

REQUEST FOR PROPOSAL

**Provider Selection:
New York – Focus on Youth and Families**

Issued on April 13, 2016 by:

**Research Foundation for Mental Hygiene, Inc
150 Broadway
Menands, New York 12204**

**In Partnership With:
New York State Office of Alcoholism and Substance Abuse
Services
Bureau of Adolescents, Women, and Children
1450 Western Avenue, 2nd Floor
Albany, New York 12203**

SYT – I Grant: NY Focus on Youth and Families

I. Background

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), has been awarded a three year cooperative agreement from the Substance Abuse and Mental Health Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT) entitled “Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation (SYT-I).” This three year project, called NY Focus on Youth and Families (NY-FYF), begins October 1, 2015 and lasts through September 30, 2018.

The goal of NY-FYF is to further assist the state in developing a full continuum of services for youth impacted by substance use disorders and co-occurring mental health and substance use disorders. In addition to assisting the state with healthcare transformation and Medicaid Redesign, the specific goals of the project are to increase access to evidenced based substance abuse treatment services for youth and their families, introduce the use of a comprehensive family-centered treatment for adolescents and young adults with substance use disorders and co-occurring mental health and substance use disorders, inform further development of clinical practice guidelines for youth; assist in the development of Certified Peer Recovery Advocate – Youth and Certified Peer Recovery Advocate – Family, promote Recovery Support Services for youth, and improve access, service delivery, and outcomes for youth vulnerable to health disparities.

To obtain these goals, OASAS has chosen to implement the Global Appraisal of Individual Needs Q3 (GAIN Q3) as the standardized assessment and Multidimensional Family Therapy (MDFT) as the evidenced-based practice. Over the course of three years, OASAS will select a minimum of 8 providers to implement the standardized assessment and evidence-based practice (EBP). All selected providers will be provided with training on the GAIN Q3 and MDFT. Providers selected for Year I implementation will receive training immediately, while providers selected for Year II and Year III of the project are expected to receive training in the summer months preceding their implementation dates. OASAS has also allocated funding for overnight lodging and per diem rates for staff who attend these trainings.

In all, each selected provider will receive \$5,000 to cover the cost of start-up and implementation and \$750 for each admission and each discharge related to the project. (A tabular representation of this information can be found in **Attachment H**. Please note that providers will be eligible to receive this funding for youth in care based on current Medicaid and third party payment structures. Should the current reimbursement structure change the State reserves the right to renegotiate the payment structure.) OASAS, through RFMH, will cover the cost of lodging for providers’ attendance of the in-person GAIN Q3 training and the in-person MDFT training, as well as the cost of the training itself. In return, providers will be expected to form a learning collaborative that will meet with via conference call on a monthly basis to assist the state in identifying challenges and opportunities related to implementation and assist in developing plans for sustainability. Providers selected to participate in this project beginning in Year I will be expected to serve a minimum of 80 youth and families and a maximum of 90 youth and families

over the course of three years using the GAIN Q3 and MDFT. Providers beginning implementation in Year II will be expected to serve a minimum of 60 youth and families and a maximum of 70 youth and families and providers beginning implementation in Year III will be expected to serve a minimum of 30 youth and families and a maximum of 40 youth and families throughout the life of the project.

To accomplish the goal of partnering with eight community based providers, OASAS through RFMH is issuing this RFP to select the first four community based providers to implement in the first year, with two additional providers selected for years two and three respectively. Preference will be given to providers who: (1) demonstrate an unmet need in their community, (2) have experience working with racial and ethnic minorities, LGBTQ youth and/or youth who are at risk for out of home placement or residential substance abuse treatment, (3) demonstrate their ability to provide Medication Assisted Treatment (MAT) and psychological services for youth as needed, (4) demonstrate a strong working relationship with other community based providers of youth services, and (5) demonstrate experience and/or readiness to implement an comprehensive family based intervention such as MDFT and have an understanding of how to implement the GAIN-Q3 into their admissions process. Providers selected to participate will be expected to implement the proposed evidence-based assessment and practice: the GAIN-Q3 and MDFT. Providers will also be required to adhere to all specified dates outlined in the RFP, as well as deadlines indicated throughout the duration of the project.

II. Grant Requirements

Each provider selected to participate in this project must demonstrate the following:

- A plan to implement and sustain the use of the GAIN Q3 and MDFT;
- Agree to assist in the State in sustainability plans;
- Agree to provide outreach and other engagement strategies to increase participation in and give access to treatment for adolescents and their families;
- An ability to offer or link with recovery services and supports (i.e. peer-to-peer supports, parent/family/caregiver support, and vocational, educational, and transportation services) designed to improve long-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary, either directly or through relationships with other youth-serving providers.
- Agree to screen and assess clients for the presence of co-occurring mental health and substance use disorders;
- Agree to utilize third party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment provider sites are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients and provide documentation to support this activity;

- It is anticipated that any application accepted for funding will be able to begin operation within 90 days of receiving the award. If they are not able to meet this requirement, OASAS will reserve the right to select another qualified applicant;
- Training to model fidelity may require providers to record audio and/or video of MDFT sessions. Responders should assess their staff's comfort and agency's ability to carry this out. If applicants do not have the proper equipment for this, they may include this in their budget under Start-Up Costs.
- Providers selected in Year I of this project are expected to treat a minimum of 20 clients in the first year of the project (note that Year I ends 09/30/16). In Years II and III, each provider will be expected to serve a minimum 30 youth per year.
For information on implementation of Multidimensional Family Therapy please see **Attachment F** of this request and additional information on MDFT can be found at <http://www.mdft.org>. For information on the GAIN Family of Instruments, please see <http://gaincc.org>.

Cultural Competence

Cultural competence is a major element of the Cooperative Agreement and providers who are selected will be required to demonstrate their ability to abide by the guidelines set forth on the SAMHSA website. Cultural competence is defined as a set of behaviors, attitudes, skills, and policies that allow individuals and organizations to increase their respect for and understanding and appreciation of cultural differences and similarities within and among groups. Throughout the application, applicants should demonstrate the ability of their organization to deliver culturally competent services.

Cultural competency guidelines can be found on the SAMHSA website at: <http://www.samhsa.gov/section-223/cultural-competency/resources> or <https://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence>.

III. Sustainability

Applicants must describe their plan for continuation of the program developed and the services provided upon completion of the cooperative grant.

IV. Data Collection and Reporting

Providers who receive funding from this project must agree to comply with the data collection reporting requirements of the OASAS. All awardees will be subject to OASAS monitoring visits and must operate according to all applicable OASAS laws, regulations, contract provisions, and guidelines. Additionally, all applicants must comply with reporting deadlines set forth by the Projector Director, Project Program Evaluator, and MDFT Staff during the duration of the grant period.

V. Description of Funding

Funding Source: Funding for this RFP is from the Substance Abuse and Mental Health Administration/Center for Substance Abuse Treatment's RFA No. 1H79TI026007, Cooperative

Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation [Short Title: State Youth Treatment – Implementation (SYT-I)].

Funding Available: The selected providers will be trained on the GAIN Q3 and MDFT. Providers will be reimbursed for expenses incurred during the training. Additionally, each provider will receive \$5,000 in their first year of implementation to cover the cost of start-up and \$1,500 per client completion split between admission and discharge. Additional funding may be available in subsequent years of the project.

Grant Period: Providers selected to participate in this project beginning in Year I will be expected to provide the evidenced based practice and assessment for a minimum of three years. Providers chosen to participate starting in Year II and Year III will be expected to provide the evidence-based practice and assessment for a minimum of two years and one year, respectively. Providers submitting an application for this RFP may be considered to become a Year I, Year II, or Year III participant and all eight awardees for this project will be notified via this RFP.

Funding Restrictions: All applicants must comply with SAMHSA’s standard funding restrictions, which are included in **Attachment E**.

VI. Key Events/Timeline

Due Date for Letter of Intent	April 22, 2016
MDFT/GAIN Overview Call*	April 25, 2016
Closing Date for Submission of Bidder Inquiries	April 27, 2016
Answers to Final Bidder Inquires on or about	April 29, 2016
Closing Date for Receipt of Bidder’s Proposals	May 11, 2016
Anticipated Selection of Bidders	June 1, 2016

*There will be one conference call regarding MDFT and GAIN to which all applicants are **highly encouraged** to send a representative. These presentations will give an overview of MDFT and GAIN and the responsibilities of each. To register for this call, please submit a request by email with the subject line “MDFT/GAIN Overview” to Cyndy Otty at Cynthia.Otty@oasas.ny.gov before the scheduled call.

VII. Eligible Applicants

OASAS through RFMH is seeking proposals from OASAS-certified, voluntary agencies and Local Governmental Units (LGUs) that operate OASAS-certified chemical dependence outpatient services with at least two years of experience in treating youth with substance use disorders and their families. Preference will be given to providers who: (1) demonstrate and unmet need in their community, (2) have experience working with racial and ethnic minorities, LGBT youth, and/or youth who are at risk for out of home placement and or residential substance abuse treatment or who are returning to the community from and out of home placement, (3) are involved in the child welfare of juvenile justice system, (4) demonstrate a working relationship with other community-based providers of youth services, and (5) demonstrate experience implementing and readiness to implement evidence-based practices such as MDFT, evidence-based screening and assessment tools such as the GAIN, and recovery supports as they relate to peer mentoring.

For the purposes of this solicitation, the following definitions apply:

- **Voluntary Agencies:** As defined in New York State Mental Hygiene Law, section 41.03 subdivision 11, a voluntary agency means “a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” Accordingly for profit or proprietary entities are **not eligible** to apply for funding
- **Local Governmental Unit (LGU):** As defined in New York State Mental Hygiene Law, section 41.03 subdivision 5, local governmental unit means “the unit of local government given authority in accordance with this chapter by local government to provide local services.”
- **OASAS Certified:** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of Chemical Dependence Outpatient Services as defined in 14 NYCRR Part 822 of the Official Compilation of Rules and Regulations of the State of New York.
- **In Good Standing:** All of a providers operating certificates, which are subject to a compliance rating, have a current compliance rating of partial (two years) or substantial (three years) compliance before review of the bid.

VIII. Review and Rating Criteria

Threshold Criteria

Following the opening of bids, a preliminary review of all proposals will be conducted by the issuing officers or a designee to determine whether the application meets threshold criteria, which is described above and includes:

- Voluntary Agency status as defined by NYS Mental Hygiene Law
- Local Governmental Unit status, as defined by NYS Mental Hygiene Law
- Applicant is certified as a Part 822 -Chemical Dependence Outpatient Service

Application Review

Proposals passing the Threshold Review will be reviewed, rated, and ranked in order of highest score based on an evaluation of each applicant’s written submission. Reviews will be made objectively by an OASAS appointed panel and proposals will be scored on their ability to implement the grant requirements described above according to the following criteria:

Statement of Need	10 points
Cultural Competence and Statement of Healthcare Disparities	10 points
Proposed Use of EBP, Implementation Approach, and Sustainability	30 points
Staff and Organizational Capacity	20 points
Demonstrated Relevant Experience	15 points
Performance Assessment and Data Collection	5 points
Total Possible Points	90 points

IX. Application Proposal

If you are planning to implement adolescent substance abuse treatment services in more than one treatment provider site, **you must submit a separate application for each site where you are implementing services.**

Formatting Requirements

- Times New Roman font, 12 pt.
- Double spaced
- 1” margins on entire page
- Pages should be numbered consecutively from beginning to end
- Application should be submitted unbound

Structural Requirements

- Cover Page
- Abstract
- Table of Contents
- Program Narrative
- Appendices/Attachments

Instructions for Completing the Proposal:

Cover Page

The Cover Page should be completed, signed, and placed on top of the proposal. See **Attachment B** and ensure all sections are filled out accurately and completely.

Table of Contents

Provide a table of contents outlining the major sections of the proposal and related pages for each major section of your application and for each attachment.

Abstract

The total abstract should be single spaced and no longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), how the proposed assessment and evidenced based practice will enhance services, and the project goals and measurable objectives. It should also include the projected number of youth to be served annually and throughout the life of the project.

Narrative – 30 pages maximum

The program narrative must demonstrate an understanding of the grant requirements listed as above as they relate to the provision of addiction treatment for adolescents with substance use disorders and co-occurring mental health and substance use disorders. When submitting proposals under this RFP, your narrative should be brief (no more than **30** pages, excluding attachments) and address all of the components listed below, in the following order:

A. Population of Focus and Statement of Need (10 points):

The target population for this project is adolescents aged 12 – 20 in need of substance abuse treatment in New York State. Preference will be given to providers who: (1) demonstrate an unmet need in their community, (2) have experience working with racial and ethnic minorities, LGBTQ youth and/or youth who are at risk for out of home placement or residential substance abuse treatment, (3) demonstrate their ability to provide Medication Assisted Treatment (MAT) and psychological services for youth as needed, (4) demonstrate a strong working relationship with other community based providers of youth services, and (5) demonstrate experience and/or readiness to implement an comprehensive family based intervention such as MDFT and have an

understanding of how to implement the GAIN-Q3 into their admissions process. In this section, please include the following:

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, religion, federally recognized tribe, language, literacy, gender, age, disability, socioeconomic characteristics and sexual identity (sexual orientation, gender identity, etc.).
- Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of this RFA.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g. from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g. from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Please see **Attachment C** for further information about where you can gather the data necessary for the needs assessment. OASAS will not take data requests for completion of Section A: Population of Focus and Statement of Need.

B. Cultural Competence (10 points):

As stated above, cultural competence is of significant interest regarding this project. To demonstrate the ability of your organization to deliver culturally competent services, please provide the following:

- A documented history of positive programmatic involvement with the population/community to be served and how the services delivered met the needs of specific cultures.
- Demonstrated training in cultural competence as it relates to race/ethnicity, gender, age, and sexual orientation for all project staff.
- Identification of any and all potential grant-related staff and clinicians that are bilingual or multilingual, the fluency of the language spoken, and the degree to which they use any other language, other than English, on an everyday basis.
- Description of how you will address specific issues in your population(s) of focus, including but not limited to race, ethnicity, religion, gender, age, geography, socioeconomic status, sexual identity, language and literacy, and disability.
- Description of how you will address disparities in healthcare and services utilization, including substance abuse services, that may be attributed to the above mentioned ethnic, racial, and cultural backgrounds, as well as what strategies and policies your agency will develop and use to reduce these disparities during and after this project.

- A healthcare disparities statement. Please see **Attachment G** for a sample.

C. Proposed Implementation Approach and Evidenced Based Service/Practice and Sustainability (30 points):

All applicants should:

- Clearly identify all agency leadership and subordinate staff who will be assigned to this project.
- Describe any experience the applicant has had with continuous practice improvement and your understanding of the use of data to improve treatment strategies and outcomes.
- Describe the applicant's ability to begin providing services by **September 1, 2016**.
- Describe how your agency's infrastructure, (e.g. physical setting, organizational/managerial staffing, staff development, etc.) is equipped for the implementation of the proposed treatment services, and explain how the OASAS use of an evidence based program fits into your agency's mission.
- Identify how the GAIN and MDFT will be implemented within current organizational structure and how it your organization will utilize the implementation to address the purpose, goal, and objectives of the proposed project. Additional information regarding MDFT can be found in **Attachment F**.
- Provide a narrative indicating an understanding of MDFT and the GAIN family of instruments and how you will use them to provide services to adolescents with substance abuse disorders and co-occurring mental health disorders.
- Describe the potential barriers to successful conduct of the proposed project and include a discussion on how such barriers will be addressed.

D. Staff and Organizational Capacity (20 points):

All applicants should:

- Provide a complete list of staff positions for the project including agency leadership, clinical staff, clerical and administrative staff, and evaluation staff.
- Ensure that all allowable staff include, **at minimum**, one supervisor and two therapists. Attach an organizational chart. Please note that grant funds should not be used to supplant/support existing staff salaries or be used to hire new staff.
- Describe a staffing plan for your proposed treatment services and for each key staff position, attach a job description of the qualifications and experience required to perform essential duties related to MDFT. Please note that this RFP requires selected sites to have a minimum of two years' experience working with adolescents and their families.
- Describe the organizational capacity to collaborate and partner with other community stakeholders for the purpose of community outreach, referrals, and service integration. Identify those partners and include letters of support from each.

For the purpose of this project, OASAS will consider adjusting the counselor to client ratio to 1:8, and applicants will not be allowed to exceed a 1:10 ratio.

E. Demonstrated Relevant Experience (15 points):

All applicants should:

- Describe their prior experience providing services to the age groups and populations targeted by this RFP, including the number of years delivering such treatment.
- Describe their experience delivering recognized evidence-based programs and strategies (EBPs), including number of years delivering such services. Please identify the EBPs you have delivered, and your ability to deliver others as needed.
- Clearly describe your experience with implementing an evidence based practice, highlighting the experience of staff who will be participating in this project. Be sure to include the agency experience with any OASAS, OMH, or federally funded projects.

F. Data and Reporting Requirements (5 points):

Data will be collected using the Global Appraisal of Individual Needs – Q3 (GAIN-Q3), a 30-35 minute evidence-based bio-psychosocial assessment, the federal Government Performance and Results Act (GRPA) interview tool, and a project disposition form. Providers selected to participate will be expected to achieve a GPRA and GAIN six-month follow-up rate of 80 percent. Please describe the ability of your staff and your organization to collect this data, as well as a brief data collection plan. This plan should include, but not be limited to:

- Previous staff and organization experience collecting data for local, state, or federally funded projects or for other reporting purposes.
- Methods that will be used for data collection and follow-up.
- Resources available at your site for successful data collection and storage.
- Implementation of this data collection tool into existing services.
- Monitoring of data collection to ensure data accuracy, the anonymity of the adolescent participants, and the confidentiality of the information collected.
- Strategies to reduce risks that adolescents may be exposed to during the data collection process

How staff in the applicant’s organization will work with OASAS to ensure successful project evaluation in terms of: maintaining a site database, transmitting project data to OASAS, and working with the Project Evaluator to debug any errors that may occur in the data collected and the data collection system. Additionally, applicants should also indicate who will be responsible for working with OASAS on data collection and document any, and all, experience collecting, monitoring, and managing data.

Letter of Intent to Bid

Applicants are required to notify OASAS by April 18, 2016 of the Applicants interest in bidding prior to proposal submission. A letter of intent to bid form is included within this RFP as Attachment D. **This form is mandatory.** OASAS will only guarantee notification of any changes in the RFP schedule, requirements, and addenda to this RFP and responses to Bidders’ questions to Bidders who notify OASAS of their interest in bidding by this date. This form should be sent by email or US mail to:

Samantha Kawola, Project Coordinator – NY-FYF
Bureau of Adolescent and Treatment Services
New York State Office of Alcoholism and Substance Abuse Services

1450 Western Avenue
Albany, NY 12203
samantha.kawola@oasas.ny.gov

Bidder Inquiries

Any questions or requests for clarification about this RFP must be submitted in writing via e-mail or US mail by **April 25, 2016** and must be directed to:

Samantha Kawola, Project Coordinator – NY-FYF
Bureau of Adolescent and Treatment Services
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203
samantha.kawola@oasas.ny.gov

All inquiries must be typed and include your name, organization, mailing address, phone number, and email address. Please reference the **New York State Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation, NY-FYF Sub-Recipient Grant** in your message. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by US mail or email. OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFP and any contract. With the exception of inquiries concerning procedural bid formatting or submission instructions, OASAS will not respond to inquiries on an individual basis. Written responses to all inquiries submitted by the deadline date will be emailed to any prospective bidder that submitted a letter of intent on or about April 27, 2016.

X. Submission Process

Application Deadline: Proposals must be received by 5:00 p.m., **May 9, 2016**. Proposals not received by 5:00 p.m. may be opened by the sole discretion of the Office of Alcoholism and Substance Abuse Services.

ONE ORIGINAL AND FOUR COPIES in a sealed envelope of complete proposals must be mailed, sent via delivery service, or hand delivered by the organization or the organization's representative to the address below:

Samantha Kawola, Project Coordinator – NY-FYF
Bureau of Adolescent and Treatment Services
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203
samantha.kawola@oasas.ny.gov

Reserved Rights

OASAS, through its fiscal agent, RFMH, reserves the right to:

- Reject any or all proposals received in response to this RFP;
- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interests of the State;
- Make multiple awards within a geographic area;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information as it becomes available;
- Prior to the bid opening, amend the RFP to correct errors or oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder with the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Accept submissions or letters of intent after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
- Utilize any and all ideas submitted in the proposals received; and
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.

Attachments In This RFP

- a. Grant Abstract
- b. Cover Page
- c. Needs Assessment Data Resources
- d. Letter of Intent to Bid
- e. SAMHSA Funding Restrictions
- f. Multi-dimensional Family Therapy (MDFT)
- g. Healthcare Disparities Statement Sample
- h. Provider Reimbursement Table

Attachment A

New York Focus on Youth and Families (NY-FYF)

New York Focus on Youth and Families (NY-FYF) will enhance New York State's Office of Alcoholism and Substance Abuse Services' (OASAS) ability to provide a full continuum of accessible and effective treatment and recovery services for youth (12 – 20 years old) with substance use disorders and co-occurring disorders and their families by promoting the use of an empirically supported, comprehensive family-based treatment and assessment tool. Over the course of three years OASAS will partner with a minimum of eight provider sites across New York State to implement the Global Appraisal of Individual Needs-Q3 (GAIN-Q3) and Multidimensional Family Therapy (MDFT). It is expected that services through the NY-FYF grant will be provided to a minimum of 390 youth and families. Specific goals of NY-FYF include: (1) increase access to evidenced based substance abuse treatment services for youth and their families, (2) introduce the use of a comprehensive, family-centered treatment program for adolescents and young adults with substance use and co-occurring mental health disorders, (3) further inform the development of clinical practice guidelines for youth, (4) assist in the development of Recovery Coaches for youth, (5) assist in the development of Family Peer Supports, (6) promote the use of Recovery Support Services for youth and (7) improve access, service delivery and outcomes for youth vulnerable to health disparities. Additionally, NY-FYF will develop the infrastructure to support the services by establishing minimum counselor competencies for all clinical staff working with youth, develop the funding mechanisms necessary to deliver MDFT and work with MDFT International to develop an in-state training capacity. Working with our cross systems partners, OASAS Clinical Advisory Panel and the NY-FYF Provider Collaborative we will develop a process for quality improvement and to identify barriers to long-term sustainability.

Attachment B

Cover Page

Please fill out the form below by typing in the information requested. The form should be used as the cover page to your response to the Request for Proposal (RFP) NY-FYF Sub-Recipient Application.

New York Focus on Youth and Families (NY-FYF) Sub-Recipient Application	
Provider Name:	Provider Phone Number:
Executive Director:	Phone Number:
Executive Director Email:	
Administrative Address for Provider:	
Program Name:	PRU Number:
Program Contact:	Phone Number:
Program Contact Email:	
County:	Area of County to be Served:
Fiscal Contact:	Phone Number:
Fiscal Contact Email:	
Mailing Address for Fiscal Contact:	
Print the name of the authorizing agent:	
Signature of the authorizing agent:	
Date of Signature:	

Attachment C

Needs Assessment Data Resources

Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data, archival data and/or national data. Qualitative data can come from key informant interviews, focus groups, etc.

Archival Data: Archival Data has been collected by government agencies or service providers for administrative or planning purposes. Similar population survey data and archival data can be rated against the population that it represents to give an estimate of the prevalence of various risk factors and problem behavior. National Archival Data include, but are not limited to:

- [Statistical Abstract of the United States](#), U.S. Census Bureau
- [Source book of Criminal Justice Statistics](#)
- [Centers for Disease Control and Prevention](#)
- [National Institute on Drug Abuse](#)
- [Substance Abuse and Mental Health Services Administration SAMHSA](#)

SAMHSA Data: SAMHSA collects and house data via 5 sources that are used for quality improvement in behavioral health care to inform policy, measure program impact, and lead to the improved quality of services and outcomes of individuals, families, and communities. This data can be used to assess the impact of changes to US health care systems and identify and address behavioral health disparities. SAMHSA data include, but are not limited to,

- [Client Level Data/Treatment Episode Data Set](#)
- [The National Survey on Drug Use and Health \(NSDUH\)/ Population Data](#)

OASAS will not take data requests for completion of the statement or need, or any other section of this RFP.

Attachment D

**Letter of Intent to Bid
(To be completed by the Bidder)**

Date: _____

RFP Reference:

FY 2015 Cooperative Agreements for State Adolescent and Transitional Aged
Youth Treatment Enhancement and Dissemination Implementation
NY-FYF

Dear Mrs. Morris-Groves:

This is to notify you of our non-binding intent to submit a bid response on the above noted RFP.

The individual to whom all information regarding this RFP should be transmitted is:

Sincerely,

Name

Title

Organization, Street Address, City, State, and Zip Code

Phone #

Fax #

E-mail Address: _____ ******

****be advised this is the email address to which OASAS will communicate all updates, clarifications, changes to scheduled dates and responses to questions and answers. THIS ADDRESS MUST BE INCLUDED OR YOU WILL NOT RECEIVE THIS INFORMATION****

Attachment E

Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- Outside individuals or companies that prepare or participate in the preparation of grant applications may not be contractors on those grants per 45 CFR 75.328, which addresses full and open competition.

Attachment F

Multidimensional Family Therapy (MDFT)

Multidimensional Family Therapy (MDFT) is an integrated, comprehensive, family-centered treatment for teen substance abuse and related behavioral problems. MDFT focuses on key areas of the adolescent's life and provides an effective and cost-efficient treatment. MDFT targets a range of adolescent problem behaviors – substance abuse, antisocial and aggressive behaviors, school and family problems, and emotional difficulties – and it can be implemented in substance abuse and mental health treatment, child welfare, and juvenile justice systems, including detention centers and juvenile drug courts. In addition to its strong research outcomes, MDFT has high satisfaction ratings from teens, parents, therapists, and community collaborators.

The principal treatment objective of MDFT is to eliminate drug abuse and delinquent behaviors by creating healthier lifestyle alternatives for teens and families. This EBP improves the adolescent's coping, problem-solving, and decision-making skills, and enhances family functioning, a critical ingredient in positive youth development. The effectiveness of the MDFT program comes from its focus on known determinants of teen drug abuse and related problems. Interventions are collaborative and treatment emphasizes compassion and respect from highly trained clinicians.

MDFT promotes change within the heart and mind of the *adolescent*, in how *parents* relate to and influence their children, in how the *family* solves problems and loves one another, and in the family's interactions with *school, juvenile justice, and their community*.

Attachment G

Sample Healthcare Disparities Statement

The total number of adolescents to be served by the New York Focus on Youth and Families (NY-FYF) project is an estimated 500 adolescents, aged 12-21. The unique adolescent populations to be served will be determined and targeted following the selection of sub-grantee recipients. Each provider has been asked to include a health disparities statement in the Request for Proposals which will be utilized to further reduce health disparities across New York State and address communities with the greatest unmet needs. Given the limitations of the data and sampling techniques employed, mixed methods of sampling projections were used to explore direct services by subgroup. In spite of limitations, a review of the literature has helped us identify populations that have the greatest health disparities, thus project aims and goals will be adjusted to ensure adolescent intake is reflective of those groups.

Understanding the adolescent population across the State of New York helps us understand the growing diversity of the state and allows us to compare the populations in our child-serving system to that of the state. Comparison across the data, along with research regarding disparities will allow us to recognize the over and underrepresented adolescent populations in our substance abuse treatment systems and make modifications throughout the grant period as necessary. Data from the 2014 American Community Survey 1 Year estimates reveal that New York State is comprised of approximately 19.6 million people, with adolescents under the age of 18, comprising approximately a quarter of that population (21.25%, n=4,195,281). Approximately 1.4 million (33.5%) adolescents are aged 12 to 17 and almost one-fourth of the adolescents lived in households below the poverty level (n≈ 943,938, 22.5%). In terms of race and ethnicity, the ACS estimates that adolescent population, aged 18 and under, are predominantly White (58.2%), followed by 17.1% who are of Black or African American descent, 7.4% who are of Asian descent, .5% who are of American Indian and Alaska native descent, and 16.9% who are of Native Hawaiian/ Other Pacific Islander descent or 'some other race'.

2014 data from The New York State Office of Alcoholism and Substance Abuse Services Data Warehouse reveal that we served 20,469 youths with chemical dependencies in the outpatient setting alone, with 24.5% (5,020) completing treatment. Of these youth, about 71% (14,509) were male and 29% were female. Adolescent populations in the child-serving system are semi-reflective of those in the population in regards to race and ethnicity; 51.6% were White, 22.3% were Black, and 20.5% were of Hispanic origin and 5.6% were of other non-specified races of the non-Hispanic origin. Further inspection of the data calls for better inclusion of other racial and ethnic variation in reporting; such will be including in the final analysis of this grant project. Disparities in substance abuse treatment conclude that people of color face higher disparities in substance abuse treatment due to access to quality care, cultural and linguistic barriers, and perceptions of care. Such aspects will be addressed via assessing the cultural competencies of sub-grantee awardees, collecting data on treatment satisfaction, evaluating the diversity of the workforce, and many more.

While data reveal that almost 80% of adolescents sexual orientation was missing, of the data available 80.1% (3,315) identified as straight, 4.4% (183) identified as either gay, lesbian, or bisexual and .1% (8) identified as transgender. These data reported were broken up by sexual

orientation and sexual identity with the remaining adolescents “not knowing”, or “unsure” or “didn’t answer”, respectively. For the purposes of this report, the variables have been collapsed.

	Percent of adolescent services in NYS OASAS Chemical Dependency Outpatient Treatment Centers (aged 12-21) in 2014	2014 ACS 1 YR Population Data Estimates (under aged 18) in percent
Race/Ethnicity	(n=20469)	(n=4,195,281)
White	51.6	58.8
Black	22.3	17.3
Asian	-n/a ¹	7.4
Native American and Pacific Islander	-n/a ¹	.5
Hispanic	20.5	23.8 ²
Other Races	5.6	16.9
Gender		
Female	70.9	n/a ³
Male	29.1	n/a ³
Sexual Orientation and Identity Status		
Straight	80.1	-n/a ³
Gay, Lesbian, or Bisexual	4.4	-n/a ³
Transgender	.1	-n/a ³
1 indicates NYS OASAS did not break down race/ethnicities beyond White, Black, and Hispanic. 2 includes adolescents of Hispanic or Latino origin of any race 3 indicates ACS did not have available data for the subpopulation specified <i>2014, American Community Survey 1-Year Estimates</i>		

Research on LBGT, suggests adolescents who are both LBGT and members of a racial or ethnic minority face the highest level of health disparity. Thus, the NY-FYF seeks applicants with strong evidence of meeting the needs of this unmet population and will implement instruments that will capture such data in an effort to reduce disparities amongst this subpopulation. Overall, NY-FYF, will seek to increase intake of specific subpopulations that are reflective of both, the NYS population and those have the greatest risk for behavioral health issues. In analyzing data from the NYS OASAS data warehouse, we have constructed an ideal ‘Service Program Example’ based on the projected 500 adolescents to be served. *Numbers will be adjusted accordingly once sub-recipient awards are granted.* These projections utilize available data, in

conjunction with health disparities reduction goals for each subgroup and are reflected in the chart below:

	FY1	FY2	FY3	TOTALS
Direct Services: Numbers to be Served	80	180	240	500
<i>By Race/ Ethnicity</i>				
White	32	63	36	131
Black/African American	24	63	36	123
Hispanic or Latino	12	36	60	108
Asian	4	5	12	21
Native American/American Indian	4	9	48	61
Other	4	4	48	56
N				500
<i>By Gender</i>				
Female	50	72	84	206
Male	32	72	84	188
Transgender	8	36	72	116
N				500
<i>By Sexual Orientation or Identity Status</i>				
Lesbian	26	60	80	166
Gay	26	60	80	166
Bisexual	28	60	80	168
N				500

Utilizing the Government Performance and Results Act, data analysts will analyze, assess, and monitor key indicators to ensure high-quality and effective program operations. Program outcomes by race, ethnicity, and LGBT status will also be evaluated as part of the quality improvement process. Using such data, programmatic adjustments will be made to address issues in support of reducing health disparities across program domains. Additionally, data collection and reporting will be used to monitor and measure project progression, accomplishments and activities. Monthly data evaluation will be conducted and shared with providers during the course of the grant period to provide opportunities to identify challenges and successes encountered; discussion of such findings and suggestions will take place as often as needed and staff will be allowed to adjust and/or modify project services and activities to maximize project success.

Attachment H

Provider Reimbursement Table

Provider Start	Youth Served Year 1	Youth Served Year 2	Youth Served Year 3	Total Youth Served
Year 1	20	30	30	80
Year 1	20	30	30	80
Year 1	20	30	30	80
Year 1	20	30	30	80
Year 2	0	30	30	60
Year 2	0	30	30	60
Year 3	0	0	30	30
Year 3	0	0	30	30
				500

Fixed amount for reimbursement \$750 for each client admission and \$750 for each client discharge.