State of Alaska
Department of Health and Social Services
Division of Behavioral Health

Request for Proposals
First Episode Psychosis
For FY2023 Through FY2024
Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx, to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

CONTACT PERSON: Sylvi Thorstenson, Grants Administrator
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PROPOSAL DUE DATE: May 16, 2022, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: May 6, 2022, 3:59 PM
PROJECT PERIOD BEGINS: July 1, 2022

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Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS or Department), Division of Behavioral Health, is requesting proposals from eligible applicants to provide First Episode Psychosis services for the State of Alaska in FY2023 through FY2024. Program Services are authorized under 7 AAC 78 Grant Programs. Additional governing statutes are AS 47.30.520-.620, AS 47.30.655-.915 and AS 47.30.011-.061. State of Alaska statutes and regulations are accessible at Department of Law Document Library or through the contact person identified on the cover page of this Request for Proposals (RFP).

National research has demonstrated that approximately 100,000 adolescents and young adults experience First Episode Psychosis (FEP) each year. The FEP program is an evidence-based practice to identify and serve individuals in their teen years or during early adulthood who have recently developed a psychotic disorder, or who are at high risk for a psychotic disorder and are experiencing possible pre-psychosis symptoms. Research has demonstrated that early interventions, appropriate treatments and supports can help prevent the full onset of illness for persons in a high-risk state and improve long-term outcomes for those who have already had a first episode of psychosis. Services are a team based, multi-modality approach to treating FEP. Competent interventions will follow the Coordinated Specialty Care (CSC) model. The CSC model includes community outreach, assertive case management, individual or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents.

In the proposed State Fiscal Year 2023 budget the Department of Health and Social Services will be reorganized into two distinct executive branch Departments: the Department of Health and the Department of Family and Community Services. This re-organization will be effective July 1, 2022 which is the first day of State Fiscal Year 2023.

1.02 Program Goals and Anticipated Outcomes

The proposed project must demonstrate a thorough understanding and support of the grant program goals and outcomes anticipated by the Department.

The intent of this grant is to establish **one new FEP provider** that follows the model of CSC. See **Attachment: *"FY23 FEP – Components of Coordinated Specialty Care"*** for a more comprehensive description of the model, and **Attachment: *"FY23 FEP- Steps and Decision Points in Starting an Early Psychosis Program"*** for guidance in developing a program.

Applicants must demonstrate need and include a plan of service areas they will target and how they will provide outreach and enrollment for their program to meet the target number of enrollees.

The Department recognizes Alaska is unique and many areas will not meet the minimum population size requirement of 100,000, so hybrid models will be considered if the agency can demonstrate combined staffing and coordination to community resources to meet the requirements of the CSC model, and a service area to meet the minimum of 15 applicants in year 2 of the program. The expectation of numbers served once a team is fully functional is 15-25 depending on the size of the community.

The proposed project must demonstrate a thorough understanding and support of goals and outcomes of the CSC Model, as well as grant program goals and outcomes. Primary goals for Year 1 of the project are:

- Training staff in the CSC model
- Establish an FEP Program
- Educating the local community and referral sources
- Identifying and providing outreach to individuals with FEP
- Reducing barriers to access treatment
- Providing recovery-oriented treatment services
- Providing family support and education
- Provide resources and linkage to Supported Employment and Supported Education
- Provide resources and linkage to housing to recipients who are homeless

Projects must meet or exceed anticipated minimum outcomes described in this RFP.

Team-Based Approach

In some regards, the CSC framework for FEP resembles the Assertive Community Treatment (ACT) model of community-based psychiatric care. Shared aspects include reliance on multi-disciplinary treatment teams, a small client-to-staff ratio, and a menu of services directed at supporting adaptive functioning in the community (e.g., case management, psychiatric treatment, housing and vocational assistance, substance abuse services, family education and support, and 24/7 accessibility). The CSC treatment goals are different in that it serves a younger population without established disability, has the capacity for out-of-office visits but does not require them as the modal practice, and sets expectations for a time-limited treatment experience of two to three years. If treatment is required beyond three years, most clients can step down to a lower level of specialized care, with eventual transition to regular services at the mental health center.

The CSC model requires a multidisciplinary team including allied health professionals—i.e., psychologists, social workers, mental health counselors, and rehabilitation counselors. Services generally include case management, individual and family therapy, and supportive employment and education services; psychiatrists and nurse practitioners are primarily responsible for pharmacotherapy and coordination with primary healthcare. Weekly team meetings and frequent communication among team members bolsters fidelity to the early intervention model, focuses treatment on each client's recovery goals and needs, and builds interdisciplinary team morale that sustains high-quality service provision over time.

A developing program should consider including individuals with lived experience of psychosis as team members, particularly peers who can help ensure the "youth friendliness" of the CSC program (Stavely et al., 2013). Any of the key functions described below can be filled by persons with lived experience, provided that the individual meets credentialing requirements and has successfully completed training in all aspects of phase-specific care for FEP and Peer Support training requirements under State certification requirements. Although an individual with FEP may work with multiple members of the CSC team, one provider is always identified as the client's principal care manager. The case manager is responsible for coordinating all aspects of the client's care and serves as the client's link to the rest of the treatment team as well as outside social service agencies and crisis service needs.

Key Roles

Successful implementation of CSC depends more on assuring adequate coverage of key roles rather than achieving 1:1 correspondence between the number of providers and CSC service components. Essential functions include (1) overall team leadership and management and (2) competent delivery of core clinical services, including case management, psychotherapy, supported employment and education, family education and support, and pharmacotherapy/primary care coordination. The number of providers necessary to fill key roles may vary from site to site depending on the size of the FEP cohort served, the number of providers available, and the level of effort

each provider devotes to the CSC program. In programs with smaller caseloads, key roles may be combined so long as the provider has achieved competency in each assigned CSC function. For example, the Team Leader may deliver clinical interventions such as primary care management or family education and support while also providing overall administrative and supervisory oversight to the team. Alternately, the roles of individual psychotherapist and care manager might be combined.

Core Functions of Coordinated Specialty Care

In addition to the clinical services noted above, CSC provides six critical functions for young people experiencing a first episode of psychosis: (1) access to clinical providers with specialized training in FEP care; (2) easy access to the FEP specialty program through active outreach and engagement; (3) provision of services in home, community, and clinic settings, as needed; (4) acute care during or following a psychiatric crisis; (5) transition to step-down services with the CSC team or discharge to regular care after two to three years, depending on the client's level of symptomatic and functional recovery; and (6) assurance of program quality through continuous monitoring of treatment fidelity.

Specialized Training in FEP Care

Training in evidence-based treatment for FEP occurs at two levels: (1) the overall philosophy of team-based care for FEP, and (2) specialized services that support the client's recovery. Each team member must master the overall theoretical framework of CSC treatment, including the recovery potential for FEP persons, developmental issues specific to adolescents and young adults experiencing a first episode of psychosis, the concepts of shared decision making and person-centered care, and the importance of maintaining an optimistic therapeutic perspective at all times. In addition, CSC staff members must understand common problems that cut across all service categories, such as difficulties in engaging the client and their family members, clients' vulnerabilities for developing substance use problems, and heightened risk of suicide during the early years of treatment.

Both the RAISE (Recovery After an Initial Schizophrenic Episode) Early Treatment Program and the RAISE Connection Program have developed training materials that (1) present the rationale for early intervention in first episode psychosis; (2) introduce the principles of team-based CSC; (3) orient providers to the key roles and clinical services provided in the CSC program; and (4) detail core competencies related to specific treatment modalities. These materials are available online. Training from a program such as EASA (Early Assessment and Support Alliance) at Portland State University is highly encouraged.

Agencies are required to ensure workforce development activities are provided such as supervision and access to continuing education for all staff involved in the treatment program. Supervision may occur at multiple levels, including in-person sessions with the CSC Team Leader for case managers and supported employment specialists, or consultation with FEP subject matter experts via conference calls, webinars, or distance learning programs for medical professionals, psychotherapists, and family therapists.

Community Outreach

Early intervention programs aim to reduce the Duration of Untreated Psychosis (DUP) by improving early detection of FEP in the community and facilitating rapid access to CSC services. As was the case in the two RAISE studies, a single provider must be responsible for community outreach, with a charge to remove barriers to CSC access and to speed access to FEP services. The outreach specialist is given dedicated time to develop referral pathways with inpatient facilities, emergency departments, crisis intervention services, and the criminal justice system, cultivating relationships with admission and discharge personnel at these agencies through frequent visits, phone calls, email communication and timely evaluation of potential FEP cases. The outreach specialist also communicates regularly with administrators of child and youth mental health programs and schools to identify clients in those systems who

might benefit from CSC treatment. Similarly, the outreach specialist monitors referrals and intakes to the parent agency, facilitating connection of likely candidates to the CSC program.

Client and Family Engagement

Persons experiencing FEP and their family members are often difficult to engage in treatment, requiring a thoughtful approach to presenting the CSC program from the moment of initial contact. Assertive outreach, efficient enrollment, and hopeful messages are critical at the time of intake. Descriptive materials should be free of stigmatizing and clinical language and emphasize the program's focus on helping individuals address and accomplish their own goals.

1.03 Program Services/Activities

Program services and activities required for this grant include implementation of the CSC model. This model includes the following components. Proposals must describe how each component will be provided:

- Team-Based Approach
- Key Roles
- Core Functions of CSC
- Specialized Training in FEP Care
- Community Outreach
- Client and Family Engagement

Applicants must agree to adhere to program requirements and service standards, including those specified in **Attachment: DBH_Grant Manual FY23, section 2.2 Serious Emotional Disturbance (SED) Outpatient, and section 2.4 Serious Mental Illness (SMI) Outpatient. Applicants agree to comply with all of the following additional program requirements and service standards:**

Program requirements for Year 1 of the project include training staff in the CSC model. Projects should describe a plan to obtain training from a national trainer in the CSC model such as the EASA program at Portland State University: Early Assessment and Support Alliance

1. Planning the program - identify short and long-term goals including:

i. Public education/community outreach

ii. Establishment of stakeholder/oversight group

iii. Establish eligibility criteria for participants

iv. Develop incidence projections

v. Outline program guidelines and structure (e.g. length of program, clinical strategies and standards)

vi. Outline projected staffing levels and positions including psychiatric staff and clinician support. Identify resource for supported employment and supported education;

2. Developing referral sources including mental health court, law enforcement, high school and college representatives; and

3. Engaging and treating clients.

Applicants must upload a year 1 timeline addressing the initiation of project activities, including hiring and training staff and detailed program planning, along with outreach for referrals within the first three quarters and enrolling 5 clients in the fourth quarter. The year 2 timeline must establish the enrollment of 15-25 participants in the program.

Grantees will be required to join and participate in their local area Community Action Plan (CAP) group to help coordinate with other community providers to identify potential referrals and awareness of the program. Applicants must identify in their proposal the CAP group they will be working with.

Applicant proposals must describe the ways in which the project aligns with program intent. The submitted project proposal will identify agency resources available to the project; describe project activities; and clearly state the project's anticipated goals, outputs, and outcomes.

1.04 Program Evaluation Requirements and Reporting

Results Based Budgeting Framework

Results based budgeting provides a framework in which allocated resources support, and are justified by, a set of outputs and expected results. Within this framework, actual performance and achieved outcomes are measured by objective performance measures.

Projects are required to align with program objectives expressing Department priorities and core services. Projects will use performance measures to evaluate progress toward meaningful outcomes, and to initiate data collection and reporting consistent with Department priorities.

The Department Priorities, Core Services, Objectives, and Performance Measures of Effectiveness and Efficiency for this program are:

Department Priorities

- 1 Health & Wellness Across the Life Span

Department Core Services

- 1.1 Protect and Promote the Health of Alaskans

A minimum of 5 individuals with a first episode psychosis will be admitted to the program in Year 1.

Projects will complete program and training planning, initiate outreach, and begin admitting clients by January 1, 2023.

- Efficiency Measure 1: Cost per client

Data Collection: Total grant expenditures divided by total number of participants served per fiscal year

Collection Method: Agency Client Count and Cumulative Fiscal Reports (CFR)

Target: Cost per client will be $32,287.80 or less in Year 1 of the project.

- Effectiveness Measure 2: Percentage of unduplicated program participants who show improvement in symptoms per fiscal year.

Data Collection: Total number of unduplicated program participants divided by total number of program participants who show improvement in symptoms per fiscal year

Collection Method: Agency Count as reflected in Quarterly Narrative Program Reports

Target: 75% or higher

The applicant's proposed evaluation plan will incorporate the performance measures of efficiency and effectiveness identified above. Applicants can propose additional performance measures for evaluating the project's progress in achieving results supportive of program goals and outcomes. (The applicant's evaluation plan must include indicators and data-gathering strategies that will be used.)

Grant Reporting

Required reporting will include:

1. Cumulative Fiscal Reports recording overall grant and match expenditures by budget line; and
2. Quarterly Narrative Program Reports in the format prescribed by the DBH program manager.
3. AKAIMS Quarterly Summary Reports along with Quarterly Narrative Program Reports.

1.05 Target Population and Service Area

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the program's intended target population identified in this solicitation.

Target Population: Individuals in their teen years or during early adulthood (15-25 years of age) who have had or are at risk of having their first episode of a psychotic disorder.

Service Areas and Communities: Given the low incidence of youth with early psychosis, the FEP model requires a service area population size of at least 100,000 (see 2021 Population Estimates by borough, Census Area and Economic Region listed at the Department of Labor Workforce Development website). Due to the remoteness of Alaska, a hybrid model for a proposed service area with a population size of less than 100,000 will be considered if the agency can demonstrate combined staffing and coordination to community resources to meet the requirements of the CSC model, and a service area to meet the minimum of 15 applicants by year 2 of the program. Expectations of numbers served once a team is fully functional is 15 to 25 depending on the size of the community.

1.06 Program Funding

Funding is $161,439 per fiscal year for FY23 and FY24 is available through the American Rescue Plan Act (ARPA) Mental Health Block Grant and will fund **one new award**. Total estimated funding for FY23 and FY24 is $322,878.

Match Requirement: The budget must include matching funds equal to 25.00% of the proposed DHSS funds. Calculate required match with the following formula.

Total Requested Grant Award x Required Match Percentage = Required Match

Federal grant funds may not be used to match federal funds awarded through this grant program, and State grant funds may not be used to match State funds awarded through this grant program.

Eligible sources of matching funds include:

- Local Cash: local sources, including local tax receipts, municipal revenue sharing, cash donations
- Local In-Kind: donated items of value for which the applicant incurs no cost, including volunteer labor and donations of supplies, equipment, space
- Other Sources: government and non-government grant awards, third party receipts, direct receipts such as gaming or sales of goods
- Grant Income: earnings anticipated as a result of this project proposal receiving award, and Medicaid reimbursements if award of this grant is required for the applicant to bill Medicaid for awarded services
- Medicaid: includes Medicaid which is not Grant Income, as well as other third-party receipts)

Proposed Budget: The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget detail and narrative (including required match) will support the program's results-based service delivery and staffing requirements stated in this RFP.

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Resources specific to budgeting are also available under the GEMS Documents tab. DHSS Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

Other Agency Funding: Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Indirect Costs: If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 10% De Minimis.

Payment for Services/Grant Income: If applicable to the services proposed in response to this solicitation, awarded grantees will have a Medicaid Provider Number or apply to obtain one, and will make reasonable effort to bill all eligible services to Medicaid and any other available sources of payment before seeking grant support for delivery of the proposed services. DHSS funds are the payer of last resort.

In the applicant’s proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

1.07 References

Stavely, H., Hughes, F., Pennell, K., McGorry, P.D., & Purcell, R. (2013). EPPIC Model and Service Implementation Guide, Orygen Youth Health Research Center, Melbourne, AU.

Section 2 Applicant Qualifications

2.01 Agency Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include DHSS site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed. The description must clearly identify the time period over which services were provided and the target population served.

2.02 Project Staffing

Project staffing must be sufficient to implement the proposed activities in order to meet program goals and the anticipated outcomes.

All projects must submit a written plan that addresses meeting minimum staffing; or hybrid models must show relationship agreements with other community providers to meet the staffing requirements.

Position descriptions for key project positions, resumes and professional credentials for key project personnel, and resumes of administrative staff providing supervision, fiscal, reporting, and management needs must be uploaded as part of the response. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

2.03 Administrative, Management, and Facility Requirements

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

Audit Requirements:

Federal Requirements: Agencies spending $750,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending $750,000 or more total State Financial Assistance in the agency fiscal year are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, Department of Law Document Library, or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator
Department of Administration
Division of Finance
PO Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

DHSS Program Audit Requirements: All DHSS grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health and Social Services
Finance and Management Services
Audit Section
PO Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

Facility, Service Access, and Safety:

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for DHSS grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

2.04 Support/Coordination of Services

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are proposed, including an MOA(s) with another community provider(s) necessary to the project model to meet the staffing requirements if you are proposing a hybrid model;
2. Involvement of the public and potential service recipients in the planning process;
3. Partnerships and collaborations specific to the proposed project, including intent to join and participate in the local area Community Action Plan (CAP) group to help coordinate with other community providers to identify potential referrals and awareness of the program; and
4. Coordination with necessary referring agencies and the role of each described.

Section 3 General Instructions for Proposal Submission

3.01 Eligibility

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

(Federal Funding Accountability and Transparency Act (FFATA): In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub- Award And Executive Compensation Information, reporting is required of any grant award with federal funding equal to or greater than $30,000. FFATA is intended to hold the federal government accountable for spending decisions. Accountability data is available to the public at U.S. Government spending. Reporting requirements extend to recipients of State-issued awards with federal funds. An Agency Power User must complete the FFATA form under Federal Reporting in the GEMS Agency Administration tab. The report data will reflect the audited figures of the agency's most recently completed fiscal year. The report captures expenses and executive compensation for your agency. More information regarding FFATA requirements can be found at Federal Funding Accountability and Transparency Act Subaward Reporting System.

Effective April 4th, 2022, the US Federal Government transitioned from the Dun & Bradstreet Data Universal Numbering System (DUNS) number to a System for Award Management (SAM) generated Unique Entity Identified (UEI) alpha-numeric value for federal awards management. All grantees receiving awards with federal funds are required to have a UEI. More information regarding this transition can be found on the U.S. General Services Administration webpage.

The Grants Electronic Management System (GEMS) has been updated to include fields for both the DUNS nine-digit number and the UEI twelve-digit alpha-numeric value under the General section of the Agency Administration tab. An Agency Power User must confirm the current DUNS number is listed in GEMS and is responsible for adding the UEI once one has been assigned. The DUNS number will continue to be displayed in GEMS until further notice. If an agency is new and does not have a DUNS number, the requirement for a DUNS number will be waived and only the UEI will be necessary.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State

or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

If this grant program includes Federal funding, effective November 12, 2020 Federal Uniform Guidance 2 CFR 200 requires that agencies be registered on the System for Award Management (SAM) website. If an applicant is recommended for award and is not registered on this site, the offered award will not be executed, and funds will not be issued until agency registration is confirmed.

Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be considered.

3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded proposal unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.03 Inquiries

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website for any clarifications or amendments that may be issued regarding this solicitation.

Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.

3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

3.05 Duration

This RFP is for a two-year period, beginning 7/1/2022 through 6/30/2024. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The annual decision to continue funding for the subsequent year(s) of the two-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Applicants will submit a budget proposal for year one of the grant only. Funding in each subsequent year will require submission and approval of documents needed to update service plans, evaluation measures, and budgets. Grants and Contracts will notify grantees of specific submission requirements necessary to qualify for consideration of continued funding.

This RFP is for fiscal year FY2023 and FY2024, 7/1/2022 through 6/30/2024.

3.06 Proposal Review

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. DHSS staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), DHSS staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4**. DHSS staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
    i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    ii. priorities in applicable State health and social services plans;
    iii. requirements of applicable State and federal statutes; and
    iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for**

a given question based on a response to another question in the RFP. The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health and Social Services or the Commissioner's designee.

3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

3.08 Notification of Grant Award and Appeals

In the proposed State Fiscal Year 2023 budget the Department of Health and Social Services will be reorganized into two distinct executive branch Departments: the Department of Health and the Department of Family and Community Services. This re-organization will be effective July 1, 2022 which is the first day of State Fiscal Year 2023.

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner and received in writing at the address below within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

With a copy to the contact identified on the solicitation cover page, send appeal to:

Adam Crum, Commissioner
Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. DHSS may withdraw this RFP at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the State to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed to be in the best interest of the State.

Section 4 Submission Requirements/Evaluation Criteria

4.01 Minimum Responsiveness Criterion per 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1 Applicant is eligible per 7 AAC 78.030.

Evaluation/Review Criteria		Review	Points
a	Applicant is eligible per Alaska Administrative Code 7 AAC 78.030.	☑	

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1 If applying as a non-profit organization, confirm non-profit status is documented.

Evaluation/Review Criteria		Review	Points
a	The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at State Corporation Database and/or	☑	
b	The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at IRS Tax Exempt Organization Search.	☑	
c	If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b.	☑	

2 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.

Evaluation/Review Criteria	Review	Points

a	The applicant is a recognized Alaska Native entity as verified by the Federal Register. If a tribal consortium, all members are recognized Alaska Native entities.	☑	
b	A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file.	☑	

3 If applying as a government entity, confirm the following criterion is met.

Evaluation/Review Criteria		Review	Points
a	The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at Local Boundary Commission; or an REAA under AS 14.08.031 verified at Department of Education Alaska School Map.	☑	

4 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Evaluation/Review Criteria		Review	Points
a	The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management (SAM).	☑	

5 Electronically sign the State Grant Assurances form.

Evaluation/Review Criteria		Review	Points
a	State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.	☑	

6 This program receives federal funds. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The Federal Assurance and Certification form is electronically signed by an individual authorized to enter into legal agreements on behalf of the applicant.	☑	

b	The applicant agency GEMS record, under General in the Agency Administration tab, contains the agency's DUNS number and the UEI alpha-numeric value. If the applicant agency is new and has not received a DUNS number, the agency will only be required to have the UEI listed.	☑	
c	The required Federal Funding Accountability and Transparency Act (FFATA) information, located under the Federal Reporting section of the Agency Administration tab, has been provided for the agency's most recently completed fiscal year. This task can only be completed by an Agency Power User.	☑	

7 Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.

Evaluation/Review Criteria		**Review**	**Points**
a	The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.	☑	
b	The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.	☑	
c	The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search.	☑	
d	All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.	☑	
e	The applicant's agency record contains the Agency Fiscal Year Start Date.	☑	
f	The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved.	☑	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)

1 Previous recipients of DHSS awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.

Evaluation/Review Criteria		Review	Points
a	Fiscal, narrative, and data reporting in prior years has been complete and timely.	☑	
b	Required State and Federal Single Audits have been submitted, verified at Division of Finance, State Single Audit. Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at Finance and Management Services Audit Contact.	☑	
c	Activities in prior year(s) demonstrate effective delivery of services. DHSS review may include documentation such as performance reports, audit reports, grant records, site visits, etc.	☑	
d	Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.	☑	

4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities

1 In the text box below, describe the proposed project, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP.

Evaluation/Review Criteria		Review	Points
a	The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved.	☐	80

2 In the text box below, describe the Coordinated Specialty Care model and how its program components, goals and outcomes will be identified and applied to the proposed project.

Evaluation/Review Criteria		Review	Points
a	The description demonstrates a thorough understanding of FEP, the CSC model and its program components, goals and outcomes, and clearly identifies the ways in which they will be achieved.	☐	40

3 In the text box below, provide a statement agreeing to adhere with program requirements and service standards specified in Attachment: DBH_Grant Manual FY23, section 2.2 Serious Emotional Disturbance (SED) Outpatient, and section 2.4 Serious Mental Illness (SMI) Outpatient.

Evaluation/Review Criteria		Review	Points
a	A statement has been provided agreeing to adhere with program requirements and service standards specified in Attachment: DBH_Grant Manual, section 2.2 Serious Emotional Disturbance (SED) Outpatient, and section 2.4 Serious Mental Illness (SMI) Outpatient.	☐	40

4 In the text box below, describe how staff will be trained in the CSC Model for Year 1 of the project. Training plan should identify training sources and which staffing groups are targeted, i.e. medical, therapists, case managers.

Evaluation/Review Criteria		Review	Points
a	A Year 1 training plan for staff in the CSC Model coordinated with a national agency has been included. The plan identifies training sources and which staffing groups are targeted, i.e. medical, therapists, case managers.	☐	40

5 In the text box below, describe how community referral sources will be developed.

Evaluation/Review Criteria		Review	Points
a	A description is included that explains how community referral sources will be developed for the project.	☐	40

6 In the text box below, describe the initiation of project activities, including hiring and training staff and detailed program planning, along with outreach for referrals within the first three quarters and how services will be initiated in Q3 of the project.

Evaluation/Review Criteria		Review	Points
a	A description of the initiation of project activities, including hiring and training staff and detailed program planning, along with outreach for referrals within the first three quarters and how services will be initiated in Q3 of the project has been included.	☐	40

7 In the text box below, describe the target population and service area(s) of the proposed project. Demonstrate need and how you will provide outreach and enrollment for the program to meet the target number of enrollees.

Evaluation/Review Criteria	Review	Points

a	The description clearly identifies the proposed target population and service area and meets the intent of the services solicited.	☐	80
b	The description demonstrates need and outlines how outreach and enrollment for the program will meet the target number of enrollees.	☐	80

8 Provide the timeline for the initiation of services and implementation of project activities in the upload field below.

Evaluation/Review Criteria		**Review**	**Points**
a	The timeline proposed for initiation of services and project activities is compatible with program intent.	☐	120
b	Proposed timeline will target enrollment into the program for 5 applicants in year 1 and a minimum of 15 in year 2.	☐	60

9 Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the DHSS Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.

Evaluation/Review Criteria		**Review**	**Points**
a	The budget narrative is complete and mutually consistent with the budget detail.	☑	
b	Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.	☑	
c	Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.	☑	
d	Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	☑	
e	Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.	☑	

f	The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	☐	40
g	Costs are reasonable and substantiated in the narrative.	☐	20
h	The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.	☐	20
i	Proposed sources of Required Match are identified in the budget narrative as well as in the Matching Fund Source table located near the beginning of the application. All proposed sources of matching funds are eligible, and the level of match is met.	☑	

10 In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.

Evaluation/Review Criteria		Review	Points
a	The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04.	☐	80

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities

1 In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Evaluation/Review Criteria		Review	Points
a	The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: DHSS staff review will also include DHSS documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03.	☐	60

2 In the text box below, describe the proposed project's program and administrative staffing needs. Include a written plan that addresses meeting minimum staffing. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Evaluation/Review Criteria		Review	Points
a	Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.	☐	120
b	Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates, evidenced by a written plan.	☐	80
c	Position descriptions support the intent of the RFP and the project proposed. Per the RFP, a single provider must be responsible for community outreach.	☐	60
d	Administrative staff is qualified as demonstrated by the resumes provided.	☐	80
e	Administrative capacity demonstrates capability to meet management and reporting needs.	☐	80

3 In the text box below, describe the procedures that will be used to protect client confidentiality.

Evaluation/Review Criteria		Review	Points
a	The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards.	☐	100

4 In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success. Additionally, please include a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff.

Evaluation/Review Criteria		Review	Points
a	The facilities described are safe and appropriate to the purpose of the program.	☐	60

b	Access to the locations will enhance delivery of services to the targeted populations.	☐	60
c	Written plan for emergency response and recovery is provided	☐	60

4.06 Demonstration of Support/Coordination of Service

1 In the upload field below, provide a single-file scan of documented community support for the proposed project. This must include MOAs with another community provider(s) necessary to the project model to meet the staffing requirements if you are proposing a hybrid model.

Evaluation/Review Criteria		**Review**	**Points**
a	Appropriate documentation of support is provided from each community in which the applicant proposes to provide services, including MOA(s) with another community provider(s) necessary to the project model to meet the staffing requirements if proposing a hybrid model.	☐	60

2 In the text box below, describe the ways in which the project planning process involved the public and potential service recipients.

Evaluation/Review Criteria		**Review**	**Points**
a	The applicant's description demonstrates the involvement of the public and potential recipients of services in planning the project proposed.	☐	40

3 In the text box below, describe partnerships or collaborations necessary to the proposed project, including the local area Community Action Plan (CAP) group you will be working with.

Evaluation/Review Criteria		**Review**	**Points**
a	Partnerships and collaborations necessary for the effective delivery of services are well described, including the local CAP group the applicant plans to work with. Evidence specific to the proposed project is provided.	☐	60

4 In the text box below, describe the in-place or planned coordination with the State or other providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.

Evaluation/Review Criteria	**Review**	**Points**

a	The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population.	☐	60