



Connecting TGNCNB Youth to Mental Health Supports – Suicide Prevention

Request for Proposals

Grant Procurements

(On-Line Submission Required via Grants Gateway)

November 2023

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) is committed to preventing suicides. In recognition of the increased number of young people who have reported trying to die by suicide¹ and the special needs of transgender, gender non-conforming, and non-binary youth (TGNCNB), OMH is announcing the availability of funds for a non-profit agency(s) or tribal organization(s) that is led by, staffed by, and supporting TGNCNB individuals through youth suicide prevention programming. This award is associated with the “Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund” [established in 2022](#) with additional investment [announced in June 2023](#) including youth suicide prevention funding to support TGNCNB New Yorkers.

The goal of the award(s) is to cover wide reaching efforts throughout the state via one or multiple awardees. Amounts requested should match this goal.

Alarming, preliminary evidence suggests that suicide risk may have increased throughout the pandemic for youth and young adults.² In 2021, the U.S. Surgeon General released a report describing an emerging mental health crisis among children, adolescents, and young adults that has worsened in the wake of the COVID-19 pandemic.³ The report identified several populations of racial and ethnic minorities and LGBTQ+ youth more likely to experience poor mental health outcomes in the aftermath of the pandemic, including suicidal ideation and planning and emergency room presentations for suspected suicide attempts. Robust public health research is needed to identify disparities impacting transgender youth, and preliminary evidence suggests transgender individuals ages 15-24 may be at heightened risk for suicide attempts compared to their non-transgender peers.⁴

The award(s) is intended to assist New York State non-profit community-based agency(s) or tribal organization(s) with the development of

¹ Centers for Disease Control and Prevention. (2020). Trends in the Prevalence of Suicide-Related Behaviors: National YRBS: 1991-2019.

https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2019_suicide_trend_yrbs.pdf

² Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., Hartnett, K., Kite-Powell, A., Rodgers, L., Adjemian, J., Ehlman, D. C., Holland, K., Idaikkadar, N., Ivey-Stephenson, A., Martinez, P., Law, R., & Stone, D. M. (2021). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(24), 888–894.

<https://doi.org/10.15585/mmwr.mm7024e1>

³ Office of the Surgeon General (OSG). (2021). Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory. US Department of Health and Human Services.

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

⁴ Erlangsen, A., Jacobsen, A. L., & Ranning, A. (2023). Transgender Identity and Suicide Attempts and Mortality in Denmark. *JAMA*, 329(24), 2145-2153. <https://doi.org/10.1001/jama.2023.8627>

innovative treatment-adjacent programming to provide culturally relevant suicide prevention interventions for TGNCNB youth and young adults. The awardee(s) will be required to facilitate a mix of culturally tailored, evidence-based, evidence-informed and/or innovative programming and partner with an identified behavioral health provider to facilitate access to treatment services for individuals who need them. This program will be administered by OMH and developed in consultation with OMH's Suicide Prevention Center of New York (SPCNY).

Applicants are encouraged to review currently available resources and guidance related to suicide prevention strategies and best practices for high-risk youth/young adult populations. A non-exhaustive list of resources available online include:

Resource Library – Suicide Prevention Center of New York:
<https://www.preventsuicideny.org/resource-library/>

Talking About Suicide – The Trevor Project:
<https://www.thetrevorproject.org/resources/category/talking-about-suicide/>

Suicide Prevention Resource Center:
<https://www.sprc.org/>

1.2 Allocation of Programs

A total of \$1 million in annual funding is available to support community-based supportive and preventive services to underserved youth and/or young adults over a 5-year period. Applicant proposals should state the catchment area their CTYMHS-SP program will serve. For an applicant proposing to solely serve individuals within the five boroughs of New York City, the maximum annual award amount is \$500,000. Award(s) available for organizations serving solely New York City will not exceed \$500,000 annually.

1.3 Focus Population/Eligibility Criteria

Underserved youth and young adults up to age 24 years residing in NYS identifying as Transgender, Gender Non-Conforming, and Non-Binary (TGNCNB), inclusive of those who are questioning/struggling with gender identity.

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 II
New York State Office of Mental Health
Contracts and Claims
7th Floor
44 Holland Avenue
Albany, NY 12229
omhlocalprocurement@omh.ny.gov

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal are strongly encouraged to submit a Letter of Intent to Bid to the OMH Issuing Officer by the date listed in Section 2.3. The Letter of Intent to Bid shall be non-binding.

Please email the letter of intent to the Issuing Officer:
omhlocalprocurement@omh.ny.gov

Please put “Connecting TGNCNB Youth to Mental Health Supports - Suicide Prevention RFP” in the Subject line.

2.3 Key Events/Timeline

RFP Release Date	11/3/2023
Questions Due by 4:00 PM EST	11/20/2023
Q&As Posted on Website	12/7/2023
Letter of Intent to Bid Due	12/28/2023
Proposals Due by 2:00 PM EST*	1/4/2024
Anticipated Notice of Conditional Award	2/16/2024
Anticipated Contract Start Date	4/1/2024

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

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to omhlocalprocurement@omh.ny.gov by 4:00 PM EST on the “Questions Due” date indicated in Section 2.3.

Please put “Connecting TGNCNB Youth to Mental Health Supports - Suicide Prevention RFP” in the Subject line.

The questions and official answers will be posted on the OMH website by the date indicated in Section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

2.5 Addenda to Request for Proposals

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

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

2.6 Disposition of Proposals

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

2.7 Eligible Agencies

Eligible applicants include:

- Not-for-profit agencies with 501(c) (3) incorporation located and doing business in New York State; or
- American Indian tribes or tribal organizations located in New York State.

Eligible applicants do not need to be licensed and/or funded by the New York State Office of Mental Health. However, eligible applicants must have:

- Demonstrated expertise working with underserved populations; and
- Missions that include providing outreach and support to the focus population in this RFP, preferably with a Suicide Prevention focus.

Note: only **not-for-profit** applicants are required to adhere to the **Prequalification** requirement as described in Section 2.9.

Note: **all** applicants must be **Registered** (referenced in Section 2.10) with the Grants Gateway to access the funding opportunity.

Eligible applicants do **not** need to be licensed and/or funded by the New York State Office of Mental Health.

Eligible applicants can subcontract with content experts for specific deliverables.

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

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

2.8 Disqualification Factors

Following the opening of applications, 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 if eligibility criteria have been met. During 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 2.7; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section 2.10 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section 2.9, by 2:00 PM EST on the proposal due date listed in Section 2.3.

2.9 Grants Gateway Requirement (Applicable to not-for profits only)

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 [grants management](#) process which require all applicants to register and if a **not-for-profit entity**, 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 2:00 PM EST on the proposal due date listed in Section 2.3 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

Please do not delay in beginning and completing the [registration](#) and (if applicable) [prequalification](#) process.

NYS 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.

Organizations are notified by email once registration is complete.

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 due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.10 Instructions for Bid Submission and Required Format

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

- 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 and instructions 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 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 [NYS Grants Gateway System](#) by the date and time posted in Section 2.3.

You must use Microsoft Edge to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

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

click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

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.

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.

[Resources for Grant Applicants](#) (webinars, documents and videos) are available for Grantees applying to funding opportunities on the NYS Grants Gateway.

For further information on how to apply, and other information, please refer to the [Vendor User Manual](#).

[Videos for Grant Applicants](#) (includes a registration tutorial, a prequalification document vault tutorial and an application tutorial) are posted on YouTube.

(Technical questions)

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

2.11 Instructions for Completing the Workplan and Objectives in NYS Grants Gateway

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

The Work Plan Period should reflect the anticipated five-year contract 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. 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 Work Plan of the 'Grantee User Guide' ([Click here for Grants Gateway: Vendor User Guide](#)) for detailed instructions on how to complete the Workplan.

3. Administrative Information

3.1 Reserved Rights

OMH reserves the right to:

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

- Make an award under the RFP in whole or in part;
- Disqualify and applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, Grants Gateway and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure".
- Change any of the dates indicated in the Key Events/Timeline

3.2 Debriefing

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

3.3 Protests Related to the Solicitation Process

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

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

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

3.4 Term of Contracts

The 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 (MWBs) and the employment of minority group members and women in the performance of OMH contracts. 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:

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 Businesses

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

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

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor,

undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid, or provide a statement detailing why the certification cannot be made.

3.9 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.10 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Sections 2.7-2.11 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 for Awards

4.1 Evaluation Criteria

All proposals for Connecting TGNCNB Youth to Mental Health Supports – Suicide Prevention (CTYMHS-SP) awards will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission as described in Section 4.2.

The Evaluation will apply points in the following categories as defined in Section 6 (Proposal Narrative).

Technical Evaluation	Points
6.1 Diversity, Equity and Inclusion	10
6.2 Population	15
6.3 Description of Program	20
6.4 Implementation	15
6.5 Description of Agency	10
6.6 Reporting and Quality Improvement	10
6.7 Financial Assessment	20
Total Proposal Points	100

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

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.7, 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.

Evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. The final Technical Evaluation scores will be averaged and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum score of 65 will be eliminated from consideration.

4.3 Process for Awarding Contracts

4.3.1 Initial Award and Allocations

Proposals will be scored and grouped by those **with** TGNCNB leadership or staff and those **without** TGNCNB leadership or staff as indicated in Section 6.5b.

- The award(s) will be made to the highest scoring applicant **with** TGNCNB leadership or staff.
- If no passing proposals are received from organizations **with**

TGNCNB leadership or staff then the award(s) will be made to the highest scoring applicant **without** TGNCNB leadership/staff.

In the case of a tie between two applicants with the same overall score the proposal with the highest score on Section 6.3 (Description of Program) will receive the higher ranking.

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 maintain staffing requirements, failure to refer clients to behavioral health services, 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. OMH will go to the top of the list and work its way down the list to reassign the contract to the highest ranked proposal.

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 an operating contract can be finalized.

5. Scope of Work

5.1 Introduction

The New York State Office of Mental Health (OMH) will award funds through this opportunity for the development of Connecting TGNCNB Youth to Mental Health Supports –Suicide Prevention (CTYMHS-SP) for vulnerable populations of young people in New York State, specifically those that are TGNCNB youth and young adults.

Transgender, Gender Non-Conforming, and Non-Binary (TGNCNB), youth/young adults are experiencing increasing rates of suicidal thoughts and behaviors.

OMH will provide funding for CTYMHS-SP program(s) operated by a “grass roots” or community wraparound agency (as defined in Section 2.7) to facilitate a comprehensive program of culturally tailored, evidence-based, evidence-informed and/or innovative initiatives that support mental health and wellness for TGNCNB youth/young adults in the proposed catchment area.

The awardee will offer community-based, treatment adjacent, supportive mental health services that reduce risk of suicide and build a sense of safety and connectedness to at-risk TGNCNB youth/young adult populations.

To strengthen linkages with existing supports within the mental health system, the CTYMHS-SP program will be required to establish partnerships with a behavioral health provider agency to facilitate access to treatment services for individuals who need them.

5.2 Objectives and Responsibilities

The awardee must be prepared to provide the CTYMHS-SP program as outlined in Section 5.2 by the close of the third (3rd) quarter of the first contract year.

Objective 1: Treatment Adjacent Services

Treatment adjacent services are part of the robust continuum of services to promote mental health and wellness. Treatment adjacent services may be provided to youth and young adults receiving behavioral health treatment to supplement their care, as well as to youth and young adults not receiving treatment to prevent the development of behavioral health issues. The CTYMHS-SP program is **required** to offer **all** of the following treatment adjacent services (directly or through contracts/partnerships):

- Individual and group supportive services
- Family education and supportive services
- Community engagement and outreach
- Academic and vocational support
- Positive youth development activities
- Risk assessment
- Referral and linkage, including for managing crises

Additional services that can be provided at the discretion of the applicant include the following. NOTE: These optional services would be reimbursable activities for applicants that are awarded, however, they will not contribute to the overall proposal score:

- Peer support and advocacy provided by credentialed Youth/Family Peer Advocates (YPA/FPA), New York Certified Peer Specialists (NYCPS), and/or Certified Recovery Peer Advocates (CRPA) relative to the population being served
- Psychosocial rehabilitation
- Art, music, and/or dance activities that promote wellness
- Developing coping skills including help-seeking and accepting behaviors
- Faith and spirituality activities
- Substance use prevention
- [Native Connections](#)
- Care coordination
- Postvention support

- Organized recreational activities that promote community wellness
- Wellness education
- Mentoring
- Wrap-around support (e.g., food for group meetings, emergency assistance for youth/young adults and families ineligible for public benefits)
- Other (describe in proposal)

Objective 2: Partnership with Behavioral Health Provider

Some of the young people served in the CTYMHS-SP program may require behavioral health treatment. Therefore, the CTYMHS-SP program must identify a behavioral health provider partner and describe procedures to ensure that clients enrolled in the CTYMHS-SP program receive timely access to clinical services from the provider partner as needed, including linkage with 24/7 crisis services. The CTYMHS-SP program must provide documentation (e.g., a memorandum of agreement or a statement of support) outlining the identified behavioral health provider’s commitment to provide these services.

Behavioral Health Providers can include individuals or organizations with experience serving youth/young adults with mental health needs and providing behavioral health services by qualified providers, including but not limited to, licensed, designated, or authorized entities, such as:

- Article 31 (OMH) Mental Health Outpatient Treatment and Rehabilitative Services Programs (including school-based clinics)
- Article 32 Office of Addiction Services and Supports (OASAS) outpatient treatment clinics
- Article 28 hospitals with outpatient behavioral health clinic services
- Certified Community Behavioral Health Clinics (CCBHCs)
- Federally Qualified Health Centers (FQHCs)

5.3 Implementation

1. Program Environment and Accessibility

The CTYMHS-SP program will provide services:

- In dedicated spaces that are designed to promote openness, cleanliness, comfort, safety, and social connections; and
- In accessible locations (e.g., near public transportation, in buildings that are mobility accessible, that allow entry on evenings/weekends).

2. Staffing

The CTYMHS-SP program will provide an adequate level of staffing to perform the required work and the awardee will establish a staffing structure commensurate with the deliverables outlined in this project. Applicants are required to describe the proposed staffing resources,

experience and qualifications needed to support the CTYMHS-SP program. Program staff should be reflective of the population being served. At a minimum, Personnel, Supervision, and Training requirements for the CTYMHS-SP program include:

- Personnel Requirements:
 - An identified Team Leader to oversee all aspects of the Program.
 - At least one staff member must have training and/or experience as a family specialist and the program must describe specific family outreach activities in Section 6.3b.
 - Applicants are encouraged to include one or more of the following personnel in their staffing plan:
 - Credentialed Youth Peer Advocates (YPA)
 - Credentialed Family Peer Advocates (FPA)
 - New York Certified Peer Specialists (NYCPS)
 - Certified Recovery Peer Advocates (CRPA)
- Supervision Requirements:
 - A plan for maintaining regular supervision of all staff.
 - If a peer supporter is not in a supervisory role, the plan should include supervision/co-supervision from another peer supporter
- Training Requirements:
 - A plan to ensure staff receive ongoing training, especially culturally responsive trainings regarding specific populations being served by the team, as well as areas where there is a need for knowledge acquisition in Suicide Prevention education and trauma informed care
 - Staff will be trained to engage all youth and/or young adults in the Program’s focus population, including youth/young adults with mental health and/or substance use conditions and those with histories of trauma and cross systems involvement
 - Where appropriate, the CTYMHS-SP program may have staff cross-trained for specific role areas such as art/music/dance therapist, and wellness coach.

3. Planning Meetings and Learning Collaboratives

The CTYMHS-SP program will meet and participate in planning and reporting meetings with the New York State Office of Mental Health to monitor and track the progress of the CTYMHS-SP Program. These virtual sessions will occur a minimum of four (4) times annually during the 5-year contract period.

The CTYMHS-SP program will be expected to participate in Learning Collaborative meetings convened by the New York State Office of Mental Health to share best practices and lessons learned with other OMH funded Suicide Prevention Programs. These virtual Learning Collaboratives will occur a minimum of two (2) times annually during the 5-year contract period.

4. Reporting

The CTYMHS-SP Program will be expected to submit 4 annual reports and one final cumulative report to the New York State Office of Mental Health summarizing each 12-month period of the CTYMHS-SP Program throughout the 5-year contract. Additionally, the final report will summarize the program's cumulative activities during the 5-year contract period. At a minimum, these reports will include:

- a. Summary of outreach and engagement efforts for the community, youth/young adults, and families/key support systems.
- b. Summary of treatment adjacent Suicide Prevention services provided, including aggregate numbers of individuals in the population(s) served.
- c. Summary of partnership with the behavioral health provider, including linkage, assessment, risk management, and crisis management activities.
- d. Demographic information for youth/young adults enrolled in the program.

5. Evaluation

The CTYMHS-SP Program will be asked to participate in the evaluation of the program implementation, which may include questionnaires, surveys, site visits, and interviews.

5.4 Operating Funding

An award(s) will be made in the amount of up to **\$5 million** for a five-year contract. Annual funding for each of the five years is up to \$1 million for the awarded CTYMHS-SP program(s). For an applicant proposing to solely serve individuals within the five boroughs of New York City, the maximum annual award is \$500,000.

6. Proposal Narrative

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

6.1 Diversity, Equity and Inclusion.

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

- a. Provide a mission statement for the Connecting TGNCNB Youth to Mental Health Supports – Suicide Prevention (CTYMHS-SP) Program that includes information about the intent to serve individuals from

marginalized/underserved populations in a culturally responsive trauma-informed way.

- b. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
- c. 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.
- d. Provide the diversity, equity, inclusion, cultural and linguistic competence plan for the CTYMHS-SP 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 CTYMHS-SP Program 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.

Organization Equity Structure

- e. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, equity, inclusion, cultural/linguistic competence).
- f. Describe the organization's committees/workgroups that focus on incorporating youth 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 the CTYMHS-SP Program.

Workforce Diversity and Inclusion

- g. Describe CTYMHS-SP 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, history of trauma, receiving mental health services and cross systems involvement.

Language Access

- h. Describe efforts to meet the language access needs of the clients served by the CTYMHS-SP Program (e.g., limited English proficiency, 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.

Recovery Values

- i. Describe the agency or CTYMHS-SP Program’s plan to espouse recovery and resilience-oriented values into practice.

Collaboration with Diverse Community Based Stakeholders/Organizations

- j. For this CTYMHS-SP Program, 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.

6.2 Population

- a. Describe the New York State geographic region/catchment area that the CTYMHS-SP Program will serve.
- b. Describe in narrative the characteristics of the youth and/or young adult population(s) to be served by the CTYMHS-SP Program, including
 1. Demographic information.
 2. A summary of their needs related to suicide prevention and other social service needs, including those who may have a limited support network/resources and who may not otherwise be engaged in traditional services.
 3. Estimate of the percentage of CTYMHS-SP Program enrollees expected to receive services from the Behavioral Health Provider partner.
- c. Complete and submit **attachment 6.2c Population Estimate Tables** to provide estimates of:

1. Projected total number of TGNCNB youth/young adults to be served by the CTYMHS-SP Program each year over the 5-year contract, inclusive of those who are questioning/struggling with gender identity.
2. Projected percentage of TGNCNB youth/young adults to be served by the Program each year over the 5-year contract by demographics including:
 - a. Age Group
 - i. Less than 12 years old
 - ii. 12-18 years old
 - iii. 19-24 years old
 - b. Race
 - i. Black/African American
 - ii. Asian American/Pacific Islander
 - iii. American Indian/Alaskan Native
 - iv. White
 - v. Multiracial
 - c. Ethnicity
 - i. Hispanic
 - ii. Non-Hispanic
 - d. Sexual Orientation
 - i. Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, and Asexual (LGBQIA+)
 - ii. Straight
- d. Describe agency efforts to enroll TGNCNB youth/young adults into the CTYMHS-SP Program. State the total number of TGNCNB youth/young adults expected to be served over the course of the 5-year contract period as reported in cell G4 of the Population Estimate Tables “Total Served” tab (Section 6.2c1).

6.3 Description of Program

- a. Provide an executive summary of your proposed CTYMHS-SP Program. Include a name for the Program, your Program’s catchment area, your Program’s approach to delivering the required treatment adjacent services per Section 5.2, and your partnership with the Behavioral Health Provider per Section 5.2.
- b. Describe plans for outreach and engagement of each of the three (3) groups below, including descriptions of in-person (e.g., tabling at events) and digital (e.g., virtual, text, and phone capabilities) strategies. Any outreach and engagement materials described in your response (e.g., social media campaigns/messages, digital files including graphics and videos, toolkit resources, manuals for replication of the program, etc.) may be expected to be shared with the New York State Office of Mental Health.
 1. Community
 2. Youth and/or young adults
 3. Family members/key support systems

- c. Describe how your CTYMHS-SP Program will offer each of the following required treatment-adjacent services to youth and/or young adults in your focus population. Include descriptions of services that are evidence-based, evidence-informed and/or innovative interventions that support mental health and wellness. Describe all services to be provided during normal business hours, as well as outside of normal business hours.
- Individual and group supportive services
 - Family education and supportive services
 - Community engagement and outreach
 - Academic and vocational support
 - Positive youth/young adult development activities
 - Risk assessment
 - Referral and linkage, including for managing crises
- d. From among the optional services below, describe any that you propose to offer in addition to the required services. Include descriptions of services that are evidence-based, evidence-informed and/or innovative initiatives that support mental health and wellness. Describe all services to be provided during normal business hours, as well as outside of normal business hours. NOTE: These optional services would be reimbursable activities for applicants that are awarded, however, they will not contribute to the overall proposal score.
- Peer support and advocacy provided by credentialed Youth/Family Peer Advocates (YPA/FPA), New York Certified Peer Specialists (NYCPS), and/or Certified Recovery Peer Advocates (CRPA) relative to the population being served
 - Psychosocial rehabilitation
 - Art, music, and/or dance activities that promote wellness
 - Developing coping skills including help-seeking and accepting behaviors
 - Faith and spirituality activities
 - Substance use prevention
 - [Native Connections](#)
 - Care coordination
 - Postvention support
 - Organized recreational activities that promote community wellness
 - Wellness education
 - Mentoring
 - Wrap-around support (e.g., food for group meetings, emergency assistance for youth/young adults and families ineligible for public benefits)
 - Other
- e. Describe your approach to identifying and assessing suicide risk in youth/young adults, including how the CTYMHS-SP Program will ensure ongoing assessment and screening for suicide risk. Describe your approach to offering appropriate referral and linkage, including for managing crises. Describe how you will work with the identified behavioral health partner to ensure all individuals receive the necessary risk

assessment and safety planning. Describe how you would ensure that necessary CTYMHS-SP staff are trained in this process.

- f. Describe your proposed CTYMHS-SP Program's partnership arrangement with a local behavioral health provider. Include a description of existing or planned memorandum of agreement with the provider that outlines procedures for:
 - 1. Consultation regarding behavioral health needs of youth/young adults enrolled in the CTYMHS-SP Program.
 - 2. Rapid triage and referral for clinical evaluation and timely access to treatment by the partner behavioral health provider.
 - 3. Communication between CTYMHS-SP Program staff and clinicians treating enrolled youth/young adults.
 - 4. Involvement of family in referral and treatment arrangements.
- g. Applicants must submit one of the following documents outlining the identified behavioral health provider's commitment to partnering with the CTYMHS-SP Program, including providing the linkage, assessment, risk management, and crisis management activities described in this application:
 - 1. An existing memorandum of agreement with the partner behavioral health provider; or
 - 2. A statement of support from the partner behavioral health provider.

6.4 Implementation

- a. Describe the start-up and phase-in activities necessary to implement the two objectives of the CTYMHS-SP Program as outlined in Section 5.2: Treatment Adjacent Services and Partnership with Behavioral Health Provider. Include outreach and engagement activities and enrollment expectations. Include timeframes with dates in the description.
- b. Describe the proposed eligibility criteria for youth and/or young adults to be enrolled in the CTYMHS-SP Program.
- c. Describe the process by which youth and/or young adults will be enrolled into the CTYMHS-SP Program, including how family members and key supports will be engaged.
- d. Describe each of the treatment adjacent services youth and/or young adults will receive.
- e. Describe how the agency will create a physical space that promotes openness, comfort, social connections, and safety to facilitate the CTYMHS-SP Program.
- f. Describe how the CTYMHS-SP Program is accessibly located (e.g., near public transportation, mobility accessible, or in buildings that allow entry on evenings/weekends).

- g. Provide a staffing plan. Indicate the specific skills and level of experience expected of each staff member. Include timeframes with dates for recruitment, hiring, and onboarding. Describe plans to recruit diverse staff.
- h. Describe plans for regular staff supervision, noting the frequency of supervision and what will be included as part of supervision.
- i. Describe how the agency, including leadership, will support the staffing of the Program and what strategies will be used to improve retention of staff.
- j. Describe resources the agency will use to orient, train, and ensure ongoing Suicide Prevention specific education for all staff providing services in the CTYMHS-SP Program. Describe how trainings are responsive to the needs of the population being served by the Program.
- k. State the CTYMHS-SP Program's commitment to participating in planning, reporting, and learning collaborative meetings convened by the New York State Office of Mental Health.
- l. Describe the agency's approach to tracking and monitoring program implementation, including quantitative and/or qualitative data collection methods. Describe plans to summarize the following CTYMHS-SP Program activities in four annual reports and one final cumulative report to be submitted to the New York State Office of Mental Health that will include at a minimum:
 - o Outreach and engagement efforts for the community, youth/young adults, and families/key support systems.
 - o Treatment adjacent Suicide Prevention services provided, including aggregate numbers of individuals served.
 - o Partnership with the Behavioral Health Provider, including linkage, assessment, risk management, and crisis management activities.
 - o Demographic information for youth and/or young adults enrolled in the program
- m. Describe the CTYMHS-SP Program's commitment to work with the New York State Office of Mental Health and other designated evaluators to further assess the implementation and impact of the CTYMHS-SP Program.

6.5 Description of Agency

- a. Provide a summary of the agency and its mission, the services provided, and the population(s) served. Describe your agency's expertise in engaging underserved populations, particularly providing outreach and support the focus population in this RFP. Describe how these experiences demonstrate the agency's qualifications to operate a CTYMHS-SP Program.
- b. Provide in narrative the agency's Leadership and Staff composition that is TGNCNB, including the following information:
 - i. TGNCNB Leadership:
 - State if the agency is **led by** individuals who self-disclose their gender identity as transgender, gender non-conforming, and/or

- non-binary (TGNCNB) and describe in narrative the **leadership** position(s) held.
 - State the percentage of **leadership** that have self-disclosed as TGNCNB.
 - Describe agency efforts to recruit, hire, and retain TGNCNB individuals in **leadership** positions.
 - i. TGNCNB Staff:
 - State if the agency is **staffed by** individuals who self-disclose their gender identity as transgender, gender non-conforming, and/or non-binary (TGNCNB). Describe in narrative the **staff** position(s) held.
 - State the percentage of **staff** that have self-disclosed as TGNCNB.
 - Describe agency efforts to recruit, hire, and retain TGNCNB **staff**.
- c. Describe your agency’s experience engaging youth and/or young adults with complex needs including those with mental health or substance use needs, and/or who have experienced trauma, and cross systems involvement. Provide details on the specific engagement practices and strategies that your CTYMHS-SP Program will utilize to cater to the unique needs of these individuals.
- d. Applicants that do not currently receive licensing/funding from OMH must describe their agency’s experience with and ability to serve the contractually agreed upon focus population with successful interventions that improve outcomes. Particular emphasis should be placed on describing the agency’s experience and awareness of community resources relevant to individuals with mental health needs within the proposed catchment area of the CTYMHS-SP Program. Applicants that currently receive licensing/funding from OMH must provide an overview of the agency’s experience in providing OMH services to priority populations.

6.6 Reporting and Quality Improvement

- a. Describe how leadership will ensure staff are following all relevant program guidelines/procedures related to services for youth and/or young adults in your CTYMHS-SP Program.
- b. Describe and demonstrate the Program’s approach to self-monitoring and ensuring ongoing quality improvement.
- c. Describe how confidentiality of individuals’ records will be ensured in ways that conform to all local, state, and federal confidentiality and privacy regulations.
- d. Describe how your agency will proactively prepare for and actively advocate for the safety and wellness of participants during behavioral health crises.

- e. Describe your agency's incident management reporting guidelines including how you respond to adverse events and a process for incorporating findings into ongoing program operations.

6.7 Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B). Note that administrative costs cannot exceed 15% of the total budgeted costs. 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.
- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1) which should include the following:
 - 1. Detailed expense components that make up the total operating expenses.
 - 2. The calculation or logic that supports the budgeted value of each category; and,
 - 3. A description of how salaries are adequate to attract and retain qualified employees.
 - 4. All costs must be justified.

NOTE: funds cannot be used for construction costs to house/locate a program.