

New York State Office of Mental Health



**NYC Crisis Respite services for
Children and Adolescents**

Request for Proposals (RFP)

August 2012

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1 Introduction and Background

1.1 Purpose of Request for Proposal

The New York State Office of Mental Health (OMH) announces the availability of funding to support crisis respite programs in New York City for children and adolescents with serious emotional disturbances ages 5-18.

The Office of Mental Health is issuing this RFP to support the development of citywide brief residential respite services. The purpose of respite bed availability is to prevent time-limited stressors or crises from requiring emergency room visits, inpatient hospitalization, or other institutional placement and to support maintaining youth within their communities and at their highest level of functioning. The respite program will provide brief residential options – up to 21 days – and care coordination in conjunction with other service providers involved with the youth and family. Respite may be provided in congregate care settings or family homes that meet OMH standards and regulations (part 594 Operation of Licensed Housing Programs for Children and Adolescents with Severe Emotional Disturbance (SED)).

Awardees will be responsible for creating and maintaining community based residential options to provide short term respite (up to 21 days) for youth who need a break from their current living situation to resolve interpersonal, familial, or housing difficulties. Residential options may be licensed or unlicensed but must provide capacity over and above housing resources already funded.

The crisis respite program will be supported by OMH funds in acknowledgement that this short term service does not allow for reimbursement through other funding mechanisms. Bidders are expected to create a respite program that: can be directly accessed by community based organizations, youth, and families in response to crises; can serve youth city-wide; and has the appropriate staffing to ensure consumer safety and care coordination. In addition to bed capacity the respite program must also offer mobile capacity to assess crisis need and/or stabilize crisis situations.

OMH intends to award a contract or contracts to ensure coverage of respite services in all 5 boroughs. As a result, OMH reserves the right to offer partial awards in order to ensure coverage in a borough not yet covered in the award process. Please see section 4.2 for detailed award methodology.

1.2 Issuing Officer/Designated Contact

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. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non-responsible. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Susan Thaler
New York State Office of Mental Health
NYC Field Office
330 Fifth Avenue
New York, NY 10001
Email: [Susan Thaler](mailto:Susan.Thaler@omh.ny.gov)

1.3 Eligible Organizations

Eligible bidders are OMH licensed children's providers serving children and adolescents who are in good standing with OMH and not in Tier III Licensing status or equivalent status during the procurement process.

1.4 Key Events/Time Line

Event	Date
RFP Release Date	8/20/2012
Questions Due	9/10/2012
Questions Posted on Website	9/21/2012
Proposals Due	10/9/2012
Award Notification*	11/6/2012
Anticipated Start Date*	1/1/2013

*Estimated dates

2 Proposal Submission

2.1 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by fax at (212) 330-6359 or by e-mail to the Issuing Officer by September 10, 2012. The questions and answers will be posted on the OMH website by 5:00 pm on September 21, 2012 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone. When submitting questions please reference the RFP by name.

2.2 Addenda to the Request for Proposals

In the event that it becomes necessary to revise any part of the RFP after the Release Date but prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website. **It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.**

2.3 Proposal Format and Content

Each proposal is required to contain:

1. Agency Transmittal Form: [Appendix A](#)
2. Program Narrative
3. Budget Worksheets ([Appendix B](#) and [Appendix B1](#))
4. Memorandum of Understanding for applicants applying in partnership with other providers.

The Program Narrative must respond to the criteria in the sequence as outlined in Section 5.5.4. The program narrative should be single spaced, one-sided 12-point font with 1 inch margins, and no more than 15 pages in length, excluding attachments. Please number pages "1 of 15," "2 of 15" etc.

The Budget Worksheets (Budget Form and Budget Narrative) ([Appendix B](#) and [Appendix B1](#)) are separate documents to be downloaded from the [OMH Website](#). Do *not* substitute your own budget format. Failure to use the OMH Budget format will result in disqualification.

2.4 Instructions for Proposal Submission

Bidders must submit six (6) paper copies and (1) one copy on a flash drive (as **one document in PDF format if possible**) of the full proposal package by mail or hand delivery to be received by 5:00 PM on October 9, 2012; each package must include:

- Agency Transmittal Form ([Appendix A](#));
- Program Narrative;
- Budget Worksheets ([Appendix B](#) and [Appendix B1](#));
- For applicants applying in partnership with other providers, a Memorandum of Understanding reflecting the detail of the partnership

Proposals that are incomplete and/or proposals that exceed the page limitations will be excluded from evaluation. Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or facsimile. All proposals received after the due date and time cannot be accepted and will be returned unopened.

2.4.1 Packaging of RFP Responses

Proposals should be sealed in an envelope/or boxed and be sent to:

Susan Thaler
New York State Office of Mental Health
NYC Field Office
330 Fifth Avenue
New York, NY 10001

Email: [Susan Thaler](mailto:Susan.Thaler@omh.ny.gov)

ATTN RFP: NYC Crisis Respite Services for Children and Adolescents

2.5. Executive Order #38

Pursuant to Executive Order #38 (<http://www.governor.ny.gov/executiveorder/38>), dated January 18, 2012, State agencies are required to promulgate regulations and take any other actions within the agency's authority, including amending agreements with providers, to limit provider administrative costs and executive compensation. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Once established, the requirements will be posted to OMH's website.

3 Administrative Information

3.1 Method of Award

Awards will be made to the proposal(s) with the highest final evaluation score. The score will be calculated by adding the average technical score and the financial assessment score to arrive at one total score for each proposal. Up to 40 additional bonus points may be achieved by applicants who propose to serve more than one borough, as outlined in *Section 4, Evaluation Factors for Awards*.

3.2 Term of Contract

Contracts will be written for a total period of 5 years, with an initial period of one year and 4 annual renewals, dependent upon appropriated funding and agency performance. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's Downstate contract cycle (July 1 through June 30). The anticipated start date is January 1, 2013. **The OMH Direct Contract Forms and Instructions ([Appendix C](#)) are included for informational purposes only and do not need to be completed and returned with the proposal.**

3.3 Cost

It is expected that a total of up to \$437,000 will be available for each year to fund one or more contracts that in total will provide respite services to all 5 boroughs.

3.4 Reserved Rights

The Office of Mental Health reserves the right to:

- Reject any or all proposals received in response to the RFP that do not meet the eligibility criteria as outlined in Section 1.3.;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Seek clarifications of proposals for purposes of assuring a full understanding of responsiveness to the solicitation requirements;
- Use proposal information obtained through the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder 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 bidders to submit proposal modifications addressing subsequent RFP amendments;
 - Prior to 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 and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder; and
- 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 offeror's proposal and/or to determine an offeror's compliance with the requirements of the solicitation.

3.5 Debriefing

The Office of Mental Health will issue award and non-award notifications to all bidders. Non awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and or disqualified within 15 business days of the OMH dated letter. OMH is unable to discuss 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 1.2 of this RFP.

3.6 Protests Related to the Solicitation Process

Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award, or 5 business days following a debriefing meeting. The Commissioner or his 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:

NYS Office of Mental Health
Commissioner Michael Hogan
44 Holland Avenue
Albany, NY 12229

4 Evaluation Factors for Awards

4.1 Criteria

Proposals that meet the eligible organization criteria will be reviewed comprehensively to assess the bidder's commitment and ability to accomplish the objectives outlined in this RFP.

• Scoring

Scoring will be as follows:

• Comprehensive city-wide plan for crisis respite capacity and services	40 points
• Experience providing residential respite or mobile crisis response services	20 points
• Community engagement and outreach	20 points
• Financial Assessment	20 points
• Bonus Points for Additional Borough Coverage	40 points
<hr/>	
TOTAL POSSIBLE POINTS	140 points

4.2 Proposal Evaluation

Evaluation of proposals will be conducted in 2 parts: Technical Evaluation and Financial Assessment. OMH's evaluation committee, consisting of at least 3 evaluators, will review the Technical portion of each proposal and compute an individual score. All of the individual technical scores from each evaluator will then be added together and averaged to arrive at the partial technical score.

A financial assessment score will be computed separately based on the operating budget(s) and budget narrative(s) submitted. The averaged technical scores and the financial assessment score for each proposal will then be added together resulting in a partial final score. Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

Following the initial scoring of the Technical and Financial Assessment, applicants will achieve 10 additional Bonus Points for each additional borough they propose to serve in addition to the initial borough. Applicants can earn up to 40 additional Bonus Points, which are then added to the partial Technical and Final Financial Assessment Score to determine the final combined score. In case of a tie, the agency that scores the highest on Section A of their proposal will be considered the highest scoring agency.

Applicants will only be offered a contract to serve boroughs that they selected to serve in the application Transmittal Sheet AND submitted a completed Budget and Budget Narrative for ([Appendix B](#) and [Appendix B1](#)).

The highest scoring passing proposal will be awarded a contract to provide services to the boroughs selected in their proposal. Up to 4 additional awards will be made to ensure citywide access to services across the 5 boroughs. Applicants may be offered partial funding, depending upon availability, until all boroughs are served.

Example:

Applicant Agency	Boroughs Intended to Serve	Combined Evaluation Score	Extra Points for Additional Boroughs	Total Final Score	Contract Award Ranking
Capital ABC Co.	Bronx, Brooklyn, Manhattan	87	20	107	#1 Serves Bronx, Brooklyn and Manhattan
Essential Enterprises	Staten Island	90	0	90	No Award
NY Company	Manhattan, Queens	96	10	106	#2 Serves Queens
Downstate House	Queens, Brooklyn	92	10	102	#3 Serves Brooklyn
Victory Co.	Bronx, Manhattan, Staten Island	81	20	101	#4 Serves Staten Island

4.3 Recommended Award and Notification

Upon completion of the evaluation process, notification of awards will be sent to all successful and non-successful bidders. The awards are subject to approval by the Office of the Attorney General and the Office of State Comptroller before the contract is effective.

5 Scope of Work

5.1 Introduction and Vision

Beginning in the 1980s there has been a movement nationally toward the development and implementation of community-based systems of care for children with serious emotional challenges and their families. New York State has continually been working toward a system of care that provides a wide array of family support, emergency services, residential and non-residential community support programs, outpatient, and inpatient programs. As outlined in the OMH Children's Plan (developed as a result of the NY State Children's Mental Health Act of 2006), the goal is to have services available that are immediate but least restrictive. A responsive service system must include the capacity to offer the appropriate intervention in the event of a crisis. Research has shown that the absence of an array of community based options for children in crisis with SED leads to presentation at emergency rooms, foster care placements, or inappropriate inpatient admissions.

Research has also shown that children with serious emotional disturbance are more apt to attain optimal development when supported in their homes and community environments. The Office of Mental Health has developed a number of community support programs to maintain youngsters with SED at home including Home Based Crisis Intervention, Intensive Case Management and Waiver programs. Even with this supportive array of services, there are times when families experience circumstances that disrupt the community living situation—a family illness or emergency, a significant sibling conflict, or a conflict with a roommate—situations that could be ameliorated by taking a brief out-of-home respite from the family or residence. In addition, youth who are returning home for the first time after being in institutional placements for several years may find the transition and adjustment difficult. A brief out of home respite could help them and their families acclimate to their reintegration by offering an occasional break while still allowing the youngster to remain in the community. Families coping with children’s mental health challenges who have limited resources or social supports may need a break to allow the time and space to resolve difficulties. These opportunities for respite prevent tensions from escalating and requiring more intensive or restrictive levels of care.

The Office of Mental Health has funded limited residential respite options for children and adolescents since 1995 and successfully diverted hundreds of youth from foster care placements and emergency hospital admissions. This respite model was based on evidence based practices demonstrating more successful outcomes (fewer hospitalizations, decreased recidivism, better stability in the community) when community based supports such as intensive case management and HBCI had access to respite bed services. Families reported better ability to manage their children’s mental health challenges when they knew they had the safety net of a respite option if a crisis occurred.

Based on the utilization rates and positive outcomes of this limited 3 bed respite service, OMH expanded funding in 2010 to add another 10 beds. This expansion has also been well utilized by case management, waiver, and day treatment programs as well as family resource centers and outpatient clinics. These brief residential options have allowed over 150 youngsters to remain in their communities while resolving crises and ultimately return to their families or other community based living arrangements within 3 weeks.

Therefore the OMH is issuing this RFP to support the development of city-wide brief residential respite services. In addition to the residential options the respite program must also offer mobile capacity to perform assessments and evaluations as well as provide crisis stabilization in the community. This mobile capacity could respond to respite referrals to determine the need for this service. In addition, this mobile service could also provide crisis intervention and support to a family or residential program either while the child is in respite or to stabilize the youngster so that the respite bed would not be needed. If out of home respite option becomes necessary the service could then facilitate the referral.

5.2 Objectives and Responsibilities

The brief residential respite program is designed to offer a safe, temporary residence for youth as well as crisis stabilization, care coordination, and monitoring to ensure that all necessary services are maintained and service gaps are addressed.

Services provided by the respite program include:

- Temporary residential respite in an approved family home or congregate setting;
- Oversight of the residential resources, including recruitment of resource families and maintenance of congregate housing/apt setting;
- Mobile capacity to assess, evaluate, and provide crisis stabilization both while a youngster is utilizing a respite bed and/or to determine need for respite services. Stabilization can also be offered in a family or residential setting to prevent the need for respite or to determine whether additional supports would be helpful;
- Care coordination to 1. Monitor progress of youth and to intervene in crisis or emergency situations during respite period; 2. Ensure that youth maintain all medical, clinical appointments and continues in school, vocational, or work program; 3. Supervise medication regimen and ensure appropriate and accurate dispensing; 4. coordinate treatment and discharge with referral source, family and other support service providers;
- Assistance to the family or residential provider in strengthening youth's problem solving, conflict resolution, and communication skills, as well as development and /or enhancement of pro-social skills to assist youth in resolving the issues that resulted in the need for respite placement;
- On-call capacity to screen, assess, and admit youth to an appropriate respite option. If another level of care is needed, recommend other options, assist with referrals if required;
- 24/7 on site supervisory or direct care capacity;
- Financial support for and/ or transportation to school, day program, work etc., daily allowance for food, incidental costs; and
- Staff training in crisis management, trauma informed care, and motivational interviewing as appropriate.

5.3 Reporting Requirements

Winning bidders will report data on a monthly tracking form and submit semiannual narrative reports to OMH to ensure the quality and effectiveness of the service.

5.4 Requirements for Submission

Proposal Components

When submitting the proposal for funding under this RFP, the narrative must be brief (no more than 15 pages, numbered “1 of 15”, etc.) and must address all the components listed below in the following order:

A. Comprehensive City-wide Plan

- Defines the target population and eligibility criteria
- Identifies types of residential respite options that will be provided; appropriate staffing, and clinical skills necessary for respite and crisis services
- Describes supervisory structure and oversight of residential resources, including recruitment of resource families and monitoring of congregate care settings
- The timeline for implementation is included and is deemed efficient
- Describes plan for assisting youth in strengthening problem solving, conflict resolution, and communication skills while in respite
- Describes plan for rapid screening, assessment, and intake into respite beds and 24/7 supervisory coverage. Also, assure mobile capacity to assess and evaluate, and describe interventions to be utilized to stabilize crises and enhance coping skills
- Describes care coordination for youngsters in respite: monitoring progress, ensuring maintenance of community based services, ensuring medication compliance, and collaborating with family and other support services on treatment and discharge planning.
- Assures staff training in crisis management, trauma informed care, motivational interviewing, and other appropriate interventions for using crisis situations as opportunities for change

B. Residential Respite and Mobile Response History/Experience

- Includes history of providing residential respite services and this past performance is deemed efficient and effective
- Includes history of providing mobile crisis response services and this past performance is deemed efficient and effective
- Demonstrates knowledge and experience working with youngsters with SED and familiarity with the mental health and other child serving systems relevant to their support and treatment

C. Community Engagement and Outreach Plan

- Describes an outreach and engagement plan that is deemed sound and includes marketing and program promotion activities
- Plans for outreach and engagement demonstrates a knowledge of and linkage to referral sources such as: Children's Single Point of Access (CSPOA), emergency rooms, Home-Based Crisis Intervention (HBCI) programs, Family Resource Centers, and day treatment programs and this knowledge and linkage is deemed sound

D. Budget and Budget Narrative

Be sure to use the required budget formats (see [Appendix B](#) and [B1](#)) to **develop a separate yearly Budget Form and Budget Narrative for EACH BOROUGH you intend to serve**. Do not substitute your own budget formats. Budgets may include travel costs but must adhere to [State per diem rates](#) .

In addition to [Appendix B](#), Budget, complete the [Appendix B1](#) Budget Narrative that details each expense component that make up the total expenses in each budget category/per year.

- **The Budget Worksheets (Budget Form/[Appendix B](#) & Budget Narrative/[Appendix B1](#)) are a separate document to be downloaded from the [OMH Website](#).**

6 Attachments

- Appendix A: [Transmittal Form](#)
- Appendix B: [Budget Form for Years 1, 2, 3, 4, and 5](#)
- Appendix B1: [Budget Narrative](#)
- Appendix C: [OMH Direct Contract Form](#)