

NYS Office of Mental Health

Request for Proposals (RFP)

Performance Based Early Recognition Coordination and Screening

September 2011

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[Attachment A - Sample Semi-Annual Narrative Report](#)

1 Introduction and Background

1.1 Purpose of Request for Proposal

The New York State Office of Mental Health (OMH) announces the availability of funds to support the early identification of childhood mental illness. The awardees will be responsible for creating and maintaining a community-wide, comprehensive, and efficient process by which active parental consent is obtained and children are screened for mental health problems. Multiple awards will be made in order to support one FTE Early Recognition Specialist per awardee. OMH anticipates making up to (2) awards in Long Island, up to (9) awards from Central Region, up to (9) from Hudson River region, up to (10) from New York City, and up to (11) from Western Region. A total maximum of (41) awards will be made.

The Specialists' positions will be supported by these OMH funds in acknowledgment that these staff people will not be generating revenue for their respective agencies but rather devoting 100% of their time to coordinating all early recognition activity within their designated area. Bidders are expected to create a comprehensive plan for early identification, engagement, outreach, and stigma reduction in their community. Awardees will have annual performance targets as described in section 4.4.

1.2 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:

[Donna Bradbury](#)

New York State Office of Mental Health
Division of Children and Family Services
44 Holland Avenue
Albany, NY 12229

1.3 Eligible Organizations

Eligible bidders are children's outpatient mental health clinics currently licensed by OMH and having a current designation as a Child and Family Clinic-Plus provider. Current providers of OMH licensed programs in Tier III or equivalent status (operating certificate duration of less than 12 months - other than initial certificate) are not eligible to apply.

1.4 Key Events/Time Line

Event	Date
RFP Release Date	9/01/11
Mandatory Bidder's Conference	9/14/11
Questions Due	9/14/11
Questions Posted on Website	9/22/11
Proposals Due	10/19/11
Award Notification*	11/21/11
Anticipated Start Date*	1/1/12

*Estimated Dates

2 Proposal Submission

2.1 Mandatory Bidders Conference

A Mandatory Bidders Conference will take place on September 14, 2011 at OMH Central Office, 8th Floor Conference Room in Albany, New York from 12:00 pm to 2:00pm. All questions and answers given during the Bidders Conference will be recorded and posted on the OMH website by 5:00 pm on September 22, 2011.

Only those agencies represented at the Mandatory Bidder's Conference will be allowed to submit proposals.

2.2 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by fax at (518) 473-4335 or by [e-mail](#) to the Issuing Officer by 5:00 pm on September 14, 2011. The questions and answers will be posted on the OMH website by 5:00 PM on September 22, 2011 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone. When submitting questions, please reference the RFP by name.

2.3 Addenda to the Request for Proposals

In the event that it becomes necessary to revise any part of the RFP after the Bidders Conference but prior to the scheduled submission date for proposals, an addendum shall be issued to each prospective respondent that attended the Bidders Conference and will be posted on the OMH website. If the RFP is revised prior to the Bidders Conference, an addendum will be posted on the OMH website. **It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.**

2.4 Proposal Format and Content

Each proposal is required to contain the Agency Transmittal Form ([Appendix A](#)), a Program Narrative, the Budget Worksheets ([Appendix B](#) and [Appendix B1](#)) and a Memorandum of Understanding for applicants applying in partnership with other providers.

The **Program Narrative** must respond to the criteria in the sequence as outlined in Section 5. 5.4. The program narrative should be single spaced, one-sided 12-point font with 1 inch margins, and no more than 15 pages in length, excluding attachments. Please number pages “1 of 15,” “2 of 15” etc.

The Budget Worksheets (Budget Form and Budget Narrative) ([Appendix B](#) and [B1](#)) are separate documents on the [OMH Website](#). Do NOT substitute your own budget format.

2.5 Instructions for Proposal Submission

Bidders must submit six (6) paper copies and (1) one copy on a flash drive (in either Word or PDF format) of the full proposal package by mail or hand delivery to be received by 5:00 PM on October 19, 2011; each package must include:

- Agency Transmittal Form ([Appendix A](#));
- Program Narrative;
- Budget Worksheets ([Appendix B](#) and [Appendix B1](#)); and
- For applicants applying in partnership with other providers, a Memorandum of Understanding reflecting the detail of the partnership

Proposals that are incomplete and/or proposals that exceed the page limitations will be excluded from evaluation.

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

Agencies may submit up to one proposal in each of the 5 OMH Regions in which they operate a licensed Clinic-Plus. The 5 OMH Regions are Central New York, Hudson River, Long Island, New York City, and Western New York. A map of the regions can be located on the [OMH website](#). A separate and complete proposal package is required for each proposed regional program. For example, if one agency wants to implement performance based screening in BOTH the New York City region and the Hudson River region, then that agency must have an existing Clinic-Plus in each region, and, two separate and complete proposals must be submitted.

2.5.1 Packaging of RFP Responses

Proposals should be sealed in an envelope/or boxed and be sent to:

[Donna Bradbury](#)

New York State Office of Mental Health
Division of Children and Family Services
44 Holland Avenue
Albany, NY 12229

ATTN RFP: Performance Based Early Recognition Coordination and Screening

3 Administrative Information

3.1 Method of Award

Awards will be made to the vendors proposing the Best Value. Best value means the basis for awarding contracts for services to the proposal which optimizes quality, cost and efficiency, among responsive and responsible proposers. The proposal with the best value will be deemed to be the proposal with the highest final evaluation score.

3.2 Term of Contract

Contracts will be written for a total period of five (5) years, with an initial period of one (1) year and four (4) annual renewals, dependent upon appropriated funding and Agency Performance. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's Upstate contract cycle (January 1 through December 31) or OMH's Downstate contract cycle (July 1, through June 30). The anticipated start date is January 1, 2012.

The OMH Direct Contract Forms and Instructions ([Appendix C](#)) are included for informational purposes only.

3.3 Cost

It is expected that a total of up to \$5,000,000 will be available for each year. Selected bidders will receive a maximum of \$120,000 annually for 1 FTE Early Recognition Specialist (includes salary, fringe, A&OH and OTPS) per proposal.

3.4 Reserved Rights

The Office of Mental Health reserves the right to:

- Reject any or all proposals received in response to the RFP that do not meet the eligibility criteria as outlined in Section 1.3.;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Seek clarifications of proposals for purposes of assuring a full understanding of responsiveness to the solicitation requirements;
- 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 the 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; and
- 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 offeror's proposal and/or to determine an offeror's compliance with the requirements of the solicitation.

3.5 Debriefing

The Office of Mental Health will issue award and non-award notifications to all bidders. Non awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and 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 I: 1.2 of this RFP.

3.6 Protests Related to the Solicitation Process

Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award, or 5 business days following a debriefing meeting. The Commissioner or his 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:

NYS Office of Mental Health
 Commissioner Michael Hogan
 44 Holland Avenue
 Albany, NY 12229

4 Evaluation Factors for Awards

4.1 Criteria

Proposals that meet the eligible organization criteria will be reviewed comprehensively to assess the bidder's commitment and ability to accomplish the objectives outlined in this RFP.

Evaluation of proposals will be conducted in 2 parts-Technical Evaluation and Cost Evaluation. OMH's evaluation committee, consisting of at least 3 evaluators, will review the Technical portion of each proposal and compute a partial score. All of the partial technical scores for each proposer will then be added together and averaged to arrive at the final technical score. The Cost scores will be computed separately

based on a weighted formula. Points associated with cost are calculated by dividing the total 5-year budget submission by the total amount of the lowest budget submission received, then multiplying the result by the maximum points (20) achievable. Detailed information regarding the staffing and management plans, deliverables, and operational plans are to be addressed in the narrative of your proposal and evaluated in the technical section. The averaged technical score and the cost score for each proposal will then be added together resulting in a final score. Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

The proposals will be organized into five separate groups to coincide with one of the [five OMH Field Office regions](#) as selected by each applicant on the required Agency Transmittal Form. OMH anticipates making up to (2) awards in Long Island, up to (9) awards from Central Region, up to (9) from Hudson River region, up to (10) from New York City, and up to (11) from Western Region. The highest scoring passing proposals in each region will be selected. If there are not enough passing proposals to choose from in a region, the next highest scoring passing proposal not yet selected will be awarded, regardless of region. A total maximum of (41) awards will be made.

- **Scoring**

Scoring will be as follows:

Comprehensive community-wide plan for early identification	40 points
Screening performance history	20 points
Community engagement, outreach and stigma reduction plan	20 points
Technical Score	80 points
Cost	20 points
Total Proposal Score	100 points

4.2 Proposal Evaluation

4.2.1 Technical Evaluation

The technical evaluation will apply points to each narrative question addressed in Section 5 Scope of Work.

4.2.2 Cost Evaluation

Points = (Lowest bid received divided by the bid being evaluated) x 20 points

4.3 Recommended Award and Notification

Upon completion of the evaluation process, notification of awards will be sent to all successful and non-successful bidders. The awards are subject to approval by the Office of the Attorney General and the Office of State Comptroller before the contract is effective.

OMH reserves the right to negotiate special terms and conditions with the selected bidders when making the awards. The bidders must accept such terms and conditions for the award to take effect.

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

4.4 Performance Review for Subsequent Year Funding

OMH will review each agency's data, as submitted via the Clinic-Plus Quarterly Report, to determine if the performance targets have been met.

- A review of performance targets will take place each June. The first annual performance target of a minimum of 1000 screens will be expected to be met by June of 2013. Any awardee who does not meet the performance target will be subject to corrective action plans. Failure to meet the minimum of 1000 screens annually could result in a pro-rated reduction in the contract amount based upon a percentage of screens achieved. Consistently poor performance for two consecutive years could result in termination of contract. Screens counted may include those screens conducted by community partners as part of a coordinated, comprehensive, community-wide plan for early recognition which the Early Recognition Specialist oversees.

5 Scope of Work

5.1 Introduction and Vision

Four years ago, New York State began a major shift in policy and focus through the Child and Family Clinic-Plus initiative. Subsequently, clinics designated as Clinic-Plus programs have adopted a public health approach to the early identification of children with mental health problems. This approach is implemented via screening in community locations, such as schools and early childhood settings.

The first Clinic-Plus providers were licensed in April 2007. Since then, the implementation of Clinic-Plus has been monitored and evaluated continuously through site visits, by analysis of quarterly data, via discussion with providers, and with the help of a multi-site evaluation conducted by the NYS Psychiatric Institute, Columbia University, and the Mount Sinai School of Medicine.

All of the sources listed above indicate that the values and mission of the Clinic-Plus model are universally supported, and that Clinic-Plus providers are committed to successful implementation. However, providers have encountered a variety of unanticipated or underestimated difficulties which have impeded their capacity to consistently meet their screening goals.

The most significant among these difficulties is that of stigma. The active parental consent required before a child is screened often elicits fear and suspicion in even the most open-minded of parents. Studies confirm that stigmatization of youth with

mental health problems is common. Stigma is pervasive, ubiquitous, and has a significant impact upon youth as well as their caregivers. The fear of being stigmatized hinders help seeking behavior even in the most dire of circumstances.

Another challenge has been in creating and maintaining productive partnerships with other child-serving agencies. Clinic-Plus demanded that clinics conduct their business with other child-serving agencies in ways with which all parties were unaccustomed. Negotiating new and different relationships between agencies demands salesmanship; salesmanship requires time, energy, and a particular set of skills and personality traits. Therefore, both external and internal barriers to collaboration have made the initial creation of partnerships between Clinic-Plus programs and other child-serving agencies difficult. And, while a significant number of Clinic-Plus providers have successfully forged fruitful partnerships with their screening partners, maintenance of these partnerships has proven labor-intensive and unending. These challenging circumstances are made worse by productivity pressures, which often result in Clinic-Plus screeners carrying a caseload in addition to performing their screening tasks, leaving little time for the effort and attention that maintenance of partnerships requires.

One recommendation that emerged from the monitoring and evaluation activity detailed above is to fund full time early recognition specialists to coordinate the creation and maintenance of productive partnerships, conduct community outreach, engage children and their families, obtain active parental consent, and carry out a community-wide plan for early identification. It is believed that this new funding model will better equip providers and enable them to overcome the noted challenges.

In an effort to create a more achievable early identification program, OMH is making available funding for one FTE Early Recognition Specialist per winning bidder.

5.2 Objectives and Responsibilities

The objective of Performance Based Early Recognition Coordination and Screening is to ensure that children who need mental health assessment are identified and engaged earlier in their development. Early Recognition Specialists will:

- Conduct, coordinate and/or oversee all screening activity within a designated area;
- Implement stigma reduction curricula, social marketing activities, and program promotion activities;
- Network with parents, primary care physicians and other community leaders;
- Consult actively with family support service providers to improve engagement of families;
- Cultivate cooperative relationships with local primary care practices to promote screening activity and to facilitate referrals between clinics and primary care;
- Provide education to increase community awareness of social and emotional development;
- Participate in existing child-serving agency networks, or facilitate the creation of new or stronger networks, and utilize those networks to continually evaluate for the need to target and screen particular populations;

- Conduct community outreach and develop effective strategies to obtain active parental consent for all children screened; and
- Meet or exceed annual performance target of 1,000 screens in year one. Performance target may increase in subsequent years. Screens counted may include those screens conducted by community partners as part of a coordinated, comprehensive, community-wide plan for early recognition which the Early Recognition Specialist oversees.

The awardees will be expected to work effectively and cooperatively with other local child-serving agencies to develop a guiding plan that will serve as a strategic plan for the Early Recognition Specialist's daily work.

5.3 Reporting Requirements

Winning bidders will agree to report accurate screening and additional data through the existing Clinic-Plus Quarterly Report; also, winning bidders will agree to submit semi-annual narrative reports to ensure the quality and effectiveness of the early identification coordination and screening. See [Attachment A](#).

5.4 Requirements for Submission

Proposal Components

When submitting proposals for funding under this RFP, the narrative must be brief (no more than 15 pages, 12 point font, and one inch margins) and must address all of the components listed below, **in the following order**:

A. Comprehensive Community-wide Plan for Early Identification

Bidders must submit a comprehensive plan for effective early identification in their community. In order to meet annual screening performance requirements, multiple clinic provider agencies within the same OMH region may partner together and submit one proposal collectively. If multiple clinic provider agencies are partnering in this proposal, a Memorandum of Understanding, signed by a representative of each partner agency, must be attached to the submission.

The proposal must:

- Define the community in which the Early Recognition Specialist (ERS) will be working. If multiple clinic provider agencies are partnering in this proposal, include here how the community will be larger and/or more inclusive as a result of this partnership.
- Provide assurance that the Early Recognition Specialist will meet the following qualifications:

Education

A bachelors degree in one of the below listed fields*, or
 A NYS teachers certificate for which a bachelors degree is required;
 or NYS licensure and registration as a Registered Nurse and a bachelors degree.

AND

Experience

Working knowledge and familiarity with child-serving providers in the local area to be served;

Four years of experience providing direct services to children with emotional disturbance and their families; or

A masters degree in one of the below listed fields* may be substituted for two years of experience.

*Qualifying education includes degrees featuring a major or concentration in social work, psychology, nursing, rehabilitation, education, occupational therapy, physical therapy, recreation or recreation therapy, counseling, community mental health, child and family studies, sociology, speech and hearing.

- Describe how the bidding agency will work effectively and cooperatively with other local child-serving agencies to develop a guiding plan that will serve as a strategic plan for the Early Recognition Specialist's daily work.
- Provide a timeline for implementation
- Describe how the ERS will:
 - i. Conduct, coordinate and/or oversee all screening activity in the designated area;
 - ii. Cultivate cooperative relationships with local primary care practices to promote screening activity and to facilitate referrals between clinics and primary care;
 - iii. Participate in existing child-serving agency networks, or facilitate the creation of new or stronger networks, and utilize those networks to continually evaluate for the need to target and screen particular populations; and
 - iv. Meet or exceed annual performance benchmark of 1,000 screens.

B. Screening Performance History

To a certain extent, current and past success with screening will pave the way for continued success. In this section, the bidder must demonstrate that there have been some effective and efficient practices adopted in order to maximize screening numbers.

The proposal must:

- Describe in detail how the bidder currently implements the screening process;
- Include the bidder's average cost per screen (average annual screening allocation divided by average annual number of screens)*
Example: $\$14,600/546=\26.73 ;
- Describe in detail the lessons learned by the bidder as a result of their screening experience; and
- Describe in detail how the bidder applied the lessons learned from screening experience.

*For those bidders applying in partnership with other clinic provider agencies, average cost per screen must be reported separately for each partner agency.

C. Community Engagement, Outreach, and Stigma Reduction

The engagement of the community in the effort to promote screening and other mental health services is seen as separate and distinct from the screening activity itself, and is completely necessary to achieve success in reaching screening performance requirements.

The proposal must:

- Describe how the Early Recognition Specialist (ERS) will:
 - i. Implement stigma reduction curricula, social marketing activities, and program promotion activities;
 - ii. Conduct community outreach and develop effective consent strategies;
 - iii. Provide education to increase community awareness of social and emotional development;
 - iv. Consult actively with family support service providers to improve engagement of families; and
 - v. Network with parents, primary care physicians and other community leaders.

D. Budget and Budget Narrative

Be sure to use the required budget formats (see [Appendix B](#) and [B1](#)) to develop the yearly Budget Form and Budget Narratives. Do not substitute your own budget formats. Budgets may include travel costs but must adhere to [State per diem rates](#) .

- **Develop a yearly budget for year 1, 2, 3, 4, and 5.**
The maximum award amount anticipated for each year of the contract is \$120,000 for 1 FTE Early Recognition Specialist (includes salary, fringe, A&OH and OTPS).
- **Complete Budget Narrative** for all of the detailed expense components that make up total expenses in each budget year.

The Budget Worksheets (Budget Form & Budget Narrative) ([Appendix B](#) and [B1](#)) are a separate document to be downloaded from the [OMH Website](#).

6 Attachments

- [Appendix A - Agency Transmittal Form](#)
- [Appendix B - Budget Form for Years 1, 2, 3, 4, and 5](#)
- [Appendix B1 - Budget Narrative](#)

- [Appendix C - OMH Direct Contract Form](#) (for informational purposes and not needed to submit with proposal)
- [Attachment A - Sample Semi-Annual Narrative Report](#)
- Will be links on the [OMH Website](#).