

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

Regional Providers

Request for Proposals (RFP)

Questions and Answers

1. **Q.** Can there be one proposal that covers 2 or 3 regions, or does it need to be 3 separate proposals?

A. Each region you are bidding on requires a separate proposal.

From Page 4 of the RFP:

Applicants may apply to provide services in more than one region. Applicants must indicate in their proposal which region(s) they are applying for and will only be awarded contracts for the region(s) that are checked on their proposal. **Applicants who are applying for multiple regions must provide a separate proposal including budget and budget narrative for each region.**

2. **Q.** Can one integrated narrative proposal be made for 2 or 3 regions, with separate budgets and work plans submitted?

A. Each region is being evaluated separately, so each proposal must contain a separate proposal package. Applicants may copy sections of the proposal for each separate region they have selected, but a separate and distinct proposal must be submitted with all of the required documents outlines in Section 5.4, Requirements *for Submission*.

3. **Q.** Do sites have to be geographically spread out throughout the region? For example, for Region 3, will sites be required in/near New York City (NYC) and in/near Nassau or Suffolk counties?

A. Yes, sites should be geographically located throughout the region. The requirement for more than one site in a region is intended to ensure that the Project TEACH Regional Providers are able to build relationships with the providers in their region, provide local, on-site training, develop and maintain a base of knowledge of the providers and services in the area and increase accessibility for face-face consultations. In Region 3, it is expected that there will a **minimum** of 2 sites in the region, a site in New York City and a site in Nassau/Suffolk counties will meet that requirement.

4. **Q.** Are project sites used for anything other than consultation services?
- A.** Project sites are intended to be a hub for the team serving that part of the region. It is expected that there will be a team at each site that includes the .75 Full Time Equivalent (FTE) Child Adolescent Psychiatrist (CAP) and the staff that are providing linkage and referral as well as any support staff. The site will serve as a base for phone consultations, face-to-face evaluations and development of a database for local resources for linkage and referral.
5. **Q.** Can you provide further clarification about the expectations to “provide access beyond the 9-5 workday”, as stated on page 15, Section 5.4, B (Consultation), 1B, (Design), #2?
- A.** The applicant should indicate whether there will be access to phone consultation for providers who have office hours beyond the usual workday such as in the evenings or on Saturdays.
6. **Q.** Are Letters of Support considered an Addendum, or are they included as part of the maximum 25 pages for the Narrative?
- A.** Please note that letters of support are not required. Letters of support that provide evidence of your experience providing consultation and of community partnership may be included and as such they are part of the 25 pages for the Narrative.
7. **Q.** Can the .075 FTE child psychiatrist per site be divided up further? For example, if a Region has 2-3 sites, can the applicant have a 0.5 FTE child psychiatrist at one site, so that the total FTE is still 1.5 for the region?
- A.** As stated in *Section 5.4 IB*, the minimum requirement for staffing is .75 Full Time Equivalent (FTE) Child Adolescent Psychiatrist (CAP) for each site in the region. This requirement is intended to provide adequate staffing to meet the deliverables for the full region including: development of relationships with the pediatricians in the region; provision of local on-site training; and to provide rapid access to phone consultation and face-to-face consultation.

The increase of the minimum level of staffing from the current Project TEACH staffing of .5 CAP FTE to .75 CAP FTE is based on reports from current providers that an increase of staffing is needed in order to meet the goals of reaching a larger percentage of the pediatric primary care providers at each site within the region and increasing the number of consultations provided.

However, the Office of Mental Health (OMH) would consider proposals that offer a different split of CAP FTE time per site with an accompanying rationale so long as the

total for the region meets the minimum total level of CAP FTE for the region. Proposals that have less than .5 CAP FTE at a site will not be looked at favorably.

8. Q. Please clarify “Specialty Consultations” Section 5.4, Part B-1.C (3). What type of specialists should this include?

A. The Specialty Consultations section refers to the applicant’s agreement to work with the Statewide Coordination Center to assess the needs for specialty consultation in the first year and to facilitate referral to Specialty Consultation in years 2-5. The Statewide Coordination Center will use information gathered from the needs assessment in Year 1 to develop the framework for providing Specialty Consultation including which types of consultation will be provided, contracting with the specialists who will provide the specialty consultation and developing the process for referral, delivery of consultation and follow up. In years 2-5, Regional Providers will be partners in referring appropriate cases to specialty consultation but are not responsible for actually providing the service.

9. Q. What level of access would need to be provided for specialty consultations? Is the intent to have the specialist on staff, vs. under contract, vs. in our referral network?

A. See answer to question #8 – Regional Providers are not responsible for actually providing specialty consultation.

10. Q. Please clarify the deliverable for phone consultations and face-to-face consultations for each .75 Child Adolescent Psychiatrist (CAP).

A. Please note: there is an error in the minimum number of phone consultation and face-to-face evaluations stated on page 16. The expectation is that by the end of year 5, the Regional Provider meets the following minimum standards:

- Phone consultations – a minimum of 5 consultations per day per CAP FTE over the course of 48 weeks (a total of 900 consultations in a year for each .75 CAP)
- Face-to-face evaluations - a minimum of .33 evaluations per day over the course of 48 weeks (a total of 59 evaluations in a year for each .75 CAP)

The applicant should provide specific details and a timeline for how they plan to meet these minimum standards by the end of year 5.

11. Q. Given the available funding in the grant and the high deliverables that OMH is requesting, how did OMH balance the Child and Adolescent Psychiatrist (CAP) FTE hours (.75) to meet the deliverables? What was the CAP salary that was used to create the available funding number in each region?

A. The deliverables are based on the currently operating model and on the experience of current providers, who report that phone consultations typically average 20 minutes per consultation and that face-to-face evaluations average 3 hours. OMH seeks to provide rapid access for Pediatric Primary Care Providers and to increase the number of consultations that are completed and therefore has **increased both** the CAP staffing to .75 FTE per site and the staffing for linkage and referral to 1 FTE per site as well as increasing the number of sites throughout the state from five to six.

Additionally, it is expected that Regional Providers will have more time allotted for consultation and linkage deliverables as the new Statewide Coordination Center will be responsible for development and maintenance of a Project TEACH website, the promotion and marketing of Project TEACH and provision of intensive in-person training and web based training.

Regarding psychiatric salaries, OMH's financial analysis reflects adequate funding within the budget for CAP salaries. Each applicant should determine the CAP funding within the range of the overall budget.

Additionally, the funding reflects the expectation that promotional materials will be developed and provided through the Statewide Coordination Center as noted on page 18 of the RFP:

"The majority of promotional materials will be paid for through the budget of the Project TEACH Statewide Coordination Center. This should be considered when developing the budget for this component."

12. Q. Given the longer term (5-year) contract, when planning the budgets should we take into account a Cost of Living Adjustment (COLA) or will OMH be providing Yearly COLA adjustments to the funding?

A. At this time, there is not a plan for OMH to provider yearly COLA adjustments to the funding. If funding for a COLA increase becomes available in future years, OMH will contact the providers.

13. Q. How much time (FTE hours), and at what level of staff does OMH feel should be budgeted for working with the Project TEACH Statewide Coordination Center?

A. The responsibility of the Regional Providers is primarily to liaison with the Statewide Coordination Center. OMH expects that a 1 FTE for the linkage and referral staff and to

.75 FTE for the Child Adolescent Psychiatrist (CAP) at each site will provide adequate time for working with the Project TEACH Statewide Coordination Center.

- 14. Q.** Should start up costs be submitted in the first Year's budget, or will OMH designate specific startup funding?

A. Any requested startup costs should be included in the first year's budget.

- 15. Q.** What is the liability/responsibility of the Child and Adolescent Psychiatrist to provide any level of ongoing care to an individual that has been assessed /evaluated through Project TEACH?

A. Project TEACH emphasizes the continuing role of the pediatric primary care provider in managing youth with mental health disorders. Training and one time or periodic consultations and referral/linkages are to be provided to support the pediatric primary care provider's role. There is not an expectation that the Child and Adolescent Psychiatrist provides ongoing care.

- 16. Q.** Is there any preference given in the scoring for a comprehensive proposal that covers the whole State?

A. No, there is no preference given for one proposal that covers the whole state. Proposals for each of the three regions will be rated and ranked separately by region in order of highest to lowest score. One award will be made to the applicant in each region with the highest rated and ranked proposal.