



Project TEACH

Request for Proposals

June 2021

Online Submission Required

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State (NYS) 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 January 1, 2022 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 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 and other deliverables can be found in Section 5.2

Component	Expected Deliverables	Notes
Warmline	One Warmline	See Section 5.2.A.1 for further detail.
Project TEACH website	Maintain and update the current Project TEACH website	See Section 5.2.G for further detail.
Child and Adolescent Psychiatry (CAP) Phone Consultations	2800 annually	See Section 5.2.B.1 for further detail.
Maternal Mental Health (MMHI) Phone Consultations	1400 annually	See section 5.2.E.1 for further detail
CAP Face-to-Face Consultations	420 annually	See Section 5.2.B.2 for further detail.
CAP and MMHI Referral and Linkage Services	1320 annually combined	See Section 5.2.C and Section 5.2.E for further detail.
CAP Outreach and Engagement	2800 annually	See Section 5.2.I.2 for further detail.
MMHI Outreach and Engagement	1400 annually	See section 5.2.I.3 for further detail.
CAP On-site Core Training	Minimum of ten per year	See Section 5.2.D.1 for further detail
CAP Intensive Training	2 trainings focused on Children's Mental Health per year with 6 follow-up sessions for each training	See Section 5.2.D.2 for further detail
MMHI Intensive Training	Two ½-day Maternal Mental Health training per year with 3 follow up sessions for each training	See Section 5.2.E.3 for further detail.
CAP On-line Training	Minimum of five new per year related to children's mental health	See Section 5.2.D.3 for further detail.
MMHI On-line Training	Three new per year related to maternal mental health	See Section 5.2.E.3 for further detail.

Specialty Consultation	Minimum 20 hours weekly	See Section 5.2.F for further detail.
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1.3 Target Population

New York State 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 Bidder's Conference

A Bidder's Conference indicated below has been scheduled to provide information regarding 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. In the event that an organization has multiple staff at the Bidder's Conference, they should choose one individual to act as spokesperson and present any questions they may have. Pre-registration is not necessary. These dates are subject to change. Any changes will be announced on the OMH website at: <https://omh.ny.gov/omhweb/rfp/>

Date: June 29, 2021 **Time:** 11am-12:30pm
<https://meetny.webex.com/meetny/j.php?MTID=mc9386c39ba5cf55b91f4a9b5f6e3c338>

2.3 Key Events/Timeline

RFP Release Date	June 14, 2021
Bidders Conference	June 29, 2021
Questions Due	July 6, 2021
Questions and Answers Posted on Website	July 13, 2021
Proposals Due by 3:00 PM EST	August 17, 2021
Anticipated Award Notification	September 8, 2021
Anticipated Contract Start Date	January 1, 2022

2.4 Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned.

2.5 Eligible Applicants

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

Please be advised that all questions regarding Eligibility will be responded to at the Bidders Conference and/or through the official posting of the Questions and Answers. No questions about Eligibility will be responded to individually.

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 July 13, 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 August 17, 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 8/17/2021 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 specified in Section 2.3 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 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)	5
Organizational Structure (6.2)	7
Consultation Services (6.3)	10
Linkage and Referral Service (6.4)	10
Training Service (6.5)	10
Maternal Mental Health Initiative (6.6)	10
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)	5
Financial Assessment (6.12)	25
Total Proposal Points	110

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 75 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score in Section 6.3 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 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 – which must be available to all pediatric primary care providers and maternal health providers throughout New York State. The following components must be included in the organizational structure.

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 (RP) must be available to respond to a request for a consultation from a maternal health provider (either via the warmline or through the website/email) immediately or offer a call back within 30 minutes.
- Specialty phone consultations must be available within 5 business days of a prescribers' request
- Receive and respond to routine electronic mail or website requests within one business hour.

2. Staffing –

- Administrative Team - It is required that there is 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 anticipated that this role will not require more than 20 hours per week)
 - Project Director – The Project Director will be responsible for the coordination of all components of Project TEACH and will work with the Medical Director and with OMH to deliver and promote Project TEACH services. The Project Director connects the consultation, training and linkage and referral services with the website, marketing and promotion, and engagement components. Primary responsibilities for this position include:
 - Outreach and engagement with stakeholders and partners such as state agencies, professional organizations, and managed care organizations. This component includes coordination of presentations about Project TEACH as well as development of presentation materials;
 - Coordination of marketing strategies with outreach and engagement by the CAP/RP staff;
 - Coordination of trainings so that they are responsive to the outcome of evaluations

- and to outreach and engagement efforts;
- Coordination of website updates with the website staff/contractor to reflect analysis of analytics and use of best practices;
- Coordination of development of new resources for the website;
- Coordination of Project TEACH services with other OMH initiatives.

The position will require knowledge of the key issues around children's and maternal mental health and will require experience in the following areas:

- Management of a multi-component program;
- Building partnerships, collaboration and networking with multiple stakeholders and partners such as state agencies, professional organizations, managed care organizations;
- Delivery of education/training/CME across different platforms;
- Coordination of efforts to implement a marketing and promotion plan;
- Developing and delivering presentations;
- Identification of new partners and opportunities to enhance and grow a program.

It is anticipated that this position will be a full-time role.

- Staffing may include other positions such as but not limited to:
 - Project Administrator to oversee the day-to-day operations, data collection, and reporting. These responsibilities may also be included in the Project Director role.
 - Staffing to support virtual/on-line trainings.
 - IT Support
- Regional Teams - To facilitate statewide coverage and provision of services as detailed below, the structure must include regional teams.
 - There must be a minimum of three regional teams, and no more than seven teams.
 - 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 who have the qualifications described in Section 5.2.B.3. It is not required that the staffing for the site be located in the same physical location. It is anticipated that up to 3.5 FTE CAPs, irrespective of the number of sites, will be necessary to cover the regional teams and provide

the psychiatric staffing for all aspects of this RFP other than specialty consultation and maternal mental health.

- Regional teams must also include social worker/LMHC/psychologist staffing who have qualifications as described in Section 5.2.C.6. It is anticipated that up to 3.5 FTEs, irrespective of the number of sites, will be necessary to cover the regional teams, coordinate the consultation service and provide training and linkage and referral services including for specialty consultation and maternal mental health.

3. Staffing for the Maternal Mental Health Initiative and for Specialty Consultation – See Sections 5.2.E and 5.2.F for details on staffing for these components.

4. The recipient must assume responsibility for and provide Project TEACH services as of January 1, 2022. The applicant's proposal must include a plan that demonstrates that the recipient will be prepared to take over the existing Project TEACH website, and the existing Project TEACH social media sites, and that the following components will be in place and fully operational on January 1, 2022.

- One statewide warm line
- CAP Phone consultations and Face-to-Face consultations to pediatric PCPs
- Maternal Health Phone consultations
- Referral and Linkage services
- Project TEACH Website

5. Advisory Council - Project TEACH services benefit from the input of an Advisory Council whose members have provided planning direction. The applicant 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.

6. 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

7. 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.

The recipient must be prepared to offer phone consultations on January 1, 2022 and to provide 2800 CAP phone consultations annually.

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 telehealth option to all families that are referred for a face-to-face consultation. The applicant must be prepared to offer assistance to families to access the telehealth option.

The recipient must identify how they will meet the language access needs of the children and families who will be offered face-to-face consultations. This information should include the provision of best practice approaches to provide language access services (i.e. phone and video interpretation), information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources, and information related to addressing other language accessibility needs (Braille and limited reading skills).

The appointment time offered to a family for a face-to-face consultation, must be 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.

The recipient must be prepared to offer face-to-face consultations as of January 1, 2022 and to provide 420 CAP face-to-face consultations annually.

3. Child and Adolescent Psychiatrist (CAP) staffing for consultations. CAPs must be Child and Adolescent Psychiatrists who are:

- Certified by the American Board of Psychiatry and Neurology in child and adolescent psychiatry and meeting maintenance of certification requirements or eligible for Board Certification in child and adolescent psychiatry and within two years of graduation from an accredited child and adolescent psychiatry training program.
- Licensed in NYS, and

- Actively practicing primarily child and adolescent psychiatry.
- It is anticipated that up to 3.5 FTE CAPs, irrespective of the number of sites, will be necessary to cover the regional teams and provide the psychiatric staffing for all aspects of this RFP other than specialty consultation and maternal mental health.

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:

- Public and private systems of care that are available, dependent upon need, and taking into account client insurance.
- Evidence-based services for adolescents and young adults and families.
- Existing networks and youth peer and family supports.
- Supports and services that are available to meet the language access needs of children and families.

3. Requests for referral and linkage services must be responded to with resources within one business day.

4. The recipient must be prepared to offer linkage and referral services for both CAP and MMH requests on January 1, 2022.

5. The recipient must be prepared to provide 1320 referral and linkage services per year which includes CAP and MMH requests.

6. 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. It is anticipated that up to 3.5 FTEs, irrespective of the number of sites, will be necessary to

cover the regional teams, coordinate the consultation service and provide training and linkage and referral services including for specialty consultation and maternal mental health.

7. 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. 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. 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.

The recipient will offer a minimum of 10 CAP on-site trainings annually at pediatric primary care practices around the state.

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 2 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 and 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. 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. These trainings must be recorded and available on the website.

A minimum of five new CAP webinars will be offered annually.

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:

- CME required data collection
- Post-test and CME certificates
- User participation and completion

- CME Participant Certificate, with duplicate available to participant upon request

5. Develop a Pediatric Provider toolkit which will be housed on the Project TEACH website.

6. Practical educational materials for families/caregivers which are available on the Project TEACH website.

The recipient will develop a minimum of four educational materials annually, pdf or video, which are developed with input from a group of parent advisors. The materials must be available in English as well as in the six most common non-English languages spoken by Limited English Proficiency (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. Updates must be available in English as well as in the six most common non-English languages spoken by LEP individuals in the State of New York.

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 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 applicant must provide their plan for MMHI services that will include:

1. Access to phone consultation forty hours a week with a reproductive psychiatrist (RP). Phone consultation allows maternal health providers to speak on the phone with a reproductive psychiatrist to ask questions, discuss cases, or review treatment options. When a maternal health provider calls the warm line and requests a consultation, a Reproductive Psychiatrist (RP) must be available to answer the call immediately or offer to call back within 30 minutes. Phone consultations must include an offer for a future follow-up consultation to review the benefit of the recommendations and any further questions.

The recipient may provide face-to-face consultations if capacity permits.

The recipient must be prepared to offer phone consultations on January 1, 2022 and must be prepared to provide 1400 consultations annually.

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 and 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 and work with the Postpartum Resource Center of New York and the *American College of Obstetricians and Gynecologists* to create and maintain a directory of maternal health providers that details the services that are available and any limitations to delivering services.

The recipient must be prepared to offer linkage and referral services for both CAP and MMH requests on January 1, 2022.

The recipient must be prepared to provide 1320 referral and linkage services per year which includes both CAP and MMH requests.

3. Provision of Training and Education – Provide training and education by Reproductive Psychiatrists or other reproductive specialty consultants to maternal mental health providers to expand their knowledge around maternal mental health and increase their comfort level providing treatment. This component should use the same infrastructure as that used to provide training and education on children's mental health. All trainings must include CMEs.
 - 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.
 - Provide a minimum of 3 on-line trainings per year
 - Develop a Maternal Mental Health toolkit including rating scales which will be housed on the Project TEACH website
 - Develop a minimum of two educational materials for women and families which will be available on the

Project TEACH website. The materials must be available in English as well as in the six most common non-English languages spoken by Limited English Proficiency (LEP) individuals in the State of New York.

4. Staffing of the MMHI services – Staffing of the MMH services must include Reproductive Psychiatrists (RP) with qualifications listed in the table below. It is anticipated that staffing of up to 1.5 RP FTE will be utilized to provide the MMHI services. It is not required that this staffing be at the physical location of a regional team site.

	Required	Recommended
Board Certification	Certified by the American Board of Psychiatry and Neurology in General Psychiatry and meeting maintenance of certification requirements. 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	Certified by the American Board of Psychiatry and Neurology in General or Child and Adolescent Psychiatry and meeting maintenance of certification requirements.	
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

Licensure/Certification	Current state license in their profession	Certification in their discipline.
Experience	Minimum of 2 years experience working with children and families and 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.

Specialty Consultants will work with the Linkage and Referral staff to make referrals to specialized services.

2. Capacity – The applicant must be prepared to deliver a minimum of 20 hours of specialty consultation weekly throughout the year and have the capacity to provide a specialty consultation within 5 business days of a request. Expert consultants may contribute to developing training and resource materials.
3. The awardee will contract with the specialty consultants to deliver the consultations and training. Monthly reports will include the number of hours of specialty consultation that were provided as well as the amount of time spent of developing or delivering trainings. 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. Updates to the website will conform to OMH design standards and will be subject to approval by the OMH Public Information Office.

The applicant will submit a plan to:

- Provide ongoing website maintenance and functionality throughout the duration of the contract
- Provide required security testing
- Update website information and resources regularly
- Monitor and analyze website utilization and user penetration and implement website updates based on the analysis and informed by best practices to meet the needs of users and improve access.
- 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.
- Ensure that the website has transferred to the recipient and is operational on January 1, 2022.
- The applicant must identify the staffing or sub-contractor who will be responsible for the website and must detail their expertise working with a project such as Project TEACH or other health-care related initiatives. Include their specific experience developing, updating and maintaining dynamic, multi-layered websites which are targeted to health providers. Include their experience maintaining websites which are updated to: reflect analysis of use and use of best practices, support consultation, support promotion and registration for trainings, host web-based training, and maintain a system for tracking CMEs.

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 should include but need not be limited to:

- Digital marketing strategies – Print and email strategies.
- Social Media strategies
- Outreach to stakeholders and informational presentations.
- A plan for coordinated and ongoing outreach to Pediatric and Maternal Health providers throughout NYS. (See section I)
- Partnership with American Academy of Pediatrics (AAP)/American Academy of Family Physicians (AAFP)/American College of Obstetricians and Gynecologists (ACOG) and other statewide and regional

professional organizations as well as the Conference of Local Mental Hygiene Directors (CLMHD) 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, and insurance plans. 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 provide a specific plan detailing how input from parents/caregivers will be continued.
- Updating of the current uniform materials and slide decks using current Project TEACH branding 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 their specific experience and expertise promoting mental health and working with pediatric primary care providers and maternal health 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 in Project TEACH services, including Specialty Consultation services, and to increase participation of maternal health providers as the MMHI services are expanded. The recipient will:

1. 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 throughout New York State.
 - 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 by phone or by office visit 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.
 - The recipient will complete 2800 phone/in-person outreach to pediatric primary care providers annually.
3. Develop a plan for coordinated and ongoing outreach to maternal health providers throughout NYS.
 - 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 health providers by phone or by office visit 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 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.
 - The recipient will complete 1400 phone/in-person outreach to maternal health providers annually.
4. Maintain a web-based system for collecting data about who is using Project TEACH services.
5. 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 monthly 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 monthly reports to OMH by the fifteenth of the following month. The specific format of the monthly 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 consultations and distribution across delivery methods (e.g. telephonic, electronic (e-mail), tele psychiatric, in-person);

- i. Total number of child mental health consultations
 - ii. Total number of specialty consultations by specialty area
 - iii. 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 and type of educational sessions/trainings held;
 - b. their dates and locations
 - b. Number of providers in attendance
 - c. The topics of the trainings and instructors
 - d. 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

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 \$16,800,000 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.

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 outlined in Section 1.2 and 5.2.

If the applicant expects that their promotion efforts will result in an increased demand for services above the annual expected deliverables, they should submit the “4 Year Budget Template for Project TEACH RFP. Years 2-5 for increased deliverables” with increased CAP staffing which will be implemented if the annual expected deliverables are met. (See Section 1.2) The second budget may include an increase of up to .5 CAP FTE staffing for years 2-5.

The 4 Year Budget, with increased CAP funding, will only be implemented in Years 2-5 if the recipient meets a threshold of 75% of the annual expected deliverable by September 30th in the previous contract year.

Implementation of increased funding will trigger an increase in deliverables as seen in the table below.

	Annual expected deliverable	Annual expected deliverable with additional .5 FTE CAP in Years 2-5
Phone Consults	2800	3220
Outreach and Engagement	2800	3220
Face-to-face consultation	420	483
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.)		

Each September 30th, OMH will assess whether the recipient has met the performance deliverables described in Section 1.2 set forth in the Agreement resulting from this RFP.

In the event, funding for increased CAP staffing was obtained, the assessment will determine whether the recipient has continued meet the annual deliverable. If the annual deliverable was not met, the increased

funding will not be continued in the subsequent year and the recipient's funding for the subsequent year will be based on the original budget for that contract year.

The maximum amount of funding available to support a second budget that includes additional CAP staffing and the increased expected deliverables for years 2-5, is \$17,500,000 over the five-year contract.

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

The applicant must respond to the following:

- a) The applicant must provide a concise description of their organization.
- b) The applicant must describe their organization's number of years of 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.
- c) The applicant must describe their knowledge and experience providing child psychiatric consultation services for prescribers working with children age 0-21.
- d) 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.
- e) 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).
- f) 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) Warmline - Detail 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. Include the response time for each type of consultation service and for referral and linkage services. Include the number of regional teams and locations. Provide a rationale for the number of teams proposed.
- b) Administrative Team Staffing - Describe the applicant's plan to staff an administrative team responsible for coordination of Project TEACH CAP and MMHI services. Refer to section 5.2.A to ensure that all aspects of experience and qualifications are included. The applicant should include a description of specific responsibilities, %FTE, experience and qualifications for each of the following roles:
 - i. Medical Director
 - ii. Project Director position
 - iii. Other administrative and support positions needed to support the project such as a Project Administrator to oversee the day-to-day operations, data collection and reporting (if these responsibilities are not included in the Project Director role); production of virtual and on-line trainings and IT support.

Resumes may be included as attachments but should not replace the description of experience and qualifications in the narrative.

- c) Regional Teams – Describe the applicant's plan for regional teams. Include:
 - i) Number of teams, location and rationale for the number of teams and the sites.
 - ii) A staffing plan for the consultation, training and linkage services using the Project TEACH Staffing Plan table document. The staffing plan must include %FTE, roles and responsibilities, and required certification and experience for each position. Resumes may be included as attachments but should not replace completion of the table.

d) MMHI and Specialty Consultation Staffing – Provide a staffing plan for MMHI and Specialty Consultation using the Project TEACH Staffing table document. The staffing plan for these services should meet the standards outlined in Sections 5.2.E and 5.2.F. The staffing plan must include %FTE, roles and responsibilities and required certification and experience for each position. Resumes may be included as attachments but should not replace completion of the table.

e) Describe the applicant's plan for assuming responsibility of and providing Project TEACH services as of January 1, 2022. The plan should demonstrate that the recipient will be prepared to take over the existing Project TEACH website, will ensure a smooth transition and that the following components will be in place and fully operational on January 1, 2022:

- i. One statewide warm line
- ii. Child and Adolescent phone consultations and Face-to-Face consultations to pediatric PCPs
- iii. Reproductive Psychiatrist phone consultations to maternal health providers
- iv. CAP and MMH Referral and Linkage services
- v. Project TEACH Website

f) Provide the applicant's plan for providing the expected deliverables using the Project TEACH Deliverables table.

g) Describe the applicant's plan to convene an Advisory Council in collaboration with OMH.

h) Describe the applicant's plan to establish an Advisory Group for the Maternal Mental Health Initiative.

I) Describe the applicant's plan to submit an annual report to OMH by March 1st with all of the components listed in 5.2.A.4.

6.3 Consultation Service

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

- a) The applicant must provide a detailed plan to provide child psychiatric telephone consultations to pediatric prescribers statewide. Include the following:
 - i. Procedure for accessing phone consultations and the mechanisms a PCP may use to request a phone consultation. Include that a PCP will have an option for speaking directly to

- the CAP without first having to provide information to a liaison coordinator.
 - ii. Procedure to ensure that the maximum turnaround time between initial PCP contact and the phone consultation appointment offered will be 30 minutes or less.
 - iii. Details on offering follow-up after a phone consultation.
 - iv. Whether the applicant will offer regularly scheduled calls for consultation and if so the procedure for prioritizing consultation time as demand increases.
 - v. The applicant's capacity to be fully operational on January 1, 2022.
 - vi. Using the Project TEACH Deliverables table, provide the number of phone consultations which will be delivered annually.
- b) The applicant must provide a detailed plan to provide child psychiatric face-to-face consultations statewide at no charge to families. Include procedures & plans for the following:
 - i. PCPs to request consultations & the mechanisms used to do so
 - ii. To ensure that no more than 2 weeks lapse between PCP request and the face-to-face consultation
 - iii. Offering a telehealth option for all face-to-face consultations & how families will be assisted in accessing it
 - iv. To meet language access needs, include how these services will be offered (phone, video interpretation), efforts to ensure staff in direct contact with clients understand these resources & how to address other language accessibility needs (Braille, limited reading skills)
 - v. Offering a written report to PCPs within 2 business days of the face-to-face consultation
 - vi. Applicant's capacity to be fully operational on 1/1/2022
- c) Using the Project TEACH Deliverables table, provide the annual number of face-to-face consultations to be delivered

6.4 Linkages and Referral Service

Utilizing all of the components described in Section 5.2.C. – Linkages and Referral Service, the applicant must provide a detailed plan to offer linkage and referral services. Include the following:

- a) Procedure for pediatric prescribers to access linkages and referral services.
- b) Turnaround time between the PCPs request and response.
- c) How the applicant will establish, update and maintain a directory of services and supports. Include details on how the applicant will ensure that the directory includes: public and private systems of care that are available, dependent upon need, and taking into account client insurance; evidence-based services for children, adolescents, young adults and families; existing networks and youth peer and family supports; and options which meet the language access needs of children and adults.
- d) Applicant's capacity to be fully operational on 1/1/2022.
- e) Using the Project TEACH Deliverables table, provide the number of CAP and MMH linkages and referrals that will be delivered annually.

6.5 Training Service

Utilizing all of the components in Section 5.2.D. – Training Service, the applicant must provide a detailed plan to provide training and education. Include the following:

- a) On-site training – describe the number of trainings that will be offered annually, the procedure for selecting sites and/or responding to requests for training, the topics that will be offered, and whether CMEs will be offered.
- b) In-person Intensive Training – describe the number of intensive trainings that will be offered annually, the curriculum, procedure for site selection, faculty, number of follow-up sessions, and that CMEs will be offered.
- c) On-line Trainings – describe the plan for offering on-line trainings, process for selection of topics, faculty, the number of on-line trainings that will be offered annually and that CMEs will be offered. In addition, describe the process by which previous on-line trainings will be recorded and available on the Project TEACH website and reviewed and updated as needed.
- d) Continuing Medical Education (CME) credits
 - i. Describe the process for providing CMEs for all trainings that are offered.

- ii. Describe the Learning Management System that will be used to promote, conduct and track provided education and training sessions, along with those registered and participating or the database for participating prescribers that will be developed and maintained that will include CME required data collection, Post-test and CME certificates, user participation and completion, and CME Participant Certificate, with duplicate available to participant upon request
- e) Describe the plan to develop and regularly update a Pediatric Provider Toolkit which will be available on the Project TEACH website.
- f) Educational Materials for Families – describe the plan for developing relevant educational materials for parents and families which will be posted on the Project TEACH website and will be available in video or PDF format. Include: process for selection of topics, how parents/caregivers and young adults with lived experience will be involved in the development of the materials, how the applicant will ensure that the materials are available in English as well as the six most common non-English languages spoken by LEP individuals in NYS. Include the minimum number of products which will be developed each year.
- g) Describe the plan for updating materials which have been previously developed and ensuring that updates will be available in English as well as in the six most common non-English languages spoken by LEP individuals in the State of New York.

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 provide a detailed plan to provide maternal mental health consultations to maternal providers by a reproductive psychiatrist 40 hours weekly. The plan should include:
 - i. Procedure for accessing a phone consultation and the mechanisms a maternal health provider may use to request a phone consultation. Include that a mental health provider will be able to speak directly to the RP without first

- having to provide information to a liaison coordinator.
 - ii. Procedure to ensure that the maximum turnaround time between initial MHP contact and the phone consultation with a reproductive psychiatrist will be within 30 minutes.
 - iii. Plan for offering follow-up after a phone consultation.
 - iv. Applicant's capacity to be fully operational on 1/12/2022.
- b) Using the Project TEACH Deliverables table, provide the number of phone consultations that will be delivered annually
- c) The applicant must provide a detailed plan for providing MMH referral and linkage services. The plan should include:
 - i. Procedure for maternal health prescribers to access linkages and referral services.
 - ii. Turnaround time between the MHPs request and response.
 - iii. How the applicant will establish, update and maintain a directory of services and supports. Include details on how the applicant will ensure that the directory includes: public and private systems of care that are available, dependent upon need, and taking into account client insurance; evidence-based services; existing networks and peer supports; and options which meet the language access needs of women. Include details on how the applicant will regularly survey providers throughout New York State and work with the Postpartum Resource Center of New York and the American College of Obstetricians and Gynecologists.
 - iv. Applicant's capacity to be fully operational on 1/1/2022.
- d) Using the Project TEACH Deliverables table, provide the number of CAP and MMH linkages and referrals that will be delivered annually.
- e) The applicant must provide a detailed plan to

provide MMH training. The plan should include:

- i. Intensive Training - describe the curriculum, procedure for site selection, faculty, follow-up sessions, the number of intensive trainings that will be offered annually & that CMEs will be offered.
 - ii. On-line Training - describe the plan for offering on-line trainings, process for determining topics, faculty, the number of on-line trainings that will be offered annually & that CMEs will be offered. Also describe the process for reviewing & updating previous on-line trainings.
- f) The applicant must provide a detailed plan to provide MMH resources. The plan should include:
- i. Maternal Mental Health Toolkit – describe the plan for developing a MMH toolkit which will be housed on the Project TEACH website.
 - ii. Educational Materials for Women and Families – describe the plan for developing relevant educational materials for women and families which will be posted on the Project TEACH website and available in print form. Include: process for selection of topics, how input from women with lived experience will be included in the development of the materials, how the applicant will ensure that the materials are available in English as well as the six most common non-English languages spoken by LEP individuals in NYS, and the minimum number of products which will be developed each year.

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 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. The plan should include the following:

- a) Procedure for accessing specialty phone consultations and the mechanisms a pediatric PCP may use to request a phone consultation.

- b) Procedure to ensure that the maximum turnaround time between initial PCP contact and the specialty phone consultation will be five business days.
- c) Plan for offering follow-up after a phone consultation.
- d) Plan to use specialty consultants to develop trainings and resources.
- e) Plan for specialty consultants to work with linkage and referral staff to make referrals to specialized services.
- f) Plan to meet the required minimum level of capacity, 20 hours weekly, throughout the year.
- g) 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 provide a detailed plan to maintain and update the current Project TEACH website. The applicant should include the following:

- a) Schedule for ongoing website maintenance and functionality throughout the duration of the contract.
- b) Plan to provide required security testing.
- c) Schedule for regular updates of website information and resources.
- d) Plan to monitor and analyze website utilization and user penetration and implement website updates based on the analysis and informed by best practices to meet the needs of users and improve access.
- e) Plan to 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.
- f) Plan to ensure that recipient is ready to assume responsibility for the website and that it will be operational without interruption of service on 1/1/2022.
- g) The applicant must identify the staffing or the sub-contractor responsible for the Project TEACH website and must detail their experience and their expertise with working with a project such as Project TEACH or other health-care related initiatives. Include their specific experience

developing, updating and maintaining dynamic, multi-layered websites which are targeted to health providers. Include their experience maintaining websites which are updated to: reflect analysis of use and use of best practices, support consultation, support promotion and registration for trainings, host web-based training, and maintain a system for tracking CMEs. Resumes may be included as attachments but should not replace clearly providing the above details in the proposal narrative.

- h) If the applicant plans to use a website vendor other than the current vendor, provide details on how the applicant will ensure a smooth transition from the current website vendor to the new website vendor.
- i) Applicant's understanding that The Project TEACH website is owned by OMH and responsibility for maintenance and functionality will be transferred to the new awardee.

6.9 Marketing and Promotion

Utilizing all of the components in Section 5.2.H. – Marketing and Promotion, the applicant must provide a detailed marketing plan for promotion of all Project TEACH services and for increasing the use of services. The applicant should include:

- a) Specific details about which marketing strategies will be utilized, timetable for implementation of marketing strategies, and involvement of partners and stakeholders. If the applicant plans to sub-contract with stakeholders and/or partners the associated deliverables and costs for sub-contracts for the sub-contract should be included.
- b) Plan for concrete and measurable data collection and analysis to ensure that the planned marketing strategies are successful, effective and proven to increase use of Project TEACH services.
- c) Plan to ensure that recipient is ready to assume responsibility for the existing social media sites without interruption of service on 1/1/2022.
- d) 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 their specific experience and expertise promoting mental health and working with pediatric primary care providers and maternal health providers. Resumes may be included as attachments but should not replace

clearly providing the above details in the proposal narrative.

- e) 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.

6.10 Engagement

Utilizing all of the components described in Section 5.2.I. – Engagement, the applicant must provide a detailed plan to increase the participation of pediatric primary care providers, to continue to engage providers who are currently enrolled in Project TEACH and to increase participation of maternal health providers as the MMHI services are expanded. The applicant should include:

- a) The plan to maintain a current database of pediatricians/family practice providers and of maternal health providers in New York State.
- b) The plan for coordinated and ongoing outreach to pediatric PCPs. Include details on:
 - i) Development of a uniform approach and materials for outreach by the marketing team in conjunction with the CAPs.
 - ii) The number of pediatricians/pediatric practices each consulting CAP will be responsible to regularly engage with.
 - iii) The weekly expectations for outreach and how this outreach will be evaluated.
 - iv) The minimum number of phone and in-person outreach which will be completed annually.
- c) The plan for coordinated and ongoing outreach to maternal mental health providers. Include details on:
 - i) Development of a uniform approach and materials for outreach by the marketing team in conjunction with the RPs.
 - ii) The number of maternal health practices each consulting RP will be responsible to regularly engage with.
 - iii) The weekly expectations for outreach and how this outreach will be evaluated.
 - iv) The minimum number of phone and in-person outreach which will be completed annually.
- d) The plan to maintain a web-based system for collecting data about who is using Project TEACH services and to improve engagement efforts through analysis of the

use of Project TEACH and Project TEACH MMHI services.

6.11 Evaluation and Reporting

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 Appendix B for years 1-5 that includes the following:

A total budget, to support the minimum deliverables (See Section 1.2) that does not exceed \$16,800,000 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.

All subcontractor costs should be detailed under OTPS.

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. If the applicant expects that their promotion efforts will result in an increased demand for services above the annual expected deliverables, they should submit the "Appendix B for years 2-5. for increased

deliverables” template with increased CAP staffing which will be implemented if the annual expected deliverables are met. The 4 Year budget may include an increase of up to .5 CAP FTE staffing for years 2-5.

The 4 Year Budget, with increased CAP funding, will only be implemented in Years 2-5 if the recipient meets a threshold of 75% of the annual expected deliverable by September 30th in the previous contract year.

Implementation of the increased funding will trigger an increased in deliverables as seen in the table below.

	Annual Expected Deliverable	Annual Expected Deliverable with additional .5 FTE CAP staffing
Phone Consults	2800	3220
Outreach and Engagement	2800	3220
Face-to-face consultation	420	483
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.)		

The maximum funding available to support a second budget that includes additional CAP staffing & the increased expected deliverables for years 2-5, is \$17,500,000 over the 5 year contract.

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

Staff positions detailed with position, FTE/hours per week, salary & fringe benefits.

Other expenses (travel, contractual, marketing & promotion) and/or durable goods (e.g. technology) needed to implement Project TEACH services must be outlined with specific detail & should describe how the resource and/or durable

goods is directly related to the implementation of Project TEACH.

- D. Any sub-contractual services should include cost per year and the deliverables for the contracted service. The narrative should include the following:
- Contractual staff positions - provide detail on the position, hours per week, and hourly rate.
 - Project TEACH website – Detail the costs for the Project TEACH website sub-contract, if applicable. Including total cost, specific deliverables & if available, the number of hours and hourly rate for the sub-contract.
 - Marketing and Promotion – Detail the costs for the marketing and promotion sub-contract, if applicable. Include the total cost and specific deliverables & if available, the number of hours and hourly rate.
- E. Delineate the costs for the following areas:
- LMS
 - Video production of webinars
 - CMEs
 - Development of parent/family educational materials and translation of those materials.
 - Development of maternal mental health educational materials and translation of those materials.
 - Travel – Provide detail and confirm that travel and conference costs are specific to providing education and training to providers in NYS and do not include attendance at conferences outside of NYS.
 - If a second budget for years 2-5 is included, provide detail that the increased costs are related to addition of .5 FTE CAP staffing.
 - Complete the Project TEACH Deliverables template outlining the applicants proposed deliverables for each year of the project.

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