23
Anticipated Contract Start Date	1/1/24

2.3. Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. No applications/proposals will be accepted beyond the deadline.

2.4. Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health services to persons with serious emotional disturbance. Agencies with OMH Licensed Residential Treatment Facilities², in good standing³, may be given preference by receiving additional points in the evaluation process.

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers. No questions about Eligibility will be responded to either individually or prior to the posting of the Q&As.

2.5. RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to OMH by e-mail to: OMHLocalProcurement@omh.ny.gov by the “Questions Due” date indicated in section 2.2 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

Please put “Youth ACT RFP” in the Subject Line.

The questions and official answers will be posted on the OMH website by 8/29/23.

2.6. Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website, the Grants Gateway and the NYS Contract Reporter.

It is the applicant’s responsibility to periodically review the OMH website, the NYS Contract Reporter and Grants Gateway to learn of revisions or addendums to this RFP. No other notification will be given.

² Residential Treatment Facilities (RTF) are a class of inpatient psychiatric facilities licensed in accordance with Part 584 of Title 14 Official Compilation of Codes, Rules and Regulations of the State of New York. RTFs are designed to meet the needs of a child and family, with serious emotional disturbance (SED) who requires an integrated and intensive array of clinical services in a medically monitored setting under the direction of a psychiatrist.

³ Good Standing is defined as not currently on Enhanced Provider Monitoring or no outstanding, unapproved, Performance Improvement Plan

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. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, 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 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by the proposal due date of 2:00 PM EST on 9/19/23

2.8. Grants Gateway Requirement

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 not-for-profits to register in the [Grants Gateway](#) and complete the Vendor Prequalification process in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 2:00 PM EST on 9/19/23 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.9. Instructions for Bid Submission and Required Format

Each proposal submission through the Grants Gateway is required to contain:

- Operating Budget (Appendix B) based on slot capacity:

- 5 Year Budget Template-36 Slot Upstate
- 5 Year Budget Template- 48 Slot Upstate
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Grants Gateway System (GGS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

If you are not already registered:

Registration forms are available at the GGS website:

<https://grantsmanagement.ny.gov/register-your-organization>

Include your Statewide Financial System (SFS) Vendor ID on the form; if you are a new vendor and do not have a SFS Vendor ID, include a Substitute for W-9 with your signed, notarized registration (also available from the website).

All registration must include an Organization Chart in order to be processed.

When you receive your login information, log in and change your password.

If you are an applicant, and have problems complying with this provision, please contact the GGS help desk via email: Grantsgateway@its.ny.gov -- OR -- by telephone: 1-518-474-5595.

How to Submit a Proposal

Proposals must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFP. Tutorials (training videos) for use of the Grants Gateway (and upon user log in):

You must use Microsoft Edge to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

To apply, log into the Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name provided on the cover page of this RFP, select the Office of Mental Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

In order to access the online proposal and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a "Grantee" or a "Grantee Contract Signatory" or a "Grantee System Administrator".

The 'Grantee' role may ONLY Initiate and Save changes to the application such as add/update information to forms, upload documents while the user logged in as a 'Grantee Contract Signatory' or a 'Grantee System Administrator' role can perform all the tasks of Grantee role and in addition, can SUBMIT the application to the State. When the application is ready for submission, click the 'Status Changes' tab, then click the 'Apply Status' button under "APPLICATION SUBMITTED" before the due date and time.

For further information on how to apply, and other information, please refer to the Vendor User Manual document.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grantee Documents section on Grants Management website.

Late proposals will not be accepted. Proposals will not be accepted via fax, e-mail, hard copy or hand delivery.

Helpful Links

Some helpful links for questions of a technical nature are below.

Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube:

<http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>

(Technical questions)

Grants Team Email (Proposal Completion, Policy and Registration questions): grantsgateway@its.ny.gov or by phone at 518-474-5595.

2.10. Instructions for completing the Workplan and Objectives in NYS Grants Gateway

The Workplan Overview Form will be used to create the Work Plan portion of the contract. Some of the information requested will be duplicative of information provided earlier in the application. Be sure to follow the guidance provided below.

The Work Plan Period should reflect the anticipated contract period. Contracts will be approved for a five-year term.

The Project Summary section should include a high-level overview of the project as instructed.

The Organizational Capacity section should include the information requested regarding staffing and relevant experience of staff and any applicable consultants to be involved in undertaking the proposed project.

The Objectives and Tasks section should identify grantee-defined objectives and tasks that are relevant to the completion of the proposed project. To get started, add your first Objective Name and Description and then click the [SAVE] button at the top of the page. After hitting Save, a field for the Task Name and Task Description will show under the Objective box. Complete both fields and hit the [SAVE] button at the top of the page. After entering the Task information and clicking Save, you will now see a box for the Performance Measure information and a box to enter a second Task. Enter a Performance Measure Name and select the Performance Measure Data Capture Type from the dropdown box. The type you choose from the dropdown will show on the screen for you to complete. Once you've entered the name, data capture type and the text/integer/or date as applicable, click the [SAVE] button at the top of the page.

For Performance Measure Name restate the Objective then enter the narrative requested in the box below. Performance Measures are also grantee-defined and should reflect some measurable benchmark(s) in order to demonstrate adequate progress within the 18 months of the award date, as required by the RFP. Once entered, click Save. You may continue to add Objectives, Tasks and Performance Measures up to and including the max amount allowed by the state.

The online Workplan is essentially an outline/summary of the work associated with the Project(s) described in the sections above. Please note that if an application is selected for award, the Workplan will be subject to change and can be updated during the contract development/negotiation process.

Applicants should refer to Section 5.2.4 Grantee Defined Workplan of the 'Grantee User Guide' ([Click here for Grants Gateway: Vendor User Guide](#)) for detailed instructions on how to complete the Workplan.

3. Administrative Information

3.1. Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in

- the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
 - Make an award under the RFP in whole or in part;
 - Disqualify and applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
 - Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
 - Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
 - Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
 - Prior to the 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, Grants Gateway and the New York State (NYS) Contract Reporter;
 - Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
 - Waive any requirements that are not material;
 - Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
 - Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
 - 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 applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
 - Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure"; and,
 - Change any of the scheduled dates stated in the RFP

3.2. Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on

their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. 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 2.1.

3.3. Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their 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:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

3.4. Term of Contracts

The contract awarded in response to this RFP will be for a five-year term. Selected applicant awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

3.5. Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBES) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 0% goal for Minority-owned

Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that

certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7. Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8. Sexual Harassment Prevention Certification

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid, or provide a statement detailing why the certification cannot be made.

3.9. Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.10. Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.11 of this RFP.

3.11. Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.12. NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations, and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1. Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission.

The Evaluation will apply points in the following categories as defined in Section 6:

Technical Evaluation	Points
6.1 Agency Organization/Qualifications	5 (for all applicants who must respond to Questions 6.1a and 6.1b) 2 (for RTFs only responding to 6.1c)
6.2 Population Experience	10
6.3 Program Development	25
6.4 Program Implementation	20
6.5 Inclusion and Diversity	10
6.6 Utilization Review, Reporting and Quality Improvement	10
6.7 Financial Assessment	20
Total Proposal Points	102 Points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

4.2. Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.10. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

In case of a tie in the scoring process for a targeted county, the proposal with the highest score on the Program Development (Section 6.4) of the Proposal Narrative will be ranked higher.

4.3. Process for Awarding Contracts

4.3.1. Initial Awards and Allocations

Proposals will be ranked, and ten (10) awards will be made to the applicants with the highest scores to assume the operation of an OMH licensed Youth ACT Team in one of the listed 15 counties in Section 1.1 of this RFP.

Only one award will be made in each county, to the highest scoring applicant serving that county.

4.3.2. Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet start-up milestones, failure to maintain staffing and/or program model, failure to fill slots when referrals are available, excluding referrals excessively or based on a history of poor engagement in community services, or poor performance outcomes. A team awarded capacity for 48 slots may be reassigned to 36 slots if the team is unable to substantiate high utilization or maintain workforce required to fully staff the team. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal.

4.4. Award Notification

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

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

5. Scope of Work

5.1. Introduction

Ten (10) awards will be made through this RFP to Ten (10) of the counties within the list of 15 counties in Section 1.1 of this RFP. Youth ACT team start-up will include OMH involvement to provide support around the development of the team. The team will start based on OMH's determination of readiness. Monthly calls and/or meetings will be held with the Youth ACT Team awardee.

The selected agencies will establish the Youth Assertive Community Treatment (ACT) team according to the Youth ACT Program Guidelines and Part 508 regulations, which can be found in Grants Gateway under the Pre-Submission Upload Page. The agency must demonstrate community need and their capacity to provide OMH-licensed ACT services to 36 or 48 children/youth through a team who meet the eligibility criteria outlined above in Section 1.2 and detailed in the Youth ACT Program Guidance Document.

5.2. Objectives and Responsibilities

Youth ACT Providers will follow the Youth ACT model, delivering services that comprehensively address the needs of the child/youth within the family, school, medical, behavioral, psychosocial, and community domains. Youth ACT providers will receive referrals from C-SPOA and have timely admissions. Youth ACT providers will have the capacity to serve 36 or 48 children and families in each team, depending upon the needs of the area, the number of children eligible to receive Youth ACT, and the capacity for maintaining required staffing levels.

This determination will be made by the provider, in collaboration with OMH and the local governmental unit (LGU) of the county served. The applicants must be able to substantiate the capacity of the team by providing historical and/or current data/information on the volume of youth in the county who are likely to meet eligibility criteria.

Youth ACT providers must adhere to the fidelity of the Youth ACT Team model, including:

- Building a multi-disciplinary team providing coordinated services from a Youth ACT framework, with mental health clinicians including psychiatric prescribers, family/youth peer advocates, clinical staff, and a program assistant. Based on their respective areas of expertise, the team members will collaborate to deliver integrated services of the individual's choice, assist in making progress towards goals, and adjust services over time to meet the individual's changing needs and goals. The Youth ACT provider should have all staff cross trained for all specialty staffing areas. The ACT provider will ensure all staff on an ACT team must have experience in providing direct services related to the treatment with families and children with serious emotional disturbance.
- Delivering comprehensive and flexible treatment, support, and rehabilitation services to children/youth in their natural living settings rather than in hospital or clinic settings. This means that interventions and skills training will be carried out at the locations where children/youth live, work, and socialize, and where support is needed.
- Demonstrating a clear understanding of service needs of children/youth with SED and their families, including through evaluation with appropriate tools.
- Providing services that are tailored to meet the individual's specific needs by implementing key components of evidence-based practices for children and families. These may be derived from models such as Motivational Interviewing, Family therapy/Family System approaches, cognitive and behavioral Interventions, and trauma-informed care, etc., individualized to the child and family's needs.
- Assessing regularly for risk through the consistent use of standardized tools to screen, assess and monitor the level of risk severity Screening for risk indicators within the child/youth and family should occur throughout the process of service delivery by the Youth ACT team to determine if/when assessment of risk is needed.
- Maintaining the organizational capacity to ensure small caseloads and continuity of care.
- Providing emergency and crisis intervention services on 24 hours a day, 7 days a week basis, as outlined in the Youth ACT guidelines.

Youth ACT providers must adhere to the team protocols as outlined in the Youth ACT Program Guidelines including:

- Conduct at least six face-to-face contacts per month, three of which may be collaterals.

- Collaborate and be closely involved in hospital admissions and hospital discharges to ensure continuity and coordination of services, and to be a support and advocate for recipients.
- Have team meetings at least 4 times a week to review the status of each individual.
- Maintain communication boards, logs and/or other communication methods required for team coordination.

5.3. Implementation

To provide Youth ACT the agency will be required to complete a Prior Approval Review (PAR) application to become licensed and receive an official operating certificate.

- Under licensure, agencies will be required to adhere to all relevant regulations directing the ACT model program, The ACT program is licensed under 14CRR-NY 508. Licensed programs must also adhere to all relevant State mental health laws, such as Part 524 for incident reporting requirements
- Licensed programs are monitored and overseen by the Office of Mental Health. Providers with identified challenges in programmatic compliance or quality of care issues are required to submit Performance Improvement plans or Corrective Action plans to remedy identified deficits; and if appropriate can be placed on enhanced monitoring status. In order for licenses to be renewed, providers must demonstrate adherence to programmatic and regulatory requirements, based on case record reviews and established monitoring protocols.

Youth ACT providers will provide an adequate level of professional staffing to perform the required work. Youth ACT Providers will hire core staff (Psychiatrist/Psychiatric Nurse Practitioner) Team Leader, Mental Health Professional, Clinical Staff, and Program Assistant) as outlined in the Youth ACT Program Guidance. Youth ACT Providers will hire all staff that have the appropriate qualifications to meet the needs of the target population and Youth ACT model. Youth ACT Providers will have office space that is appropriately located, and adequately appointed to comply with state licensing standards by the program start date.

Staff should be selected consistent with the Youth ACT guiding principles and experience in delivering the Youth ACT services clinical staff should have demonstrated competencies in screening and assessment, clinical

approaches/treatment (that may include evidence-based practices), family therapy/family system approaches, and clinical documentation.

- All staff will demonstrate basic core competencies in designated areas of practice, including the Assertive Community Treatment core processes, system of care/multi-system work, family psychoeducation and motivational interviewing.
- The agency ensures that the Youth ACT staff receives appropriate and ongoing professional training.
- Agencies will arrange training for their staff, in collaboration with the Youth ACT Technical Assistance center through New York University McSilver Institute or other OMH resources, as required as an OMH licensed ACT program. Core trainings will be completed within specified time frames.

Youth ACT Providers will maintain a plan for regular supervision of all staff members, including the Team Leader.

5.4. Utilization Review, Reporting and Quality Improvement

Youth ACT Providers must comply with all OMH fiscal reporting requirements as outlined in the [“Aid to Localities Spending Plan Guidelines.”](#)

Youth ACT Providers will be required to maintain accurate reporting of all admissions, baseline and follow up assessments, and discharges through OMH’s Child and Adult Integrated Reporting System (CAIRS) and adhere to any requirements OMH may subsequently develop.

Youth ACT teams will be required to participate in all research and evaluation projects undertaken by OMH.

Youth ACT teams will comply with the provisions governing the reporting of suspected child abuse or maltreatment, as set forth in sections 413-416 and 418 of the Social Services Law.

Youth ACT teams must adhere to the criminal background check requirements under the Justice Center. Youth ACT teams must adhere to all incident reporting requirements, including reporting incidents in the NYS OMH Incident Management Reporting System (NIMRS) immediately upon discovery of the incident

Youth ACT Providers will have a systemic approach for self-monitoring and ensuring ongoing quality improvement for the Youth ACT team, including

analyzing utilization review findings and recommendations. This information should be used to measure recipient achievement of recovery goals, performance around length of stays, barriers to treatment, staffing, transitions, etc., and will inform the team's overall quality improvement plan. Youth ACT Providers will be required to participate in any OMH or utilization management process and will participate in utilization management activities according to the terms of contracts with Managed Care Organizations. Additionally, teams will utilize technical assistance from these agencies and the ACT Institute when appropriate.

5.5. Operating Funding

Start-up funds will be allocated as a lump sum at beginning of contract for a total of \$450,000.

Youth ACT providers will be funded through Medicaid and net deficit funding.

The annual expected Medicaid revenue per team is as follows:

48 Slot Team: Upstate \$514,798

36 Slot Team: Upstate \$386,099

Available annual net deficit funding per team is as follows:

48 Slot Team: Upstate \$513,819 and receive service dollars in the amount of \$24,771. Appropriate uses of these funds are outlined in Service Dollar Guidance

36 Slot Team: Upstate \$440,455 and receive service dollars in the amount of \$24,771. Appropriate uses of these funds are outlined in Service Dollar Guidance

6. Proposal Narrative

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

6.1. Agency Organization and Qualifications

- a. Provide a brief summary of your agency, the services for which you are licensed and provide. Outline how these services demonstrate your experience and qualifications for operating a Youth ACT program. Include the county you are proposing to serve in your application.

- b. Describe your organizational structure and administrative and supervisory support for clinical mental health and/or children's services. Include your governing body, and any advisory body, structure that supports your organization and effective service provision.
- c. If your agency operates a Residential Treatment Facility, please provide information specific to the RTF, including population served, clinical approaches and outcomes. Describe how you would plan to work collaboratively with Youth ACT teams to ensure the effective transition for children discharged from the RTF and their families to this community-based service. **If your agency does not operate an RTF, respond to this question "Not Applicable" in the application.**

6.2. Population Experience

- a. Describe your understanding of the service needs of children/youth with SED, and their families, and your ability to coordinate services internally and externally. Include clinical approaches and/or best practice in treatment and care children/youth with SED, and their families, who are at risk of institutional level of care and require intensive intervention in order to avoid high end services or facilitate and support a successful transition back to their community.
- b. Describe your experiences in delivering services that are family-driven, youth guided, strength based and developmentally appropriate. Outline how you operationally integrate these principles into practice when you provide services to children and their families. Include your experience in engaging children/youth and their families that have not adequately engaged or responded to treatment in more traditional settings.

6.3. Program Development

- a. Describe how you will deliver the Youth ACT services that comprehensively address the needs of the child/youth across multiple life domains, including within the family, school, medical, behavioral, psychosocial, and community domains.
- b. Describe the Youth ACT team's approaches or tools that will be used to conduct individual assessments and the development of a person-centered plan of care. Including the process of identifying an individual's behavioral strengths, barriers to achieving goals, service needs, and how identified interventions are directly tied to needs.

- c. Describe your experience and ability to provide integrated, team-oriented, family-based approaches to treatment, to the age range of the youth identified. Include your capacity to align and coordinate multiple treatment/service interventions and service providers to the goals outlined in a treatment plan.
- d. Describe the intent to serve either 36 or 48 youth in the team. Provide historical and/or current data/information on the volume of youth in the county who are likely to meet eligibility criteria to substantiate the team capacity. Include your plans for how you will ensure workforce capacity to support full staffing of your team in accordance with the model and 24/7 access to required emergency/crisis services. Include Letters of Support the county, which must verify the need and endorse the proposed team size by the applicant.
- e. Describe the approach that will be used to ensure the successful of transition of children/youth off the Youth ACT team to other community-based services. Describe discharge criteria, policies, and procedures to ensure collaboration with community-based providers and processes for maintaining continuity of care.

6.4. Program Implementation

- a. Describe how the agency will create a physical space that supports the Youth ACT team(s) and its work and information about other supports the agency will provide for the Youth ACT team relative to equipment and administrative oversight.
 - i. Complete the Physical Plant document in the Pre-Submission Uploads page in Grants Gateway and provide as part of response to this question.
- b. Provide Youth ACT staffing plan. Complete the Staffing document in the Pre-Submission Uploads page in Grants Gateway and provide as part of response to this question.
 - i. Include a description of the roles and responsibilities of each staff member. Indicate the specific skills and level of experience expected of each staff member. Detail how you will meet the staffing requirements according to the Youth ACT Program Guidelines.
- c. Describe your marketing approach and demonstrate how your organizational capacity to recruit, retain, train, and support an adequate

level of professional and appropriately qualified staff to carry out programmatic duties.

- d. Demonstrate how you will ensure that staff gain competencies in screening and assessment, System of care; multi-systems approaches to involve the active coordination of care of the child/youth and family with multidisciplinary providers, agencies, community resources and supports, family therapy/family systems approaches consistent with the range of developmental stages of the children/youth to be served and family psychoeducation and treatment for trauma.

6.5. Diversity, Equity and Inclusion

- a. Provide a mission statement for this program, that includes information about the intent to serve individuals from marginalized/underserved populations
- b. Identify the management level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment Provide a mission statement for this program, that includes information about the intent to serve individuals from marginalized/underserved populations outcomes for marginalized populations. This includes activities related to diversity, equity, inclusion, cultural/linguistic competence. Information provided should include the individual's title, organizational positioning, education and relevant experiences.
- c. Provide the diversity, equity, inclusion, cultural/linguistic competence plan as outlined in the National LCAS Standards for this program. Note- plan format should use the SMART framework (Specific, Measurable, Achievable, Realistic and Timely). Plan should include information in the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access, quality and treatment outcomes in patient population, soliciting input from diverse community stakeholders and organizations.
- d. Describe the process for which the diversity, equity, inclusion, cultural/linguistic competence plan was created using stakeholder input from service users and individuals from marginalized/underserved population. Additionally, describe how the plan will be regularly reviewed and updated.
- e. Describe the demographic makeup of the population in the catchment area using available data (race/ethnicity/gender/sexual orientation/language). Additionally, please describe how this data will be used to shape decisions pertaining to the recruitment and hiring of staff,

policies and the implementation of best practice approaches for serving individuals from marginalized/underserved populations.

- f. Describe the organization's committees/workgroups that focus on efforts to reduce disparities in access, quality and treatment outcomes for marginalized populations (diversity, equity, inclusion, cultural/linguistic competence). Please also describe the membership of these committees/workgroups (organizational positioning). Include:
- i. how committees/workgroups review services/programs with respect to cultural competency issues within the entity;
 - ii. how this group corresponds and collaborates with the quality assurance/quality improvement/compliance parts of the organization;
 - iii. how committees/workgroup participate in planning and implementation of services within the entity.
 - iv. how committees/workgroups transmit recommendations to executive level of entity;

Note- it is important to describe membership of representatives from the most prevalent cultural groups to be served in this project.

- g. Describe the training strategy for topics related to diversity, equity, inclusion, cultural/linguistic competence and the reduction of disparities in access, quality and treatment outcomes for marginalized/underserved population. These include training about implicit bias, diversity recruitment, creating inclusive work environments, providing language access services.
- h. Describe program efforts to recruit, hire and retain staff from the most prevalent cultural group of service users. This includes a description of:
- i. a documented data driven goal to recruit, hire and retain direct service/clinical, supervisory and administrative level staff who are from or have had experience working with the most prevalent cultural groups of its service users.
 - ii. current staffing levels of direct service/clinical staff members who are from or have experience working with the most prevalent cultural groups of its service users.
 - iii. Current staffing levels of supervisors who are from or have experience working with the most prevalent cultural groups of its service users.
 - iv. Current staffing levels of administrative staff members who are from or have experience working the with most prevalent cultural groups of its service users.

- v. Include information about employment postings on platforms and in places specifically designed to hire diversity, the use of language in employment posting(s) that illustrate that the program is seeing to recruit diverse candidates, efforts to retain diverse employees use of best practice approaches to mitigate bias in interview/hiring process.
- i. Describe efforts to meet the language access needs of the client's served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent language and the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide key documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights and grievances procedures).

This section should also include information related to:

- i. Addressing other language accessibility needs (Braille, limited reading skills).
- ii. Service descriptions and promotional material.

6.6. Utilization Review, Reporting, and Quality Improvement

- a. Describe your agencies' experience and approach to data collection and monitoring to inform service provision, including determining if children are receiving adequate services to meet their needs. Outline how this information is used to inform scope, frequency, duration of interventions in your services and programs.
- b. Outline your agency's standard quality assurance activities to demonstrate how you monitor the effectiveness of your services and programs. Describe how your procedures are used to ensure ongoing quality improvement.
- c. Describe your proposed approach to self-monitor this program in order to ensure ongoing quality improvement for the Youth ACT team. Include how you plan to implement utilization review including at what frequency, how you plan to analyze utilization review findings, how you plan to implement recommendations and measure changes. Teams are required to implement OMH-provided resources such as fidelity tools and monitoring dashboards as they are developed.

6.7. Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B). Please choose the correct budget template (36 or 48 team) depending on your proposal, from the pre-submission uploads section of the Grants Gateway. Refer to Section 5.5 for Net Deficit funding that is available annually. Note that administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.

Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable.

NOTE: Start-up, staffing ramp up and enrollment assumptions should be included in your operating costs.

- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1) which should include the following:
 1. detailed expense components that make up the total operating expenses;
 2. the calculation or logic that supports the budgeted value of each category; and,
 3. description of how salaries are adequate to attract and retain qualified employees.