



Project TEACH-New York State's Psychiatry Access Program

Request for Proposals

Grant Procurements

(On-Line Submission Required)

Statewide Financial System (SFS) Identifier- OMH253031

June 2026

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Project TEACH-New York State's Psychiatry Access Program

RFP#MH253031 Applicant Checklist

Frequent Issues/Questions:

- Please begin working on your application in SFS **no later than 5 business days before the application due date** and **submit no later than 48 hours before the due date**. This will allow you time to troubleshoot any issues that arise that may prevent you from submitting. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.
- All required forms/templates are available in the “Event Comments and Attachments” section of SFS. Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the [SFS Attachment Guide](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.
- No workplan is required at this time, if awarded, a workplan will be developed during the contract development phase.
- The “Bid Amount” box is required to be filled out in SFS. Please enter the total amount of funding your organization is requesting from NYS OMH in this box.
- New York State reserves 5-10 business days from the receipt of complete Prequalification Applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits prequalify as soon as possible. Failure to successfully complete the prequalification process early enough will prohibit the submission of the application in SFS.

Please complete the following checklist prior to submission of your proposal. This checklist **SHOULD NOT** be submitted; it is for your use only.

Confirm the following:

- Your organization has met the eligibility requirements outlined in **Section 2.4 Eligible Agencies**
- Your organization is prequalified in SFS. SFS will prevent submission if your organization is a not-for-profit and not prequalified (see **Section 2.8 and 2.9 of the RFP document** for more information on Registration, Prequalification and Training Resources for SFS)
- Updates to the RFP can happen at any time, per **Section 2.6**, check the OMH website for any updates to the RFP posted by OMH.
- Notification of intent to apply was sent to local government unit and proof has been uploaded in SFS. A list of County Local Mental Hygiene Directors can be found [here](#).
- Provider Contact form completed and uploaded in SFS
- Sexual Harassment Prevention Certification Completed and uploaded in SFS
- Gender Based Violence and the Workplace Certification completed and uploaded in SFS.

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- Proposal Template completed and any applicable attachments labeled with question numbers (For example: question 6.2a calls for a sample assessment tool, the assessment tool should be labeled as 6.2a and added at the end of the Proposal Template)
- Proposal Template and attachments (except budget, see next checkbox) combined into one PDF and uploaded in SFS under Q1
- Budget Template Completed (left in Excel) and uploaded in SFS under Q2
- Application submitted in SFS prior to the due date and time listed in **Section 2.2 Key Events/Timeline** (OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.)

1. Introduction and Background

1.1 Purpose of the Request for Proposal

Untreated mental health conditions among children, youth, and birthing people are associated with significant morbidity, mortality, and long-term system costs. Often, primary care and other community health settings are the entry point for initial presentation of concern, or for starting mental health treatment, though these frontline clinicians are not trained in assessment and treatment of these conditions. This procurement is to operate the New York State Psychiatry Access Program, known as **Project TEACH**, to provide expert psychiatric training and consultative support to prescribers and other mental health clinicians who serve as front line support to our communities for the next 5 years.

Started in 2010, Project TEACH has helped address the demand in mental health care in the state by providing real-time psychiatric consultation, professional education and training on evidence-based practices, and provider referral support to frontline staff across primary care, specialty, and community settings statewide. Project TEACH educates providers such as obstetricians, family physicians, pediatricians and psychiatrists to assess and treat mental health conditions within their scope of practice and has strengthened the capacity of non-mental health clinicians serving children and adolescents to identify, assess, and treat mental health concerns. In 2018, Project TEACH added maternal mental health services and further added perinatal services for all professionals who work with pregnant or postpartum individuals and their families last year.

Clinicians and providers of all healthcare specialties, especially in rural areas, are facing workforce challenges, while seeing increased needs in the individuals they serve. Further, stakeholders have reported that mental health professionals have struggled with assessment and treatment for complex and/or co-occurring conditions. Feedback received from the Project TEACH Advisory Councils, other OMH Divisions and community providers who have used Project TEACH services have demonstrated that consultation services are a valuable source of support to providers.

This procurement is to operate Project TEACH as described below and in accordance with the Scope of Work outlined in Section 5. One award in the amount of \$5,000,000, for each of five years (2027-2031) will be allocated contingent upon continued availability of State appropriations, to continue Project TEACH services.

1.2 Target Population/Eligibility Criteria

Project TEACH assists NYS-licensed prescribers and allied health professionals in delivering quality mental health care. Allied health professionals are non-prescribing patient-facing professionals, including but not limited to therapists, psychologists, counselors, social workers, nurses, community health workers, lactation consultants, doulas, or case managers/caseworkers/service coordinators. This includes staff at any family service program such as Department of Social Services/Office of Children and

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Family Services case workers, Office of the Aging case managers, or similar professionals.

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:

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

2.2 Key Events/Timeline

RFP Release Date	6/16/26
Questions Due	7/2/26
Questions and Answers Posted	7/23/26
Proposals Due by 2:00 PM EST*	8/13/26
Anticipated Award Notification	9/10/26
Anticipated Contract Start Date	1/1/27

*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP. **Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.**

2.3 Disposition of Proposals

All proposals submitted by the due date and time become the property of OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

2.4 Eligible Agencies

Eligible applicants are public, private, for-profit, and not-for-profit organizations with 501(c) incorporation. The applicant must be a medical group, hospital, human services agency, academic institution or its affiliate which employs or contracts with NYS-licensed psychiatrists (evidence required*).

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*Resumes and/or CVs of faculty and a staffing plan will be required (see section 5.2.A).

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.8 and Section 2.9 for additional Prequalification Information.

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers. No questions about Eligibility will be responded to either individually or prior to the posting of the Q&As.

2.5 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 OMHLocalProcurement@omh.ny.gov by the "Questions Due" date indicated in section 2.2 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. Please enter "**Project TEACH**" in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.2.

2.6 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 and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the [OMH Procurement website](#) and the [NYS Contract Reporter](#) to learn of revisions or addendums to this RFP. No other notification will be given.

2.7 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 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by 2:00 PM EST on the Proposal Due Date posted in section 2.2.

Protests related to disqualification must be filed within fifteen (15) business days after the notice of disqualification.

2.8 SFS Prequalification 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 be Prequalified 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 2:00 PM EST on the Proposal Due Date posted in section 2.2 will not be able to submit their bid response through SFS.

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 should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.9 Vendor Registration, Prequalification and Training Resources for Not-for-Profits

NOTE: All applications must be submitted through the Statewide Financial System (SFS). No applications will be accepted electronically, US Postal Service, express mail delivery service or hand delivered.

For any application that does not contain all of the required documentation and/or “See Attached” responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete. A workplan is not required for this RFP.

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B)

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

Not-for-profit organizations must Register as a vendor with the Statewide Financial System and successfully Prequalify to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on [Registration](#) and [Prequalification](#) are available on the Grants Management Website. A high-level synopsis is provided below.

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Registering as an SFS Vendor

To register an organization, send a complete [Grants Management Registration Form for Statewide Financial System \(SFS\) Vendors](#) and accompanying documentation where required by email to grantsmanagement@its.ny.gov. You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at Helpdesk@sfs.ny.gov. If you do not know your Password, please click the [SFS Vendor Forgot Password](#) link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.

- Select the "Initiate a Prequalification Application" radio button and click the Next button to begin the process. Starting with Organization Information, move through the steps listed on the left side of the screen to upload Required Documents, provide Contacts and Submit your Prequalification Application.

Note - If the "Initiate a Prequalification Application" radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.

- System generated email notifications will be sent to the contact(s) listed in the Contacts section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

Note: New York State reserves 5 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this

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process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough will prohibit the submission of the application in SFS.

Final Submission Format

Please note that all responses/applications/submissions to this RFP **must** be submitted through the Statewide Financial System (SFS). No mailed, delivered or emailed submissions will be accepted. OMH strongly recommends that applicants plan accordingly and allow themselves enough time to appropriately complete and submit by the due date and time of this RFP.

When providing uploads in response to any of the questions posed (other than the Fiscal/Budget component), please upload only PDF versions of those documents. When saving these files before uploading, with the exception of an underscore, please do not use any special characters in the file name, letters only should be used. All attachments required with the proposal must be combined into the proposal template PDF and clearly labeled. Uploading documents that are not in PDF form (other than the budget, which must be uploaded as an excel document) will result in the disqualification of the application.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - <https://grantsmanagement.ny.gov/> and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook (upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

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 any applicant, and rescind any conditional award or contract made to such applicant whose conduct as a provider does not meet applicable standards as determined solely by OMH 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's 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, SFS 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, should 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;

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- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a “force majeure”;
- Change any of the scheduled dates stated in the RFP.

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 calendar days of the OMH dated letter. OMH will not offer debriefing to providers who receive an award. 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 should 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, non-award or disqualification decision must be filed within ten (10) business days after the notice of conditional award, non-award or disqualification 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 should 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. OMH reserves the right to modify the first period of the contract to coincide with the applicable fiscal period. For New York City contracts, the fiscal period is July 1 through June 30 of each year. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH’s Contract for Grants.

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

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the employment of minority group members and women in the performance of OMH contracts. OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), 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

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existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- i. If an award recipient fails to submit a MWBE Utilization Plan;
- ii. If an award recipient fails to submit a written remedy to a notice of deficiency;
- iii. If an award recipient fails to submit a request for waiver; or,
- iv. 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.

With respect to SDVOBs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by SDVOBs 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 SDVOB documentation. 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.

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 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

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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 Gender-Based Violence and the Workplace Certification

State Finance Law §139-m requires all vendors bidding on state contracts to implement and attest to a Gender-Based Violence and the Workplace policy. Applicants on state procurements must certify that they have a written policy addressing gender-based violence and the workplace that meets the minimum requirements of State Finance Law §139-m. 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.

3.10 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.

3.11 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 2.9 of this RFP.

3.12 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 should 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.

3.13 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. **Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.**

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

Technical Evaluation	Points
Population (6.1)	20
Implementation (6.2)	20
Agency Performance (6.3)	15
Utilization Review, Reporting, and Quality Improvement (6.4)	10
Diversity, Equity and Inclusion and Peer Support Language (6.5)	10
Financial Assessment (7)	25
Total Proposal Points	100 Points

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 2.9. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.4, 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 score of 60 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on

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Implementation (Section 6.2) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contract

4.3.1 Initial Award and Allocation

Proposals will be ranked, and one award in the amount of \$5,000,000 per year will be 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 Project TEACH branded materials, presentations or training. A contractor will be provided with notification if there is need for reassignment.

OMH reserves the right to contact and offer an award, in order of ranked score. 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 continue down from the top of the list of agencies to reassign the contract. In the event the award cannot be made, OMH reserves the right to re-procure the terminated or reassigned contract.

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.

5. Scope of Work

5.1 Introduction

This RFP is issued to continue and expand the work of Project TEACH. Project TEACH is New York State's Psychiatry Access Program. Since 2010, Project TEACH has strengthened the capacity of clinicians serving children, adolescents, and birthing people to identify, assess, and treat mental health concerns. Project TEACH provides real-time psychiatric consultation, evidence-based training, and referral support across primary care, specialty, and community settings statewide.

By expanding psychiatric expertise to additional provider types, the program will continue to promote early identification, appropriate treatment, and informed referral, strengthening care delivery and improving outcomes for New Yorkers in high-risk and underserved populations.

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 (OMH) seeks to continue this important work and to:

- Increase the number and type of providers utilizing consultation services.
- Continue to lead statewide consultations and training in perinatal mental health
- Add access to additional areas of specialty consultation

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- Expand access to consultation and training in mental health across the lifespan
- Support clinicians statewide in mental health care needs for all individuals through access to consultations, education and referral support across the lifespan

5.2 Objectives and Responsibilities

The awarded vendor(s) will be expected to meet the objectives and perform the program components below. These will form the basis for the scope of work and contract deliverables when an award is made.

To successfully meet the goal of providing support to NYS professionals, applicants must include and address the following in their proposal narrative:

Project TEACH consists of three services – consultation, resource connection, and training – which are available to prescribers in primary care, community and specialty settings, maternal health providers, and to allied health professionals throughout New York State. The following summarize the key services of Project TEACH that must be maintained and expanded per this procurement.

I. Consultation Warmline

All Project TEACH services are accessed through a warmline. The applicant must provide a plan for operating one warmline phone number at a minimum, Monday through Friday between the hours of 8:00 am and 5:00 pm. (~2-3 FTE estimated)

II. Provider Information & Resources Connection

This component is intended to provide support to any clinician or provider as they assist families and individuals in accessing community mental health and support services (e.g., clinic treatment, case management, family support). Separate from a phone consultation or face-to-face evaluation, clinicians or providers can contact Project TEACH and ask for a list of suggested referrals to meet the treatment and support needs of the individuals with whom they are working. To be successful, the resource service must be capable of providing information about appropriate and accessible intervention, treatment, and support services.

III. Training

This component builds on the experience of Project TEACH in providing professional education to a pediatric, primary care and perinatal health workforce to enhance their competence, confidence and capacity to integrate treatment for individuals who experience co-occurring mental health concerns. The awardee of this procurement is expected to build on this foundation and 1) expand training curriculum to support allied health professionals working with children/youth and perinatal individuals, as well as 2) create new training models for professionals working with population groups such as older adults, IDD/ASD across the lifespan, and co-occurring substance use and mental health concerns.

A. Organizational Structure

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In order to provide all core services of Project TEACH and meet the deliverables outlined in section 5.2.E, the below is the required organizational structure. The staffing plan (for specific qualification requirements see Section 5.2.F) and faculty list showing this structure will be submitted to OMH annually. Lists should also be resubmitted when there are any staff changes or as requested.

Note that all services are required to be provided by the awardee. If necessary to conduct all service provisions, subcontracting between agencies that meet eligible requirements (section 2.4), is allowable. Any agency that will be subcontracting to provide a component of Project TEACH services is subject to vendor prequalification, verification and approval by OMH (sections 2.8 and 2.9). Subcontracted agencies will be subject to the same requirements as the awardee regarding an annual staffing plan and producing resumes, CVs or associated staff documentation upon request.

I. Regional Teams

To facilitate statewide coverage and provision of services as detailed below, the structure must include regional teams. To provide statewide coverage, there will be enough teams to focus on all regions of New York State.

- There must be a minimum of three regional teams.
- At least two teams will be dedicated to upstate regions.
- When planning teams, the awardee should consider the ten economic development regions of NYS (<https://esd.ny.gov/regions>)

It is not required that staffing for sites/teams be in each physical region. It is required that staffing patterns indicate adequate coverage of the warmline and capacity to conduct in person consultation, evaluation, training and outreach at the regional/localized level.

II. Administrative Team - It is required that there is an administrative team responsible for the coordination and quality oversight of all of Project TEACH services. A suggested structure includes:

1. Executive Director (ED) (.5 FTE or ~20 hours/week)

A practicing psychiatrist on the faculty of the awardee entity or of an approved subcontracted entity who is responsible for clinical leadership and oversight of the project and its clinical partners. The ED manages quality control procedures, coordinates the project with support from the Program Director and administrators, and oversees hiring, recruitment, education components and presentations. They support Medical Directors in clinical supervision of Intake and Resource Specialists, as well as the creation of training curriculum. This role might also serve as the Project TEACH representative in partnership activities with related professional organizations and at national access program events or committees (see section 5.2.C.I.b.i and 5.2.C.I.b.ii). This role could also be jointly served as a Medical Director.

2. Medical Director(s) (~1.2 FTE)

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i. Child/Adolescent - A practicing physician on the faculty of the awardee entity or of an approved subcontracted entity who is responsible for the clinical leadership of all child/adolescent focused work. They will have oversight of training curriculum for children/youth mental health and associated materials. This role could serve as a representative of Project TEACH in partnership activities with related professional organizations and at national access program events or committees (see section 5.2.C.1.b.i and 5.2.C.1.b.ii). They will also assist the Executive Director and administrators with support for staffing, warmline coverage, outreach/engagement, data collection and quality assurance. This role could also serve as the project's Executive Director. (.5 FTE or ~20 hours/week)

ii. Perinatal - A practicing physician on the faculty of the awardee entity or of an approved subcontracted entity. This role is responsible for the clinical leadership of all perinatal/reproductive psychiatry focused work. They will have oversight of training curriculum for perinatal/reproductive mental health and associated materials. They could serve as the representative of Project TEACH in partnership activities with related professional organizations and at national access program events or committees (see section 5.2.C.1.b.i and 5.2.C.1.b.ii) They will assist the Executive Director, and administrators with support for staffing, warmline coverage, outreach/engagement, data collection and quality assurance. They might also serve as the project's Executive Director. (.5 FTE or ~20 hours/week)

iii. Adult/General Psychiatry - A practicing physician on the faculty of the awardee entity or of an approved subcontracted entity. This role is responsible for the clinical leadership of all adult and older adult focused work. They will conduct oversight of the training curriculum for general adult/older adult psychiatry and associated materials. They support the intake/resource specialists with best practices and resource recommendations. They will be the representative of Project TEACH in partnership activities with related professional organizations and national access program events and committees (see section 5.2.C.1.b.i and 5.2.C.1.b.ii) This role will lead the expansion of the project to include adults. This position assists the Executive Director and administrators with support for staffing, warmline coverage, outreach/engagement, data collection and quality assurance. They might also serve as the project's general psychiatry consultant provider and/or Executive Director. (.125 FTE or ~5 hours/week)

3. Program Director (1 FTE)

This role is a leadership position appointed by the Executive Director who will be responsible for the coordination of all components of Project TEACH in collaboration with the Executive Director, Medical Directors, and administrators. This position will be a liaison to OMH for all reporting and meeting requirements. They will monitor all project marketing, outreach and engagement efforts. They supervise all administrative activities and program services. They oversee day-to-day operations and facilitate program meetings including advisory council(s). This role includes management of the program budget and subcontracts.

4. Project Administration (estimated 2-3 FTE)

i. Data Collection and Reporting (see section 5.2.D.II) - Activities of this position include oversight of intake and triage of the warmline, including the initial case data entry. Additional activities shall include collection and maintenance of required quantitative data measures; training and support of all faculty in use of the clinical data management system; completion of required OMH templates and reports within required timelines; assisting with quality assurance measurements management of all CME and CEU procedures; and assisting with meeting facilitation, notes/minutes, and document/file retention.

ii. Project Coordination - Supportive work in this role shall include training event planning and logistics such as: Document editing, online link creation, announcements, venues, vendors, etc.

Additional supportive activities include assistance with implementation of marketing, outreach and engagement plans; supporting consultation and evaluation scheduling mechanisms; assisting with regional and local level partnership building for resource recommendations and provider referral suggestions.

This role can also assist with meeting notes/minutes, and documentation associated with larger events.

iii. Systems and Technical Support - It is recommended that the administration includes an Information Technology specialist to assist with all electronic based system activities such as: data management and resource directory development/maintenance; to support website design, updates, changes and maintenance including LMS maintenance-CME and CEU issuance and recording and six-year retention of training events; technical support during live training events and for clinical data systems; technical assistance with all project documents, data collection, reporting and meeting preparations; and support for document/file retention and maintenance.

III. Clinical Team - As noted above, staffing must account for coverage of the warmline at a minimum of Monday-Friday 8 am-5 pm. Below are the details of the specific staffing that is estimated to cover the warmline. Estimates account for both clinical consultation time in addition to time for training planning and other service-related activities. Clinical staff must include a psychologist, psychiatrists, and other licensed professionals. It is expected that clinical roles can also assist with resource development and community outreach.

1. Intake and Resource Specialists (~4 FTE)

i. Warmline Support (1.5 FTE) - This position can be a non-licensed professional or administrative support person who can conduct warmline support activities such as: Perform intake and triage of the warmline. Data entry. Scheduling of consultations and evaluations. Provide referral/resource lists to clinicians upon request. Assist with other administrative activities as appropriate. It is suggested

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that due to the responsibility of covering the warmline and for ease of resource sharing, that this position be one full-time person with backup support.

ii. Outreach and Care Coordination (2.5 FTE) - This position should be a licensed professional or someone with significant case management and/or outreach experience (see section 5.2.F) Responsibilities for this role include oversight and completion of resource connections for providers. Assisting providers with tracking of referral follow through and connection to services. Leading outreach/engagement with behavioral and social support organizations. Meeting regularly with local community providers (public and private) to understand services that are offered in the region. Assisting with marketing and promotion of Project TEACH, including tabling at events. Creating and maintaining a directory of services and supports. Supporting training and educational events through planning, logistics and participation.

Consideration can be allowed for licensed clinicians in this role to also conduct provider to provider case consultations, or a supportive role within their scope of practice.

2. Psychiatrists

This role involves performance of consultations with NYS-licensed prescribers, creation of and delivering training, and supporting service and resource connections. Additionally, psychiatrists should assist with outreach/engagement to increase utilization. Staff time should be dedicated to each population area for adequate warmline coverage, outreach and training/education planning activities. Confirm that your staffing pattern has sufficient coverage and back-up support. The same psychiatrist could serve multiple populations based on their training and demonstrated expertise.

i. Child/Adolescent (~3.5 FTE) - Will provide regional coverage and full-time coverage via the warmline.

ii. Perinatal (~2 FTE) - Will provide regional coverage and full-time coverage via the warmline.

iii. General (~.2) FTE - Part-time (1-2 days/week) coverage of the warmline (ability to respond within 2-3 business days). Assists with training curriculum creation and older adult specialty consultations.

3. Psychologist (~1.5 FTE)

This role will require consultations with allied health professionals, creating and delivering training, and supporting resource development. This role will also assist with outreach/engagement and presentations to increase utilization. Staff time should be dedicated to each population area for adequate warmline coverage, outreach and training/education planning activities. The awardee should account for backup support and assistance, including any consultation support that Outreach and Care Coordinators will provide (section 5.2.A.III.1.ii).

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The same psychologist could provide services to multiple populations based on their training. *This service is only required for the child/adolescent and perinatal populations. For adult/general psychiatry, psychology consultations can be added as the need arises, and/or once the foundation of the expanded psychiatry consultations for this population is in place.*

- IV. Advisory Council** - Project TEACH services benefit from the input of an Advisory Council(s) (and/or Council(s) with population specific sub-committees) whose members provide planning directions. The applicant must provide a plan to convene an Advisory Council(s) in collaboration with OMH which will be comprised of stakeholders, including people with lived experience, and individuals with specific expertise in all populations being served. The advisory Council(s) will meet a minimum of twice a year in person or virtually.

B. Three Core Services

1. Consultations

This core service requires timely access to consultation with a psychiatrist or psychologist to all allied health professionals and licensed prescribing clinicians throughout the state. The award recipient must have the ability to operate a statewide support service capable of providing telephonic, face-to-face, and virtual consultations as described below.

During operational hours of the warmline, when a provider calls, faculty are to be available to respond and triage within 30 minutes (see Section 5.2.A.III.1.i). For urgent concerns of providers serving child/adolescent and perinatal persons, the awardee is required to create a procedure to allow for bypass of general intake and immediate access (within 30 minutes) to a psychiatrist. Such requests and quick access should also be available through a website scheduling option (see section 5.2.C.1.i)

- a. Consultation with a Psychiatrist:** The warmline will include psychiatrists to speak with licensed prescribing clinicians (by phone or virtually) to ask questions, discuss cases, or review treatment options, including pharmacological recommendations. The requesting clinician will either receive immediate access to a consulting psychiatrist, a call back within one hour, or a consultation will be scheduled within 1-2 business days. Psychiatric consultations can also be scheduled at the convenience of the requesting clinician or at regularly scheduled intervals (ex. monthly office hours). Psychiatric consultations must also include an offer for a follow-up consultation to review the next steps in care and any further questions or concerns about treatment.
- b. Consultation with a Psychologist:** After the initial intake and triage by Project TEACH faculty, any allied health professionals can speak to a psychologist or other licensed mental health clinician (by phone or virtually) to ask questions, discuss cases, review treatment options or ask for resources support. A

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psychologist or other licensed mental health clinician must be available to respond within 2 business days of intake/triage. Consultations can be scheduled at the convenience of the requesting provider or at a regularly scheduled interval. Appointments shall also be available to schedule via the program's website. Follow up support and additional training or resources should be offered to the provider for review of any further questions or concerns about ongoing treatment.

- c. **On-Site or virtual "office hours":** Agencies and/or medical practices can arrange monthly on-site (or virtual) consultations with their clinical teams to conduct planned case reviews with a Project TEACH psychiatrist or psychologist. These are meant to serve as consultations for treatment teams, as well as an additional option to enhance access to care in underserved areas.
- d. **Face-to-Face Evaluation:** The purpose of a face-to-face evaluation with an individual is for further assessment to support the provider in their treatment of the individual. Following a one-time evaluation, the requesting provider will receive a written report with recommendations for ongoing care. The award recipient must provide a telehealth option for all individuals referred for an evaluation, though in person is preferred. The recipient must be prepared to help individuals to access the telehealth option. The recipient must identify how they will meet the language access needs of the individuals who will be offered evaluations (see section 6.5.h). The appointment time offered for evaluation must be within 2 weeks of the request by the clinician. A written report of diagnostic impressions recommendations and suggestions for follow-up is required within two business days. Evaluations are to be available by child/adolescent, perinatal and specialty psychiatrists/consultants.
- e. **Specialty Consultation and Evaluation:** The award recipient will continue to expand the consultation, evaluation and training services by having specialty consultants available upon request. These services can be conducted by psychiatrists, psychologists, clinical social workers/LMHCs, or other experts depending on the specific need and specialty area. In expanding to the general psychiatry and adult population, specialty topics **must** include the following:
 - Intellectual Developmental Disorder and Autism Spectrum Disorder (IDD/ASD) across the lifespan
 - Co-occurring Substance Use Disorders (lifespan)
 - **Children/Youth**
 - Vaping
 - Cannabis
 - Social Media Addiction/Internet Misuse
 - Online Gaming and Gambling
 - **Perinatal**
 - Screening and stigma/CAPTA Plans of Safe Care

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- Cannabis
- Dyadic treatment
- **Older Adults**
 - Chronic Pain and non-pharmacologic treatment options
- Older Adults (ages 50+) - Consider a Geriatric Psychiatrist and/or Psychologist

Monthly “office hours” may be allotted for these specialty areas for a subset of the experts’ time. If consultations are not needed during dedicated office hours, the specialists should be assisting with training or resource development, providing unscheduled consultations upon request via the warmline, supporting outreach/engagement of the program or conducting other program related work as applicable. Additional consultations should be scheduled beyond the baseline allotted office hours as needed.

Additional specialties and/or topics beyond those suggested in this procurement can be considered upon request and approval of OMH based on needs of communities and providers.

The following common topics are suggested to be included in training curriculum and should be considered as additional specialty areas of knowledge to be incorporated within the services array.

- Gender affirming care
- Best practices in emergency or crisis settings
 - Response, assessment and treatment of common mental health conditions across the lifespan
 - Co-occurring mental health conditions and IDD/ASD (lifespan)
 - SMI presentation and treatment for pregnant/postpartum individuals
 - Dementia assessment in older adults
- Support surrounding school/education:
 - Special education system
 - School avoidance/alternatives to suspension
 - Non-special education-based care
- Chronic disease and mental health implications for youth
- Early onset psychosis (prior to age 18)
- Trauma informed care and implementation within medical practice or other health care setting
- Billing and reimbursement for mental health activities in primary care or other non-mental health care settings

The following specialty areas describe some population specific topics to consider in additional specialty subject matter. They should be considered as subject areas to have capacity for specialty experts via consultations, training and when applicable, via evaluations. If necessary, with OMH approval, professional partnerships via MOU/subcontract or promotions of other state or national accredited training curriculum

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can be made in order to connect with the most knowledgeable expert, and so as to avoid the need for per diem or “on call” faculty.

- **Children/Youth:**
 - Aggression/Complex Trauma
 - Justice System prevention/involvement
 - Violence/Threat Risk Assessments
 - Problematic Sexual Behavior
 - Fire setting
 - Treatment/Behavior plan strategies
 - Co-occurring IDD/ASD and mental health concerns
 - Early Childhood mental health
 - Eating Disorders
- **Perinatal:**
 - Support for fathers/partners of a birthing person
 - Addressing trauma of parents/caregivers:
 - Medically complex or complicated labor and delivery
 - Miscarriage, stillbirth or infant death
 - Infant illness, disability or medical complexity
 - ACEs and social determinants of health
- **Older Adults:**
 - Impact of physical health on mental wellness
 - Chronic disease
 - Aging and functional decline
 - Menopause
 - Veterans/Military
 - Dementia and Alzheimer’s disease
 - Associated mood and behavioral symptoms
 - Assessment and differential diagnosis - how to distinguish from a mental health condition
 - Grief and Loss

2. Provider Information and Resource Connection

This component is intended to provide support to any provider helping people access community mental health and support services (e.g., clinic treatment, case management, family support). Separate from a phone consultation or face-to-face evaluation, clinicians or providers can contact Project TEACH and ask for a list of referral suggestions to meet the treatment and support needs of individuals with whom they are working. To be successful, the resource service must be capable of providing information about appropriate and accessible intervention, treatment, and support services.

The award recipient should consider the following in creating resources:

Project staff must be knowledgeable about:

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- Public and private systems of care
- Service availability, capacity and waiting lists
- Health insurance limits and provider lists
- Evidence-based practices across the lifespan

Outreach and Care Coordinators or designated faculty should regularly contact OMH Offices and regional OMH Field Offices and related transition teams, Single Point of Access programs, local mental health/hygiene departments, local Health & Social Service departments and private pay community providers to understand the services that are offered by providers in their geographical area. Outreach and Care Coordinators should also be aware of local networks of people with lived experience that include youth, peers, and family supports before providing a list of suggested resources. Outreach and Care Coordinators should also ensure that support and services are available meet the language access needs of individuals and families.

A resource directory of services and supports shall be maintained by the administrative team and be available upon request. The awardee will be expected to create a procedure to follow up with providers to track participation rates following resources connection. Direct linkage services can be considered if there is capacity within the staffing plan.

3. Training Service

Providing education-based training to a health-based workforce enhances their competence, confidence and capacity to integrate treatment for individuals who experience co-occurring mental health concerns within their current scope of practice. Additionally, training that is provided by Project TEACH experts builds confidence, trust and relationships between regional teams and clinicians, to make better connections to services and support for children/youth, families and individuals.

Project TEACH currently offers a broad menu of training opportunities, all of which offer CMEs. It is expected that the award recipient will continue the current infrastructure to provide training which continues to focus on children's mental health and perinatal mental health, described below.

Additionally, the award recipient is expected to expand training topics to cover the full lifespan, as well as to include a focus on the specialty areas suggested above (see section 5.2.B.1.f)

The new award recipient will also be expected to offer CEUs in addition to CMEs for both live and self-paced training.

The recipient will submit a plan annually for OMH to review and to obtain approval of the locations, dates, agendas, titles/topics, faculty and schedule of follow-up sessions for that year's training.

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Preferably, the warmline staff that are providing consultation would also offer training. Training must also be offered by experts providing specialty consultation (see section 5.2.B.1.f). Awardee is encouraged to solicit professionals that have completed Project TEACH training or who are high utilizers of Project TEACH services to see if they would like to be “peer champions” to promote and be part of the trainings.

I. On-site “core” trainings

Training with an agency, treatment team, or medical practice are at a location convenient to the group requesting support. Training must facilitate a provider’s ability to manage the treatment of individuals and assist in understanding and finding higher levels of care. Training should also include information about how to be reimbursed for mental health screening or treatment within general healthcare settings. (see section 5.2.E for specific number of training events required annually)

Training must cover core topics in the clinical assessment and management of the identified topics described below:

Child/Adolescent

- ADHD
- Anxiety
- Depression
- Bipolar Disorder
- Aggression
- Trauma Informed Care
- Suicide risk and safety planning

Specialty topics can be considered reflecting the needs of providers or of the community. Specialty experts and topics from the consultation service should be used for this training.

Perinatal Mental Health

Training must cover core topics including:

- Screening for mental health concerns during pregnancy and postpartum periods. Next steps in care after positive screening.
- Suicide risk assessment and management
- Psychiatric medications and safety during pregnancy and breastfeeding
- Perinatal Mental Health Disorders-Screening and Treatment
- Postpartum Depression and Anxiety Disorders
- Treating Bipolar Disorder: Safe Psychopharmacological Approaches During Pregnancy and Postpartum
- Trauma-Informed Care for Perinatal Patients

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- Destigmatizing psychopharmacology during pregnancy and postpartum

Specialty Topics can be considered reflecting the needs of providers or of the community. Specialty experts and topics from the consultation service should be used for this training.

Adults

Any topic on a common mental health diagnosis, screening, assessment or best practices in treatment and how to integrate into other practice settings. The awardee will be expected to create curriculum and a training plan for the general adult population by the end of year one of the contract. Co-occurring substance use disorders and mental health conditions should be incorporated into trainings.

Specialty topics that reflect the needs of providers or the community should also be considered. Specialty experts and topics from the consultation service should be used in this training. Older adult specific topics should also be included.

II. Foundational Training

Foundational trainings are more intensive in scope, last full or multiple days in duration, and are followed by practice sessions to reinforce training. This training will utilize principles of adult learning and will at a minimum cover the following topics:

- importance of universal screening
- use of assessment tools
- diagnosis and treatment of common mental health disorders
- psychopharmacology
- motivational interviewing
- incorporating use of the consultation service
- reimbursement

Foundational training should be offered live, in person or virtually. If offered virtually, the event must be recorded and must be available on the project website following completion of the training. Recordings must be maintained for a minimum of six years.

When planning events, the team should consider that, although virtual events are often more convenient, in-person events benefit providers by creating opportunities for hands on practice, interaction with program faculty, networking and engagement, and the ability to ask real-time questions or clarification.

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The location of in-person events must vary across different regions of the state throughout the contract period to increase access for providers located outside of urban areas.

Follow-up sessions build confidence and increase the likelihood that attendees will integrate new practices. Follow-up sessions must be case-based and focus on experiential learning. The schedule for follow-up sessions should be available during the foundational training to facilitate participation. (see section 5.2.E for more details)

III. Webinars

Webinars are available online, either live or self-paced, via a recording on the project's website. Topics must focus on a variety of subjects related to mental health as identified through provider request, OMH or Advisory council suggestion, past training participant feedback, or regional team needs assessments. Training must be recorded and available on the project website. Archived events and the learning management system will be reviewed on a regular basis and updated as needed. (see section 5.2.E for more details)

CMEs and CEUs must be renewed and offered as indicated.

IV. National Certification/Scholarships

Awardee will continue to promote workforce development via certification opportunities when unavailable in current academia structures. If funding is available, the awardee can offer scholarships for attendance via national training events.

C. Additional Objectives and Program Components:

1. Program Outreach

i. Website - The Project TEACH website supports promotion of Project TEACH services and supports quick access to consultations, screening tools, resources for providers, families, and individuals, and access to online training.

The Project TEACH website is owned by OMH though responsibility for maintenance and functionality will be transferred to the new awardee. Updates to the website will conform to OMH design standards, approved branding, and will be subject to approval by the OMH Public Information Office (PIO).

The applicant must identify the staff or subcontractor who will be responsible for the website and must detail their expertise in working with a project such as Project TEACH or other healthcare related initiatives.

The website will be updated to include separate face pages or sections specific to each population group or specialty area.

Online scheduling of consultations and services requests will be available.

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The website design and features should continue to promote use of best practice, Project TEACH services and training.

Links for partner agency sites, training events and related resources will be shared and included as applicable or upon request

2. Marketing and Promotion

The applicant will be responsible for continued promotion of Project TEACH to encourage increased use of services. Standardized Project TEACH branding is required.

i. Marketing Plan - The applicant must develop a comprehensive marketing plan for promotion of all Project TEACH services and will be required to provide the plan to OMH within the first quarter reporting period (first 90 days) of the initiation of the contract. The plan shall also be updated annually. The marketing plan shall include but is not limited to the following:

1. A procedure for coordinated and ongoing outreach to health and mental health providers across NYS:
 - a. Consider formal partnerships with local/statewide chapters of professional organizations in related fields
 - If an MOU or minor contract is arranged, the awardee must provide a copy to OMH including specific deliverables and the associated costs.
2. A plan for/schedule of presentations at statewide conferences/meetings on related topics annually.
3. A procedure for engagement with local public and private service providers to create a list of available resources.
4. The strategies you plan to use for outreach with other audiences, such as:
 - a. Specific population serving providers or specific provider groups (nurses, doulas, OCFS/DSS caseworkers, OPWDD etc.)
 - b. Hospital and residency programs
 - c. Public and private mental health programs
5. How you will use outreach strategies including:
 - a. Digital marketing, print, email strategies and social media
 - b. Tabling/exhibiting at health/mental health events or conferences
 - c. Informational presentations upon request
6. How approved branding and standardized slide decks/project materials will be used?
7. What data collection and quality assurance measures will be used to review success and effectiveness of marketing strategies?

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8. What are the staffing plans and/or will a subcontractor(s) be responsible for implementing the marketing and promotion plan? Have you assured that this person/agency has background and experience in the promotion of mental health programs?
9. How you will partner with OMH and the OMH Public Information Office to ensure that statewide promotional materials are consistent with the OMH mission, branding guidelines and objectives and to identify additional avenues of distribution?

An approval process for any documents, flyers or brochures will be created between OMH and awardee upon contract execution.

- ii. **OMH Mission and Mental Health Wellness Initiatives** - As a partner with OMH, the awardee will work closely with the OMH Community Outreach and Public Education Office and any other designated program, Division, Bureau or Office, to collaborate on promotional activities.

The awardee will create standard slide decks and promotional materials which will be shared across OMH programs or at other OMH events to assist with promotion of Project TEACH services

The awardee will assist with presentations and/or exhibits upon request at conferences, meetings or information fairs.

The awardee will also work in collaboration with other OMH programs or initiatives which share the mission and messaging of assisting NYS professionals in providing quality mental health care.

The awardee will assist with promotion of collaborative OMH initiatives or parallel programs as applicable.

1. 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 providers in local communities. The award recipient will coordinate efforts to increase the participation in Project TEACH services, including Specialty Consultation services.

Suggested activities to promote participation include but are not limited to:

- Maintain a current database of pediatricians, primary care providers, and perinatal health providers in New York State. The database should include additional subcategories of:
 - Other allied health professionals
 - Specialty experts in co-occurring mental health topic areas
- From the database, create a resource directory to be used for resource connection services
- Develop a plan for coordinated and ongoing marketing and promotion (see section 5.2.C.2.i)

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- Ensure that regional teams conduct systematic and standardized outreach by phone, email or office visit when they are not providing consultations or developing training. This includes regular contact with regional/local mental hygiene programs, local health departments and private providers to maintain knowledge of services and support available in the region/locality.
- Associated flyers and other informational materials shall be developed by the project, approved by OMH and used by all regional teams
- Engagement efforts should be evaluated monthly across each site/team.
- Maintain a database of who (provider type) is using Project TEACH services and what they are utilizing
- Analyze the use of Project TEACH services by provider type quarterly to inform engagement efforts

2. eConsults

Awardee will create procedures and associated documentation to support eConsultation reimbursement for eligible practitioners via Medicaid and Managed Medicaid.

(References:

https://www.health.ny.gov/health_care/medicaid/program/update/2024/no01_2024-01.htm#econsults;

https://www.health.ny.gov/health_care/medicaid/program/update/2025/no02_2025-02.htm#econsults)

D. Evaluation and Reporting

1. Service Performance & Evaluation

Evaluation of the program's services and effectiveness are integral to improvement of the model to better meet the mental health needs of all individuals. The award recipient will be responsible for ongoing evaluation of the services provided and of the overall impact of Project TEACH. Suggested methods include:

- Collection and maintenance of performance data
- Monthly and quarterly performance reports to monitor progress towards achievement of deliverables
- Using a variety of techniques (satisfaction surveys, quantitative and qualitative data, trend analysis) to implement evaluation of the consultation, linkage and referral and training services, including analysis of utilization patterns. Using this information to develop strategies to improve services and to increase participation
- Utilizing performance data to modify practices and improve delivery of Project TEACH services.
- Creation of an internal performance review process to assess service delivery. Consider peer review of training methods/strategies/curriculum, case review of consults/evaluations, and/or a formal qualitative analysis of program impact.
- Assessment and reporting trends in need for target populations

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- Assessment and reporting geographical trends and areas of underserved populations noted. Using information to modify the scope of engagement and promotional activities.
- In collaboration with OMH, facilitate sharing of evaluation results with key stakeholders

All dissemination or presentation of data, evaluations, surveys, scholarly reports and publications regarding Project TEACH, must be coordinated with, and approved by OMH in advance.

2. Reporting

The recipient of this award is required to track and report data for each service component of the project (i.e., consultation, resource connections, and training), and to conduct program evaluation. It is expected that the recipient will submit monthly, quarterly and annual reports as indicated below. The specific format of the reports will be determined upon contract execution. The data elements that will be tracked include but are not limited to the following:

- **Enrollment**
 - Number and type of prescribers and allied health professionals
 - Type of practice or agency
- **Consultations**
 - Total number consultations and delivery methods (e.g. telephonic, electronic (e-mail), virtual, in-person)
 - Total number of mental health consultations by population (child, perinatal, general, other)
 - Patient Demographics – Age, race, gender and insurance coverage
 - Geographic locations of consultations
 - Requesting prescriber/provider type (e.g., pediatrician, family practitioner, nurse practitioner, psychiatrist, allied health professional)
 - Reason for call/Recommendations made
- **Education and Training**
 - Number and type of educational sessions/trainings held
 - Dates and locations
 - Number of providers in attendance and provider type
 - The topics of the training and instructors
 - CME/CEU credits provided
- **Connection to community-based services**
 - Total number of referrals/resource recommendations made
 - Type of community-based support service or resource recommendation provided
 - Follow up participation tracking
- **Engagement**
 - Number of prescribers contacted
 - Number of non-prescribers contacted

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- Engagement strategy, e.g. email, phone call, in-person visit
- Other outreach activities
 - Presentations, exhibits etc.- report details as applicable
- **Warmline and Website**
 - Number of calls
 - Number of website visits and any associated demographic metrics
 - Utilization of LMS and associated metrics

All required data measures will be reported via approved OMH templates and formats monthly by the 15th of the following month and quarterly by the 10th of the month prior to the scheduled quarterly review meeting.

Approved award recipient will meet with OMH as agreed to review reports, to discuss trends and to support program quality improvement.

The recipient will work closely, and meet at least monthly, with the Medical Director for the Division of Children, Youth and Family Services and the OMH Program Lead. Program reports and evaluation will be assessed quarterly. OMH and program staff will coordinate quarterly review meetings.

Additional meetings and reporting requirements can be determined by the Associate Commissioner of the Division for Children, Youth and Family Services and the OMH Program Lead.

Yearly by March 1st, the award recipient will submit an annual narrative report that summarizes the monthly and quarterly data, and includes the following:

- A summary of the use of services in the past calendar year, any impact data, and overview of feedback from surveys received.
- Recommendations for program improvement in the upcoming year and a plan for implementing those recommendations.
- Details for development and delivery of training components, marketing and promotion, outreach, engagement and further evaluation of the program.

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

Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance. A unique CFR Program Reporting Code has been created for tracking of these funds. CFR Reporting Code 1760 should be used for reporting purposes.

E. Outcomes/Deliverables

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Objective/ Program Component	Expected Deliverable	Notes
Statewide Warmline	Operational 8 am-5 pm Mon-Fri except for approved federal holidays Staffing plan reflects adequate coverage for required response to incoming and scheduled consultation calls	See section 5.2.l
Prescriber Consultations (Office hours are included in consult #s)	2800 year 1 progressing to 3800 by year 5 (year 1) Child/Adolescent 2000 Annually Perinatal 500 Annually General Adult 300	See section 5.2.B.1.a
Allied Health/Psychological Consultations (Office hours are included in consult #s)	1000 year 1 progressing to 1500 year 5 (year 1) Child/Adolescent 500 Annually Perinatal 500 Annually	See section 5.2.B.1.c
*On-Site (or Virtual) Office Hours-Child and Perinatal only	*48 hours/year (~4 hours/month; 2 hours/population group)	See section 5.2.B.1.d
Face-to-face evaluations	450 year 1 progressing to 600 year 5 (year 1) Child/Adolescent 250 annually Perinatal 150 Annually Specialty Adult 50 annually	See section 5.2.B.1.e
Specialty consultations/evaluations	Education and Training 200 hours/year (includes creation and planning time) Consultations/Evaluations IDD/ASD (150/year estimated) SUD (75/year estimated) Older Adults (75/year estimated)	See section 5.2.B.1.f

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Objective/ Program Component	Expected Deliverable	Notes
	Other topics (per awardee from Section 5.2.B.1.f) (100/year estimated) TOTAL 400/year	
Resource Connections	75% of intakes child 85% of intakes perinatal 50% of intakes adult year 1 Tracking procedure for follow up	See section 5.2.B.II
Outreach and Engagement	Up to 3000 annually (commensurate with consultation volume) Resources Directory and Database	See section 5.2.C.3 See section 5.2.B.2
Training/Education: Onsite/Core Foundational Webinars	50 Child/Adolescent annually 50 Perinatal annually 10 General/Older Adult year 1 progressing to 50 year 5 Minimum 1 event annually per focus area including each target population group 1 follow up practice session after each event 5 child/adolescent topics annually 5 perinatal topics annually 2 general/Older adult topics annually	See section 5.2.B.3.I See section 5.2.B.3.II See section 5.2.B.3.III
Program Website	Maintain and update LMS Record live webinars and maintain for six years Clear/distinct sections for each population group with resources for providers, families and individuals Timely updates/links to partner agencies, trainings and initiatives including OMH websites	See section 5.2.C.1.i
Reporting	Monthly data report to OMH due 15 th of the following month	See section 5.2.D.2

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Objective/ Program Component	Expected Deliverable	Notes
	Quarterly data and qualitative reports using OMH template(s) Due 10 th of month prior to scheduled review meeting date Annual report due by March 1 Meetings with OMH as required or upon request Staffing plan annually Training plan annually	See section 5.2.A See section 5.2.B.3
Advisory Council(s)	Meet 2x/year	See section 5.2.A.IV
Marketing and Promotion Plan	Create and send to OMH within Q1/first 90 days of contract Update annually	See section 5.2.C.2.i

F. Staffing Qualification Requirements

Profession/ Position	Required Certification/ Licensure	Recommended Experience	Suggested FTE
Executive Director Medical Director(s)	Certified by the American Board of Psychiatry and Neurology in General Psychiatry and meeting maintenance of certification requirements Licensed in NYS Actively practicing primarily in child/adolescent or perinatal psychiatry	5 years of direct care in psychiatry with at least 2 additional years of specialized care experience Consultative experience, experience working in a collaborative care setting or experience working in a co-located care practice Experience teaching about mental health in one or more	.5 FTE (Exec)~20 hours/wk Or ~1040 hr/yr (Medical Directors) .5 FTE child .5 FTE perinatal ~20 hours/wk

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Profession/ Position	Required Certification/ Licensure	Recommended Experience	Suggested FTE
		<p>of the following settings: medical school, residency program, fellowship program, or</p> <p>Experience developing training and lectures in psychiatry</p> <p>Leadership of a psychiatry program department or clinic</p>	<p>.2 FTE general psy ~8 hours/wk Or ~400 hr/yr</p>
<p>Program Director</p>		<p>Program management experience</p> <p>Work experience with building partnerships, collaboration and networking with multiple stakeholders and partners</p> <p>Experience in coordination of the delivery of education/training across different platforms</p> <p>Able to develop and deliver presentations</p> <p>Proven skills in public relations, promotion and marketing</p>	<p>1 FTE</p>
<p>Project Administration (includes warmline intake non-clinical duties)</p>		<p>Data entry, collection and reporting</p> <p>Appointment/meeting scheduling</p> <p>Website and online training IT support</p> <p>Knowledge of CME/CEU processes</p>	<p>4.5 FTE</p>

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Profession/ Position	Required Certification/ Licensure	Recommended Experience	Suggested FTE
		Public relations/marketing experience	
Psychiatrist	<p>Certified by the American Board of Psychiatry and Neurology in General, Child/Adolescent or Perinatal Psychiatry and meeting maintenance of certification requirements</p> <p>Licensed in NYS</p> <p>Actively practicing in psychiatry field</p>	<p>5 years of direct care in psychiatry with at least 2 additional years in specialty care for child/perinatal</p> <p>Consultative experience, experience working in a collaborative care setting or experience working in a co-located care practice</p> <p>Experience teaching about mental health in one or more of the following settings: medical school, residency program, fellowship program, or</p> <p>Experience developing training and lectures in psychiatry</p> <p>Leadership of a psychiatry program department or clinic</p>	<p>(Child) 3 FTE</p> <p>(Perinatal) 2 FTE</p> <p>(General) .2 FTE</p> <p>TOTAL 5.2 FTE</p>
Psychologist	<p>Licensed by NYS</p> <p>Completed Ph.D. from a program accredited by the American Psychological Association (APA)</p> <p>OR</p> <p>Completed Psy.D. from a program accredited by the APA</p>	<p>5 years of direct care in a therapeutic setting</p> <p>Consultative experience, experience working in a collaborative care setting or experience working in a co-located care practice</p> <p>Experience teaching about mental health in one or more of the following settings: medical school, residency program, fellowship program, or</p>	<p>(Child) 1 FTE</p> <p>(Perinatal) 1 FTE</p> <p>TOTAL 2 FTE</p>

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Profession/ Position	Required Certification/ Licensure	Recommended Experience	Suggested FTE
		Experience developing training and lectures to a professional audience	
Outreach and Care Coordination	NYS Education Office of Professions criteria for licensing requirements as indicated for the professional title.	<p>Experience working with children, families and individuals in a mental health setting.</p> <p>Service/care coordination experience or medical referral process knowledge</p> <p>Mental health triage and intake experience</p> <p>Knowledgeable about public and private systems of care</p>	2.5 FTE
Specialty Consultant	NYS Education Office of Professions criteria for licensing requirements as indicated for the professional title.	<p>Minimum of 5 years direct care experience in the specialty area of expertise</p> <p>Consultation fellowship, experience developing training and lectures or Consultative experience, experience working in a collaborative care setting or experience working in a co-located care practice. Experience with conducting evaluations, assessments and use of standardized screening tools in the specialty area.</p> <p>Written/published/scholarly presentations in the specialty area</p> <p>Certification if applicable in discipline/specialty area</p>	\$450000/year

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Profession/ Position	Required Certification/ Licensure	Recommended Experience	Suggested FTE
Geriatric Psychiatrist	<p>NYS medical license and board-certified in general psychiatry by the American Board of Psychiatry and Neurology</p> <p>Board Certification (subspecialty exam completion) in geriatric psychiatry</p>	<p>Completion of at least one year of an ACGME accredited geriatric psychiatry fellowship program.</p> <p>At least 5 years of direct care in psychiatry with at least 2 additional years in specialty care for older adults</p> <p>Consultative experience, experience working in a collaborative care setting or experience working in a co-located care practice</p> <p>Experience teaching about mental health in one or more of the following settings: medical school, residency program, fellowship program, or</p> <p>Experience developing training and lectures in psychiatry</p>	Part of specialty consultation FTE
Geriatric Psychologist	<p>Licensed by NYS</p> <p>Completed Ph.D. from a program accredited by the American Psychological Association (APA)</p> <p>OR</p> <p>Completed Psy.D. from a program accredited by the APA</p>	<p>Completion of a specialized fellowship in geriatric psychology or Geroneuropsychology.</p> <p>Preferred/not required: Board certification in Geropsychology (ABGERO) through the American Board of Professional Psychology</p> <p>5 years of direct care in a therapeutic setting, with at least 2 years focused on the older adult population.</p>	w/in specialty consultant hours

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Profession/ Position	Required Certification/ Licensure	Recommended Experience	Suggested FTE
		<p>Consultative experience, experience working in a collaborative care setting or experience working in a co-located care practice</p> <p>Experience teaching about mental health in one or more of the following settings: medical school, residency program, fellowship program, or</p> <p>Experience developing training and lectures to a professional audience</p>	

5.3 Operating Funding

Annual funding for each year is \$5,000,000.

Funding will be paid in quarterly amounts throughout the duration of the 5-year contract.

Applicants are reminded that funding to support the operation of this program is contingent upon the continued availability of State appropriations.

6. Proposal Narrative

A proposal template is provided in the “Event Comments and Attachments” section of SFS and MUST be used to answer the following questions. Any supporting attachments MUST be included in the upload of the proposal template as one continuous PDF document AND be labeled specific to the question number it is associated with.

Proposals/applications not submitted as described (other than the budget which must be uploaded in excel format) will result in disqualification of the application.

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

Description of the Program:

6.1 Population

a. Describe your understanding of and experience with provider-to-provider consultation services regarding individuals who are experiencing behavioral health challenges in a community care setting, and your ability to coordinate services with providers and community resources. Include clinical approaches and/or best practice in treatment and

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care for those who require intensive intervention to avoid hospitalization. Include specific details about different population groups (children/adolescents, perinatal, older adults).

b. Describe your experiences in delivering services that are family-driven, youth/individual guided, strength-based and developmentally appropriate. Specify your experience in providing services to individuals in each population group (children/youth, perinatal, older adults). Outline how you operationally integrate these principles into practice when you educate other providers. Include your experience in engaging with providers that have not adequately responded to providing mental health treatment within their traditional settings or scope of practice.

c. Describe your network, internally and externally, of behavioral health and other providers, and how you plan to utilize those networks to facilitate rapid access to care. Show how you will provide statewide support to providers.

d. Summarize narratively, your staffing and organizational structure plans and how you will fulfill the requirements of this RFP (sections 5.2.A and 5.2.F). Include descriptions of the roles, responsibilities and expected skill sets of each faculty member. Demonstrate how you will ensure that staff gain/maintain competencies in knowledge of the public and private systems of care, consultation and professional training modalities.

6.2 Implementation

a. Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.

b. Describe how you will deliver the consultation services that comprehensively address the needs of individuals across multiple life domains. Include relationships that you currently have or will develop with providers in each of those domains. Include any specialty areas of expertise, experience or plans to create such partnerships. Include phone, face-to-face and virtual consultation models in your description.

c. Describe the plan for response to suggested referrals of services, resource development and support for families/individuals. It is expected that staff will have contact with providers within one business day of the receipt of a call to the warmline. Specify any follow up or tracking procedures to confirm services utilization after provider information/resource connection.

d. Describe approaches or tools that will be used to conduct screenings or assessments.

e. Describe your experience and ability to provide training and education to a professional audience. What models/methodologies will you use? Are you an accredited CME and CEU provider? Further describe your plan to collaborate with specialty experts and how they will be utilized to support training in mental health and complex needs across the lifespan.

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6.3 Agency Performance

- a. Describe how the agency will create a physical and/or virtual space statewide that supports regional team(s) and information about other supports the agency will provide for with regards to equipment and administrative oversight. How will the single warmline operate across multiple teams?
- b. Describe your promotion and marketing approaches. Include how you will connect with stakeholders for input including people with lived experience.
- c. Describe your experience with and plan for continuing maintenance of the program website. How do you plan to incorporate the website into service implementation? Have you identified a staff member who will be responsible or will you subcontract for this task?
- d. Describe your experience with and plan for continuing to support practitioners in billing and reimbursement for mental health treatment codes/activities within primary care and non-mental health care settings. Have you utilized eConsult reimbursement or do you have a plan to support this going forward?

Program Monitoring, Evaluation and Reporting:

6.4 Utilization Review, Reporting, and Quality Improvement

OMH providers are expected to ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes. To support these efforts, it is expected that providers have a quality, supervisory, operational and IT / data infrastructure to routinely self-monitor and ensure ongoing quality improvement of services, including analyzing utilization review findings and recommendations.

It is also expected that providers will routinely submit data to OMH, including client-identified data, quality and program data. Data submission requirements and guidance will be provided by OMH. (see section 5.2.D)

- a. Describe your agency's experience and approach to data collection and monitoring to inform service provision, including determining adequate services to meet needs. Outline how this information is used to inform scope, frequency, and duration of interventions in services and programs.
- b. Outline your agency's standard quality assurance activities to demonstrate how you monitor the effectiveness of your services and programs. Describe how your procedures are used to ensure ongoing quality improvement. Describe how you incorporate key community entities, including consumers, and their families in evaluating your approaches to ensure they reflect considerations for cultural competence and language access. Include how this informs your equity and inclusion plan.
- c. Do you have an administrative support plan and experience with OMH reporting? Does your electronic documentation/data system meet requirements for OMH reporting? Briefly describe more here:
- d. Describe how you will self-monitor your work. How do you plan to assess staff

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performance? How do you ensure ongoing quality improvement and that best practices in mental healthcare are being integrated into all service methods? How is your training curriculum reviewed to ensure compliance with ethical principles, OMH standards and all applicable regulations or requirements?

6.5 Diversity, Equity, Inclusion and Recipient Input

This section describes the commitment of the entity to advancing equity. OMH is committed to the reduction of disparities in access, quality, and treatment outcomes for historically marginalized populations as well as centering and elevating the voice of individuals with lived experience throughout the system.

Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations

- a. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
- b. Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual's title, organizational positioning and their planned activities for coordinating these efforts).
- c. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). The plan should include information in the following domains:
 - Workforce diversity (data-informed recruitment)
 - Workforce inclusion
 - Reducing disparities in access quality, and treatment outcomes in the patient population
 - Soliciting input from diverse community stakeholders, organizations and persons with lived experience
 - Efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area.
 - How stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan
 - Discuss how the plan will be regularly reviewed and updated.

Equity Structure

- d. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).

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- e. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

Workforce Diversity and Inclusion

- f. Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

Language Access

- g. Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to addressing other language accessibility needs (Braille, limited reading skills), service descriptions and promotional material.

Recovery Values

- h. Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

Collaboration with Diverse Community-Based Stakeholders/Organizations

- i. For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

7. Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B) \$5,000,000 is available annually. The indirect cost/administrative overhead rate is capped at 15%. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff

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by position, full-time equivalent (FTE), and salary.

b. Describe how your agency manages its operating budget. Please include the following:

- detailed expense components that make up the total operating expenses;
- the calculation or logic that supports the budgeted value of each category; and,
- description of how salaries are adequate to attract and retain qualified employees.