



# **Adult Assertive Community Treatment**

## **Request for Proposals**

**Grant Procurements**

**(On-Line Submission Required)**

**Statewide Financial System (SFS) Identifier- OMH144**

**April 2025**

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## **1. Introduction And Background**

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

The New York State (NYS) Office of Mental Health (OMH) announces the availability of funds for the development of two (2) Adult Assertive Community Treatment (ACT) teams: two (2) teams in the Hudson River (HR) Region - one (1) 48-capacity team in Saratoga County, and one (1) 68-capacity team in Rockland County. If applying for more than one (1) County, the applicant must submit a separate proposal for each County. The ACT teams will serve individuals who have Serious Mental Illness (SMI) and have not been successfully engaged by the traditional mental health treatment and rehabilitation system in NYS.

ACT is a multidisciplinary, evidence-based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services. ACT teams are configured to have a low individual-to-staff ratio with professional staff from the fields of psychiatry, nursing, psychology, social work, substance use, employment/education, family support, and peer support workers. A majority of services are provided by ACT staff directly (not brokered) and in the community or where the individual lives. In this way, newly acquired skills are applied in their real-world environment and situations. ACT is designed to be flexible and responsive to the needs of individuals, offering support 24 hours a day, seven (7) days a week.

ACT is “assertive” and intentional in its engagement methods, incorporating individual choice and self-directed recovery goals, cultural humility and awareness, concrete services, consistency, and persistence. ACT Teams consider social determinants as they are domains likely to have inherent disparities (healthcare access, housing, employment status, food security). Finally, ACT is structured to provide a review during team meetings of every individual on the ACT team’s caseload. This level of accountability allows for immediate changes in service planning and leads to improved outcomes.

ACT teams serve adults who are diagnosed with an SMI. These individuals may also be frequent users of emergency, crisis services and/or emergency rooms, have co-occurring substance use disorders, are isolated from community supports (including family), in danger of losing their housing/becoming homeless, homeless, and/or have histories of involvement with the criminal justice system.

The expansion of ACT to underserved communities represents a commitment by the NYS OMH to develop ACT teams that are designed to better meet the needs of specific populations, e.g., increasing access to an evidence-based practice for adults with SMI and high continuous needs that are not met in traditional community-based services. As this expansion moves forward, there are several principles that inform the overall process, including:

- Promoting the power of recovery and the right of individual choice.
- Supporting the seamless integration and participation of individuals into the communities in which they have chosen to live. ACT teams are expected to

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become experts in the natural supports available to recipients so that full community integration and participation is possible.

- Supporting individuals to develop a vocational or educational plan that will provide a path to financial independence.
- Supporting adults who may have limited social or family support to strengthen existing family relationships, including their family of choice.
- Reviewing and attempting to mitigate the effects of discrimination based on the client's demographic identity (gender, sexual identity, race, ethnicity). Team shows sensitivity towards individuals' personal stories as they may relate to oppression and inequality.
- Ensuring service access by managing ACT referrals through the Local Government Unit (LGU) Single Point of Access (SPOA) system.
- Ensuring the continuous quality improvement of ACT services through regular monitoring of treatment/rehabilitation outcomes by both the ACT agency and NYS OMH.
- Facilitating continuity of care from the ACT team to the community when transitioning off ACT; and
- Utilizing data to inform continuous program improvement.

**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

The target population to be served by ACT include adults diagnosed with SMI that have had difficulty engaging in the traditional mental health system. These individuals may have co-occurring substance use and physical health disorders. These individuals may also be frequent users of emergency and/or crisis services, isolated from community supports (including family), in danger of losing their housing/becoming homeless, homeless, and/or have histories of involvement with the criminal justice system.

Eligibility Criteria for ACT:

- [NYS ACT Program Guidelines](#)

## 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-

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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:

Jerry Witkop  
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 Key Events/Timeline

RFP Release Date	4/10/2025
Questions Due	4/29/2025
Questions and Answers Posted on Website	5/20/2025
Proposals Due by 2:00 PM EST*	6/10/2025
Anticipated Award Notification	7/16/2025
Anticipated Contract Start Date	1/01/2026

\*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.**

### 2.3 Disposition of Proposals

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

### 2.4 Eligible Agencies

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.8 and Section 2.9 for additional Prequalification Information.

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation and Local Government Units that have experience providing mental health services to persons with serious mental illness.

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

### 2.5 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in

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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 2.2 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter “Adult Assertive Community Treatment” 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 2.2.

### **2.6 Addenda to Request for Proposals**

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

### **2.7 Disqualification Factors**

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

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by 2:00 PM EST on the Proposal Due Date posted in section 2.2.

### **2.8 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 2.2 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.**

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Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

### 2.9 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. A workplan is not required for this RFP.

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B)

**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 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



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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.

- 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

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use any special characters in the file name, letters only should be used. All attachments required with the proposal must be combined into the proposal template PDF and clearly labeled.

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, and rescind any conditional award or contract made to such applicant whose conduct as a provider does not meet applicable standards as determined solely by OMH 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

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- 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, 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,

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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. 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 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

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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:

- 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.

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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

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apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

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

### **3.8 Sexual Harassment Prevention Certification**

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

### **3.9 Bid Response**

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

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

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.9 of this RFP.

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

All proposals submitted for OMH's consideration will be held in confidence. However, the

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

### 3.12 NYS and OMH Policies

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

## 4. Evaluation Factors and Awards

### 4.1 Evaluation Criteria

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

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

Technical Evaluation	Points
Population	10
Description of Program	22
Implementation	20
Agency Performance	9
Utilization Review, Reporting, and Quality Improvement	9
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).



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### **4.2 Method for Evaluating Proposals**

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.9. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.4, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

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

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

Any proposal not receiving a minimum 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 Description of Program (Section 6.2) of the Proposal Narrative will be ranked higher.

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

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

Proposals will be ranked and two (2) award(s) will be made to the applicants with the highest score to assume the operation of one (1) Assertive Community Treatment team in each of the following Hudson River region counties:

One (1) 48-capacity adult ACT team will be awarded in **Saratoga County**, and  
One (1) 68-capacity adult ACT team will be awarded in **Rockland County**.

The teams will be awarded in the following manner:

The applicant with the highest score in each proposed location will be awarded the contract.

In the event of a tie score between two (2) proposals, the agency with the highest score on Implementation will receive the higher ranking.

### **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:

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- 1 To meet start-up milestones, including hiring of minimum required staff, office space, and receiving the Operating Certificate through licensing.
- 2 Failure to maintain staff-to-individual ratio.
- 3 Excluding referrals based on criminal or substance use history, or poor performance outcomes.

A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reassign the contract.

### **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**

NYS OMH through this RFP will make available funds for the development of two (2) Assertive Community Treatment (ACT) teams (48-Capacity Team, and 68-Capacity Team). ACT providers must commit to meeting ACT start-up requirements, including program location, staffing, and monthly ramp up. ACT team start-up will include NYS OMH involvement to provide support around the development of the team, including monthly calls and meetings.

The selected agency will establish the ACT team according to the [ACT Program Guidelines](#), and [ACT Adult and Young Adult Standards of Care Tool](#), which can be found in the pre-submission uploads in the SFS and [New York Rules and Regulations Part 508](#).

The agency must demonstrate its capacity to provide NYS OMH-licensed ACT services to 48, and 68 individuals respectively, who meet the eligibility criteria detailed in the ACT Program Guidelines.

The agency must partner with the NYS OMH Field Office, County Single Point of Access (SPOA), acute and state-operated psychiatric hospitals and community-based providers, among other potential referral sources, to target appropriate individuals for this high need service.

The agency should develop coordinated admission and transition plans with Health Home(s), Specialty Mental Health Care Management Agencies, Transitional Case Management Teams, Assisted Outpatient Treatment (AOT) programs, Managed Care Plans, Community Oriented Recovery & Empowerment Services (CORE), Home and Community Based Services (HCBS) providers, Personalized Recovery Oriented Services (PROS), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)/Clinic, Critical Time Intervention (CTI) Teams, and other community

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services to identify and deliver services and supports for individuals to ensure their successful transition into less intensive community-based services. The agency is expected to contract with Managed Care Organizations (MCOs) and to negotiate single case agreements for out-of-network individuals.

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 and coordination is a vital part of the work of Assertive Community Treatment. Applicants should notify the LGU(s) of their intent to apply.

### 5.2 Objectives and Responsibilities

ACT Providers must adhere to the fidelity of the ACT model, [ACT Program Guidelines](#), and [ACT Adult and Young Adult Standards of Care Tool](#) including, but not limited to:

- Maintaining an individual-to-staff ratio of 10:1 for Adult ACT 48- and 68-capacity Teams
- Providing services that are tailored to meet the individual's specific needs;
- Building a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, family support, vocational rehabilitation, and peer support workers with lived experience in behavioral health. Based on their respective areas of expertise, the team members will collaborate to deliver integrated services of the individual's choice, assist in making progress towards goals, and adjust services over time to meet the individual's changing needs and goals;
- Awareness of and responsive to the implications of social determinants and the likely inherent disparities in areas such as healthcare access, housing, employment status, food security;
- Delivering comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. This means that interventions and skills training will be carried out at the locations where individuals live, work, and socialize, and where support is needed;
- Engaging individuals with co-occurring substance use, histories of trauma, and justice involvement;
- Using key components of Evidence-Based Practices, to inform treatment, and will be derived from models such as Critical Time Intervention, Integrated Dual Disorder Treatment, Cognitive Behavioral Approaches, Motivational Interviewing, Contingency Management, Trauma Informed Care, Harm Reduction, etc.; and
- Maintaining the organizational capacity to ensure small caseloads and continuity

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of care.

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

- Conduct in-person contacts based on need while additionally meeting any billing requirements. Minimum number of in-person contacts for billing requirements shall not dictate number of visits provided each month (i.e., if someone needs more than 6 visits in a month these visits should be provided by the team);
- Communication with a hospitals, Emergency Rooms, or Comprehensive Psychiatric Emergency Programs (CPEPs) if an individual is admitted and planning for the transition back to the community upon discharge;
- Psychiatrist and Nurse Practitioner of Psychiatry (NPP) conduct, at minimum, one (1) visit in the community on a quarterly basis;
- Conduct team meetings at least four (4) times a week to review the status of each individual; and
- Maintain communication boards, logs, and other communication methods.

ACT Providers will:

- Assess for suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed.
- Assess all individuals every six (6) months for progress and level of care, as indicated in ACT Program Guidelines.
- Have a clear understanding of the service needs of adults with SMI and a demonstrated ability to coordinate services internally and externally.
- Serve individuals residing anywhere in the county where they provide services. If an individual moves between counties (due to geographic choice, reunification with family and/or friends, and/or a desire to move in with or near a friend), the ACT team will assist the individual with this transition and work with local SPOA to arrange a warm hand-off to the appropriate available service in the location of preference.
- Receive referrals from SPOA, in consultation with NYS OMH, and work with the local SPOA for timely admissions.
- Have all staff cross-trained for specialty role areas, Family Specialist, Substance Use Specialist, and Vocational Specialist.
- Treat co-occurring substance use disorders, including use of Medication Assisted Treatment (MAT) for tobacco, alcohol, and opioid use disorders and stage-matched treatments for all substance use disorders (SUD) (e.g., Motivational Interviewing for precontemplation/contemplation/preparation; skills building and Cognitive Behavioral Therapy for action/maintenance). ACT Providers may also

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need to collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other Office of Addiction Supports and Services (OASAS), licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs.

- Implement broad harm reduction strategies including safer use, managed use, and meeting people “where they are at”, including prescribing naloxone or registering to become an opioid overdose prevention program (OOPP) and directly distributing naloxone to adults.
- Be competent in the transitional practice framework and the dimensions of 1) engagement, 2) skills of self-management and 3) transfer of care and community engagement as found in the Transition Manual for ACT Providers.
- Service provision should be considered outside of the standard Monday-Friday, 9:00am – 5:00pm hours. It is the expectation that the team will have flexible work hours to allow for better engagement and to better accommodate needs/schedules, (e.g., 10:00am – 6:00pm, 11:00am – 7:00pm, weekends, etc.).
- Provide emergency and crisis intervention services 24 hours a day, seven (7) days a week, as outlined in the ACT Program Guidelines.
- Complete all required training as outlined in the ACT Program Guidelines, CPI ACT Institute ACT Curriculum, as well as any additional trainings as required by NYS OMH.
- Utilize Center for Practice Innovations (CPI) ACT Institute as a resource for continued training through the Learning Management System and in-person/web-based trainings, Role Support calls, consultations, and additional Technical Assistance for the ACT model.
- ACT Teams will be required to maintain accurate reporting and case records according to Regulation, Standards of Care, and ACT Program Guidance.
- Ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes. To support these efforts, it is expected that providers 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.
- Routinely submit data to OMH as required and/or requested, including client-identified data, quality and program data.

### **5.3 Implementation**

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

ACT Providers will have office space that is appropriately located, and adequately

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appointed to comply with state licensing standards by the program start date.

ACT Providers will hire the following core staff for start-up: Psychiatrist or NPP, Registered Nurse, Team Leader, and Program Assistant prior to becoming licensed. All ACT staff will have the appropriate qualifications to meet the needs of the target population and will do so in a timeline that maintains the required staff ratio. The team should not admit more than four (4) to six (6) individuals each month.

The following roles and full-time equivalents (FTE) are the minimum required FTEs of staffing for each program model included in this RFP:

### **ACT Staff Requirements for 48-Capacity Adult team:**

- i. 1 FTE Team Leader
- ii. 1 FTE Licensed Registered Nurse
- iii. 1 FTE Substance Use Specialist
- iv. 1 FTE Family Specialist
- v. 1 FTE Vocational Specialist

Required staff not included in the 10:1 individual to staff ratio:

- vi. 0.48 FTE Psychiatrist, OR 0.48 FTE Psychiatrist and NPP combined (working in collaboration), OR 0.70 FTE NPP
- vii. 1 FTE Program Assistant

### **ACT Staff Requirements for 68-Capacity Adult team:**

- i. 1 FTE Team Leader
- ii. 1 FTE Licensed Registered Nurse
- iii. 0.36 FTE Licensed Registered Nurse or Licensed Practical Nurse
- iv. 1 FTE Substance Use Specialist
- v. 1 FTE Family Specialist
- vi. 1 FTE Vocational Specialist
- vii. 1.64 FTE ACT Staff (discretionary staff)\*\*

Required ACT Staff not included in 10:1 individual to ratio:

- viii. 0.68 FTE Psychiatrist or 1 FTE NPP
- ix. 1 FTE Program Assistant

\*\*Discretionary ACT Staff should be assigned roles based on needs of the team, such as Peer Specialist, Wellness Specialist, Housing Specialist, etc.

ACT providers will maintain a plan for regular supervision of all staff members, including the Team Leader.

ACT providers will ensure that staff receive the required ACT Core Curriculum training

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as well as on-going training in evidence-based practices such as Cognitive behavioral therapy (CBT), Dialectical Behavior Therapy (DBT), Integrated Dual Disorder Treatment (IDDT), Focus on Integrated Treatment (FIT), Critical Time Intervention (CTI), Motivational Interviewing, Trauma Informed Care and Substance Use Principles (required FIT modules and OASAS supplemented training). ACT Team staff will complete all of the trainings identified in the Center for Practice Innovations (CPI) ACT Institute Curriculum, as required by NYS OMH, within the required timeframes. ACT providers shall ensure staff are continually trained, especially regarding areas where there is a need for knowledge acquisition and specific populations being served on the team, including but not limited to: justice involvement, substance use, homelessness, and older adults.

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

ACT Providers must comply with all OMH fiscal reporting requirements as outlined in the [Aid to Localities Spending Plan Guidelines](#).

ACT Providers will have a systemic approach for self-monitoring and ensuring ongoing quality improvement for the ACT team, including analyzing utilization review findings and recommendations, utilization of the team Profile and Tableau, and use of the NYS ACT fidelity tool once available. This information should be used to measure individual achievement of recovery goals, performance around length of stays, barriers to treatment, staffing, timeliness of transitions, etc., and will inform the team's overall quality improvement plan. ACT Providers will participate in Utilization Management activities according to the terms of contracts with Managed Care Organizations (MCOs) and Local Government Unit (LGU), as applicable. Additionally, the team will utilize technical assistance from OMH, counties, MCOs, and the ACT Institute when appropriate to work towards improvement of quality outcomes.

ACT Providers will have an Incident Management Policy consistent with [New York Code Rules and Regulations Part 524](#) and the Justice Center requirements and conform to the reporting and follow-up requirements of each.

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

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

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

ACT Providers will participate in site visits from NYS OMH.

### **5.5 Operating Funding**

One (1) award will be made for each of the two (2) locations for a five (5) year period, starting 1/1/2026

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ACT Providers will be funded through Medicaid and net deficit funding, per the approved ACT Model for the awarded team size and region.

In the event model changes are pending approval, subsequent rate changes and updates to net deficit funding will be effective for awarded ACT teams upon approval. Teams receiving an award are eligible to receive a one-time funding allocation for Start-up and Transition/Ramp-up costs.

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

- Start-Up as follows: \$100,000 per team
- Transition/ramp up costs as follows: \$350,000 per team

Start-up funds are used for initial costs associated with starting a new ACT team.

Transition/Ramp up funding is based on phasing in of staffing and enrollment. Individuals will be expected to be enrolled at a rate of no more than four (4) to six (6) individuals a month up to service capacity.

The annual expected Medicaid revenue per team is as follows:

48 Slot Team (Upstate): \$ 860,204

68 Slot Team (Downstate): \$ 1,196,238

Available annual State Aid funding per team is as follows:

48 Slot Team (Upstate) \$95,879 (\$69,356 Net Deficit, \$26,523 service dollars)

68 Slot Team (Downstate) \$180,498 (\$140,711, \$39,787 service dollars)

Appropriate uses of these funds are outlined in [Service Dollar Guidance](#).

Applicants are reminded that funding to support the operation of this program is contingent upon the continued availability of State appropriations.

## 6. Proposal Narrative

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

**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.**

A proposal template is provided in the event comments and attachments section of SFS and must be used to answer the following questions. If the proposal template is not completed and submitted, the application may be disqualified. Any supporting attachments MUST be labeled specific to the question number it is associated with. Attachments that are not labeled may result in either a 0 for the question or disqualification of the application.



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### **6.1 Population**

- a. Provide the County for which this proposal applies. Describe in narrative the characteristics of the population to be served on the ACT team.
- b. Describe your understanding of the service needs of adults with SMI including those who may have a limited support network/resources and who may not otherwise be engaged in traditional services.
- c. Describe clinical approaches and/or best practice in treatment and care for adults with SMI, who may also have co-occurring disorders, medical issues, and history of complex trauma and may have extensive complex medical needs.
- d. Describe and demonstrate the agency's experience in engaging adults with SMI, co-occurring disorders, and complex trauma in the community. Provide a description of the assertive engagement practices and strategies to be used and targeted to the population to be served.
- e. Describe the agency's experience in providing and coordinating care, both internally and externally, among behavioral health, medical, housing, forensic involvement, and other services/providers and creating a continuum of integrated services that promote recovery, independence, and individual choice. Describe how the ACT team will collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other OASAS licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs.

### **6.2 Description of Program**

- a. Describe your network, internally and externally, of behavioral health and other providers, and how you plan to utilize those networks to facilitate rapid access to care.
- b. Describe in detail what the ACT team's procedure will be for timely admission upon receipt of referrals from SPOA, including timeframes. Describe how the ACT team will interface with County SPOA.
- c. Describe all services to be provided by the ACT team during normal business hours, as well as outside of normal business hours. Describe the plan for providing emergency and crisis intervention services telephonically and in-person on a 24 hour a day, 7 days a week basis. Describe how the agency will ensure ACT individuals receive in-person crisis response by the team as a first option, when doing so is safe and could avoid emergency services outside of the team being utilized, e.g., police, Comprehensive Psychiatric Emergency Program (CPEP), Emergency Room, etc.
- d. Provide a description of how the ACT team will implement the multidisciplinary team approach. Provide a description of team communication approach and

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practices to be implemented by the team, including how team members will be updated: i) while in the community, ii) upon return from time-off, and iii) for part-time staff who may not attend all morning meetings due to scheduling.

- e. ACT Providers are expected to treat co-occurring substance use disorders, including use of Motivational Interviewing, harm reduction, and psychopharmacology for tobacco, alcohol, and opioid use disorders, as well as Medication Assisted Treatment (MAT) by means of an integrated dual diagnosis treatment approach. Describe the approach the ACT team will take to ensure all treatment options are available to individuals served on the team, including references to staff training, resources/tools, agency support, hiring practices, etc.
- f. Describe the ACT team's individual assessment and person-centered service planning process. Describe strategies to engage and motivate individuals towards their recovery. Describe practices and approaches to ensure suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments are occurring initially and on an as needed basis. Describe how the agency will ensure ongoing assessment and screening will occur.
- g. Describe the approach that will be used to ensure the successful transition of individuals off the ACT team to other community-based services. Describe discharge criteria, policies, procedures, and use of less intensive community services including treatment, rehabilitation services, and care management in transitioning individuals off ACT.

### 6.3 Implementation

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

- a. Describe, the start-up and phase-in activities necessary to implement the ACT program. Include timeframes in the description for both start-up and phase-in activities.
- b. Describe how the agency will create a physical space that supports the ACT team and its work. Provide detailed information about other supports the agency will provide for the team relative to equipment and administrative oversight. Define the geographic boundaries of the areas to be served by the proposed program. Describe how the agency will support the team in reaching all individuals as it relates to the geographic boundaries of the program.
- c. Provide an ACT staffing plan that follows the staffing requirements as per Section 5.3 and the ACT Program Guidelines. Include a description of the role and responsibilities of each staff member. Describe plans for regular staff supervision and what will be included as part of supervision.
- d. Provide the agency's plan to ensure staffing minimums are maintained based on the required program capacity ratio. Describe how the agency, including

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leadership, will support the staffing of the ACT team and what strategies will be used to: i) improve retention of staff, ii) maintain the fidelity of the model, and iii) maintain therapeutic continuity of care.

- e. Describe how staff will gain competence in integrated dual disorder treatment (IDDT), employment/education, psychoeducation, psychiatric rehabilitation, forensic involvement, and wellness self-management. Include a description of how the competencies will be ensured and maintained up to date.
- f. Describe in detail how the agency will ensure all staff are i) trained in Evidence-Based Practices as applicable to each role, ii) have completed required trainings and maintain ongoing training, iii) utilize ACT Institute resources, and iv) receive training on the populations being served by the team including but not limited to substance use, forensic involvement, homelessness, and older adults.
- g. Describe how your agency will proactively prepare for the safety and wellness of individuals during behavioral health crises, including but not limited to the use of crisis plans, WRAP plans, safety plans, psychiatric advanced directives, etc. Describe how your agency will actively advocate for the safety and wellness of individuals with particular emphasis on participants whose racial/ethnic or gender identities are known to increase risk of potentially harmful encounters with the emergency response system (i.e., police, EMS). Describe how the agency will interface and work with the emergency response system during behavioral health crises.

### 6.4 Agency Performance

- a. Provide a brief summary of the agency, the services for which the agency is licensed and provides services, and the population(s) served. Describe how these experiences demonstrate the agency's experience and qualification for operating ACT.
- b. Describe the agency's organizational structure, administrative and supervisory support for clinical and direct care services to be provided by the ACT Team – include the governing body, and any advisory body that supports the organization and effective service provision.

**Applicants will answer one (1) of the following - either c or d - as applicable:**

- c. **Current licensed NYS OMH ACT providers** must provide the following specific data points over the last two (2) year period: average length of stay, staffing fill levels/turnover, team size and capacity levels, number of all approved moratoria (requests for holds on admissions) including reason and total length of time on moratorium, and number of discharges to a less intensive level of service. Agencies will also be evaluated on the CAIRS completion rates, CAIRS length of stay averages, completion of staff trainings, and team profile. Areas that are below average for the region will lose points. Applicants that are not current NYS OMH ACT providers will respond N/A to this question and will respond to

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Question 6.4d.

- d. **Applicants that do not have an existing ACT team** must attach a copy of the most recent monitoring reports for any mental health services program the agency operates that were issued by a city, state, or federal government agency. These agencies will also be evaluated on relevant CAIRS data entry and timeliness of entry, recertification monitoring reports, and other performance related data as applicable. **For this question only, you will need to submit an upload that supports your response for this question.** Applicants that are current NYS OMH ACT providers will respond N/A to this question and respond to 6.4c.

### 6.5 Utilization Review, Reporting, and Quality Improvement

- a) Describe how the agency will ensure the ACT Team is adhering to expected standards put forth by NYS OMH, including the fidelity of the model and team protocols as outlined in the ACT Program Guidelines, Standards of Care, the Tool for Measurement of ACT (TMACT), and forthcoming, the New York State Fidelity Tool.
- b) Describe the proposed approach for self-monitoring and ongoing quality improvement for the ACT Team. Provide details that demonstrate the effectiveness of the proposed approach, including but not limited to i) analyzing utilization review findings and recommendations, ii) reviewing team profiles and CAIRS Reports, iii) using the TMACT or the forthcoming NYS ACT Fidelity tool, iv) using Regional Health Information Organization (RHIOS), v) and using PSYCKES. Include any other systems regularly used for self-monitoring and quality improvement.
- c) Describe how confidentiality of individuals' medical records will be ensured in ways that conform to all local, state, and federal confidentiality and privacy regulations.
- d) Explain the proposed Incident Management Policy; demonstrate how it complies with New York Code Rules and Regulations Part 524 and the Justice Center requirements. Explain how you propose to establish and maintain an Incident Review Committee, including the proposed composition and processes. Describe the proposed approach to ensuring that all new staff: i) receive training on the definition of incidents and reporting procedures, ii) are informed about the Incident Review Committee, and iii) understand the importance of risk management in maintaining safety and improving services.
- e) Describe your proposed plan to ensure compliance with the following reporting requirements, including systems access: Child and Adult Integrated Reporting System (CAIRS), AOT reporting, and site visits from NYS OMH.

### 6.6 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

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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, 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

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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.

## **6.7 Financial Assessment**

- a. The proposal must include a 5-year Budget (Appendix B). Annual funding is available as outlined in Section 5.5 Operating Funding. 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 which should include the

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following:

- a) detailed expense components that make up the total operating expenses;
- b) the calculation or logic that supports the budgeted value of each category; and,
- c) description of how salaries are adequate to attract and retain qualified employees