



**Office of  
Mental Health**

# **Young Adult Assertive Community Treatment (ACT) Expansion**

## **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) announces the availability of funds for the development of three Young Adult Assertive Community Treatment (ACT) teams, as follows:

- **New York City (NYC) – two teams**
  - Boroughs of Brooklyn and Staten Island – serving 68 individuals
  - Borough of Manhattan – serving 48 individuals
  
- **Rest of State (ROS) – one team within one of the following county(ies) – serving 48 individuals**
  - Albany/Rensselaer/Schenectady Counties
  - Monroe County
  - Nassau County/Western Suffolk County (within the Towns of Babylon, Huntington, Islip, Smithtown)
  - Onondaga County
  - Westchester County

Young Adult ACT teams serve individuals, ages 18 to 25, with Serious Mental Illness (SMI) who have not been successfully engaged by the traditional mental health treatment and rehabilitation system and who can benefit from the Young Adult ACT Team goals which include comprehensive treatment and domains associated with helping young adults to become independent. In addition to a program of comprehensive clinical treatment services, Young Adult ACT provides developmentally appropriate support to 1) build and implement a productive vocational or educational plan, 2) skill development to enhance necessary “real-world” skills, including but not limited to financial literacy, decision-making, time management, interpersonal interactions socially and in work setting, as well as self-care and well-being, and 3) help to develop or strength a family/family of choice or social support network.

ACT is a multidisciplinary, evidence-based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services. ACT teams are configured to have a low individual-to-staff ratio (10 to 1) with professional staff that includes the disciplines of nursing, psychiatry, licensed mental health clinicians, vocational support, substance use counseling, and peer support. Most services are provided by ACT staff directly (not brokered) and in the community or where the individual lives. In this way, newly acquired skills are applied in their real-world environment and situations. Services may be provided in groups, when appropriate and if an individual is willing/interested in

participating in a group, which may also offer an opportunity to apply newly acquired skills. Young Adult ACT is designed to be flexible and responsive to the needs of individuals, offering support 24 hours a day, 7 days a week. ACT is “assertive” and intentional in its engagement methods, incorporating individual choice, concrete services, consistency, persistence, and understanding of the unique developmental characteristics/needs of young adults. Finally, ACT is structured to provide a review during team meetings of every individual on the Young Adult ACT team’s caseload. This level of accountability allows for immediate changes in service planning and leads to improved outcomes.

ACT teams are culturally competent, understanding and respecting individuals’ sexual orientation and gender identity and using the names and pronouns identified by the individual. ACT teams must be aware of situations of increased risk of homophobic or transphobic violence and other forms of discrimination and respect individuals’ choice on when and to whom they wish to reveal their sexual orientation or gender identity. ACT Teams review and attempt to mitigate the effects of discrimination based on individuals’ demographic identity (race, ethnicity, spiritual practices, gender identity, sexual orientation). ACT Teams show understanding toward participants’ personal stories as they may relate to oppression and inequality.

ACT serves adults who are diagnosed with a Serious Mental Illness (SMI). These individuals also may be high users of emergency and/or crisis services, have co-occurring substance use disorders, be isolated from community supports including family, are in danger of losing their housing/becoming homeless, are homeless, and/or have histories of involvement with the criminal justice system.

Young Adult ACT serves individuals who may also need support developing a productive vocational or educational plan, do not have a sufficient social/family support system and/or lack sufficient real-world skills to successfully become independent adults. The expansion of Young Adult ACT represents a commitment by the New York State Office of Mental Health to develop specialty ACT Teams that are designed to better meet the needs of specific populations, in this case, providing access to an evidence-based practice for young adults with SMI and high continuous needs that have not been met by traditional community-based services. As this expansion moves forward, there are several principles that inform the overall process. These include:

- Promoting the concepts of recovery and the power of individual choice.
- Supporting young adults to develop a productive vocational or educational plan that will provide a path to independence.
- Helping young adults develop the real-world skills that are necessary for them to live successfully as independent adults in the communities in which they have chosen to live.
- Supporting young adults who may have limited social or family support to strengthen existing family relationships, including their family of choice, and to develop and expand their networks to provide the necessary support they will need to reach the goal of living successfully as independent adults.

- Expertise in the natural supports available to individuals so that full community integration is possible.
- Cultural understanding of each individual and their personal identity (i.e., indicated name/pronoun, spiritual practices, etc.). Additionally, social determinants of health should be considered as domains in which there are disparities (e.g., healthcare access, housing, employment status, food security).
- Referrals will be received by the Young Adult ACT provider and managed cooperatively with OMH ensuring access to services for individuals meeting specific program criteria and willing to participate in the program.
- Young Adults are expected to be served by the Young Adult ACT Team for two to three years, depending upon each individual's needs, progress, and goals.
- Facilitating continuity of care from the ACT team to care management and other services in the community when transitioning/being discharged from ACT.

## **1.2. Target Population/Eligibility Criteria**

Young Adult ACT teams serve individuals ages 18 to 25 with Serious Mental Illness (SMI) that impairs functioning in the community, have continuous high service needs, and lack engagement in/have needs not yet met in traditional outpatient services. The individuals may be working on or need help developing a productive vocational or educational plan. Many of these young adults have very limited family or social support networks or networks that may be insufficient to meet their needs. Moreover, these individuals often lack many of the real-world skills needed to be successful independent adults, such as financial literacy, self-care/well-being, time management, and decision-making.

Individuals with a primary diagnosis of a Personality Disorder(s), a Substance Use Disorder (SUD), Developmental Disabilities, an IQ below 70, or who are also being served by the Office for People with Development Disabilities (OPWDD) are not appropriate for Young Adult ACT. An individual who meets the criteria for OnTrackNY for first-episode psychosis will be referred to that program to receive services if a local OnTrackNY program is available.

For this program, individuals with continuous high service need include those with:

- 2 or more psychiatric hospitalizations or one hospitalization of 60+ days in the last 12 months
- 4 or more psychiatric Emergency Room visits in the last 12 months
- Co-occurring SUD for 6 months or more
- High risk of justice involvement

- Homelessness or imminent risk of homelessness or inability to meet basic survival needs. In NYC, individuals should be referred to a Shelter ACT team in the Borough, if there is available capacity.
- Residing in an inpatient bed, residential program, or Community Residence and assessed to be able to live independently with intensive community services
- At risk of requiring a more restrictive living situation without increased community services.

Willingness to participate in Young Adult ACT is a requirement. Young Adult ACT is a program that will use assertive and intentional engagement strategies to work with individuals who may have had unsatisfactory experiences with previous mental health programs. Treatment participation, a productive vocational or educational plan, a social/family support network, and real-world skills are necessary to help individuals achieve the goal of becoming independent adults.

***Referral to Young Adult ACT Teams in NYC:*** Young adults meeting the eligibility criteria and living in the catchment area may be referred to Young Adult ACT by a variety of sources, including, but not limited to: NYC Single Point of Access Program (SPOA), Acute Care Psychiatric Hospitals, State Psychiatric Hospitals, Comprehensive Psychiatric Emergency Program (CPEP), Mental Health Outpatient Clinics, Federally Qualified Health Centers (FQHC), Residential Treatment Programs, Children’s Mental Health Services, Managed Care Organizations (MCO), OnTrackNY, or their families.

***Referral to Young Adult ACT Teams in ROS (i.e., outside of NYC):*** Young adults meeting the eligibility criteria and living in the catchment area will be referred to Young Adult ACT by the Single Point of Access (SPOA) system.

## 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 contacting 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:

Carol Swiderski  
Contract Management Specialist 2

New York State Office of Mental Health  
Contracts and Claims  
44 Holland Avenue, 7<sup>th</sup> Floor  
Albany, NY 12229  
[OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov)

Any communication on this RFP must have "Youth ACT 2023" in the Subject Line

## 2.2. Letter of Intent

Agencies interested in responding to this Request for Proposal are **strongly encouraged** to submit a Letter of Intent to Bid to the OMH Issuing Officer by 9/21/23. The Letter of Intent to Bid shall be non-binding.

Please email the letter of intent to the Issuing Officer at:

[OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov)

Please put "Youth ACT 2023 Letter of Intent" in the Subject Line

## 2.3. Key Events/Timeline

RFP Release Date	7/27/23
Questions Due	8/22/23
Questions and Answers Posted	9/7/23
Letter of Intent to Bid Due	9/21/23
Proposals Due* by 2:00 PM EST	9/28/23
Anticipated Award Notification	10/25/23
Anticipated Contract Start Date	1/1/24

\*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.

## 2.4. Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. Any proposals received after the due date will be returned to the applicant unopened.

## **2.5. 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 mental illness through programs that are licensed by OMH.

If unsure if the agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

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.

## **2.6. RFP Questions and Clarifications**

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to [OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov) by 4:00 PM EST on the “Questions Due” date indicated in section 2.3 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 “Young Adult ACT RFP Questions” in the Subject line of the email.

The questions and official answers will be posted on the OMH website by 9/7/2023.

## **2.7. Addenda to Request for Proposals**

If 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.

## **2.8. 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 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.10 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date of 2:00 PM EST on 9/28/23

## **2.9. 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 9/28/23 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.**

## **2.10. Instructions for Bid Submission and Required Format**

Each proposal submission through the Grants Gateway is required to contain (specific to the Slot/Team chosen):

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

**Please be advised that each bid must explicitly state the Borough(s) or County(ies) that the Provider intends to serve with the new Young Adult ACT team: Brooklyn, Staten Island, or Manhattan in New York City or Albany/Rensselaer/Schenectady, Monroe, Nassau/Western Suffolk, Onondaga, or Westchester in the Rest of the State (ROS).**

**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 the agency is not already registered:**

Registration forms are available at the GGS website:

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

Include your 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](mailto: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](mailto:grantsgateway@its.ny.gov) or by phone at 518-474-5595.

## **2.11. 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, 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 an 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".
- 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 Avenue  
 Albany, NY 12229

### **3.4. Term of Contracts**

The contracts awarded in response to this RFP will be for a five-year term. Selected applicants 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 2.10 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 as well as OMH internal reviews.

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

<b>Technical Evaluation</b>	<b>Points</b>
Population	15
Description of Program	18
Implementation	20
Agency Performance	10
Utilization Review, Reporting, and Quality Improvement	7
Diversity, Equity, and Inclusion	10
Financial Assessment	20
<b>Total Proposal Points</b>	<b>100</b>

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 along with a fiscal viability assessment of the Agency.

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 final score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Implementation (Section 6.3) of the Proposal Narrative will be ranked higher.

### **4.3. Process for Awarding Contracts**

#### **4.3.1. Initial Award and Allocation**

Proposals will be ranked, and one award made for that borough(s) or county(ies) to the applicant with the highest score to assume the operation of the Young Adult ACT Teams, with one Team in the Boroughs of Brooklyn/Staten Island, one Team in the Borough of Manhattan in New York City and one Team in Albany/Rensselaer/Schenectady, Monroe, Nassau/Western Suffolk, Onondaga, or Westchester, for a total of 3 awards.

***In the event that there are no proposals with passing scores for one of the NYC Young Adult ACT Teams, including Brooklyn/Staten Island or Manhattan, OMH reserves the right to reallocate that award to create an additional ROS 48-person Young Adult ACT Team. That award would be made based on the next highest passing ROS proposal score to ROS county(ies) that has not***

***previously been awarded a Young Adult ACT team. Only one Young Adult ACT team will be awarded to any County(ies).***

#### **4.3.2. Contract Termination and Reassignment**

There are a number of factors that may result in the contract to one or more ACT teams being reassigned after award. This includes, but is not limited to, failure to meet start-up milestones, ACT license revocation, failure to retain staffing minimums on a continuous basis, failure to maintain census to allow for financial viability, or poor performance outcomes. 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 for that borough(s) or county(ies) that did not get an initial award. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reassign units.

#### **4.4. Award Notification**

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants.

The awardee is further subject to the submission and approval of a Prior Application 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 [New York Rules and Regulations Part 508](#). Licensed programs must also adhere to all relevant State mental health laws, such [New York Code Rules and Regulations Part 524](#), for incident reporting requirements. Awardees must also follow the Young Adult ACT Program Guidelines.
- 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.

The awardee will also be required, once licensed, to submit an Administrative Action (AA) to request a waiver for Regulation 508.5(b)(ii) see [New York Rules and Regulations Part 508](#). The award will be made conditional upon the submission and approval of plan to meet licensing requirements including space, staff, policies, and procedures, etc. If the awardee does not receive approval of this plan, the award will move on to the next highest scoring applicant. See section 5.3 for more detail.

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**

OMH will make awards for three Young Adult ACT Teams through this RFP – two teams in NYC and one team in ROS – in the borough(s)/county(ies) detailed in Section 1.1. The Providers must commit to meeting ACT start-up requirements, including program location, staffing, and monthly ramp-up. Young Adult ACT team start-up will include OMH involvement to provide support around the development of the team, which will start based on OMH’s determination of readiness. Monthly calls and/or meetings will be held.

The selected agencies will establish the Young Adult ACT team according to the Young Adult ACT Guidelines and Standards of Care, both of which can be found in the pre-submission uploads in the Grants Gateway, and [New York Rules and Regulations Part 508](#).

The agencies must demonstrate their capacity to provide OMH-licensed ACT services to either 68 or 48 individuals who meet the eligibility criteria detailed in the Young Adult ACT Program Guidelines.

Young Adult ACT Teams in NYC: The agencies must collaborate with the OMH NYC Field Office, NYC Single Point of Access (SPOA), New York City Department of Health and Mental Hygiene (DOHMH), acute and state-operated psychiatric hospitals, and community-based providers, among other potential referral sources, to identify appropriate individuals for this high need service. The agencies will partner with OMH in admissions review of individuals for Young Adult ACT. The agencies should develop coordinated admission and transition plans with Health

Home(s), Managed Care Plans, Community Oriented Recovery & Empowerment Services (CORE), Home and Community Based Services (HCBS) providers, and other community services to identify and deliver services and supports for individuals to ensure their successful transition into less intensive community-based services. The agencies are expected to contract with Managed Care Organizations (MCO) and to negotiate single case agreements for out-of-network individuals.

Young Adult ACT Team in ROS: The agency must collaborate with the OMH Field Office (Western NY Field Office for Monroe County, Central NY Field Office for Onondaga County, Hudson River Field Office for Albany/Rensselaer/Schenectady Counties or Westchester County, and Long Island Field Office for Nassau/Western Suffolk Counties), county Single Points of Access (SPOA), the Local Government Unit, and acute and state-operated psychiatric hospitals and community-based providers, among other potential referral sources, to target appropriate individuals for this high need service. The agency and SPOA will collaborate with OMH in admissions review of individuals for Young Adult ACT. The agency should develop coordinated admission and transition plans with Health Home(s), Managed Care Plans, Community Oriented Recovery & Empowerment Services (CORE), Home and Community Based Services (HCBS) providers, and other community services to identify and deliver services and supports for individuals to ensure their successful transition into less intensive community-based services. The agency is expected to contract with Managed Care Organizations (MCO) and to negotiate single case agreements for out-of-network individuals.

## **5.2. Objectives and Responsibilities**

The Young Adult ACT Provider will follow the basic ACT model, providing fully integrated behavioral healthcare and coordinating physical healthcare.

The Young Adult ACT Provider will have the capacity to serve either 68 or 48 individuals, as indicated in Section 1.1, and maintain the staffing ratio of 10:1.

The Young Adult ACT Provider must adhere to the ACT Team model and Young Adult ACT Guidelines, including:

- Providing services that are tailored to meet the individual's specific needs.
- Building a multidisciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, supported employment/education and peer support. 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.
- Teams will be knowledgeable about young adult development, integrating and adapting to the changes in an individual's goals and needs across domains with flexibility, as appropriate.

- Teams will be knowledgeable about the implications of social determinants and the likely disparities in areas such as: healthcare access, housing, employment status, food security.
- Teams will be culturally competent, including respecting individuals' sexual orientation and gender identity, as well as the use of names and pronouns indicated by the individual.
- Teams will be aware of situations and implications of increased risk of homophobic or transphobic violence and other forms of discrimination, and respect clients' choice on when and to whom they wish to reveal their sexual orientation or gender identity.
- Teams will deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. This means that interventions and skills training will be provided at the locations where individuals live, work, and socialize, and where support is needed.
- Teams will engage individuals with co-occurring substance use, histories of trauma, and criminal justice involvement.
- Key components of evidence-based practices will inform treatment, and will be derived from models such as Integrated Dual Disorder Treatment, Motivational Interviewing, Individual Placement and Support (IPS), Contingency Management, and Trauma Informed Care, etc.
- Teams will maintain the organizational capacity to ensure small caseloads and continuity of care.

ACT Providers must adhere to the team protocols as outlined in the Young Adult ACT Program Guidelines including:

- Conduct at least six face-to-face contacts per month, three of which may be with collaterals.
- An expectation that the team will communicate with a Hospital or Emergency Room if an individual is admitted and plan for the transition back to the community upon discharge.
- The Psychiatrist and NPP conduct, at a minimum, 80% of their visits in the community.
- Team meetings must take place at least 4 times a week to review the status of each individual.
- Communication boards, logs, and other communication methods must be maintained.
- An expectation that individuals will be served by Young Adult ACT for two to three years, depending upon needs, progress, and goals.

Young Adult ACT Providers will assess for suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed.

Young Adult ACT Providers will assess all individuals every six months for progress and level of care, as indicated in Young Adult ACT Guidelines, or as indicated in the current Young Adult ACT Guidelines, as amended, and updated by OMH.

Young Adult ACT Providers shall provide additional data and reporting as requested by OMH in connection with program evaluation and feedback.

Young Adult ACT Providers will have a clear understanding of the service needs of young adults with SMI and a demonstrated ability to coordinate services internally and externally.

Young Adult ACT Teams serve individuals residing in the borough or county catchment area where services are provided. For example, individuals served by a Young Adult ACT team may move between boroughs or counties due to an individual's geographic choice, reunification with family or friends, or a desire to move in with or near a friend. ACT Teams will follow individuals to the new borough or county, assist with transition to the new setting, then work with SPOA to transfer and arrange warm hand-off to an appropriate ACT Team in the borough, or county, of preference.

NYC Young Adult ACT Referrals: Young Adult ACT Providers will receive referrals from a variety of sources, including, but not limited to: NYC Single Point of Access Program (SPOA), Acute Care Psychiatric Hospitals, State Psychiatric Hospitals, Comprehensive Psychiatric Emergency Program (CPEP), Mental Health Outpatient Clinics, Federally Qualified Health Centers (FQHC), Residential Treatment Programs, Children's Mental Health Services, Managed Care Organizations (MCO), OnTrackNY, or their families. Referrals will be reviewed by the Provider in consultation with a representative(s) from OMH. The Provider will conduct a 10-minute pre-admission call with individuals to determine interest and willingness to participate in the services.

ROS (Rest of State) Young Adult ACT Referrals: Young Adult ACT Providers will receive referrals from the Single Point of Access (SPOA) system. Referrals will be reviewed by the Provider in consultation with a representative(s) from OMH. The Provider will conduct a 10-minute pre-admission call with individuals to determine interest and willingness to participate in the services.

Young Adult ACT Providers should have all staff cross trained for all specialty staffing areas and knowledgeable about developmental, psychosocial, and other relevant issues related to young adults.

Young Adult ACT Providers are expected to treat co-occurring substance use disorders, including use of psychopharmacology for tobacco, alcohol, and opioid use disorders and stage-matched treatments for all SUD (e.g., motivational interviewing for precontemplation/contemplation/preparation; skills building and cognitive-behavioral



therapy for action/maintenance). Young Adult ACT Providers may also need to collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other Office of Addiction Supports and Services (OASAS), licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs.

Young Adult ACT Providers should implement broad harm reduction strategies including safer use, managed use and meeting people “where they are at”, including prescribing naloxone or registering to become an opioid overdose prevention program (OOPP) and directly distributing naloxone to young adults.

Young Adult ACT Providers should be competent in the transitional practice framework and the dimensions of 1) engagement, 2) skills of self-management and 3) transfer of care and community engagement.

Young Adult ACT Providers will provide emergency and crisis intervention services 24 hours a day, 7 days a week, as outlined in the Young Adult ACT Guidelines.

Young Adult ACT Providers shall provide additional data and reporting as requested by OMH in connection with program evaluation and feedback.

Young Adult ACT is a specialized program providing Assertive Community Treatment to young adults in a specialty ACT team intended to meet their developmental needs, with an expectation of improved outcomes. Based on the program evaluation and feedback there may be programmatic changes to better meet the needs of the Young Adult population served by Young Adult ACT that the provider must be willing to implement as amended and updated in the Young Adult ACT Program Guidelines by OMH.

### **5.3. Implementation**

Young Adult ACT Providers will provide an adequate level of professional staffing to perform the required work.

Young Adult ACT Providers will have office space that is appropriately located, and adequately appointed to comply with state licensing standards and to conduct some group sessions by the program start date.

Young Adult ACT Providers will hire core staff (Psychiatrist, Nurse, Team Leader, and Program Assistant) as outlined in the Young Adult ACT Program Guidelines.

Young Adult ACT Providers will hire all staff that have the appropriate qualifications to meet the needs of the target population and ACT model and will do so in a timeline that maintains the staff ratio of no more than 10:1, see Young Adult ACT Program Guidelines for details.

Young Adult ACT Providers will ensure that all staff are trained in evidence-based practices such as Integrated Dual Disorder Treatment (IDDT), Individual Placement and Support (IPS), Focus on Integrated Treatment (FIT), Motivational Interviewing, Trauma

Informed Care and Substance Use Principles (required FIT modules and OASAS supplemented training), as well as knowledgeable about young adult development, psychosocial and relevant related issues. Agencies will arrange training for their staff, in collaboration with the Center for Practice Innovations (CPI) ACT Institute, as required as an OMH licensed ACT program. Core trainings will be completed within specified time frames.

Young Adult 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**

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

The Young Adult ACT Provider will have a systemic approach for self-monitoring and ensuring ongoing quality improvement for the ACT team, including analyzing utilization review findings and recommendations, utilization of the team Profile, and use of the Tool for Measurement of ACT (TMACT) fidelity instrument. This information should be used to measure individual 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. The Young Adult ACT Provider will be required to participate in any OMH utilization management process and will participate in utilization management activities according to the terms of contracts with Managed Care Organizations. Additionally, the team will utilize technical assistance from these agencies and the ACT Institute when appropriate.

The ACT Provider will have an Incident Management Policy consistent with [New York Code Rules and Regulations Part 524](#) and the Justice Center requirements and conform to the reporting and follow-up requirements of each.

The Young Adult ACT Provider 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 and as required by the Young Adult ACT Guidelines.

The Young Adult ACT Provider will complete regular reports on all individuals who are court mandated (AOT) per county requirements or, in NYC, via the DOHMH Portal.

To ensure the continuous quality improvement of ACT services and development of the program, regular monitoring and evaluation of treatment/rehabilitation outcomes will be required. The Young Adult ACT agency will cooperate with program and individual requests necessary to evaluate the program. The individuals will be assessed using an individual survey that is administered within a month of admission and every six months thereafter.

The Young Adult ACT Provider will participate in site visits from OMH. Young Adult ACT Providers will complete monthly checklists and support young adults in completing individuals in completing an individual survey within a month of admission and every six months thereafter.

## **5.5. Operating Funding**

Funds will be allocated as a lump sum at beginning of contract for Start-Up (\$100,000) and transition/ramp up costs (\$350,000) for a total of \$450,000.

Young Adult ACT provider will be funded through Medicaid and net deficit funding, per the approved ACT Model for an Upstate or Downstate Model Adult 48 Slot (i.e., caseload) Team, depending upon catchment area, or the ACT Model for a Downstate Adult 68 Slot Team in Brooklyn/Staten Island.

Downstate 48 Slot Model: The annual expected Medicaid revenue per 48 Slot team is \$828,359; with annual Net Deficit funding of \$88,637; and service dollars in the amount of \$24,771. Please refer to the Service Dollar Guidance, which can be found in the pre-submission uploads in the Grants Gateway, for appropriate use of these funds.

Downstate 68 Slot Model: The annual expected Medicaid revenue per 68 Slot team is \$1,117,232; with annual Net Deficit funding of \$119,544; and service dollars in the amount of \$37,154. Please refer to the Service Dollar Guidance, which can be found in the pre-submission uploads in the Grants Gateway, for appropriate use of these funds.

Upstate 48 Slot Model: The annual expected Medicaid revenue per 48 Slot team is \$803,483; with annual Net Deficit funding of \$54,514; and service dollars in the amount of \$24,771. Please refer to the Service Dollar Guidance, which can be found in the pre-submission uploads in the Grants Gateway, for appropriate use of these funds.

NOTE: Young Adult ACT will be funded through Medicaid and net deficit funding, per the approved ACT Model for either a Downstate or Upstate Adult 48 Slot Team, depending upon the location of the team that receives the award. The Downstate ACT Team rate is applicable for Nassau/Suffolk and Westchester Counties. The Upstate ACT Team is applicable for Albany/Rensselaer/Schenectady, Monroe County and Onondaga County.

## **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. Population**

- a. Describe the characteristics of the population to be served by the Young Adult ACT team, including the demographics of the catchment area.
- b. Describe the service needs of the young adults to be served, including those who may not yet have formed a productive vocational/educational plan, who may have a limited support network/resources, as well as those needing additional real-world skills to become independent adults. Identify the needed real-world skills and how the agency will work with the individuals to develop those skills, and to strengthen/develop a support network.
- c. Describe clinical approaches and/or best practice in treatment and care of young adults with SMI, possibly co-occurring disorders, and likely trauma, as well as those approaches needed to support the individuals in achieving their goal of becoming independent adults.
- d. Describe and demonstrate experience in engaging young adults with SMI, co-occurring disorders, and often complex trauma in the community. Some of these young adults are likely to have had unsatisfactory experiences in the mental health system, including in settings such as residential programs, multiple hospitalizations, as well as possible justice involvement.
- e. Describe the agency's experience in providing and coordinating care, internally and externally, among behavioral health, medical, housing, and other providers and creating a continuum of integrated services that promote recovery, independence, and individual choice for this population. Include the cultural and linguistic needs of individuals to be served, as well as individuals who are LGBTQIA+ and gender non-binary/non-conforming.

## **6.2. Description of Program**

Responses should be specific to Young Adult ACT.

- a. Provide a description of the engagement practices and strategies to be used and targeted to the population to be served by Young Adult ACT. Identify engagement challenges and how they will be addressed.
- b. Describe the Young Adult ACT team's procedure for timely admission upon receipt of referrals and the strategies/efforts to work with referral source(s) to expand understanding of Young Adult ACT and outreach for program referrals

- c. Describe all services to be provided by the Young Adult ACT team Monday through Friday 9-5, as well as beyond Monday through Friday 9-5 hours. Describe the plan for providing emergency and crisis intervention services on a 24 hour a day, 7 day a week basis.
- d. Describe how the Young Adult ACT team will work with young adults to develop a productive vocational/educational plan.
- e. Describe the real-world skills that are necessary for a young adult to become an independent adult and how the individual would be supported in developing those skills.
- f. Describe strategies for expanding and/or strengthening the young adult's support system. Identify and discuss the strategies and challenges for working with the individual and his/her/their families/families of choice.
- g. Provide a description of the team's approach and team communication as outlined in the Young Adult ACT Program Guidelines.
- h. Describe how the team will collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other OASAS licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs. Note: The Young Adult ACT Provider is expected to treat co-occurring substance use disorders, including use of motivational interviewing and psychopharmacology for tobacco, alcohol, and opioid use disorders.
- i. Indicate which MCOs the agency is currently contracted with and any plans for contracting with additional MCOs to better serve individuals within network.
- j. Describe the Young Adult ACT team's individual assessment and person-centered care planning process, including strategies to engage and motivate individuals towards their recovery.
- k. Describe the approach that will be used to ensure the successful transition of individuals off the Young Adult ACT team to other community-based services. Describe discharge criteria policies, procedures, and use of Health Home network providers, including care management, as applicable.

### **6.3. Implementation**

Responses should be specific for Young Adult ACT and the population to be served.

- a. Describe the start-up and phase-in activities necessary to implement the program. Include timeframes in the description.
- b. Describe how the agency will create a physical space, including room for groups, that supports the Young Adult ACT team and its work and information about other supports the agency will provide for the team relative to equipment and administrative oversight. Complete Prior Approval Review (PAR) Documents, which can be found in the pre-submission uploads in the Grants Gateway: Section I Physical Plant.
- c. Provide Young Adult ACT staffing plan Prior Approval Review (PAR) Documents: Section F Staffing).and 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. Describe initial and ongoing staff training and supervision. Detail how the staffing requirements will be met according to the Young Adult ACT Program Guidelines.
- d. Describe the marketing approach and demonstrate the organizational capacity to recruit, retain, train, and support an adequate level of professional and appropriately qualified staff to carry out programmatic duties. Provide the plan to ensure staffing minimums for core staff and that teams remain staffed based on caseload ratio of 10:1 to ensure fidelity of the model.
- e. Describe how staff will gain competence in integrated MH/SUD treatment, supported employment/education, young adult psychoeducation, and wellness self-management. Include a description of how the competencies will be ensured, as well as how the agency will ensure training on topics related to diversity, equity, inclusion, and cultural/linguistic competence particularly from those groups expected to be served by the Young Adult ACT Team.
- f. Describe how family support will be incorporated for individuals on the Young Adult ACT team.

### **6.4. Agency Performance**

- a. Provide a brief summary of the agency, the services for which the agency is licensed and provides services, and the population(s) served, including the demographic makeup of the populations using available data (race, ethnicity,

gender, sexual orientation, language, etc.) and how this data informs policies, service provision and staff recruitment. Describe how these experiences demonstrate the agency's experience and qualification for operating Young Adult ACT

- b. Describe the agency's experience in providing culturally and linguistically relevant services, and approaches to ensuring the young adults served from marginalized or underserved populations are engaged, served, and satisfied with interventions. Include the agency's organizational structure, administrative and supervisory support for clinical mental health and services to be provided by the Young Adult ACT Team
- c. Current licensed OMH ACT providers must note the following over the last 2-year period: the agency's ability to target OMH priority populations, average length of stay, staffing fill levels, team size and capacity levels, any approved moratoriums including reason and length, and ability to transition individuals into community-based services. Agencies will also be evaluated on the timeliness of CAIRS reporting, CAIRS length of stay averages, completion of staff trainings, and team profile

Applicants that do not have an existing ACT team must attach a copy of recent monitoring reports for any mental health services program the agency operates that were issued by a city, state, or federal government agency. These agencies will also be evaluated on relevant CAIRS data entry and timeliness of entry, of licensing, and other performance related data as applicable.

#### **6.5. Utilization Review, Reporting, and Quality Improvement**

- a. Describe and demonstrate the effectiveness of the proposed approach to self-monitoring and ensuring ongoing quality improvement for the Young Adult ACT team, including analyzing utilization review findings and recommendations, review of team profiles, use of the fidelity tool, and use of PSYCKES. Describe how individuals and their families, if practical, are incorporated into the evaluation of approaches to ensure cultural competence and language access.
- b. Describe how confidentiality of individuals' medical records will be ensured in ways that conform to all local, state, and federal confidentiality and privacy regulations.
- c. Explain the proposed Incident Management Policy; demonstrate how it complies with [New York Code Rules and Regulations Part 524](#) and the Justice Center

requirements. Explain how you propose to establish and maintain an Incident Review Committee, including the proposed composition and processes. Describe the proposed approach to ensuring that all new staff receive training on the definition of incidents and reporting procedures and are informed about the Incident Review Committee and the importance of risk management in maintaining safety and improving services.

- d. Describe the agency's proposed plan to ensure that a comprehensive assessment for each individual is completed within 30 days of admission and every 6 months thereafter until discharge.
- e. Describe the agency's proposed plan to ensure compliance with the following reporting requirements, including systems access to the Child and Adult Integrated Reporting System (CAIRS) and the DOHMH Portal (for AOT individuals), and HCBS eligibility assessments and site visits from OMH.

## **6.6. Diversity, Equity and Inclusion**

### **6.6.1.**

- a. Provide a mission statement agency and for Young Adult ACT 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 outcomes for marginalized populations. This includes activities related to diversity, equity, inclusion, and cultural/linguistic competence. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
- c. Provide the diversity, equity, inclusion, and cultural/linguistic competence plan as outlined in the National CLAS 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, and cultural/linguistic competence plan was created using stakeholder input from service users and individuals from marginalized/underserved populations. 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, 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.

#### 6.6.2.

Describe the agency's committees/workgroups that focus on efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations (diversity, equity, inclusion, and cultural/linguistic competence). Also describe the membership of these committees/workgroups (organizational positioning). Include:

- How committees/workgroups review services/programs with respect to cultural competency issues within the agency;
- How this group corresponds and collaborates with the quality assurance/quality improvement/compliance parts of the organization;
- How committees/workgroups participate in planning and implementing services within the agency; and
- How committees/workgroups transmit recommendations to executive level of agency

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

#### 6.6.3.

Describe the training strategy for topics related to diversity, equity, inclusion, and cultural/linguistic competence, and the reduction of disparities in access, quality and treatment outcomes for marginalized/underserved populations. These include training about implicit bias, diversity recruitment, creating inclusive work environments, providing language access.

#### 6.6.4.

Describe program efforts to recruit, hire and retain staff from the most prevalent cultural group of service users. This includes a description of:

- A documented data-driven goal to recruit, hire and retain direct service/clinical and administrative level staff who are from or have had experience working with the most prevalent cultural groups to be served by Young Adult ACT.
- Current staffing levels of **direct services/clinical staff** who are from or have experience working with the most prevalent cultural groups of its service

users.

- Current staffing levels of **supervisors** who are from or have experience working with the most prevalent cultural groups of its service users.
- Current staffing levels of **administrative staff members** who are from or have experience working with the most prevalent cultural groups of its service users.

This information can also include information about employment postings on platforms and in places specifically designed to recruit diverse candidates, the use of language in employment posting(s) that illustrate the program is seeking to recruit diverse candidates, efforts to retain diverse employees, and use of best practices to mitigate bias in the interviewing/hiring process.

#### **6.6.5.**

Describe efforts to meet the language needs of the individuals served by Young Adult ACT (e.g., Limited English Proficiency, Deaf/ASL). Information should include the use of data to identify the most prevalent language needs, availability of Young Adult ACT staff who speak the most prevalent languages and the provision of best practice approaches to provide language access services (i.e., phone, video interpretation).

- Include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources.
- Provide information about the plan to provide key documents and forms in languages of the most prevalent groups of its service users (consent forms, releases of information, medication information, rights, grievance procedures, service descriptions, and promotional material.
- Include information related to addressing other language accessibility needs (e.g., Braille, limited reading skills).
- Include descriptions and promotional material .

### **6.7. Financial Assessment**

- a. Attach an operational budget with start-up costs in Year 1 of the budget and assume a full year of operating funds thereafter. Show all sources of income/revenue including individual Medicaid revenue following the ACT budget outline and net deficit funding. Complete Appendix B: ACT Funding Model, which

may be found in the pre submission uploads in the Grants Gateway.

NOTE: Included in the anticipated gross operating costs are start-up, staffing ramp up, and enrollment assumptions.

NOTE: Young Adult ACT will be funded though Medicaid and net deficit funding, per the approved ACT Model for either a Downstate or Upstate Adult 48 Slot Team, depending upon the location of the team that receives the award. The Downstate ACT Team rate is applicable for Nassau/Suffolk and Westchester Counties. The Upstate ACT Team is applicable for Albany/Rensselaer/Schenectady, Monroe County and Onondaga County.

If applying for either the Westchester or Long Island team, please make sure to use the correct budget template.

- b. Bidders should list staff by position, full-time equivalent (FTE), and salary. Complete Prior Approval Review (PAR) Documents: Section F Staffing.
- c. Show the phase in of staff and make Medicaid revenue assumptions during the first year. Complete Prior Approval Review (PAR) Documents Section I: ACT ACT Team Staffing & Recipient Phase-In Plan.
- d. Using the Budget Narrative (Appendix B1), describe the management of the Agency's operating budget. The Budget Narrative (Appendix B1) must also 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;
  - 3. a description of how salaries are adequate to attract and retain qualified employees; and
  - 4. Use the ACT Funding Model (Appendix B) and the Budget Narrative (Appendix B1) and submit with your proposal. Do **not** substitute your own budget format. **Failure to complete the ACT Funding Model using the correct form may be cause for rejection of the proposal for non-responsiveness.**
- e. OMH will conduct a review of the agency's financial information to determine the fiscal viability of the agency. The review will include an analysis of data from the agency's audited financial statements that have a year-end date that falls within

the three calendar years preceding the date of issuance of this RFP. Additionally, documents uploaded to the Grants Gateway document vault will be examined (e.g., IRS Form 990 and audited financial statements) and, if applicable, the agency's compliance with the filing of required CFR submissions to OMH will be assessed.