



## **Adult ACT RFP – 1 New Team**

### **Request for Proposals**

**Grant Procurements**

**Western New York:** 1 48 slot team, counties covered to be determined by the RFP submission.

**(On-Line Submission Required)**

**August 2022**

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## 1. Introduction and Background

### 1.1 Purpose of the Request for Proposal

The New York State (NYS) Office of Mental Health (OMH) announces the availability of funds for the development of one 48 slot Assertive Community Treatment (ACT) team covering Western NY; counties will be determined by the awarded agency's RFP submission and will reflect the need of ACT services in the respective county(ies).

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 including members from the fields of psychiatry, nursing, psychology, social work, substance use, employment/education, and peers. A majority of 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. 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, cultural competencies, concrete services, consistency, and persistence. Finally, ACT is structured to provide a review during team meetings of every individual on the ACT team's caseload. This level of accountability allows for immediate changes in service planning and leads to improved outcomes.

ACT teams strive to develop a culturally sensitive understanding of each ACT participant and their family's personal preferences (i.e., preferred pronoun, spiritual practices). Additionally, ACT Teams take into account social determinants as they are domains likely to have inherent disparities (healthcare access, housing, employment status, food security). The ACT teams provide on-going opportunities for participants to share their culture with others. ACT staff elicits and accepts participants' personal religious or spiritual practices and leverages this information to support self-directed recovery goals.

ACT teams serve adults who are diagnosed with a Serious Mental Illness (SMI). These individuals may also be high users of emergency and/or crisis services, have co-occurring substance use disorders, are 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.

The expansion of ACT represents a commitment by the NYS OMH to develop ACT teams that are designed to better meet the needs of specific populations, e.g., providing access to an evidence-based practice for adults with SMI and high continuous needs that are not met in 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 the seamless integration of individuals into the communities in which they have chosen to live. ACT teams are expected to become experts in the natural supports available to recipients so that full community integration is possible;
- supporting individuals to develop a vocational or educational plan that will provide a path to independence;
- supporting adults who may have limited social or family support to strengthen existing family relationships, including their family of choice;
- reviewing and attempting to mitigate the effects of discrimination based on the client's demographic identity (gender, sexual identity, race, ethnicity). Team shows sensitivity towards participants' personal stories as they may relate to oppression and inequality.
- ensuring service access by managing ACT referrals through the Local Government Unit (LGU) Single Point of Access (SPOA) system;
- ensuring the continuous quality improvement of ACT services through regular monitoring of treatment/rehabilitation outcomes by both the ACT agency and OMH;
- facilitating continuity of care from the ACT team to the community when transitioning off of ACT; and
- utilizing data to inform continuous program improvement.

## **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:

Deborah Beaudin  
 Contract Management Specialist 1  
 New York State Office of Mental Health  
 Contracts and Claims  
 44 Holland Avenue, 7<sup>th</sup> Floor  
 Albany, NY 12229  
[Deborah.Beaudin@omh.ny.gov](mailto:Deborah.Beaudin@omh.ny.gov)

## 2.2 Key Events/Timeline

RFP Release Date	08/31/2022
Questions Due by 3:30 PM EST	09/13/2022
Questions and Answers Posted	09/27/2022
Proposals Due by 2:00 PM EST	10/18/2022
Anticipated Award Notification	11/08/2022
Anticipated Contract Start Date	01/01/2023

OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to the Grants Gateway. 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.

## 2.3 Disposition of Proposals

All proposals submitted by the due date and time become the property of OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

## 2.4 Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c)(3) incorporation that have experience providing mental health services to persons with serious mental illness through programs that are licensed or funded 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.

## 2.5 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 [Deborah.Beaudin@omh.ny.gov](mailto:Deborah.Beaudin@omh.ny.gov) by 3:30PM EST on the "Questions Due" date indicated in section 2.2 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this time/date. No questions will be answered by telephone or in person.

The questions and official answers will be posted on the OMH website as indicated on the "Questions and Answers" in section 2.2.

Please put "ACT RFP-Western" in the subject line of the email.

## 2.6 Addenda to Request for Proposals

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

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

## 2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9, or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date of 2:00 PM EST on 10/18/2022.

## 2.8 Grants Gateway Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the [Grants Gateway](#) and complete the Vendor Prequalification process in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 2:00 PM EST on 10/18/2022 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

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

## 2.9 Instructions for Bid Submission and Required Format

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

- Proposal Narrative

- ACT Budget Narrative (Appendix B)
- ACT Operating Budget Template based on location and slot capacity (Appendix B1)

The Proposal Narrative must be clear and concise. Agencies should use only the response space available in Grants Gateway. Each proposal response does not necessitate the filling of the full character limit, please take this into consideration in completion of the proposal.

The ACT Budget Template and ACT Budget Narrative will be located in Grants Gateway. Bidders must not substitute their own budget format. Failure to use the provided ACT Funding Model and Budget Narrative formats may result in disqualification for non-responsiveness.

**Please be advised that each bid must include the county(ies) in New York State that the Provider intends to serve with the new Adult ACT team.**

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

**If you are not already registered:**

Registration forms are available at the GGS website:

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

Include your 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.

<https://grantsmanagement.ny.gov/system/files/documents/2020/05/vendor-user-manual-3.2-5.7.20.pdf>

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the [Grantee Documents](#) section on the 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.

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

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



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

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

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

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

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

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

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

### 3. Administrative Information

#### 3.1 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion

- Make an award under the RFP in whole or in part;
- Disqualify 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”.

### **3.2 Debriefing**

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

### **3.3 Protests Related to the Solicitation Process**

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

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

### **3.4 Term of Contracts**

The contract awarded in response to this RFP will be for a five-year term. Selected 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 2.9 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.

**3.13 Acknowledgement of Federal Funding**

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**4. Evaluation Factors and Awards**

**4.1 Evaluation Criteria**

All proposals will be rated and ranked in order of highest score based on proposal location and 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>
<b>Equity</b>	10
<b>Population</b>	10
<b>Description of Program</b>	15
<b>Implementation</b>	18
<b>Agency Performance</b>	12
<b>Utilization Review, Reporting, and Quality Improvement</b>	15
<b>Financial Assessment</b>	20
<b>Total Proposal Points</b>	100 points

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

## **4.2 Method for Evaluating Proposals**

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.9. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.4, 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 average score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on Implementation 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 based on the following distribution of 1 Assertive Community Treatment (ACT) team: 1 48 slot team covering counties in the Western NY Region, to be determined by the applicant.

An award will be made to the applicant with the highest score to assume the operation of one Adult ACT Team in the specified location(s).

An agency should only submit a proposal for multiple counties for which they can commit to meeting ACT Program Guidelines, Part 508, and ACT Standards of Care.

The team will be awarded in the following manner:

The applicant with the highest score will be awarded the contract.



In the event of a tie score between two proposals, the agency with the highest score on Implementation will receive the higher ranking.

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

There are a number of factors that may result in the contract to an ACT team 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 that did not receive the 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.

Awardees are further subject to the submission of and approval of a Prior Application Review (PAR) application to become licensed and receive an official operating certificate. This process will be confirmed upon award.

The award will be made conditional upon the submission and approval of plan to meet licensing requirements including follow up questions, space, staff, policies, and procedures, etc. Awardees will need to submit Prior Approval Review (PAR) Documents (Section F, Section H, Section I) which will be provided upon notification of award. If the awardee does not receive approval of this plan, the award will move on to the next highest scoring applicant. See section 4.3 for more detail.

- 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 as [New York Code Rules and Regulations Part 524](#), for incident reporting requirements.
- Licensed programs are monitored and overseen by the Office of Mental Health. Providers with identified challenges in programmatic compliance or quality of care issues are required to submit Performance Improvement Plans or Corrective Action plans to remedy identified deficits; and if appropriate, can be placed on enhanced monitoring status. In order for licenses to be renewed, providers must demonstrate adherence to programmatic and regulatory requirements, based on case record reviews and established monitoring protocols.

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.

OMH will work with providers to determine start-up activities for their awarded ACT Teams, including hiring staff and procuring office space. An Operating Certificate is required prior to admitting individuals to the team.

## **5. Scope of Work**

### **5.1 Introduction**

New York State OMH through this RFP will make available funds for the development of one (1) Assertive Community Treatment (ACT) team: 48 slot team covering Western NY Counties to be identified by the applicant. The provider must commit to meeting ACT start-up requirements, including program location, staffing, and monthly ramp up. ACT team start-up will include OMH involvement to provide support around the development of the team, which will start based on OMH determination of readiness. Monthly calls and meetings will be held.

The selected agency will establish the Assertive Community Treatment (ACT) team according to the ACT Program Guidelines, which can be found in the pre-submission uploads in the Grant's Gateway, the Standards of Care, which can be found in the pre-submission uploads in the Grant's Gateway, and [New York Rules and Regulations Part 508](#).

The agency must demonstrate its capacity to provide OMH-licensed ACT services to 48 individuals who meet the eligibility criteria detailed in the ACT Program Guidelines.

The agency must partner with the OMH Field Office, County Single Point of Access (SPOA/SPA), 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 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, Personalized Recovery Oriented Services (PROS), Clinic, 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**

ACT Providers will follow the fidelity of the ACT model, providing the majority of the services in a fully integrated behavioral health and physical health approach.

ACT Providers will have the capacity to serve 48 individuals and maintain staffing ratio of 10:1.

ACT Providers must adhere to the fidelity of the ACT model and ACT Program Guidelines, including but not limited to:

- providing services that are tailored to meet the individual's specific needs;
- building a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, supported employment/education and peers. 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;
- knowledge of the implications of social determinants and the likely inherent disparities in areas such as: healthcare access, housing, employment status, food security;
- 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 carried out at the locations where individuals live, work, and socialize, and where support is needed;
- engage individuals with co-occurring substance use, histories of trauma, and forensic involvement;
- use key components of Evidence-Based Practices to inform treatment, and will be derived from models such as Integrated Dual Disorder Treatment, Motivational Interviewing, Contingency Management, and Trauma Informed Care, etc.; and
- maintain the organizational capacity to ensure small caseloads and continuity of care.

ACT Providers must adhere to the team protocols as outlined in the ACT Program Guidelines including but not limited to:

- conducting in person contacts based on need while additionally meeting any billing requirements. Minimum number of in person contacts for billing requirements shall not dictate number of visits provided each month;
- communication with a hospitals, Emergency Rooms, or Comprehensive Psychiatric Emergency Programs (CPEPs) if an individual is admitted and planning for the transition back to the community upon discharge;
- Psychiatrist and Nurse Practitioner of Psychiatry (NPP) conduct, at a minimum, 80% of their visits in the community;
- conduct team meetings at least 4 times a week to review the status of each individual; and
- maintain communication boards, logs, and other communication

methods.

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.

ACT Providers will assess all individuals every six months for progress and level of care, as indicated in ACT Program Guidelines.

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

ACT providers will serve individuals residing anywhere in the county where they provide services. ACT individuals may move between counties due to an individual's geographic choice, reunification with family or friends, or a desire to move in with or near a friend. The ACT team will follow individual to assist with transition to the new location, work with the local SPOA to transfer and arrange warm hand-off to an appropriate ACT team or other available services, if an ACT team does not exist, in the location of preference.

ACT Providers will receive referrals from SPOA/SPA, in consultation with OMH, and work with the local SPOA/SPA for timely admissions.

ACT Providers should have all staff cross-trained for specialty role areas, Family Specialist, Substance Use Specialist, and Vocational Specialist.

ACT Providers are expected to treat co-occurring substance use disorders, including use of Medication Assisted Treatment (MAT) for tobacco, alcohol, and opioid use disorders and stage-matched treatments for all Substance Use Disorders (SUD) (e.g., Motivational Interviewing for precontemplation/contemplation/preparation; skills building and Cognitive-Behavioral Therapy for action/maintenance). 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.

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 adults.

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 as found in the ACT Transitional Curriculum.

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

ACT Providers must complete all required training as outlined in the ACT Program Guidelines. ACT Providers shall utilize Center for Practice Innovations (CPI) ACT Institute as a resource for continued training through the Learning Management System and in-person/web-based trainings, Role Support calls, consultations, and additional Technical Assistance for the ACT model.

### **5.3 Implementation**

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

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

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

ACT Providers will ensure that all staff are trained in evidence-based practices such as Integrated Dual Disorder Treatment (IDDT), Focus on Integrated Treatment (FIT), Critical Time Intervention (CTI), Motivational Interviewing, Trauma Informed Care and Substance Use Principles (required FIT modules and OASAS supplemented training). 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. Trainings must be completed within specified time frames. Additionally, ACT Providers shall ensure staff are continually trained, especially in regard to areas where there is a need for knowledge acquisition and specific populations being served on the team, areas such as substance use, forensic involvement, homelessness, and older adults.

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](#).

ACT Providers 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 Tableau, and use of the NYS fidelity tool once available. This information should be used to measure individual achievement of recovery goals, performance

around length of stays, barriers to treatment, staffing, timeliness of transitions, etc., and will inform the team's overall quality improvement plan. ACT Providers will participate in Utilization Management activities according to the terms of contracts with Managed Care Organizations (MCOs) and Local Government Unit (LGU), as applicable. Additionally, the team will utilize technical assistance from OMH, counties, MCOs, and the ACT Institute when appropriate to work towards improvement of quality outcomes.

ACT Providers 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.

ACT Providers will be required to maintain accurate reporting of all admissions, 6 month follow ups, and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS) and adhere to any requirements OMH may subsequently develop.

ACT Providers will complete regular reports on all individuals who are court mandated (AOT) to the County Assisted Outpatient Treatment Coordinator, per County guidelines.

ACT Providers should ensure continuous quality improvement of ACT services and development of the program including regular monitoring and evaluation of treatment/rehabilitation outcomes.

ACT Providers will participate in site visits from OMH.

## **5.5 Operating Funding**

ACT Providers will be funded through Medicaid and net deficit funding, per the approved ACT Model for an Upstate 48 slot Team.

Revised rates are pending approval. Any subsequent rate changes and updates to net deficit funding will be effective for the new ACT team. The Team receiving an award is eligible to receive a one-time funding allocation for Start-up and Transition/Ramp-up costs. The Start-up/Transition funds are federal, and providers are required to sign a federal certification indicating acknowledgement of the federal rules and regulations governing the use of these funds. OMH has already received approval to use these funds to provide initial revenue for start-up and transition costs for the creation of the new ACT team. Failure to sign and return the federal certifications will result in the team not receiving the start-up/transition funding.

One-time Start-up and Transition/Ramp-up funds will be allocated as a lump sum at beginning of contract for:

Start-Up as follows: \$100,000 for 48 slot team

Transition/ramp up costs as follows: \$350,000 for 48 slot team

Phase-in funding is based on staffing and enrollment. Individuals will be expected to be enrolled at a rate of no more than 4-6 individuals a month up to capacity of 48.

<b>Upstate 48 slot team</b>	<b>1st Year*</b>	<b>2nd Year**</b>
<b>Total Gross Costs</b>	\$858,010	\$ 858,010
<b>Medicaid Assumption</b>	\$453,495	\$ 803,495
<b>Net Deficit Funding</b>	\$504,514	\$54,514
<b>Service Dollars</b>	\$24,771	\$24,771

\* 1<sup>st</sup> Year period includes start/ramp-up funding in the Net Deficit Funding. Medicaid assumption is reduced by the ramp-up costs (\$350,000).

\*\* 12-month period assumes full year of operating costs.

**6. Proposal Narrative**

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order. Please be clear and concise in your response, not all questions need to fill the full character allowance. Agencies should use only the space available in Grants Gateway.

**6.1 Equity**

**a. Entity’s Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations**

1. Provide the agency’s mission statement, including a mission statement for ACT with information about the intent to serve individuals from marginalized/underserved populations.
2. 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, inclusion, equity, cultural/linguistic competence. Information provided should include the individual’s title, organizational positioning, education, relevant experience.
3. Provide the diversity, inclusion, equity, 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).
4. Describe the process for which the diversity, inclusion, equity, 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.

5. Describe the demographic makeup of the population in the catchment area using available data (race/ethnicity/gender/sexual orientation/language). Additionally, please describe how this data will be used to shape decisions pertaining to the recruitment and hiring of staff, policies, and the implementation of best practice approaches for serving individuals from marginalized/underserved populations.

**b. Organization Equity Structure**

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

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

**c. Equity Training Activities**

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

**d. Workforce Diversity and Inclusion**

1. Describe program efforts to recruit, hire and retain staff from the most prevalent cultural group of service users. This includes a description of:
  - i. a documented data driven goal to recruit, hire and retain direct service/clinical, supervisory, and administrative level staff who are from or have had experience working with the most prevalent cultural groups of its service users;



- ii. current staffing levels of direct service/clinical staff members who are from or have experience working with the most prevalent cultural groups of its service users.
- iii. current staffing levels of supervisors who are from or have experience working with the most prevalent cultural groups of its service users.
- iv. current staffing levels of administrative staff members who are from or have experience working with the most prevalent cultural groups of its service users.
- v. include information about employment postings on platforms and in places specifically designed to hire diversity, the use of language in employment posting(s) that illustrate that the program is seeking to recruit diverse candidates, efforts to retain diverse employees use of best practice approaches to mitigate bias in interview/hiring processes.

**e. Language Access**

1. Describe efforts to meet the language access needs of the client's served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages and the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide key documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures).

This section should also include information related to:

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

**6.2 Population**

- a. Provide the location, including counties to be served, for which this proposal applies. Describe in narrative the characteristics of the population to be served on the ACT team.
- b. Describe the need for ACT services in the county(ies) you are applying for, and your understanding of the service needs of adults with SMI including those who may have a limited support network/resources and who may not otherwise be engaged in traditional services. Attach a letter of support from the local government unit(s) for the county(ies) being proposed to serve.
- c. Describe clinical approaches and/or best practice in treatment and care for adults with SMI, who may also have co-occurring disorders,

medical issues, and history of complex trauma and may have extensive complex medical needs.

- d. Describe and demonstrate experience in engaging adults with SMI, co-occurring disorders, and complex trauma, in the community. Provide a description of the assertive engagement practices and strategies to be used and targeted to the population to be served.
- e. Describe the agency's experience in providing and coordinating care, both internally and externally, among behavioral health, medical, housing, forensic involvement, and other services/providers and creating a continuum of integrated services that promote recovery, independence, and individual choice. Describe how the ACT 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.

### 6.3 Description of Program

Responses should align with ACT fidelity and Program Guidelines. Responses **should not be word for word from the ACT Program Guidelines**, but rather describe how your agency would meet these areas following the ACT Program Guidelines.

- a. Describe what the ACT team's procedure will be for timely admission upon receipt of referrals from SPOA/SPA. Describe how the ACT team will interface with County SPOA/SPA.
- b. Describe all services to be provided by the ACT team during normal business hours, as well as outside of normal business hours. Describe the plan for providing emergency and crisis intervention services telephonically and in-person on a 24 hour a day, 7 day a week basis. Describe how the agency will ensure ACT individuals receive in-person crisis response by the team as a first option, when doing so is safe and could avoid emergency services outside of the team being utilized, e.g., police, Comprehensive Psychiatric Emergency Program (CPEP), Emergency Room, etc.
- c. Provide a description of how the ACT team will implement the team approach and team communication as outlined in the ACT Program Guidelines.
- d. ACT Providers are expected to treat co-occurring substance use disorders, including use of Motivational Interviewing, harm reduction, and psychopharmacology for tobacco, alcohol, and opioid use disorders, as well as Medication Assisted Treatment (MAT). Describe how the ACT team will ensure all treatment options

are available to individuals served on the team, including references to training, resources/tools, agency support, hiring practices, etc.

- e. Describe the ACT team's individual assessment and person-centered care planning process, including strategies to engage and motivate individuals towards their recovery. Including assessments for suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed. Describe how the agency will ensure ongoing assessment and screening will occur as needed.
- f. Describe the approach that will be used to ensure the successful transition of individuals off the ACT team to other community-based services. Describe discharge criteria policies, procedures, and use of less intensive community services, including treatment, rehab services, and care management.

#### 6.4 Implementation

Responses should align with ACT fidelity and Program Guidelines, however, **should not be word for word from the ACT Program Guidelines**, but rather describe how your agency would meet these areas following the ACT Program Guidelines.

- 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 that supports the ACT team and its work and information about other supports the agency will provide for the team relative to equipment and administrative oversight. Define the geographic boundaries of the areas to be served by the proposed program.
- c. Provide an ACT staffing plan that follows the staffing requirements as per the ACT Program Guidelines. Include a brief description of the roles and responsibilities of each staff member. Indicate the specific skills and level of experience expected of each staff member. Describe plans for regular staff supervision and what will be included as part of supervision.
- d. Provide the plan to ensure staffing minimums for core staff and that teams remain staffed based on a caseload ratio of 10:1 to ensure fidelity of the model.
- e. Describe how the agency, including leadership, will support the staffing of the ACT team and what strategies will be used to improve retention of staff to support caseloads, the fidelity of the model, and therapeutic continuity of care.
- f. Describe how staff will gain competence in integrated MH/SUD

treatment, employment/education, psychoeducation, forensic involvement, and wellness self-management. Include a description of how the competencies will be ensured.

- g. Describe how you will ensure staff are trained in Evidence-Based Practices, complete the required and ongoing training, utilize ACT Institute resources, and have training on the populations being served by the team, including substance use, forensic involvement, homelessness, and older adults.

## 6.5 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. Describe how these experiences demonstrate the agency's experience and qualification for operating ACT.
- b. Describe the agency's organizational structure, administrative and supervisory support for clinical and direct care services to be provided by the ACT Team – include the governing body, and any advisory body that supports the organization and effective service provision.
- 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/turnover, team size and capacity levels, any approved moratoriums (request for hold on admissions) including reason and length (if applicable), and ability to transition individuals into community-based services. Agencies will also be evaluated on the CAIRS completion rate (completion rate below 50% will automatically be deducted by 1 point in this section due to missing data for proper evaluation), CAIRS length of stay averages, completion of staff trainings, and team profile. **Applicants that are not current OMH ACT providers will respond N/A to this question and will respond to Question 6.5d.**
- d. 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. **For this question only, you will need to submit an upload that supports your response for this question. Applicants that are current OMH ACT providers will respond N/A to this question and will respond to Question 6.5c.**

## 6.6 Utilization Review, Reporting, and Quality Improvement

- a. Describe how the ACT team will ensure they are adhering to the

fidelity of the model and team protocols as outlined in the ACT Program Guidelines, Standards of Care, the Tool for Measurement of ACT (TMACT), and forthcoming, the New York State Fidelity Tool.

- b. Describe and demonstrate the effectiveness of the proposed approach to self-monitoring and ensuring ongoing quality improvement for the ACT team, including analyzing utilization review findings and recommendations, review of team profiles, use of the TMACT or the forthcoming NYS fidelity tool, use of Regional Health Information Organization (RHIOS), and use of PSYCKES.
- c. Describe how confidentiality of individuals' medical records will be ensured in ways that conform to all local, state, and federal confidentiality and privacy regulations.
- d. Describe how your agency will proactively prepare for and actively advocate for the safety and wellness of participants during behavioral health crises (crisis plans, WRAP plans, safety plans). Particular emphasis on clients whose racial/ethnic or gender identities are known to increase risk of potentially harmful encounters with the emergency response system (i.e., police, EMS).
- e. 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.
- f. Describe your proposed plan to ensure that the comprehensive assessment and service plans for each individual are completed on time as outlined in the ACT Program Guidelines.
- g. Describe your proposed plan to ensure compliance with the following reporting requirements, including systems access: Child and Adult Integrated Reporting System (CAIRS), HCBS eligibility assessments, and site visits from OMH.

## **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. Refer to Section 5.5 for Net Deficit funding that is available annually. The indirect cost/administrative overhead **rate** is capped 15%. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance

which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. Complete ACT Operating Budget Template, which may be found in the pre-submission upload in the Grants Gateway.

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

- b. Describe the management of the Agency's operating budget. Bidders must also complete a Budget Narrative which should include the following:
  - i. detailed expense components that make up the total operating expenses;
  - ii. the calculation or logic that supports the budgeted value of each category;
  - iii. a description of how salaries are adequate to attract and retain qualified employees; and

**Note:** Use the ACT Operating Budget Template for "a." and ACT Budget Narrative for "b" to upload with your proposal. Do **not** substitute your own budget format. **Failure to complete the ACT Funding Model using the correct form may be cause to reject the proposal for non- responsiveness.**