

Drug Court Mental Health Services  
Schenectady, New York  
Request for Proposals  
OCA / Professional and Court Services #035

**APPLICATION FORMS AND INSTRUCTIONS**

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## **I. Background Information and Instructions**

The New York State Unified Court System (UCS) Office of Court Administration's Division of Professional and Court Services is soliciting proposals for the purpose of establishing a contract to provide mental health support services for the Schenectady County Treatment Court.

UCS operates problem-solving courts, among them drug courts, which help judges and court staff respond to the needs of litigants and the community. Problem-solving courts look to the underlying issues that bring people into the court system, employ innovative approaches to address those issues, and seek to simplify the court process for litigants. A drug court involves an intervention by the court in cooperation with a team of specialists in social services, treatment, and criminal justice professionals in the local community. In return for a promise of a reduced sentence, appropriate non-violent addicted offenders are given the option of entering voluntarily into court-supervised treatment. The rules and conditions of participation are clearly stated in a contract entered into by the defendant, the defense attorney, the district attorney, and the court.

UCS has applied for funding from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for the purpose of funding the Schenectady County treatment court to enhance mental health services by reducing wait times for mental health evaluations, improve referrals to match treatment to a participant's specific needs, improve coordination of care, and improve participant outcomes in the drug court program. The project aims to improve service delivery and outcomes and reduce relapses and recidivism rates for justice involved individuals with COD.

UCS seeks proposals from a licensed mental health provider doing business within or with the capacity to do business within the Schenectady to provide mental health support services for a minimum of 60 participants per year. This includes evaluation and treatment planning services and appropriate trauma-specific treatment services to the treatment court.

The selected applicant will:

- through the provision of licensed mental health clinicians, the applicant will: provide an expedited mental health evaluation within 72 hours of referral for all participants whether or not the individual has health insurance; assess the treatment needs of participants; medication management and linkages/referrals to mental health supports or increased level of care or provide evidence-based treatment services to treatment court participants; report to the court on the participants' attendance, compliance with medications (if applicable) and stability of mental health;
- provide participants with the appropriate level of individual and group counseling along with placing those clients in other treatment groups that are recommended according to their individual needs (if applicable);
- link with the applicant's medical doctor for referrals for medication-assisted treatment related to mental health if needed;

- collaborate with project and court staff to ensure that participant services are designed to accommodate the participant’s vulnerabilities and prevent re-traumatization;
- utilize the scope of knowledge of mental health issues and provide further screening for unaddressed needs;
- act as a liaison between the applicant and the courts, as well as with the county’s existing mental health systems to share information and make appropriate referrals;
- work closely with the Resource Coordinator and treatment court staff to provide information required by the granting agency; and
- assist with data collection and performance measures.

Applicants must provide appropriate supervision and oversight for any staff included on this project. The successful applicant’s staffing plan should include:

Treatment staff necessary to fulfill the treatment needs of the project including staff to facilitate trauma-informed services in a group setting. Staff should include a trauma specialist who holds a master’s degree with a background in mental health.

**A. Applicant Eligibility and Minimum Qualifications**

Awards will be made to qualified organizations which are non-profit entities, tax-exempt under the Internal Revenue Code. Applicants must have facilities in Schenectady County or the ability to provide services within the County.

**B. Funding**

The total available funding for the services is \$371,888 over the term November 1, 2017-September 30, 2020.

**C. Award Selection Criteria and Method of Award**

Proposals will be reviewed and rated by a team comprised of staff from the local Court team and/or the Office of Court Administration’s Division of Professional and Court Services.

Funding will be awarded to the responsible applicant that receives the highest score in excess to the minimum score.

Proposals will be evaluated on the following criteria:

Category	Point Value
Organization Capacity	20
Program and Staffing Plan	60
Reasonableness of Cost	20
<b>TOTAL POSSIBLE POINTS</b>	<b>100</b>

(See Exhibit 3, Evaluation Tool, for a detailed breakdown of the factors comprising each criterion). A minimum score (average of all proposal raters) of 80 is required for a contract to be awarded.

#### **D. Grant Contract**

The selected applicant will enter into a contract with UCS. Such agreements are subject to the review and approval of the Offices of the New York State Attorney General and the State Comptroller. The term of the contract is expected to be November 1, 2017-September 30, 2020. UCS reserves the right to extend this agreement for an additional twelve (12) months at the end of the term.

#### **E. Reporting Requirements**

The due dates, format and specific information to be contained in reports required will be determined by UCS.

#### **F. Insurance Requirements**

Grant recipients will be required to maintain during the term of the contract: (i) workers' compensation and disability benefits insurance; (ii) commercial general liability insurance; and (iii) professional liability insurance. See Exhibit 1 for specific coverage requirements and documentation that must be submitted with application.

#### **G. Vendor Responsibility**

UCS is required to conduct a review of every organization with which it enters into a contract in order to provide reasonable assurances that the organization is responsible. Vendor responsibility is determined by a review of each prospective contractor's legal authority to do business in New York State, business integrity, financial and organizational resources, and performance history. See Exhibit 2 for detailed instructions on completion of the Vendor Responsibility Questionnaire.

#### **H. Questions**

Applicants may submit questions concerning this RFP by email only to:

Amelia Hershberger, [ahershbe@nycourts.gov](mailto:ahershbe@nycourts.gov)

Please indicate in "Subject" field: Schenectady County Treatment Court Mental Health Services RFP Question(s)

The deadline to submit questions is Friday, October 13, 2017 at 2pm. A Questions & Answers (Q&A) sheet will be posted on the UCS website a few days after the deadline for submission of questions. All questions regarding this RFP must be in writing and directed solely to the attention of the above-designated person.

#### **I. Proposal Submission Procedures/Deadline**

*Step One: Complete the Proposal*

Please follow the formatting instructions and page limits. Applications must be single-spaced with one inch page margins (not including attachments or financial forms) using a 12 point font. To facilitate photocopying, please do not permanently bind applications. An application includes the Application Cover Sheet, Proposal Narrative, Budget and Attachments.

*Step Two: Assemble the Following Attachments:*

- A. Audited Financial Statement from the Most Recently Available Fiscal Year
- B. Mission Statement
- C. Organizational chart
- D. Resumes and job descriptions of senior management and project staff.
- E. Photocopy of correspondence issued by the Internal Revenue Service that indicates the applicant's status as a tax-exempt organization
- F. Insurance Certificates (see Exhibit 1)
- G. Affirmative Action/EEO Policy
- H. Documentation of Current NY Charities Registration
- I. Documentation of Taxpayer Identification Number (TIN)
- J. Vendor Responsibility: Acknowledgment Form and VR Questionnaire if applicable and submitting on paper.

*Step Three: Deliver the Application with all Required Attachments*

Applications will not be accepted electronically or by fax. Applications must arrive at the address below by no later than **Tuesday, October 24, 2017 at 2PM.**

Deliver ONE signed, hard copy original and ONE additional copies (two complete sets) of the Application to:

Division of Professional and Court Services  
2500 Pond View, Suite 104  
Castleton-on-Hudson, New York 12033  
ATTN: Amelia Hershberger

All envelopes/cartons must also be labeled with the following information on two sides:

**“Deliver immediately to Amelia Hershberger”**  
**“Sealed Application - Do not open”**  
**“SCHENECTADY COUNTY MENTAL HEALTH SERVICES RFP – Due 10/24/17 at 2PM”**

Proposals will not be accepted electronically or by fax. The proposal is an irrevocable offer for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this period, UCS reserves the right to negotiate extensions to this period.

**II. Proposal Cover Sheet**

Legal Name of Proposer	
Executive Director/CEO	
Proposal Contact Person, Title, Phone Number and Email Address	
Total Budget of Organization	
Total FTE Staff Employed in Organization	
Number of FTE Staff Funded Under This Proposal	
Summary of Proposal (2 or 3 sentences)	
Address	
Phone	
Fax	
Email	
Website Address (not required)	
Federal Tax Identification No. (TIN)	
New York State Charities Registration Number (If exempt, please explain.)	
Signature of officer authorized to enter into contracts on the organization's behalf	

### **III. Proposal Narrative**

#### **Organizational Capacity (Page limit: 4 pages, single spaced)**

1. Briefly describe the organization's current principal activities.
2. Describe the organization's experience and expertise providing assessments and services to the mental health population including individuals with co-occurring disorders.
3. Describe the organization's experience and expertise providing services to individuals involved in the criminal justice system.
4. Describe the staffing plan for the program including the function of each staff category included in the project budget. Include a description of the proposed supervisory structure of the program.
5. Describe how the funding requested in this RFP will enhance the overall mission and services that the organization currently provides.
6. Describe the organization's policies and procedures to ensure client confidentiality.
7. Describe the organization's capacity to effectively manage government funded programming including, but not limited to the ability to meet fiscal and programmatic reporting requirements, make effective use of technical assistance provided by funding entities, and work in partnership with the Court.
8. Briefly describe the organization's financial management system and internal controls procedures.
9. Describe the organization's experience, if any, with trauma specific services, including the Seeking Safety model, Medication-Assisted Treatment, and Naloxone.
10. Describe any prior experience the organization has in providing services to court-referred clients and experience developing an effective working relationship with the court.
11. Describe the evidence-based treatment services provided by the applicant.
12. Provide an organizational chart showing all supervisory staff (will not be included in the page limit).
13. Attach a list of the names of the organization's Board of Directors (will not be included in the page limit).

#### **Project Description (Page limit: 5 pages, single spaced)**

14. Describe the facilities available for the program.
15. Estimate the number of clients that will be served during each year of the term.
16. Describe the intake process for potential clients referred to the program. Describe each step in the process.
17. Provide information regarding the service delivery method(s) to the target population.
18. Describe in detail the applicant's plan for designing, implementing and providing the required project services.
19. Describe the proposed process for reporting individual client progress to the court.
20. Explain how the program will address special needs, for example, language barriers, physical disabilities, etc.

21. Identify and describe partnerships and/or collaborations with medical providers, community-based organizations or other entities that will participate as partners in the proposed program.
22. Describe the organization's plan to ensure the project goals are met.
23. How will the organization's experience and existing collaborations enhance the project goals?
24. How will the organization ensure that all grant-related reporting requirements are timely met?

#### **IV. Budget**

##### **Line Item Budget**

The available funds for this project are \$371,888 over the contract period, broken out by period as follows:

November 1, 2017 – September 30, 2018: \$127,175

October 1, 2018 – September 30, 2019: \$120,595

October 1, 2019 – September 30, 2020: \$124,118

The proposal must include a line-item budget for each year, which shall include personal service expenses, broken down by salary and fringe benefits; non-personnel costs such as office supplies and general supplies, and transportation costs. The total of the budgets for each year must total available funds for the period.

##### **Budget Narrative**

Include a brief budget narrative explaining the costs included in the line-item budget.

VII. Attachments Checklist

Please place an X in each box for the document that is submitted.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A. UCS Attachment I pages 3 and 4: Standard Request for Bid Clauses and Forms Non-Collusive Bidding Certificate and Corporate Acknowledgment |
| <input type="checkbox"/> | B. UCS Attachment IV: Procurement Lobbying Form  |
| <input type="checkbox"/> | C. Resumes and job descriptions of all project staff.  |
| <input type="checkbox"/> | D. Documentation of Taxpayer Identification Number (TIN)   |
| <input type="checkbox"/> | E. Vendor Responsibility: Acknowledgment Form and VR Questionnaire if applicable and submitting on paper                                     |

## Exhibit 1

### INSURANCE REQUIREMENTS

Grant recipients will be required to maintain, during the term of the contract, the following insurance coverage:

1. Workers' compensation and disability benefits insurance coverage as required under NYS law. Proof of workers' compensation insurance and disability benefits insurance must be provided with the grant application. If applicant is legally exempt from such coverage, proof of exemption must be provided. The only forms acceptable as evidence of these insurance requirements are:

#### Proof of Workers' Compensation Coverage

- Form C-105.2 - Certificate of Workers' Compensation Insurance issued by private insurance carriers; or
- Form U-26.3 issued by the State Insurance Fund; or
- Form SI-12 - Certificate of Workers' Compensation Self-Insurance; or
- Form GSI-105.2 - Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

#### Proof of Disability Benefits Coverage

- Form DB-120.1 - Certificate of Disability Benefits Insurance, or
- Form DB-155 - Certificate of Disability Benefits Self-Insurance; or
- Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Please note that an ACORD Certificate of Insurance is NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage. Applicants should obtain the appropriate Workers' Compensation Board forms from their insurance carrier or licensed agent, or follow the procedures set forth by the Workers' Compensation Board for obtaining an exemption from coverage. Required forms and procedures may be obtained on the Workers' Compensation Board website at [www.wcb.ny.gov/](http://www.wcb.ny.gov/) and click on 'Employers/Businesses' and/or 'Forms'. Any questions regarding workers' compensation coverage requirements should be directed to:

Workers' Compensation Board

Bureau of Compliance

(518) 462-882

(866) 298-7830

Applicants awarded funding (whether through a new or amended contract) will be required to provide updated certificates of workers’ compensation and disability benefits coverage that name the Unified Court System as the certificate holder if the applicable form has a space for a certificate holder to be listed.

The carrier must enter:

NYS Unified Court System  
 Office of Court Administration  
 Division of Professional and Court Services  
 2500 Pond View, Suite 104  
 Castleton-on-Hudson, New York 12047

The insurance carrier will notify the certificate holder if a policy is canceled.

2. Commercial General Liability Insurance (bodily injury and property damage on an occurrence basis), contractual and products/completed operations liability coverage, and auto liability with minimum limits as follows:

Bodily Injury and Property Damage	\$1 million, per occurrence, \$2 million, aggregate
Personal Injury and Advertising	\$1 million aggregate
Contractual and Products/ Completed Operations Liability	\$2 million aggregate
Auto Liability, Combined single limits	\$1 million

Commercial general liability insurance coverage must be obtained from commercial insurance carriers licensed to do business in the State of New York. Proof of applicant’s commercial general liability insurance coverage must be submitted with the grant application. Applicants awarded funding will be required to submit an updated certificate naming UCS as an additional insured or loss payee as appropriate and providing for at least thirty (30) days advance written notice to UCS of cancellation or non-renewal. The updated certificate must be submitted prior to finalization of the contract.

Products completed operations insurance coverage is not required if applicant provides written documentation prior to finalization of an awarded contract that the organization’s commercial general insurance policy does not include coverage for products-completed operations. Automobile liability insurance is not required if applicant does not use vehicles in its operations.

3. Professional liability insurance in the amount of \$1,000,000 for all of applicant’s professional employees that will perform with grant funding. Proof of applicant’s professional liability insurance coverage must be submitted with the grant application. Organizations awarded funding will be required to contractually agree to obtain tail coverage for a minimum of two years in the event that the organization’s professional liability coverage policy is terminated and either: (i) there is no replacement policy; or (ii) the replacement policy does not cover claims made against the organization based on events that occurred prior to the effective date of the new policy.

**Exhibit 2**

**VENDOR RESPONSIBILITY REQUIREMENTS**

The New York State Unified Court System (UCS) is required to conduct a review of a prospective contractor to provide reasonable assurances that the vendor is responsible. The Vendor Responsibility Questionnaire, a required component of all UCS solicitations, is designed to provide information to assist the UCS in assessing a vendor’s responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each prospective contractor’s legal authority to do business in NYS, business integrity, financial and organizational resources, and performance history (including references).

UCS recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep system maintained by the Office of the State Comptroller.

If you are already enrolled, go directly to the VendRep System online at: <https://portal.osc.state.ny.us>. To enroll, see the VendRep System Instructions available at: [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm). Vendors must provide their NYS Vendor Identification Number when enrolling.

Alternatively, vendors may choose to complete and submit a paper questionnaire. Vendors opting to complete and submit a paper questionnaire can obtain the appropriate form from the VendRep website: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm).

To request assignment of a Vendor Identification Number or for VendRep System assistance, contact the Office of the State Comptroller’s Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

**VENDOR RESPONSIBILITY ACKNOWLEDGMENT**

Please complete either option 1 or option 2 below:

**OPTION 1: \_\_\_ Vendor Responsibility Questionnaire filed online via the VendRep System**

*If you have selected Option 1, please complete the following. The required signature is an acknowledgment that the questionnaire has been filed and certified directly on the OSC VendRep system.*

**ORGANIZATION NAME:** \_\_\_\_\_

**NAME/TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**OPTION 2: \_\_\_ Paper Vendor Responsibility Questionnaire Form Attached**

**EXHIBIT 3  
EVALUATION TOOL  
PROPOSAL SUMMARY RATING SHEET**

**APPLICANT:** \_\_\_\_\_

**Organizational Capacity (20 points possible)** A. \_\_\_\_\_

**Program (60 points possible)** B. \_\_\_\_\_

**Reasonableness of Cost (20 points possible)** C. \_\_\_\_\_

**Total Points: 100 points** **TOTAL** \_\_\_\_\_

**A minimum average score of 80 is required for a contract to be awarded.**

**EVALUATOR (Print)** \_\_\_\_\_

**(Signature)** \_\_\_\_\_

**DATE** \_\_\_/\_\_\_/\_\_\_

**DETAIL RATING SHEETS**

**PROPOSAL:** \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_

Instructions to reviewers: For each sub-question, award a value of 0 up to the maximum points allowed for the question based on your assessment of the proposal.

**A. ORGANIZATIONAL CAPACITY (20 POINTS POSSIBLE)**

**A.** \_\_\_\_\_

A1. Evaluate the extent to which the applicant demonstrates that the organization is organized with a mission that aligns with the services to be provided under the project. *(4 points)*

A1. \_\_\_\_\_

A2. Evaluate the extent to which the applicant demonstrates the capacity to establish and maintain an effective working relationship with the Court. *(4 points)*

A2. \_\_\_\_\_

A3. Evaluate the extent to which the applicant proposes a staffing plan that is adequate for the operation of the program and the organization’s proposed supervisory structure for the project. *(5 points)*

A3. \_\_\_\_\_

A4. Evaluate the extent to which the applicant demonstrates that the organization has instituted mechanisms likely to result in high quality services, taking into account significant developments which may impact on the ability to institute such mechanisms. *(4 points)*

A4. \_\_\_\_\_

A5. Evaluate the ability of the organization to effectively manage government funded programs, including BJA-funded programs. *(3 points)*

A5. \_\_\_\_\_

**SUBTOTAL FOR PART “A” (A1 + A2 + A3 + A4 + A5)** \_\_\_\_\_

**B. PROPOSED PROGRAM (60 POINTS POSSIBLE)**

**B.** \_\_\_\_\_

B1. Evaluate the extent to which the applicant proposes facilities adequate for the program. *(7 points)*

B1. \_\_\_\_\_

B2. Evaluate the appropriateness of the proposed caseload in context of the amount of funding available. *(7 points)*

B2. \_\_\_\_\_

B3. Evaluate the proposed intake, service delivery and client progress reporting plan. *(12 points)*

B3. \_\_\_\_\_

B4. Evaluate the accessibility of the proposed program. *(7 points)*

B4. \_\_\_\_\_

B5. Evaluate how well the organization's experience and existing collaborations will enhance the project goals. *(7 points)*

B5. \_\_\_\_\_

B6. Evaluate the applicant's plan to design, implement and provide the required project services, including its appropriateness for the target population and the project goals. *(13 points)*

B6. \_\_\_\_\_

B7. Evaluate how the organization will ensure that all grant-related reporting requirements are timely met. *(7 points)*

B7. \_\_\_\_\_

**SUBTOTAL FOR PART "B" (B1 + B2 + B3 + B4 + B5 + B6 + B7) \_\_\_\_\_**

**C. REASONABLENESS OF COST: OVERALL BUDGET (20 POINTS TOTAL)**

C1. Evaluate the extent to which the salaries and fringe benefits for the proposed program are appropriate for the positions listed in the proposal. *(10 points)*

C1. \_\_\_\_\_

C2. Evaluate the extent to which the non-personnel service costs included in the budget are reasonable for the operation of the proposed program. *(10 points)*

C2. \_\_\_\_\_

**SUBTOTAL FOR PART "C" (C1 + C2) \_\_\_\_\_**