INTRODUCTION

New York State Office of Mental Health communicated the availability of reinvestment funding associated with their commitment to enhance community-based services with the intent of reducing admissions and length of stay within inpatient psychiatric settings. Services funded with this reinvestment funding are targeted at the following Rochester Psychiatric Center-related outcomes: reducing admissions, facilitating discharges, and managing census. Funding for this Assertive Community Treatment (ACT) Team has been made available via New York State Office of Mental Health reinvestment initiative.

The Monroe County Office of Mental Health (MCOMH) is soliciting information from organizations interested in operating a 48 slot Assertive Community Treatment (ACT) Team. The primary focus of the ACT Team is to deliver comprehensive and effective services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by more traditional service delivery approaches. The ACT Team will be licensed by New York State Office of Mental Health. Therefore, the agency awarded this ACT Team will be required to successfully complete the NYS Office of Mental Health Prior Approval Review (PAR) process.

GOALS / DEFINITION OF THE SERVICE

Assertive Community Treatment is an evidence-based practice model designed to provide treatment, rehabilitation and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by more traditional mental health services. The ACT team provides services directly to an individual that are tailored to meet his or her specific needs in order to increase community tenure and maximize recovery. ACT teams are multi-disciplinary and typically include members from the fields of psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation. Based on their respective areas of expertise, the team members collaborate to deliver integrated services of the recipients’ choice, assist in making progress towards goals, and adjust services over time to meet recipients’ changing needs and goals. The staff-to-recipient ratio is small (one clinician for every ten recipients), and services are provided 24-hours a day, seven days a week, for as long as they are needed.

POPULATION OF FOCUS

The identified population of focus for Assertive Community Treatment (ACT) Team is:

I. Adults, 18 years and older, who have a severe and persistent mental illness listed in the diagnostic nomenclature (current diagnosis per DSM 5) that seriously impairs their functioning in the community. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizo-affective disorder), bipolar disorder and/or major or chronic depression, because these illnesses more often cause long-term psychiatric disability.

II. Priority is given to people being referred from the Rochester Psychiatric Center campus.

III. Priority is also given to individuals with continuous high service needs that are not being met in more traditional service settings. This includes persons under a court order for Assisted Outpatient Treatment. Individuals with a primary diagnosis of a personality disorder(s), substance abuse disorder or mental retardation are not appropriate for ACT.
COMPONENTS OF THE SERVICE

The purpose of Assertive Community Treatment (ACT) is to deliver comprehensive and effective services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by more traditional service delivery approaches.

The ACT team is comprised of a multidisciplinary team. Team members consist of a psychiatrist, nurse(s), and other professionals including vocational, family, wellness, and substance abuse treatment specialists. Many teams also include a peer specialist. Respondents are encouraged to include a peer specialist position in the staffing plan as part of their ACT team proposal. Because team members share responsibility for providing treatment and rehabilitation services, the entire team supports each client's personalized goal of recovery. With staff of diverse specialties and a low client to staff ratio ACT Teams are able to provide tailored, individualized services to individuals enrolled in ACT programming. Since clients typically receive services from each staff member on the team, care is continuous and coordinated.

ACT services are delivered primarily in community settings of the client's choice, including client homes, workplaces, parks, recreational sites, and other locations. Service delivery in the community makes getting treatment easier and more convenient for clients. It also allows team members to provide treatment in a more relaxed and informal atmosphere, and assists clients to build skills in the context of the communities where they live.

Supporting client choices for their recovery is a major value of ACT services. Treatment plans are developed collaboratively by the team and client based on the individual's strengths, needs, desires, goals and culture. Treatment plans are modified as needed through ongoing assessment and goal setting. ACT teams meet daily to discuss each client's progress, allowing the team to plan or quickly adjust the services to meet clients' needs.

ACT teams deliver mutually agreed upon services and support each client's need to live successfully in the community and reach his or her recovery goals. ACT team specialists help to ensure that ACT teams provide clients with care that is coordinated, comprehensive, and continuous.

ACT teams help clients with psychiatric symptom management, getting a job, securing and keeping housing, substance use reduction or abstinence, and family and friend relationships. They can assist with the development of a wide range of skills including food shopping, cooking, cleaning, budgeting/banking, and other everyday living skills. There is no time limit for receiving ACT services; the services are available to clients for as long as they need them. Nevertheless, with limited ACT slots in Monroe County the MCOMH expects an active and effective Utilization Review process to ensure that all enrolled clients meet continued stay criteria.

ACT teams have primary responsibility for crisis response and are the first contact for after-hours crisis calls for the client and/or family. Each team has a staff member who is 'on-call' to assist clients when there is an after-hours crisis or emergency.

Referrals to the ACT Team will be via the Monroe County Office of Mental Health Single Point of Access (SPOA) program.

Details regarding ACT teams in the context of Health Homes are available on the NYS OMH website (https://www.omh.ny.gov/omhweb/act/) as are the ACT Program Guidelines and Certification Manual. Please note that the ACT team needs to adhere to the NYS OMH Program Guidelines and maintain certification.
REQUEST FOR PROPOSALS
APPLICATION NARRATIVE AND BUDGET

Agencies interested in responding to this solicitation are to submit a proposal narrative to the Monroe County Office of Mental Health no later than **October 31, 2014**. The proposal is required to be submitted electronically to the following email address:

mentalhealth@monroecounty.gov

Questions related to any aspect of this ACT Team RFP must be submitted via e-mail to mentalhealth@monroecounty.gov no later than close of business on **October 10, 2014**.

When submitting a question to this email address, please include “ACT Team RFP Questions” in the email subject line. All questions and the responses to these questions will be posted on the MCOMH RFP Reinvestment RPF Opportunities webpage ([http://www2.monroecounty.gov/mh-rpc-reinvestment-rfps](http://www2.monroecounty.gov/mh-rpc-reinvestment-rfps)) by **October 17, 2014**. Only questions submitted through this e-mail process and received by the **October 10, 2014** deadline will be responded to.

APPLICATION NARRATIVE

The Application Proposal should be no more than 7 pages, including the cover page. Application Budget information should be included as a separate excel file.

Proposals should be written utilizing the following font- “Times New Roman font”, “size 12,” and margins should be no smaller than .5”. The proposal should include the following:

Proposal Cover Page. The cover page includes the following general information:

- Agency name and address
- Division/department under which the Assertive Community Treatment (ACT) Team will operate
- Name, phone number and e-mail for the Division/department contact person
- The name, title and signature of the individual authorizing the submission of the proposal.

The Application Narrative should address each of the following areas:

I. **Agency Experience Serving Population of Focus:**
   a. Describe your agency’s experience in providing services to Adults who have a severe and persistent mental illness that seriously impairs their functioning in the community. Please mention any evidence-based practices (EBPs) that staff have been trained in and are currently using in treating this population.

II. **Staffing:**
   a. Describe your agency’s staff qualifications for the designated supervisor and other personnel that would be part of the ACT team. Include education and experience requirements.
   b. Describe how you will recruit and retain a sufficient number of diverse staff to allow for matching staff with the population served.

III. **Cultural and Linguistic Competence:**
   a. Describe how you will ensure that services are culturally and linguistically competent, including how services will be structured to ensure such competence. Per ACT Program Guidelines 4.12.6 Cultural Competence, the awarded agency is responsible to develop a Cultural Competence Plan, based on the approved OMH outline.
IV. **Family and Consumer Voice:**
   a. Describe how your agency incorporates family and consumer voice into all aspects of the organization, including the following:
      i. Are family members and/or consumers represented on the Agency Board?
      ii. Does your agency and/or program have Family and/or Advisory Groups? To what extent do consumers participate in those?

V. **Fidelity to the ACT Guidelines** ([https://www.omh.ny.gov/omhweb/act/program_guidelines.html](https://www.omh.ny.gov/omhweb/act/program_guidelines.html))
   a. Describe your familiarity with the ACT Guidelines and how the program will ensure fidelity to the model.
      i. MCOMH expects an active and effective Utilization Review process to ensure that all enrolled clients meet continued stay criteria. Per ACT Program Guidelines 4.12.2 Utilization Review (UR), outline the anticipated UR review process.
   b. Please note any areas where you think the State should consider revising the guidelines.

VI. **ACT Team Implementation Timeframe**
   a. Describe your agency’s anticipated timeframe associated with the implementation of the 48 slot ACT Team. It is anticipated that notification of the ACT Team award will be made by November 14, 2014. Timeframe should delineate the months during which implementation activities are underway (including the NYS OMH PAR process) and the anticipated month that ACT Team will be operational.

Please remember to attach a cover page to the Application.

**APPLICATION BUDGET**

**Application Budget should be included with the application narrative as a separate excel file.**


Please utilize this document (2014 Upstate ACT 48 Slot Model) when preparing the budget component of your RFP response. Please do not include any Training components of the Model.

**Fiscal Information Required:**

Provide Expense / Revenue Detail similar to the line items of the DMH-2 Schedule of the Consolidated Fiscal Report (CFR), per below:

- Calendar Year Budget – Should tie to the ACT Model referenced above
- Calendar Year Actuals (projected) - Can exceed the ACT Model referenced above with regards to Gross Expense and Medicaid Revenue (please keep in mind that for each Medicaid dollar earned that exceeds the Budgeted Medicaid amount $0.30 will have to be returned to NYS OMH in the form of State Aid).

Please also provide us with the following for each of the above:

- Breakdown of Direct Care and Non-Direct Care FTE's by position type (including estimated salary and FTE amounts)
- Total units of service
SELECTION PROCESS

Proposals received in response to this Request for Proposals by the due date of October 31, 2014 will be reviewed by a team established by the MCOMH.

In addition to overall clarity and general comprehensiveness, proposals will be scored based upon the following criteria:

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<thead>
<tr>
<th>Criteria</th>
<th>Associated Scoring</th>
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<tbody>
<tr>
<td>I. Agency Experience Serving Population of Focus</td>
<td>10</td>
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<tr>
<td>II. Staffing</td>
<td>20</td>
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<td>III. Cultural and Linguistic Competence</td>
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<td>VI. ACT Team Implementation Timeframe</td>
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<td><strong>Total</strong></td>
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