

New York State Office of Mental Health

Request for Proposal (RFP)

Implementation of Healthy Steps (i-HS)

March 17, 2016



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Implementation of Healthy Steps (i-HS) Request for Proposal (RFP)

I. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH), Division of Integrated Community Services for Children and Families, announces the availability of funds to support implementation of the evidence-based primary care prevention intervention, [Healthy Steps for Young Children](#). This intervention represents an approach to primary health care that offers families enhanced well-child visits emphasizing the promotion of children's development. The key component of the program is the addition of a Healthy Steps Specialist, a professional with expertise in child and family development, to the pediatric or family medicine practice. This Healthy Steps Specialist delivers many of the program's components and serves as a link between the members of the clinical team, the child and the family.

It is anticipated that OMH will make up to 19 awards across the State to expand the capacity of pediatric and family medicine practices to implement Healthy Steps for Young Children, with a combined total of up to \$6,826,728 over three years. The Healthy Steps Specialist positions will be supported by these OMH funds in acknowledgment that within the first three years of implementation, the specialists will not be generating sufficient revenue to cover these costs within the practice. These funds also include the full costs of the required training and technical assistance offered by the national Healthy Steps Institute; which includes a three-day training for the Healthy Steps Specialist, the lead physician and one administrative staff person and six months of technical assistance (1 call/month for 6 months). In years two and three, technical assistance and support will be provided by a Healthy Steps Expert consultant in the form of a learning collaborative model and individual practice working with the 19 sites to help sustain and enhance the implementation of Healthy Steps in each practice. Awardees will have annual performance targets as described in Section V, 5.2 - Objectives and Responsibilities. Throughout this three-year grant, OMH will engage managed care plans in the implementation of Healthy Steps as well as explore value based payment structures that may support long term sustainability of this prevention intervention in primary care.

1.2 Background

Pediatric and family medicine practices provide the opportune environment to offer families information and support on their child's social-emotional well-being and growth in a non-stigmatizing setting. They also offer an important chance to intercede early, before a problem has fully manifested. The Maternal and Child Health Bureau of the U.S. Department of Health and Human Services has endorsed the evidence behind the Healthy Steps Program (see intervention model described in Section V, 5.1). Findings from a national evaluation found that five years after children and their families were enrolled in the program, Healthy Steps families were less likely to use harsh discipline against their child, more likely to read to their child, more likely to report developmental concerns to a pediatrician, and more likely to be receiving care with the same medical practice that provided Healthy Steps (Minkovitz, et al., 2007).

Primary care providers are a natural contact point for families creating a unique opportunity to support families' overall health and well-being with prevention strategies such as universal screening for developmental and social emotional delays, maternal depression screening, parental education, home visiting, and linkage and referral for supports and services. Focusing

on children from birth to age five, Healthy Steps expands the practice’s screening routine beyond those currently recommended to include screening for maternal depression, parental protective factors, child temperament, and risk of developmental delay. Enhanced well-child visits offer the opportunity to provide materials, education and support to children and families, as needed. A recent national study of pediatric practices identified the persistent inability to achieve better linkages with community-based resources as a major challenge. Healthy Steps builds this capacity and breaks down barriers to needed supports and linkages for families. This is particularly important in high need communities where children are disproportionately at risk for social and emotional concerns when growing up in households confronted by environmental stressors and exposure to adverse childhood experiences.

The [Adverse Childhood Experiences \(ACE\) Study](#) is one of the largest investigations conducted to assess associations between childhood adversities and later-life health and well-being. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction (Center for Disease Control). The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of chronic disease and death as well as poor quality of life in the United States. Specifically, the study finds that as the number of ACEs increase, there is a corresponding increase in the risk for health problems including substance abuse, depression, intimate partner violence, heart disease, smoking, early sexual activity and adolescent pregnancy and even early death. The ACES survey has been administered to multiple populations, with similar findings. The results of the study are being used widely to inform efforts to create programmatic and policy solutions to address and prevent childhood trauma at the individual, community and systems levels (The National Crittenton Foundation).

As part of the Healthy Steps initiative the ACES survey will be administered to caregivers upon enrollment into Healthy Steps (see Attachment A). For caregivers, the screening tool will inform the Healthy Steps Specialist and provide an opportunity to help build family resiliency through targeted support and education, home visiting, and linkages to supports and services.

1.3 Award Methodology

OMH will make up to 19 awards, the award distribution is intended to cover all three regions (described below) and distributed as follows:

DSRIP Region*	Number of Awards
1	7
2	6
3	6

If the number of designated proposals are not received in a region by the RFP closing date of May 5, 2016, then the remaining awards for that/those regions will be given to the highest scoring proposals from the other regions (e.g., only 3 passing proposals were received from Region 1, the remaining 4 awards will be available to other providers from Regions 2 and 3 who have not received an award, and will be distributed to the highest scoring proposals).

*OMH will align the implementation of the Healthy Steps RFA with the Delivery System Reform Incentive Payment (DSRIP) regions. The 19 awards will be distributed through the regions, with total funding of up to \$6,826,728 over three years.

The regions, and the maximum amount of funding per region, are as follows:

Region 1 – Covers the DSRIP regions of Western NY, Finger Lakes, Central NY, Southern Tier, Tug Hill Seaway and includes the following counties: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Erie, Genesee, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates.

Each site in Region 1 will be awarded up to \$354,540, \$121,780 for the first year and \$116,380 each for years two and three.

Region 2 – Covers the DSRIP regions of North Country, Mohawk Valley, Capital Region, Mid-Hudson and includes the following counties: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schoharie, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester.

Each site in Region 2 will be awarded up to \$354,540, \$121,780 for the first year and \$116,380 each for years two and three.

Region 3 – Covers the DSRIP regions of New York City and Long Island and includes the following counties: Queens, Kings, Bronx, New York, Richmond, Nassau, and Suffolk.

Each site in Region 3 will be awarded up to \$369,618, \$126,806 for the first year and \$121,406 each for years two and three.

1.4 Availability of the RFP

The RFP will be available on the [OMH website](#), advertised through the NYS Contract Reporter, and listed in the [New York State Grants Gateway system](#). An announcement regarding the RFP will also be emailed to New York State branches of the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP), and to the Conference of Local Mental Hygiene Directors.

II. Proposal Submission Requirements

2.1 Issuing Officer/Designated Contract

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 until the Notice of Conditional Award has been issued. An offerer/bidder is restricted from making contact with any other OMH personnel 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:

Carol Swiderski
New York State Office of Mental Health

Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Carol.Swiderski@omh.ny.gov

2.2 Key Events/Time Line

Event	Date
RFP Release	March 17, 2016
Deadline for Submission of Questions	March 29, 2016
Questions and Answers Posted on OMH Website	April 5, 2016
Proposals Due	May 6, 2016
Notice of Conditional Award*	June 1, 2016
Contract Start Date *	August 1, 2016

*estimated dates

2.3 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by email to the Issuing Officer, Carol.Swiderski@omh.ny.gov or by fax (518) 402-2529.

The questions received by the March 29, 2016 deadline will be posted with answers on the OMH website by 5:00 PM on April 5, 2016 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or email.

2.4 Addenda to Request for Applications

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 included in the NYS Contract Reporter and the New York State Grants Gateway system. It is the bidder's responsibility to periodically review the OMH website, the NYS Contract Reporter, and/or the New York State Grants Gateway system to learn of revisions or addendums to this RFP. No other notification will be given.

2.5 Eligible Applicants

Eligible applicants are pediatric or family medical practices with over 3,000 children as patients annually and have an average of 15 or more newborns visits monthly. This application is open to public; private; and nonprofit practices with a payer mix of at-least 50% Medicaid.

Each applicant practice must have a physician who will be designated as the **lead** and will be considered the "champion" of the implementation of Healthy Steps. The Healthy Steps lead physician "champion" will guide and nurture the program throughout its implementation and development, as well as plan for sustainability within the medical practice. This person should have authority to implement change and modify procedures within the practice.

The practice must commit to providing the Healthy Steps Specialist with suitable space which is seamlessly integrated into the practice. This office will be within the medical office suite and will be adequate to accommodate group sessions comfortably.

Only **one** application will be awarded per parent company within a designated DSRIP region.

2.6 Disqualification Factors

Following receipt of a proposal, a preliminary review will be conducted by the Issuing Officer or a designee to assess completeness and verify that all eligibility criteria have been met. Applications that do not meet minimum and mandatory eligibility requirements will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in Section II, 2.5;
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.7; or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.8, by the proposal due date of 4:30 PM on May 6, 2016.

2.7 Instructions for Application Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form;
2. Eligibility Form;
3. Summary;
4. Project Narrative;
5. Letter of Commitment from the Lead Physician; and
6. Complete Operating Budget and Budget Narrative for each year of the contract period.

The Operating Budget Form for Years 1-3 and the Budget Narrative Form (see Appendix B and B1) are separate documents that can be downloaded in Excel or PDF format from the RFP section of the OMH website. **Failure to use the provided Operating Budget and Budget Narrative form will result in disqualification.**

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 PM EDT on May 6, 2016**; 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.

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

Prior to submitting an application for funding, nonprofit applicants are responsible for prequalification in the New York State Grants Gateway System (GGS). 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 nonprofits 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 the [Grants Reform webpage](#).

All nonprofit applicants must be prequalified in the Grants Gateway at the time and date the proposal is due. Proposals received from nonprofit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of May 6, 2016 at 4:30 PM cannot be evaluated. **Such proposals will be disqualified from further consideration.**

Should you require any guidance on the process, please contact the Issuing Officer, Carol Swiderski at carol.swiderski@omh.ny.gov or at 518-473-7885. The Vendor Prequalification Manual on the Grants Reform Website details the requirements and an online tutorial is available to further explain the process.

Please Note that the information in this RFP regarding prequalification is not intended to be exhaustive, and applicants should visit the Grants Gateway website (<http://www.grantsreform.ny.gov/Grantees>) or contact the Grants Gateway Team (grantsreform@its.ny.gov) for more information about Grants Gateway and Prequalification.

Once you are Prequalified, please check the status of your document vault on a regular basis to ensure that none of your documents expire prior to the proposal due date. Expired documents will lead to the loss of Prequalification status.

Applicants are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

2.9 Executive Order #38

Pursuant to Executive Order #38, dated [January 18, 2012](#), OMH promulgated regulations regarding limits on administrative costs of and executive compensation. See 14 NYCRR Part 513. Any contract awarded through this RFA will be subject to such restrictions and to related requirements. See Section VI, Appendix C of this RFA for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also the [Executive Order #38](#).

2.10 Equal Opportunity 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.

2.11 Packaging of RFP Responses

See Section II, 2.7 for detailed requirements. Proposals should be sealed in an envelope or boxed and sent to:

Carol Swiderski
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: RFP Implementation of Healthy Steps

III. Administrative Information

3.1 Term of Contract

Contracts will be for a period of three (3) years, subject to available funding and to the medical practice hiring and maintaining employment of a full-time Healthy Steps Specialist. The anticipated start date is: August 1, 2016

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, amendments to the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements will be made via the OMH website and the NYS Contract Reporter;
- Eliminate mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive 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 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 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 applicants. Non-awarded applicants 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 RFA. Debriefing requests must be made in writing (fax and e-mail is acceptable) and sent to the Designated Contact identified in Section II, 2.1 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 five (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 RFA 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

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 85 will be eliminated from further consideration.

4.1.2 Financial Assessment

Points are applied in the evaluation of how complete and informative and realistic and reasonable the proposal's Operating Budgets and Budget Narratives are with respect to implementing and operating the proposed program.

Scoring will be as follows:

Component	Maximum Points
Summary	5
Project Narrative: Organization- Description	20
Project Narrative: Organization- Experience	10
Project Narrative: Organization- Office Specifications	10
Project Narrative: Organization- Staff Support	15
Project Narrative: Healthy Steps Components	10
Project Narrative: Deliverables	10
Project Narrative: Data Collection and Evaluation	15
Letter of Commitment	10
Total Technical Score	105
Financial Assessment	20
Total Proposal Score	125

4.2 Agency Recommended Award and Notification Process

Proposals for each of the three regions will be rated and ranked separately by region in order of highest to lowest score. Awards will be made to the applicants in each region with the highest rated and ranked proposals. 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.

If by the close date, May 5, 2016 passing applications are not received for each region, the remaining slots will be awarded as described in Section I, 1.3.

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

Healthy Steps represents a significant innovation in the way pediatric and family medicine care can be delivered. Healthy Steps was designed to enhance the ability of pediatric and family medicine practices to address the promotion of child development and family relationships more effectively. The intervention, which has been implemented at numerous sites across the

country, is standardized in its goal to increase caregivers' understanding of development and behavior using a range of tools and strategies (see below components). Within this basic framework, there is room for each site to develop the program in such a way as to maximize its effectiveness for the particular population that it serves (Briggs, et al., 2014). The OMH funding is intended to support the Healthy Steps Specialist positions, the full cost of the Healthy Steps Training and six months of technical assistance offered by the national Healthy Steps Institute, and continued technical assistance support for contract years two and three. Attendance at the three-day training institute is **required** for the specialist, the lead physician and one administrative staff person; however the practice is encouraged to send additional staff.

Healthy Steps is a holistic approach to help support the development of children and families through the early years of life and the program consists of these components:

- The addition of a qualified professional as the **Healthy Steps Specialist** to the pediatric team as described in Attachment B. Healthy Steps is unique because it embeds a developmental/behavioral specialist into the medical practice and uses a team approach to primary health care for young children. The Healthy Steps Specialist's background is in child and family development, nursing, psychology, counseling or social work, and is enhanced by participation in the Healthy Steps training and technical assistance (see Attachment B).
- **Enhanced well-child visits** emphasize the promotion of child development including: strategies to improve "the goodness of fit" between parent and child; closer attention to parental questions and concerns; and the use of "teachable moments" to support better parental understanding of their child's behavior. Enhanced well-child visits with a pediatric clinician and a Healthy Steps specialist allow for more time to be spent with families. For example, the Healthy Steps Specialist might spend 15 or 30 minutes after the pediatric clinician has finished with the examination to further explore salient developmental, behavioral or psychosocial issues, or the Healthy Steps Specialist might choose to offer a home visit to further the work started in the office.
- **Home visits** conducted by the Healthy Steps Specialist which are timed to specific developmental needs in young children. Home visits give the Healthy Steps Specialist a chance to build a supportive relationship with families by focusing on children's development and behavior in the setting that is usually most familiar and comfortable. The first home visit focuses on infant care, breast or bottle feeding, and understanding infant behavior. Subsequent visits focus more on child development and behavior issues such as play, learning, and discipline. With parental consent, developmental checkups will be conducted. Through home visits, the Healthy Steps Specialist can gain insight into how the child's home environment can help foster his or her growth and development and share this information with parents.
- **Child development and 'family health' check –ups** includes a screening or set of questions/activities that the Healthy Steps Specialists and physicians/pediatric nurse practitioners use to help caregivers and the Healthy Steps team understand infant behavior, child development, and the home environment. The checkups are an ongoing process, beginning in infancy and continuing at regular, six-month intervals. At every stage, the process relies on clinically-validated questions and activities designed to offer insight into the child's health, behavior, language, and play, as well as the family's health, health-related behaviors, and home safety. These checkups are a collaborative

effort involving caregivers in the process of monitoring and evaluating the child's health and development. At the same time, they provide opportunities for the Healthy Steps team to learn about a family's history, observe parent-child interactions, create "teachable moments," and offer emotional support.

- A dedicated **child-developmental telephone information line** is a non-medical telephone line for caregivers to ask developmental and behavioral questions about their child outside of office appointments, home visits and parent group sessions. The Child Development Telephone Information Line will be staffed by a Healthy Steps Specialist and is a complement to the practice's existing medical information/emergency line. The Child Development Telephone Information Line is a non-crisis service and does not substitute for a medical advice line. It gives caregivers access to the Healthy Steps practice whenever they have questions or need advice about child development and behavior.
- Enrollment in the [Reach Out and Read program](#), an evidence-based strategy to promote book sharing and language development as part of the enhanced well-child visit. The first five years of life offer a critical window for learning, with rapid brain development that does not occur at any other time. Many children, especially from low-income families, are not read to from birth. The Reach Out and Read program (ROR) helps to foster early literacy by starting in infancy about the importance of parents reading aloud. At every well-child visit, from 6 months to 5 years, each child receives a new, developmentally-appropriate book to take home. Parents are taught new ways to stimulate children's literacy development, and encouraged to read to their children more. Children who grow up without sufficient exposure to language arrive at school without basic literacy skills, and often struggle with reading in early grades. Research shows that children who start school on track are more likely to reach their full educational, social, and life potential. The evidence behind ROR is compelling:
 - Parents served by ROR are *four times more likely to read aloud to their children*.
 - During preschool, children in ROR score *3-6 months ahead of non-ROR peers on vocabulary tests*.
 - Children in ROR from 6 months old had above *average literacy skills* by the end of kindergarten.
 - ROR increased *weekly bedtime reading* and increased reports of *reading as favorite activity*.
 - The *numbers of books* in the home also increased.
- Offer **parent support groups** so that caregivers with children of similar ages or with similar interests can exchange information and address issues of mutual concern with the guidance of an experienced group leader/facilitator. The groups can reinforce the information that caregivers receive in individual office or home visits and can reduce the isolation that many caregivers feel in raising young children. Parent groups may meet for a single session, or for a short- or long-term series, and they may or may not include children.
- Tighter **linkages to community resources**. As an expanded system of primary care for young children, Healthy Steps helps caregivers gain access to resources, services, and information available in their communities that can help them cope with their responsibilities, and can reduce the isolation that new mothers and fathers often experience. To facilitate such linkages, Healthy Steps practices will make available, in

their offices, parent-to-parent bulletin boards, lending libraries, and binders or rolodexes containing information on community resources, such as child care, parent/play groups, educational activities, and referral and treatment programs. They will reach out to families through a practice newsletter and may want to set up Internet home-pages. The Healthy Steps Specialist will coordinate and supervise the operation, production, and/or maintenance of these resources to ensure their accuracy, relevancy, and timeliness. These linkages extend the role of the practice to serve as an enriched resource center for children and families.

- English- and Spanish-language **written materials** for parents that emphasize prevention and health promotion within the context of their relationships with family, pediatric and community resources.

In addition to the core Healthy Steps components, the awardees will utilize the [Adverse Childhood Experience screening tool](#) as research demonstrates that caregivers who have experienced adverse childhood experiences (ACES) as they were growing up are more likely to have difficulties that become the next generation of ACES for their children. These **intergenerational** ACES include depression, suicide risk, alcohol and drug abuse, substance abuse problems, and relationship problems. While many parents do not repeat the violence that they experienced and/or were exposed to as children, the mental health consequences and unhealthy coping behaviors associated with childhood victimization can compromise parenting skills and create adversity for their children. The best parenting interventions in the world may not be effective if we don't meet parents where they are at in terms of their own life experiences and struggles to be the kind of parents they want to be. To address this important public health issue, Healthy Steps Specialists will **administer the ACES survey to parents** upon enrollment into Healthy Steps (see Attachment A).

Healthy Steps Training and Technical Assistance:

To support the implementation of Healthy Steps into pediatric and family medicine practices, participation in the national Healthy Steps Training Institute is required. At a minimum, the following personnel are **required** to participate in the 3-day intensive training:

- Lead physician/champion who will be treating Healthy Steps families and guiding the implementation of Healthy Steps
- Healthy Steps Specialists
- Practice administrator/clinic manager

Additional practice staff are encouraged to attend the training to enhance staff knowledge and facilitate the implementation of Healthy Steps into the work environment.

Trainers for the intensive training come from a variety of different professional backgrounds such as early childhood, infant mental health, family therapy, etc. The typical team can include a child development specialist, a child and family therapist, and a pediatrician. The training institute carefully infuses team-building and organizational strategies into discussions of child and family behavior and development, using case-based approaches to help practices develop their implementation strategies and learn techniques for better teamwork between the Healthy Steps Specialist and pediatric/family medicine clinicians. Training topics include:

- Behavior and brain development in the early years of life;

- Cognitive, language, social emotional development and learning;
- Tools to gauge child development;
- Importance of relationships between caregivers and children, and between families and the medical practice;
- Social determinants of health: Parental behaviors habits that are considered either risk or protective factors for child development;
- Implementation strategies for office visits, practice management, and community networking.

Technical Assistance is then provided for the following 6 months (1 call/month for 6 months). The technical assistance will be tailored to the practice needs on specific components of the model. It is also an opportunity to strengthen regional partnerships among providers.

OMH has designated separate funding to provide additional technical assistance and support in contract years 2 and 3 by a Healthy Steps Expert consultant in the form of a learning collaborative model and individual practice assistance.

5.2 Objectives and Responsibilities

As noted in Section I, 1.1, the purpose of the allocation of funds is to support implementation of the evidence-based primary care prevention intervention, Healthy Steps for Young Children.

5.2.1 Program Requirements:

Lead Physician Champion: A key element of successful implementation is having a physician be the ‘champion’ of the program integrating the Health Steps Specialist into the medical practice; this requires on-going support of team members.

As the medical practice integrates the Healthy Steps Specialist, team members engage and encourage parents and caregivers to participate in Healthy Steps and facilitate a personal introduction considered a “warm hand-off” to the Healthy Steps Specialist.

Proximity: The Healthy Steps Specialist must have a private office located within the medical office suite that can accommodate family meetings.

Supervision: The practice must incorporate the Healthy Steps Specialist into the office routine, including providing supervision and direction on an on-going basis.

Staff Hiring: Within 2 months of award, each practice will hire a qualified individual for the Healthy Steps Specialist position. This position is required to be a full-time staff member of the designated practice and cannot be subcontracted out to another agency. The Healthy Steps Specialist hiring criteria include an individual with a master’s degree in nursing, psychology, counseling, or social work; which is supplemented by education and experience in early childhood development and parent education; see the sample job description included in Attachment B.

Training and Technical Assistance: Each applicant must agree to full participation, defined as required staff attendance at the *Healthy Steps Training Institute* and in technical assistance activities over the course of this contract. Each practice has a designated line item for the full cost (\$5,400) of the Healthy Steps Training Institute and Technical

Assistance for year 1, and will pay Zero to Three directly prior to training. This includes the three-day training as outlined in Section 5.1. Additional practice staff are encouraged to attend the training. Participation by the practice manager is extremely important because implementing Healthy Steps may require administrative changes in scheduling, work flow, and recordkeeping. Following the training, each practice will receive six-months of technical assistance from experts at [Zero to Three](#).

For Years 2 and 3 OMH will work with consultants to provide on-going consultation through a learning collaborative model.

Enhanced Well-Child Visits with Pediatrician: The Healthy Steps Specialist will work in tandem with the medical practitioner during regularly scheduled enhanced well-child visits for enrolled children and families. These visits can take place jointly with the physician or nurse, concurrently or individually.

Home Visits: Each Healthy Steps Specialist will offer Home Visits at birth and at key developmental stages with a minimum of 2 per family, over three years. Additional Home Visits can be scheduled, as deemed necessary.

Screenings and Timeline: The practice will integrate the Healthy Steps recommended screening instruments and the Adverse Childhood Experience survey into office procedures. The Healthy Steps Specialist will use the following recommended screening and home visiting regimen:

Joint Well Visits	In Office Screenings	Home Visits	Joint Well Visits	In Office Screenings	Home Visits
Newborn	Neonatal Behavioral Observations System, ACES- Parent	HV: 1 Within 1 st month	15 month	Modified Checklist for Autism in Toddlers -M-CHAT	HV: 4 & 5 Limit Setting: Temper tantrums
1 month	HS Screening – Adult risk and protective factors, PHQ-2 (Maternal D)		18 month	ASQ, M-CHAT	
2 month			24 month	ASQ:SE, M-CHAT, PHQ-2	
4 month	HS Temperament Scale		30 month	ASQ	HV: 6
6 month	Ages and Stages Questionnaire (ASQ)	HV: 2 Emerging Autonomy	36 month	ASQ:SE	
9 month		HV: 3 Home Safety check, limit setting related to mobility	4 year	Pediatric Symptom Checklist	
12 month	ASQ: Social Emotional (ASQ:SE)		5 year	Pediatric Symptom Checklist	

Child Development Phone Line: The agency/practice will provide a “warm-line” /dedicated telephone line for the parents and caregivers to call for social-emotional and developmental assistance. This line will have a confidential voicemail and calls will be returned within 2 business days either by the Healthy Steps Specialist or a Nurse.

Reach Out and Read: The practice will be enrolled in the Reach Out and Read program and will offer free age-appropriate books to parents/caregivers of young children.

Parent Support Groups: The Healthy Steps Specialist will work with other professionals in the practice to facilitate parent education groups, using an evidenced-based curriculum or information developed specifically for Healthy Steps. These groups will be offered a minimum of monthly.

Referrals: The Healthy Steps Specialist will make referrals as indicated for children and parents (e.g., speech or hearing specialists) and parents (e.g., maternal depression counseling).

Distribute Materials: The Healthy Steps Specialist will distribute written materials on topics such as toilet training, discipline, and nutrition, which will be provided at the training. The materials will be available in both Spanish and English.

Consultation by the Healthy Steps Specialist:

The Healthy Steps Specialist can provide developmental and behavioral consultation to the medical professionals and to those children and families identified by the practice who are not enrolled in Healthy Steps. This includes, but not limited to: educational sessions; screenings; case and individual consultation; and referrals.

Cultural Considerations:

Knowledge, information, and data from and about individuals, families, communities, and groups in the geographic area to be served should be used to address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population. The information should be utilized to adapt clinical standards and practices, skills, services approaches, techniques, and outreach to support the beliefs, values, preferences, and life circumstances of diverse cultural communities represented by individuals who receive services.

5.2.2 Deliverables

Modifications of office/practice culture to accommodate the implementation of Healthy Steps services into the medical setting including the administrative (scheduling, record keeping, etc.) and practical aspects of the practice. The practice will maintain a Healthy Steps Specialist on staff for the duration of the funding (up to three years). If there is staff turnover, the practice will be responsible to hire a new qualified person, orient and train the individual to become the Healthy Steps Specialist within two months of position vacancy. All staff vacancies and fills must be reported to the OMH within 30 days of status change.

Enrollment Expectations: Successful Healthy Steps sites have over 3,000 pediatric patients and an average of over 15 newborns monthly. Each site will engage new parents by the infant’s four-month wellness visit with the expected minimum enrollment range:

Year	Number of children on caseload
1	75- 100
2	150- 200
3	250- 300

Linkages and Referral Services: The practice will help the Healthy Steps Specialist create and maintain a directory of referral sources and services. The office will assist with tracking referrals and providing information to the families and Healthy Steps Specialist.

5.2.3 Evaluation

Data Collection: The Healthy Steps Specialist will participate in the evaluation of the program implementation, which may include questionnaires, surveys, site visits and interviews. OMH is seeking to contract with an independent evaluator to monitor the implementation and assist with creating statewide policy recommendations.

Successful applicants are required to collect, manage, and report a set of program process and performance measures to OMH. Of particular importance is data that can be used to measure change, which is necessary to confirm improvement in client health and demonstrate positive program outcomes; this frequently entails the initial administration of specified screens or questions and follow-up screening or questioning at prescribed intervals. Data produced by grantees in connection with their responsibilities under the grant shall belong to OMH but may be used by the grantee for educational or research purposes, as long as all other legal requirements for the use of such data have been satisfied and with the permission of OMH.

Learning Collaborative: The Healthy Steps Specialist along with other identified staff will participate in a learning collaborative in years two and three. The learning collaborative will be led by implementation experts during monthly conference calls that will focus on both barriers and strategies to success. The learning collaborative will focus on implementation, strategies and sustainability planning. Participants will benefit from the learning community through networking, experiential learning and information sharing.

5.2.4 Reporting

Each Health Steps site is required to track and report data, and participate in program evaluation.

Tracking and process data will be reported quarterly. Failure to report timely information could result in funding delay and potential discontinuation. The data elements that will be tracked include, but are not limited to the following:

1. Enrollment into Healthy Steps
 - a. Number offered
 - b. Number accepted
 - c. Count of children and families by age group
 - d. Number of first time mothers
2. Well visits
 - a. Number and age group of children seen in office

3. Home Visits
 - a. Number and age group of children seen in home
4. Reach Out and Read
 - a. Number of books distributed monthly to HS families
5. Child Development Phone line
 - a. Number of calls received
6. Parent Education
 - a. Number of parents receiving handouts by topic
7. Caregiver Support Groups
 - a. Number of groups
 - b. Number of participants
8. Consultation Delivered
 - a. Number of professional consultations provided
 - b. Number of non-Healthy Steps caregivers consulted

5.3 Requirements for Application 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, 2.7 for additional information on proposal format and content.

- A. Agency Transmittal Form
- B. Eligibility Form
- C. Summary

Provide a concise, one page limit, description of the primary care practice that summarizes its overall approach to delivery of preventive care including collaborative organizations with a significant role in partnering with the practice and anticipated outcomes that will be delivered as a result of the implementation of Healthy Steps.

- D. Project Narrative

When submitting proposals for funding under this RFP, the application must address all of the components listed below, in order, with a 15 page limit, using 12 point font and ½ inch margins (not including required attachments).

I. Organization

I.A Description

1. Describe the organizational structure include affiliations, designations (e.g., FQHC, residency programs, etc.) and an organizational chart.
2. Describe primary care practice implementation site staffing, include number of medical professionals, medical students and administrative personnel.

3. Provide a chart with operating hours.
4. Describe the population served by the implementation practice site, include total number of patients and average number of newborns seen monthly over the past year.
5. Describe the cultural considerations within the community/population served.
6. Detail the percentage of practice children who are covered by the following insurances:
 - Medicaid (include patients with dual coverage*)
 - Child Health Plus
 - Commercial/Private (exclude patients with dual coverage*)
 - Uninsured
 - Other

*Medicaid-covered individuals who also have private and/or Medicare coverage.
7. Explain collaborations with other appropriate agencies to meet the needs of this RFP (i.e., space for group meetings).

I.B Experience

1. Describe the Lead Physician Champion's experience and qualification for overseeing the implementation of Healthy Steps in the primary care practice site.
2. List and describe the impact of the implementation of at least one of the following interventions, practices of initiatives as listed in Section II, 2.5:
 - Reach Out and Read
 - Centering Pregnancy or Centering Parenting
 - Co-location of behavioral health services
 - OMH Early Recognition Screening Initiative
 - OMH Project TEACH Child and Adolescent Psychiatric consultation

I.C Office Specifications

1. Describe the designated Healthy Steps Specialist's office space include a description and location, include a floor plan of the medical office suite as an attachment.
2. Describe the space available to accommodate parent groups, indicate and include details if off-site space will be used.

I.D Staff and Support

1. State the plan to hire a Healthy Steps Specialist (HSS), include the qualifications of the HSS.
2. Describe the plan to retain employment of the Healthy Steps Specialist, and include the plan to replace and train a new HSS in the event of staff turnover.
3. Describe the plan to integrate the HSS into the office culture, include the level of administrative support and resources available to the HSS.
4. Explain the type and frequency of supervision provided to the HSS.
5. Describe the in-kind support the practice will offer for the implementation of Healthy Steps.

II. Healthy Steps Components

1. List the names and titles of the staff who will be attending the Healthy Steps 3-day Training Institute.
2. Describe some of the practices strengths and how the Healthy Steps model will benefit both the practice and the children and families who are served.
3. State the commitment to participating in the training, technical assistance, and the extended learning collaborative for years 2 and 3.

III. Deliverables

1. Describe implementation plan as it pertains to the engagement of families and enrollment expectations.
2. Describe how the practice will assist the HSS to create and maintain a directory of referral sources and services.

IV. Data Collection and Evaluation

1. State the practice's commitment to collecting process data and describe the details of the data collection methodology (i.e., electronic health record).
2. State the practice's commitment to work with OMH and other designated evaluators to further assess the implementation and impact of Healthy Steps.

D. Letter(s) of Commitment

Proposals submitted for funding under this RFP must include a Letter of Commitment – not simply a Letter of Support – from the Lead Physician Champion and others who will partner in the implementation of the Healthy Steps model into the medical practice setting; include significant collaborative commitment to and involvement in the success of Healthy Steps.

E. Complete Operating Budget and Budget Narrative for each year of the contract period.

Use the required budget format – the Operating Budget Form for Years 1, 2 and 3, and the Budget Narrative Form (Appendix B and B1) – to develop your budget and budget narrative. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.1.2).

- **Develop an Operating Budget for Each Year:**
OMH will award successful applicants sites in:
 - Region 1 - up to \$354,540, \$121,780 for the first year and \$116,380 each for years two and three.
 - Region 2 - up to \$354,540, \$121,780 for the first year and \$116,380 each for years two and three.
 - Region 3 - up to \$369,618, \$126,806 for the first year and \$121,406 each for years two and three.
- **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.**

Applications missing any of the required model components will not be considered. See Section II, 2.7, for additional information on format and content.

VI. Operating Budgets and Budget Narratives

VII. Appendices

Appendix A

Agency Transmittal Form

Implementation of Healthy Steps (i-HS)
(Attach as cover page on all copies of the proposal)



Medical Practice Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Parent Company (if applicable): _____

Physical Address: _____

City: _____ Zip Code: _____

Practice Contact Person: _____ Title: _____

Phone: _____ Email: _____

Lead Physician Name: _____

Phone: _____ Email: _____

DSRIP Region: _____

Counties served: _____

In NYC, Community Districts served: _____

The attached proposal contains the following:

- | | |
|--|-------------------------------------|
| Transmittal Form (Appendix A) | <input type="checkbox"/> YES |
| Eligibility Form (Appendix C) | <input type="checkbox"/> YES |
| Summary | <input type="checkbox"/> YES |
| Proposal | <input type="checkbox"/> YES |
| Office Suite Floor Plan | <input type="checkbox"/> YES |
| Statements of Commitment (Lead Physician) | <input type="checkbox"/> YES |
| Operating Budget (Appendix B) | <input type="checkbox"/> YES |
| Budget Narrative (Appendix B1) | <input type="checkbox"/> YES |
| Labeled Flash Drive Containing Full Proposal as <i>one</i> Document | <input type="checkbox"/> YES |

Appendix C

**Agency Eligibility Form
Implementation of Healthy Steps (i-HS)**



Name of Medical Practice: _____

Physical Address: _____

City: _____ Zip Code: _____

Practice Contact Person: _____

Phone: _____ Email: _____

Lead Physician Name: _____

Phone: _____ Email: _____

Is signed Lead Physician Commitment attached? YES NO

Total number of pediatric patients seen in the practice in the last year: _____

Average number of practice newborns (monthly) for the last year: _____

Approximately what percentage of practice children are covered by the following insurance sources?
%

- _____ Medicaid (include patients with dual coverage*)
- _____ Child Health Plus
- _____ Commercial/Private (exclude patients with dual coverage*)
- _____ Uninsured
- _____ Other

TOTAL: 100 %

*Medicaid-covered individuals who also have private and/or Medicare coverage.

Is a private office, suitable for meeting with children and families, available for the Healthy Steps Specialist in the implementation practice site which is embedded within the medical offices? YES NO

Is the primary care practice a nonprofit? YES NO

If yes, has Grants Gateway prequalification been completed? YES NO

VIII. Attachments

Attachment A

Finding Your ACE Score

The ACE Score attributes one point for each category of exposure to child abuse and/or neglect included in the Study. Add up the points for a Score of 0 to 10. The higher the score, the greater the exposure, and therefore the greater the risk of negative consequences. These consequences are discussed throughout the publications also available for download from the <http://www.acestudy.org/home> website.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes____ No____ If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes____ No____ If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes____ No____ If yes enter 1 _____

4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes____ No____ If yes enter 1 _____

5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes____ No____ If yes enter 1 _____

6. Were your parents **ever** separated or divorced?

Yes____ No____

If yes enter 1 _____

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes____ No____

If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes____ No____

If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes____ No____

If yes enter 1 _____

10. Did a household member go to prison?

Yes____ No____

If yes enter 1 _____

Now add up your “Yes” answers: _____ This is your ACE Score.

Attachment B

Sample Healthy Steps Specialist Job Description:

Working along with and in support of pediatricians, the Pediatric Healthy Steps Specialist provides support for families with children age 0-5 years. The Healthy Steps Specialist provides care giver support to facilitate the development of attachment, self-regulation skills, and family resiliency. In addition, the Healthy Steps Specialist will provide child development guidance to high-risk parents and other primary care givers at well child visits with the goal of facilitating children's healthy growth and development.

The Healthy Steps Specialist works primarily in Pediatrics and collaborates to deliver a new model of care integrating the Healthy Steps strategies for families that have been identified as having significant risk factors. The work would be carried out through home visits, office visits and through accompanying families to key medical and specialty visits. A background in child development, social work, mental health counseling, psychology, early childhood education or early intervention is an important requirement for this position.

- Conducts office visits, either jointly with the physician/pediatric nurse practitioner or alone.
- Conducts home visits and accompanies patients to key medical, specialty and community agency appointments.
- Works closely with the pediatric providers around care coordination, goal setting, counseling, coaching and education about key aspect of a child's development.
- Closely tracks progress made in ongoing checkups that look at both child development and family factors.
- Provides anticipatory guidance to parents and other primary care givers around common concerns such as early learning, fussiness, sleep, feeding, discipline, toilet training, etc.
- Provides referrals and tracks follow-up, as appropriate, to help families make connections to key resources within the community.
- Facilitates parents'/caregivers' education groups.
- Works closely with the pediatric team as a resource for developmental and parenting concerns.

Qualifications

- Master's degree in nursing, psychology, counseling, or social work required.
- Preference given to licensed and currently registered to practice nursing, psychology, counseling, or social work in New York State.
- Minimum 2 years of experience with parenting, child development, social work or human service work.
- Excellent oral and written communication skills.
- Demonstrated expertise in child development issues.
- Demonstrated commitment to working with underserved populations in a community setting.
- Must be empathic, supportive and patient.
- Strong motivational interviewing skills.
- Ability to work with people of many cultures.
- Ability to take initiative and willingness to learn.
- Ability to work well both in teams and independently.
- Ability to collect and enter data for program management, evaluation and reporting purposes.