



**Office of  
Mental Health**

# **Partial Hospitalization Programs for Children Request for Proposals**

**Grant Procurements**

**(On-Line Submission Required)**

**Statewide Financial System (SFS) Identifier- OMH129**

**November 2024**

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## **1 Introduction And Background**

### **1.1 Purpose of the Request for Proposal**

Partial Hospitalization Programs (PHPs) provide active treatment designed to serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay within a medically supervised program. Their primary focus is stabilizing the client by ameliorating acute symptoms, providing direct short-term, intense, clinical treatment or interventions, teaching coping and other skills to reduce future risk factors, and developing a discharge plan with the client and their family that supports the client returning home and serves as a roadmap for how to generalize skills learned into their home, school, work, or community environment. PHPs for Children and Adolescents are expected to promote a myriad of interventions, including active participation of the family and other natural supports; utilization of promising practices and evidence-based treatment interventions focused on family and systems approaches; re-integration and meaningful connections within the home and community; and preparations for transition to adulthood. The PHP must also ensure that services are comprehensive, and principle driven and develop a plan for assuring continuity of care within the mental health system and other service systems (e.g., social services, health care, local correctional systems).

In accordance with the 2024-2025 enacted budget, The New York State Office of Mental Health (OMH or “Office” herein after) announces the availability of funds for the expansion of the Partial Hospitalization Program (PHP) for children and adolescents throughout New York State. The goal of this award is to expand access to services for children with serious emotional disturbance (SED) and their families at a critical time in their lives which they need to thrive and remain engaged in the community. PHPs are a critical part of the intensive outpatient mental health services array within a continuum of mental health services. They provide intensive treatment that is more structured and comprehensive than traditional outpatient therapy, allowing individuals to receive the necessary support and care while still being able to return home at the end of the day. Individuals benefiting from PHPs need daily direct support and treatment in coordination with their family, school program, and/or work. PHPs are often more cost-effective than inpatient treatment as individuals do not require 24-hour supervision. PHPs also provide individuals with a supportive environment where they can connect with others who are going through similar experiences. This can help individuals feel less alone and provide them with a sense of community and understanding.

Further, OMH is committed to improving access to mental health services in traditionally underserved communities. Using data to analyze trends, OMH has identified the following five (5) economic development regions (EDRs) and three (3) boroughs of New York City as having critical need due to the absence of this program type and its affiliated services.

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Targeted Economic Development Regions (EDR) & New York City Boroughs	Counties Within
Central New York	Cortland, Oswego, Madison, Cayuga, Onondaga
Mohawk Valley	Schoharie, Montgomery, Fulton, Otsego, Herkimer, Oneida
North Country	Clinton, Hamilton, Lewis, Essex, Franklin, Clinton, St. Lawrence, Jefferson
Southern Tier	Schuylar, Delaware, Chenango, Tioga, Chemung, Steuben, Tompkins, Broome
WNY	Allegany, Cattaraugus, Chautauqua, Erie, Niagara
Staten Island	Richmond County
Bronx	Bronx County
Brooklyn	Kings County

Of the 20 available awards statewide, 8 will be allocated and awarded to providers proposing to serve these targeted areas. In the event that the 8 targeted awards cannot be made, OMH reserves the right to allocate those awards elsewhere across New York State. Eligible agencies can apply for a Child Partial Hospitalization Program in more than one economic development region and/or Borough but must submit a separate application for each site they are proposing to open and operate. A provider proposing to serve a specific EDR is not required to expect that all counties in that EDR will be within the catchment area but should be able to reference the demographics and needs, with supporting data, of the counties in their anticipated catchment area. The selected provider agencies will establish a PHP for Children in accordance with [Part 587: Operation of Outpatient Programs regulations](#). Agencies must demonstrate community need and their ability to provide OMH-licensed PHP services to youth who meet the eligibility criteria outlined below in Section 2.3.

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

### 1.2 Target Population/Eligibility Criteria

Partial Hospitalization Programs (PHP) are designed to address significant needs of

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children up to age 18 with Serious Emotional Disturbance (SED), who are at risk of entering, or are returning home from inpatient settings, or to reduce the length of a hospital stay.

Individuals eligible for admission to a child/adolescent serving PHP must meet the following admission criteria:

1. Child must be at least 5 years old at the time of enrollment and may be served up to age 18.
2. Have a determination of Serious Emotional Disturbance (SED) defined as:
  - a. A child or adolescent having a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorder AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The function limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:
    - i. Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
    - ii. Family life (e.g. capacity to live in a family or family-like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
    - iii. Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
    - iv. Self-direction/self-control (e.g. ability to sustain focused attention for long enough to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment; decision-making ability); or
    - v. Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).
3. Requires medically supervised intervention to achieve stabilization and which, but for the availability of a PHP, would necessitate admission to or continued stay in an inpatient hospital.

## **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

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OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

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

### 2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal do not need to submit a Letter of Intent to Bid.

### 2.3 Key Events/Timeline

RFP Release Date	November 19, 2024
Questions Due	December 10, 2024
Questions and Answers Posted on Website	January 7, 2025
Proposals Due by 2:00 PM EST*	January 28, 2025
Anticipated Award Notification	February 25, 2025
Anticipated Contract Start Date	July 1, 2025

\*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP. **Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [Here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.**

### 2.4 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.

### 2.5 Eligible Agencies

Eligible agencies must have at least one year of experience as an OMH licensed provider for a child/adolescent serving program and must be in good standing with the Office of Mental Health at the time of the award. Good standing for licensed programs is defined as not currently on Enhanced Provider Monitoring or no outstanding, unapproved, Performance Improvement Plan.

Eligible applicants who meet the above criteria must be:

- i. a provider seeking OMH licensure to operate a new Partial Hospitalization Program for Children OR

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- ii. a provider holding an OMH license for a Partial Hospitalization Program currently only serving adults, looking to update the Operating Certificate by adding a new Partial Hospitalization Program for Children OR
- iii. a provider who, as of the date of this RFP release, has been approved or approved with conditions to operate a new PHP for children but does not yet have a new or updated Operating Certificate

This RFP is not open to current providers of PHP for Children looking to increase the number of available slots within an existing program. Providers seeking to increase the operating capacity of an existing PHP should reach out to their Regional Field Office to discuss options for doing this through an administrative action (AA) or EZ PAR.

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.9 and Section 2.10 for additional Prequalification Information.

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

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

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to [OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov) by 2:00 PM EST on the "Questions Due" date indicated in section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter "Partial Hospitalization Programs for Children" in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.3.

### **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 and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the [OMH Procurement website](#) and the [NYS Contract Reporter](#) 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:



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- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.10 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by 2:00 PM EST on the Proposal Due Date posted in section 2.3.

### **2.9 SFS Prequalification Requirement**

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to be Prequalified in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 2:00 PM EST on the Proposal Due Date posted in section 2.3 will not be able to submit their bid response through SFS.

**Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the 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 Vendor Registration, Prequalification and Training Resources for Not-for-Profits**

**NOTE: All applications must be submitted through the Statewide Financial System (SFS). No applications will be accepted electronically, US Postal Service, express mail delivery service or hand delivered.**

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

Each proposal submission through SFS is required to contain:

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

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

Not-for-profit organizations must Register as a vendor with the Statewide Financial

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System and successfully Prequalify to be considered for an award.

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

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

### Registering as an SFS Vendor

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

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

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

### Prequalifying in SFS

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

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

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

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

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

Note: New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Please note that all responses/applications/submissions to this RFP **must** be submitted through the Statewide Financial System (SFS). No mailed, delivered or emailed submissions will be accepted. OMH strongly recommends that applicants plan accordingly and allow themselves enough time to appropriately complete and submit by the due date and time of this RFP.

When providing uploads in response to any of the questions posed (other than the Fiscal/Budget component), please upload only PDF versions of those documents. When saving these files before uploading, with the exception of an underscore, please do not use any special characters in the file name, letters only should be used.

Specific questions about SFS should be referred to the SFS Help Desk at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

### On Demand Grantee Training Material

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

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

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

Agencies can view vendor training material in SFS Coach by selecting **SFS**

**Training for Vendors** from the Topic drop-down list.

### **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 any 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's 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, SFS and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause,

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convenience, mutual consent, non-responsibility, or a “force majeure”;

- Change any of the scheduled dates stated in the RFP.

### **3.2 Debriefing**

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing, in writing, requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who receive an award. 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. OMH reserves the right to modify the first period of the contract to coincide with the applicable fiscal period. For New York City contracts, the fiscal period is July 1 through June 30 of each year. 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. OMH expects that all contactors make a good-faith effort to utilize Minority

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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

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following circumstances:

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

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

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

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

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

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

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

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

Contract as documented.

### **3.7 Equal Opportunity Employment**

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the “Work”), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and subcontractors 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



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cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

### **3.9 Bid Response**

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

### **3.10 Acceptance of Terms and Conditions**

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.10 of this RFP.

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

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

### **3.12 NYS and OMH Policies**

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

## **4 Evaluation Factors and Awards**

### **4.1 Evaluation Criteria**

All proposals will be rated and ranked based on score received. Awards will be made to the applicants with the highest score in each of the targeted EDRs first and then statewide, to assume the operation of a Partial Hospitalization Program for Children.

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

Technical Evaluation	Points
Need for Program	25
Program Implementation	25
Agency Organization and Qualifications	10
Utilization Review, Reporting and Quality Improvement	10
Diversity, Equity and Inclusion and Peer Support Language	10
Financial Assessment	20
Total Proposal Points	100 Points

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

### 4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.10. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

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

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

Any proposals not receiving a minimum score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Need for Program (Section 6.2) of the Proposal Narrative will be ranked higher.

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

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

Proposals will be scored, and awards will first be made to the applicant with the highest score in each of the identified targeted areas as described in Section 1 (5 EDRs + 3 NYC Boroughs). All remaining scored applications will be ranked, and awards will then be issued in order until 20 total awards have been made across New York State. In the event that the 8 targeted awards cannot be made, OMH reserves the right to allocate those awards elsewhere across New York State. In the event that all 20 awards cannot be made, OMH reserves the right to re-procure this opportunity.

#### **4.4 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, failure to maintain staffing and/or program model, failure to fill slots when referrals are available. 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, in the same EDR. If there are no agencies left with a passing score in that EDR, OMH will award the next highest ranked proposal, by score, to reassign the contract.

#### **4.5 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 selected provider agencies will establish a Partial Hospitalization Program for Children in accordance with [Part 587: Operation of Outpatient Programs regulations](#). The Local Governmental Unit (LGU), Director of Community Service (DCS)/Mental Health Commissioner has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorder and/or intellectual/developmental disability in their communities. LGU collaboration is a vital part of the work of Partial Hospitalization Programs for Children. At least one-third of annual admissions shall come from clinically appropriate referrals from 9.39 approved hospitals, comprehensive psychiatric emergency programs, State operated facilities, and freestanding hospitals (hospitals licensed pursuant to Title XIV NYCRRR Part 582). To assure that this referral process best meets the needs of the local mental health system, PHP provider applicants shall develop admission referral and linkage agreements with providers designated by the Office of Mental Health in consultation with the appropriate local government unit. These agreements shall be approved in writing by the local government unit.

An existing, adult serving, partial hospitalization program may provide services to

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children if the provider has demonstrated its capability in providing services to children or is otherwise affiliated with an inpatient facility and shows evidence that services to children are separate from those provided to adults enrolled in the program.

The educational needs of the children participating in PHP are best served by their home school district in order to maintain continuity for the child. Education Law §3202 requires that children cared for in a hospital or other institution for the care, custody and treatment of children, other than a school, must be provided with educational services by their school district of residence. Providers should collaborate and potentially contract with the home district on education, including facilitating education on site at the PHP and working with the home district on transportation, as needed. Refer to NYS Education Department's Home, Hospital, or Institutional Instruction [Frequently Asked Questions](#) and New York State Education Department's [Frequently Asked Questions](#) Related to Contracts for Instruction (FAQs) for more information.

Agencies must demonstrate community need and their ability to provide OMH-licensed PHP services to youth who meet the eligibility criteria outlined below in Section 2.3 and detailed in the NYS OMH Child/Adolescent Partial Hospitalization Guidance.

### **5.2 Objectives and Responsibilities**

Providers of Partial Hospitalization Programs for Children provide short-term, intensive treatment with the goal of reducing symptoms and improving functioning while maintaining children in their natural environments, supporting family integrity and functioning, and providing ongoing support to the recipient and relative collaterals. They provide services that are less intense than inpatient programs but offer a higher level of care than outpatient treatment and allow children to return to their homes and communities, each day.

Providers should:

- a. Utilize high quality and evidence-based practices and other practices which are supported by scientific research or generally accepted clinical practice guidelines to maximize individuals' abilities and to minimize symptoms, adverse effects, and impacts of mental illness.
- b. Provide services that are tailored to meet the individual's specific needs by implementing key components of evidence-based practices for children and families.
- c. Maintain the organizational capacity to ensure continuity of care.
- d. Provide emergency and crisis intervention services on 24 hours a day, 7 days a week basis, in accordance with regulation.
- e. Ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.
- f. Have a quality, supervisory, operational and IT / data infrastructure to routinely self-monitor and ensure ongoing quality improvement of services, including analyzing utilization review findings and recommendations.

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- g. Routinely submit data to OMH, including client-identified data, quality and program data. Data submission requirements and guidance will be provided by OMH.

### 5.3 Staffing

A Partial Hospital Program for Children will continuously employ an adequate number and appropriate mix of clinical and professional staff to carry out the objectives of the program and to assure the outcomes of the program. Providers are expected to provide a staffing plan for program operations. The plan is subject to review and approval by the Office of Mental Health at the time of issuance or renewal of the program's operating certificate.

Agency providers should ensure all staff demonstrate skills in the incorporation of components of evidence-based practices, including Motivational Interviewing, Family therapy/Family System approaches, Cognitive and Behavioral Interventions, and Trauma-informed Care and that all staff will demonstrate skills in crisis response and de-escalation. The agency ensures that the PHP staff receive appropriate and ongoing professional training and maintain a plan for regular supervision of all staff members, including the Program Director.

Personnel Requirements:

- One (1) Clinical staff member on site for every five (5) children on site, during program operation. A clinical staff member is defined as any staff member who provides clinical and therapy services directly to recipients. Students and trainees may qualify if they are participating in a program leading to a degree or certificate appropriate to the goals, objectives and services of the outpatient program and are supervised in accordance with the policies governing the training program and are approved as part of the staffing plan by the Office of Mental Health.
- A full-time equivalent professional staff member shall be on call for crisis intervention services 24 hours per day, seven days per week. Professional staff are individuals who are qualified by credentials, training and experience to provide supervision and direct service related to the treatment of mental illness.
- A psychiatrist must be part of direct, active staff for one-fifth of the operating hours of the program or for one-fifth of the hours of a full-time employee, whichever is less.

The staffing plan must include:

- Staff qualifications, including training, clinical experience with children with a diagnosis of emotional disturbance.
- Supervisory experience in a clinical setting.
- The appropriateness of the mix of staff.
- The supervisory relationships among the staff.

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- If proposing expansion to an existing PHP, the staffing plan must also include the assignment of staff to the primary program site and any approved satellite locations.

### **5.4 Implementation**

To provide Partial Hospitalization services to Children the agency will be required to complete a Prior Approval Review (PAR) application to become licensed and receive an official operating certificate.

Under licensure, agencies will be required to adhere to all relevant regulations directing the Partial Hospitalization Program model. PHP is licensed under 14CRR-NY 587. Licensed programs must also adhere to all relevant State mental health laws, such as Part 524 for incident reporting requirements.

Licensed programs are monitored and overseen by the Office of Mental Health. Providers with identified challenges in programmatic compliance or quality of care issues are required to submit Performance Improvement plans or Corrective Action plans to remedy identified deficits; and if appropriate can be placed on enhanced monitoring status. In order for licenses to be renewed, providers must demonstrate adherence to programmatic and regulatory requirements, based on case record reviews and established monitoring protocols.

### **5.5 Utilization Review, Reporting and Quality Improvement**

PHP for Children providers must comply with all OMH fiscal reporting requirements as outlined in the "Aid to Localities Spending Plan Guidelines."

PHP for Children providers will be required to participate in all research and evaluation projects undertaken by OMH.

PHP for Children providers will comply with the provisions governing the reporting of suspected child abuse or maltreatment, as set forth in sections 413-416 and 418 of the Social Services Law.

PHP for Children providers must adhere to the criminal background check requirements under the Justice Center.

PHP for Children providers must adhere to all incident reporting requirements, including reporting incidents in the NYS OMH Incident Management Reporting System (NIMRS) immediately upon discovery of the incident.

PHP for Children providers will have a systemic approach for self-monitoring and ensuring ongoing quality improvement including analyzing utilization review findings and recommendations. This information should be used to measure recipient achievement of recovery goals, performance around length of stays, barriers to treatment, staffing and will inform the overall quality improvement plan. PHP for Children providers will be required to participate in any OMH or utilization management process and will participate in utilization management activities according to the terms of contracts with Managed Care Organizations. Additionally, programs will utilize technical assistance from these agencies, when appropriate.

## 5.6 Operating Funding

Awards will be made for start-up funds in the amount of \$115,000 per award to be used over a 2-year fixed term contract. Ongoing funding for the program will be funded through Medicaid and commercial insurance claims and reimbursements. Start-up funds will be allocated in full, up front on the first liability date of the contract and can be spent over the full two years of the contract. A start-up budget must be submitted with the application and must demonstrate how funds will be used to offset start-up costs.

Start-up funding is intended to offset any of the following expenses:

- Program staffing expenses for new staff, such as identification and onboarding of qualified staffing to appropriately and competently serve the population.
- Materials and supplies needed for program.
- Refurbishment of new or existing program space to safely and suitably serve the expanded population including, new furniture or fixtures in a waiting room, adjustments to therapy rooms, etc. Refurbishment does not include capital projects. Funds are limited to minor space changes without construction or building modifications.
- Development of new materials to market to and engage new individuals/families and referral sources.

Exclusions for Use of Funds:

- Cannot be used to off-set costs for consultation services related to grant or application writing
- Capital improvement costs
- Rent, mortgages, or other associated ongoing building expenses
- Cannot be used to fund required staffing at pre-existing Partial Hospitalization Programs.

Applicants are reminded that the funding is contingent upon the continued availability of State appropriations. If project costs exceed the funded amount, applicants will need to secure the full funding needed for the project before OMH funds can be expended. This RFP is exclusively for start-up and operating funding and does not include capital development funds.

## 6 Proposal Narrative

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

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### **result in attachments not being viewable to reviewers.**

Any supporting attachments MUST be labeled specific to the question it is associated with. Attachments that are not labeled may result in either a 0 for the question or disqualification of the application.

### **6.1 Need for Program**

- a) Provide a description of the proposed program. The program description should include the program elements mentioned section in 5.1, 5.2, and 5.3 but should not be a reiteration of these sections. Describe the inclusion and exclusion criteria for the proposed program. Identify your anticipated operating capacity and the ages of the youth you intend to serve. Identify what clinical presentations at admission you anticipate serving, and any exclusion criteria.
- b) Describe the economic development region (EDR), including demographics related to the specific counties, anticipated to be within your service catchment area, in your application. Identify any underserved or special need populations, including but not related to, social determinants of health. Using available quantitative data, explain the need for a PHP for Children in your proposed service area.
- c) Describe how the proposed PHP will improve the accessibility and the quality of services available for eligible youth in your proposed region and provide available quantitative data. Describe how the proposed PHP will benefit the child serving systems of care in the state providing available quantitative data.
- d) Describe your collaboration with the Local Government Unit (LGU) including previous collaboration as well as any collaboration on this proposal. In accordance with Part 587.12 regulation, at least one-third of annual admissions shall come from clinically appropriate referrals from 9.39 approved hospitals, comprehensive psychiatric emergency programs, and State operated facilities. Describe and upload referral and linkage agreements with providers designated by OMH in consultation with the appropriate LGU.
- e) State your commitment to collaborating with local school districts of origin for young people. Describe how the program will plan for and coordinate the educational and vocational needs of the enrolled youth.
- f) Describe the approach that will be used to ensure the successful transition of children/youth from PHP to other community-based services. Describe discharge criteria, policies, and procedures to ensure collaboration with community-based providers and processes for maintaining continuity of care.

### **6.2 Program Implementation**

- a) Describe in detail the therapeutic and other programming that will be provided to these youth, including a sample program schedule. Describe clinical treatment models, including family models, that are proposed in the program. Describe the proposed mechanisms for engagement and treatment of families.
- b) Provide the PHP staffing plan including a description of the roles and responsibilities of



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each staff member. Indicate the specific skills and level of experience expected of each staff member. Detail how you will meet the staffing requirements according to the Partial Hospitalization Program. Complete and submit a staffing plan as part of your response to this question.

- c) Identify your plan for providing 24/7 crisis response, specifically when the program is closed.
- d) Describe your marketing approach for the recruitment of staff and demonstrate your organizational capacity to retain, train, and support an adequate level of professional and appropriately qualified staff to carry out programmatic duties.
- e) Demonstrate how you will ensure that staff gain competencies in screening and assessment, system of care; multi-systems approach to involve the active coordination of care of the child/youth and family with multidisciplinary providers, agencies, community resources and supports, family therapy/family systems approach consistent with the range of developmental stages of the children/youth to be served and family psychoeducation and treatment for trauma.

### **6.3 Agency Organization and Qualifications**

- a) Provide a brief summary of your agency, the services for which you are licensed to provide and the populations you serve. Outline how these services demonstrate your experience and qualifications for operating a Partial Hospitalization Program for Children.
- b) Describe your agency's experience engaging children with complex needs including those who in addition to mental health needs may also have co-occurring needs such as substance use, medical needs, or developmental disabilities, have experienced trauma, and/or have cross systems involvement. Provide details on the specific engagement practices and strategies that your Partial Hospitalization Program will utilize to cater to the unique needs of these individuals.
- c) Describe the agency's experience in providing crisis response. Provide any applicable outcome data.
- d) Describe your organizational structure and administrative and supervisory support for clinical mental health and/or children's services. Include your governing body, and any advisory body, structure that supports your organization and effective service provision.
- e) Describe your network, internally and externally, of behavioral health, developmental disability, child welfare/social services, and other community providers including school districts, and how you plan to utilize those networks to facilitate timely discharges and smooth transitions.

### **6.4 Utilization Review, Reporting, and Quality Improvement**

- a) Describe how the agency will ensure confidentiality of individuals' records in a way that conforms with all local, state, and federal confidentiality and privacy regulations.
- b) Describe how the Partial Hospitalization Program for Children leadership will ensure staff

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are following all relevant program guidelines/regulations related to services for children in your population(s).

- c) Describe and demonstrate the Program's approach to self-monitoring and ensuring ongoing quality improvement.
- 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.

### **6.5 Diversity, Equity, Inclusion and Recipient Input**

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

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

- a) Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.
- 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, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). The plan should include information in the following domains:
  - Workforce diversity (data-informed recruitment)
  - Workforce inclusion
  - Reducing disparities in access quality, and treatment outcomes in the patient population
  - Soliciting input from diverse community stakeholders, organizations and persons with lived experience
  - Efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area as identified in 5.4.2.
  - How stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity,

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inclusion, equity, cultural and linguistic competence plan

- Discuss how the plan will be regularly reviewed and updated.

### **Equity Structure**

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

### **Workforce Diversity and Inclusion**

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

### **Language Access**

- h) Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to: addressing other language accessibility needs (Braille, limited reading skills); service descriptions and promotional material.

### **Recovery Values**

- i) Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

### **Collaboration with Diverse Community-Based Stakeholders/Organizations**

- j) For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

**6.6 Financial Assessment**

- a) The proposal must include a 5-year Budget (Appendix B) is available annually. The indirect cost/administrative overhead rate is capped at 15%. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. 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:
  - detailed expense components that make up the total operating expenses;
  - the calculation or logic that supports the budgeted value of each category; and,
  - description of how salaries are adequate to attract and retain qualified employees.