

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

Buffalo City Court Drug Court:  
Establishing a Medically-Assisted Treatment  
(MAT) Model for Opioid-Addicted Participants

Request for Proposals #020

**APPLICATION FORMS AND  
INSTRUCTIONS**

**Professional and Court Services RFP #020**  
**Applications Due Wednesday, February 15, 2017 at 2PM**

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**I. Background Information**

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 establish a new drug treatment court model specific to the integration of substance abuse counseling and Medically Assisted Treatment (MAT) for opioid-addicted offenders.

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 awarded by the U.S. Department of Justice Bureau of Justice Assistance for the purpose of funding the Buffalo City Drug Court (BTC) enhancement project to establish a new model for opioid addiction. BTC offers substance abuse treatment as an alternative to incarceration for nonviolent felony and misdemeanor drug offenders arrested in the city of Buffalo, New York. By offering court-monitored treatment, the BTC aims to break the damaging and costly cycle of addiction, crime, and incarceration. The BTC strives to improve the life chances of its participants and to decrease the prevalence of drug addiction and drug-related crime in Buffalo, New York.

Through grant funds from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA), the BTC will enhance its existing services by contracting with an organization to establish a new drug treatment court model specific to the integration of substance abuse counseling and Medically Assisted Treatment (MAT) for opioid-addicted offenders.

The successful applicant will provide a Rapid Integration Team to work with the court to establish a new model specific to opioid addiction that modifies the admission protocols for drug court to include risk of opioid overdose (OD); integrate both behavioral and medically-assisted treatment; identifies and rapidly refers high risk OD participants; and develops mechanics for integrated treatment services that interact with the medical system.

The specific services sought from an organization providing a Rapid Integration Team are:

- Drafting the new model in collaboration with the court and community partners with a focus on rollout and sustainability;
- Advice and revision to screening to effectively screen for high risk opioid overdose;
- Advice and protocol revision to appropriately integrated MAT and medical management to treatment court;
- Provide clinical assessment and opioid management services in the Opioid Drug Court; and
- Provide ongoing monitoring in consultation with physician prescribers, including interfacing with the Internet System for Tracking Over-Prescribing – Prescription Monitoring Program and the Health Information Exchange.

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**A. Applicant Eligibility**

Awards will be made to qualified organizations which are non-profit entities, tax-exempt under the Internal Revenue Code.

Applicants must have facilities or staff located within reasonable commuting distance of the the City of Buffalo and must demonstrate the knowledge and experience to effectively provide the services.

**B. Funding**

Total available funding for the program is \$225,307 for the period March 15, 2017 – September 30, 2019. Available funding for the initial period March 15, 2017- September 30, 2017 is \$48,016.

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

Proposals will be reviewed and rated by a selection committee comprised of staff of the Eighth Judicial District, Buffalo Treatment Court and/or the Office of Court Administration.

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

Proposals will be evaluated on the following criteria:

<u>Category</u>	<u>Point Value</u>
Organizational Capacity	15
Program Plan	50
Staffing Plan	15
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 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 initial period term of the contract is expected to be March 15, 2017 – September 30, 2019. The contract will also have the option of two additional one-year no-cost extensions in the event that the grant funding this contract is also extended. The terms of the contract are subject to the availability of funds from BJA.

**E. Reporting Requirements**

Organizations awarded a contract will be required to submit fiscal and programmatic reports. The due

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dates, format and specific information to be contained in the reports will be articulated in the contract.

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

**H. Questions**

All questions regarding this RFP must be in writing by email only to: Amelia Hershberger, [ahershbe@nycourts.gov](mailto:ahershbe@nycourts.gov). Indicate in subject field: "RFP 020: Buffalo Treatment Court."

The deadline to submit questions is February 1 2017, before 2:00 pm. A Questions & Answers (Q&A) sheet will be posted on the UCS website a few days after the deadline for submission of questions.

**I. Application Submission Procedures/Deadline**

*Step One: complete the grant 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) 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)

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- 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 no later than Wednesday, February 15, 2017, before 2:00 pm. Deliver ONE signed, hard copy original and ONE additional copy (two complete sets) of the Application to:

Amelia Hershberger  
New York State 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 on two sides:

**“Deliver immediately to Amelia Hershberger”**  
**“Sealed Application - Do not open”**  
**“Professional and Court Services #020 – Due February 15, 2017 before 2pm”**

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**II. Application Cover Sheet**

Legal Name of Applicant Organization	
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 (indicate principal program activities in 2 or 3 sentences)	
Total Funding Requested	
Address	
Phone	
Fax	
Email	
Website Address	
Federal Tax Identification No. (TIN)	
New York State Charities Registration Number (If exempt, please explain.)	
Executive Director or Chief Executive Officer Signature	

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**III. Proposal Narrative**

**Organizational Capacity (Page limit: 3-pages, single spaced).**

The answers to the questions in this section should describe current programs and activities and demonstrate the existing capacity of the organization to provide services 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 experience and expertise in designing programming for the opiate abuse population.
3. Describe how the funding requested in this RFP will enhance the overall mission and services that the organization currently provides.
4. Describe the organization policies and procedures in place to ensure client confidentiality.
5. Describe the organizations 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.
6. Briefly describe the organization's: (a) internal controls procedure<sup>1</sup> and (b) role of senior program staff in developing and monitoring program budgets.
7. Describe any prior experience the organization has in providing services to court-referred clients with opiate dependence issues and experience developing an effective working relationship with the court.

**Program Description (Page limit: 5-pages, single spaced).**

The answers to the questions in this section should describe the new or enhanced services to be provided if awarded funding under this RFP. Describe the methods by which the applicant will develop a new drug treatment model specific to the integration of substance abuse counseling and Medication Assisted Treatment.

1. Describe the evidence the applicant will draw on to create new terms and conditions of sentences imposed with the specific goal of addressing opioid abuse.
2. Describe the process by which tools will be developed to assist the court in assessing compliance with the opiate court model.
3. Describe the process by which revisions to the screening and MAT/medical management protocols will be reviewed, recommended and implemented. Describe each step in the process.
4. Described the process by which the applicant will monitor in consultation with physician providers

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<sup>1</sup> Internal controls procedures are systematic methods such as reviews, checks and balances instituted by an organization to conduct its business in an orderly and efficient manner; safeguard its assets and resources; deter and detect errors, fraud and theft; ensure accuracy and completeness of accounting data; produce reliable and timely financial and management information; and ensure adherence to agency policies and plans.

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and interaction with the Internet System for Tracking Over-Prescribing – Prescription Monitoring Program and the Health Information Exchange.

5. Explain how the program will address special needs, for example, language barriers, physical disabilities, etc.
6. 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. Attach letters of support from the partner organization(s) within Erie County.

**Staffing Plan (Page limit: 2-pages, single spaced, 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.

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**IV. Budget**

**Line Item Budget**

The proposal must include a line-item budget articulating anticipated expenses during the initial 6 ½ month period March 15, 2017-September 30, 2017. 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.

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**V. Required Attachments Checklist**

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

	A. Audited Financial Statement from the Most Recently Ended Fiscal Year
	B. Mission Statement
	C. Organizational chart
	D. Resumes (for incumbents) and job descriptions of all 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

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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/](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 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.

2. Commercial General Liability Insurance (bodily injury and property damage on an occurrence basis),

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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](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**

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**EXHIBIT 3  
EVALUATION TOOL  
SUMMARY RATING SHEET**

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

**COUNTIES TO BE SERVED:** \_\_\_\_\_

- |   |                 |
|---|-----------------|
| <b>A. ORGANIZATIONAL CAPACITY (15 POINTS)</b> | <b>A. _____</b> |
| <b>B. PROGRAM PLAN (50 POINTS)</b>            | <b>B. _____</b> |
| <b>C. STAFFING PLAN (15 POINTS)</b>           | <b>C. _____</b> |
| <b>D. REASONABLENESS OF COST (20 POINTS)</b>  | <b>D. _____</b> |

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

**TOTAL \_\_\_\_\_**

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

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

**DATE**    \_\_\_/\_\_\_/\_\_\_

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**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 (5 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 (3 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 assessment tool development and delivery. (10 points)

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

B2. Evaluate the appropriateness of the proposed model development structure. (10 points)

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

B3. Evaluate the proposed plans for protocol review, recommendation and implementation (10 points)

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

B4 Evaluate the accessibility of the proposed program (10 points)

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

B5. Evaluate the collaborative nature of the proposed program, including plans for collaboration and consultation with physician prescribers (10 points)

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

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

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**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 (10 points)

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

C2. Evaluate the appropriateness of the proposed supervisory structure. (8 points)

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

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

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

**SUBTOTAL FOR PART "C" (C1 + C2 + C3) \_\_\_\_\_**

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