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2021 Project Teach RFP

Questions & Answers

1. Q: If we think we need more than 3.5 FTE for the linkage/referral position to meet the deliverables, how do we approach that in the application? Can we submit for a higher FTE? if not, can we add in resources from another category (e.g. marketing or education/training) to augment the 3.5 FTE salary support?

A: Applicants should submit a staffing plan and budget that will support all of the components of Project TEACH. It is anticipated that 3.5 FTEs will be sufficient to meet the annual expected deliverables of the referral and linkage services. Staffing may include other positions as needed to support Project TEACH services. As stated in the RFP, the applicant should provide a rationale for the proposed staffing in the proposal narrative and in the budget narrative. The applicant's rationale should include justification for increasing staffing above the level of staffing that OMH has outlined and should show that increasing staffing in one area will not affect the applicant's ability to meet other deliverables. The applicant should also show that staff that are used to meet the deliverables of two or more Project TEACH roles have the qualifications and experience necessary for each of the components they will be covering.

2. Q: If we do a face to face (FTF) evaluation for bridging purposes (e.g. psychiatrist not available in community for extended period) and PCP managing in the meantime) can we see the patient/family for a follow up appointment and have that count as an additional FTF?

A: If a FTF consultation has been completed, any additional follow-up FTF appointments for bridging purposes may be counted as an additional FTF. As required for initial FTFs, any additional FTFs should include a follow-up report to the pediatric PCP within two business days.

3. Q: Will a recording of the 6/29/2021 bidder's conference be available?

A: No, a recording of the 6/29/2021 bidder's conference will not be available. As stated in the RFP, "Attendance at the Bidder's Conference is highly recommended though not required to apply for Project TEACH. It will be the bidders' only opportunity to learn more about and hear the information to be shared regarding the Project TEACH RFP".

4. Q: What are the maximum number of Objectives, Tasks and Performance measures allowed by the state (RFP page 11)?

A: The standard allowance is 30 Objectives with 60 associated Tasks & 90 associated Performance Measures.

5. Q: Are some of the Objectives specified in the work plan and if so, what are they?

A: Work plans are to be completed by the awardee, there will be no pre-filled information available to choose from.

6. Q: If a proposal includes more than 3.5 FTE social workers/LMHC/psychologist staffing to cover regional teams, coordinate the consultation service etc. (RFP page 25), and the RFP response includes a rationale for doing so, will the response be disqualified?

A: See answer to Question 1.

7. Q: Staff are expected to create and maintain a directory of local community providers (RFP page 28) and maternal health providers (RFP page 32) – can the provider include staffing in addition to the 3.5 FTE social workers/LMHC /psychologist staffing to create and maintain these directories?

A: See answer to Question 1.

8. Q: While the RFP requires Face-to-Face Consultation (RFP page 26), can these consultations take place virtually when necessary given pandemic related public health precautions?

A: Yes, Face-to-Face Consultation may take place virtually. An in-person or telehealth option should be offered to every family regardless of whether there are public health precautions in place. As long as OMH pandemic guidance is followed, it should be the family's decision which option they choose. The applicant should be prepared to assist all families with accessing the telehealth option and should include this in their proposal.

9. Q: While the RFP requires 10 CAP on-site trainings and in-person training (RFP page 28), can these trainings take place virtually when necessary given pandemic related public health precautions?

A: Yes, the on-site trainings and in-person trainings may be offered virtually when necessary due to public health precautions. Please note that the recipient "will submit a plan annually for OMH review and approval that specifies the locations, dates, agenda, faculty and schedule of follow-up sessions for that year's intensive trainings." It is expected that the recipient will communicate with OMH regarding planning for all trainings including whether the trainings will be held in-person or virtually.

10. Q: For children's mental health specialty consultation, the RFP states that the applicant should have the capacity for 20 hours a week of consultation. Should we put into the budget 20 hours a week at x dollars per hour, and then outline the number of dollars for each service – phone consultation, face-to-face consultation, education.

A: The applicant should include in their budget the amount of funding that is set aside annually to provide 20 hours weekly of children's mental health specialty consultation across all specialty areas. The budget narrative should include the anticipated number of hours and cost per hour for each type of specialty consultation. Use of the consultants to develop trainings and/or resources is one way that an applicant can use consultants

especially in the first year as the demand for specialty consultation is building and as the recipient assesses the need for each consultation in each specialty area. If the applicant plans to use specialty consultants to develop trainings and/or resources, the applicant should describe the number of hours that specialists will be used for those tasks. If the specialty consultation budget is not fully utilized in a given year for specialty consultation/training/resource development the excess funding will be returned to OMH.

11. Q: Can we set aside less than 20 hours a week for the specialty consultation in anticipation that the demand for specialty consultation builds over the five years but may not be high in the first year.

A: See answer to Question 10. OMH anticipates that in the first year, specialty consultants will be used to develop training and resources while the demand for specialty consultation builds.

12. Q: Do we submit a monthly report on the use of specialty consultation?

A: Yes, OMH will work with the recipient on the data related to specialty consultation that should be included in the monthly report. OMH will reference the monthly reports to determine whether the recipient has provided 20 hours of specialty consultation/training/resource development weekly to determine whether there is excess funding to be returned to OMH.

13. Q: Is it acceptable to use the specialty consultation consultants to educate the Project TEACH CAPs?.

A: Yes, the recipient may utilize specialty consultants to provide education to Project TEACH CAPs as long as it is related to supporting the CAPs in providing assistance to pediatric PCPs. See answer to Question 10. It is anticipated that this would be a minimal use of specialty consultation time. See answer to Question 12 – this use would also be reported in the monthly report.

14. Q: Is it okay to provide face-to-face children's mental health specialty consultation?

A: It is not required that the applicant provide face-to-face children's mental health specialty consultations. The applicant may propose offering face-to-face specialty consultations if their staffing and budget allow for this service without compromising the delivery of other Project TEACH components or the recipient's ability to meet the expected deliverables including response time.

15. Q: If maternal mental health face-to-face consultations are provided, will those consultations count towards the expected deliverable of 420 face-to-face consultations per year?

A: It is not required that the applicant provide face-to-face maternal mental health consultations. The applicant may propose offering face-to-face maternal mental health consultations by a reproductive psychiatrist if their staffing and budget allows for this service without compromising the delivery of other Project TEACH components and or the recipients ability to meet the expected deliverables including response time. If face-to-face maternal mental health consultations are offered, then OMH will work with the recipient in applying credit towards the expected maternal mental health deliverables.

16. Q: If children's specialty face-to-face consultations are offered, will those consultations count towards the expected deliverable of 420 face-to-face consultations per year?

A: All children's mental health specialty consultations count towards the expected annual deliverables. Children's mental health specialty phone consultations count towards the expected deliverable of 2800 children's mental health phone consultations annually. If offered, children's mental health specialty face-to-face consultations would count towards the expected deliverable of 420 children's mental health face-to-face consultations annually.

17. Q: If a children's mental health face-to-face consultation is divided into two meetings, does it count as one face-to-face or two face-to-face consultations?

A: A face-to-face consultation counts as one consultation regardless of the number of meetings the CAP uses to complete the consultation.

18. Q: Regarding engagement contacts, specific outreach to market the program, does this refer to contact with individual practitioners? If we go to a practice and meet with 10 practitioners does this count as ten contacts?

A: With this component, OMH seeks to support one-to-one connection with providers to promote Project TEACH services and engage pediatric and maternal health providers. If a CAP or RP speaks on the phone with a pediatric provider or maternal health provider that would count as one contact. If a CAP or RP travels to a pediatric or maternal health practice and meets in person with ten providers that would count as ten contacts.

19. Q: Regarding the incentivized funding, is the threshold for the increased dollars the same in Year 3 as in Year 2?

A: Yes, each year at the end of the third quarter, OMH will review whether the recipient has met 75% of the expected deliverables (which would be 2100 phone consultations and 315 face-to-face consultations) as of September 30th. If the recipient has met these deliverables, then they will be eligible to receive the funding for the following year that is outlined in their "4 Year Budget Template for Project TEACH RFP. Years 2-5 for increased deliverables". If the recipient has not met the annual expected deliverables, then they will receive the funding for the following year that is outlined in their 5-year budget.

Applicants should note that OMH has outlined increased deliverables for the increased funding. Meeting the increased deliverables is not required for the recipient to receive the incentivized funding for the following year. However, it is anticipated that in a year in which the recipient is receiving the funding outlined in their "4 Year Budget Template for Project TEACH RFP. Years 2-5 for increased deliverables" the recipient's deliverables will increase as well.