

Drug Court Peer Recovery Support Services for  
Tompkins County, New York

Request for Proposals

OCA / Professional and Court Services #037

**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 peer recovery support services for the Tompkins County Family Drug 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 child welfare professionals in the local community. In return enhanced services and support for family re-unification respondents 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 respondent, the department of social services and the court

UCS is the recipient of a grant by the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of funding the Tompkins County Family Drug Treatment Court (TCFDTC). The TCFDTC will enhance its existing Family Drug Treatment Court and implement a series of trauma informed practices to improve the experience of families from their first contact with child welfare authorities until their successful completion of the program and beyond through the provision of true wrap around services. To this end, the TCFDTC seeks to employ two Peer Recovery Support Specialists to provide peer recovery support services and expand the types and range of support available to TCFDTC participants and their children. SAMHSA outlines five core competencies for Peer Recovery Support Specialists: 1) recovery-oriented; 2) person-centered; 3) voluntary; 4) relationship-focused; and 5) trauma-informed. UCS seeks proposals from a not-for-profit organization or municipality doing business within or with the capacity to do business within Tompkins County to provide these peer Recovery support services as outlined by SAMHSA and to establish a volunteer peer mentoring program.

The selected applicant will:

- provide two Peer Recovery Support Specialists, to serve as peer mentors, advocates and life coaches to participants in the TCFDTC; develop and coordinate a volunteer peer mentor program that will focus on peer support activities; and assist in the development of an Alumni Group designed to help graduates stay connected to the recovery community and receive the support needed to maintain a drug-free lifestyle.
- The Peer Recovery Support Specialists will support participants involved in the treatment court, and act as a mentor, advocate and ally;
- assist clients in all stages of recovery by recognizing personal strengths and setting goals and help clients in life skills building;
- establish healthy social connections and assist clients in life skills building.

- work to build the recovery community by offering participants a safe and sober environment and establish healthy social connections;
- escort participants, as needed, to court appearances, off-site referrals, community services and sober support meetings
- provide for staff to attend trainings in recovery support and other related topics as required by the project;
- provide specialized training and certification exam for all mentors;
- assist with data collection and performance measurements;
- arrange meetings with representatives of treatment programs, community organizations and public agencies to improve the services provided to participants and increase community support for the drug court program;
- work with local agencies to promote partnerships and collaboration and ensure appropriate referrals.

#### Mentor Responsibilities/Duties

- Meet with assigned participant –in person when possible - at all stages of the treatment court program to assist in the recovery process
- Attend all scheduled court sessions of their participant
- Motivate participant – strengths based approach
- Maintain appropriate boundaries with participants
- Maintain confidentiality standards
- Develop and coordinate a Volunteer Peer Mentor program. Volunteer Mentors will act as a coach, role model and advocate for treatment court participants and assist them on the road to recovery.
- Organize recovery-oriented activities that results in making new friends and begin to build alternative social networks
- Engage graduates to participate in an Alumni Group and assist in coordinating and conducting meetings.
- Communicate with **Volunteer Peer Mentors** and Court to resolve any issues regarding continuing challenges or resistant participants
- Available by cell phone and have flexible hours to allow him/her to attend to participants in the evenings and weekends where practicable
- Escort participants, as needed, to court appearances, off-site referrals, community services and sober support meetings.

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

- two well-organized, outgoing Peer Recovery Support Specialists who are well-rooted in recovery, have experience working with the substance use and mental health community, and have excellent oral and written communication skills;
- staff who are familiar with the culture(s) and language(s) of the treatment court's target population.

#### **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 the county of Tompkins or the ability to provide services within the county.

**B. Funding**

The total available funding for Peer Recovery Support services is \$485,980 over the four (4) year, nine (9) month term January 1, 2018-September 29, 2022.

**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 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 January 1, 2018-September 29, 2022. UCS reserves the right to extend this agreement for an additional twelve (12) months at no additional cost 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: Tompkins County Family Drug Treatment Court services RFP Question(s)

The deadline to submit questions is Wednesday, November 15, 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.

**IMPORTANT:** 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 Ended 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 **Thursday, November 30, 2017 at 2PM.**

Deliver ONE signed, hard copy original and TWO additional copies (three 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”**  
**“Tompkins County Family Drug Treatment Court Peer Recovery Support Services RFP – Due 11/30/17 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 services such as peer support, transportation, and other problems directly related to substance abuse recovery.
3. Describe the organization's experience and expertise providing services to individuals involved in the child welfare system.
4. Describe how the funding requested in this RFP will align with and support the overall mission and services that the organization currently provides.
5. Describe the organization's policies and procedures to ensure client confidentiality.
6. 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.
7. Briefly describe the organization's financial management system and internal controls procedure.
8. Describe the organization's experience with recruiting and training peer recovery support staff.
9. Provide an organizational chart showing all supervisory staff (will not be included in the page limit).
10. 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)**

11. Describe the organization's plan to implement a volunteer peer mentor program and provide assistance in developing an Alumni Group for program graduates.
12. Describe the organization's plan to provide two Peer Recovery Support Specialists who will be responsible for providing assistance to parents. Specifically, what recruitment tools will the organization use to staff the Peer Recovery Support Specialist positions? How will the organization creatively reach out to candidates who are well-rooted in recovery, have experience working with the substance use and mental health community, and have excellent oral and written communication skills?
13. Describe the organization's plan to recruit, screening process, train and retain volunteer mentors. Include how your organization will address race and gender issues in your plan to recruit volunteers.
14. How will mentors document their activities with participants and will this information be stored?
15. Describe the organization's plan to ensure the project goals are met.
16. How will the organization's experience and existing collaborations enhance the project goals?

17. How will the organization ensure that all grant-related reporting requirements are timely met? What infrastructure is in place to promote compliance?
18. Describe the proposed supervisory structure for the project. How will the organization ensure appropriate supervision for the Peer Recovery Support Specialists and the volunteer mentors?

**IV. Budget**

**Line Item Budget**

The limit for total cost is \$485,980 over the contract period. Break out is estimated as follows: Year 1: \$94,348; Year 2: \$95,899; Year 3: \$95,899; Year 4: \$99,094; and Year 5: \$100,740.

The proposal must include a line-item budget for each year, submitted on the Required Budget Form, which shall include personal service expenses, broken down by salary and fringe benefits; equipment, such as computers and cell phones; services, such as the cost of cell phone plans; and travel costs such as mileage reimbursement.

All budgets must include travel expenses for at least one person to attend a mandatory grantee meeting.

Proposals with a total cost in excess of \$485,980 will not be considered.

**Budget Narrative**

Include a brief budget narrative explaining each item 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 and Staffing Plan (60 points possible)** B. \_\_\_\_\_

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

**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. *(3 points)*

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

A2. Evaluate the extent to which the applicant demonstrates the capacity to establish and maintain an effective working relationship with the Court. *(2 points)*

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

A3. 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. *(5 points)*

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

A4. Evaluate the ability of the organization to effectively manage government funded programs, including SAMHSA-funded programs. *(3 points)*

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

A5. Evaluate the organization's experience with recruiting, screening, training and retaining Peer Mentors and establishing a volunteer mentoring program.. *(7 points)*

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

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

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

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

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

B1. Evaluate the organization's plan to provide peer recovery support services to the target population. (11 points)

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

B2. Evaluate the organization's ability to provide two Peer Recovery Support Specialists to support the project. (12 points)

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

B3. Evaluate the organization's plan to develop and coordinate a volunteer peer mentor program and assist in development of an Alumni Group for program graduates. (12 points)

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

B4. Evaluate the organization's plan to ensure the project goals are met. (10 points)

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

B5. Evaluate how well the organization's experience and existing collaborations will enhance the project goals. (10 points)

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

B6. Evaluate the organization's proposed supervisory structure for the project. (5 points)

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

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

**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) \_\_\_\_\_**