



**Office of
Mental Health**

**Flexible Assertive Community Treatment
Adult Teams
RFP#OMH110**

Request for Proposals

Grant Procurements

(On-Line Submission Required)

March 2024

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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 37 Flexible Assertive Community Treatment (ACT) teams statewide. The Flexible ACT teams will serve individuals who have serious mental illness (SMI) and who have not been successfully engaged by the traditional mental health treatment system. Flexible ACT builds on the evidence-based model of ACT by enhancing flexibility in the delivery of ACT services, tailored to meet individual's changing needs. The addition of Flexible ACT represents a commitment by the NYS OMH to ensure mental health services evolve to better meet the needs of the SMI population most disengaged in care.

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 including members from the fields of psychiatry, nursing, psychology, social work, substance use, employment/education, and peers/persons with lived experience. The majority of services are provided by ACT staff directly (not brokered) 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, cultural competencies, concrete services, consistency, and persistence. Finally, ACT is structured to provide a review during daily 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 strive to develop a culturally sensitive understanding of each ACT participant and their family's personal preferences (e.g., preferred pronoun, spiritual practices). Additionally, ACT teams take social determinants of health into account as they are domains likely to have inherent disparities (healthcare access, housing, employment status, food security). The ACT teams provide on-going opportunities for participants to share their culture with others. ACT staff elicits and accepts participants' personal religious or spiritual practices and leverages this information to support self-directed recovery goals.

Flexible ACT builds on the evidence-based model of ACT by enhancing flexibility in the delivery of ACT services. Individuals served can receive ACT services based on individualized and changing needs, including a less intensive level of ACT service from their existing ACT team. By offering varied intensities of service designed to meet changing and individualized needs, teams can better engage individuals and support continuity of care with the same care team.

The Flexible ACT team's primary goal is to provide recovery through community treatment and rehabilitation. It maintains ACT core principles including:

- A multidisciplinary team approach with various professional training and background;
- In vivo services and care provided in the community;
- A 10:1 staff to individual ratio;
- Services and care provided as long as needed;
- A shared caseload, the team as a whole is responsible for working with the individual;
- Flexible service delivery, via daily meetings and other communication to allow teams to quickly adjust schedules and respond to needs;
- A fixed point of responsibility where most services are provided by the team to meet a person's full range of needs within a centralized place; and
- 24/7 crisis availability.

Flexible ACT follows the ACT approach based on core operating principles and values designed to deliver behavioral health services that are:

- Supportive of hope and recovery;
- Comprehensive, individualized, flexible and focused on developing skills related to life roles;
- Easily accessible, available 24 hours/day, seven (7) days/week, via the resources of an integrated multi-disciplinary mental health team;
- Cultural humility in service design and delivery, provided in the individual's language at all points of contact, as needed;
- Committed to building and strengthening therapeutic and family relationships across all interactions;
- Focused on shared decision making and person-centered planning;
- Provided in the community in an individual's preferred environment;
- Proactive in terms of continuous monitoring, engagement, and support; and
- Available throughout transitions.

The following components distinguish Flexible ACT from ACT:

- Larger capacity of 100 individuals served;
- Maintain ACT staffing as per ACT Guidelines, with increased staffing to support small caseloads. This includes the addition of a Assistant Team Leader, Peer Specialist who has lived experience (required), two (2) Mental Health Specialists, increased Licensed Practical Nurse (LPN) time, and increased Psychiatrist /Nurse Practitioner of Psychiatry (NPP) time;
- Individuals served can receive an intensity of ACT service based on individualized and changing needs. Flexible ACT consists of two (2) levels of service: ACT service (high intensity) and ACT-Lite, a less intensive level of ACT for those who no longer need intensive support but continue to benefit from the ACT core principles of service.

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 Flexible ACT include individuals who are eligible for ACT. Individuals must meet the eligibility criteria as outlined in the [2023 ACT 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-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:

Amanda Szczepkowski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Bidders Conference

There will be a Bidder's Conference held on the date and time listed below. Prospective Proposers' participation in

these conferences is highly encouraged, but not mandatory.

The purpose of the Bidder's Conference is to:

- Provide description of the program requirements;
- Explain the RFP process; and
- Answer any questions.

March 22, 2024 2:00 PM-3:00 PM

- [Registration Link](#)

2.3 Key Events/Timeline

RFP Release Date	03/14/2024
Bidders Conference	03/22/2024
Questions Due by 2:00 PM EST*	04/09/2024
Questions and Answers Posted on Website	04/23/2024
Proposals Due by 2:00 PM EST*	05/16/2024
Anticipated Award Notification	07/02/2024
Anticipated Contract Start Date	10/01/2024

*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.

2.4 Disposition of Proposals

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

2.5 Eligible Agencies

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

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

Eligible agencies must currently operate a NYS OMH licensed 68-capacity Adult Assertive Community Treatment team that is not a specialty team (e.g., Shelter ACT, Forensic), that will transition from 68-capacity to 100-capacity, and is in good standing with the State.

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

2.6 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to OMHLocalProcurement@omh.ny.gov by 2:00 PM EST on the “Questions Due” date indicated in section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter “Adult Flexible Assertive Community Treatment (ACT)” 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 in Section 2.3.

2.7 Addenda to Request for Proposals

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

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

2.8 Disqualification Factors

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

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.10 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date listed in section 2.3.

2.9 SFS Prequalification Requirement

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

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date and time listed in section 2.3 will not be able to submit their bid response through SFS.

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

2.10 Vendor Registration, Prequalification and Training Resources for Not-for-Profits

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

Each proposal submission through SFS is required to contain:

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

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

Not-for-profit organizations must **Register** as a vendor 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 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.

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

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 an applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;

- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, 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 are awarded a team. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

3.3 Protests Related to the Solicitation Process

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

the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

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

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

3.4 Term of Contracts

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

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH. OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

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

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

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums

paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

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

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

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

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

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

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

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

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

the progress made toward achievement of the MWBE goals established for the project.

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

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

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

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

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

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the

areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and 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 2.10 of this RFP.

3.11 Freedom of Information Requirements

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

3.12 NYS and OMH Policies

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

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission as well as OMH internal reviews.

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

Technical Evaluation	Points
Population	8
Description of Program	6
Implementation	35
Agency Performance	15

Utilization Review, Reporting, and Quality Improvement	6
Diversity, Equity, Inclusion, and Recipient Input	10
Financial Assessment	20
Total Proposal Points	100

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

4.2 Method for Evaluating Proposals

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

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

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

Any 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 Implementation (Section 6.3) 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 37 award(s) made to the applicants with the highest score to assume the operation of one (1) Flexible Assertive Community Treatment teams.

For agencies who are interested in more than one team becoming a Flexible ACT team, the agency will need to submit a separate proposal for each ACT team.

The teams will be awarded in the following manner:

- Three (3) teams in Central New York
- Four (4) teams in Western New York
- Three (3) teams in Hudson River:
 - Three (3) teams in Rockland or Westchester County
- Twenty-one (21) teams in New York City:
 - Five (5) teams in New York County
 - Five (5) teams in Bronx County
 - Seven (7) teams in Kings County
 - One (1) team in Richmond County
 - Three (3) teams in Queens County
- Six (6) teams in Long Island

The applicants with the highest overall score in each proposed location will be awarded a contract. The next highest score in proposed location will be awarded the next contract and so forth until all teams are awarded in each location as listed above.

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

In the event all teams are not awarded, OMH reserves the right to award, in order of ranked score, the agencies who also bid on location(s) already awarded and they will be considered for an additional team in that location. Eligible agencies with the next highest score will be given their location of preference, the eligible agency with the next highest score given their next available location and so on.

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes but is not limited to failure:

- 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.

4.4 Award Notification

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

5. Scope of Work

5.1 Introduction

NYS OMH through this RFP will make available funds for the development of 37 Flexible Assertive Community Treatment (Flexible ACT).

Flexible ACT is new to NYS, and NYS OMH is committed to further development and implementation of Flexible ACT with the agencies awarded. Updated ACT Guidance is forthcoming to include Flexible ACT. Flexible ACT teams will need to be prepared for ongoing development and changes as best practices develop and evaluation of program outcomes become available.

The selected agency must commit to meeting all start-up requirements for transitioning an existing 68-eligible capacity ACT team into a Flexible ACT team 100-capacity team, including submission and approval of an EZ-PAR for capacity increase, site needs, staffing, training of additional staff, and monthly ramp up. Flexible ACT team start-up will require regularly scheduled calls and meetings with NYS OMH to provide training and support around the development and implementation of the teams.

The selected agency will establish the Flexible ACT team according to the [ACT Program Guidelines](#), the [ACT Adult and Young Adult Standards of Care Tool](#), the [New York Rules and Regulations Part 508](#), and the Flexible ACT enhancements outlined in section 5.2 of this RFP.

The agency must continue their coordinated (warm hand off) processes for admission and transition plans with Health Home(s), Specialty Mental Health Care Management Agencies, Transitional Forensic Case Management Teams, 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, and other community 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 (MCO) 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 is a vital part of the work of ACT Teams. Applicants must notify the LGU(s) of their intent to apply.

5.2 Objectives and Responsibilities

Flexible ACT Providers will follow the fidelity of the ACT model, providing the majority of the services in a fully integrated behavioral health and physical health approach for all individuals served by the Flexible ACT team.

Flexible ACT Providers will build on to their existing multi-disciplinary team. All 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.

Flexible ACT Providers will utilize their knowledge of the implications of social determinants and identify the likely inherent disparities in areas such as: healthcare access, housing, employment status, and food security.

Flexible ACT Providers will deliver 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.

Flexible ACT Providers will continue to use key components of Evidence-Based Practices to inform treatment and will be derived from models such as Critical Time Intervention, Integrated Dual Disorder Treatment, Motivational Interviewing, Contingency Management, and Trauma Informed Care, Harm Reduction, etc.

Flexible ACT Providers must maintain the organizational capacity to ensure a low staff to individual ratio and continuity of care. The Flexible ACT team will maintain the minimum overall staffing ratio of ten (10) individuals to one (1) staff.

Flexible ACT Providers must adhere to the requirements as outlined in the ACT Program Guidelines and forthcoming Flexible ACT guidance:

- Conducting 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;
- 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 and ensuring warm hand offs;

- Conduct team meetings to review the status of each individual, additionally following the Flexible ACT enhancements as outlined in Section 5.3; and
- Maintain communication boards, logs, and other communication methods.
- Assess for risk and protective factors, suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed.
- Receive referrals from Single Point of Access (SPOA), and work with the local SPOA for timely admissions.
- 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). Flexible ACT Providers may also 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 Services and Supports (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 ACT Transitional Curriculum.
- Provide emergency and crisis intervention services 24 hours a day, seven (7) days a week, in-person and virtually as needed as outlined in the ACT Program Guidelines.
- Complete all required training as outlined in the ACT Program Guidelines, as well as any additional trainings as required by NYS OMH. Flexible ACT Providers shall 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, consultations, and additional Technical Assistance for the ACT model.

Flexible ACT Providers will effectively deliver all the following enhancements to the ACT model:

- Serve a capacity of 100 individuals;
- Maintain the organizational capacity to ensure small caseloads and continuity of care, with a minimum overall individual-to-staff ratio of ten (10) individuals to one (1) staff;
- Maintain the minimum required staffing for a Flexible ACT team, as listed in Section 5.3 of this RFP;
- Provide the intensity of ACT service tailored to individualized and changing needs of those served, as outlined in Section 5.3 of this RFP. The concept of Flexible ACT is that individuals can receive both ACT (high intensity) level of service and ACT-Lite (less intensive) level of service while remaining with the same care team, maintaining continuity of care and continued engagement due to familiarity with staff.
- The Flexible ACT model will serve approximately 60% of individuals at the ACT (high intensity) level and 40% at the ACT-Lite (less intensive) level.
- Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance.
- Program providers must have a quality, supervisory, and operational infrastructure to support submitting data to OMH regarding all enrolled clients, including client-identified data. OMH will provide programs with a template of the data items required for reporting. Information will also be submitted regarding performance indicators demonstrating that recipients' continuity of care has been assured.
- Program providers will have a systematic approach for self-monitoring and ensuring ongoing quality improvement of services, including analyzing utilization review findings and recommendations. Providers should ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.

5.3 Implementation:

Flexible ACT teams will work closely with NYS OMH and LGUs in the development and implementation of Flexible ACT.

Flexible ACT teams will review and update program policy and procedures to ensure program requirements for Flexible ACT are incorporated.

Flexible ACT teams will have office space that is appropriately located, and adequately appointed to comply with State licensing standards.

Flexible ACT teams will adhere to the following staffing requirements¹:

- 1 FTE Team Leader
- 1 FTE Assistant Team Leader
- 1 FTE Registered Nurse
- 1 FTE LPN / RN
- 1 FTE Vocational Specialist
- 1 FTE Substance Use Specialist
- 1 FTE Family Specialist
- 1 FTE Mental Health Specialist
- 1 FTE Mental Health Specialist
- 1 FTE Peer Specialist
- 1 FTE Psychiatrist / 1.5 FTE NPP
- 1 FTE Program Assistant

Flexible ACT teams will ramp up the hiring of staff in a timeline that maintains the staff ratio of no more than 10:1. The team should not admit more than four (4) to six (6) individuals each month.

Flexible ACT teams will hire staff, that have the appropriate qualifications to meet the needs of the target population.

Flexible ACT teams will provide an adequate level of professional staffing (60%) to perform the required work.

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

Flexible ACT providers will provide two (2) levels of service based on individualized need. Individuals will be able to move up and down in intensity level based on need as often as needed.

- ACT (high intensity) service – as outlined per existing ACT Program Guidelines. The number of contacts provided shall be six

¹Additional staff roles will be developed with teams to determine the best approach to implement the Flexible ACT model.

(6) or more contacts per month.

- The team will provide ACT (high intensity) level of service for all newly admitted individuals onto the Flexible ACT team.
- ACT-Lite (less intensive) service - a less intensive level of ACT for individuals who no longer need ACT level of intensive support but are not yet ready to transition off ACT and benefit from the core principles of the ACT model. The number of contacts provided shall be between two (2) and five (5) contacts per month.
 - The team will utilize clinical discretion to determine when to move individuals to ACT-Lite (less intensive).
 - Individuals who receive ACT-Lite level of care will work regularly with one (1) assigned staff and the Psychiatrist/NPP. The individual may work with others on the team as needed; for example, in cases where the specialty role of other staff is related to their goals.
 - The team will utilize clinical discretion to determine when to move individuals from ACT-lite to ACT level of service, for example, due to increased risk, crises and/or change in circumstances.
 - Should an individual's needs/circumstances change that may require increased level of support (e.g., high stress events, signs of increased risk to safety, recent inpatient stay) but does not require a return to full ACT level of service, the Flexible ACT team shall increase the number of contacts based on need, as with any level of ACT services.

Flexible ACT teams will have a process to maintain approximately 60% of individuals receiving ACT high intensity services, and 40% receiving ACT-lite, less intensive services.

Flexible ACT teams will develop a transition process for all individuals to best determine when someone is at a place to transition off the Flexible ACT Team versus remaining in the less intensive level.

Flexible ACT teams will have all staff cross-trained for specialty role areas, Family Specialist, Substance Use Specialist, Vocational Specialist, and Peer Specialist.

Agencies will arrange training for their staff, in collaboration with the Center for Practice Innovations (CPI) ACT Institute, as required as an NYS OMH licensed ACT program. Trainings must be completed within specified time frames. Additionally, Flexible 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, areas such as justice involvement, substance use, homelessness, and older adults.

Flexible ACT teams will conduct team meetings to review the status of each individual served:

- Individuals receiving ACT (high intensity) services will be reviewed at least four (4) times a week.
- Individuals receiving ACT-Lite services, teams will hold a minimum of one (1) monthly team meeting to review these individuals.
- When team members identify an individual in need of a change in level of service (e.g., step up from ACT-lite to ACT service, or those who need increased ACT-lite services but may not need to move to ACT level), staff will make sure the team reviews the individual at the next daily team meeting and continue as needed

Flexible ACT Teams Maintain communication boards, logs, and other communication methods.

5.4 Operating Funding

One-time start-up funds will be allocated as a lump sum at the beginning of the contract for a total of \$75,000. 37 ACT providers will be funded through Medicaid and net deficit funding, per the approved ACT Model for an Upstate or Downstate Flexible ACT team.

The annual expected Medicaid revenue per team is as follows:

Upstate \$1,478,873

Downstate \$1,527,791

Available annual net deficit funding per team is as follows:

Upstate \$ 284,002 (includes \$38,687 in service dollars)

Downstate \$ 357,488 (includes \$38,687 in service dollars)

Appropriate use of service dollars are outlined in Service Dollar Guidance. State aid funding amounts will continue to be evaluated and are subject to change during the contract period based on utilization and model assumptions.

6. Proposal Narrative

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order. Please be clear and concise in your response, not all questions need to fill the full character allowance.

Provide the licensed ACT team that the agency is proposing to transition into a Flexible ACT team, including operating certificate number, and office location address. Please also indicate the region/county you are applying to serve.

6.1 Population

- a. Describe how the ACT team changing to a Flexible ACT team in the county/borough you are applying for, would support the population in your current service area, including those who may have a limited support network/resources and who may not otherwise be engaged in traditional services.
- b. Describe in narrative the characteristics of the participants on your team who will remain on the ACT level of service and those who are prepared to step down to ACT-Lite (less intensive level) services. Include percentage of current team census who may be able to step-down to less-intensive ACT.
- c. Describe the agency's experience in providing and coordinating care, both internally and externally, among behavioral health, medical, housing, forensic, and other services/providers and creating a continuum of integrated services that promote recovery, independence, and individual choice.
- d. Describe how the Flexible ACT team will collaborate and coordinate with hospitals, emergency rooms, CPEPs, County AOT Programs, as well as 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 what the Flexible ACT team's procedure will be for timely admission upon receipt of referrals from SPOA. Describe how the ACT team will interface with County SPOA.
- b. Describe the approach that the team will use to continue the development of strong working relationships with inpatient facilities, emergency rooms, Comprehensive Psychiatric Emergency Program (CPEP). Describe the strategies the team will use ensure timely and on-going communications, planning of inpatient contacts, involvement in discharge planning, etc.
- c. Flexible 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). Describe how the ACT team will ensure all treatment options are available to all individuals, highlighting how they will continue to be available for those stepped down to the ACT-lite level.

6.3 Implementation

- a. Describe the start-up and phase-in activities necessary to transition your team into a Flexible ACT team. Include how the team will manage new admissions to increase program capacity to 100, while concurrently managing the step-down of individuals into the less intensive care ACT service. Include timeframes in the description.
- b. Describe how the agency will create a physical space that supports the Flexible ACT team and its work. Describe how the agency will provide other supports for the team relative to equipment and administrative oversight. Provide a plan for hiring of additional staff required for Flexible ACT team. Provide the plan to ensure staffing minimums and that the team remains staffed based on a caseload ratio of 10:1, as per section 5.3.
- c. Provide an ACT staffing plan that follows the staffing requirements as per the program enhancements in section 5.3 of this RFP. Include staffing plan if the current team being proposed is not currently fully staffed.
- d. Describe plans for regular staff supervision and what will be included as part of supervision.
- e. Describe how the agency, including leadership, will support the staffing of the Flexible ACT team and what strategies will be used to improve retention of staff to support caseloads, the fidelity of the model, and therapeutic continuity of care.
- f. Describe how you will ensure staff are trained in Evidence-Based Practices. Describe how the agency will ensure all staff complete the required and ongoing training, utilize ACT Institute resources, and have training on the populations being served by the team, including substance use, homelessness, and criminal justice.
- g. Describe clinical approaches to determine when individuals will move from ACT (high intensity level) to ACT-Lite (less intensive) services.
- h. Describe the process for monitoring for approximately 60% of individuals served at the ACT (high intensity) level and 40% at the ACT-Lite (less intensive) level.
- i. Describe clinical approaches to determine when an individual requires an increase in support, move to ACT (higher intensity) level of service due to increased risk, crises and/or change in circumstances.
- j. Provide a description of how the Flexible ACT team will maintain the team approach and team communication for individuals served a) in the ACT intensive care, b) those served in ACT-Lite (less-intensive), and c) for managing risk and crises for individuals receiving less-intensive ACT but need short-term intensive

services in response to crises or change in circumstances. Include the approach by which the team will monitor and track individuals receiving each level of service.

- k. Describe the approach that will be used to ensure the successful transition of individuals off the Flexible ACT team to other community-based services. Describe discharge criteria policies, procedures, and use of less intensive community services, including treatment, rehab services, and care management.

6.4 Agency Performance

- a. ACT providers must provide the following specific data points based on the last two (2) year period (2022 and 2023):
 - i. average staffing fill-levels based on the 9 staff model (includes the psychiatrist/NPP and Program Assistant) and average turnover rate per year,
 - ii. average ACT team capacity levels per year,
 - iii. number of all approved moratoria (requests for holds on admissions) including reason and total length of time for each moratorium (moratorium will also be checked against OMH or LGU maintained lists), if applicable, if not applicable please note that.
 - iv. number of discharges to a less intensive level of service.
- b. Provide a list of current filled positions within the ACT Team, including FTEs and titles according to the ACT Program Guidelines.
- c. Agencies will also be evaluated on data available to NYS OMH through CAIRS, Tableau, ACT Team Profile, and ACT Institute training completion, including, CAIRS completion rates, CAIRS length of stay averages, completion of required staff trainings, and team profile stats. No data is necessary to be submitted for this.
 - i. NOTE: Providers may comment on data if there are discrepancies in the data and submit any supporting documentation. All data reviewed is data currently available to ACT teams. Please respond N/A if you have no comment.

6.5 Utilization Review, Reporting, and Quality Improvement

- a. Describe how the Flexible ACT team will ensure they are adhering to the fidelity of the ACT model and team protocols as outlined in the ACT Program Guidelines, Standards of Care, the Tool for Measurement of ACT (TMACT).
- b. Describe and demonstrate the effectiveness of the proposed approach to self-monitoring and ensuring ongoing quality improvement for the Flexible ACT team, including analyzing

utilization review findings and recommendations, review of team profiles issued by NYS OMH, use of the TMACT or the forthcoming NYS ACT Fidelity tool, use of Regional Health Information Organization (RHIOS), and use of PSYCKES.

- c. Describe your proposed plan to ensure compliance with the following requirements: entering baseline and follow up data into the Child and Adult Integrated Reporting System (CAIRS), AOT Reporting to the LGUs, and expectations for site visits from NYS OMH.

6.6 Diversity, Equity, Inclusion and Recipient Input

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

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

1. 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.
2. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
3. 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).
4. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). Plan should include information in the following domains:
 - i. workforce diversity (data-informed recruitment);
 - ii. workforce inclusion;
 - iii. reducing disparities in access quality, and treatment outcomes in the patient population;
 - iv. soliciting input from diverse community stakeholders, organizations and persons with lived experience.
 - v. efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area

as identified in Section 4.3.1.

- vi. 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.

b. Equity Structure

1. 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).
2. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

c. Workforce Diversity and Inclusion

1. 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.

d. Language Access

1. 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:

- i. addressing other language accessibility needs (Braille, limited reading skills);
- ii. service descriptions and promotional material.

e. Recovery Values

1. Describe the agency or program’s plan to espouse recovery and resilience-oriented values into practice.

f. Collaboration with Diverse Community Based Stakeholders/ Organizations

1. 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 five (5) year Budget (template available in the event attachments in SFS). The indirect cost/administrative overhead rate is capped at 15%. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.
- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1) which should include the following:
 1. detailed expense components that make up the total operating expenses;
 2. the calculation or logic that supports the budgeted value of each category; and,
 3. description of how salaries are adequate to attract and retain qualified employees.