REQUEST FOR PROPOSALS

Maternal Wraparound Program M-WRAP

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
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH.

http://www.oasas.ny.gov
http://www.rfmh.org
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Purpose and Intent

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). One population of focus for this grant opportunity is pregnant and postpartum women with opioid disorders. This Request for Proposals (RFP) is issued by the New York State Office of Alcoholism and Substance Abuse Services and the Research Foundation for Mental Hygiene to develop intensive case management and recovery support services for pregnant and postpartum women with opioid use disorders. Women with opioid use disorders will receive services through the Maternal Wraparound Program (M-WRAP) during pregnancy and up to six months after giving birth. This program combines intensive case management, wraparound services and recovery supports for pregnant and postpartum women with opioid use disorders. Intensive case management will focus on developing a single, coordinated care plan for pregnant/postpartum women, their infants, and families. Intensive Case Managers will work as liaisons to all relevant entities involved with each woman. Peer Recovery Support Specialists will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants.

The overall goal with this RFP is to alleviate barriers to services for pregnant women with opioid use disorders through comprehensive care coordination. This care coordination will be implemented within the five major timeframes when intervention can reduce potential harm of prenatal substance exposure: pre-pregnancy, prenatal, birth, neonatal and early childhood. Traditionally, work related to substance exposed infants (SEIs) has focused on pregnancy and the birth event. This program provides services during pregnancy and up to six months after the birth event. A successful bidder will include a sustainability plan that outlines how to maintain services after the period of grant funding ends. Additionally, care coordination that addresses screening, early intervention, assessment, treatment and recovery supports will help to improve outcomes for women, their infants, and families. The M-WRAP model is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure.

OASAS will provide up to $1,400,000 in total funding, with additional funding based on budget appropriations. OASAS anticipates making one award per identified region, for a total of four (4) awards, up to $350,000 each. The successful bidder must serve all of the target counties identified in the region. The target regions are outlined in the Who Can Apply? section below.

Background and Population to be Served

OASAS is currently engaged in two projects focused on women’s services – an In-Depth Technical Assistance project and a 3-year long SAMHSA Pregnant and Parenting Women Outpatient Treatment Pilot Grant. Both of these projects support OASAS’ overall women’s services, and the project proposed in this RFP fills the gaps between these existing projects.
In September 2016, New York was approved to begin a Substance Exposed Infant In-Depth Technical Assistance, (IDTA SEI) through the National Center on Substance Abuse and Child Welfare (NCSACW). The IDTA SEI team is cross-systems and includes state level partnership with the New York State Department of Health and The Office of Children and Family Services. There are also county level partners, including the Onondaga County Health Department, the Onondaga County Department of Child and Family Services, and Washington County Public Health. We also partner with the Regional Perinatal Center in Syracuse, Crouse Hospital, Glens Falls Hospital and several treatment and prevention providers. Through these partnerships, the IDTA SEI project targets pregnant and parenting women with substance use disorders and their substance exposed infants and implementing policy and practice changes to comply with the 2016 CAPTA legislation changes regarding implementing Plans of Safe Care across the state for all infants born prenatally exposed to substances, and their caregivers.

In September 2017, OASAS was awarded a 3-year State Pilot Grant for Treatment for Pregnant and Postpartum Women (PPW-PLT) from SAMHSA. Recognizing the vulnerability and unique needs of the target population of pregnant and postpartum women and their substance exposed newborns, New York’s PPW-PLT grant provides family-centered, gender-response, and trauma-informed care. This project enhances and expands the provider capacity to treat women. OASAS uses grant funds to provide additional funding to 3 outpatient providers – these providers use these funds to increase outreach to engage more women, and pregnant women, into treatment. Once the women are engaged, they receive gender-specific, family-centered treatment targeted at their specific needs, as well as evidence-based parenting programs. Additionally, as part of the PPW-PLT work, OASAS convened an advisory group of experts to develop a set of treatment standards and an operating certificate endorsement for providers who meet those standards.

One of the main goals of the PPW-PLT project is to engage more women, and particularly pregnant women, into treatment. Women are a particularly vulnerable population and face many personal and systemic barriers to entering treatment for substance use disorders. As such, women benefit from gender-specific treatment and services that understand and address those specific needs. In 2017, approximately 55,000 women were admitted into OASAS-certified Chemical Dependence Treatment Programs, and approximately 2,000 of those women were pregnant. The majority of those pregnant women were using heroin as their primary substance. In New York, a targeted M-WRAP program would meet the needs of pregnant women with substance use disorders throughout their pregnancy, as well the needs of the new mother-infant dyad after the birth.

Each year, an estimated 400,000-440,000 infants nationally, (12.6% of all births) are affected by prenatal alcohol or illicit drug exposure. Prenatal exposure to alcohol, tobacco, and drugs has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible.

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\(^1\) Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, *National Survey on Drug Use and Health, 2011-2014.*
The Association of State and Territorial Health Officials (ASTHO), report on “Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care” indicates that during pregnancy, universal screening efforts and enhanced substance use disorder services, including accessible medication assisted therapy (MAT) for all women who need it, are important goals. At birth, the systematic approach to screening infants, monitoring for withdrawal signs using a scoring tool, and managing care for the mother and infant offer numerous opportunities for improving outcomes. Enhanced services for the family such as family centered services should also be considered for the infant’s optimal care and development over the long-term.

According to the NCSACW, the types of agencies and professionals involved in providing treatment and other services to pregnant women with opioid use disorder and their infants can vary widely from one community to another. A considerable range and mix of approaches, settings, programs, and professionals might be involved, and health and social service systems typically operate and intersect in ways that are unique to each community. This mixture of participating systems and relationships impacts service coordination. For example, within the medical care system multiple specialty providers such as obstetricians/gynecologists, neonatologists, primary care physicians and pediatricians may provide treatment to a woman and her infant during the prenatal and postpartum period. Substance use treatment is delivered in a variety of settings such as residential facilities, outpatient clinics or private physicians who provide MAT, etc., using a combination of therapeutic approaches. An effective model of intensive care management, such as the M-WRAP, would incorporate the 4Ps Plus tool that screens for tobacco, and other drug use, and domestic violence. It will also promote early identification and linkage of pregnant women and parents of young children to voluntary evidenced based home visiting services, and other appropriate community-based services and supports. The multiple systems involved in the woman’s care can be a challenge and barrier when coordinating services between providers, agencies, and other organizations.

SEI impacts multiple State systems including OASAS, The Office of Children and Family Services (OCFS) and the Department of Health (DOH). There should be strong collaboration and communication among the state systems to ensure linkages of pregnant and postpartum women occur within the five intervention timeframes. An approach that addresses all stages of development for the affected child is critical. The M-WRAP model seeks to accomplish a more comprehensive approach that takes multiple intervention opportunities into account.

Eligible Applicants:

Non-profit community-based care management providers in good standing, including faith-based entities. OASAS/RFMH is particularly interested in applicants that represent partnerships among service providers and other relevant entities such as Local Governments Units (LGUs), OASAS certified SUD treatment programs, prevention providers, local drug courts, and other relevant stakeholders. Applicants must demonstrate, through an attestation that letters of support will be provided, partnerships with at least one birthing hospital in their targeted region, as well as at least one OASAS certified SUD treatment program and a provider of medication assisted treatment, if not provided by the OASAS treatment program. Letters of support must be provided within 30 days of award, if a proposal is selected.
Applicants are advised that OASAS/RFMH may not fund an application where it identifies that the applicant is not in good standing at the time an award is made.


Targeted Regions:

Based on 2017 OASAS admissions data on pregnant women, and on the most recent available data on rates of neonatal abstinence syndrome from the New York State Department of Health, OASAS identified four regions of New York State to target for this grant opportunity. The regions, listed below by county, represent the areas in the state where a M-WRAP program would be beneficial, based on the number of pregnant women entering treatment in those counties, and the number of infants born prenatally exposed to substances in those counties.

We are targeting the following regions:

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<th>Region</th>
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<td>New York City</td>
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OASAS seeks proposals to establish a regional maternal wrap-around program in the identified regions noted in the Who Can Apply section above. Successful bidder will provide intensive case management, wraparound services and recovery supports to a minimum of thirty (30) unduplicated opioid dependent pregnant women at one time (during pregnancy and up to six months after birth event), their infants, and families through the M-WRAP. Intensive Case Managers will provide care coordination and warm hand-offs to appropriate service providers when necessary.

Peer Recovery Support Specialists, preferably qualified as OASAS Certified Recovery Peer Advocates (CRPAs), will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants. The M-WRAP program will alleviate barriers through comprehensive care coordination using a multisystem approach with the goal to improve outcomes for pregnant/postpartum opioid dependent women and their children.

Successful bidders will include a sustainability plan to ensure the continuation of the M-WRAP services after the grant funding is concluded.

Service delivery should begin as soon as possible and no later than three (3) months after grant award.

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**Consumer Eligibility**

Opioid dependent pregnant women will be eligible for services through M-WRAP during pregnancy and up to six months after birth event. Consumer referrals may come from entities such as prenatal clinics, OASAS treatment providers, Federally Qualified Health Centers (FQHC), OCFS and Child Welfare, and Local Departments of Social Services. Referring entities must use appropriate screening instruments such as 4P’s (Parents, Partner, Past and Pregnancy) prior to making the referral to M-WRAP. Contractee will screen the referred women using an evidence-based screening tool designed for substance use disorders. The tool selected will be subject to OASAS approval.

**Program Design**

The M-WRAP will be available to provide services for at least thirty (30) women, their infants, and families. The program should have flexible scheduling to allow the staff to be available outside of routine business hours as per a program schedule. Applicants should describe an approach to ensuring other recovery supports (i.e., help lines, self-help meetings) are accessible and available when program staff is not scheduled. It is always expected that the caseload will not exceed thirty women or fall below twenty-five women.

The total budget for the M-WRAP may include funding the supportive services team. Eligible expenses unique to the operation of M-WRAP include:
- Staff;
- Office space;
- Supplies; and
- Equipment, including, a lap-top computer, and cell phones for use by staff.

All proposals shall include an extensive collaboration with the systems that will provide services to the pregnant woman. Applicants must include an attestation that they will have letters of support from at least an OASAS certified treatment provider, a provider of medication assisted treatment if not provided by the OASAS treatment program, and at least one birthing hospital. Additional attestations for letters of support are encouraged for collaboration with FQHCs, maternal and child health consortia, Local Departments of Social Services, Child Welfare Agencies, as well as other formal services such as other systems and other related support services. Letters of support must ensure all providers (SUD treatment and MAT, medical community, social services, child welfare, etc.) will share information to support service coordination as well as informed and voluntary consent of mothers. Letters of support must be provided within 30 days of award, if a proposal is selected.

Bidders must demonstrate an understanding of abuse/neglect reporting requirements and their responsibilities in this area. Bidders should describe their agency policy/practice for ensuring that reporting occurs when needed, as well as how this is managed with respect to the provider/client relationship and the services being funded under this RFP. Additionally, successful bidders are expected to develop Plans of Safe Care, per the requirements and guidance to be released by the State Partners; Office of Children and Family Services, Department of Health and OASAS.
Successful bidder must assist in linking women to other appropriate services where there may be barriers to accessing treatment, such as transportation or child care.

Successful bidder will also have protocols and procedures regarding pregnant women and how they will collaborate with the hospital social worker, hospital staff, and/or substance use disorder treatment provider to ensure coordination and access of MAT services.
Required M-WRAP Activities

For the woman and family:

- Provide a comprehensive Case Management Assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health and behavioral health care, and family strengths/needs.
- Develop an Integrated Family Case Plan that is consumer and family-centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment.
- Develop a Prenatal Coordinated Care Plan that includes:
  - Linkages and follow-through with prenatal care coordination.
  - Locating and connecting with a local OB/GYN or prenatal clinic and ensuring the woman is fully participating in prenatal care.
  - Develop a Plan of Safe Care, in accordance with New York State requirements, that anticipates coordination and collaboration with the mother and her care team up to, and at the time of, birth and addresses the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services. The Plan shall be developed prior to the birth event whenever possible and in collaboration with treatment providers, health care providers, early childhood service providers, and other members of the multidisciplinary team as appropriate. Documentation of the Plan shall be included in the mother’s record and the plan shall be shared with hospital staff at the time of birth.
  - Link to appropriate care and resources in the community including resources that address specialized needs, such as agencies providing services related to HIV/AIDS, mental health disorders, chronic and acute health problems and problems stemming from involvement with the criminal justice system.
- Conduct home visits at least twice monthly, or more often as indicated by the case management assessment and Family Case Plan.
- Maintain regular contact with the woman, at least twice monthly or more often if indicated; This can be face-to-face or telephonic, and can be achieved by the twice monthly home visits noted above.
- Refer and increase connections to supportive services, i.e. local Perinatal Cooperatives, applying for home visiting services as needed.
- Prepare woman for birthing including potential for child welfare involvement, NAS if on MAT or using opioids, accessing pediatrician familiar with prenatal exposure, preparing for living and care arrangements for infant.
- Link families with appropriate services such as housing, primary care, childcare, mental health services, early intervention services, appropriate evidence-based home visitation services.
- Develop a Recovery Plan which should include culturally competent and relevant services and identify the individual goals with measurable objectives the woman wishes to achieve, assess the strengths she has that can be used to work towards those goals, identify barriers that can inhibit goal attainment, and monitor the progress made attaining those goals.
- Educate the woman on how to appropriately navigate treatment, social service and recovery support systems.
• Provide recovery support services based on the woman’s preference and her family’s assessed needs
• Ensure the woman engages in services for herself and infant
• Reinforce, guide, and assure the woman that recovery is possible, and is built on multiple strengths, coping abilities, and resources of each individual
• Assist the woman with gaining skills and resources needed to initiate and maintain recovery
• Assist in establishing and sustaining a social and physical environment supportive of recovery
• Enhance identification and participation in the recovery community
• Advocate for appropriate and effective community treatment and recovery
• Empower individuals to make self-determined and self-directed choices about their recovery pathway

Administrative

• Cultivate information sharing between all providers on woman’s progress and challenges such as prenatal/nutritional care; MAT dosage changes, SUD treatment progress, smoking cessation, housing, transportation and child care, etc. after securing informed consent from each woman.
• Maintain on-going contact with service providers that includes progress reports, status updates and any other critical information.
• Coordinate needed interventions and services provided by multiple agencies
• Communicate regularly with the OASAS Director of Women’s Services
• Demonstrate progress toward program goals
• Coordinate and monitor of program services
• Collaborate with systems partners to ensure coordination of care
• Deliver services in a culturally competent manner
• Improve the scope and capacity of the delivery system to ensure program sustainability
• Meet all stated data and evaluation requirements as established by OASAS

Staffing

The following positions are required:

Case Manager (1 FTE)
The Case Manager must possess a bachelor’s degree in health, psychology, counseling, social work, education or other behavioral health profession. The Case Manager must possess the knowledge, skills and experience necessary to competently perform case management activities. The Case Manager must have at least three (3) years’ experience working with high need families involved with substance use and mental health disorders. The Case Manager must have training/education in trauma informed services.
The Case Manager shall demonstrate evidence of working with populations with substance use and co-occurring mental health disorders or evidence of addiction coursework. The Case Manager shall possess knowledge in systems that provide services for women and their families such as maternal health, early childhood intervention, child welfare etc. The Case Manager will work with women and their families to support and strengthen their capacity to engage in health practices and to maintain stable homes through a family centered approach that includes her significant other and her children. The Case Manager is expected to maintain a caseload of 30 families.

Recovery Specialist (2 FTE)
The Recovery Specialist will provide recovery support and peer coaching to the program participants. Credentialing as an OASAS Certified Recovery Specialist is preferred. The individual must have a high school diploma or equivalency and have two years’ experience as a peer recovery advocate.

There must be at least two Recovery Specialists, totaling 2.0 FTE. The staffing pattern is flexible and may include part time staff based on program design and need – some programs may work best with different staffing patterns.

Program Supervisor (.50 FTE)
The Program Supervisor must possess an LPC, LCSW or other Master’s or higher-level clinical license and will be responsible for the supervision of the Case Managers and Recovery Specialists. S/he shall demonstrate evidence of working with substance use disorder population and/or evidence of addiction coursework.

Data Coordinator (.50 to 1.0 FTE)
The Data Coordinator is responsible for all data and evaluation requirements. This staff person must have a Bachelor’s degree with a minimum of three years of research, evaluation, or data management experience; or a Master’s degree with two years experience, or a PhD with one year of experience.

This must be at least .50 FTE position, and may be 1.0 FTE based on program design and need.

Data Collection/Evaluation

The successful bidder must comply with the required program evaluation by responding to data requests from OASAS, participating in the data collection system to be developed for this program, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities. The successful bidder will provide client-level data including number and type of units of service using data collection forms developed by OASAS.
The successful bidder will work with the OASAS program evaluation staff to identify specific program outcomes demonstrating the effectiveness of this service model. Examples of measures and outcomes to be measured include: alcohol use, drug use, homelessness, employment, education, engagement with prenatal care services, use of MAT, birth outcomes, child and family well-being, etc. The provider is expected to report on these outcomes monthly.

The data and program evaluation requirements are based on OASAS needs and program priorities and are subject to change.

Cancellation of Awards

The Research Foundation for Mental Hygiene and The New York State Office of Alcoholism and Substance Abuse Services reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

Reserved Rights

NYS 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 NYS;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of applications;
- Use application information obtained through site visits, management interviews and the State’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant 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 the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder 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 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 applications 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 application and/or to determine a bidder’s compliance with the requirements of the solicitation.

Compliance Requirements

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.

Timetable for Key Events:

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<tr>
<td>Release Date</td>
<td>March 18, 2019</td>
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<tr>
<td>Bidders’ Questions Due:</td>
<td>April 1, 2019</td>
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<tr>
<td>Responses to Bidders’ Questions</td>
<td>April 8, 2019</td>
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<tr>
<td>Applications Due:</td>
<td>May 1, 2019</td>
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<tr>
<td>Anticipated Award:</td>
<td>May 24, 2019</td>
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Bidders’ Inquiries

Bidders’ questions are to be sent via email to: SOR@oasas.ny.gov. All inquiries must include your name, organization, phone number, and email address. Reference the “State Opioid Response – MWRAP” in your message and subject line.

To the degree possible, each inquiry should cite the RFP section to which it refers; 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. Inquiries will not be responded to on an individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about April 8, 2019.

Instructions for the Format of Proposal

Only one application from an applicant organization will be accepted. The proposal should be typed and double-spaced on both sides of 8 ½ x 11 paper utilizing Times New Roman, 12 pt. font. Pages should be numbered. Each side of a page will count as one page, and the proposal narrative (section II, A -D) is not to exceed 12 pages. The budget and budget narrative along with any attachments do not count toward the page limit. Proposals submitted via email must be in a PDF or scanned format. Editable documents will not be accepted.

Instructions for Submissions
Proposals must be received by 5:00 p.m. EST on May 1, 2019. Proposals not received by 5:00 p.m. EST may be opened at the sole discretion of RFMH and OASAS.

Proposals should be submitted via email to: SOR@oasas.ny.gov. Submitted documents must be in PDF or scanned format. Editable documents submitted using word or other writing software will not be accepted.

In addition to submission via email, ONE ORIGINAL of the complete application in a sealed envelope(s) must be mailed, via delivery service or hand delivered by the organization or the organization’s representative to the address below by the above deadline.

The application should be addressed to:

Ayodele Obashoro  
Division of Outcome Management and System Information  
New York State Office of Alcoholism and Substance Abuse Services  
4th Floor 1450 Western Avenue  
Albany, NY 12203  
ATTN – State Opioid Response: MWRAP

Required Proposal Content

All bidders must submit a written narrative proposal, not to exceed 12 pages, that addresses the following topics, and adheres to all instructions and includes required supporting documentation noted below. Proposals will be scored based on how well they meet the criteria in the section below.

Bidder’s Organization, History and Experience (10 points)
Provide a brief and concise summary of the bidder’s background and experience in implementing this or related types of services and explain how the bidder is qualified to fulfill the obligations of the RFP. The written narrative should:

Describe the agency’s history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population, the number of years’ experience working with the target population, and history working collaboratively with other systems such as the medical community, child welfare, community social service providers and SUD treatment providers.

Describe the bidder’s background and experience in implementing this or related types of services.

Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.

Summarize the bidder’s administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.

Demonstrate the organization’s commitment to cultural competency and diversity

Describe the bidder’s sustainability plan for the project at the end of the contract.
Project Description (40 points)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing the following: The bidder’s approach to satisfy the overall project goal: providing intensive case management, and recovery support services for pregnant and postpartum women (up to 6 months after giving birth) with opioid use disorders. Intensive case management will focus on developing a single, coordinated care plan for pregnant and postpartum women, their infants, and families.

- The bidder’s approach to meeting all the required activities as stated in the RFP on page 11.
- The evidence-based practice(s) that will be used in the design and implementation of the program.
- Description of bidder’s extensive collaboration with the systems that will provide services to the pregnant woman.
- Provide an attestation that bidder will have letters of support with OASAS certified treatment programs, a provider of Medication Assisted Treatment if not provided by the OASAS program, and at least one birthing hospital. Letters of support must ensure all providers share information to support service coordination as well as informed and voluntary consent of mothers. Letters of support with birthing hospitals must include protocols and procedures regarding pregnant women and how they will collaborate with the hospital social worker and/or hospital staff to ensure coordination and access of MAT services. Additional attestations for letters of support with other relevant stakeholders are encouraged but not required. Letters of support must be provided within 30 days of award, if a proposal is selected.
- Describe the process for developing a Comprehensive Case Management Assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health care, and family strengths/needs. The applicant must be prepared to show a draft Comprehensive Case Management Assessment within 45 days of award, if funded.
- Describe the process for developing Integrated Family Case Plan that is consumer and family-centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment. The applicant must be prepared to show a draft Integrated Family Case Plan within 45 days of award, if funded.
- Describe the process for developing a Prenatal Coordinated Care Plan that includes:
  - Linkages and follow-through with prenatal care coordination;
  - Locating and connecting with a local OB/GYN or prenatal clinic and ensuring the woman is fully participating in prenatal care; and
  - Linking women with substance use disorder treatment with gender specific services that is family focused, and accessible including access to Medication Assisted Treatment.
- The applicant must be prepared to show a draft Prenatal Coordinated Care Plan within 45 days of award, if funded.
- Description of protocols and procedures to ensure that in situations of possible child abuse or neglect, the applicant will immediately report the matter to the State Central Register.
- Description of protocols and procedures to linking women to other appropriate services where there may be barriers to accessing treatment, such as transportation.
• The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure. Services are expected to begin within three (3) months of grant award.

Outcome(s) and Evaluation (15 points)
Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method to measure successes and/or setbacks associated with this project:

• The bidder's approach to measurement of consumer satisfaction.
• The bidder's approach to measurement of identified data points, including the following:
  • Client level data – number and type of units of service
  • Substance use – including alcohol
  • Homelessness
  • Employment
  • Education
  • Engagement with prenatal services
  • Use of MAT
  • Birth outcomes
  • Child and family wellbeing
  • Rates of Neonatal Abstinence Syndrome
  • Length of stay in NICU
  • Maternal engagement in treatment after birth
  • Engagement with pediatrician for well-baby appointments, etc
  • The bidder’s approach to creating a plan to measure any other data points that OASAS requests
• If applicable, include details about any outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
• Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

Staffing (15 points)
Bidders must meet the designated staffing needs as identified in the Staffing section. Describe the composition and skill set of the proposed program team, including staff qualifications.

• Provide details of the Full Time Equivalent (FTE) and Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
• Provide copies of job descriptions for all proposed staff.
• Identify the number of work hours per week that constitute each FTE and PTE in the bidder's proposal.
• The program should have flexible scheduling to allow the staff to be available outside of routine business hours as per a program schedule. Describe an approach to ensuring other recovery supports (i.e., help lines, self-help meetings) are accessible and available when program staff is not scheduled.

• Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.

• The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.

• The approach for supervision of program staff. Budget (20 points)

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget narrative must clearly articulate budget items.

Complete and include Initiative Funding Request (IFR) Form, which can be found in Appendix A, in your submission.

Note: SAMHSA Requirements on Indirect Cost Rate: Any Non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the MTDC which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

Required Proposal Attachments

The following items must be included as appendices with the bidder's proposal, limiting the following appendices to a total of 50 pages:
• Bidder mission statement

• Job descriptions of key personnel

• Original and/or copies of letters of commitment/support

• Initiative Funding Request

Appendices
RFMH/OASAS 2018 SOR Grant Annual Operating Budget and Justification
Section I: Provider Information:

1. Printed Legal Name of Applicant Entity:

2. Applicant’s OASAS Provider Number:

3. Applicant’s OASAS Provider PRU Number(s):
   4. Applicant’s Street Address/P.O. Box:

5. Applicant’s City/Town/Village:
   6. Postal Zip Code:
   7. Date Prepared:

8. Printed Name of Applicant Contact Person:
   9. Printed Title of Contact: SOR Grant – Year 1

10. Contact Telephone #:

The budget justification is required for Year 1 which will end on September 29, 2019. The table at the bottom of this document will reflect the full requested budget. Use only whole dollars.

Section II: Expenses:

Personnel:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Pay Rate</th>
<th>Level of Effort</th>
<th>Cost</th>
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TOTAL

JUSTIFICATION: Describe the role and responsibilities of each position.

Fringe Benefits: List all components of fringe benefits rate

<table>
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<tr>
<th>Component</th>
<th>Rate</th>
<th>Wage</th>
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Total
JUSTIFICATION: Fringe reflects current rate for agency.

Supplies: Materials costing less than $5,000 per unit and often having one-time use

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<th>Item(s)</th>
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TOTAL

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

<table>
<thead>
<tr>
<th>Purpose of Travel</th>
<th>Location</th>
<th>Item</th>
<th>Rate</th>
<th>Cost</th>
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TOTAL

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Equipment: Items in excess of $5,000

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<th>Type</th>
<th>Purpose</th>
<th>Rate</th>
<th>Cost</th>
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Justification:
**Contractual:** A contract can be with an individual retained to provide professional advice or services, or for a service such as a media air time for a PSA, billboards etc. The grantee must have policies and procedures governing their use of contracts that are consistently applied among all organization's agreements.

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<th>Name</th>
<th>Service</th>
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**TOTAL**

**JUSTIFICATION:** Explain the need for each agreement and how they relate to the overall project.

**Other:**

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<tr>
<th>Name</th>
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**TOTAL**

**Justification:**

Admin/Indirect cost rate: Indirect costs are necessary for the operation of an organization and are shared across all programs within the organization. Some examples are building occupancy (i.e. rent), equipment usage, administrative staff, audit and legal services, utilities, telecommunications (including phone and internet service), security and fire protection, and liability insurance. Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

SAMHSA Requirements on Indirect Cost Rate: Any Non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the Modified Total Direct Costs (MTDC) which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

<table>
<thead>
<tr>
<th>(A) Total Direct Expenses</th>
<th>(B) Total of Excluded Items</th>
<th>(C) MDTC (A - B = C)</th>
<th>(D) Cost Rate</th>
<th>Total Indirect Cost (C x D)</th>
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JUSTIFICATION: (* if provider has a federally approved indirect cost rate other than 10% they must provide a copy)
Total Direct Expense Budget: $
Total Indirect Cost: $
Total Budget: $
Projected number of patients to be treated for opioid as a primary, secondary, or tertiary substance thru this grant, if applicable. ______________

Projected number of people receiving prevention services thru this grant, if applicable. ______________