



**Office of
Mental Health**

HealthySteps April 2026 EXPANSION

Request for Applications

Grant Procurements

(On-Line Submission Required)

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2026

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SECTION 1. Programmatic Information

A. Introduction and Background

The New York State (NYS) Office of Mental Health (OMH) announces the availability of funds to support the expanded implementation of [HealthySteps](#) (HS).¹ It is anticipated that OMH will make up to 38¹ awards across the state, contingent upon availability of funding. This funding is specifically designated for new sites, with the goal to expand the capacity of pediatric and family medicine practices to implement HealthySteps, prioritizing statewide access across counties without existing HealthySteps sites² as well as at risk areas as determined by higher percent of births covered by Medicaid or self-pay. The combined total of these awards will be up to \$18,420,462 distributed over five (5) years (See Section 1.F Operating Funds).

In 2016, OMH first awarded HealthySteps funding to pediatric primary care practices, and since that time, comprehensive services have been provided to tens of thousands of young children and their families across New York State as part of the program.

This Request for Applications (RFA) will provide the opportunity to expand this reach to even more children and their families throughout NYS as we continue to work towards enhancing protective factors to foster childhood resiliency, promoting a trauma-informed approach to care, screening for depression of birthing persons, and addressing the deleterious effects of the social determinants of mental health for children and families.

This RFA, part of New York State's historic investment to strengthen the mental health system and drastically reduce the number of individuals with unmet mental health needs throughout the state, clearly demonstrates OMH's ongoing commitment to primary prevention and the health and well-being of the youngest New Yorkers. The goal is to ultimately promote an intentional focus on prevention activities by identifying and implementing evidence-based programs and data-informed strategies that are universally accessible.

HealthySteps is an evidence-based program that delivers dyadic services to both young children (0-3 years) and their families in a pediatric healthcare setting, which is non-stigmatizing and offers universal access. Pediatricians often serve as the initial point of contact for new caregivers. Typically, an infant has seven (7) well-child visits within the first year of life, often occurring before families have contact with any other service system. This early access allows the youngest children to integrate mental health and physical well-being at a critical time in brain development. It also allows the HealthySteps Specialist to support the healthcare team in promoting the child's developmental, social-emotional, and behavioral health. A HealthySteps Specialist uses a two-generation approach to promote well-being and to address concerns about challenging behaviors, developmental delays, caregiver mental health, and family needs such as food and housing instability. The HealthySteps model offers the ability to

¹ Qualified sites that partner to share 1 FTE HealthySteps Specialist (see Sections 1.D and 1.E) will count as one of the 38 awards, although each of those sites will receive one award of an adjusted amount as described in Section 1.F.

² Refer to **Table 3**. County-based distribution of existing (E) OMH supported NYS HealthySteps sites plus Onboarding sites awarded (A) from the OMH HealthySteps RFAs in June 2022, November 2022, June 2023, August 2024, or June 2025.

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instill preventative efforts through anticipatory guidance, which may enhance positive outcomes and prevent future mental health challenges.

The HealthySteps model's preventative efforts are promoted through a HealthySteps Specialist, a professional with expertise in child development who partners with families during well-child visits as part of the primary care team. The HealthySteps Specialist fulfills a variety of roles: Serving as a liaison between the child and family and the healthcare team, offering screenings and support that the physician may lack time to address, including feeding, behavior, sleep, attachment, depression, social determinants of health, and adjusting to the complexities of caring for a newborn child. The HealthySteps Specialist also provides families with parenting/caregiver guidance, support between pediatric visits, referrals, and care coordination, all the while ensuring that the child and family's needs are identified, addressed, and ultimately met.

Evidence-Based

[National Evaluation of HealthyStepsⁱⁱ](#) clearly demonstrates that this evidence-based program has shown significant positive outcomes for the child, the family, and the practice/provider. The original findings are supported by subsequent conclusions, as outlined in the [HealthySteps Evidence Summary 2023 Finalⁱⁱⁱ](#). These findings continue to support both the immediate and longitudinal benefits of this model.

Child

- "Children were more likely to attend all of the first 10 recommended well-child visits and were twice as likely to attend specific visits and for visits to be on time."
- "Children were up to 1.6x more likely to receive timely vaccinations and 1.4x more likely to be up to date on vaccinations by age 2."
- "Continuity of care was significantly better for both total and well-child visits and families were nearly twice as likely to remain with the practice through 20 months."
- "Children were 8x more likely to receive a developmental assessment and had significantly higher rates of developmental and other nonmedical referrals."
- "Children were 23% less likely to visit the emergency room for injuries in a 1-year period."

Family

- "Families were 24% less likely to place newborns on their stomachs to sleep, reducing SIDS risk."
- "Families were significantly less likely to report harsh punishments (yelling, spanking with hand) and severe discipline (face slap, spanking with objects)."
- "Families were significantly more likely to share picture books and play with their infants daily."

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- “Families were significantly more likely to notice behavioral cues and provide age-appropriate nurturing.”
- “Families demonstrated a significantly better understanding of infant development.”

Practice/Provider

- “Families were significantly more likely to report practice staff went out of the way for them, that they relied on practice staff for advice (rather than a friend or relative), and that they received needed emotional support”.
- “Families rated their provider as more competent and caring and were significantly more likely to believe that the health plan cared about them and to recommend their clinic to a friend or family member.”
- “Physicians reported significantly higher satisfaction with HealthySteps and that they felt emotionally supported by the HealthySteps Specialist.”

Trauma-Informed Care

- Trauma can have long-term effects on a person’s emotional, mental, and physical well-being, including the ability to cope, sense of safety, and everyday life. Traumatized individuals, particularly those who were exposed to adverse childhood experiences, are at increased risk for social and behavioral problems as well as physical health challenges. Trauma can lead to changes in brain chemistry and structure, resulting in symptoms such as anxiety, depression, and PTSD, and can even cause physical damage to the brain.^{iv}
- Pediatric and family medicine practices are on the front lines of caring for children and supporting families. They serve a critical role in early identification, education, and response to childhood trauma.

The following are [six key principles](#)^v of a trauma-informed approach for health care organizations:

- “Safety - Throughout the organization, patients and staff feel physically and psychologically safe”;
- “Trustworthiness and transparency - Decisions are made with transparency, and with the goal of building and maintaining trust”;
- “Peer support - Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery”;
- “Collaboration and mutuality - Power differences - between staff and clients and among organizational staff - are leveled to support shared decision-making”;
- “Empowerment, voice, and choice - Patient and staff strengths are recognized, built on, and validated - this includes a belief in resilience and the ability to heal from trauma”; and

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- “Humility + Responsiveness - Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed.”

According to the [National Child Traumatic Stress Network](#),^{vi} “the following elements are important to consider when creating trauma-informed integrated healthcare systems:

- Creating a trauma-informed office.
- Involving and engaging family in program development, implementation, and evaluation.
- Promoting child and family resilience, enhancing protective factors, and addressing parent/caregiver trauma.
- Enhancing staff resilience and addressing secondary traumatic stress.
- Assessing trauma-related somatic and mental health issues.
- Providing coordinated, integrated care across child- and family- service systems.”

HealthySteps sites are encouraged to implement trauma-informed principles within their practice. The Office of Mental Health’s [New York State Trauma-Informed Network and Resource Center](#) (NYS TINRC)^{vii} and [Project TEACH](#)^{viii} are two projects that provide training, information and resources on this topic.

NYS TINRC’s goal is to make New York more trauma-informed, which assists people to heal and thrive. It promotes learning around trauma, trauma-responsive practices, and well-being.

To meet this goal, the NYS TINRC supports the following:

- Connection and collaboration for those who are interested in trauma-informed practices.
- Support for organizations and communities in becoming trauma-informed.
- Training to advance implementation of trauma-informed practices in organizations.
- A trauma and resilience-informed approach to prevention and wellness promotion.

The NYS TINRC is open to individuals, organizations, and communities across the state. HealthySteps sites are encouraged to both [register](#) and sign up for the [NYS TINRC Newsletter](#)^x to receive up-to-date information about trainings and resources.

For many children and families, adverse childhood experiences (ACEs – defined below) * and trauma are all too common.” More than **two-thirds of children** reported at least one (1) traumatic event by age 16.”^x

*Adverse Childhood Experiences (ACEs) are potentially stressful or traumatic events that occur during childhood (ages 0-17). ^{xi}ACEs are often reflective of abuse, neglect, household instability, and/or dysfunction. Research supports that when a child experiences a traumatic event, their capacity to cope may be overwhelmed by strong negative emotions and physical reactions.^{xii} Without intervention, exposure to frequent traumatic adversities can lead to prolonged activation of the stress-response system, also known as toxic stress.^{xiii} Toxic stress from ACEs has been

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linked to organic changes in brain development, consequently impacting attention, behavior, decision-making, and how the body responds to future stressors.^{xiv xv xvi}

While not required, it is recommended that sites incorporate the ACEs questionnaire into their practice if staff are trained in a trauma-informed approach. For caregivers, their answers to the ACEs questionnaire will provide information to the HealthySteps Specialist on any trauma history and encourage opportunities to help build family resiliency through targeted support and education and linkages to supports and services. The HealthySteps National Office provides [resources](#)^{xvii} to support sites in implementing ACEs screening into practice.

B. Target Population/Eligibility Criteria

OMH will first prioritize NYS counties that do not currently have a HealthySteps site and then prioritize at risk areas as determined by higher percent of births covered by Medicaid or self-pay. This will support OMH's commitment to provide universal access to prevention opportunities and to ensure equity and the reduction of disparities in access, quality and treatment outcomes for marginalized and underserved populations.

The target population of the HealthySteps program is children ages 0-3 years and their families seen in pediatric and/or family medical practices. HealthySteps sites are required to serve ages 0-3 years; up to age 5 is optional.

C. Key Events/Timeline

Activity	Date
Release RFA	4/28/26
Practices submit questions due date	5/19/26
Post Q&A	6/11/26
Application Submission Deadline – 1:00 PM EST	7/2/26
Anticipated Notification of Awards	7/30/26
Anticipated earliest contract start date	1/1/2027

D. Eligible Applicants

Eligible applicants are pediatric, or family medical practices located in New York State whose population includes children ages 0-3 years and deliver or have the potential to deliver well-child visits in the pediatric or family medicine setting. (This includes but is not limited to: Federally Qualified Health Centers, American Indian Health Programs in New York State, Rural Health Centers, Community Health Centers).

Each applicant must be applying to become a **new** HealthySteps site. Sites that are listed on the [HealthySteps Practice Directory](#)^{xviii} at the time of application, or have accepted or anticipate funding from the OMH HealthySteps RFAs released in June 2022, November 2022, June 2023, August 2024, or June 2025 are not eligible to apply. However, organizations with a current site **are** eligible to apply to establish a new site/s at different and/or additional **locations** under this RFA.

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Each applicant must have a minimum panel size (i.e., caseload) of 100 children ages 0-3 years. Each practice location must submit a separate and complete application.

Considerations for small practices.

Small practices have the option to apply in partnership with another practice as described in [Strategies to Deliver HealthySteps to Children and Families in Rural and Small Pediatric Primary Care Practices](#).^{xix} For small practices that plan to partner, the minimum **combined** panel size of children ages 0-3 years is 100 and the maximum allowable combined panel size is 2,000.

Each site will be required to submit its own unique application, and if awarded, the funding as outlined in Section 1.F. will be divided evenly between both sites. Each practice must individually meet the eligibility requirements and attest to providing each of the program requirements.

Partnering practices cannot be from separate independent practices and must be part of the same healthcare system³ or partnering practices must participate in the same integrated provider network. All partnering practices must both submit their unique applications concurrently.

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2. Administrative Information, D. SFS Prequalification Requirement, and Section 2.E. Vendor Registration, Prequalification and Training Resources for Not-for-Profits. for additional Prequalification Information.

E. Program Requirements

As noted in the introduction, the purpose of these funds is to support the expanded implementation of the HealthySteps program. As part of this funding, each applicant will be required to attest to complying with each of the following fourteen (14) program requirements. The Attestation process will be facilitated/completed in the New York Statewide Financial System (SFS). If you are unable to attest to any component of the program requirements, please note that your application will be automatically disqualified.

E-1. HealthySteps Specialist (HSS):

Sites will be required to maintain and fill one (1) full-time equivalent (FTE) HealthySteps Specialist position throughout the duration of this funding. At minimum, the HealthySteps Specialist must hold a bachelor's degree (although a master's degree is preferred). HS Specialists are frequently social workers with mental health training, psychologists, early childhood educators, and/or nurses with experience in early childhood development. We highly recommend that a practice hire a candidate with a mental health background (ideally infant and early childhood mental health or infant and early childhood

³ For the purposes of the RFA, a healthcare system is defined as a healthcare entity that operates multiple practices or sites and/or a medical institution with different physical addresses/practices under one legal name.

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development). Mental health professionals are well-suited for the position due to their clinical training, skills related to reflective practice, and the ability to provide consultation and care coordination. It is preferred that the HealthySteps Specialist have a master's or doctoral level degree and is a licensed behavioral health professional. Please note that the degree and credentials of HealthySteps Specialist and the ability to bill for their services will have implications for future reimbursement and sustainability beyond the term of this grant. See [Resources for Hiring and Orientation](#).^{xx}

Within six (6) months of the contract, each site will be required to identify and/or hire a qualified individual as the HealthySteps Specialist. This position is required to be budgeted as a full-time equivalent staff member of the designated site and cannot be subcontracted to another agency. For the purposes of this RFA, no more than two (2) part-time individuals can combine effort to meet the duties of the one (1) FTE HealthySteps Specialist position.

“The National Office requires that a HS Specialist is expected to participate in team-based well-child visits in-person, as an integrated member of the care team.”^{xxi} ([Tiers and Core Components - HealthySteps](#))

The HealthySteps Specialist is a required, integrated member of the clinic team. Therefore, this position must be maintained for the duration of this contract. In the event of a HealthySteps Specialist *vacancy*, the site is solely responsible for the recruitment, orientation, and training of a qualified candidate to fulfill the HealthySteps Specialist role. All staff vacancies and fills must be reported to the OMH within thirty (30) days of status change.

Considerations for small practices that plan to partner:

To address the unique needs of small practices, the full-time equivalent HealthySteps Specialist position can be shared between two (2) sites within the same healthcare system. This could mean one full-time individual splits their time at two sites, OR two part-time individuals cover two sites. No more than two (2) part-time individuals can combine effort to meet the duties of the one (1) FTE HealthySteps Specialist position. The HealthySteps program has flexibility and innovative solutions that can assist smaller practices. As stated previously, for small practices that plan to partner, the minimum **combined** panel size of children ages 0-3 years is 100 and the maximum allowable combined panel size is 2,000.

As described in [Strategies to Deliver HealthySteps to Children and Families in Rural and Small Pediatric Primary Care Practices](#)^{xxii} *“Flexible scheduling requires the participating sites to attempt to schedule well-child visits for children birth to three on certain days of the week (or potentially less difficult, only scheduling visits for families needing Tier 3 services on certain days of the week) and the ability for HealthySteps Specialist to split time between sites that are in geographic proximity. This will also require office administrative staff to understand the HealthySteps Specialist’s schedule and how to book visits.”*

In addition, the use of telehealth solutions may facilitate access to HealthySteps

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Specialists across shared sites. If this option is utilized, the practice must provide telehealth equipment and space, as well as staff training on using equipment.

For applications received who choose to use this option, if awarded, the funding will be split *equally* between the two (2) partnering sites. However, each practice must independently meet the eligibility criteria and attest to providing and maintaining all the program requirements.

E-2. Supervision:

Sites must incorporate the HealthySteps Specialist into the office routine, including providing both clinical reflective and logistical (administrative) supervision on at least a monthly basis.

For this RFA, reflective supervision is defined as an active, open conversation in which the HealthySteps Specialist reflects genuinely about successes, challenges, and potential areas for growth. Reflective supervision is an opportunity to obtain support and brainstorm with a supervisor or other colleagues who are part of the HealthySteps team.

E-3. A Physician Champion in the practice who actively supports the program's implementation and growth:

A key element of successful implementation is having a physician be the 'champion' of the program and integrating the HealthySteps program into the medical practice. The HealthySteps lead physician "champion" will guide and nurture the program throughout its implementation and development, as well as plan for sustainability within the medical practice. This person should have the authority to implement change and modify procedures within the practice. A nurse practitioner ^{xxiii} may be acceptable in this role but should be discussed with the HealthySteps National Office and OMH.

E-4. Office Space and Proximity:

The practice must commit to providing the HealthySteps Specialist with suitable space that is seamlessly integrated into the practice. This office must be within the medical office suite and be adequate to accommodate family meetings comfortably.

E-5. Implementation Team:

The practice must establish a team with the required members, as specified in the [HealthySteps Exploration Guide](#).^{xxiv} This includes at minimum three (3) team members and includes the HealthySteps Specialist, Physician Champion, and typically the practice manager, and any other team members who can support the implementation process.

The Implementation Team will create a plan to participate in the [Virtual HealthySteps Institute \(VHSI\)](#)^{xxv} (including which staff will participate in each session), and participate in at least six (6) one-hour technical assistance calls in the first year following training.

E-6. Training and Technical Assistance:

Each applicant must agree to full participation at the Virtual HealthySteps Institute (VHSI) and in other technical assistance and learning collaboratives activities over the course of this award.

To support the implementation of HealthySteps into pediatric and family medicine

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practices, participation in the national Virtual HealthySteps Institute is required.

“The VHSI is a blend of eLearning modules and live Zoom sessions designed to introduce practices to the HealthySteps program. It is divided into three units, each geared to different audiences. The first unit is geared towards the entire pediatric practice, the second to the site-specific implementation team, and the third towards HS Specialists and behavioral health providers.”

Following the Virtual HealthySteps Institute, six (6) Technical Assistance calls are provided to further assist the clinic team in implementing the program. The technical assistance will be tailored to the practice needs on specific components of the program.

Each successful applicant’s Year 1 funding will include the full cost of the Virtual HealthySteps Institute and six (6) technical assistance calls. The successful applicant will pay the HealthySteps National Office directly prior to attending the Virtual HealthySteps Institute.

E-7. Affiliation:

The awardee must sign and execute affiliate and trademark license agreements with the HealthySteps National Office to implement HealthySteps. During the duration of the contract, the applicant must maintain their affiliation status.

E-8. Fidelity:

The awardee shall commit to meeting program fidelity requirements within three (3) years from Implementation, as outlined in the [HealthySteps Fidelity Requirements Overview](#).^{xxvi} Once the Network Affiliate Agreement is signed, sites will receive the full set of fidelity metrics.

E-9. Eight Core Components:

Applicants must commit to the provision of the components of the HealthySteps program. HealthySteps is a risk-stratified population health model that includes eight (8) core components organized into [three \(3\) tiers of service](#)^{xxvii} that are responsive to each family’s needs. Families with higher needs receive more intensive services. For details, visit <https://www.healthysteps.org/the-model>.

All children ages 0-3 years (optional to age 5) in the practice will receive Tier 1 universal services. Sites use a risk-stratified approach to offer Tier 2 and Tier 3 services, as determined by need.

Smaller practices may choose to provide Tier 3 services to all families. Sites should identify and enroll children for Tier 3 services as early as possible, preferably by the 4-month wellness checkup, but no later than 18 months. Sites may choose to offer HealthySteps to children until the age of 5. Sites also have the option to include home visiting and parent groups as part of the model.

[Tiers and Core Components](#)^{xxviii} are outlined based on the HealthySteps tiered risk-stratified approach:

Tier 1. Universal Services

1. Child Developmental, Social-Emotional & Behavioral Screening

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2. Screening for Family Needs (i.e., maternal depression, other risk factors, social determinants of health)
3. Child Development Support Line (e.g., phone, text, email, online portal)

Tier 2. Short-Term Supports (mild concerns)

1. Child Development & Behavior Consults
2. Care Coordination & Systems Navigation
3. Positive Parenting Guidance & Information
4. Early Learning Resources

Tier 3. Comprehensive Services (families most at risk)

1. Ongoing, Preventive Team-Based Well-Child Visits (WCV)

Additionally, as a part of Early Learning Resources, OMH-funded sites will be required to enroll in [Reach Out & Read](#).^{xxix}

“Reach Out and Read is a national nonprofit that champions the positive effects of reading daily and engaging in other language-rich activities with young children.

Reading together promotes healthy brain development, furthers language acquisition, and helps families build meaningful bonds.”^{xxx}

E-10. Distribute Materials:

The HealthySteps Specialist will distribute written materials for parents that emphasize prevention and health promotion within the context of their relationships with family, pediatric, and community resources. The HealthySteps National Office offers many resources on its website for practices to share with their families.

E-11. Directory of Referral Sources and Services:

The practice will support the HealthySteps Specialist’s effort to create and maintain a directory of services and providers to which families are commonly referred. The office will assist with tracking referrals, ensuring linkages, and providing information to the families.

E-12. Health Equity and [Standards for Culturally and Linguistically Appropriate Services in Health and HealthCare](#)^{xxxi}

Practices must:

- Ensure that policies and practices support health equity and foster disparity reduction.
- Confirm that staff recruitment strategies consider the diversity (race/ethnicity, languages) of the populations being served.
- Offer ongoing training opportunities that promote diversity and inclusion, which enhance treatment outcomes and promote health equity for all populations being served.
- Ensure there is organizational governance and leadership that promotes health equity and the reduction of disparities.
- Offer language assistance (i.e., translation, interpretation) to individuals who have

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limited English proficiency and/or other communication needs to facilitate equitable access to all health care and services. This also includes ensuring key documents and forms are translated proactively into the most prevalent languages spoken by service users.

E-13. Learning Collaborative:

The HealthySteps Specialist, along with other staff (as required by OMH), will participate in a learning collaborative. The learning collaborative will be led by implementation experts during virtual platforms and/or individual site visit support. The learning collaborative will focus on implementation, billing strategies, sustainability planning, and processes. Participants will benefit from the learning community through networking, experiential learning, and information sharing of best practices.

There may be specific data collection as part of the learning collaborative. Sites may be asked to participate in additional surveys, questionnaires, or data collection that will help inform sustainability efforts, identify challenges, and serve as a collaborative opportunity to share lessons learned with the network of New York HealthySteps sites.

E-14. Reporting and Data Collection:

Each HealthySteps site is required to track and report data and participate in program evaluation. Funding will be available in Year 1 to help support sites in aligning their data systems with required site reporting, fidelity metrics, and quality improvement. (Refer to Section 1.F. Operating Funding. b. Data Systems)

Tracking and process data will be reported quarterly to OMH. Failure to report timely information could result in funding delay and/or discontinuation of the contract.

The HealthySteps site will participate in the evaluation of the program implementation, which may include questionnaires, surveys, site visits, and interviews by OMH and the HealthySteps National Office.

In addition to providing data to OMH, sites must participate in National Office Annual Site Reporting and have the ability to track, and report required metrics through their electronic medical record (EMR) or other data system.

Sites must provide OMH with copies of their HealthySteps National Office Annual Site Report Summary, fidelity status, and the date by which fidelity must be met upon receipt from the National Office. This information must be submitted to OMH on an annual basis.

Practices awarded OMH HealthySteps funding must have a quality, supervisory, and operational infrastructure to support submitting aggregate quarterly data to OMH. OMH will provide a secure survey format for quarterly aggregate data submission.

Data elements may include the number of children and caregivers served, screenings completed, and referrals made for all children 0-3 years in the practice (Tier 1); the numbers of services provided through HealthySteps for short-term needs (Tier 2); and the number of ongoing high need children (Tier 3). Screening data may include: number of screens, number of individuals screened, and number with an identified concerns in the following areas: child developmental, social/emotional/behavioral and autism;

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maternal depression; caregiver adverse childhood experiences; and family needs, such as: housing, food insecurity and interpersonal safety. Referral data may include referrals to Early Intervention, early care and education, and mental health (including caregiver/child dyadic treatment; and referrals for maternal depression and other family needs).

Practices will also be expected to work with OMH to submit individual level child and caregiver data from Electronic Medical Records (EMR). There are several purposes for individual level data submission including:

- Burden reduction on HealthySteps sites through OMH facilitation of HealthySteps National Office reporting requirements
- Provide data for enhanced outcome analyses including comparison groups to provide evidence for HealthySteps effectiveness necessary for ongoing program support and sustainable funding opportunities.

OMH will work with HealthySteps sites, including administrative, information technology and EMR personnel, to facilitate collection of the necessary data elements and secure EMR extraction methods. OMH will work with each site individually to create a plan for extraction.

F. Operating Funding

Up to 38 awards will be distributed through the five regions as described in Section 1.I, with total funding of up to \$18,420,462 over five years. Funding for year one up to \$6,159,154, year two up to \$4,230,654, year three up to \$4,230,654, and years four and five up to \$1,900,000 each.

Each successful applicant will receive either \$111,333 or \$55,666 in year one for one (1) FTE HealthySteps Specialist Salary & Fringe, if partnering as a small site, \$55,666 for each partnering site. (See Table 1)

Subsequent funding per successful applicant is \$111,333 each in years two and three to support the HealthySteps Specialist salary and \$50,000 each in years four and five. This funding will be split evenly between partnering sites sharing one (1) FTE HealthySteps Specialist.

Additionally, each successful applicant will receive a Program Development Grant in a separate contract to cover the costs of the HealthySteps Virtual Training (a.) and Data System (b.) which is to be used within the first 18 months of the program. (See Table 2)

Table 1. Distribution of Award Funds per Site

		Award per Individual Site	Award to each Partnered Site (c.)
Year 1	1 FTE HealthySteps Specialist salary & fringe	\$111,333	\$55,666
	Total Year 1 (not including PDG Table 2)	\$111,333	\$55,666
Year	1 FTE HealthySteps Specialist salary & fringe	\$111,333	\$55,666

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2	Total Year 2	\$111,333	\$55,666
Year 3	1 FTE HealthySteps Specialist salary & fringe	\$111,333	\$55,666
	Total Year 3	\$111,333	\$55,666
Year 4	Year 4 Funding	\$50,000	\$25,000
	Total Year 4	\$50,000	\$25,000
Year 5	Year 5 Funding	\$50,000	\$25,000
	Total Year 5	\$50,000	\$25,000
Total	Total per site for all 5 Years	\$433,999	\$216,998

Table 2. Program Development Grants per site

First 18 Months	Virtual HealthySteps Institute	\$25,750, \$15,450 or \$5,150 (a.)
	Data System	\$25,000 or \$12,500 (b.)

a. Virtual HealthySteps Institute:

OMH funding includes the one-time cost of the mandatory training and technical assistance offered by the [Virtual HealthySteps Institute](#).^{xxxii} This training is designed to provide information that will prepare staff to implement the HealthySteps evidence-based program, followed by six (6) technical assistance (TA) calls.

The cost of the Virtual HealthySteps Institute for each site within an integrated provider network is \$25,750. The cost of the Virtual HealthySteps Institute is \$25,750 for the first site within a healthcare system. Up to two (2) additional sites within the same healthcare system cost \$5,150 each. If there are more than three (3) sites in the same healthcare system, the 4th site is \$25,750 and the 5th and 6th site are \$5,150 each. This continues similarly in groups of three (3) for sites within the same healthcare system. For partnering sites within the same healthcare system that apply to share one (1) FTE HealthySteps Specialist, training costs are \$15,450 per site. Sites will receive the amount needed to cover the full cost for the Virtual HealthySteps Institute. This determination will be made upon awarding of funds. Sites will be required to pay the HealthySteps National Office directly prior to attending the training.

b. Data System

Data System funding is \$25,000 per site and is to be used toward aligning data systems with the required site reporting, fidelity metrics, and quality improvement as required by the HealthySteps National Office. Partnering sites will split this funding at \$12,500 each. This funding is to be used within the first 18 months of the program.

c. Partnering Sites

For partnering sites who are part of the same healthcare system, the funding allocation in year 1 will be split evenly between the two (2) sites. The funding in year 1 will include: the cost of one (1) shared FTE HealthySteps Specialist \$111,333 (\$55,666 for each partnered

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site). Training costs for two (2) sites totaling \$30,900 (\$15,450 for each partnered site), and Data System totaling \$25,000 (\$12,500 for each partnered site).

For partnering sites who are part of an integrated provider network, the funding allocation in year 1 will include: the cost of one (1) shared FTE HealthySteps Specialist \$111,333 (\$55,666 for each partnered site). Training costs of \$30,900 (15,450 for each partnered site), and Data System of \$12,500 for each partnered site.

In Years 2 and 3, each partnering site will receive \$55,666 for one (1) shared FTE HealthySteps Specialist salary. In years 4 and 5, each site will receive \$25,000 to support the HealthySteps Specialist salary.

d. Administrative Costs

Up to 15% of the HealthySteps Specialist salary may be used towards Administrative Costs. The Program Development Grant funds for the Virtual HealthySteps Institute and the Data System are fixed costs and cannot be used toward Administrative Costs.

Funding beyond Year 1 and each subsequent year is contingent upon: the availability of funds, the site's meeting the established programmatic requirements, and the timely submission of quarterly reports, which include, but are not limited to the Program Requirements in Section 1.E.

G. Method for Evaluating Applications

Designated OMH staff will review each application for completeness and verify that all eligibility criteria are met. The attestation process must be completed in the Statewide Financial System. If an application is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 1.D and 1.E, it will be disqualified. All fields must be completed entirely. Failure to do so will result in disqualification.

H. Disqualification Factors

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

Additionally, during the application evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During either of these review processes, applications that do not meet basic participation standards will be disqualified, specifically:

- Applications that do not meet the eligible applicant criteria as outlined in Section 1.D and E. above.

I. Process for Awarding Contracts Initial Awards and Allocations

OMH will make up to 38 awards; the award distribution is intended to cover the five OMH regions. Completed applications, meeting all the required eligibility components as described in Section 1.H, will be awarded based on the following prioritizations and distributed as follows:

1. NYS Counties with No HealthySteps sites:

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One award will be made to any NYS county (regardless of region) that:

- **Does not have an existing HealthySteps site or an anticipated award from the OMH HealthySteps RFAs in June 2022, November 2022, June 2023, August 2024, or June 2025. (See bold font, Table 3).**
- **This distribution will not exceed 30 awards, the total number of counties with no HealthySteps site, as outlined in Table 3.**

If multiple applications are received from one county, the one award to that county will be made to the applicant whose site is physically located in the ZIP code with the highest Percent of Births: Medicaid or Self-pay*. Data Source:

<https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/>^{4 5}

** Medicaid or Self-pay is defined as births to mothers whose primary financial coverage was Medicaid, PCAP, MOMS, Child Health Plus A, Medicaid Managed Care, or Family Health Plus OR births to mothers without health insurance*

Table 3. County-based distribution of existing (E) OMH supported NYS HealthySteps sites as of March 2026 plus Onboarding sites awarded (A) from the OMH HealthySteps RFAs in June 2022, November 2022, June 2023, August 2024, or June 2025.

Region 1: New York City					
NYS County	Anticipated	Existing	NYS County	Anticipated	Existing
Bronx	9	17	Queens	7	7
Kings	6	16	Richmond	1	0
New York	2	7			

⁴ Sites that do not have a ZIP code listed in the <https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/> will be assigned the Total Percent of Births: Medicaid or Self-Pay for the county where they are located.

⁵ For partnering sites located in different ZIP codes, the awards will be assigned to the site with the highest Percent of Births: Medicaid or Self-Pay as identified in <https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/>

⁶ <https://www.healthysteps.org/who-we-are/the-healthysteps-network/healthysteps-practice-directory/>

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Region 2: Hudson River					
NYS County	Anticipated	Existing	NYS County	Anticipated	Existing
Albany	0	3	Saratoga	0	0
Columbia	0	0	Schenectady	0	1
Dutchess	0	0	Schoharie	0	0
Greene	0	0	Sullivan	0	0
Orange	0	0	Ulster	0	2
Putnam	0	0	Warren	0	1
Rensselaer	0	1	Washington	0	0
Rockland	0	2	Westchester	2	5

Region 3: Long Island					
NYS County	Anticipated	Existing	NYS County	Anticipated	Existing
Nassau	6	1	Suffolk	2	2

Region 4: Western					
NYS County	Anticipated	Existing	NYS County	Anticipated	Existing
Allegany	0	0	Orleans	0	1
Cattaraugus	0	0	Schuyler	0	0
Chautauqua	0	0	Seneca	0	0
Chemung	0	0	Steuben	0	1
Erie	3	13	Tioga	0	0
Genesee	1	1	Tompkins	1	1
Livingston	0	0	Wayne	2	1
Monroe	3	3	Wyoming	0	1
Niagara	2	1	Yates	0	0
Ontario	1	1			

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Region 5: Central					
NYS County	Anticipated	Existing	NYS County	Anticipated	Existing
Broome	0	0	Herkimer	0	0
Cayuga	1	1	Jefferson	2	1
Chenango	0	0	Lewis	0	0
Clinton	0	2	Madison	0	0
Cortland	0	1	Montgomery	0	0
Delaware	0	0	Oneida	1	1
Essex	0	0	Onondaga	0	3
Fulton	0	0	Oswego	1	0
Franklin	0	0	Otsego	0	0
Hamilton	0	0	St. Lawrence	1	0

2. **Regional Distribution:** Following “no site” prioritization as outlined in Step 1 above, any remaining sites will be awarded until the award distribution per region is fulfilled (Table 4) as follows.

Each region, as described in Table 4 below, will begin with the designated number of available awards.

Any sites awarded in Step 1 will count as an award in the region they are located and be subtracted from the number of available awards for that region (Table 4).

The remaining awards will be made one per region, only to regions with available awards remaining, in the order of Region 1, Region 2, Region 3, Region 4, and Region 5. This will be repeated until all of the available awards per region are made.

If multiple applications are received from one region, the award will be made in order of the applicant whose site is physically located in the ZIP code with the highest Percent of Births: Medicaid or Self-pay*. Data Source:

<https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/78>

⁷ Sites that do not have a ZIP code listed in the <https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/> will be assigned the Total Percent of Births: Medicaid or Self-Pay for the county where they are located.

⁸ For partnering sites located in different ZIP codes, the awards will be assigned to the site with the highest Percent of Births: Medicaid or Self-Pay as identified in <https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/>

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** Medicaid or Self-pay is defined as births to mothers whose primary financial coverage was Medicaid, PCAP, MOMS, Child Health Plus A, Medicaid Managed Care, or Family Health Plus OR births to mothers without health insurance*

This award distribution will not exceed the number of available awards per region, as outlined in Table 4.

Table 4. Distribution of Awards per Region

Region and Counties	Number of Available Awards⁹	Population (Under 5 years)¹⁰
1. New York City (NYC) (5 counties) Bronx, Kings, New York, Queens, and Richmond	16 (43%)	444,371 (43%)
2. Hudson River (HR) (16 counties) Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester	7 (19%)	191,939 (19%)
3. Long Island (LI) (2 counties) Nassau and Suffolk	6 (15%)	152,577 (15%)
4. Western (W) (19 counties) Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates	5 (14%)	148,674 (14%)
5. Central (C) (20 counties) Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego, and St. Lawrence	4 (9%)	97,923 (9%)
TOTAL (62 counties)	38 (100%)	1,035,484 (100%)

3. Regional Redistribution: If the distribution of awards does not reach the number of available awards in a region (see Table 4) by the RFA closing date, the remaining available awards for that/those regions will be **re-distributed** across the other OMH regions beginning with one award to Region 4 (W) followed by one award to Region 5 (C) followed by one award to Region 1 (NYC).

If awards are still available, they will be distributed one per region in the following order: Region 4 (W), Region 5 (C), Region 1 (NYC), Region 2 (HR), Region 3 (LI), repeating in the same order of one (1) per region until all of the remaining 38 awards are distributed.

If multiple applications are received from one region, the award will be made in order

⁹ Qualified sites that partner to share 1 FTE HealthySteps Specialist (see Sections 1.D and 1.E) will count as one of the 38 awards, although each of those sites will receive one award of an adjusted amount as described in Section 1.F:

¹⁰ Based on population distribution in each region of the percent of persons under 5 years. (2023). <https://data.census.gov/table/ACSST1Y2023.S0101>

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of the applicant whose site is physically located in the ZIP code with the highest Percent of Births: Medicaid or Self-pay*. Data Source:

<https://www.health.ny.gov/statistics/chac/perinatal/county/2020-2022/>

** Medicaid or Self-pay is defined as births to mothers whose primary financial coverage was Medicaid, PCAP, MOMS, Child Health Plus A, Medicaid Managed Care, or Family Health Plus OR births to mothers without health insurance*

If more than one application has the same criterion as outlined above, the award will be determined on a first-come, first-serve basis. (For partnering sites, the first application received will determine the first-come, first-serve basis).

Applications must be submitted by 1:00 PM EST on 7/2/26.

To accommodate potential future changes in the physical location of an awarded site or in the event of a merger or consolidation, OMH reserves the right to consider requests for a change in the location of an awarded site that may occur following the initial award. A formal written request for any location change must be submitted to the OMH HealthySteps program lead, Marcia Rice, marcia.rice@omh.ny.gov, for review and prior approval. Be advised that the alternate site must be located within the same county and must meet eligibility requirements as outlined in the RFA (refer to Section 1. Programmatic Information, D. Eligible Applicants), and will be required to attest to comply with each of the fourteen (14) program requirements. (Refer to Section 1. Programmatic Information. E. Program Requirements).

J. Contract Termination and Reassignment

There are a number of factors that may result in the contract being terminated and/or reassigned. This includes, but is not limited to, failure to meet to maintain eligibility requirements throughout the contract period; failure to maintain staffing and/or program model; failure to meet and maintain program components; failure to meet required reporting requirements; failure to meet fidelity requirements within three years from implementation. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked application for that county. In the event the award cannot be made, OMH reserves the right to re-procure the terminated or reassigned contract.

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SECTION 2. Administrative Information

A. Designated Contact/Issuing Officer

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

Carol Swiderski

New York State Office of Mental Health Contracts and Claims

44 Holland Avenue, 7th Floor Albany, NY 12229

OMHLocalProcurement@omh.ny.gov

B. RFA Questions and Clarifications

All questions or requests for clarifications concerning the RFA shall be submitted in writing to the Issuing Officer by email to OMHLocalProcurement@omh.ny.gov by the “Questions Due” date indicated in Section 1.C. 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.

You must put “HealthySteps RFA 2026” in the Subject Line of the email.

The questions and official answers will be posted on the OMH website by the date indicated in section 1.C.

C. Addenda to Requests for Application

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

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

D. SFS Prequalification Requirement

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

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date indicated in section 1.C 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

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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.

E. 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.. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete.

An Operating Budget (Appendix B) and workplan is not required for this RFA.

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

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

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

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

Registering as an SFS Vendor

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

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

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

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is

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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 will prohibit the submission of the application in SFS.

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

On Demand Grantee Training Material

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

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

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

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

F. Reserved Rights

OMH reserves the right to:

- Reject any or all applications received in response to the RFA that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFA at any time, at the agency's sole discretion;
- Make an award under the RFA in whole or in part;
- Disqualify 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 application fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications for the purposes of assuring a full understanding of the responsiveness to this solicitation's requirements;
- Use application information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;
- Prior to the bid opening, direct applicants to submit application modifications addressing subsequent RFA amendments;
- Prior to the bid opening, amend the RFA specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the New York State 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 application 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 application and/or to determine an applicant's compliance with the requirements of the solicitation; and,
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience,

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

- Change any of the scheduled dates stated in the RFA

G. Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own application, within 15 calendar 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 applications until after the NYS Office of the State Comptroller has approved all awards under this RFA. Written debriefing requests may be sent to the Designated Contact/Issuing Officer as defined in Section 2.A.

H. Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFA, must be filed prior to the deadline of questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFA to be posted on the OMH website in the RFA/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 RFA title and due date. Such protests must be submitted to:

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

I. Term of Contract

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 Contract for Grants.

J. Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBES) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH 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

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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.
- B. 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.
- C. 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
- D. 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 application.
- E. 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;

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- 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.

K. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses

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

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract.

Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

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

Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

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

L. 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 Contract for Grants, Section IV(J) – Standard Clauses for

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

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

M. Sexual Harassment Prevention Certification

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

N. Gender-Based Violence and the Workplace Certification

State Finance Law §139-m requires all vendors bidding on state contracts to implement and attest to a Gender-Based Violence and the Workplace policy. Applicants on state procurements

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must certify that they have a written policy addressing gender-based violence and the workplace that meets the minimum requirements of State Finance Law§139-m. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFA.

Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

O. 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.

P. Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFA. A detailed description of this format and content requirements is presented in Section 1 of this RFA.

Q. 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.

R. 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.

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Citations

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- ^{iv} Prevention Institute. Adverse Community Experiences and Resilience. <https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf>
- ^v Center for Healthcare Strategies. Trauma-Informed Care Implementation Resource Center. What is Trauma Informed Care? <https://www.traumainformedcare.chcs.org/wp-content/uploads/Fact-Sheet-What-is-Trauma-Informed-Care.pdf>
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- ^{viii} ProjectTEACH. <https://projectteachny.org/>
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- ^{xi} Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. [Adverse Childhood Experiences Prevention Resource for Action \(cdc.gov\)](https://www.cdc.gov/nceiz/childhood-experiences-prevention-resource-for-action/)
- ^{xii} NCTSN. The National Child Traumatic Network. *Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact*. [Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact | The National Child Traumatic Stress Network](https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/healthcare/essential-elements)
- ^{xiii} CDC. Center for Disease Control. Preventing Adverse Childhood Experiences (ACEs) <https://www.cdc.gov/aces/prevention/index.html>
- ^{xiv} Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. [Adverse Childhood Experiences Prevention Resource for Action \(cdc.gov\)](https://www.cdc.gov/nceiz/childhood-experiences-prevention-resource-for-action/)
- ^{xv} Adverse Childhood Experiences (ACEs). Preventing early trauma to improve adult health. CDC Vital Signs <https://www.cdc.gov/vitalsigns/ACEs/>
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- ^{xvii} Zero To Three HealthySteps ACES Screening Resources. <https://www.healthysteps.org/resource/aces-screening-resources/>
- ^{xviii} HealthySteps Practice Directory. <https://www.healthysteps.org/who-we-are/the-healthysteps-network/healthysteps-practice-directory/>
- ^{xix} HealthySteps. Strategies to Deliver HealthySteps to Children and Families in Rural and Small Pediatric Primary Care Practices <https://www.healthysteps.org/resources/strategies-to-deliver-healthysteps-to-children-and-families-in-rural-and-small-pediatric-primary-care-practices/>
- ^{xx} HealthySteps. Resources for Hiring and Orientation <https://www.healthysteps.org/resource/resources-for-hiring-and-orientation/>
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