



Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)/Clinic
Enhancement Grants

Access for Underserved Areas and Immediate Access Enhancement

March 2024

Statewide Financial System Identifier – OMH107

Request for Applications

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SECTION 1

A. Introduction and Background

The New York State (NYS) Office of Mental Health (OMH) is providing one-time funding of up to \$250,000 to OMH providers through two opportunities in Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) programs (formerly known as Article 31 Clinics). This funding opportunity is intended to promote development of MHOTRS programs and services in underserved geographic areas, as well as to underserved populations in all areas.

To reach these goals, applicants may apply for two opportunities: (1) to establish or enhance access to mental health services in (1a) underserved areas or (1b) for underserved populations in any area, or (2) to establish immediate (same-day) access to individuals in distress, with a focus on diverting unnecessary use of emergency/crisis services, including through addressing Health-Related Social Needs (HRSN). The 2023-2024 Executive Budget dedicated funding to improve access to quality mental health services across New York State.

Notice: Notification of intent to apply should be made to the Local Governmental Unit (county director of community services) for each county to be served under the program application, as defined in Section 41 of the New York State Mental Hygiene Law.

B. Use of Funds

Eligible agencies may submit an application for one (1) award. Agencies may include one or both of the following grant opportunities in their application as long as all required information is provided. Grants are available for the following activities:

Option #1: To improve access and capacity for MHOTRS programs to serve underserved populations

Applicants must demonstrate that there is an underserved population, including through the use of data, and demonstrate that the proposed services will lead to a substantial increase in services provided to that population. The use of telehealth may factor into service provision, as appropriate and in accordance with established regulations and guidance. Appropriate licensing changes or applications will be required to establish the new services, new satellite locations, or populations served. If licensing changes have not been completed as indicated in the proposal within the contract period, funds may be recouped.

- 1(a). Establish a new MHOTRS program, one or more new MHOTRS program satellite locations that are agency owned or operated and serve the broader community, or a combination of a new MHOTRS program and one or more new MHOTRS program satellite locations that are agency owned or operated and

serve the broader community. Satellite locations are not required to provide all services required at a main program site.

- Any applications for this grant proposing Satellite development must offer and have the required space to accommodate a minimum of in-person and on-site medication management and psychotherapy (individual, family and group) services at the location.

1(b). Costs associated with the expansion of services to an underserved population by an existing MHOTRS program. Expanded services may include: expanded programming to serve adults (for child-only serving MHOTRS programs), expanded programming to serve children (for adult-only MHOTRS programs), expanded programming to serve an underserved population such as LGBTQ+ individuals, Deaf/Hard of Hearing individuals, a racial/ethnic/cultural/linguistic group that is historically underserved, or other identified underserved population. These expansions must include specific programming/staffing/training/marketing to the underserved population, such as a specialty service or team (e.g., a Black mental health team, an LGBTQ+ adolescent subspecialty service, a Vietnamese mental health team, etc.).

Both options 1(a) and 1(b) may include the following:

1. Off-set cost of staffing program expansion for new staff, such as identification and onboarding of qualified staffing to appropriately and competently serve the population. This includes the allocation of specialty or optional services such as psychiatric services, Peer Support Services, etc.
2. Off-set cost of staffing program expansion existing staff, such as retention or relocation funds.
3. Off-set start-up costs to support the sustainability of projected clinic including increased administrative support, reduced productivity as caseloads are established and grown, etc.
4. Off-set costs to support efforts in raising community awareness of MHOTRS services and access.
5. New training and resources to modify current programming to engage and treat the various needs and features of the expanded program type.
6. Refurbishment¹ of new or existing program space to safely and suitably serve the expanded population including, new furniture or fixtures in a waiting room, adjustments to therapy rooms to account for play or dyadic therapy, etc.
7. Expanded service options in alignment with identified population. For example, adding optional services such as Psychological and Developmental Testing, or adding required services for adults such as Injectable Psychotropic Medication Administration (with or without Monitoring and Education).
8. Development of new materials to market to and engage new individuals/families and referral sources of the expanded population.

¹ Refurbishment does not include capital projects. Funds are limited to minor space changes without construction or building modifications.

Exclusions for Use of Funds:

- Cannot be used to off-set costs for consultation services related to grant or application writing,
- Capital improvement costs,
- Rent, mortgages, or other associated building costs,
- Services not otherwise available via MHOTRS programming,
- Cannot be used to fund required staffing at pre-existing MHOTRS programs; this must be for an expansion of services.
- Cannot supplant existing funds; must be for expansion of services

Option #2: Establish immediate access to triage and necessary treatment for individuals in distress, with a focus on diverting unnecessary use of emergency/ crisis services, including through addressing Health-Related Social Needs (HRSN)

MHOTRS programs may be the first point of contact to the mental health system for individuals. Waitlists for services impede access to interventions that may prevent crisis and emergency service utilization. HRSN are often driving precipitants to immediate needs presenting at MHOTRS programs. This funding option is intended to support the establishment of immediate access to triage and necessary treatment services, including assessment and management of HRSN, in preparation for the NY State NYHER Waiver which will provide a pathway for funding HRSN.

Programs applying for this funding option must propose a model for immediate access for individuals with an urgent need (non-life threatening but evidence of distress). The proposed model must serve the entire clinic population (i.e., if child-serving and adult-serving, service provision must be available and appropriate for both).

Immediate access is defined as the availability of same-day phone or in-person triage/screening services at the time of presentation for non-enrolled individuals/families as well same-day follow-up with necessary complex care management, psychotherapy, and medication management services, if the individual, and family as applicable, consents. Applicants must have immediate on-site, in-person access to medication management services, clinic crisis services, psychotherapy and Complex Care Management services, and may also provide these services via telehealth, as appropriate and in accordance with established regulations and guidance.

Staffing must be in alignment with current Part 599 MHOTRS staffing allowances and scope of practice for sustainability and to minimize role confusion for staff and clients. Programs may use the funds for activities and/or roles to address these needs, including but not limited to:

- Off-set cost of staffing program expansion for new staff or existing staff.
Examples of staff may include:
 - Paraprofessional to complete triage and screening tasks, provide Complex Care Management (CCM) services, and assist a licensed

clinician in situations that may require more than one staff involvement.

- A coordinator to provide linkage and coordinate care with other community services and schools, provide warm hand-off, orient individuals new to the program, and follow up on care needs.
- RN to triage phone or walk-in medical and substance use disorder (SUD) needs and provide linkage to appropriate medical or SUD services where they cannot be provided on site.
- Clinician to be available for phone/walk-in, urgent mental health needs, including psychotherapy.
- Prescriber to be available for phone/walk-in, urgent mental health needs, including medication management.
- Expanded hours and staffing, including support staff or security staff as needed, beyond MHOTRS programs usual operating hours to offer walk-in, immediate access for triaging and screening. This would require submission of an Administrative Action to change the Operating Certificate hours.
- Creating and distributing marketing materials to promote immediate access in the community – providing information to primary care practices or other medical practices, community centers, faith-based organizations, schools, or other entities that serve the local community.
- Providing training for staff in handling crisis situations, triaging HRSN, and in local resources and systems.
- Refurbishment² of new or existing program space to safely ensure service provision, including specialized waiting and triage areas as needed

Note that per [14 NYCRR Part 599.6](#), MHOTRS are currently required to have the capacity to assure that those referred from inpatient, forensic, or emergency settings, those determined to be at high risk, and those determined to be in urgent need by the Director of Community Services (DCS) receive services within five business days. Establishment of this model does not change these requirements and should not supplant, but may supplement, that capacity.

For both options, one and two, this is one-time funding; agencies must have plans for sustainability once the funding is no longer available.

C. Regulation Changes Planned to Support Immediate Access Efforts

While all the listed activities in options 1 and 2 are possible under current Part 599 regulations for MHOTRS programs, OMH plans to revise aspects of the regulation to enhance billing capability for these activities to promote sustainability beyond this one-time funding opportunity. Anticipated flexibilities to CCM and Crisis-Complex and Crisis-Per Diem billing will allow for an ongoing service structure to provide services pre-admission to address crises and HRSN.

² Refurbishment does not include capital projects. Funds are limited to minor space changes without construction or building modifications.

D. Key Events/Timeline

Activity	Date
Release Date	3/7/2024
Questions Due	3/28/2024
Q&A Posted	4/18/2024
Applications Due	5/14/2024 at 2:00 PM EST
Tentative Notification of Grant Award	6/6/2024
Tentative Contract Start Date	10/1/2024

E. Eligible Applicants

Eligible applicants for funds (up to \$250,000) must have at least one year of experience serving individuals with significant mental health needs or experiencing mental health crisis. Eligible applicants must be existing not-for-profit OMH-licensed providers identified as operating in good standing³ with OMH.

Additional eligibility requirements are specific to the funding option:

- Funding Option 1(a) Underserved Areas
For the establishment of new Satellite site(s), eligible applicants must be an existing not-for-profit OMH-licensed MHOTRS provider.
- Funding Option 1(b) Expanded Population and Funding Option 2 Immediate Access - eligible applicants must be existing not-for-profit OMH-licensed MHOTRS provider.

Conditions to Eligibility

- a. NYS Certified Community Behavioral Health Clinic (CCBHC) Demonstration providers are not eligible to apply for this funding opportunity.
- b. Active and former SAMHSA CCBHC grant awardees are eligible to apply, but must demonstrate a plan to utilize the funds distinctly from activities already funded through the SAMHSA Grant.
- c. Applicants for the Access and Enhancement RFA released in October 2023 are eligible for this funding opportunity, however, the proposal must demonstrate the use of funds will be for different purposes than the proposal awarded under the previous RFA.

³ For purposes of this RFA, "Good standing" for OMH licensed programs is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations and not receiving or not under active Enhanced Provider Monitoring."

F. Program Requirements

F.1. Proposal Application

To participate in this funding opportunity, eligible providers must submit an application requesting funding that includes the following:

Application Information

- a. Agency name
- b. Agency address
- c. Address and county of MHOTRS program site(s) in which initiatives will be implemented. If a new MHOTRS program site will be developed, identify the county.
- d. Type of eligible program and the grant opportunity for which you are applying (options #1 or #2 under Use of Funds in this document),
- e. The amount, up to \$250,000, for which you are applying,
- f. Name of the applicant/lead individual who will be overseeing the project,
- g. Contact information of the applicant/lead individual who will be overseeing the project, and
- h. Operating Certificate (OC) number of identified OMH-licensed program.

F.2 Application Narrative – This section will be scored based on a total score of one hundred (100). The narrative should consist of a maximum of 5 pages to include:

- a. Brief narrative statement of demonstration of need (e.g., waitlist, historical need, local area resources and needs, etc.) in alignment with identified funding option.
 - i. For option #1 (Expanded Population or Service area), the applicant must provide quantitative data on the underserved area/population that is identified.
 - ii. For option #2 (Immediate/ Access), the applicant must provide quantitative data demonstrating the need to address waitlists HRSN, and diversion from emergency/crisis services.
- b. Baseline data
 - i. Number of unduplicated individuals served by existing MHOTRS program: 2022, 2023, YTD 2024. If operating more than one MHOTRS program, provide data broken out for each program.
- c. Summary of proposed methods to meet intended goal of the chosen funding opportunity as relevant to identified funding option, the following:
 - i. Activities proposed to meet the goals of funds.
 1. For funding option #1, agencies must demonstrate that the location of a new MHOTRS program site, and/or the expansion of the population served at an existing site, will substantially benefit an underserved area by providing data on the local populations and area resources/services.
 2. For funding option #2, agencies must demonstrate that the type of support services being provided will help to decrease the wait for access to services for individuals in distress and mitigate the risk of mental health crisis.
- d. Projected increase in service access (e.g., as operationalized by increased number of individuals served in underserved areas, decreased stay on

waitlist, decrease in emergency service utilization, projected numbers of individuals expected to be served through priority access, etc.).

- i. For funding option #1, applicants must demonstrate that the proposed services will lead to a substantial increase in services provided to that population.
- e. Provider's plans on addressing cultural and linguistic needs of population, and plan for inclusion of individuals and families representative of the population in program policy decisions (may reference agency mission/strategic plan or work plan)
- f. Provide a Staffing Plan, including professional and paraprofessional staff, and FTEs dedicated to the proposed activities for this funding.
 - i. If plans include hiring new staff, identify number of FTE positions to be hired, titles, credentials and experience required for these positions, and plan to fill these positions. For option #2, the complement of allocated staff must have the ability to carry out all of the immediate access services delineated above.
- g. Specific information relevant to the funding option selected. Briefly outline projected development planning and implementation of necessary elements as necessary for identified funding option.
 - i. For option #1, funds intended to be used for start-up costs to develop a new MHOTRS program/satellite site(s), or expand the population served, the approach must include at minimum:
 1. Clearly identify the start-up activities and associated costs.
 2. Provide a detailed plan for expanding operations to meet the needs of the identified population.
 3. Detail the sustainability plan for the proposed program(s).
 - ii. For option #2, funds intended for immediate access, the approach must include at minimum:
 1. Mechanism for unenrolled individuals in distress to receive triage/screening services at time of presentation as well same-day follow-up with necessary care management, psychotherapy, and medication management services, if the individual, and family as applicable, consents
 2. HRSN screening capability for urgent/walk-in presentation, including capabilities for children/youth and adults
 3. Identified linkages or MOUs with crisis services, local service providers, care management, medical and SUD treatment providers, hospitals, or organizations that address HRSN.
 4. Detail the sustainability plan for the proposed services.
- h. Provide a budget for up to \$250,000 corresponding to the amount you are applying for and the deliverables as listed in this RFA.

F.3 Diversity, Equity, Inclusion and Recipient Input

This section describes the commitment of the entity to advancing equity. OMH is committed to the reduction of disparities in access, quality, and treatment outcomes for historically marginalized populations as well as centering and elevating the voice of individuals with lived experience throughout the system.

Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations

1. Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.
2. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
3. Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual's title, organizational positioning and their planned activities for coordinating these efforts).
4. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). Plan should include information in the following domains:
 - workforce diversity (data-informed recruitment);
 - workforce inclusion;
 - reducing disparities in access quality, and treatment outcomes in the patient population;
 - soliciting input from diverse community stakeholders, organizations and persons with lived experience;
 - efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area
 - how stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan. Discuss how the plan will be regularly reviewed and updated.

Equity Structure

5. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).
6. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

Workforce Diversity and Inclusion

7. Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

Language Access

8. Describe efforts to meet the language access needs of the clients 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, 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 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:

- addressing other language accessibility needs (Braille, limited reading skills);
 - service descriptions and promotional material.
9. Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.
 10. For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

G. Reporting Requirements

Awardees will be required to participate in reporting, including but not limited to an end-of-grant (07/01/2025) survey to gather information and data specific to the funding option selected. Additionally, awardees will be required to provide quarterly data on a minimum of the following:

For Funding Option #1:

1. Report the number of individuals served in that quarter in the identified underserved area, and the percentage increase quarterly, starting from census at the start of the project.
2. Report the percentage of any specific population served that was identified as underserved in that area (e.g., cultural and ethnic minorities, LGBTQ+ communities, age-specific sub populations of Geriatric or Youth), and the percentage change quarterly.

For Funding Option #2:

3. Report the number and percentage of individuals seen for immediate triage/screening and other necessary services that may have resulted in diversion from ED or emergency services contact.

4. Report the categories of HRSN addressed by immediate access services and percentage of each type.

For Both Funding Options:

5. Report the average wait times and the percentage change in wait times for services.
 - i. For Funding Option #1, this should be reported for the underserved population identified.
 - ii. For Funding Option #2, this should be reported for the total population.

H. Operating Funding

Funds will be allocated to approved applicants in accordance with the following: Up to \$250,000 will be awarded to OMH-licensed programs. Limit one application per agency.

This funding allotment is intended to achieve the following:

- Increased service access to serve eligible and appropriate referrals in underserved areas, as defined in section J.
- Decreased length of stay on program and service waitlists.
- Increased ability to assess, triage, and address HRSN.
- Decreased unnecessary utilization of crisis and emergency services.
- Increased workforce competencies to be able to support service access and service provision to eligible individuals and families.
- Increased community awareness and education regarding MHOTRS programs including services availability and access.

LGU collaboration is a vital part of the work of MHOTRS. Applicants must notify the LGU(s) of their intent to apply.

I. Method for Evaluating Applications

Designated OMH staff will review each application for completeness and verify that all eligibility criteria are met. If an application is not complete or does not meet the basic eligibility it will be disqualified.

Applications will be reviewed and scored based on completeness of information. Applicants not receiving a score of seventy-five (75) or more will not pass.

J. Disqualification Factors

During the application evaluation process, evaluators will be reviewing eligibility criteria and confirming that they have been met. Applications that do not meet basic participation standards will be disqualified, specifically:

- Applications that do not meet the eligible applicant criteria as outlined in Section E.

- Applications that do not receive a passing score of seventy-five (75) or more points
- Applications from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section 2 D below, by the application due date of 2:00 PM EST on May 14, 2024.

K. Process for Issuing Awards

OMH is allocating a total of \$7.2 million for this funding opportunity.

Awards will be allocated as follows:

- \$3 million in awards will be made for the highest scoring applicants for option 1A.
- \$3 million in awards will be made for the highest scoring applicants for option 1B.
- \$1.2 million in awards will be made for the highest scoring applicants for option 2.

If applications with passing scores for option 1(a) do not total \$3 million, funding will be reallocated to option 1(b). If applications with passing scores do not total \$3 million, for option 1(b), funding will be reallocated to option 1(a). If applications with passing scores for option 1(a) and 1(b) combined do not total \$6 million, funding will be reallocated to Option 2. If applications with passing scores for Option 2 do not total \$1.2 million, funding will be reallocated to Option 1, with awards being made in rank order of passing applications of 1(a) and 1(b) combined.

For option 1(a):

The following areas are identified as Health Professional Shortage Areas in the discipline of mental health, as defined by the Health Resources & Services Administration (HRSA) [Scoring Shortage Designations | Bureau of Health Workforce \(hrsa.gov\)](https://www.hrsa.gov/scoring-shortage-designations). Applications for funding opportunity option #1(a) must demonstrate a plan to establish MHOTRS services in at least one of these underserved areas:

Allegany County	Madison County
Bronx County:	Monroe County: City of Rochester
High Bridge	Montgomery County
Crotona	New York County:
Fordham	Central Harlem
Hunts Point	East Harlem
Pelham	Washington Heights
Riverdale	Oneida County
Broome County	Onondaga County: City of Syracuse
Chautauqua County	Ontario County
Cattaraugus County	Orange County
Chemung County	Orleans County
Chenango County	Oswego County
Clinton County	Otsego County
Cortland County	Richmond County: Staten Island
Delaware County	Schenectady County: City of Schenectady
Erie County: City of Buffalo	Schoharie County
Essex County	Seneca County
Fulton County	Steuben County
Greene County	St Lawrence County

Herkimer County	Sullivan County
Jefferson County	Tompkins County
Kings County:	Washington County
Bedford-Stuyvesant	Warren County
Coney Island	Wayne County
East New York	Westchester County: City of Yonkers
Lewis County	Wyoming County
Livingston County	Yates County

* Underserved areas were selected using [HPSA Find \(hrsa.gov\)](https://hpsa.hrsa.gov/) and filtering by [NY State, All Counties, HPSA Discipline Mental Health, HPSA Status Designated, HPSA Designation/Population Types All Geographic HPSAs and All Population HPSAs. HPSA scores of 14 and higher were included for consideration.](#)

** For option 1(b) and Option 2, awards will be made for all areas of the State.

Applications will be reviewed after the deadline for submission. All qualified applications received will be awarded in the order of score. To support an equitable funding allotment, eligible agencies are limited to submitting one application. If funds remain after all passing applications are awarded, additional funding allocations may be considered. Failure to be responsive to any of section F will disqualify applicant from funding. Applications will be scored up to one hundred (100) points based on submitted proposal narratives. Applicants must receive a minimum of seventy-five (75) points in order to pass and be considered for an award.

SECTION 2. Administrative Information

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

Carol Swiderski
Contract Management Specialist 3
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

B. RFA Questions and Clarifications

All questions or requests for clarification concerning the RFA shall be submitted in writing to the Issuing Officer by e-mail to OMHLocalProcurement@omh.ny.gov by 2:00 PM EST on the “Questions Due” date indicated in section 1.D 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 enter “Mental Health Outpatient Treatment and Rehabilitative Services

(MHOTRS)/Clinic Enhancement Grants - Access for Underserved Areas and Immediate Access Enhancement” in the subject line of the email.

All questions regarding Eligibility will be answered through the official Questions and Answers process, none will be responded to individually.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 1.D.

C. Addenda to Request for Proposals

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

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

D. SFS Prequalification 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 be Prequalified 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 5/14/24 will not be able to submit their bid response through SFS.

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 RFA 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.

E. Vendor Registration, Prequalification and Training Resources for Not-for-Profits

NOTE: For any application that does not contain all the required documentation and/or “See Attached” responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete.

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

Not-for-profit organizations must **Register** as a vendor the Statewide Financial System and successfully **Prequalify** to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on [Registration](#) and [Prequalification](#) are available on the Grants Management Website. A high-level synopsis is provided below.

Registering as an SFS Vendor

To register an organization, send a complete [Grants Management Registration Form for Statewide Financial System \(SFS\) Vendors](#) and accompanying documentation where required by email to grantsreform@its.ny.gov. You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at Helpdesk@sfs.ny.gov. If you do not know your Password, please click the [SFS Vendor Forgot Password](#) link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.

- Select the Initiate a Prequalification Application radio button and click the Next button to begin the process. Starting with **Organization Information**, move through the steps listed on the left side of the screen to upload **Required Documents**, provide **Contacts** and **Submit** your Prequalification Application.

Note - If the Initiate a Prequalification Application radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.

- System generated email notifications will be sent to the contact(s) listed in the **Contacts** section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

Note: New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this

process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - <https://grantsmanagement.ny.gov/> and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook (upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

F. Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFA 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 RFA at any time, at the agency's sole discretion
- Make an award under the RFA in whole or in part;
- Disqualify and applicant whose conduct and/or proposal fails to conform to the requirements of the RFA;
- 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 RFA;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments;
- Prior to the bid opening, amend the RFA 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, SFS 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 RFA.

G. 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 RFA. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

H. 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 RFA, 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 RFA to be posted on the OMH website in the RFA 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 RFA 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

I. 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. OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), 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:

1. 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.

2. 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.

J. 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.

K. 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 RFA. Applicants must complete and return

the certification with their bid or provide a statement detailing why the certification cannot be made.

L. 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.

M. Term of Contracts

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

N. Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to not utilizing the funding as proposed. 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. 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 the contract.