



NYS Office of Mental Health

Request for Proposals (RFP)

Project TEACH (Training and Education for the Advancement of Children's Health)

Statewide Coordination Center

August 18, 2015

Table of Contents

I. Introduction and Background 3

 1.1 Purpose of the Request for Proposals..... 3

 1.2 Availability of the RFP..... 4

II. Proposal Submission 4

 2.1 Mandatory Bidders’ Conference 4

 2.2 Issuing Officer/Designated Contact 4

 2.3 Key Events/Time Line..... 5

 2.4 RFP Questions and Clarifications..... 5

 2.5 Addenda to Request for Proposals..... 5

 2.6 Eligible Applicants..... 5

 2.7 Disqualification Factors..... 6

 2.8 Instructions for Bid Submission and Required Format 6

 2.9 New York State Division of Budget Grants Gateway Registration and Prequalification Requirements..... 7

 2.10 Executive Order #38..... 7

 2.11 Equal Opportunities for Minorities and Women: Minority and Women Owned Business Enterprises..... 7

 2.12 Packaging of RFP Responses..... 7

III. Administrative Information..... 8

 3.1 Term of Contract..... 8

 3.2 Reserved Rights 8

 3.3 Debriefing Process 8

 3.4 Protests of Award Outcome..... 9

IV. Evaluation Factors for Awards..... 9

 4.1 Method of Evaluation 9

 4.2 Agency Recommended Award and Notification Process 10

V. Scope of Work 11

 5.1 Introduction 11

 5.2 Objectives and Responsibilities 13

 5.3 Reporting 18

 5.4 Requirements for Submission 18

VI. Operating Budgets and Budget Narratives..... 20

VII. Appendices 20

[Appendix A Agency Transmittal Form](#)

[Appendix B Operating Budget Form for Years 1 through 5](#)

[Appendix B1 Budget Narrative Form](#)

[Appendix C OMH Master Contract Forms and Instructions](#). The link to Appendix C forms and instructions is provided for informational purposes only. Do not complete and submit these forms with your proposal.

[Attachment 2 Offerer Disclosure of Prior Non Responsibility Determinations](#)

I. Introduction and Background

1.1 Purpose of the Request for Proposals

The New York State Office of Mental Health (OMH) announces the availability of funds to establish the Project TEACH Statewide Coordination Center (SCC). Project TEACH is a collaborative model that is committed to strengthening and supporting the ability of Primary Care Providers (PCPs) to provide mental health services to children, adolescents and their families. This statewide program is comprised of three interrelated services for primary care providers: access to child and adolescent psychiatric consultation, linkage with community-based services, and training.

On May 27, 2015, OMH issued the [Regional Providers RFP](#) to extend and expand the work and the services of Project TEACH. The Project TEACH Statewide Coordination Center RFP is being issued to support and expand Project TEACH services. The Statewide Coordination Center will be responsible for directing the work of the Regional Providers and for providing the following to support and expand Project TEACH services:

- Development of a statewide Project TEACH website;
- Marketing and promotion of Project TEACH;
- Collection and analysis of performance data;
- Needs assessment for specialty consultation and development of a delivery system for specialty consultation;
- Provision of a variety of training options available throughout the state including web-based training, webinars and intensive in-person trainings;
- Collaboration and coordination with prevention and early identification initiatives;
- Evaluation of individual Project TEACH services and of overall program impact.

OMH will make one award beginning in 2016 to fund one five year contract contingent upon the availability of funding.

Proposals supporting only a portion of the services designated in the RFP will not be selected.

Please Note - Applicants who submitted proposals for the Project TEACH Regional Providers RFP are **not** eligible to apply for the Project TEACH Statewide Coordination Center RFP. Applicants who are awarded regional contracts may be eligible to sub-contract with the Project TEACH Statewide Coordination Center to provide components of the training services described above.

Conflicts of Interest

As part of the application, the applicant must disclose any and all relationships that may be construed as actual or potential conflicts of interest. In cases where such relationship(s) and/or interest(s) exist, the applicant must describe how an actual or potential conflict of interest will be avoided.

This information must be documented in the form of a letter addressed to OMH. If no conflicts exist, that must be indicated in the application as well. OMH reserves the right to reject applicants, at its sole discretion, based on any actual or perceived conflict of interest.

1.2 Availability of the RFP

The RFP will be available on the [OMH website](#) and advertised through the New York State (NYS) Contract Reporter, and listed in the New York State Grants Gateway system [here](#).

II. Proposal Submission

2.1 Mandatory Bidders' Conference

A **Mandatory Bidders' Conference** will take place on September 17, 2015 in Albany from 11am to 12:30 pm. 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 4:30 pm on September 25, 2015.

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

A **Mandatory RSVP** is required to attend the Mandatory Bidders' Conference either in person or by telephone/webinar conference and **must be** submitted in writing by 4:30 pm on September 10, 2015. No additional Letter of Intent is required.

The RSVP email should clearly indicate the participating agency name, contact person, email, telephone, and method of participation (in person or telephone/webinar). The RSVP email should be sent to:

Susan Penn
Susan.Penn@omh.ny.gov

Instructions to access participation via telephone/webinar and the location of the conference will be emailed to those who RSVP.

Attendance will be limited to 2 individuals per agency at the in-person event and one phone line per agency in the webinar.

2.2 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:
[Susan Penn](#)
New York State Office of Mental Health
Contract and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229

2.3 Key Events/Time Line

Event	Date
RFP Release	August 18, 2015
Mandatory RSVP to Bidders Conference	September 10, 2015
Mandatory Bidders Conference	September 17, 2015
Deadline for Submission of Questions	September 18, 2015
Questions and Answers Posted on OMH Website	September 25, 2015
Proposals Due	October 9, 2015
Notice of Conditional Award*	October 27, 2015
Contract Start Date*	January 1, 2016
* estimated dates	

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by email to the Issuing Officer at Susan.Penn@omh.ny.gov or by fax at (518) 402-2529 by 4:30 PM on September 18, 2015. The questions and answers will be posted on the OMH website by 4:30 PM on September 25, 2015 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

2.5 Addenda to Request for Proposals

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website and included in the NYS Contract Reporter. It is the bidder's responsibility to periodically review the OMH website and the NYS Contract Reporter to learn of revisions or addendums to this RFP. No other notification will be given.

2.6 Eligible Applicants

Eligible applicants must be non-profit entities that have a background in child and adolescent mental health service delivery and/or pediatric service delivery and may include:

- Academic and research institutions; and
- Teaching hospitals/medical centers.

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

- Ability to provide technical assistance and facilitate collaborative efforts;
- Integration of pediatric primary care and behavioral health including knowledge and/or experience with prevention and early identification initiatives;
- Program evaluation to measure the impact of specific services/components.

Applicants do not have to demonstrate prior experience in the direct provision of marketing and promotion, web and LMS systems development and maintenance, delivery of training and delivery of specialty consultation as outlined in this RFP. However, in its proposal, an organization that does not have such experience must demonstrate their capacity to provide those components.

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. 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 Section II, 2.6;
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.9, by the proposal due date of 4:30 PM, on October 9, 2015; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.8.

2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form;
2. Project Narrative;
3. Complete Operating Budget and Budget Narrative for each year of the proposed contract period;
4. Letter Addressing Conflicts of Interest; and
5. OMH Offerer Disclosure of Prior Non-Responsibility Determinations.

The [Operating Budget Form for Years 1-5](#), the [Budget Narrative Form](#) (see [Appendix B](#) and [B1](#)). Bidders must **not** substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.**

Bidders must submit one complete, signed hard copy of the full proposal package and one (1) flash drive with your agency's name on it containing the proposal as **one document** (Word or PDF format) by mail, delivery service, or hand delivery to be received by **4:30 p.m. October 9, 2015**; each package must include the required proposal components cited above.

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

2.9 New York State Division of Budget Grants Gateway Registration and Prequalification Requirements

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on www.Grantsreform.ny.gov

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of October 9, 2015 cannot be evaluated; therefore, such proposals will be disqualified from further consideration

2.10 Executive Order #38

Pursuant to [Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. [Appendix C](#), Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

2.11 Equal Opportunities for Minorities and Women: Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

2.12 Packaging of RFP Responses

See Section 2.8 for detailed requirements. Proposals should be sealed in an envelope or boxed and sent to:

Susan Penn
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: RFP Project TEACH Statewide Coordination Center

III. Administrative Information

3.1 Term of Contract

The term of the agreement shall be for 5 years, subject to available funding.

3.2 Reserved Rights

The Office of Mental Health reserves the right to:

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;
- 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 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;
- 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 offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation; and
- Cancel or modify contracts due to the insufficiency of appropriations.

3.3 Debriefing Process

The Office of Mental Health will issue award and non-award notifications to all bidders. Non-awarded bidders may request a debriefing regarding the reasons that their own proposal was not selected and/or disqualified. 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. Debriefing requests must be made in writing (fax and e-mail is acceptable) within 15 business days of the date of the OMH non-award notification, and sent to the Designated Contact identified in Section II, 2.2 of this RFP.

3.4 Protests of Award Outcome

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non-award, or 5 business days from the date of a completed debriefing. The Commissioner or her 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:

Ann Marie T. Sullivan, M.D., Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

IV. Evaluation Factors for Awards

4.1 Method of Evaluation

Proposals from ineligible applicants (see Section II, 2.6) and disqualified proposals (see Section II, 2.7) will not be evaluated for an award.

The evaluation of proposals will be conducted in two parts: Technical Evaluation and Cost Assessment.

4.1.1 Technical Evaluation

A committee consisting of at least three technical evaluators will complete the Technical Evaluation. Each technical evaluator will independently review the technical portion of a proposal and compute a technical score. The technical evaluators proposal may then meet together to provide clarity or review any questions about a particular part of a proposal; following any such discussion, the evaluators may independently revise their original score in any part of the technical evaluation and will note changes on the evaluation sheet. Once completed, final technical evaluation scores will be calculated by each reviewer, and averaged to arrive at a Total Technical Score for each proposal. Proposals receiving a Total Technical Score of less than 80 will be eliminated from further consideration.

4.1.2 Cost Evaluation

Independent staff from the OMH budget office will evaluate the Cost Assessment. Bidders earn up to 30 points based on their score derived from the following formula:

Lowest cost bid received/bid being evaluated X 30 points = Total Cost Points Being Awarded.

If necessary to break a tie, the proposal with the highest score in the *Coordination of the Project TEACH Regional Providers* portion of the *Technical* component of the evaluation will be selected.

Scoring will be as follows:

Component	Maximum Points
Agency Experience and Program Structure	30
1. Organizational Qualifications	(15)
2. Staffing	(15)
3. Timeline	
Coordination of Project TEACH Regional Providers	60
1. Collaboration with OMH and Regional Providers	(15)
2. Marketing and Promotion	(15)
3. Website and Learning Management System (LMS) Development and Maintenance	(15)
4. Engagement	(15)
Expansion of Training and Consultation Services	15
<ul style="list-style-type: none"> • State-wide Training for Prescribers • Specialty Consultation 	
Resource for Evidence-based and Best Practice Strategies for Advancing Children’s Health	15
<ul style="list-style-type: none"> • Prevention Science • Integration of Pediatric Primary Care and Behavioral Health 	
Evaluation	15
Total Technical Points	135
Cost Evaluation	30
Total Proposal Score	165

4.2 Agency Recommended Award and Notification Process

Proposals will be rated and ranked in order of highest to lowest score. One award will be made to the applicant with the highest rated and ranked proposal. At the conclusion of the procurement, notification will be sent to the successful and all non-successful bidders. The award is subject to successful budget negotiations between OMH and the conditionally awarded contract agencies, as well as approval by the NYS Attorney General and the Office of State Comptroller before an operating contract can be finalized.

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

V. Scope of Work

5.1 Introduction

The Division of Integrated Community Services for Children and Families is committed to advancing prevention, early identification and integration strategies that promote the social emotional well-being of children, youth and their families.

Advances in prevention science offer opportunities to build resilience, intervene before a problem is manifested and provide early identification and treatment of disorders. Primary Care settings offer an important opportunity to implement prevention and intervention strategies such as universal screening, early identification, integrated treatment and parental education and support. OMH has implemented a range of policies and initiatives to support the integration of pediatric primary care and behavioral health prevention and treatment. Project TEACH is one such initiative - a collaborative model that is committed to strengthening and supporting the ability of prescribers who work with children to provide mental health services to children, adolescents and their families.

The goal of OMH is that the Project TEACH Statewide Coordination Center will: coordinate and manage the work of the Regional Providers to ensure that utilization of Project TEACH services is at full capacity; oversee the successful expansion of Project TEACH services and serve as a leader in NYS to advance prevention science, promote children's social emotional health, and support the continued integration of pediatric primary care and behavioral health.

5.1.1 Background and History

Twenty percent of children in the United States suffer from mental illness severe enough to cause some level of impairment and half of all chronic mental illness begins by the age of 14, yet only one in five of these affected children and youth receive treatment from a mental health provider. Data from the Center for Disease Control (CDC) show that approximately 13 percent of children ages 8 to 15 had a diagnosable mental disorder within the previous year. NYS has among the largest number of Child and Adolescent Psychiatrists of any state--but there is a significant disparity in distribution. Rural and underserved areas in NYS and elsewhere are particularly hard hit. 20% of 58 surveyed counties in NYS have no Child and Adolescent Psychiatrist. Another 15% have only one Child and Adolescent Psychiatrist (Kaye et al, 2009). Nearly all counties (53 of 58 surveyed) reported the need for additional Child and Adolescent Psychiatrists. (Kaye et al, 2009) The American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the National Institute for Health Care Management support providing primary care providers with access to consultation with child and adolescent psychiatrists as a strategy to mitigate the shortage of Child and Adolescent Psychiatrists.

In 2009, OMH issued the initial Project TEACH RFP to develop a statewide program that would provide access to consultation and collaboration with child and adolescents psychiatrist in order to support the role that Primary Care Providers (PCPs) play in identifying and treating the mild-moderate social emotional needs of children and to address the shortage of Child and Adolescent Psychiatrists. Project TEACH is designed

to provide three interrelated services: access to child and adolescent psychiatric consultation, linkage with community-based services, and access to training.

Two awards were made as a result of the 2009 RFP and Project TEACH began in March 2010. Since the start of the project through March 2010, Project TEACH providers have:

- Enrolled 1888 prescribers in the program
- Presented 83 training sessions
- Provided 5849 phone consultations to prescribers
- Provided 991 face-to-face evaluations
- Answered 2067 calls for assistance with linkage and referral to behavioral health services

In April 2012, NYS OMH in collaboration with key stakeholders began an evaluation of Project TEACH. The report from this evaluation was presented to OMH in November 2013 and notes the following positive findings for the services provided to date:

- Improvement in trained PCPs perception of their ability to address mental health issues;
- Increased ability in trained PCPs to initiate and select appropriate psychotropic medications and to adjust doses;
- An increase in the identification of children diagnosed with mental/behavioral health issues post training;
- A reduction in the utilization of psychiatric emergency services by children prescribed psychotropic medications post-training.

In February 2014, OMH convened the Project TEACH Advisory Committee to provide guidance on the continuation and expansion of Project TEACH. In addition, throughout 2014, OMH sought input from key stakeholders including the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Conference of Local Mental Hygiene Directors (CLMHD). Recommendations for expanding and enhancing the services of Project TEACH included the following:

- Standardize branding and expand marketing of Project TEACH across the state;
- Increase utilization of Project TEACH services;
- Increase Child Adolescent Psychiatry staffing for consultation;
- Expand consultation to adult psychiatrists and other prescribers who provide ongoing treatment to children;
- Provide a broader menu of training opportunities and develop a package of web-based trainings on core topics – e.g. Attention Deficit Hyperactivity Disorder (ADHD), anxiety, depression, and Bipolar Disorder/Aggression – that is available to primary care prescribers throughout New York State;
- Increase the number of targeted local trainings in order to meet the needs of primary care providers and increase the engagement of prescribers;
- Add training for PCPs on how to incorporate consultation in a primary care practice, including receiving reimbursement for consultation;
- Add specialty consultation for identified areas of need such as intellectual disabilities, substance abuse, and maternal depression;
- Increase opportunities for regional providers to share their work with each other;
- Foster collaborative work with other prevention and early identification initiatives;
- Build in evaluation throughout the initiative.

5.2 Objectives and Responsibilities

In order to meet the goal of expanding Project TEACH Services and advancing prevention strategies, the Project TEACH Statewide Coordination Center (SCC) will be responsible for four functions:

1. Coordination of the services provided by the Project TEACH Regional Providers, as well as the expansion of those services in the three regions.
2. Expansion of the training available to pediatric primary care providers via delivery of trainings that are available on a statewide basis, and, expansion of consultation services via development and implementation of specialty consultation throughout the state.
3. Be a resource for evidence-based and best practice strategies for advancing children's health.
4. Evaluation of the services provided by Project TEACH and ongoing evaluation of the statewide impact of the program.

5.2.1 Coordination of Project TEACH Regional Providers

Project TEACH Regional Providers are the organizations responsible for delivery of three interrelated services for pediatric primary care providers across New York State: access to child and adolescent psychiatric consultation, linkage with community-based services, and training. OMH has delineated 3 regions and will make 3 awards, one for each region, to provide these services for a total period of five (5) years. The Statewide Coordination Center will provide statewide coordination, promotion and technical assistance for the services provided by the Project TEACH Regional Providers.

- A. **Collaboration with OMH and Regional Providers** – The recipient will work with OMH and the Regional Providers to ensure coordination across the initiative and will be responsible for building a strong working relationship with and between the Project TEACH Regional Providers.
1. Develop a structure to work closely with Project TEACH Regional Providers and to promote regular communication and sharing of experience with and between regional providers;
 2. Develop, collect, review and assess management reports from Regional Providers on a monthly basis;
 3. Coordinate and provide technical assistance to Regional Providers on the following:
 - Outreach, enrollment, engagement of PCPs
 - Early Identification practices and dissemination of this information to PCPs
 - Strategies to increase integration of pediatric primary care and behavioral health
 - Topic areas for additional training and education
 4. Research and provide technical assistance to OMH on strategies to support sustainability of Project TEACH.
- B. **Marketing and Promotion** –The Project TEACH Advisory Committee has recommended that the marketing of Project TEACH be centralized and standardized

in order to increase awareness of its services, increase participation and ensure continuity if there is a change in provider. The Statewide Coordination Center will be responsible for the following:

1. Develop and disseminate Project TEACH promotional materials;
2. Provide guidance and technical assistance to Regional Providers on strategies for marketing and promotion of Project TEACH within their regions;
3. Coordinate promotion of Project TEACH with AAP/AAFP/CLMHD and other statewide and regional professional organizations to further broaden marketing efforts to include other audiences such as families, child serving providers, hospital and residency programs;
4. Partner with OMH and the OMH Public Information Office to ensure that regional and statewide promotional materials are consistent with OMH mission, branding guidelines and objectives and to identify additional avenues of distribution.

C. Website and Learning Management System (LMS) Development and

Maintenance - To support the promotion of Project TEACH, as well as to increase accessibility to trainings and resources, the recipient will develop and maintain a Project TEACH website that provides quick access to information about Project TEACH services, resources for primary care providers and families, and access to web-based training.

1. Within 90 days of the first year of the contract, develop a Project TEACH website that includes the following information: overview of Project TEACH, contact information for each regional provider, clinical resources for PCPs (including screening and rating scales), information about training opportunities offered through the SCC and by Regional Providers, access to web-based training, links to other relevant training, and resource information for families;
2. See Statewide Training below for website components specifically related to training and LMS;
3. Provide page/section dedicated to Prevention Science and Integration of Care (see Resource for Evidence-based and Best Practice Strategies for Advancing Children's Health);
4. Maintain and update the website throughout the duration of the contract and provide updates regularly on Project TEACH services and relevant resources;
5. Website design will conform to OMH design standard, will be subject to approval by the OMH Public Information Office and will be owned by OMH.

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

1. In conjunction with Regional Providers, develop a database of the pediatricians/family practice providers in each Project TEACH region;
2. Develop a web-based system for collecting data from the Regional Providers about who is using Project TEACH services;
3. Analyze the use of Project TEACH services by prescribers:

- Provide quarterly reports to Regional Providers and OMH
 - Provide technical assistance to the Regional Providers regarding strategies to engage providers who are not using Project TEACH services and/or increase use by providers who do not use the service regularly
4. Oversee work of the Regional Providers to increase enrollment of pediatric primary care providers in Project TEACH services to a minimum of 50% identified providers by the end of Year 5.

5.2.2 Expansion of Training and Consultation Services

This function builds upon input received by the Project TEACH Advisory Committee and key stakeholders recommending a broader menu of training opportunities available to pediatric primary care providers and access to specialty consultations.

A. **State-wide Training for Prescribers** – Providing trainings to pediatricians and the primary care workforce enhances their competence, confidence and capacity to treat children with mild to moderate mental health problems in their practices. Project TEACH providers have successfully provided a variety of training opportunities on a regional level which have received excellent feedback. In order to expand the menu of training opportunities that are available to prescribers throughout the state, the recipient will:

1. Review, identify (or develop) and deliver in-person intensive trainings, which will be 1-3 days in duration, followed by a series of ongoing brief sessions to reinforce training that will be targeted for pediatricians/family practitioners in areas where there is a shortage of CAPs available. These trainings will utilize proven principles of adult learning and will at a minimum cover the following topics: importance of universal social emotional screening, use of assessment tools, diagnosis and treatment of the most common childhood mental health disorders, effective psychopharmacology, incorporating consultation, and reimbursement.
 - Develop plan to identify and contract with experts for delivery of training, training of SCC staff (train the trainer) or provide justification that SCC is best positioned to deliver training
 - Describe outline and format of proposed curriculum and training strategies to provide hands-on learning
 - Design specific plan related to the series of ongoing brief sessions that would reinforce and follow the in-person learning
 - Deliver **at least one** in-person intensive training annually in each of the three Project TEACH regions;
 - Describe what support, if any, will be provided for physicians to attend the in-person, intensive training
2. Implement a Learning Management System that will incorporate web-based trainings previously developed by Project TEACH providers and will provide access to training on “core topics” – ADHD, anxiety, depression, and bipolar disorder/aggression with a trauma informed lens – and to newly developed trainings on specialty topics. The LMS should have the capacity to track, report on and manage learning content, learner progress and completed credits;
3. Identify additional topics for ongoing training and provide **three webinar trainings** each year;
4. Provide Technical Assistance to Regional Providers for the on-site core trainings that they provide to PCPs;

5. Implement a system to ensure Continuing Medical Education (CME) credits (and renew CME accreditation for enduring CME programs on regular basis) for all of the above trainings for participating physicians including:
 - o CME required data collection
 - o Post-test and CME certificates
 - o User history and access to CME record
 6. Explore options for utilization of Maintenance of Certification (MOC) components (for AAP and AAFP) such as Lifelong Learning and Self-Assessment (Part 2) and Improving Professional Practice (Part 4) in the development/decision of training options;
 7. Disseminate information about trainings offered by the Regional Providers and other relevant trainings.
- B. Specialty Consultation** – The Project TEACH Advisory Committee recommends expanding Project TEACH services and adding specialty consultation for identified areas of need such as Autism Spectrum Disorders, substance abuse, and maternal depression. The recipient will be responsible for the following:
1. In the first year of the contract, in conjunction with OMH and the Regional Providers, develop and conduct a needs assessment to identify the most critically needed areas for specialty consultation;
 2. In the first year, based on results of the needs assessment, design and present to NYS OMH a model to provide specialty consultation which includes the following details:
 - o how appropriate contractors will be identified,
 - o referral process for specialty consultation,
 - o tracking and anticipated utilization of specialty consultation
 - o a budget not to exceed \$100,000 per year for specialty consultation
 3. In Years 2-5, implement above plan to provide access to specialty consultation;
 4. Update or revise needs assessment annually and incorporate findings into the delivery model for specialty consultation.

5.2.3 Resource for Evidence-based and Best Practice Strategies for Advancing Children’s Health

SCC will serve as a resource for evidence-based and best practice strategies for advancing children’s health.

- A. Prevention Science** – The SCC will develop or have the capacity to provide expertise and serve as a clearinghouse and resource for the most current, research-based practices for preventing emotional disorder and promoting social emotional wellness of children and youth and their families. The recipient will:
1. Provide expert consultation to NYS OMH on emerging best practices, resources and policies on prevention science and promotion of children’s social emotional health.
 2. Partner with NYS OMH on development of policies and plans related to prevention services including expertise related to needs analysis, fiscal feasibility and funding sources, impact on youth, implementation strategies and necessary evaluation components.

3. Convene an annual forum/conference with national academic and policy leaders to develop practical and usable strategies for NY state related to topic of prevention science focused on current State/OMH initiatives and/or needs
4. Disseminate information and resources about prevention science and promotion of children's social emotional wellness through a page/section on the Project TEACH website as well as utilize other strategies such as social media. Additionally, disseminate specific information through technical assistance and other channels to Regional Providers, Pediatric Primary Care Providers and other partners

B. Advance Integration of Pediatric Primary Care (PPC) and Behavioral Health

(BH) – The SCC will lead efforts to further integrate BH and PPC through research on best practices and dissemination of information, resources, and policy recommendations to OMH, Regional Providers and PCPs.

1. Provide Technical Assistance to Primary Care Providers and Regional Providers (and OMH) on strategies/models of PC integration:
 - Levels and models of integration
 - Use of Readiness Inventories to prepare for integrated care
 - Preparing and training office staff
 - Financing integrated care
 - Clinical information systems/delivery system redesign
 - Decision support for clinicians
 - How to provide support for Children and Families in an integrated practice
2. Develop plan to work with OMH and the Regional Providers to introduce and disseminate information and resources about other best practices for children's mental health treatment in Primary Care Practices for example, guidance on the implementation of universal screening and utilization of Family Support*;
3. Provide training to Regional Providers to increase expertise on suicide prevention initiatives, including the Suicide Prevention Center of NY**, and provide technical assistance and resources to the Regional Providers for dissemination to and training of PCPs;
4. Provide training to Regional Providers on first episode psychosis interventions, i.e. OnTrack NY***, and provide technical assistance and resources to the Regional Providers for dissemination to and training of PCPs.

**Family Support programs provide an array of services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child.*

*** [The Suicide Prevention Center of New York \(SPCNY\)](#) advances and supports state and local actions to reduce suicide attempts and suicides in New York State and to promote the recovery of persons affected by suicide.*

****[OnTrackNY](#) is an innovative, evidence-based team approach to providing recovery-oriented treatment to young people who have recently begun experiencing psychotic symptoms. These symptoms may include unusual thoughts and beliefs, disorganized thinking, or hallucinations such as hearing or seeing things that others don't. OnTrackNY helps young adults aged 16 to 30 with newly-emerged psychotic disorders achieve their goals for school, work, and relationships.*

5.2.4 Evaluation

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

- A. Develop a web-based system for collection of performance data from the Project TEACH Regional Providers;
- B. Generate regular performance reports based on performance data from each Regional Provider to monitor their progress towards achieving the deliverables;
- C. Utilize a variety of techniques (survey, data, trend analysis) to implement internal evaluation of the consultation, linkage and referral and training services, including utilization patterns, and use this information to provide technical assistance to Regional Providers on strategies to improve services and to increase participation;
- D. Facilitate sharing of evaluation results with key stakeholders such as the Project TEACH Advisory Committee, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the Conference of Local Mental Hygiene Directors (CLMHD);
- E. Design and implement ongoing evaluation of the impact of Project TEACH building on existing research related to child psychiatry access programs;
- F. In conjunction with OMH, coordinate the dissemination or presentation of data, evaluations, scholarly reports and publications.

5.3 Reporting

The recipient of this award is required to track and report the following:

- A. Aggregate data based on the monthly reports of the Regional Providers accompanied by a summary of activities in each region within two weeks of reports being submitted by the Regional Providers;
- B. Monthly informal report of the activities of the Statewide Coordination Center across each of the components of service;
- C. Formal quarterly meeting with OMH to report on both Regional Providers progress towards deliverables and on plans for the next quarter;
- D. A semi-annual aggregate report on the results of evaluation of the components of Project TEACH, i.e., consultation, training, linkage and referral and plans for improvement.

5.4 Requirements for Submission

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not

be considered. See Section II, 2.8 for additional information on proposal format and content.

A. Agency Transmittal Form

B. Project Narrative (no longer than a total of 25 pages, 12pt font with ½ inch margins, not including required attachments.) **Narrative submissions that exceed 25 pages will result in review of the first 25 pages of the document *only* and will therefore likely result in point reductions during evaluation.**

When submitting proposals for funding under this RFP, the application must address all of the components listed below, in order, and describe in detail how your organization will address the expectations and targets for each component.

1. Organizational Qualifications

- a. Describe applicant's experience with and/or capacity to build a collaborative relationship with the regional providers;
- b. Describe applicant's experience and/or capacity to develop and utilize information systems (application and/or web-based) to collect data, monitor performance and improve outcomes;
- c. Describe applicant's experience with and/or capacity to provide the following as described in Section 5.2, Objectives and Responsibilities:
 - o Marketing and promotion to a range of audiences,
 - o Website and LMS development and maintenance;
 - o Provide and track CME credits;
 - o Technical assistance on strategies to increase engagement with PCPs;
 - o Deliver intensive and webinar trainings focused on the identification and treatment of emotional and behavioral disturbances in children and adolescents in primary care practices;
 - o Needs assessment and development of a structure to provide specialty consultation on a statewide basis
- d. Describe applicant's knowledge of and/or experience with innovative strategies to improve the integration of primary care and behavioral health including knowledge and/or experience with prevention and early identification initiatives
- e. Describe applicant's experience in conducting systematic reviews of scientific literature, including experience in moving research based knowledge into practice.
- f. Describe applicant's knowledge and experience conducting program evaluation to measure the impact of specific services/components such as:
- g. Experience collecting baseline and follow-up data.
- h. Experience analyzing and experience disseminating evaluation results.
- i. Experience utilizing evaluation results to inform current and future activities.

2. Staffing

- a. Describe the proposed staffing plan to adequately meet the deliverables including duties, percentage of time, and qualifications and competencies

required for the key staff positions that will be responsible for each service/deliverable/ component;

- b. Describe the work experience and other relevant background of key individuals who will be assigned to work under the contract resulting from this RFP and provide resumes for key staff as attachments.
- c. For work that will be subcontracted, describe the rationale for choosing to subcontract out this service, the plan to identify and contract with experts for the specified deliverables, and how the applicant will manage and evaluate the work of the subcontractors

3. **Timeline**

Provide a detailed five-year timeline for the program components specified in Section 5.2 Objectives and Responsibilities. The timeline for the first year should address but should not be limited to the following priorities:

- a. Establish connection with the Project TEACH Regional Providers and develop structure for communication and networking within 30 days;
- b. Develop a statewide Project TEACH website within 90 days;
- c. Develop and disseminate Project TEACH promotional materials within 90 days;
- d. Complete a needs assessment and plan for implementation of specialty consultation within 1 year.

4. **Program Implementation and Administration**

Provide a detailed description of the applicant's proposed plan to perform each of the required components as specified in Objectives and Responsibilities, Sections 5.2.1 through 5.2.4, in the order in which they are listed.

VI. Operating Budgets and Budget Narratives

You must use the required budget formats – the Operating Budget Form for Years 1-5 and the Budget Narrative Form ([Appendix B](#) and [B1](#)) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.2.2)

- Develop yearly Operating Budgets for Years 1-5.
- Complete Budget Narratives for all the detailed expense and revenue components that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.

VII. Appendices

[Appendix A Agency Transmittal Form](#)

[Appendix B Operating Budget Form for Years 1 through 5](#)

[Appendix B1 Budget Narrative Form](#)

[Appendix C OMH Master Contract Forms and Instructions](#). The link to Appendix C

Forms and instructions is provided for informational purposes only. Do not
Complete and submit these forms with your proposal.

[Attachment 2 Offerer Disclosure of Prior Non Responsibility Determinations](#)