

**NYS Office of Mental Health**

Request for Proposals (RFP)

Children's Mental Health Clinics Co-Located in Primary Care Settings

December 2011

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## **1. Introduction and Background**

### **1.1. Purpose of Request for Proposal**

The New York State Office of Mental Health (OMH) announces the availability of one-time funds to promote the establishment of licensed children's satellite mental health clinics co-located within a pediatric or family practice primary care setting. These co-located satellites will provide clinic services as defined in New York Codes, Rules and Regulations (NYCRR) Part 599.

In addition to the establishment of a co-located satellite clinic, awardees will work collaboratively with the associated primary care practice to develop a comprehensive approach for integrated care. Co-location of children's mental health care within the primary care setting is an approach to advance access to quality care. This partnership will provide a unique opportunity to identify those children and families who might not otherwise seek treatment and strengthens the capacity for earlier recognition and treatment options. Co-location fosters an atmosphere that recognizes the interconnectedness between physical and mental health and paves the way to improved outcomes.

It is anticipated that OMH will make multiple awards with a combined total of up to \$1 million.

### **1.2. Issuing Officer/Designated Contact**

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. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

[Marcia Rice](#)

New York State Office of Mental Health  
Division of Children and Family Services  
44 Holland Avenue  
Albany, NY 12229

### **1.3. Eligible Organizations**

Eligible bidders are agencies which operate children's outpatient mental health clinics currently licensed by OMH. State-operated programs are not eligible to respond to this RFP. Current providers of OMH licensed programs in Tier III or equivalent status (operating certificate duration of less than 12 months - other than initial certificate) are not eligible to apply.

#### 1.4. Key Events/Time Line

Event	Date
RFP Release Date	12/19/11
RSVP to Bidder's Conference	1/3/12
Mandatory Bidder's Conference	1/9/12
Questions Due	1/10/12
Questions Posted on Website	1/20/12
Proposals Due	2/20/12
Award Notification*	3/20/12
Anticipated Start Date*	5/01/12

\*Estimated Dates

## 2. Proposal Submission

### 2.1. Mandatory Bidders Conference

A **Mandatory Bidders Conference** will take place on January 9, 2012 in Albany from 1:00 pm to 3:00 pm. Although in-person participation is preferred, telephone/webinar conference participation will be made available to those who cannot attend in person. All questions and answers given during the Bidders Conference will be recorded and posted on the OMH website by 5:00 pm on January 20, 2011.

**Only those agencies represented at the Mandatory Bidder's Conference will be allowed to submit proposals.**

A **Mandatory RSVP** is required to attend the Mandatory Bidder's Conference either in person or by telephone/webinar conference and **must be** submitted in writing by 5:00 pm on January 3, 2012 by email to [RSVP](#).

The email should clearly indicate the participating agency name, contact person, email, telephone, and method of participation (in person or telephone/webinar). Instructions to access participation via telephone/webinar and the location of the conference will be emailed to those who [RSVP](#).

**In anticipation of high interest, space is limited for both in-person and telephone participation. Attendance will be limited to 2 individuals per agency at the in-person event and one phone line per agency in the webinar.**

Participation in the conference by either method will be done on a first come, first served basis. Once you have registered, you will receive confirmation and further instructions.

### 2.2. RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing (by fax to 518-473-4335 or email) to the Issuing Officer by 5:00 pm on January 10, 2012. The questions and answers will be posted on the OMH website by 5:00 pm on January 20, 2012 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone. When submitting

questions, please reference the RFP name: Children's Mental Health Clinics Co-located in Primary Care Settings

### **2.3. Addenda to the Request for Proposals**

In the event that it becomes necessary to revise any part of the RFP after the Bidders Conference but prior to the scheduled submission date for proposals, an addendum shall be issued to each prospective respondent that attended the Bidders Conference and will be posted on the OMH website. If the RFP is revised prior to the Bidders Conference, an addendum will be posted on the OMH website. **It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.**

### **2.4. Proposal Format and Content**

Each proposal is required to contain the Agency Transmittal Form ([Appendix A](#)), a Program Narrative, the Budget Worksheets ([Appendix B](#) and [B1](#)), the Satisfaction Survey for Primary Care Staff, the Satisfaction Survey for Service Recipients, Letter of Support from the County, and the Letter of Support from the Primary Care Practice where intended satellite is to be co-located.

The **program narrative** must respond to the criteria in the sequence as outlined in Section 5:3. The program narrative should be single spaced, one-sided 12-point font and no more than 15 pages in length excluding attachments. Please number pages "1 of 12, "2 of 12" etc.

**The Budget Worksheets ([Appendix B](#) and [B1](#)) are separate documents on the [OMH Website](#). Do NOT substitute your own budget format.**

### **2.5. Instructions for Proposal Submission**

Bidders must submit six (6) paper copies and one copy (in either Word or PDF format) on a flash drive of the full proposal package by mail or hand delivery to be received by 5:00 PM on, February 20, 2012; each package must include:

- Agency Transmittal Form ([Appendix A](#))
- Program Narrative
- Budget Worksheets ([Appendix B](#) and [B1](#))
- Satisfaction Survey for Primary Care Staff
- Satisfaction Survey for Service recipients
- Letter of Support from the Primary Care Practice where intended services are to be co-located. The letter of support should indicate that there is dedicated space available in the practice. Include a description and map of the available space location within the Primary Care Practice.
- Letter of Support from the County.

Proposals that are incomplete and/or proposals that exceed the page limitations will be excluded from evaluation.

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or facsimile. All proposals received after the due date and time cannot be accepted and will be returned unopened.

Each eligible agency may submit only one proposal per region. A separate and complete proposal package is required for each proposed regional program. For example if one agency wants to implement a co-located satellite clinic in BOTH New York City region and the Hudson River region, then that agency must have an existing clinic in each region, and, two separate and complete proposals must be submitted.

### **2.5.1. Packaging of RFP Responses**

**Proposals should be sealed in an envelope/or boxed and be sent to:**

Marcia Rice  
New York State Office of Mental Health  
Division of Children and Family Services  
44 Holland Avenue  
Albany, NY 12229  
**ATTN: RFP Children's Mental Health Clinics Co-Located in Primary Care Settings**

## **3. Administrative Information**

### **3.1. Method of Award**

The proposal with the highest final evaluation scores as outlined in 4.1 and 4.2 of this RFP will be awarded the contracts.

### **3.2. Term of Contract**

The anticipated contract awarded will be for one year. The anticipated start date is May 1, 2012.

The OMH direct Contract Forms and Instructions ([Appendix C](#)) are included for informational purposes only.

### **3.3. Cost**

It is expected that multiple awards with a combined total of up to **\$1,000,000** will be available. The maximum amount for each award is not to exceed \$30,000 in the Central, Hudson Valley, and Western Regions and \$50,000 in New York City and Long Island Regions.

**Proposal budgets submitted must not exceed the maximum amount for the region being bid on. Failure to adhere to the maximum amount will result in disqualification of your proposal.**

### **3.4. Reserved Rights**

The Office of Mental Health reserves the right to:

- Reject any or all proposals received in response to the RFP that do not meet the eligibility criteria as outlined in Section 1.3.;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Seek clarifications of proposals for purposes of assuring a full understanding of responsiveness to the solicitation requirements;
- Use proposal information obtained through the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder 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 bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to 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 and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder; and
- 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 offeror's proposal and/or to determine an offeror's compliance with the requirements of the solicitation.

### **3.5. Debriefing**

The Office of Mental Health will issue award and non-award notifications to all bidders. Non awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and or disqualified within 15 business days of the OMH dated letter. OMH will not offer ranking, statistical or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section I: 1.2 of this RFP.

### **3.6. Protests Related to the Solicitation Process**

Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or 5 business days from the date of the debriefing. The Commissioner or his 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:

NYS Office of Mental Health  
Commissioner Michael Hogan  
44 Holland Avenue  
Albany, NY 12229

#### 4. Evaluation Factors for Awards

##### 4.1. Criteria

Proposals that meet the eligible organization criteria will be reviewed comprehensively to assess the bidder's commitment and ability to accomplish the objectives outlined in this RFP.

OMH's evaluation committee, consisting of at least 3 evaluators, will review the Technical and Cost portions of each proposal to arrive at a final score. Detailed information regarding the staffing and management plans, deliverables, and operational plans are to be addressed in the narrative of your proposal and evaluated in the technical section.

The proposals will be organized into five separate groups to coincide with one of the [five OMH Field Office regions](#) selected by each applicant on the required Agency Transmittal Form. In each of the four regions outside New York City, OMH anticipates making multiple awards with a combined total up to \$150,000 per region, and a combined total of up to \$400,000 in New York City. The highest scoring passing proposals in each region will be selected. If there are not enough passing proposals to choose from in a region, the next highest scoring passing proposal not yet selected will be selected regardless of regional location.

- **Scoring**

Scoring will be as follows:

Project narrative: Linkage with Primary Care	40 points
Project narrative: Comprehensive approach for integrated practices	40 points
<b>Technical Score</b>	<b>80 points</b>
Cost	20 points
<b>Total Proposal Score</b>	<b>100 points</b>

## **4.2. Proposal Evaluation**

### **4.2.1. Technical Evaluation**

Using a point-rating system, the technical evaluation will be completed by applying points to each narrative question addressed in Section 5 Scope of Work.

### **4.2.2. Cost Evaluation**

Using a point-rating system, the cost evaluation will be completed by applying points to each narrative question addressed in Section 5 Scope of Work.

## **4.3. Recommended Award and Notification**

Upon completion of the evaluation process, notification of awards will be sent to all successful and non-successful bidders. The awards are subject to approval by the Office of the Attorney General and the Office of State Comptroller before the contract is effective.

OMH reserves the right to negotiate special terms and conditions with the selected bidders when making the awards. The bidders must accept such terms and conditions for the award to take effect.

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

## **5. Scope of Work**

### **5.1. Introduction and Vision**

Integrated collaborative care is widely supported as an essential strategy to enhance mental health services. Many advantages for integrating mental health into the primary care setting have been described. The Federal Partners Workgroup on Mental Health Transformation offers the following benefits of integrated care:

“Integrated care results in improved access to high quality care, increased patient and provider satisfaction, increased patient adherence, cost effectiveness and cost savings, improved patient health and well-being, and ultimately, the elimination of health disparities.”<sup>1</sup>

Researchers Kelleher et al revealed a striking increase (6.8%-18.7%) in the identification of childhood psychosocial problems by primary care clinicians over a seventeen year period.<sup>2</sup> Pediatric and primary care practices are often the first place where families seek help about emotional or behavioral concerns with their children. Primary Care practitioners generally have long-term established trusting relationships and are well positioned to assist children and their families. In a joint position paper from the American Academy of Pediatrics (AAP) and the American Academy of Child and Adolescent Psychiatry (AACAP), these well-regarded organizations maintain that

“The primary care setting provides opportunities for early identification and intervention, counseling, guidance, care coordination, and chronic illness management.”<sup>3</sup> Appreciation of the role that Pediatric primary care physicians can contribute in enhancing mental health wellness in children and adolescents is broadly acknowledged.

**Co-location** as a strategy for integrating mental health services within the primary care setting builds and strengthens existing natural networks and fosters collaborative relationships. This model can be implemented by creating satellite clinics in pediatric and primary care offices. Co-location can further facilitate communication, early identification, care coordination and planning. In a national survey of pediatricians conducted by Guevara et al, Pediatricians reported a greater likelihood of consultation and referral when a mental health professional was co-located.<sup>4</sup> In contrast, many referrals from primary care to off-site behavioral health do not make the first appointment. Mental health referrals made directly within the same office can be less stigmatizing. The convenience and immediacy of care provided on-site, coupled with a warm handoff from the primary physician can support improved engagement rates. Co-location allows for the concurrent focus on both physical and mental health needs, giving support to the mitigation and prevention of disease burdens. The potential benefits of a coordinated care model utilizing the proximity that co-location offers are enormous and can ultimately give support to ease suffering, strengthen positive social and provide hope.

In recognition and support of the role that primary care physicians play in the promotion of children’s social and emotional development, the New York State Office of Mental Health (OMH), Division of Child and Family Services has established the New York Consultation and Telepsychiatry (NYCaT) program. This initiative is currently funded to address child psychiatric consultation needs in areas with health care shortages and to support the treatment youth receive both in mental health programs and primary care practices throughout the State. NYCaT represents the commitment of OMH to increase access to appropriate and effective services for children and their families.

Project (Training and Education for the Advancement of Children's Health) TEACH is a primary component of NYCaT and provides rapid consultation, education and training, and referral/ linkage services to primary care physicians statewide who provide care for children and adolescents with mental health disorders. The project is designed to enhance practitioners’ capacity to provide mental health services in primary care practices and to improve the coordination and collaboration between primary care and specialty mental health care. The co-location of children’s mental health satellite clinics in primary care practices participating in Project TEACH would represent a significant movement toward a comprehensive approach to the integration of children’s mental health and primary care in New York State. Additional information about Project TEACH can be found on the [OMH website](#).

OMH is making funding available to support the start-up of co-located satellite clinics as part of a larger vision to identify children with social and emotional problems earlier, and to increase access to mental health services for those children and their families who are in need. Co-location is seen as a method to increase positive outcomes for children and families, such as decreased stigma, increased satisfaction, and improved clinical outcomes. Co-location also can be seen as a means to improved outcomes for

clinics, such as increased efficiency, facilitation of collaboration and communication with primary care providers, and increased capacity to engage children and families.

## **5.2. Objectives and Responsibilities**

The objective of a Co-location model is to enhance the health and well-being of children through the promotion of a coordinated care model.

Providers will:

- Establish an OMH licensed satellite clinic located in a primary care setting
- Execute a Memorandum of Understanding (MOU). Expected roles and responsibilities of the Mental Health staff and the Primary Care staff should be delineated in the MOU.
- Cultivate relationships within the primary care setting to facilitate referrals, coordination, and communication
- Develop strategies to promote integrative care
- Become self-sustaining

Funding is limited to start-up costs. It is expected that once established, the clinic satellite will be self-sustaining before the completion of one year.

Acceptable Initial expenditures:

- Personnel costs for initial meetings with primary care staff to develop strategies for communication, referrals, forms, protocols, information sharing, and evaluation procedures.
- Training and education for both the mental health and the primary care staff
- Office space modifications
- Equipment and furnishings

The awardees will be required to work cooperatively with the primary care practice in developing a plan to effectively coordinate care.

The recipients of this award will be required to track and report data, and participate in evaluation protocols to ensure the quality and effectiveness of services.

## **5.3. Requirements for Submission**

### **Proposal Components**

When submitting proposals for funding under this RFP, the narrative must be brief, no more than 15 pages, and must address all of the components (including each budget category) listed below, in the following order:

A. Linkage with Primary Care

- Briefly describe the capacity and experience of the applicant in providing behavioral health care for children
- Describe the agency's relevant past and present experience working cooperatively and/or collaboratively with primary care providers
- Describe the size and community served by primary care partner and the need for mental health services within that community
- Provide a description and map of the available space location within the primary care practice
- Describe in detail your agency's operational plan for implementation
- Provide your agency's timeline for implementation

B. Comprehensive approach for integrated practices

- Describe what strategies you would use to accomplish an integrated practice.
- Describe any potential barriers and how you would address them
- Describe how you envision your relationship with your primary care partner and plans to achieve and maintain this
- Create a staff satisfaction survey and submit a plan for administering this survey to the primary care staff regularly
- Create a recipient and family satisfaction survey and submit a plan for administering this survey to clinic recipients and their families regularly
- Describe plan for the provision of trainings that will be made available to both the primary care practice staff and the mental health staff.
- Describe willingness to engage in discussion and planning with primary care practitioners about opportunities to participate in Project TEACH training, support, and consultation

C. Budget

- Identify the proposed satellite's budget
- Identify anticipated revenues
- Describe how the agency proposes to use the start-up funds
- Demonstrate ability to sustain services in subsequent year without continued grant funding. Provide a work plan narrative anticipating costs and revenues that identify steps through which the program will move to become sustainable by the end of the first year.

Be sure to use the required budget formats (see [Appendix B](#) and [B1](#)) to develop the yearly Budget Form and Budget Narratives. Do not substitute your own budget formats. Budgets may include travel costs but must adhere to [State per diem rates](#).



The Budget Worksheets ([Appendix B](#) and [B1](#)) are a separate document on the [OMH Website](#).

## 6. Appendices

[Appendix A: Agency Transmittal Form](#)

[Appendix B: Budget Form](#)

[Appendix B1: Budget Narrative](#)

[Appendix C: OMH Direct Contract Form](#) (for informational purposes and not needed to submit with proposal)

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<sup>1</sup> Federal Partners Senior Workgroup on Mental Health Transformation Integration of Primary Care and Mental Health Workgroup. (2008, January). Compendium of Primary Care and Mental health Integration Activities across Various Participating Federal Agencies, p2.

[http://www.samhsa.gov/Matrix/MHST/Compendium\\_Mental%20Health.pdf](http://www.samhsa.gov/Matrix/MHST/Compendium_Mental%20Health.pdf) 

<sup>2</sup> Kelleher, K., McInerney, T., Gardner, W., Childs, G., Wasserman, R. (2000, June), Increasing Identification of Psychosocial Problems: 1979-1996. *Pediatrics*, Volume 105, Number 6, p1315

<sup>3</sup> American Academy of Child and Adolescent Psychiatry. (2009). Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration. *Pediatrics* 2009; 123, p1248.

<sup>4</sup> Guevara, J., Greenbaum, P., Shera, D., Bauer, L., Schwarz, D. (2009) Survey of Mental Health Consultation and Referral Among Primary Care Pediatricians. *Academic Pediatrics* 9:2, p1.