

**State of Connecticut
Department of Public Health Combined
RFA for Behavioral Health Application
Form Rev. 10/19/2023**

Instructions: Complete the form following the instructions for each section. All questions are required for both Components A and B of the combined RFA, unless indicated as "Component A" or "Component B" only. Note: For collaborations involving two or more eligible providers, a separate Section D 4.1 Organizational Profile should be submitted for each organization that is part of the collaboration.

Section A. Cover Sheet

RFA No: DPH20240901RFP

Organization name - Legal name as it appears through the Secretary of State:
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Is your organization headquartered in Connecticut? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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Address of the Headquarters of the Organization:		
Address1:	Address 2:	
City:	State:	Zip Code:

Site address - where work will take place: <i>(if different from headquarters)</i>		
Address1:	Address 2:	
City:	State:	Zip Code:

Federal ID (FEIN):

Year Organization Was Established:	Fiscal Year Start:
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Is this a Collaboration? <i>(See Note above):</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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If Yes, are you the Lead Organization? <i>(If this is not a collaboration, please leave blank)</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Name of the collaborating organization:

Contact Name for this RFP:	Title:
Contact Email:	Phone:

Authorizing Official: Name:	Title:
AO Email:	AO Phone:

Authorizing Official Mailing Address		
Address1:	Address 2:	
City:	State:	Zip Code:

Signature of Authorizing Official Date (mm/dd/yyyy)

SECTION D. Main Application Submission Requirements To Submit a Responsive Application

***Please note the maximum total response length for this section is determined by the space allocated in the application form. The Agency Review Committee will not have access to answers longer than the allowed space. Complete the application form following the instructions. Please note that not all portions of the application form apply to both Components of the RFA. Those portions are indicated as "Component A Only" or "Component B Only."

4.1 Organizational Profile

a. Description of Organization: Provide a brief description of your organization or practice and the services provided. Include an explanation of your organization's mission. Give a narrative description of the population served and the need for a behavioral health provider (for Component A a Child and Adolescent Psychiatrist; for Component B a Social Worker). How will the addition of a behavioral health provider improve your practice or organization? Specific data elements on your patient population and services are requested elsewhere. Please limit your response to the space provided. (Character limit 5700)

4.1 Organizational Profile (continued)

b. Are you located in a Mental Health Provider Shortage Area (MHPSA)?

[Find Shortage Areas by Address \(hrsa.gov\)](https://www.hrsa.gov)

c. If you are located in a MHPSA, please provide the MHPSA ID number.

d. If you are located in a MHPSA, please provide the MHPSA Score:

e. Billing Information:

1. Total number of patients aged 18 and under (to be used as denominator in questions 2, 3, 4 and item f below)
2. Percent of patients aged 18 and under for whom you bill Medicaid/Husky for part or all of their health care services.
3. Percent of patients aged 18 and under for whom you bill private insurers for part or all of their health care services.
4. Percent of patients aged 18 and under who pay completely out of pocket for their health care services.

f. Percent of patients aged 18 and under with more than two behavioral health related diagnoses.

g. For COMPONENT B only: Is the application for a new social worker in your practice?

1. Please report the number of additional FTEs represented by this application:

h. Please report the approximate percent of your patients who reside in each town in your service area. Entries should be in numbers between 0 and 100 with a maximum of 2 decimal places. Leave towns with no patients blank.

Andover	East Haven	Morris	Southbury
Ansonia	East Lyme	Naugatuck	Southington
Ashford	Easton	New Britain	South Windsor
Avon	East Windsor	New Canaan	Sprague
Barkhamsted	Ellington	New Fairfield	Stafford
Beacon Falls	Enfield	New Hartford	Stamford
Berlin	Essex	New Haven	Sterling
Bethany	Fairfield	Newington	Stonington
Bethel	Farmington	New London	Stratford
Bethlehem	Franklin	New Milford	Suffield
Bloomfield	Glastonbury	Newtown	Thomaston
Bolton	Goshen	Norfolk	Thompson
Bozrah	Granby	North Branford	Tolland
Branford	Greenwich	North Canaan	Torrington
Bridgeport	Griswold	North Haven	Trumbull
Bridgewater	Groton	No. Stonington	Union
Bristol	Guilford	Norwalk	Vernon
Brookfield	Haddam	Norwich	Voluntown
Brooklyn	Hamden	Old Lyme	Wallingford
Burlington	Hampton	Old Saybrook	Warren
Canaan	Hartford	Orange	Washington
Canterbury	Hartland	Oxford	Waterbury
Canton	Harwinton	Plainfield	Waterford
Chaplin	Hebron	Plainville	Watertown
Cheshire	Kent	Plymouth	Westbrook
Chester	Killingly	Pomfret	West Hartford
Clinton	Killingworth	Portland	West Haven
Colchester	Lebanon	Preston	Weston
Colebrook	Ledyard	Prospect	Westport
Columbia	Lisbon	Putnam	Wethersfield
Cornwall	Litchfield	Redding	Willington
Coventry	Lyme	Ridgefield	Wilton
Cromwell	Madison	Rocky Hill	Winchester
Danbury	Manchester	Roxbury	Windham
Darien	Mansfield	Salem	Windsor
Deep River	Marlborough	Salisbury	Windsor Locks
Derby	Meriden	Scotland	Wolcott
Durham	Middlebury	Seymour	Woodbridge
Eastford	Middlefield	Sharon	Woodbury
East Granby	Middletown	Shelton	Woodstock
East Haddam	Milford	Sherman	
East Hampton	Monroe	Simsbury	
East Hartford	Montville	Somers	

4.2 Recruitment and Retention Plans

a. FOR COMPONENT A ONLY: Please provide a brief description of your recruitment plan. Your plan should include an assessment of the competition for providers and how that has impacted your plan. Please explain what combination of supports and incentives allowed in the RFA you have chosen and why. If requesting funding for signing bonuses, please explain the anticipated conditions for the granting the bonus to new hires. Conditions should be tailored to meet the legislative intent of the allocated funds. Please also indicate what, if any, steps you have taken to create an inclusive and equitable recruitment and interview process. (Character limit 6,500)

4.2 Recruitment and Retention Plans (*continued*)

b. FOR BOTH COMPONENTS A AND B: Please provide a brief description of your retention plan for current staff and/or staff you plan to hire using these funds. Your plan should describe your on-boarding plan and any employee supports you have in place to foster retention. For example, in addition to any financial retention incentives (if applicable) include any plans to use benefits, work schedules and opportunities for professional growth to retain your behavioral health provider(s). If offering a retention bonus, please specify any conditions of the bonus. Applicants are encouraged to refer to the [ACU Comprehensive Workforce Plan](#) in forming their response. (Character limit 6,500)

SECTION D. Main Application*(continued)*

4.3 Culturally and Linguistically Appropriate Services (CLAS)

a. How does your organization incorporate cultural and linguistic competency concepts into the educational curriculum for new and existing staff? (Character limit 3,000)

b. Does your organization offer communication and language assistance to patients? Check all that apply

We have certified medical translators on staff

We use a medical translation service
(telephone or video)

We use bilingual staff when appropriate

We rely on family members to translate

We do not provide health care services to non-English speakers

SECTION D. Main Application*(continued)*

4.4 COMPONENT B ONLY Integrated Behavioral Health Plan

a. Please describe your plan for integrating behavioral health services into your practice. Include a brief description of operational systems in place to support IBH, financial supports for IBH you have identified (beyond this funding opportunity), clinical workflows, and processes for tracking patients and monitoring outcomes. Applicants are encouraged to utilize resources from the Agency for Healthcare Research and Quality (AHRQ) in forming their plan. [Integrating Behavioral Health & Primary Care | AHRQ Academy](#); [Implementing IBH Plan: Ambulatory Care Setting | The Academy \(ahrq.gov\)](#) (Character limit 6,700)

4.4 **COMPONENT B ONLY** Integrated Behavioral Health Plan (*continued*)

b. What is your plan for prescribing medications for behavioral health diagnoses? Who will evaluate patients for medication needs, who will prescribe, and how will you ensure continuity of care for medications? (Character limit 2,500)

4.5 Timeline for Implementation

Please describe your two-year timeline for implementing your Recruitment and Retention Plan (Component A) or your Integrated Behavioral Health Plan and Retention Plan (Component B). (Character limit 2,500)

D. Main Application (continued)

4.6 Budget and Budget Narrative

a. Use the budget form below to submit your line-item budget

COMPONENT A - Incentive Grant Program

Budget - Line Item	Year 1	Year 2
Signing bonuses		
Staff time reimbursement		
Ads and postings in specialist journals or job boards		
Services from an advertising and/or recruitment firm		
Recruitment firm retainer		
Interview expenses		
Relocation expenses		
Training and Continuing Education Units (CEUs) costs		
Retention bonuses for existing employees		
Total Year 1		Total Y2
Total Yrs 1 and 2		

COMPONENT B - Behavioral Health Pilot Program

Budget - Line Item	Year 1	Year 2
<u>Estimated cost of annual salary</u>		
Employee 1		
Employee 2		
Employee 3		
Employee 4		
Employee 5		
Total Yrs 1 and 2		

4.6 Budget and Budget Narrative

- b. Provide a categorical description of costs and the basis for these costs using the space below.

4.7 Baseline Data. Please report the requested baseline data regarding your patients and practice.

The CTDPH is collecting the following data from all applicants for the Combined RFA for Behavioral Health. The data will be used for reporting and evaluation purposes. Some data elements are required by the federal funding that supports this RFA.

Use the number indicated as the denominator for calculating percentages.

1. The total number of patients in your practice or facility:
 - a. Unable to report these data:

2. The number of patients in your practice or facility aged 18 and under:
 - a. Unable to report these data:

3. The percent of your patients aged 18 and under who are insured by HUSKY (use your answer to Q2 as the denominator): %
 - a. Unable to report these data:

4. The number of patients in your practice or facility between the ages of 3.00 and 18:
 - a. Unable to report these data:

5. The percent of patients between the ages of 3.00 and 18 with a behavioral health diagnosis (use your answer to Q4 as your denominator): %
 - a. Unable to report these data:

6. The percent of patients between the ages of 3.00 and 18 with a diagnosis of more than two mental health disorders (use your answer to Q4 as your denominator): %
 - a. Unable to report these data:

7. The number of children from 3.00 to 18 years of age seen for a pediatric well child visit during the last 12 months:
 - a. Unable to report these data:

8. The number of children reported in Question 7 who had a behavioral health screening tool administered as a component of that visit:
 - a. Unable to report these data:

9. The percent of children from 3.00 to 18 years of age seen for a pediatric well child visit in the last 12 months who had a behavioral health screening tool administered as a component of that visit (use your answers to Q7 and Q8 to calculate the percentage): %
 - a. Unable to report these data:

10. The percent of your patients for whom the primary language spoken at home is other than English (use your answer to Q1 above as the denominator): %
 - a. Unable to report these data:

4.7. Baseline data (continued)

11. Total number of staff in your practice or facility:

	Unknown	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race reported	
12. Percent of patients in your practice or facility by race (Use your answer to Q1 as the denominator)								%
13. Percent of your staff by race (Please use your EEOC Report for these numbers)								%

	Unknown	Hispanic, Latino/a or Spanish origin	Not Hispanic, Latino/a, or Spanish origin	
14. Percent of patients in your practice or facility by ethnicity: (Use your answer to Q1 as the denominator)				%
15. Percent of your staff by ethnicity: (Please use your EEOC Report for these numbers)				%

	Unknown	Male	Female	Other	
16. Percent of patients in your practice or facility by gender: (Use your answer to Q1 as the denominator)					%
17. Percent of your staff by gender: (Please use your EEOC Report for these numbers)					%

F: Declaration of Confidential Information

If an applicant deems that certain information required by this RFA is confidential, the applicant must label such information as CONFIDENTIAL prior to submission. The applicant must reference where the information labeled CONFIDENTIAL is located in the application form. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b). (Character Limit 2000)

G: Conflict of Interest – Disclosure Statement

Applicants must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a applicant tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. In the absence of any conflict of interest, an applicant must affirm such in the disclosure statement. *Example: “[name of applicant] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”* (Character limit 2000)

H. STATEMENT OF ASSURANCES

Department of Public

Health The undersigned Applicant affirms and declares that:

General

- a. This application is executed and signed with full knowledge and acceptance of the terms and conditions stated in the RFA.
- b. If awarded a contract under this RFA, the Applicant will expend the funds awarded only in accordance with the terms and conditions of the RFA and in furtherance of expanded behavioral health services for children as contemplated by Public Act 22-47 § 38 and Public Act 22-81 § 17.
- c. The Applicant will seek prior approval from the Agency before making any changes to the location of services.
- d. Neither the Applicant nor any official or member of its organization or practice has received any notice of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- e. Neither the Applicant nor any official or member of its organization or practice has received any notice of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Signature of Authorizing Official Name of Authorizing Official Date