



**Office of  
Mental Health**

## **Request for Proposals**

**“Partnership to Support Aging in Place in Communities  
Severely Impacted by COVID-19”**

**Geriatric Services Demonstration Project**

**Release Date: 04/15/2021**

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## 1. Introduction and Background

### 1.1 Purpose of the Request for Proposals

The New York State Office of Mental Health (OMH) is issuing this Request for Proposals (RFP) to invite eligible applicants to submit proposals for developing a “Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19” (hereafter referred to as “The Partnership”) program to support adults, age 55 and older, to age in place in either OMH supportive housing or other community located housing where older adults reside. The program model will require the development of formal partnerships between the primary applicant, identified as an Office of Mental Health (OMH) licensed provider, and both a NYS Office of Addiction Services and Supports (OASAS) provider and the NYS Office for Aging (NYSOFA) local Area Agency on Aging (AAA). This RFP can be used to expand or enhance existing programs or can be used to develop a new program that meets **all** of the program requirements. Both types of proposals will be evaluated using the same criteria.

Program requirements include, but are not limited to:

- Analysis of community need and the identification of community-based resources and assets to better serve culturally diverse and historically underserved populations, with the focus on older adults with behavioral health needs;
- Community outreach, education, and engagement activities to promote identification and referral of at-risk individuals and linkage to grant project services;
- Assessment of an at-risk individual’s behavioral health, physical health, environmental and social needs through a person-centered, trauma informed, recovery oriented and culturally attuned perspective to support aging in place;
- Provision of mobile and community-based services to increase access to behavioral health, physical health, and other social support services to improve health outcomes and reduce risk of premature institutionalization;
- Intensive care coordination to include linkage to AAA Aging services, community-based organizations, health care providers, Health home Case management services and Home Health Care provider agencies as needed;
- The use of peer services provided by individuals with lived experience such as OMH Certified Peer Specialist (CPS), OASAS Certified Recovery Peer Advocates (CRPA), Certified Older Adult Peers (COAP), Community Health Workers and community-based organization volunteers to improve outreach and engagement, reduce social isolation and the effects of stigma, and assist with system navigation;
- The use of technology to increase outreach and improve access and participation in care. Examples of technology may include a variety of telehealth and telecare options, mobile technologies, and audio, visual and

“smart” technologies, access to Virtual Senior Centers, access to personal health portal, electronic health monitoring devices and other technological innovations.

- The use of program budgeted funding to provide wraparound funds to support aging in place as needed. Examples may include, but are not limited to, home modifications to improve safety and security, payments for home care services not eligible under current coverage, improving access to technology (equipment, Wi/fi/internet access, technology literacy training).

For a five-year grant period, OMH will award a minimum of six successful applicants up to \$300,000 a year for a total grant outlay of \$9,000,000. No waiver of licensure or regulatory requirements accompanies these awards, but OMH staff will provide operational support, and a Geriatric Technical Assistance Center will provide programmatic and fiscal technical assistance. Contingent upon the amount of available funding, OMH anticipates awarding at least six contracts to begin 01/01/2022. See Section 4, 4.3 for more information on grant awards.

This RFP is made in accordance with Section 7.41 of the Mental Hygiene Law, which calls for OMH to establish a geriatric service demonstration program to provide grants to providers of mental health care to older adults and constitutes the fifth round of these program grants. It is largely based on recommendations made by members of the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council in June 2015 for the development of local partnerships, outreach support, off-site support, and technology to innovatively meet the unmet needs of older adults in New York State. This RFP also aligns with Governor Cuomo’s Executive Order 190, “Health Across all Policies” initiative and the New York State Prevention Agenda.

## 1.2 Target Population

The program model developed under this RFP will serve adults, age 55 and older, whose independence and continued tenure in the community are at risk due to the impacts of aging on physical health, mental health and/or substance use treatment needs. For individuals living in supportive housing, the services built into that model may not provide the comprehensive supports needed by older adults with complex medical, behavioral health and social needs. For older adults living in other types of housing in the community with unidentified behavioral health needs who may not be connected to the system of care, the program will provide outreach and linkage to needed services. The program could also provide supports and services to assist individuals currently residing in congregate housing programs to transition to supportive housing in a community-integrated setting.

Applicants will focus their proposal on serving **one** of the following target populations. This will be indicated in the Grants Gateway, on the “Configure Project/Site Addresses” page. You will be required to choose **one** of the following options:

(Group 1). Adults, age 55 and older, residing in OMH supportive housing (permanent housing to include scattered site supportive housing, single site supported housing,

supportive single room occupancy (SP-SRO) and mixed use/affordable housing. Individuals will have a **primary diagnosis of serious mental illness per the current edition of the DSM, and their clinical condition has a substantial impact on their ability to function independently in the community.**

(Group 2). Adults, age 55 and older, residing in any **other community located housing** (private residence, senior housing, affordable mixed-use housing, or other living situations in which older adults reside). These individuals may be **unconnected or inconsistently connected to the system of care**, may have **diagnosed, undiagnosed or subacute behavioral health issues, have chronic medical conditions and may be at risk in the community.**

(Group 3). Adults, age 55 and older, currently residing in OMH supportive housing (50% of target population served) and/or other community located housing (50% of target population served). See population identification criteria noted above in (1) and (2).

## **2. Proposal Submissions**

### **2.1 Designated Contact/Issuing Officer**

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Carol Swiderski  
Contract Management Specialist 2  
New York State Office of Mental Health  
Contracts and Claims  
44 Holland Avenue, 7<sup>th</sup> Floor  
Albany, NY 12229  
[carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov)

### **2.2 Letter of Intent**

Agencies interested in responding to this Request for Proposal **must** submit a Letter of Intent to Bid to the OMH Issuing Officer by 06/03/21. The Letter of Intent to Bid shall be non-binding.

Please e-mail the letter of intent to the Issuing Officer:  
Carol Swiderski  
Contract Management Specialist 2  
New York State Office of Mental Health

Contracts and Claims  
Subject: Letter of Intent  
44 Holland Avenue, 7<sup>th</sup> Floor  
Albany, NY 12229  
carol.swiderski@omh.ny.gov

### **2.3 Key Events/Timeline**

RFP Release Date	04/15/21
Questions Due	05/06/21
Questions and Answers Posted on Website	05/27/21
Letter of Intent to Bid Due	06/03/21
Proposals Due by 4:00 PM EST	06/16/21
Anticipated Award Notification	07/27/21
Anticipated Contract Start Date	01/01/2022

### **2.4 Disposition of Proposals**

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

### **2.5 Eligible Applicants**

Eligible applicants are either (1) not-for-profit agencies with 501(c) (3) incorporation that are funded or licensed by OMH and operate outpatient programs for adults or, (2) local government units in New York State. State Operated programs are not eligible to respond to this RFP.

Agencies that do not meet eligible applicant criteria may partner with an eligible applicant, but they themselves would not be able to respond to this RFP. The eligible applicant must submit the proposal and – if awarded a contract – will be the recipient of the grant funding and assume responsibilities for the contract and fiscal and program operations.

In addition to eligibility requirements noted above, applicants must submit Letters of Commitment as referenced in Section 5, 5.2 A.1. These letters are not simply a Letter of Support. These letters must identify partnership responsibilities, which include significant collaborative commitment to and involvement in planning, implementation, and oversight of “The Partnership” program during the five-year grant period. The Letters of Commitment must also outline all financial arrangements between partners, and these arrangements will also be reflected in the Operating Budget and Budget narrative. All partnership agreements must include a draft of financial arrangements or considerations between partners to be considered for the RFP. Final contracts can be negotiated after receiving an award.(See Section 5.3.D)

If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2, 2.1.

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

## **2.6 RFP Questions and Clarifications**

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to [carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov) by 4:00 PM EST on the “Questions Due” date indicated in Section 2, 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

The questions and official answers will be posted on the OMH website by 05/27/21.

## **2.7 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.

## **2.8 Disqualification Factors**

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

- Proposals from applicants that do not meet the eligibility criteria as outlined in Section 2, 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section 2, 2.11 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section 2, 2.11, by the proposal due date of 4:00 PM EST on 06/16/21.

## **2.9 Grants Gateway Requirement**

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

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 4:00 PM EST on 06/16/21 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

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

## **2.10 Proposals Executive Order #38**

[Pursuant to Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Please refer to Appendix C of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also [Executive Order #38 Homepage](#).

## **2.11 Instructions for Bid Submission and Required Format**

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

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

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

**If you are not already registered:**

Registration forms are available at the GGS website:  
<https://grantsmanagement.ny.gov/register-your-organization>

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

All registration must include an Organization Chart in order to be processed. When you receive your login information, log in and change your password.

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

### **How to Submit a Proposal**

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

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

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

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

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

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

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

## Helpful Links

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

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

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

(Technical questions)

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

## 2.12 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' <https://grantsmanagement.ny.gov/grantee-documents#vendor-user-manual> 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 contract. 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, 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

### **3.4 Term of Contracts**

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

### **3.5 Minority and Women Owned Business Enterprises**

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 0% goal for Minority-owned Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

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

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

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

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

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes

to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

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

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

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

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

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

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

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

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

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

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, 2.11 of this RFP.

### **3.11 Freedom of Information Requirements**

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the

applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

**3.12 NYS and OMH Policies**

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

**4. Evaluation Factors and Awards**

**4.1 Evaluation Criteria**

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

The Evaluation will apply points in the following categories as defined in Section 5 , 5 . 3 C :

<b>Technical Evaluation</b>	<b>Maximum Points</b>
Summary	5
Project Narrative: Population to be Served/Statement of Need	10
Project Narrative: Proposed Program/Approach	25
Project Narrative: Organization and Staffing	15
Project Narrative: Implementation	25
Total Technical Score	80
Financial Assessment	20
<b>Total Proposal Points</b>	<b>100 Points</b>

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 4, 4.2.

**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, 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2, 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

**The evaluation of proposals will be conducted in two parts: Financial Assessment and Technical Evaluation.**

The Technical Evaluation Committee, consisting of at least three technical evaluators, will independently review the technical portion of each proposal and compute a technical score. The Technical Evaluation Committee may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. A financial score will be computed separately based on the operating budget and budget narrative submitted. Once completed, final Technical Evaluation scores will be calculated and averaged, and then added to the final Financial Assessment to arrive at a final Total score.

- Any proposal receiving a Total Score of less than 70 will be eliminated from further consideration.
- If necessary, to break a tie, the proposal with the highest score in the “Proposed Program Approach” component of Project Narrative (Section 5, 5.3.C.2 ) will be selected.

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

#### **4.3.1 Initial Awards and Allocations**

Proposals will be ranked, and a minimum of six awards (within the available funding) will be made to the applicants with the highest score to assume the operation of the “Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19” Geriatric Demonstration.

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

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet start-up milestones 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. 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. OMH reserves the right to contact and offer an award, in order of ranked score to the other applicants.

### **4.4 Award Notification**

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

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

## **5. Scope of Work**

### **5.1 Introduction**

The COVID-19 public health crisis has highlighted the severe impact of health care disparities and the social determinants of health (SDOH) on underserved racial and ethnic minorities and other vulnerable populations. The U.S. Department of Health and Human Services (DHHS), Office of Disease Prevention and Health Promotion, defines the social determinants of health as “the conditions in communities where people are born, live, learn, work, play, worship and age, that affect a wide range of health, functioning and quality of life outcomes and risks”. Vulnerable populations as defined by the U. S. DHHS include the following groups: older adults, individuals with chronic health conditions (including behavioral health conditions), racial and ethnic minorities, socioeconomically disadvantaged groups, individuals with disabilities and groups experiencing housing instability, social isolation and the stigma associated with these life circumstances. Vulnerable, marginalized populations often experience reduced access to quality health care and preventive care, including vaccinations for life threatening respiratory illness like flu, pneumonia, and COVID-19.

Older adults are among these vulnerable and underserved groups and are one of the fastest growing demographics in the Nation and the State. While many are not currently receiving behavioral health services, many older adults are at risk of developing mental disorders as well as other health conditions such as heart disease, diabetes, and hearing loss. The U.S. Center for Disease Control (CDC) estimates that 20% of people over the age of 55 experience some type of behavioral health issue, including substance use disorders and serious mental illness. In addition, many older adults experience undiagnosed but clinically significant levels of anxiety and depression, contributing to social isolation and loneliness, which is highly correlated to suicide among older adults. These numbers are projected to increase as older individuals begin to experience increased social isolation, anxiety and depressed mood related the COVID-19 pandemic.

As people living with mental health and substance use challenges experience the aging process, they are at an increased risk compared to the general population for chronic medical conditions such as cardiovascular disease, metabolic syndrome/diabetes, obesity and often have a much higher prevalence of tobacco use. These physical, behavioral health and social conditions have a significant impact on an individual’s ability to age successfully in community settings, and put them at increased risk for premature institutionalization and negative health outcomes, including premature death.

The COVID-19 pandemic has disproportionately affected these groups and their communities, and placed the most vulnerable and underserved groups at even greater risk of negative health outcomes. The impact of the COVID-19 pandemic will have long lasting, population-wide effects on the physical health, mental health and substance use and recovery needs of individuals and communities. In compliance with Governor’s Executive Order 190, and in alignment with the New York State Prevention Agenda, this new round of Geriatric Service Demonstration Program grants will work to improve health outcomes and reduce disparities experienced by racial, ethnic, disability and disadvantaged groups by providing support for individuals to age in place in the communities of their choice.

## **5.2 Objectives and Responsibilities**

As noted in Section 1, 1.1, the purpose of the “Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19” Geriatric Demonstration Project is to assist adults, age 55 and older, to age in place in the community settings of their choice by providing services and supports to address their unmet behavioral health, physical health and social support needs. A primary focus of this RFP will be to serve individuals living in communities that have been severely impacted by COVID-19.

### **5.2A Program Requirements**

Each “Partnership” Program is required to:

- 1. Create a partnership of providers from three core service areas:**
  - (a) Core service areas are defined as Mental Health services, Substance use Services and Supports and Aging services, and “The Partnership” will address the unmet needs of older adults for these services. The primary applicant must be licensed by OMH to provide outpatient mental health services, and will be a participating provider in this partnership and be responsible for its leadership. There is no specific limit to the number of service providers that may constitute an effective, working local partnership, but there must be at least one provider from each of the three core service areas. “The Partnership” member responsibilities include significant commitment and involvement in planning, implementation, and oversight of the program during the five-year grant period. To ensure success, applicants will need to create effective collaborative partnerships, and should choose partners that are committed, reliable, fiscally sound and with demonstrated expertise in serving the target population.
  - (b) “The Partnership” members will be responsible for negotiating any financial arrangements for services between the member partners and indicating these arrangements in the required budget formats – the Operating Budget Form and the Budget Narrative Form (Appendix B and B1) (See Section 5.3.D).

## **2. Identify and serve the Target Population:**

Applicants must choose from the target populations identified in Section 1, 1.2 and clearly demonstrate how they will serve that specific population. Applicants will complete an in-depth community needs analysis to include identification of the population to be served, and the barriers and challenges to aging in place in that community. The proposal must identify how the applicant agency and its partners will develop the capacity to support aging in place by addressing the following concerns for the target population: improving access to behavioral health and physical health services, improving wellness and supporting chronic disease management; improving environmental safety and housing security; reducing social isolation and loneliness; and assisting with system navigation and advocacy in the physical health, behavioral health and entitlement/benefit systems.

## **3. Provide Mobile Outreach and Off-Site Services:**

To identify at-risk older adults in the community who are not connected to the service delivery system and those who encounter difficulties accessing needed services, “The Partnership” program must develop and utilize substantial mobile outreach and off-site services capacity. Mobile outreach and off-site services will be used to engage the identified target population, to assess their unmet needs for behavioral health, physical health and aging services, as well as unmet needs related to areas such as cognition, social isolation, self-neglect, abuse, housing, financial resources/benefits, and legal issues. Based on the assessment, an individualized care plan will be developed to address identified concerns and high levels of need, and until planned services are in place, “The Partnership” must be able to provide interim client care and care coordination services.

**4. Provide Behavioral Health Services:** The “Partnership” must be able to screen and assess individuals for services, and provide appropriate services for both mental health and substance use treatment needs. The requirement for this array of services can be met through the primary applicant in partnership with the OASAS licensed provider, or by a New York State licensed provider of Integrated Outpatient Services (IOS) as primary applicant if licensed to provide both mental health and substance use services. (See “Integrated Outpatient Services” OMH-licensed providers (14 NYCRR Part 598), OASAS-licensed providers (14 NYCRR Part 825) Initial outreach and screening will be provided in the community directly through “The Partnership”. Providers will use behavioral health screening and assessment instruments appropriate for the older adult population– such as the Patient Health Questionnaire-9 (PHQ-9) for depression, the Generalized Anxiety Disorder-7 (GAD-7) for anxiety, and the Alcohol Use Disorders Identification Test-C (AUDIT-C) for hazardous drinking and alcohol use disorders, (and any others identified by OMH, AAA or OASAS) – must be used, followed by a more comprehensive assessment for those who screen positive. Following the comprehensive assessment, behavioral health treatment services, when indicated, may include appropriate brief or longer-term counseling, pharmacological, or psychotherapeutic interventions that address identified behavioral health symptoms and diagnosed mental health and substance use disorders.

**5. Access Aging Services through formal partnership with local Area Agency on Aging (AAA):** Aging Services include home and community-based, non-medical, aging support services administered by the local Office for the Aging AAA to meet the needs of older adults. These services include but are not limited to: personal care to assist with daily living activities; transportation to needed medical appointments, community services and activities; home modification to ensure a safe and adequate living environment; help with everyday tasks; home delivered meals; nutrition counseling and education; Healthy Aging education, Caregiver services, benefits and application assistance; social adult day services; and senior center programming, including access to Virtual Senior Centers as available. The Comprehensive Assessment for Aging Network Community-Based Long-Term Care Services (COMPASS) tool is commonly used to determine the need for these services.

**6. Develop capacity or access existing Peer Services.** “The Partnership” will develop capacity to provide, or access existing peer services to support outreach and engagement in services, enhance community integration and reduce social isolation. These services may be provided by OMH Certified Peer Specialists (CPS), OASAS Certified Recovery Peer Advocates (CRPA), or Certified Older Adult Peers (COAP) services, and may also include community health workers, peer navigator services, or community-based organization volunteer services.

**7. Utilize Technology to increase access to services and support outreach:** “The Partnership” program must utilize technology to increase outreach and improve access and participation in care. Examples of technology may include, but are not limited to, a variety of telehealth and telecare options, mobile technologies, audio, video and “smart” technologies, access to Virtual Senior Centers, electronic health monitoring devices and other technological innovations.

*The following definitions may apply, telecare refers to telecommunications technology that allows individuals to stay safe and independent in their own homes, helping to manage a wide range of risks associated with independent living; telemedicine refers to telecommunications technology that allows the provision of health care services and education over a distance, including video consultations with specialists and remote evaluations and diagnoses; and Telemental health is defined as the use of electronic information and communication technologies by telehealth practitioners to provide mental health services at a distance. Such services do not include an electronic mail message, text message, or facsimile transmission between a provider and a recipient, or a consultation between two professionals or clinical staff.*

[http://www.omh.ny.gov/omhweb/clinic\\_restructuring/telepsychiatry.html](http://www.omh.ny.gov/omhweb/clinic_restructuring/telepsychiatry.html).

**8. Use grant budgeted wrap around funding to support aging in place:** The program will allocate budget funding to provide wrap around purchases to support aging in place as needed. “The Partnership” will develop a process to assess aging in place needs and determine most appropriate intervention to be implemented through the use of wrap around funding.

Examples may include, but are not limited to: minor home modifications to improve safety and security, payments for home care services not eligible under current coverage, increasing access to technology (e.g. devices or equipment, Wi-Fi/internet access, technology literacy training) and other flexible supports to assist an individual to remain in the community.

### **5.2B Cultural Considerations**

Each “Partnership” Program is required to utilize knowledge, information, and data from and about individuals, families, communities, and groups in the geographic area to be served to address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population. The information should be used to adapt clinical standards and practices, skills, service approaches, techniques, and outreach to support the beliefs, values, preferences, and life circumstances of diverse cultural communities represented by individuals who receive services.

### **5.2C Core Implementation Team**

Successful applicants are required to establish a Core Implementation Team to inform and support the work of the local services partnership. These partnership responsibilities include significant collaborative commitment to and involvement in planning, implementing, and overseeing the program during the five-year grant period. The team is to be composed of the applicant and the other core services providers and is to include, at minimum, (1) members of senior management with the authority to make decisions and (2) staff with on-the-ground knowledge and supervisory experience.

### **5.2D Geriatric Technical Assistance Center**

Successful applicants are required to engage, along with other grantees, in the programmatic and fiscal technical assistance offerings of a Geriatric Technical Assistance Center (GTAC), which typically include introductory calls with senior leadership, in-person or virtual site visits, monthly individual program coaching calls, group calls to provide direct information and facilitate communication among grantees, monthly webinars, and three yearly in-person or virtual Learning Community meetings that if in-person, involve travel for 3-6 staff to Albany, New York. Expenses associated with such travel should be considered when budgeting.

### **5.2E Data**

Successful applicants are required to collect, manage, and report a set of program performance measures to OMH. Of particular importance is data that can be used to measure change, which is necessary to confirm improvement in individual client health and demonstrate positive program outcomes. This will, at a minimum, entail the initial administration of specified screens, questions or assessments and follow-up screening or assessments at prescribed intervals. Data produced by grantees in connection with their responsibilities under the grant shall belong to OMH but may be used by the grantee for educational or

research purposes, as long as all other legal requirements for the use of such data have been satisfied and with the permission of OMH. Successful applicants are required to electronically submit individual client level performance measures at regular intervals to OMH using a format provided by OMH that requires neither client identity nor confidential information.

### **5.3 Requirements for Submission**

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not be considered. See Section 2, 2.11 for additional information on the proposal format and content.

#### **5.3A Agency Transmittal Form**

Please complete and submit the Agency Transmittal form.

#### **5.3B Summary**

Provide a concise description of the program model that summarizes its goals, overall approach (including identification of the population to be served, identification of "The Partnership" providers from all three core service areas, any other contractual or collaborative organizations with an important role in delivering program services), anticipated outcomes, and materials or other products that will be produced as a result of the program.

#### **5.3C Project Narrative**

##### **1. Population to be Served/ Statement of Need**

In this section, describe the need for developing a "Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19" program for the target population in the geographic area(s) to be served. The description should include, but need not be limited to, the following:

- a). Describe your agency's mission as it relates to the target population. Applicants must demonstrate experience working with an older adult population with behavioral health needs (mental health and substance use) and chronic physical health needs.
- b). Provide demographic data, with source citations, on the specific population to be served;
- c). Provide data on the behavioral health, aging, and other service needs of the population to be served (see Section 1, 1.2).
- d). Describe how data related to age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the

population to be served were reviewed and how they affected program design; and

e.) Describe specific problems and challenges to aging in place in the community to be served that the program intends to address by implementing the proposal.

## **2. Proposed Program/Approach**

This section should provide a clear and concise description of how the program's local partnership of mental health, substance use disorder, and aging services providers will innovatively address the unmet needs of older adults for such services and support aging in place. The description should include, but need not be limited to, the following:

(a). Describe how the applicant will create a local partnership of mental health, substance use services and supports and aging services providers that includes the applicant as a participating provider, and identify those partners by each core service area.

(b). Describe how the applicant will provide leadership for "The Partnership's" work.

(c). Identify any other contractual or collaborative organizations with an important role in carrying out the program who are not "Partnership" providers;

(d). Describe the capability and experience of the applicant in the provision of culturally competent care for older adults of diverse backgrounds;

(e). Describe how services provided will take into account the beliefs, values, preferences, and life circumstances of different racial, ethnic, cultural and disability groups in the population to be served;

(f). Describe how mobile outreach and off-site services will be provided to identify (1) at-risk older adults in the community who are not connected or are inconsistently connected to the service delivery system and (2) older adults in the community who encounter difficulties accessing needed services; how mobile outreach and off-site services will engage them and assess their unmet needs for behavioral health, physical health and aging services, as well as unmet needs related to areas such as cognition, social isolation, self-neglect, abuse, housing, financial resources/benefits, and legal issues; how an individualized care plan based on the assessment will be developed to address identified concerns and high levels of need; and how the program will provide interim client care and care coordination services until planned services are in place from within "The Partnership" or from other providers;

(g). Describe how effective behavioral health screening instruments – such as the PHQ-9, GAD-7, and AUDIT-C – followed by a more comprehensive assessment for those who screen positive will be used to identify the need for services and how the program will provide needed behavioral health treatment services as indicated;

(h). Describe how the need for home and community-based, non-medical, aging support services administered by the local Office for the Aging AAA will be assessed to identify older adults who need them, and how the program will access needed aging support services within “The Partnership” or from other providers;

(i). Describe how the program will utilize technology – such as telecare, telemedicine, telemental health or telepsychiatry, and other mobile technologies – to better serve the target population and help staff innovatively address the unmet needs of these older adults for behavioral health, aging, and other services; and how the applicant evaluated the availability, accessibility, utility, efficacy and cost of the technology before selecting the technologies to be utilized;

(j). Complete the chart attached in the Pre-submission upload section by providing a realistic estimate of the unduplicated number of individuals to be served by the program and the number of their face-to-face contacts and/or telemental health services encounters with program staff during **each** year of the five-year grant period for **each of the six** required components of service;

(k). Additionally, provide an estimate of projected costs per service per person served by completing the chart attached in the Pre-submission upload section. *[Before providing an estimate, please note that initial implementation of all six required components of service is expected in year two of the five-year grant period. Programs that plan to submit a proposal to enhance or expand existing services will be expected to continue to provide those services as part of the demonstration in year one of the five-year grant period and expand or enhance them by the second year of the grant. See Section 5, 5.3 C.4.]*

### 3. Organization and Staffing

This section should describe and demonstrate organizational capability to implement and operate the proposed “The Partnership” program. Information provided should clearly delineate the roles and responsibilities of each local partnership provider and any other contractual or collaborative organizations with an important role in carrying out the program and include, but need not be limited to, the following:

(a). Provide an organizational chart and describe the organizational structure, lines of supervision, and management oversight for the proposed program;

(b). Describe the day-to-day responsibility for key tasks such as providing leadership; communicating with partners; program planning, implementation, and oversight (see also Section 5, 5.2.C); collecting, managing, and reporting program performance measures; monitoring ongoing progress; and preparing monthly and other as-needed reports;

(c). Describe the roles, qualifications, expertise, and relevant experience working with older adults, (include professional licensure/certification) of key personnel;

(d). Identify the number and type of staff needed for **each of the six** required components of service. This staffing pattern shall reflect an adequate number and appropriate mix of staff and should include staff with language skills appropriate to the cultural communities represented by the population to be served.

#### 4. Implementation<sup>1</sup>

This section should clearly and carefully describe how “The Partnership” program’s local partnership providers will complete program implementation tasks related to (1) planning, (2) program installation, (3) initial implementation, (4) full implementation, and (5) sustainability.

*Initial implementation of all six required components of service (Mobile Outreach and Off-Site Services, Access Behavioral Health Services, Access Aging Services, Use of Peer Services, Use of Technology and Use of Wrap Around Funding) is expected by year two of the five-year grant period. Programs that plan to submit a proposal to enhance or expand already existing services will be expected to implement expansions or enhancements to their programs by year two of the five-year grant period.*

##### 1. Planning

(a). Describe how the applicant will establish and operationalize a Core Implementation Team (see Section 5, 5.2C) to inform and support the work of “The Partnership”. The Core Implementation team’s responsibilities include significant collaborative commitment to and involvement in planning, implementing, and overseeing the program during the five-year grant period;

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<sup>1</sup> This section contains information adapted from the work of Dean L. Fixsen and his colleagues in Fixsen, D.L., Naomi, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

(b). Describe how “The Partnership” program providers plan to communicate about the program with clients, staff, and other stakeholders;

(c). Provide an assessment the top three potential challenges or barriers to program implementation;

(d). Provide an Implementation Workplan with tasks, timelines, and assigned responsibilities to facilitate program installation, initial implementation, full implementation, and sustainability;

## 2. Program Installation

*The stage of implementation focused on tasks to be accomplished before the first client is seen.*

(a). Identify what equipment and technologies are needed to operate the program and when they will be acquired, installed, and ready to use;

(b). Describe how “The Partnership’s” providers will recruit and employ the right new staff and/or realign existing staff, develop or modify job descriptions, structure supervision, plan staff orientation, and ensure the ongoing provision of training, consultation, and on-the-job coaching;

(c). Identify any written policies and procedures that need to be developed or revised and put in place relevant to the “The Partnership” program;

(d). Describe how a system for collecting and submitting individual client level program performance measures using OMH guidelines (see Section 5, 5.2E) will be established;

## 3. Initial Implementation

*Initial implementation is often characterized by change and resistance to change.*

(a). Describe how administrative, clinical, and other staff will be supported by training focused on the background, theory, philosophy, and values of the program, including the core elements and rationales of program practices;

(b). Describe how staff will be provided opportunities to practice new skills and receive feedback in a safe training environment;

(c). Describe how staff consultation and on-the-job coaching will be used at the outset and throughout the life of the program to help bring about positive behavior change;

(d). Describe how program evaluation capabilities will be utilized to help ensure implementation and provide administrative, clinical, and other staff regular feedback to improve services;

(e). Describe how the program's providers will provide leadership, support the overall implementation process, and keep staff organized and focused on desired outcomes;

#### 4. Full Implementation

Describe and identify measures or standards for **each** of the following five characteristics of a fully implemented program that will allow "The Partnership" program providers to determine and demonstrate that the program is fully operational:

(a) a substantial caseload of the target population of older adults is being served in each of the six required components of service (*Mobile Outreach and Off-Site Services, Provide Behavioral Health Services, Access Aging Services, Use of Peers, Use of Technology and the Use of Grant budgeted wrap around funding to support aging in place*);

(b) staff is carrying out the program with proficiency and skill;

(c) Administrative staff both support and facilitate the program;

(d) communities in the geographic area(s) being served are aware of the program and what it can provide; and

(e) data (both client and program level) are being collected and reported as required and is used to evaluate program success and identify the most useful and valuable areas upon which to focus a valid outcome evaluation of program effectiveness;

#### 5. Sustainability

*The stage of implementation whose goal is the long-term success of an effective program.*

(a). Describe how future plans for "The Partnership" program will be developed and how other funding options and sources of political support for the program will be examined;

(b). Describe how the program fits with similar programs, services, and activities in "The Partnership" members and other provider organizations in the community;

(c). Describe how the roles, responsibilities, and workload of staff and supervisors will be re-evaluated to address issues related to adequate staffing and ensure long-term program success;

(d). Describe how program evaluation capabilities will be utilized to monitor program effectiveness and guide ongoing efforts to improve the program; and

(e). Describe how the “The Partnership” providers will ensure that administrative structures and supports are sufficient to sustain the program.

### **5.3D Operating Budgets and Budget Narratives**

Be sure to use the required budget formats – the Operating Budget Form and the Budget Narrative Form (Appendix B and B1) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section 4, 4.2).

1. Develop Yearly Operating Budgets for Years 1-5.  
For a five-year grant period, OMH will award successful applicants up to \$300,000 a year.

Note that administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.

2. Complete Budget Narratives for all the detailed expense and revenue components (including any and all financial arrangements between partners) that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.