



Project TEACH

Request for Proposals

November 2020

Online Submission Required

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) is pleased to announce the availability of funds to continue the work of Project TEACH (Training and Education for the Advancement of Children's Health). Project TEACH is a collaborative model that is committed to strengthening and supporting the ability of Primary Care Providers (PCPs) to provide mental health services to children, adolescents, and their families. This statewide program is comprised of three interrelated services for primary care providers: access to child and adolescent psychiatric consultation, linkage with community-based services, and training. Access to consultation and collaboration with child and adolescent psychiatrists is a strategy that is supported by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the National Institute for Health Care Management.

OMH will make 1 award for five years beginning July 1, 2021 to implement Project TEACH services and provide coordination of Project TEACH services including the development and maintenance of the statewide Project TEACH website; marketing and promotion of Project TEACH, development of specialty consultation, and provision of a variety of training options that would be available throughout the state. (refer to section 5.2 Scope of Work Objectives and Responsibilities for details)

Founded in 2010, the mission of Project TEACH is to strengthen and support the ability of New York PCPs to deliver care to children and families who experience mild-to-moderate mental health concerns. Project TEACH educates and supports PCPs to integrate care for mild-to-moderate behavioral health concerns into primary care for children and adolescents, ages 0 to 21.

Project TEACH increases access to behavioral health treatment by making child psychiatry services available to PCPs across the state and enhances the ability to access care in areas that have historically been underserved. Access to behavioral health care for children is essential to achieving good health care outcomes and pediatric primary care providers have an essential role in identifying and treating behavioral health problems in children. In a [*National Examination of Child Psychiatric Telephone Consultation Programs' Impact on Children's Mental Health Care Utilization*](#), children from states with statewide child psychiatry telephone access programs were significantly more likely to receive mental health services than children residing in states without such programs. Project TEACH is a well-supported strategy to mitigate the shortage of child and adolescent psychiatrists and promotes a more equitable access utilizing the network of primary care providers.

Additionally, according to a recent study published in [*Pediatrics Official Journal of the American Academy of Pediatrics*](#), the hardships that families have experienced related to the COVID-19 pandemic have negatively impacted both parents' and children's mental health. The need to address the mental wellbeing of children and their families has never been greater and Project TEACH provides an instrumental approach to enhance access and care for mental health services.

OMH seeks to further expand services available to include specialty consultation for other areas of need such as autism spectrum disorders, substance use, problematic sexual behavior and mental health concerns for youth ages 0-5 and LGBTQ populations.

Project TEACH has been successfully supporting pediatric primary care throughout New York State. Through Project TEACH, primary care providers can:

- Improve their ability and confidence in addressing the mental health issues of the children in their practices.
- Increase their ability to identify, treat, and prescribe appropriate medication.
- Reduce the use of psychiatric emergency services by children.

In 2018, Project TEACH added the Maternal Mental Health Initiative (MMHI) to educate and support maternal health providers to screen and treat maternal depression and related mood and anxiety disorders. Maternal depression and related mood and anxiety disorders are prevalent impacting one out of every seven women. Early identification of these conditions leads to better health outcomes for mothers and children. Through Project TEACH MMHI, primary care providers, obstetricians, midwives, psychiatrists, and nurse practitioners can access maternal mental health specialty phone consultations, education, and referral and linkages.

All Project TEACH services are offered at no cost to pediatric primary care providers, maternal health providers and other prescribers

Proposals supporting only a portion of the services designated in the RFP will be disqualified

1.2 Description of Specific Deliverables Expectation

The recipient will be expected to meet the following deliverables that will support the Project TEACH infrastructure and meet the current level of demand for Project TEACH services and the expected growth over the next five years. Further detail about each component can be found in Section 5.2

Deliverable	Expectation	Notes
Warmline	One Warmline	The warmline must cover the entire state and provide access to all Project TEACH services. It is expected that the warmline will be operational on July 1, 2021.
Project TEACH website	Maintain and update the current Project TEACH website	
Phone Consultations	2800 Consultations annually	This includes phone consultations to pediatric primary care providers and specialty phone consultations with pediatric primary care providers. It is expected that phone consultations for pediatric PCPs will be available as of July 1, 2021. For the MMHI the applicant must propose a target number of consultations for Year 1. Subsequent targets will be developed in discussion between the recipient and OMH.
Face-to-Face Consultations	420 Consultations annually	This includes in-person and telehealth consultations with a child/family. It is expected that each face-to-face consultation will include a report with recommendations that will be delivered to the pediatric primary care provider within 2 business days. Face-to-face consultations must be available as of July 1, 2021.
Referral and Linkage Services	1320 annually	This deliverable is the number of referral and linkage services provided outside of a phone or face-to-face consultations. It includes linkage and referral for both child mental health services and maternal mental health services. Linkage and referral services must be available as of July 1, 2021.
Outreach and Engagement	2800 annually	Each CAP is responsible for regular outreach to pediatric

		primary care providers when they are not involved in providing consultation or development of training. For the MMHI the applicant must propose a target number for outreach and engagement for Year 1. Subsequent targets will be developed in discussion between the recipient and OMH.
On-site core training	Minimum of 10 per year	See Section 5.2.D.1 for further detail
Intensive Training	3 trainings focused on Children's Mental Health per year/6 follow-up sessions for each training 2 ½ day Maternal Mental Health training per year/3 follow up sessions for each training	See Section 5.2.D.2 for further detail
On-line training	Minimum of 5 new per year related to children's mental health 3 new per year related to maternal mental health	See Section 5.2.D.3 for further detail

1.3 Target Population/Eligibility Criteria

NYS prescribers who provide ongoing treatment to children and adolescents 0-21 in primary care settings and maternal health providers may access Project TEACH services.

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Brittany Shovah
Contract Management Specialist 2

New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
Brittany.Shovah@omh.ny.gov

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal **must** submit a Letter of Intent to Bid to the OMH Issuing Officer by 12/14/2020. The Letter of Intent to Bid shall be non-binding.

Please e-mail the letter of intent to the Issuing Officer:
Brittany Shovah
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
Attention: Letter of Intent
Brittany.Shovah@omh.ny.gov

2.3 Key Events/Timeline

RFP Release Date	<u>11/30/2020</u>
Letter of Intent to Bid Due	<u>12/14/2020</u>
Questions Due	<u>12/28/2020</u>
Questions and Answers Posted on Website	<u>1/18/2021</u>
Proposals Due by 3:00 PM EST	<u>2/1/2021</u>
Anticipated Award Notification	<u>2/15/2021</u>
Anticipated Contract Start Date	<u>7/1/2021</u>

2.4 Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. Any proposals received after the due date will be returned to the applicant unopened.

2.5 Eligible Agencies

Eligible applicants are public, private, for-profit and not-for-profit organizations with 501(c) (3) incorporation who have a minimum of five years' experience in child and adolescent mental health service delivery.

Eligible applicants must demonstrate knowledge and experience in each of the following areas:

- Providing child psychiatric consultations for prescribers working with children and youth;
- Providing trainings for pediatric primary care providers to increase their knowledge, skills, and ability to integrate services within their practice for children with mild to moderate mental health problems.

- Building relationships with the primary care providers

If unsure if your organization is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

2.6 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to Brittany.Shovah@omh.ny.gov by 4:00 PM EST on the “Questions Due” date indicated in section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

The questions and official answers will be posted on the OMH website by 1/18/2021

2.7 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website, the Grants Gateway and the NYS Contract Reporter.

It is the applicant’s responsibility to periodically review the OMH website, the NYS Contract Reporter and Grants Gateway to learn of revisions or addendums to this RFP. No other notification will be given.

2.8 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal’s submission for completeness and verify that all eligibility criteria have been met. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.11 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.11, by the proposal due date of 3:00 PM EST on 2/1/2021.

2.9 Grants Gateway Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the [Grants Gateway](#) and complete the Vendor Prequalification process in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 3:00 PM EST on 2/1/2021 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants must not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.10 Proposals Executive Order #38

[Pursuant to Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Please refer to Grants Gateway, Grant Opportunity Build Menu, Contract Document Properties of this RFP for a link to the Sample Master Contract for Grants, Attachment A-1, Section A.12 (Mental Health Regulations). See also [Executive Order #38 Homepage](#).

2.11 Instructions for Bid Submission and Required Format

Each proposal submission through the Grants Gateway is required to contain:

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Grants Gateway System (GGS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

If you are not already registered:

Registration forms are available at the GGS website:
<https://grantsmanagement.ny.gov/register-your-organization>

Include your SFS Vendor ID on the form; if you are a new vendor and do not have an SFS Vendor ID, include a Substitute for W-9 with your signed, notarized registration (also available from the website). All registration must include an Organization Chart in order to be processed. When you receive your login information, log in and change your password.

If you are an applicant, and have problems complying with this provision, please contact the GGS help desk via email: Grantsgateway@its.ny.gov -- OR -- by telephone: 1-518-474-5595.

How to Submit a Proposal

Proposals must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFP. Tutorials (training videos) for use of the Grants Gateway (and upon user log in):

You must use Internet Explorer (11 or higher) to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

To apply, log into the Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name provided on the cover page of this RFP, select the Office of Mental Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

In order to access the online proposal and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a "Grantee" or a "Grantee Contract Signatory" or a "Grantee System Administrator".

The 'Grantee' role may ONLY Initiate and Save changes to the application such as add/update information to forms, upload documents while the user logged in as a 'Grantee Contract Signatory' or a 'Grantee System Administrator' role can perform all the tasks of Grantee role and in addition, can SUBMIT the application to the State. When the application is ready for submission, click the 'Status Changes' tab, then click the 'Apply Status' button under "APPLICATION SUBMITTED" before the due date and time.

For further information on how to apply, and other information, please refer to the Vendor User Manual document.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grantee Documents section on Grants Management website.

Late proposals will not be accepted. Proposals will not be accepted via fax, e-mail, hard copy or hand delivery.

Helpful Links

Some helpful links for questions of a technical nature are below.

Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube:

<http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>

(Technical questions)

Grants Team Email (Proposal Completion, Policy and Registration questions): grantsgateway@its.ny.gov or by phone at 518-474-5595.

2.12 Instructions for completing the Workplan and Objectives in NYS Grants Gateway

The Workplan Overview Form will be used to create the Work Plan portion of the contract. Some of the information requested will be duplicative of information provided earlier in the application. Be sure to follow the guidance provided below.

The Work Plan Period must reflect the anticipated contract period. Contracts will be approved for a five-year term.

The Project Summary section must include a high-level overview of the project as instructed.

The Organizational Capacity section must include the information requested regarding staffing and relevant experience of staff and any applicable consultants to be involved in undertaking the proposed project.

The Objectives and Tasks section must identify grantee-defined objectives and tasks that are relevant to the completion of the proposed project. To get started, add your first Objective Name and Description and then click the [SAVE] button at the top of the page. After hitting Save, a field for the Task Name and Task Description will show under the Objective box. Complete both fields and hit the [SAVE] button at the top of the page. After entering the Task information and clicking Save, you will now see a box for the Performance Measure information and a box to enter a second Task. Enter a Performance Measure Name and select the Performance Measure Data Capture Type from the dropdown box. The type you choose from the dropdown will show on the screen for you to complete. Once you've entered the name, data capture type and the text/integer/or date as applicable, click the [SAVE] button at the top of the page.

For Performance Measure Name restate the Objective then enter the narrative requested in the box below. Performance Measures are also grantee-defined and must reflect some measurable benchmark(s) in order to demonstrate adequate progress within the 18 months of the award date, as required by the RFP. Once entered, click Save. You may continue to add Objectives, Tasks and Performance Measures up to and including the max amount allowed by the state.

The online Workplan is essentially an outline/summary of the work associated with the Project(s) described in the sections above. Please note that if an application is selected for award, the Workplan will be subject to change and can be updated during the contract development/negotiation process.

Applicants must refer to Section 5.2.4 Grantee Defined Workplan of the 'Grantee User Guide' ([Click here for Grants Gateway: Vendor User Guide](#)) for detailed instructions on how to complete the Workplan.

3. Administrative Information

3.1 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify an applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
- Use proposal information obtained through 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 in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, Grants Gateway and the New York State (NYS) Contract Reporter;

- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, must the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure".

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

3.3 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or must have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation must clearly state reference to the RFP title and due date. Such protests must be submitted to:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.

44 Holland Ave
Albany, NY 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for a five-year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 0% goal for Minority-owned Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement

except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have

opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be

required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid, or provide a statement detailing why the certification cannot be made.

3.9 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.10 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.11 of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or must otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's

Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.12 NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 6 - Proposal Narrative:

Technical Evaluation	Points
Organizational Experience and Qualifications (6.1)	7
Organizational Structure (6.2)	7
Consultation Services (6.3)	13
Linkage and Referral Service (6.4)	13
Training Service (6.5)	13
Maternal Mental Health Initiative (6.6)	7
Children's Mental Health Specialty Consultation (6.7)	7
Project Teach Website (6.8)	7
Marketing and Promotion (6.9)	7
Engagement (6.10)	7
Reporting and Evaluation (6.11)	7
Financial Assessment (6.12)	24
Total Proposal Points	119

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score in Section 6.1 will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocation

Proposals will be ranked, and one award made to the applicant with the highest score to assume the operation of Project TEACH

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet the defined deliverables, failure to provide quality services, failure to adhere to the defined budget, failure to obtain relevant authorizations from OMH prior to dissemination of newly created Project TEACH materials, presentations or trainings. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal. If there are no agencies left with a passing score, OMH

will go to the top of the list and work its way down the list to reassign the contract. OMH reserves the right to contact and offer an award, in order of ranked score.

4.4 Award Notification

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected applicant prior to the execution of the contract. The purpose of this review is to verify that the applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.

5. Scope of Work

5.1 Introduction

This RFP is issued to continue and expand the work of Project TEACH (Training and Education for the Advancement of Children's Health), a collaborative model committed to strengthening and supporting the ability of prescribers who work with children to provide mental health services to children, adolescents and their families.

Twenty percent of children in the United States suffer from mental illness severe enough to cause some level of impairment and half of all chronic mental illness begins by the age of 14, yet only one in five of these affected children and youth receive treatment from a mental health provider. The COVID-19 pandemic has resulted in added stressors that impact children's mental health. A recent [GALLUP](#) poll highlighted that three in 10 parents felt their child's emotional, mental health is suffering now as a result of COVID-19.

Insufficient access to child psychiatry is a challenge in children's mental health systems and there is a significant disparity in distribution. Rural and underserved areas in New York state and elsewhere are particularly hard hit. According to a [2018 map of Practicing Child and Adolescent Psychiatry](#) (PCAP) by the American Academy of Child & Adolescent Psychiatry, 40% of New York counties had zero PCAPs and 64% of New York counties had 2 or less. Children's primary care providers (PCPs) can meet much of this need. Project TEACH increases access to behavioral health treatment by making child psychiatry services available to PCPs across regions and enhances the ability to access care in areas that have historically been underserved. Project TEACH is a well-supported strategy to mitigate the shortage of Child and Adolescent Psychiatrists

and promotes a more equitable access across regions utilizing the network of primary care providers.

To meet the needs of children and support the role that Primary Care Providers (PCPs) play in identifying and treating the mild-moderate social emotional needs of children. In 2009, OMH funded the development of a statewide program that provides three interrelated services to pediatricians and primary care physicians: access to child and adolescent psychiatric consultation, linkage with community-based services, and training. OMH has continued to provide funding to support these interrelated services and as well as to expand Project TEACH services including: development of a statewide Project TEACH website; marketing and promotion of Project TEACH, addition of maternal mental health consultation; and provision of a variety of training options that are available throughout the state.

Project TEACH continues to be an essential service for children and families in New York. In the next five years, the Office of Mental Health seeks to continue this important work and to:

- Increase the number of prescribers utilizing the consultation services.
- Add access to specialty consultation around children's mental health issues.
- Expand access to consultation and training around Maternal Mental Health.

5.2 Objectives and Responsibilities

To successfully meet the goal of providing support for children with social emotional needs and supporting prescribers who work with children, applicants must include and address the following:

A. Organizational Structure Project TEACH consists of three services – consultation, referral/ linkage and training – for pediatric primary care providers and for maternal health providers. The Consultation and Referral/Linkage services must be available throughout the state. Training must be accessible in-person/virtually to pediatric primary care providers and maternal health providers throughout New York State.

1. Warmline - All Project TEACH services are accessed through a warm line and through the Project TEACH website. The applicant must provide a plan for operating one warmline number and staffing the warm line, at a minimum, Monday through Friday between the hours of 9:00 am and 5:00 pm.

- A child and adolescent psychiatrist (CAP) must be available to respond to a request for a phone consultation from a pediatric provider (either via the warmline or through website/email) immediately or offer to call back within 30

minutes

- A reproductive psychiatrist must be available to respond to a prescribers' request for a consultation immediately or offer a call back within 30 minutes.
- Specialty phone consultations must available within 5 business days of prescribers' request
- Receive and respond to routine electronic mail or website requests within an hour.

2. Staffing – Project TEACH Administration - It is required that there will be an administrative team responsible for the coordination all of Project TEACH services. The administration team must include:

- Medical Director – The medical director will be responsible for the overall clinical leadership and oversight of the program and clinical partners as well as ensuring quality control, coordinating the program, hiring and recruitment, and presentations. (It is not anticipated that this role will require more than 20 hours per week)
- Project Director – The Project Director will be responsible for the day-to-day operations of Project TEACH and will have oversight over all of the components of the project. The position will require knowledge of the key issues around children's and maternal mental health and will require experience in the following areas: administration of a consultation program/service; coordination of education/training/CME across different platforms; collaboration with multiple stakeholders and partners such as state agencies, professional organizations, managed care organizations; marketing and promotion; coordination of data collection, reporting and evaluation. It is anticipated that will be a full-time role.
- Regional Teams - To facilitate statewide coverage and provision of services as detailed below, there must be a minimum of three regional teams, and a maximum of seven. At least two regional teams will be located in the upstate region and one in the downstate region. Each regional team must include child adolescent psychiatrist staffing and must also include social worker/LMHC/psychologist staffing sufficient to staff the statewide warmline and provide the consultation, training, linkage/referral and outreach components described in Section 5.2 B, C, D.

3. The recipient must assume responsibility for and provide Project TEACH services as of July 1, 2021. The applicant's proposal must include a plan that demonstrates that the following components will be in place and fully operational on July 1, 2021:

- One statewide warm line

- Phone consultations and Face-to-Face consultations to pediatric PCPs
- Referral and Linkage services
- Project TEACH Website

4. Advisory Council - Project TEACH services benefit from the input of an Advisory Council whose members have provided planning direction. The must provide a plan to convene an Advisory Council in collaboration with OMH which will be comprised of stakeholders, including youth and family peers, and will meet twice a year in-person or virtually.

5. Advisory Group - In collaboration with OMH, the recipient must describe a plan to establish an Advisory Group for the Maternal Mental Health Initiative, comprised of stakeholders, including women with lived experience, that will meet twice a year in-person or virtually

6. Collaboration with OMH - The recipient will work closely, and meet monthly, with the Medical Director for Children and Family Services and the OMH Program Lead. Each year, the recipient will submit an annual report by March 1st that includes the following:

- A summary of the use of services in the past year and of feedback/evaluation received
- Recommendations for improvement in the upcoming year and a plan implementing those recommendations.
- Additionally, the yearly plan must include details for development and delivery of training components, marketing and promotion, engagement and further evaluation of the program.

Refer to Sections 5.2 B.- I. for further details of specific program components

B. Consultation Service - This component provides timely access to consultation with a Child and Adolescent Psychiatrist (CAP) to all pediatricians, family practitioners and other prescribers in primary care settings throughout the state. It includes support to other prescribers who provide ongoing service to children and families. (Note - Project TEACH consultation services do not serve as a collaborating practice agreement for Nurse Practitioners)

The recipient(s) must have the ability to operate a statewide support service capable of providing telephonic, face-to-face, and telepsychiatry consultations to pediatric Primary Care Providers (PCPs) based on the needs of the child and family in conjunction with the pediatric PCP's experience level and comfort. The recipient must be prepared to provide telepsychiatry consultations as an available and easily accessible option for face-to-face consultations.

1. Phone consultation with the prescriber. Project TEACH allows primary care providers to speak on the phone with child and adolescent psychiatrists to ask questions, discuss cases, or review treatment options. When a primary care provider calls the warm line and requests a consultation, a CAP must be available to answer the call immediately or offer to call back within 30 minutes. Phone consultations must include an offer for a follow-up consultation to review the benefit of the recommendations and any further questions.

In some situations, pediatric PCPs benefit from a regularly scheduled call for consultation. This assists the provider in planning for consultation and meeting the needs of the child/family. A plan including this option may be proposed by the applicant so long as it includes details for prioritizing consultation time as demand increases.

2. Face-to-Face Consultation with Child/Family. Pediatric PCPs may also request that a CAP meet with the child/family. The purpose of a Face-to-Face consultation is to provide support to the PCP in their treatment of the child. Following a Face-to-Face consultation, the PCP will receive a written report with recommendations for their ongoing care of the child. A Face-to-Face consultation with a Child/Family may be requested by the PCP or be scheduled after a phone consultation with the PCP. As with phone consultations, follow-up phone or face-to-face consultations may be offered by the consulting CAP to support the pediatric PCP's treatment of a child until a child/family can access Behavioral Health treatment.

The recipient must provide a plan to offer a telehealth option to all families that are referred for a face-to-face consultation including details on how they will assist families to access the telehealth option.

The Face-to-Face consultation must occur within 2 weeks of the phone consultation or request by the PCP. The CAP must provide the PCP with a written report of clinical diagnostic impressions, recommendations, and suggestions for follow up within two business days.

3. Child and Adolescent Psychiatrist (CAP) staffing for consultations - CAPs must be Child and Adolescent Psychiatrists certified by the American Board of Psychiatry and Neurology in good standing and up to date on certification and licensed in NYS.

4. The recipient will collect data on all consultations provided. See Section 5.3 for a list of specific data that must be collected.

C. Linkages and Referral Service -This component is intended to provide support to pediatric PCPs as they assist families to access community mental health and support services (e.g., clinic treatment, case management, family support). Referral and linkage services also support PCPs as they implement social-emotional screening. Separate from a phone or face-to-face consultation, PCPs can contact Project TEACH and ask for a list of referrals to meet the treatment and support needs of the child/family. In order to be successful, the referral service must be capable of providing information about appropriate and accessible intervention, treatment, and support services.

1. Staff providing referrals must regularly survey Single Point of Access programs and local community providers to understand the services that are offered by each provider and must maintain a directory of services and supports.
2. Staff must be knowledgeable about:
 - a. Public and private systems of care that are available, dependent upon need, and taking into account client insurance.
 - b. Evidence-based services for adolescents and young adults and families.
 - c. Existing networks and youth peer and family supports.
3. Social Worker/LMHC/Psychologist staffing for the Linkages and Referral Service – Clinicians must meet the NYS SED criteria for licensing and must have experience working with children and families in a mental health setting
4. The recipient will collect data on all linkage and referrals provided. See Section 5.3 for a list of specific data that must be collected.

D. Training Service – This component builds on the experience of Project TEACH, that providing education-based trainings to pediatricians and the primary care workforce enhances their competence, confidence and capacity to treat children with mild-to-moderate mental health problems in their practices. Additionally, trainings that are provided by Project TEACH Child Adolescent Psychiatrists (CAPs) build confidence, trust and relationships between the CAPs and the PCPs.

Project TEACH offers a broad menu of training opportunities all of which offer CMEs and where appropriate CEUs. It is expected that the recipient will use the same infrastructure to provide trainings which are focused on children's mental health, described below, and to provide trainings which are focused on maternal mental health, described in Section 5.2 E. All virtual trainings that are offered must be recorded and available on the website.

Preferentially, CAPS that are providing consultation would also offer the trainings and specialty trainings must be offered by the CAPs providing specialty consultation.

1. On-site trainings - Trainings that are on-site at primary care practices, or that are at a location convenient to the primary care practice. The recipient will annually offer 10 on-site trainings, at pediatric primary care practices around the state, Trainings must cover “core” topics – ADHD, anxiety, depression, bipolar disorder, aggression and trauma. Subsequent on-site trainings may cover specialty topics that reflect the concerns of PCPs or the needs of the community. Trainings must facilitate primary care provider’s ability to co-manage the treatment of children and adolescents after stabilization and discharge from higher levels of care and to be reimbursed for these services. These training sessions may be offered virtually to adhere to guidance to reduce transmission of infectious diseases.

2. In-person Intensive Training – Training opportunities which are to be 1-3 days in duration, typically followed by a series of ongoing brief sessions to reinforce training. These trainings will utilize proven principles of adult learning and will at a minimum cover the following topics: importance of universal social emotional screening, use of assessment tools, diagnosis and treatment of the most common childhood mental health disorders, effective psychopharmacology, incorporating use of the consultation service, and reimbursement. Intensive trainings may be offered virtually with prior approval by OMH and must be recorded and be available on the website following completion of the training.

Follow-up sessions build confidence and increase the likelihood that attendees will integrate new practices. The follow-up sessions must be case-based and focus on experiential learning. The schedule for follow-up sessions must be available during the intensive training to facilitate engagement of the attendees.

A minimum of 3 trainings, with 6 follow-up sessions, must be delivered annually and must be located in different regions of the state each year to increase access for providers located outside of urban areas. Any virtual trainings that are offered must be recorded and the recordings must be made available on the website.

The recipient will submit a plan annually for OMH review approval that specifies the locations, dates, agenda, faculty and schedule of follow—up sessions for that year’s intensive trainings.

3. On-line Trainings – Training opportunities which are available web-based and provide free access to on-demand content. A minimum of five new webinars will be offered each year of the contract. Topics must focus on a variety of topics related to mental health in children and youth which have been identified through provider request, training feedback and needs assessments. These trainings will include relevant specialty topics such as autism spectrum disorders, substance use disorders, mental health issues for LGBTQ youth, the effects of racism on mental health, social-emotional development of children ages 0-5, and problematic sexual behaviors.

Previous on-line trainings will be reviewed on a regular basis and updated as needed. CMEs must be renewed as indicated.

4. Continuing Medical Education (CME) credits (and renewed CME accreditation for enduring CME programs on regular basis) must be available for all of the Project TEACH trainings. In addition, the recipient must either have an established learning management system to promote, conduct and track provided education and training sessions, along with those registered and participating or must develop and maintain a database for participating physicians that includes:

- a. CME required data collection
- b. Post-test and CME certificates
- c. User participation and completion
- d. CME Participant Certificate, with duplicate available to participant upon request

5. Practical educational materials for families/caregivers which are available on the Project TEACH website. The recipient will develop four educational materials annually, pdf or video, which are developed with input from a group of parent advisors and are available in English as well as in the six most common non-English languages spoken by LEP individuals in the State of New York. Educational materials which have been developed previously must be reviewed on a regular basis and updated as needed.

6. The recipient will collect data on all trainings provided. See Section 5.3 for a list of specific data that must be collected.

E. Maternal Mental Health Initiative - In 2018, Project TEACH developed the Maternal Mental Health Initiative (MMHI) which provides limited access to phone consultation, training and referral and linkage services around maternal mental health to maternal health providers including OB/GYNs, Internal Medicine Physicians, Family Practice Physicians Nurse Practitioners, and Midwives. These consultation services will also be available to psychiatric prescribers. The recipient will provide their plan

for MMHI services and a detailed timeline for increasing utilization that will include:

1. Access to phone consultation forty hours a week. Phone consultation allows maternal health providers to speak on the phone with a reproductive psychiatrist to ask questions, discuss cases, or review treatment options. Access may be immediate or through a scheduled consultation time. Phone consultations must include an offer for a future follow-up consultation to review the benefit of the recommendations and any further questions.
2. Access to linkage and referral services. This component is intended to provide support to maternal health providers as they assist women to access community mental health and support services (e.g., clinic treatment, case management, peer support). Maternal health providers can contact Project TEACH MMHI and ask for a list of referrals to meet the treatment and support needs of their patient. In order to be successful, the referral service must be capable of providing information about appropriate and accessible intervention, treatment, and support services. It is expected that staff who are responsible for referral and linkage for children's mental health services will also be responsible for providing linkage and referrals to maternal mental health services. Staff must regularly survey providers throughout New York State to create and maintain a directory of maternal health providers, the services that are available and any limitations to delivering services.
3. Provision of Training and Education – Provide training and education to maternal mental health providers to expand their knowledge around maternal mental health and increase their comfort level providing treatment. This component must use the same infrastructure as that used to provide training and education on children's mental health. All trainings must include CMEs.
 - a. Provide a minimum of two ½ day intensive trainings per year for maternal health providers. Each ½ day training must include a minimum of three 1hr follow-up sessions which provide case-based learning.
 - b. Provide a minimum of 3 web-based trainings per year
 - c. Develop a Maternal Mental Health toolkit which will be housed on the Project TEACH website
 - d. Develop resources for maternal health providers and for women and families which will be housed on the Project TEACH website
4. Staffing of the MMHI services must include a Reproductive Psychiatrist with the following qualifications:

	Required	Recommended
Board Certification	Adult Psychiatry (American Board of Psychiatry and Neurology in good standing and up to date on certification) Licensed in NYS	Consultation Liaison Psychiatry Experience or Consultative Liaison Psychiatry Fellowship or Fellowship in Maternal Psychiatry or Perinatal Psychiatry or Women's Mental Health
Experience	5 years direct care in Reproductive Psychiatry	Experience providing consultation to OB/GYNs or Experience working in a Collaborative Care setting or Experience working in a Co-located care practice
Teaching/ Scholarly Work	Experience teaching about maternal mental health in one or more of the following settings: medical school, residency program, fellowship program or other groups and/or Experience developing trainings and lectures in reproductive psychiatry	Scholarly work on maternal mental health at national conferences or academic programs

F. Children's Mental Health Specialty Consultation – OMH seeks to expand services and provide expert consultation to pediatric primary care providers in specialty areas that have been identified through needs assessment.

Requests for specialty consultation will be made through the Project TEACH --warmline and through the Project TEACH website. Specialty consultations may be delivered by a CAP or by a Psychologist/Clinical Social Worker/LMHC depending upon the specialty area and the specific consultation question.

The applicant must outline a plan for providing specialty consultation which includes:

1. Proposed staffing - Prescriber and/or non-prescriber experts, must be identified for each of the following areas of specialty consultation:

- Infants and Children ages 0-5,
- Behavioral assessment and treatment for ASD/IDD (recommend BCBA);
- Medication and non-medication intervention for Substance Use Disorder,
- LGBTQ+- Wellness and mental health concerns
- Problematic sexual behavior assessment and treatment.

Staffing for Specialty Consultants must meet the qualifications described below.

Psychiatrists	Required	Recommended
Certification	Child and Adolescent Psychiatry certification - American Board of Psychiatry and Neurology in good standing and up to date on certification and licensed in NYS.	
Experience	Minimum of 2 years direct care experience in the specialty area	Consultation Fellowship
Teaching/ Scholarly Work		Written/published/scholarly presentations.
Other Specialty Consultants	Required	Recommended
Certification	NYS License in their discipline	
Experience	Minimum of 2 years experience working with children and families and a Minimum of 2 years working in the specialty area	
Teaching/ Scholarly Work		Written/published/scholarly presentations.

CAPs who are involved in providing staffing for the other components of Project TEACH and who have expertise, as described above, in one of the specialty consultation areas may also be involved in providing specialty consultations.

2. Capacity – The applicant must describe a design which provides a total pool of 46 hours weekly available for specialty consultations and the capacity to provide a specialty consultation within 5 business days of a request. Expert consultants who are not fully occupied providing consultation may then contribute to developing training materials.
3. The awardee will contract with the consultants to deliver the consultations and training. The consultants will be paid after delivery of the consultations/training and any unused funds will be returned to OMH.

In addition to the above services, applicants must also address the following components which serve to support, promote and evaluate Project TEACH services.

G. Project TEACH Website – The Project TEACH website supports promotion of Project TEACH services and provides quick access to consultations, screening tools, resources for primary care providers and families, and access to web-based training.

The Project TEACH website is owned by OMH and responsibility for maintenance and functionality is transferable to the new awardee.

The applicant will submit a plan to:

1. Provide ongoing website maintenance and functionality throughout the duration of the contract
2. Provide required security testing
3. Update website information and resources regularly
4. Monitor and analyze website utilization and user penetration and implement website updates based on the analysis and informed by best practices.
5. Ensure that the website supports promotion, registration, hosting of web-based training, and a system for tracking all CMEs including certifications as described in Section 5.2.D.4 or that the website links to a learning management system that accomplishes the same purpose.
6. Ensure that the website is in place and operational by July 1, 2021.
7. If applicable, the applicant must identify the sub-contractor who will be responsible for the website and must detail their expertise including their specific experience developing, updating and maintaining similar websites

The website will be owned by OMH. Updates to the website will conform to OMH design standards and will be subject to approval by the OMH Public Information Office.

H. Marketing and Promotion– The applicant will be responsible for continued marketing of Project TEACH, using the standardized Project TEACH branding, and for increased use of services. The applicant must develop a comprehensive marketing plan for promotion of all Project TEACH services.

1. The marketing plan may include:

- Digital marketing strategies –Print and email strategies
- Outreach to stakeholders and informational presentations
- Tabling at professional conferences
- A plan for coordinated and ongoing outreach to Pediatric and Maternal mental health providers throughout NYS. (See section I)
- Partnership with AAP/AAFP/CLMHD/ACOG and other statewide and regional professional organizations to further broaden promotional efforts. If the recipient plans to sub-contract with stakeholder agencies, they must provide a plan which includes specific deliverables and the associated costs.
- Strategies for outreach to pediatric and maternal health providers. (See section I. Engagement)
- Strategies for outreach to other audiences such as families, child serving providers, hospital and residency programs. In the past five years, Project TEACH has worked with a small group of parents/caregivers for input in the development of parent/family resource materials. The applicant must include details on how input from parents/caregivers will be continued.
- Development of uniform materials and slide decks which can be used in presentations to introduce and encourage use of Project TEACH services.

2. The applicant must provide plans for concrete and measurable data collection and review to ensure marketing strategies are successful, effective and proven to increase use of Project TEACH services.

3. The applicant must identify the staffing or the sub-contractor responsible for implementing the marketing and promotion plan and must detail, their expertise providing marketing and promotion within the healthcare industry and any specific experience and expertise promoting mental health and working with pediatric primary care providers.

4. The recipient will partner with OMH and the OMH Public Information Office to ensure that regional and statewide promotional materials are consistent with OMH mission, branding guidelines and objectives and to identify additional avenues of distribution.

I. Engagement – It has been demonstrated that the success of a consultation program such as Project TEACH is dependent upon the relationships that are developed with the primary care providers in local communities. While Project TEACH providers have received positive feedback from participating PCPs, the number of providers using the service is still less than 1/3 of the pediatricians and family practitioners in New York State. The recipient will coordinate efforts to increase the participation of pediatric primary care providers and to increase participation of maternal health providers as the MMHI services are expanded. The recipient will:

1. Develop and maintain a current database of the pediatricians/family practice providers and of maternal health providers in New York State
2. Develop a plan for coordinated and ongoing outreach to pediatric PCPs and to maternal health providers throughout New York State.
 - a. Engagement with pediatric providers – In coordination with the project leadership and marketing team, CAPs who are providing warmline coverage will be responsible for systematic and uniform outreach to pediatric PCPs when they are not providing consultations or engaged in development of training. The applicant must provide a plan that includes: development of a uniform approach and materials for outreach by the marketing team in conjunction with the CAPs, the number of pediatricians/pediatric practices each consulting CAP will be responsible to regularly engage with, the weekly expectations for outreach and how this outreach will be evaluated.
 - b. Engagement with maternal health providers - In coordination with the project leadership and marketing team, the MMHI Psychiatrists who are providing warmline coverage will be responsible for systematic and uniform outreach to maternal mental health providers when they are not providing consultations or engaged in development of training. The applicant must provide a plan that includes: development of a uniform approach and materials for outreach by the marketing team in conjunction with the MMHI psychiatrists, the number of maternal mental health providers/practices each consulting MMHI Psychiatrist will be responsible to regularly engage with, the weekly

expectations for outreach and how this outreach will be evaluated.

3. Maintain a web-based system for collecting data about who is using Project TEACH services.
4. Analyze the use of Project TEACH and Project TEACH MMHI services by prescribers to inform engagement efforts.

5.3 Evaluation and Reporting

Evaluation

Child psychiatry access programs such as Project TEACH are promising interventions in mental health services for children and youth and their families. Both internal evaluation of the programs' services and evaluation of the program's effectiveness are integral to improvement of the model to better meet the mental health needs of children. The recipient will be responsible for ongoing evaluation of the individual services provided and for evaluation of the overall impact of Project TEACH.

- A. Collect and maintain performance data
- B. Generate quarterly performance reports based on performance data to monitor progress towards achieving the deliverables;
- C. Utilize a variety of techniques (survey, data, trend analysis) to implement internal evaluation of the consultation, linkage and referral and training services, including utilization patterns, and use this information to develop strategies to improve services and to increase participation;
- D. Utilize performance data to modify practices and improve delivery of Project TEACH services.
- E. In collaboration with OMH, facilitate sharing of evaluation results with key stakeholders such as the Project TEACH Advisory Committee, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), ACOG, Midwives Association, and the Conference of Local Mental Hygiene Directors (CLMHD);
- F. All dissemination or presentation of data, evaluations, scholarly reports and publications must be coordinated with and approved by OMH in advance.

Reporting

The recipient of this award is required to track and report data for each service component of the project (i.e., consultation, linkage, and training), and to participate in program evaluation. It is expected that the recipient will submit quarterly reports to OMH by the fifteenth of the following month. The specific format of the quarterly reports will be determined.

The data elements that will be tracked monthly include but are not limited to the following:

1. Enrollment
 - a. Number and type of enrolled prescribers
 - b. Demographic information including geographic region and type of practice
2. Consultations
 - a. Total number of child mental health consultations and distribution across delivery methods (e.g. telephonic, electronic (e-mail), tele psychiatric, in-person);
 - i. Total number of specialty consultations by specialty area
 - ii. Total number of maternal mental health consultations
 - b. Demographics – Age of patient, insurance coverage
 - c. Geographic locations of consultations by county;
 - c. Requesting prescriber (e.g., pediatrician, family practitioner, nurse practitioner, psychiatrist);
 - d. Average length of time from requesting call to consultation by program staff
 - e. Type of recommendations made by the psychiatrist.
3. Education and Training
 - a. Number of educational sessions/trainings held; their dates and locations
 - b. Number of providers in attendance
 - c. The topics of the trainings and instructors
CME/CEU credits provided
4. Linkage with community-based services
 - a. Total number and type of referrals made for children’s mental health and for maternal mental health services
 - b. Demographics – Age of patient, insurance
 - c. Geographic location/distribution of referrals by county
 - d. Type of community-based support service linkage provided
5. Engagement
 - a. Number pediatric PCPs and maternal health providers contacted
 - b. Engagement strategy, e.g. email, phone call, in-person visit
6. Marketing
 - a. Summary of marketing strategies used
 - b. Impact of marketing strategies
7. Evaluation process and activities
 - a. Summary of evaluation activities

OMH will review the reported data to evaluate whether the program is meeting the expected deliverables and the efficacy of the program.

In addition, the awardee will be required to submit an annual cost report using the Consolidated Fiscal Reporting System. The Consolidated Fiscal Reporting System (CFRS) is a standardized reporting method consisting of schedules which, in different combinations, capture financial information for budgets, quarterly and/or mid-year claims, an annual cost report, and a final claim.

5.4 Operating Funding

The recipient must submit a 5-year budget which supports the components and deliverables outlined in Sections 1.2 and 5.2. The maximum amount of funding available to support the outlined expected deliverables is \$16,415,000 over the five-year contract. The recipient must include any anticipated Cost of Living Adjustments (COLAs) within the 5-year budget. OMH will not provide additional funding for COLAs.

The budget for year one must support all the program components and deliverables described in Section 1.2 which include the following expected level of activity.

Component	#
Phone Consults/year	2800
Face-to-Face Consults/year	420
*Combined Phone Consults and Face-to-Face consults (x 6.667) per year	5600
<p>NOTE: In the event that either phone consults or face-to-face consults do not meet the target level, a combined target number can be calculated by multiplying the number of face-to-face consults you have done by 6.667* and adding that number to the number of phone consults. (*This ratio equals the number of phone consultations divided by the number of face-to-face consultations.)</p>	

As the recipient implements a robust plan of marketing and promotion, including regular outreach to PCPs and Maternal Health providers, the demand for services may increase above the expected deliverables in Section 1.2. To meet that increased demand for services, the applicant may propose levels of performance that exceed the above levels in which case the budget for years 2-5 in the applicant's proposal may reflect increased staffing levels to account for projected increases in

performance. The applicant must describe the rationale for the projected increase, the target level of performance for each of the components and must justify the corresponding staffing and budget increases. The maximum amount of funding available to support the outlined expected deliverables and the applicant's proposed enhanced level of performance for years 2-5 is \$17,500,000 over the five-year contract.

Performance audits will be based on the performance deliverables described in Section 1.2 set forth in the Agreement resulting from this RFP. In the event, an incremental level of funding was obtained in years 2-5, a periodic review will assess whether the recipients projected annual levels of performance have been reached. If the projected level of performance was not reached, the incremental funding will not be continued in the subsequent year. The subsequent year's funding will be based on the current level of performance.

OMH reserves the right to negotiate performance requirements. The bid costs cannot change due to performance changes.

6. Proposal Narrative

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

6.1 Organizational Experience and Qualifications

Utilizing all of the components in Section 2.5 – Eligible Agencies, the applicant must respond to the following:

- a) The applicant must describe their Organizational Experience and Qualifications
- b) The applicant must provide a concise description of their organization
- c) The applicant must describe the agency's experience providing child and adolescent mental health services and the applicant's experience providing culturally relevant services in collaboration with key community entities, consumers, and their families.
- d) The applicant must describe their knowledge and experience providing consultation services for prescribers working with children age 0-21.
- e) The applicant must describe their experience providing trainings for pediatric primary care providers to increase their knowledge, skills, and ability to integrate services within their practice for children with mild to moderate mental health problems.
- f) The applicant must describe their relationship

within its broader community, experience building relationships with primary care physicians, and previous or current affiliation with the key stakeholders in this initiative (AAP, AAFP, and CLMHD).

- g) The applicant must describe their experience evaluating programs and measuring the impact of specific components.

6.2 Organizational Structure

Utilizing all of the components in Section 5.2.A. – Organizational Structure, the applicant must respond to the following:

- a) Describe the applicant’s plan for operating one warmline number and the staffing needed to support the warmline, at a minimum, Monday through Friday between the hours of 9:00 am and 5:00 pm
- b) Describe the applicants plan for staffing an administrative team responsible for the coordination of all Project TEACH services and for staffing Regional Teams that will provide services.
- c) Describe the applicant’s plan for assuming responsibility of and providing Project TEACH services as of July 1, 2021.
- d) Describe the applicant’s plan to convene an advisory council in collaboration with OMH.
- e) Describe the applicant’s plan to establish an Advisory Group for the Maternal Mental Health Initiative.
- f) The applicant must provide an organizational chart with a description of the organizational structure, lines of supervision, and management oversight for Project TEACH.
- g) The applicant must provide a staffing plan. The staffing plan must include %FTE, roles and responsibilities, and required certification and experience for each position. Resumes must be included as attachments.
- h) The applicant must describe the work experience and other relevant background of key individuals who will be responsible for other key tasks, such as: coordination and production of training; data collection, monitoring ongoing progress; and preparing quarterly reports. Resumes must be included as attachments.

6.3 Consultation Service

Utilizing all of the components in Section 5.2.B. – Consultations Service, the applicant must respond to the following:

- a) The applicant must describe their plan to provide child

- psychiatric telephone consultations and face-to-face consultations statewide to pediatric prescribers
- b) The applicant must describe the competencies, qualifications and board certification of the child and adolescent psychiatrists who will provide the consultations. Resumes must be included as attachments.
 - c) The applicant must describe the utilization of support staff (e.g., administrative or coordinative positions that will be used to provide the service. Resumes must be included as attachments.

6.4 Linkages and Referral Service

Utilizing all of the components described in Section 5.2.C. – Linkages and Referral Service, the applicant must respond to the following:

- a) The applicant must describe their plan to provide linkage and referrals services to pediatric prescribers
- b) The applicant must describe the competencies and qualifications of the professional staff retained to provide this service. Resumes must be included as attachments
- c) The applicant must describe the utilization of support staff (e.g., administrative or coordinative positions). Resumes must be included as attachments

6.5 Training Service

Utilizing all of the components in Section 5.2.D. – Training Service, the applicant must respond to the following:

- a) The applicant must describe their plan to provide training and education to pediatricians and the primary care workforce.
- b) The applicant must describe the staffing plan, identifying the competencies and qualifications of the child adolescent psychiatrists providing the trainings (if different than staffing plan in 6.3 resumes must be uploaded).
- c) The applicant must describe the utilization of support staff (e.g., administrative or coordinative positions). Resumes must be included as attachments.

6.6 Maternal Mental Health Initiative

Utilizing all of the components in Section 5.2.E – Maternal Mental Health Initiative, the applicant must respond to the following:

- a) The applicant must describe their plan for providing maternal mental health consultation, training and assistance with referral and linkage services.
- b) The applicant must describe the proposed staffing and qualifications of the Reproductive Psychiatrist. Resumes must be included as attachments.
- c) The applicant must provide a target number of consultations for Year 1 and a detailed timeline for increasing utilization.

6.7 Children’s Mental Health Specialty Consultation

Utilizing all of the components in Section 5.2.F – Children’s Mental Health Specialty Consultation, the applicant must respond to the following:

- a) The applicant must describe their plan for providing expert children’s psychiatric specialty consultation in areas to include: Infants and Children ages 0-5, Behavioral assessment and planning for ASD/IDD (recommend BCBA); Non-medication intervention for Substance Use Disorder; LGBTQ+- Wellness and mental health concerns; Problematic sexual behavior assessment and treatment
- b) The applicant must provide proposed staffing for each of the specialty consultation areas including credentials, experience, and expertise. Indicate whether CAPs who are involved in providing staffing for the other components of Project TEACH and who have expertise, in one of the specialty consultation areas may also be involved in providing specialty consultations Resumes must be included as attachments
- c) The applicant must describe their ability to meet the identified required level of capacity.
- d) The applicant must provide plan for paying specialty consultants after delivery of the consultations/training and return of any unused funds, that were set aside for specialty consultation/training, to OMH at the end of the fiscal year.

6.8 Project Teach Website

Utilizing all of the components in Section 5.2.G. – Project TEACH Website, the applicant must respond to the following:

- a) The applicant must describe their plan to maintain and update the current Project TEACH website. The applicant must identify the staffing or the sub-

contractor responsible for the Project TEACH website and must detail their experience, their expertise with website development and maintenance within the healthcare industry and any specific experience and expertise with development of websites focused on mental health and pediatric primary care providers.

6.9 Marketing and Promotion

Utilizing all of the components in Section 5.2.H. – Marketing and Promotion, the applicant must respond to the following:

- a) The applicant must describe their marketing plan for promotion of all Project TEACH services and for increasing the use of services
- b) The applicant must provide plans for data collection and review to ensure marketing strategies are successful
- c) The applicant must identify the staffing or the sub-contractor responsible for implementing the marketing and promotion plan and must detail their expertise providing marketing and promotion within the healthcare industry and any specific experience and expertise promoting mental health and working with pediatric primary care providers. Resumes must be included as attachments.
- d) The applicant must describe how it will partner with OMH and the OMH public information officer for distribution of regional and statewide promotional materials.

6.10 Engagement

Utilizing all of the components described in Section 5.2.I. – Engagement, the applicant must respond to the following:

- a) The applicant must describe their plan to coordinate efforts to increase the participation of pediatric primary care providers, to continue to engage providers who are enrolled in Project TEACH and to increase participation of maternal health providers as the MMHI services are expanded.

6.11 Reporting and Evaluation

Utilizing all of the components in Section 5.3 – Evaluation and Reporting, the applicant must respond to the following:

- a) The applicant must provide their plan to evaluate the effectiveness and impact of Project TEACH

- b) The applicant must provide their plan to track and report data for each service component.

6.12 Financial Assessment

The applicant must use the required budget forms (Appendix B- Operating Budget and B1-Budget Narrative) to develop their 5-year budget and budget narrative. The applicant must add line items for expenses that are not detailed in the Budget form.

Do not substitute your own budget format.

- A. Complete the Appendix B that includes the following:

The total budget to support the outlined deliverables must not exceed \$16,415,000 over the 5 year contract and the applicant's proposed enhanced level of performance for years 2-5 must not exceed \$17,500,000 over the 5 year contract.

The budget must support all the outlined program components and deliverables and level of activity.

The budget must list personnel costs by position, FTE, and salary/hourly rate. If the applicant's proposal includes increased staffing levels in Years 2-5 to account for projected increases in performance level, the budget must detail these additional staffing costs for Years 2-5.

Administrative costs cannot be more than 15%. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement

The applicant must include any anticipated COLA's within the 5 year budget. OMH will not provide additional funding for COLA's.

- B. Complete the Appendix B1 that includes detailed expense and revenue components that make up the total operating budget and the calculation that supports the budgeted value of each category as follows:

Staff positions, including contractual staff, must be detailed with position, FTE/hours per week, salary/hourly rate and fringe benefits.

Other expenses (travel, contractual, marketing and promotion) and/or durable goods (e.g. technology) needed to implement Project TEACH services must be outlined with specific detail about what is covered in that expense. Describe how the needed resource and/or durable goods is

directly related to the implementation of Project TEACH.

If the applicant's proposal includes increased staffing levels in Years 2-5 to account for projected increases in performance, the applicant must describe the rationale for the projected increase, the target level of performance for each of the components and must justify the corresponding staffing and budget increases.

References:

GALLUP. *U.S. Parents Say COVID-19 Harming Child's Mental Health*. Retrieved from <https://news.gallup.com/poll/312605/parents-say-covid-harming-child-mental-health.aspx>

American Academy of Child & Adolescent Psychiatry. *Workforce Maps by State. Practicing Child and Adolescent Psychiatrists*. Retrieved from https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

Gassman-Pines A, Ananat EO, Fitz-Henley II J. COVID-19 and parent-child psychological well-being. *Pediatrics*. 2020; doi: 10.1542/peds.2020-007294. Retrieved from <https://pediatrics.aappublications.org/content/early/2020/08/04/peds.2020-007294>

Stein BD, Kofner A, Vogt WB, Yu H. *A National Examination of Child Psychiatric Telephone Consultation Programs' Impact on Children's Mental Health Care Utilization*. *J Am Acad Child Adolesc Psychiatry*. 2019;58(10):1016-1019. doi:10.1016/j.jaac.2019.04.026

Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr*. 2019;173(4):389–391. doi:10.1001/jamapediatrics.2018.539