

New York State Unified Court System
Office of Court Administration
Division of Professional and Court Services

Syracuse Community Treatment Court
Substance Use Disorder (SUD) Treatment
Program for Court-Referred Clients in the
Emerging Adult Population

Request for Proposals
Professional & Court Services RFP #023

APPLICATION FORM AND
INSTRUCTIONS

Professional and Court Services RFP #023
Bid Opening Wednesday, July 19, 2017 2PM

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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 substance use disorder treatment services for the Syracuse Community Treatment Court enhancement project.

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 is the recipient of a grant (TI080149) awarded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration for the purpose of funding the Syracuse Community Treatment Court (SCTC) enhancement project Helping Young People Excel (HYPE). HYPE will expand and enhance evidence-based services for young men ages 18-25 who have been charged with a drug related offense in Syracuse and are eligible for local jail diversion. HYPE participants will receive standard Substance-Use Disorder (SUD) treatment and have access to services designed to address needs specific to young adult men: educational/vocational counseling, anger management, addiction psychiatry, trauma-informed care, life skills, stress management, care coordination, recovery coaches and a smartphone recovery app.

UCS is seeking applications from substance-use disorder treatment providers to provide both standard treatment and services described above tailored to the needs of emerging adult male participants in the SCTC population.

1. Applicant Eligibility

Award will be made to a qualified organization which is a not-for-profit entity, tax-exempt under the Internal Revenue Code.

Applicants must have facilities in Central New York accessible in the Syracuse metropolitan area and staff with the requisite knowledge, training and experience to provide SCTC HYPE participants with services solicited herein.

2. Funding

Total available funding for the program is \$852,989 for the three-year term September 30, 2017 – September 29, 2020. The level of funding for each year is anticipated at: Year 1: \$281,993; Year 2: \$283,552; and Year 3: \$287,474..

3. Award Selection Criteria and Method of Award

Proposals will be reviewed and rated by a committee.

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

Proposals will be evaluated on the following criteria:

Category	Point Value
Organizational Capacity	15
Program Plan	50
Staffing Plan	15
Reasonableness of Cost	20
Total Possible Points	100

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

4. 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 Attorney General and the State Comptroller. The term of the contract shall be September 30, 2017 – September 29, 2020. The term may be extended at no cost if the grant is extended. The terms of the contract are subject to the availability of funds from SAMHSA.

5. Reporting Requirements

An organization awarded a contract will be required to submit fiscal and programmatic reports. The due dates, format and specific information to be contained in the reports will be articulated in the contract.

6. Insurance Requirement

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 this application.

7. 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. Organizations applying for funding which, if awarded, would result in a new or amended contract with a total amount of \$100,000 or more are required to submit a

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Vendor Responsibility Questionnaire. See Exhibit 2 for detailed instructions on completion of the Vendor Responsibility Questionnaire.

8. Questions

All questions regarding this RFP must be in writing by email only to: Amelia Hershberger, ahershbe@nycourts.gov. Indicate in "Subject" field: Professional and Court Services RFP #023 Question(s).

The deadline to submit questions is July 5, 2017 before 12:00pm (noon). A Question and Answers (Q&A) document will be posted on the UCS website a few days after the deadline for submission of questions. No document will be posted if no questions are received by the deadline.

9. Application Submission Procedures/Deadline

Step One: Complete the application

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

Step Two: Assemble the following attachments:

- A. Audited Financial Statement for the Most Recently Ended Fiscal Year
- B. Mission Statement
- C. Organizational Chart
- D. Resumes and/or job descriptions of project staff and senior management
- E. Insurance Certificates (see Exhibit 1)
- F. Affirmative Action/EEO Policy
- G. Vendor Responsibility: Acknowledgment Form and Vendor Responsibility 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. Application must arrive at the address below no later than **Wednesday, July 19, 2017 at 2PM**. Deliver ONE signed hard copy original and ONE additional copy (two complete sets) of the application to:

Amelia Hershberger
New York State Unified Court System
Office of Court Administration
Division of Professional and Court Services
2500 Pond View, Suite 104
Castleton-on-Hudson, New York 12033

All envelopes/cartons must be labeled with the following information:

"DELIVER IMMEDIATELY TO AMELIA HERSHBERGER"

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**SEALED APPLICATION – DO NOT OPEN
PROFESSIONAL AND COURT SERVICES RFP #023 – DUE JULY 19, 2017 BEFORE
2PM”**

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II. Application Cover Sheet

Legal Name of Application Organization	
Executive Director/CEO	
Proposal Contact Person: Title, Name, Phone Number and Email Address	
Total Budget of the Organization	
Total FTE Staff Employed by Organization	
Number of FTE Staff Funded Under this Proposal	
Summary of Proposal (2-3 sentences description of principle program activities)	
Total Funding Requested	
Address	
Phone	
Fax	
Email	
Website	
Federal Tax Identification Number (TIN)	
New York State Charities Registration Number (if exempt, please explain)	

III. Proposal Narrative

Organizational Capacity (Page Limit: 3 pages)

The answers to the questions in this section should describe current programs and activities and demonstrate the existing capacity of the organization to provide service and to effectively and efficiently manage government-funded programming.

1. Briefly describe all of the organization's current principal activities.
2. Describe the organization's prior experience and expertise in providing services to the substance-use disorder population within Onondaga County.
3. Describe how the funding requested in this RFP will enhance the overall mission and services and the organization currently provides.
4. Describe the organization's supervisory policies and procedures.
5. Describe the organization's mechanisms for assuring quality service.
6. Describe the organization's policies and procedures in place 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:
 - a. Internal control procedures; and
 - b. Role of senior program staff in developing and monitoring program budgets.
9. Describe any prior experience the organization has in providing services to court-referred clients.
10. Describe any prior experience the organization has working with the emerging adult population, specifically young men aged 18-25. Include the percentage of the organization's clients over the previous 12 months who were males between the ages of 18-25.

Program Description (Page limit: 5 pages)

The answers to the questions in this section should describe the new or enhanced services to be provided in awarded funding under this RFP.

1. Describe the facilities available for this program.
2. Describe the capacity of the program. Estimate the number of clients that will be served during each year of the three-year term.
3. How will the program address special needs, for example, language barriers, physical disabilities, etc.
4. Detail the process for reporting individual client progress to the court. Provide information regarding the service delivery method(s).
5. How will the service be tailored to the needs of the male emerging adult population?

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6. How will the services be coordinated, and which of the following services will be provided? For each service type, describe the method by which participants will be assessed for and routed to the service.
 - a. Screening: comprehensive bio-psycho-social screening and assessment;
 - b. Psychological evaluation, Group Therapy/Counseling, Individual Counseling/Therapy, Psycho-Educational Groups;
 - c. Focus/Skills-Development Groups (ex. Exploring trauma, DBT skills, Moral Reconciliation Therapy, wellness coaching, anger management, stress management)
 - d. Educational/vocational counseling (vocational rehabilitation);
 - e. Recovery coaching.
 - f. Mobile recover support (ex: a personal phone application)

Staffing Plan (Page limit: 2 pages, not including resumes and/or job descriptions)

1. Describe the staffing plan for the program including the functions of each staff category included in the project budget.
2. Describe the proposed supervisory structure of the program.
3. Beyond meeting requirements of laws governing discrimination of individuals in protected classes, describe the practices and methods by which your agency will attract and maintain a diverse and culturally competent workforce.

IV. Budget

Line Item Budget

The proposal must include a line-item budget articulated anticipated expenses during the initial 12 month period September 30, 2017 – September 29, 2018. Line item budgets must be submitted on the worksheet included as Appendix C.

Budget Narrative

Include a brief budget narrative providing explanation of each non-personnel item.

V. Required Attachments Checklist

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

	A. Audited Financial Statement for the Most Recently Ended Fiscal Year
	B. Mission Statement
	C. Organizational Chart
	D. Resumes and/or job descriptions of project staff and senior management
	E. Insurance Certificates (see Exhibit 1)
	F. Affirmative Action/EEO Policy
	G. Vendor Responsibility: Acknowledgment Form and Vendor Responsibility Questionnaire if applicable and submitting on paper (see Exhibit 2).

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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/ 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 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:

New York State Unified Court System

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

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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.

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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. 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.

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.

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

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EXHIBIT 3
EVALUATION TOOL
SUMMARY RATING SHEET

APPLICANT: _____

COUNTIES TO BE SERVED: _____

A. ORGANIZATIONAL CAPACITY (15 POINTS) A. _____

B. PROGRAM PLAN (50 POINTS) B. _____

C. STAFFING PLAN (15 POINTS) C. _____

D. REASONABLENESS OF COST (20 POINTS) D. _____

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

TOTAL _____

EVALUATOR (Print) _____

(Signature) _____

DATE ___/___/___

DETAIL RATING SHEETS

APPLICANT: _____

REVIEWER: _____

A. ORGANIZATIONAL CAPACITY (15 POINTS TOTAL)

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 this program.

(6 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.

(2 points)

A4. _____

SUBTOTAL FOR PART "A" (A1 + A2 + A3 + A4) _____

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B. PROGRAM PLAN (50 POINTS TOTAL)

B1. Evaluate the appropriateness of the proposed service delivery as it relates to the plan to provide services to the male emerging adult population and the proposed number of clients to be served.
(10 points)

B1. _____

B2. Evaluate the specific services and service delivery plans. Evaluate the extent to which the services proposed are comprehensive, appropriate to the grant population and meet the specifications described in Background Information.
(20 points)

B2. _____

B3. Evaluate the proposed plans for reporting client progress.
(5 points)

B3. _____

B4. Evaluate the proposed plans for working with community partners.
(5 points)

B4. _____

B5 Evaluate the accessibility of the proposed program.
(10 points)

B5. _____

SUBTOTAL FOR PART "B" (B1 + B2 + B3 + B4 + B5): _____

C. STAFFING PLAN (15 POINTS TOTAL)

C1. Evaluate the extent to which the applicant proposes a staffing plan that is adequate for the operation of the program.
(8 points).

C1. _____

C2. Evaluate the appropriateness of the proposed supervisory structure.
(5 points)

C2. _____

C3. Evaluate the plan to attract and maintain a diverse and culturally competent workforce.
(2 points)

C3. _____

SUBTOTAL FOR PART "C" (C1 + C2 + C3) _____

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

D1. 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)

D1. _____

D2. Evaluate the extent to which the non-personnel service costs included in the budget are reasonable for the operation of the proposed program.
(5 points)

D2. _____

D3. Evaluate the extent to which the percentage of UCS funds allocated for the support of administrative and/or indirect costs are reasonable.
(5 points)

D3. _____

SUBTOTAL FOR PART "D" (D1 + D2 + D3) _____