

Request for Information



State of Alaska
Department of Health
Division of Public Health

RFI Number: 26-002
Date Issued: September 11, 2025

PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM

Introduction:

The State of Alaska Department of Health (DOH) is making a Request for Information (RFI) related to an anticipated request for proposals from the Health Resources and Service Administration (HRSA) for the Pediatric Mental Health Care Access (PMHCA) grant program, beginning September 30, 2026. Prior HRSA grants sought to fund programs that offered three components. The first is to promote behavioral health integration into pediatric primary care by offering a psychiatric consultation service to help providers with questions relating to medications, diagnosis, and general behavioral and mental health concerns. The second involves care coordination, support, and a referral process to help providers connect patients to additional resources. While the final component offers education and presentations that seek to build the capacity, skills, and knowledge of healthcare providers to address the behavioral and mental health needs of children and youth within the primary care setting. Providers to be served include pediatricians, primary care providers, family practitioners, school nurses and counselors, and other healthcare professionals. Respondents to the RFIs are encouraged to submit information related to providing any component of the program.

Background Information:

Access to healthcare in Alaska is extremely challenging for much of the population due to the state's expansive geography and inclement weather. Statewide, community behavioral health centers and primary care providers, both tribal and non-tribal, are the most prevalent patient access points for behavioral health care, especially in rural and remote locations. However, across Alaska telehealth has become a tool for increasing access to psychiatric and behavioral health services by linking remote sites across the state with providers in more urban areas. Alaska is in a unique situation with a relatively small population spread over vast geography, larger by far and more rural than any other state. Alaska has 229 federally recognized Alaska native tribes and 240 remote villages. Behavioral health aides, along with community and dental health aides, are front line health workers providing crucial health care in remote areas.

While the demand for behavioral health services is high, the workforce of behavioral providers is very low. According to the 2021 Alaska Primary Care Needs Assessment, "26 of Alaska's 19 boroughs and 10 US Census Bureau defined areas had a geographic or a special population HPSA designation".¹ The Bureau of Labor Statistics indicates the location quotient (LQ), or the number of providers per location is just 0.57 for psychiatrists in Alaska.² Nationwide, on average, states have twice as many psychiatrists than in Alaska. This statistic points to the high need for psychiatry support for patients and for primary care providers. Conversely, Alaska has a high location quotient of pediatricians at 2.37. The low LQ of psychiatrists combined with the high

¹ State of Alaska Primary Care Office. "Alaska State Primary Care Office Needs Assessment Report 2021." State of Alaska Primary Care Office, May 2021. https://alaskapca.org/wp-content/uploads/2021/05/SOA_PCO_NA_20211865-1.pdf

² United States Department of Labor, Bureau of Labor Statistics. "May 2022 State Occupational Employment and Wage Estimates Alaska." Bureau of Labor Statistics, updated March 23, 2023. https://www.bls.gov/oes/current/oes_ak.htm.

LQ of pediatricians indicates that integrating behavioral health supports into primary care can help support Alaska children and adolescents experiencing behavioral and mental health issues. The current cycle of PMHCA services, which ends September 29, 2026, are offered through a combination of two evidence-based practice models: the [Partnership Access Line \(PAL\) program](#)³, and [Help Me Grow Alaska \(HMG-AK\)](#)⁴. The PAL program offers a team of eight Alaska licensed pediatric psychiatrists based in the state of Washington, who provide case consultation services to prescribing Alaska practitioners. PAL provides a staffed toll-free call line for Alaska primary care providers from 7am to 4pm Alaska Standard Time, Monday - Friday. Using an overlapping rotation, providers calling the line have immediate access to a PAL psychiatrist more than 85% of the time; if a child psychiatrist is not immediately available, call-backs occur as quickly as possible, usually the same day. The consultation services are offered telephonically and upon conclusion of the consultation, a written report including recommendations is sent to the provider for reference. An Alaska version of the 100-page Washington treatment guide is available to assist pediatric primary care physicians with early detection, diagnosis, and treatment of childhood mental health issues, while a monthly email newsletter discusses pediatric mental health topics with pertinence for primary care providers. Below is information about the number of phone calls made to the psychiatric consultation line on a monthly and annual basis, including the reason for the call, for the first year and three quarters of the current grant cycle.

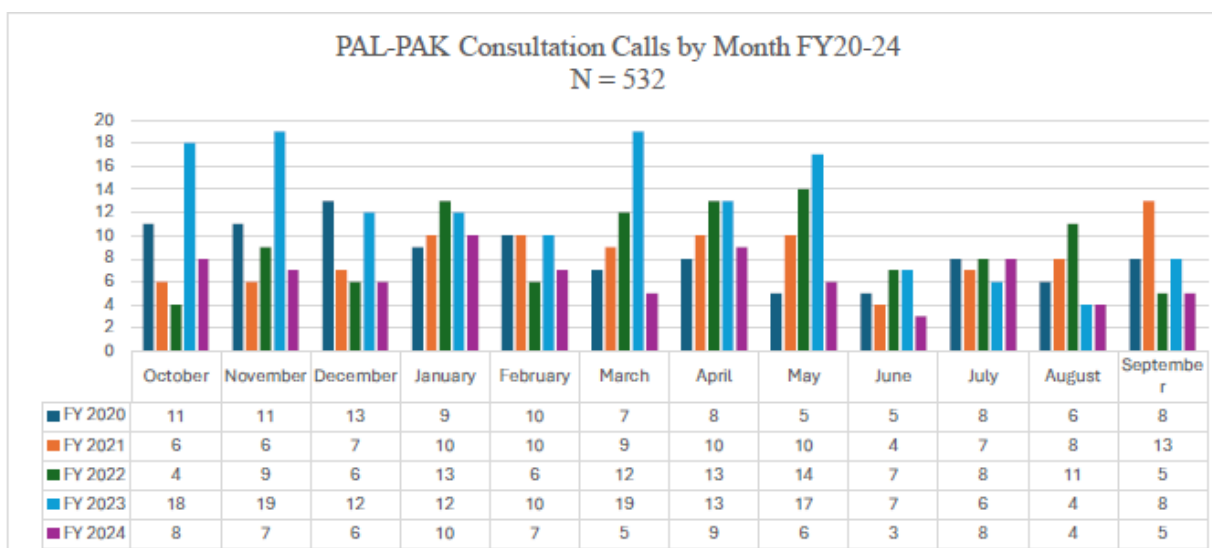
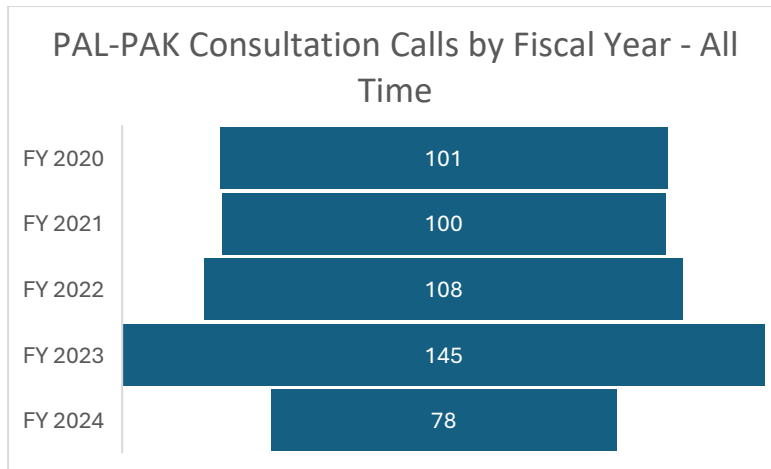


Figure 2: PAL-PAK Consultation Calls by Month FY 20-24

³ Hilt RJ, Romaine MA, McDonnell MG, Sears JM, Krupski A, Thompson JN, Myers J, Trupin EW. The Partnership Access Line: Evaluating a child psychiatry consult program in Washington State. *JAMA Pediatrics* 2013 Feb; 167(2): 162-8; Hilt RJ, Barclay RP, Bush J, Stout B, Anderson N, Wignall JR. A Statewide Child Telepsychiatry Consult System Yields Desired Health System Changes and Savings. *Telemedicine and e-Health Journal*. 2015 Jul;21(7):533-7; Barclay RP, Penfold RB, Sullivan D, Boydston L, Wignall J, Hilt RJ. Decrease in statewide antipsychotic prescribing after implementation of child and adolescent psychiatry consultation services. *Health Services Research* April 2017 52(2); 561-578

⁴ <https://helpmegrownational.org/making-case-building-help-grow-evidence-base>



Reason for Call FY24 -25

FY 24	Qu 1	Qu 2	Qu 3	Qu 4	Totals	
Medication	18	18	12	15	63	
Diagnosis	0	1	0	0	1	
General	3	3	6	2	14	
	21	22	18	17	78	

FY 25	Qu 1	Qu 2	Qu 3	Qu 4	Totals	
Medication	24	18	19	0	61	
Diagnosis	0	0	0	0	0	
General	8	6	5	0	19	
	32	24	24	0	80	

For in-state expertise regarding Alaska-based mental health supports and resources, Help Me Grow Alaska (HMG-AK) offers family navigation, resources, and referrals for healthcare providers through their Family Support Specialists (FSS). While the HMG-AK Outreach Specialist promotes PAL-PAK to healthcare providers who serve pediatric patients, including rural and remote, public health, and tribal health non-prescribers. HMG-AK and PAL collaborate to review existing annual in-state trainings and conferences attended by pediatric providers to strategize “best fit” training opportunities where PAL can present on a broad range of child mental health care topics as part of existing conferences held in Alaska annually. Providers can phone PAL and after speaking with a psychiatrist, can be referred to HMG-AK for additional assistance or they call directly to HMG-AK depending upon the need. This is reflected in the data from SFY20-23, where prescribing and non-prescribing health care professionals from 31 individual agencies referred children and adolescents to HMG-AK for care coordination with a primary or secondary need of behavioral health. Of these 31 agencies, 21 (67.74%) also had an eligible practitioner who used the PAL consultation line during the same period. This relationship supports the assumption that practitioners are using these services separately and as needed for patient care.

In recent years, PAL-PAK has expanded to offer professional development for school personnel through an affiliation with the University of Washington (UW). A UW psychologist provides monthly mental health training via a webinar during the school year to school nurses and urban, rural, and itinerant school counselors. Trainings have focused on a variety of topics including functional behavior analysis and behavior planning for nurses, psychological first aid and crisis triage, school avoidance, and psychiatric medications. In SFY24, the webinar series reached 21 school districts across 30-35 communities in some of Alaska’s most remote locations only accessible by plane or boat, with 63 people attending throughout the webinar series. While in SFY25, a total of 58 participants attended the series. The webinars enabled providers to build skills and confidence when

addressing mental and behavioral health needs in the school setting, while also giving opportunities for networking amongst the school providers, which helped reduce feelings of isolation especially for those working on their own in small communities.

Response Information:

Respondents should describe how they can offer **some or all** components currently being offered through PAL-PAK or suggest alternative ways to offer similar services.

The components of the current grant are:

Component 1 - Psychiatric Consultation Line

1. A regionally based and/or statewide psychiatric consultation line for pediatric and primary care healthcare providers, which increases availability and accessibility of child and adolescent specialist consultation via telehealth or phone.
2. Teleconsultation information and clinical care advice will be recorded in a HIPAA-compliant program database to help with data collection and for quality review and consistency of care provided. A summary of the written follow-up notes will be sent to the pediatric primary care provider the next business day.
3. Provide a behavioral and mental health toolkit or guide for healthcare providers to use as they work with children and adolescents, and their caregivers in urban, rural, and remote Alaska.

Component 2 - Care Coordination

1. Offer family navigation or care coordination, referrals, and support to healthcare providers needing assistance for children and youth with mental and behavioral health needs. Services can be regionally based and/or statewide.

Component 3 - Training

1. Conduct training and provide technical assistance to pediatric primary care providers to enable them to conduct early identification, diagnosis, and treatment for children and youth with behavioral and mental health needs.
2. Training will account for how behavioral and mental health care is offered and available across Alaska and the challenges and opportunities providers face in their community and across regions.
3. Provide training to school providers about timely detection, assessment, treatment, and referral of children and adolescents with behavioral health disorders, using evidence-based practices & methods such as web-based training.

Collaboration with the Division of Public Health is an important part of the services offered to ensure program goals are met, and continuous quality improvement and evaluation of the program is possible. Data collected will be used to evaluate services and help align services with the needs of healthcare providers providing behavioral and mental health services to children and adolescents.

Respondents should respond to the following questions and discuss whether your organization is able to offer services regionally and/or statewide.

1. Describe which components your organization has experience, the capacity, and readiness to implement and the timeframe needed to develop services.
2. Describe the organization's knowledge of Alaska's unique situation regarding the vast and inaccessible geography, extremely high cost of delivery, differences in providing services in urban, rural, and remote areas, and the opportunities that exist across the state when offering behavioral and mental health services to pediatric patients.

3. Describe your pediatric mental health team, including professions and location, and who would be available to offer services.
4. Identify key partners and their roles and describe how your organization will collaborate with the Department of Health and other stakeholders.
5. Describe insights into barriers or gaps in the current program that does not adequately address needs.
6. Describe the anticipated impact on rural residents, including health outcomes or improvements to access and quality of care.
7. Identify any major implementation risks or barriers and briefly describe mitigation strategies for any financial or operational risks.
8. Describe how your organization could sustain services after the HRSA grant ends.

Interested parties who believe they can provide the services requested in this Request for Information must submit their response via email by **12:00 pm Friday, October 3, 2025**.

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Important Notice:

This RFI does not extend any rights to prospective vendors or obligate the state to conduct a solicitation or purchase any goods or services. Nor will the State be financially responsible for any costs associated with the preparation of any response for the requested information. This RFI is issued for the sole purpose of obtaining information as described in this notice. However, the information obtained from this request may be used to prepare a purchase, contract, or solicitation in the future. RFI responses shall remain confidential and not subject to public disclosure unless potential award(s) are made from a resulting solicitation, in which case responses will become part of the procurement record.