



Human Services RFP

Family and Youth Peer Support Services

EPIN: 81620I0006

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IMPORTANT NOTE: This Request for Proposals is issued through the HHS Accelerator system those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Basic Information

| RFP Release Date | December 24, 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposal Due Date | February 12, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-Proposal Conference | Date: January 15, 2020 | Time: 9:30 a.m. | Place: 42-09 28th Street, Room 14-34 Long Island City, NY 11101 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Please RSVP with the names and titles of all attendees by January 14, 2020 to RFP@health.nyc.gov with "FYPSS Conference RSVP" in the subject line. Due to space limitations, organizations are requested to bring no more than 2 representatives. Attendees are advised to bring picture identification and to allow for sufficient time to proceed through security.</p> <p>Attendance is recommended, but not required.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated Contract Term | <ul style="list-style-type: none"> Nine (9) years (7/1/20 – 6/30/29) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency Contact | Ian Yap, RFP@health.nyc.gov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated Funding and Payment Structure | <ul style="list-style-type: none"> Anticipated total number of contracts: Five (5), one (1) in each Service Area. The Total Anticipated Annual Funding Amount is \$4.6 Million per year, broken down as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th><i>Service Area (Borough)</i></th> <th><i>Estimated Number of Peer Advocates (FTEs)</i></th> <th><i>Minimum No. of Unique Individuals Served Annually</i></th> <th><i>Estimated Annual Amount</i></th> </tr> </thead> <tbody> <tr> <td><i>Bronx</i></td> <td><i>8.8</i></td> <td><i>748</i></td> <td><i>\$1,100,000</i></td> </tr> <tr> <td><i>Brooklyn</i></td> <td><i>11.6</i></td> <td><i>986</i></td> <td><i>\$1,450,000</i></td> </tr> <tr> <td><i>Manhattan</i></td> <td><i>5.6</i></td> <td><i>476</i></td> <td><i>\$700,000</i></td> </tr> <tr> <td><i>Queens</i></td> <td><i>7.6</i></td> <td><i>646</i></td> <td><i>\$950,000</i></td> </tr> <tr> <td><i>Staten Island</i></td> <td><i>3.2</i></td> <td><i>272</i></td> <td><i>\$400,000</i></td> </tr> <tr> <td>Total</td> <td>36.8</td> <td>3128</td> <td>\$4,600,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The Estimated Number of Peer Advocates (FTEs) is based on a caseload of 85 per FTE. The Estimated Annual Amounts are based on population of people 24 years and under, child health survey data and child welfare statistics for each Service Area. The anticipated payment structure will be line-item reimbursement. The Agency understands that the selected contractors may need financing for start-up costs to assist with the initial implementation of this program. Proposers should include this request in their budget and clearly indicate funds as start-up expenses. All price and budget proposals should be prepared in accordance with The City of New York's Health and Human Service Cost Policy and Procedures Manual. The City is currently implementing the FY20 Adopted Budget commitment to fund organization's indirect cost rates. For the purpose of responding to this solicitation, proposers should | | | <i>Service Area (Borough)</i> | <i>Estimated Number of Peer Advocates (FTEs)</i> | <i>Minimum No. of Unique Individuals Served Annually</i> | <i>Estimated Annual Amount</i> | <i>Bronx</i> | <i>8.8</i> | <i>748</i> | <i>\$1,100,000</i> | <i>Brooklyn</i> | <i>11.6</i> | <i>986</i> | <i>\$1,450,000</i> | <i>Manhattan</i> | <i>5.6</i> | <i>476</i> | <i>\$700,000</i> | <i>Queens</i> | <i>7.6</i> | <i>646</i> | <i>\$950,000</i> | <i>Staten Island</i> | <i>3.2</i> | <i>272</i> | <i>\$400,000</i> | Total | 36.8 | 3128 |
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| | <p>include an indirect cost rate of 10 percent in their calculations. If a proposer has an Accepted Indirect Cost Rate, as defined by the Cost Manual, proposer must indicate that indirect cost rate in its proposal.</p> <ul style="list-style-type: none"> • It is expected that a minimum of 90 percent of the annual budget will be for direct FYPS service provision by the contractors and their Alliance members, and that eight percent of the annual budget will be allocated for responsibilities related to coordination of the Alliance, including reporting, budgeting, and subcontract monitoring. However, DOHMH reserves the right to change this allocation based on the needs of the City. |
| Subcontractor Requirements | <ul style="list-style-type: none"> • Subcontracting is permitted under the resulting contracts. All subcontractors must be fully approved by DOHMH prior to the commencement of the subcontractor’s work. • DOHMH encourages contractors to utilize New York City – certified Minority and Women-owned Business Enterprise (M/WBE) vendors as subcontractors. Visit nyc.gov/sbs for a directory of City-certified M/WBEs. • Subcontractors will be required to have a valid Vendor Number in the New York City Financial Management System (FMS). Subcontractors that do not have an FMS Vendor Number may obtain one by completing the Payee Informational Portal (PIP) Activation process. • The contractor will be required to enter all subcontractors and payments to subcontractors in PIP. • Any subcontract valued over \$20,000 requires that the subcontractor be prequalified in the HHS Accelerator system |
| Questions Regarding this RFP | <ul style="list-style-type: none"> • Questions regarding this RFP must be transmitted in writing to the Agency Contact by January 22, 2020. • Questions received prior to the Pre-Proposal Conference will be answered at the conference. • Substantive information/responses to questions will be released in an addendum to the RFP to all organizations that are prequalified to propose to this RFP through the HHS Accelerator system, unless in the opinion of the Agency, the question is of a proprietary nature. • The Agency cannot guarantee a timely response to written questions regarding this RFP received less than two weeks prior to the proposal due date. |

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Proposal Submission Instructions

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| <p>General Guidelines</p> | <ul style="list-style-type: none"> • All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator system at www.nyc.gov/hhsacceleratorlogin by providers with approved HHS Accelerator Applications, including Business Application and required Service Application(s) for the areas listed in the Services and Providers Tab. • Proposals received after the Proposal Due Date and Time are late and shall not be accepted, except as provided under New York City’s Procurement Policy Board Rules, Section 3-16(o)(5). • Please allow sufficient time to complete and submit Proposals, which includes entering information, uploading documents and entering log-in credentials. The HHS Accelerator system will only allow Providers to submit Proposals prior to the Proposal Due Date and Time. • Providers are responsible for the timely electronic submission of proposals. It is strongly recommended that Providers complete and submit their Proposals at least 24 hours in advance of the Proposal Due Date and Time. • Resources such as user guides, videos, and training dates are listed on at www.nyc.gov/hhsaccelerator. For more information about submitting a proposal through the HHS Accelerator system, please contact help@mocs.nyc.gov. | |
| <p>Proposal Details</p> | | |
| <p>Competition Pools</p> | <ul style="list-style-type: none"> • Bronx • Brooklyn • Manhattan • Queens • Staten Island | |
| <p>Basic Information</p> | <ul style="list-style-type: none"> • Complete the Basic Information Section | |
| <p>Provider Contact</p> | <ul style="list-style-type: none"> • Select the member of your organization who will be the primary contact | |
| <p>Service Units</p> | <ul style="list-style-type: none"> • Enter in the total annual funding request | |
| <p>Site Information</p> | <ul style="list-style-type: none"> • Enter your administrative office location | |
| <p>Proposal Documents</p> | | |
| <p>Minimum Qualification Requirement</p> | <p>501(c)3 Certification</p> | <p>The Contractor and all Alliance members (subcontractors) must be incorporated as not-for-profit organizations under 501(c)(3) of the IRS code. Include for proposer and all proposed Alliance members (subcontractors).</p> <p>Failure to provide this certification for the proposer and all proposed Alliance members (subcontractors) will result in rejection of the proposal.</p> |

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| | Document Type | Description |
|---------------------------|--|---|
| Required Documents | Proposal | Structured Proposal Form (Attachment D) |
| | Doing Business Data Form | Completed Doing Business Data Form (Attachment B) |
| | Organizational Chart | Organizational Chart, showing where, and an explanation of how, the proposed services fit into the proposer's organization. Include for proposer and all proposed Alliance members (subcontractors). |
| | Key Staff Resumes | Resumes and/or job descriptions of key staff based on the expectations listed in Section 2.D.1.b. |
| | Staffing Plan | Staffing Plan |
| | Proposal Budget Summary | Complete Price Proposal Form (Attachment C) |
| | Work Plan and Logic Model | Work Plan and logic model for the operation of the proposed Alliance |
| | Reference Letters for Proposer | Attach two (2) reference letters for the proposer that attest to the quality and number of years of the proposer's experience. Letters from DOHMH personnel, or from any proposed Alliance member (subcontractor), are not acceptable for the purposes of this requirement |
| | Reference Letter for each proposed Alliance member (subcontractor) | Attach one (1) reference letter for each proposed Alliance member (subcontractor) that attests to the quality and number of years of the subcontractor's experience. Letters from DOHMH personnel, or from the proposer, are not acceptable for the purposes of this requirement |
| | Vision and Mission Statements | Provide Mission and Vision statements. Include for proposer and all proposed Alliance members (subcontractors). |
| | Financial Audit Report | Financial Audit Report or Certified Financial Statement & Management Letter. If no report or statement is available, submit a statement, signed by an authorized representative of the corporation, as to why no report, statement, or management letter is available. Include for proposer |
| | List of Proposed Alliance Members (Subcontractors) | Detailed list of each proposed Alliance members' name, EIN, address, contact person name/email/phone number, and verification |

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| | | of HHS Accelerator PQL status and PASSPort enrollment. |
| Additional Requirements for Documents | <ul style="list-style-type: none"> • Proposal document file size cannot exceed 12 MB. • Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx). • Only one document file can be added to each required document slot. If you need to combine documents, complete one of the following steps: <ul style="list-style-type: none"> ○ For Word documents: Cut and paste contents of all resumes into one Word document. ○ For PDF documents: Combine files into a single PDF. ○ For Printed documents: Scan the multiple documents into a single document. | |

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Section 1–Program Background

The mission of the New York City Department of Health and Mental Hygiene (DOHMH) is to protect and promote the health of all New York City (NYC) residents. Addressing health inequities and achieving racial justice are the foundation of DOHMH’s public health approach.

Family and Youth Peer Support (FYPS) Services support and empower parents/caregivers of, as well as the children and youth themselves (birth – age 24), who are experiencing social, emotional, developmental, substance use, and/or behavioral challenges. In accordance with this mission, DOHMH is seeking to establish a network of FYPS programs throughout New York City. The network would be comprised of up to five (5) appropriately qualified non-profit vendors, one contractor in each borough (“service area”). Each contractor would take the lead in establishing and coordinating an Alliance that consists of the prime contractor and subcontracting organizations within their service area which, all together, would provide a comprehensive range of formal and informal community-based family and youth support services.

Background

One in five children and adolescents have a mental health condition and three-quarters of all lifetime cases start by age 24 (Ronald C. Kessler, et al., 2005)¹. Family and Youth Peer Support (FYPS) Services support and empower children and youth who are experiencing social, emotional, developmental, substance use, and/or behavioral challenges – and their families. The FYPS service model aims to provide a comprehensive range of formal and informal community-based family and youth support services that are individualized, coordinated, family-driven, youth-guided, culturally competent and strength-based. FYPS can help meet the mental health needs of children/youth at an earlier stage so as to prevent onset or progression of mental health conditions and therefore achieve better outcomes. Benefits of peer-provided support for parents of children with emotional and behavioral challenges include increased hopefulness²; improvements in caregiver self-care and empowerment concerning family issues and children’s services³; reduced maternal anxiety⁴; improved activation in seeking care⁵; and higher rate of service initiation⁶.

Peer support specialists’ lived experience provides them with credibility when working with families, allowing them to build trusting relationships with parents and help them to become more actively

¹ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593-602.

² Kutash, K., Duchnowski, A. J., Green, A. L., & Ferron, J. M. (2011). Supporting parents who have youth with emotional disturbances through a parent-to-parent support program: A proof of concept study using random assignment. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(5), 412-427

³ Brister, T., Cavaleri, M. A., Olin, S. S., Shen, S., Burns, B. J., & Hoagwood, K. E. (2012). An evaluation of the NAMI basics program. *Journal of Child and Family Studies*, 21(3), 439-442.

⁴ Ireys, H. T., & Sakwa, D. D. (2006). Building family-to-family support programs: Rationale, goals, and challenges. *Focal Point*, 20(1), 10-14.

⁵ Alegría, M., Polo, A., Gao, S., Santana, L., Rothstein, D., Jiménez, A., Normand, S.-L. T. (2008). Evaluation of a patient activation and empowerment intervention in mental health care. *Medical Care*, 46(3), 247-256

⁶ Elliott, D. J., Koroloff, N. M., Koren, P. E., & Friesen, B. J. (1998). Improving access to children’s mental health services: The family associate approach. *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices*, 581-609.

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engaged in their children's services⁷. Family support services can be adapted to the needs of different families and help them enter the mental health service system; as such, these services may be especially helpful for families who have avoided mental health services because of stigma or cultural issues.

For the past 10 years, DOHMH has contracted with vendors that provide these services through the operation of nine (9) Family Resource Centers (FRCs) citywide. The contractors provide a comprehensive range of family support services that are individualized, coordinated, family-driven, youth-guided, culturally competent and strength-based. FRC services are offered to parents/caregivers whose children (birth – 24 years old) have been identified as having emotional, behavioral, or mental health challenges. FRCs are staffed by Family Peer Advocates (FPAs) and Youth Peer Advocates (YPAs), Clinical Partners, and Program Directors. Services include peer to peer emotional support, advocacy, information and referrals, education and skill-building, a warm line and respite services.

- An FPA has experience as a parent/primary caregiver of a child with social, emotional, developmental, substance use, and/or behavioral challenges and is trained and credentialed to provide an array of individual and group support services to other parents/caregivers.
- A YPA is an individual between 18 and 30 years of age who have self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges. They are able to use their lived experience with a disability, mental health challenge, substance use disorder and/or experience in juvenile justice, special education, and/or foster care to support young people in their resiliency/recovery and wellness journeys. YPAs are trained and credentialed to provide services that empower and support other young people

The need for FYPS services will continue as long as there are families who face barriers and stigma when looking for help and navigating child-serving systems for their children. New York State has initiated Medicaid reimbursement for family and youth peer support services, beginning July 1, 2019 for family peer support services and January 1, 2020 for youth peer support and training. Many families may benefit from these services; however, there will be many families who either are not eligible for Medicaid or do not meet medical necessity criteria to receive these Medicaid-billable services. This RFP aims to reach those families, as well as those families whose private or commercial insurance don't cover these services.

Overview of this RFP

The FYPS "Alliance" model specified in this RFP is a service model in which services are well-coordinated within and among borough-based Service Areas, accessible to families from diverse communities, standardized across the city, offered by Peer Advocates in community-based settings, and include parents and youth as full partners in their own service planning. In order to achieve the community, collaborative, and place-based goals set forth in this RFP, FYPS services will be delivered by networks of organizations, called Alliances, working together to achieve FYPS goals in their respective borough-based Service Area. Each borough-based Alliance will be led by one contractor, who in turn, will be responsible for developing and maintaining a network of service providers to ensure comprehensive service provision and coordination. The Alliances will be made up of organizations that will, under the leadership of the lead

⁷ Hoagwood, K. E., Cavaleri, M. A., Olin, S. S., Burns, B. J., Slaton, E., Gruttadaro, D., & Hughes, R. (2010). Family support in children's mental health: A review and synthesis. *Clinical child and family psychology review*, 13(1), 1-45.

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contractor, provide FYPS services as specified in the RFP, bringing unique strengths of individual organizations to create a cohesive support structure.

Under the FYPS Alliance model, the following FYPS core services would be provided by Family Peer Advocates and Youth Peer Advocates:

- **Engagement, Bridging and Transition Support**
- **Self-Advocacy, Self-Efficacy and Empowerment**
- **Skill Development**
- **Community Connection and Natural Supports**

As indicated in the “Basic Information” chart, the estimated amount of funding allocated annually to each borough is indicated below. Funding is based on (a) the percent of the NYC population of people 24 years and under in each borough⁸; (b) the percent of the borough’s population affected by adverse child health outcomes (as measured on the NYC child health survey)⁹ and (c) the percent of the borough’s population involved in the child welfare system¹⁰

- Bronx \$1,100,000
- Brooklyn \$1,450,000
- Manhattan \$700,000
- Queens \$950,000
- Staten Island \$400,000

Each borough-based Alliance will define its targeted service area based on their identification and explanation of services gaps in their boroughs. DOHMH expects that contractors would prioritize serving the following communities:

- those with limited existing mental health resources;
- ethnic and/or immigrant enclaves with culturally specific mental health needs;
- those with persistent stigma about mental health;
- those where there is a service gap that can be filled by FYPS services;
- and those who do not have or meet the eligibility requirements for Medicaid or the medical necessity criteria to receive Medicaid-billable Family and Youth Peer Support services.

DOHMH reserves the right to add additional communities, partner organizations, and service areas to proposed catchment areas based on gaps in coverage or identification of high needs areas. Note that regardless of the target population, each Alliance can serve (as prioritized above) any family in its borough should a family request services and meet the requirements as stated in this RFP.

⁸ NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population estimates, 2000-2017. Updated Aug 2018.

⁹ New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System – NYC Child Health, Emotional Wellness and Development Survey 2015. <https://nyc.gov/health/epiquery> and New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System – NYC Youth Risk Behavior Survey 2017. <https://nyc.gov/health/epiquery>

¹⁰ ACS Division of Policy, Planning and Measurement, Office of Research and Analysis, Justice Analytics and Child Welfare Reporting Unit. Abuse/Neglect Investigations by Community District, 2014-2017.

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Services will be provided in community-based settings including, but not limited to, each Alliance organization's building/location, as well as schools, community centers and/or family homes. It is expected that there would be a variety of setting options for youth, parents/caregivers, and families to receive services separately and together. It is essential that there be one or more common spaces where families come together to work towards shared goals, yet also important that youth-friendly spaces exist in each Alliance. These would be spaces that support and facilitate the well-being of young people; young people would be included in the design and implementation of the space and associated services.

It is anticipated that there will be subcontracting under the contracts that result from this RFP. All subcontractors are subject to prior approval by DOHMH. Specifically, each of the contractor's Alliance members would be considered to be "subcontractors". The contractor(s) selected in Queens, Brooklyn, and the Bronx are expected to each have at least two (2) Alliance members (subcontractors). The contractor(s) selected in Manhattan and Staten Island are expected to have at least one (1) subcontractor in their Alliance. It is expected that a minimum of 90 percent of the annual budget will be for direct FYPSS service provision by the contractors and their Alliance members, and that 8 percent of the annual budget will be allocated for responsibilities related to coordination of the Alliance, including reporting, budgeting, and subcontract monitoring. However, DOHMH reserves the right to change this allocation based on the needs of the City.

The potential staffing patterns for peer staff, including number of Family Peer Advocates (FPA) and Youth Peer Advocates (YPA) in each Alliance are listed in the "Basic Information" chart on page 2. Additionally, in each fiscal year, the contractor would be expected to achieve minimum services levels based on FTEs of FPAs and YPAs in the program. For every FTE providing direct service, the contractor and subcontractors must serve a minimum of eighty-five (85) unique individuals per year. In order to ensure comprehensive family and youth peer services, each contractor and subcontractor is expected to employ at least one full-time and/or part-time FPA and at least one full-time and/or part-time YPA.

Proposers may propose to serve more than one Service Area; however, a separate and complete proposal must be submitted for each proposed Service Area. DOHMH reserves the right to limit the number of contracts awarded to a proposer. Proposed subcontractors (or proposed "Alliance" members) may be identified by more than one proposer.

Coordination with Medicaid-billable peer services

New York State has made Family Peer Support Services and Youth Peer Support Services reimbursable under New York State Medicaid redesign as two of the new "Children and Family Treatment and Support Services" (or CFTSS). FPSS services were billable as of July 1, 2019 and YPSS will be billable as of January 1, 2020. Organizations in Alliances are required to either (1) become CFTSS-designated providers and ensure they use the funds from this RFP to serve families that are not eligible for CFTSS services or (2) coordinate with CFTSS-designated providers to, where possible, refer clients covered by Medicaid to those providers. This would allow Alliances to provide services to families who have less access to these services because they (a) are not covered by Medicaid or (b) are covered by Medicaid but do not meet medical necessity criteria for these services, including a diagnosed mental health condition.

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Goals and Objectives of the RFP:

The goals and objectives of this RFP are as follows:

1. Create Alliances of organizations in each borough that will together provide parents/caregivers and youth throughout NYC, specifically targeting the high-priority populations mentioned on page 9, with a comprehensive range **of peer services** in order to achieve the following outcomes:
 - a. Strengthen relationships between parents/caregivers and their children.
 - b. Help parents/caregivers enhance their skills to respond to their children's mental health needs, promote positive youth functioning, and support their children's ability to live successfully in their communities.
 - c. Reduce parent/caregiver stress.
 - d. Strengthen the skills of parents/caregivers and children/youth to build resilience and promote wellness.
 - e. Link parents/caregivers and children/youth to appropriate mental health and community-based services.
 - f. Empower parents/caregivers and youth to navigate child-serving systems and advocate for their needs.
 - g. Improve the mental health of parents/caregivers and children/youth served.
2. Embed FYPS services into a variety of community-based organizations in order to:
 - a. Improve reach and accessibility to under-served populations with a specific focus on the following high-priority populations mentioned on page 9.
 - b. Reduce the stigma associated with mental health services for both individuals and communities.

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Section 2–Program Expectations and Proposal Instructions

A. Organizational Experience

1. Program Expectations

- a. The contractor would have experience managing human service subcontracts. This Experience requirement may not be fulfilled by a subcontractor/proposed Alliance member.
- b. The contractor would have experience tracking, monitoring and reporting data, monitoring program services and outcomes, and disseminating information through a variety of channels, for example written reports or a website. This Experience requirement may not be fulfilled by a subcontractor/proposed Alliance member.
- c. The contractor would have experience managing government contracts. This Experience requirement may not be fulfilled by a subcontractor/proposed Alliance member.
- d. The contractor and all of its proposed subcontractors/Alliance members would have at least three (3) years of experience in the past six (6) years in all of the following areas:
 - i. Serving children and youth with emotional and behavioral challenges and their families using family-driven, youth-guided and culturally competent approaches.
 - ii. Providing services to children and families in the proposed service area.
 - iii. Conducting outreach in the community and creating community partnerships and linkages with community organizations, child and youth serving systems, mental health clinics and providers, and/or other organizations where children and youth and their families would receive services.
 - iv. Community organizing, advocacy and/or awareness raising.
 - v. Hiring staff on all levels that reflect the cultural and linguistic needs of the population being served.
 - vi. Supervising and supporting staff that includes Peer Advocates.
 - vii. Incorporating youth and family, input and recommendations in program development and implementation.
 - viii. Utilizing and accessing basic information technology systems to track data, monitor program services and disseminate information.

2. Proposal Instructions

- a. Complete the Organizational Experience section of Family and Youth Peer Support Services Structured Proposal Form, Attachment D.
- b. Attach the following:
 - i. List of Proposed Alliance Members: detailed list of each proposed Alliance members' name, EIN, address, contact person name/email/phone number, HHS Accelerator PQL status, and Passport enrollment and disclosure filing status.
 - ii. Two (2) reference letters for the proposer that attest to the quality and number of years of the proposer's experience. Letters from DOHMH personnel, or from any proposed Alliance member (subcontractor), are not acceptable for the purposes of this requirement.

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- iii. One (1) reference letter for each proposed Alliance member (subcontractor) that attest to the quality and number of years of the subcontractor's experience. Letters from DOHMH personnel, or from the proposer, are not acceptable for the purposes of this requirement.

3. Evaluation

This section will be evaluated based on the extent to which the proposer and the proposed subcontractors demonstrate successful relevant experience based on the criteria listed in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

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B. Community Engagement and Linkage Development

1. Program Expectations

The contractor would be responsible for the following in the proposed Service Area:

- a. Developing an Outreach Plan annually with input from all organizations in the Alliance and submitting the Plan to DOHMH for approval. The Outreach Plan should focus on engaging diverse populations (i.e. cultural, linguistically, religious, sexual and gender identity) within the proposed Service Area in FYPS services, and more specifically:
 - i. Engaging youth who have emotional and/or behavioral challenges.
 - ii. Engaging parents/caregivers of children and youth who have emotional and/or behavioral challenges.
 - iii. Engaging the following communities:
 - those with limited existing mental health resources;
 - ethnic and/or immigrant enclaves with culturally specific mental health needs;
 - those with persistent stigma about mental health;
 - those where there is a service gap that can be filled by FYPS services;
 - and those who do not have or meet the eligibility requirements for Medicaid or the medical necessity criteria to receive Medicaid-billable Family and Youth Peer Support services.
- b. Implementing outreach activities according to the agreed upon Outreach Plan.
- c. Informing and educating families, youth, providers, CBOs, and the community about mental health and the services proposed by proposer in order to spread mental health awareness and destigmatize mental illness and help seeking.
- d. Use community-based participatory methods to understand, identify, articulate, and respond to the general, emergent and evolving needs of the community and target population in regards to mental health and family support.
- e. Advocating for the needs of families whose children have emotional/behavioral challenges at the local, City and State level.
- f. Producing one event per quarter (may be undertaken by the Alliance as a whole or by organizations within the Alliance) to spread awareness and educate others around mental health (i.e. awareness brunches, conferences, advocacy and legislative days) and submitting sign-in sheets from the event to DOHMH.
- g. Participating in borough-based collaborative(s) and advisory bodies that address children's mental health issues to share needs, challenges, and experiences of families in the proposer's catchment area on a monthly basis. This may include but is not limited to the Coordinated Children's Services Initiative's Borough-Based Councils.
- h. Developing and maintaining partnerships with CBOs, mental health providers, and other family and youth serving actors to create a referral network (that goes beyond the Alliance to include non-Alliance organizations as appropriate) that meets the support needs of the target population. At a minimum, the contractor would develop and maintain formal linkages for the purposes of client referrals with at least one organization from each of the following:

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- i. Organizations in the children’s mental health continuum of care - Inpatient care, Outpatient clinics, Home Based Crisis Intervention (HBCI), Mobile Crisis, Case Management, and Day Treatment programs, and Children’s Single Point of Access (CSPOA);
 - ii. Agencies serving youth of specific developmental stages (early childhood, transitional-aged youth) and their families; and
 - iii. Agencies serving families who traditionally face barriers to seeking mental health care (e.g., culturally- or ethnically-specific populations, homeless families or those families living in the shelter system, runaway and homeless youth, etc.).
- i. Participate in and contribute to a learning community through which programs provide information, work to improve family support efforts, and discuss overarching challenges and successes. This would be achieved by developing linkages with other FYPS providers in Alliances in other boroughs, participating in the Family Support Consortium (to be convened by DOHMH and would include representatives from each Alliance and would be open to community members), and engaging with a DOHMH-contracted Training and Advisory Center .

2. Proposal Instructions

- a. Complete the Community Engagement and Linkage Development Section of the Family and Youth Peer Support Services Structured Proposal Form, Attachment D.

3. Evaluation

This section will be evaluated based on the quality of the proposed approach based on the criteria listed in this section. It is worth a maximum of **20 points** in the Proposal Evaluation.

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C. Family Driven and Youth Guided Service Development and Delivery

1. Program Expectations

The contractor and all Alliance Members would be responsible for all the following:

- a. Collaborating with other Alliances to develop a shared mission that takes into account each Alliance's areas of expertise.
- b. Administering and scoring assessment tools (to be provided by DOHMH) that would assess the needs, strengths of parents/caregivers and youth/adolescents to monitor their progress while receiving services.
- c. Collaborating with parents/caregivers and youth to develop, implement and evaluate an individualized plan specific to each family's and youth's needs.
- d. Ensuring that 30 percent of the individuals served per quarter are newly enrolled for each Alliance member, including the contractor.
- e. Providing a full range of strengths-based, trauma-informed FYPs Core Services to individuals (parents, caregivers, and/or youth) and/or groups of individuals, as follows:
 - i. Engagement, Bridging, and Transition Support:
 - a. Based on the strengths and needs of the youth and family, connect them with appropriate services and supports. Accompany the families to outside appointments on an as needed basis.
 - b. Facilitate meetings between families, youth and service providers.
 - c. Assist the family and/or youth to gather, organize and prepare documents needed for specific services.
 - d. Address any concrete or subjective barriers that may prevent full participation in services.
 - e. Serve as a bridge between families, youth and service providers, supporting a productive and respectful partnership by assisting the families and/or youth to express their strengths, needs and goals.
 - f. Support and assist families and/or youth during stages of transition which may be unfamiliar (e.g. placements, in crisis, and between service systems etc.).
 - g. Promote continuity of engagement and supports as families' and/or youth needs and services change.
 - h. Encourage and support the family and/or youth's active involvement in their treatment plan and use of community resources
 - ii. Self-Advocacy, Self-Efficacy, and Empowerment:
 - a. Train families and/or youth to advocate on behalf of themselves to promote shared decision-making.
 - b. Help the families and/or youth understand their treatment, how to effectively communicate their perspective and work to get their unmet needs met
 - c. Consult with families, youth and providers to ensure that the family's perspectives are included in all planning and decision-making.

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- d. Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
 - e. Model strengths-based interactions by accentuating the positive.
 - f. Support the families and/or youth in discovering their strengths and concerns. Assist families to identify and set goals and short term objectives.
 - g. Prepare families and/or youth for meetings and accompany them when needed.
 - h. Empower families and/or youth to express their fears, expectations and anxieties to promote positive effective communication.
 - i. Assist families and/or youth to frame questions to ask providers.
 - j. Provide opportunities for families and/or youth to connect to and support one another.
 - k. Support and encourage family and/or youth participation in community, regional, state, national activities to develop their leadership skills and expand their circles of support.
 - l. Provide leadership opportunities for families and or youth who are receiving Family and Youth Peer Support Services.
 - m. Empower families and/or youth to make informed decisions regarding the nature of supports for themselves and their child through:
 - Sharing information about resources, services and supports and exploring what might be appropriate for their child and family.
 - Exploring the needs and preferences of the family and/or youth and locating relevant resources.
 - Helping families and/or youth understand eligibility rules.
 - Helping families and/or youth understand the assessment process and identifying their child’s strengths, needs and diagnosis.
- iii. Parent Skill Development:
- a. Support the efforts of families in caring for and strengthening their children’s mental, and physical health, development and well-being of their children.
 - b. Help the family learn and practice strategies to support their child’s positive behavior.
 - c. Provide emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame and hopelessness.
 - d. Provide individual or group parent skill development related to the behavioral and medical health needs of the child (i.e., training on special needs parenting skills).
 - e. Support families as children transition from out of home placement.
 - f. Assist families on how to access transportation.
 - g. Support the parent in their role as their child’s educational advocate by providing: information, modeling, coaching in how to build effective partnerships, and exploring educational options with families and school staff.
- iv. Youth Skill Development:
- a. Help Youth learn and practice strategies that encourage positive behavior.
 - b. Support youth in developing skills related to managing symptoms.

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- c. Provide emotional support for the youth on their journey to reduce isolation, feelings of stigma, blame and hopelessness.
 - d. Provide individual or group skill development on how to navigate their systems they are in.
 - e. Provide individual or group skill development to help build wellness and resiliency.
 - f. Provide individual and group skills related to goal setting and community living.
- v. Community Connections and Natural Supports:
- a. Enhance the quality of life by integration and supports for families and/or youth in their own communities.
 - b. Connect the families and/or youth to community peer support groups.
 - c. Serve as a mentor, advocate, and facilitator to help the parent/caregiver or youth solve issues that arise and work to make independent choices.
 - d. Help the family and/or youth to rediscover and reconnect to natural supports already present in their lives.
 - e. Utilize the families' and/or youth's knowledge of their community in developing new supportive relationships.
 - f. Help the family and/or youth identify and become involved in leisure and recreational activities in their community.
 - g. In partnership with community leaders, encourage families and/or youth who express an interest to become more involved in faith or cultural organizations.
 - h. Arrange support and training as needed to facilitate participation in community activities.
 - i. Conduct groups with families and/or youth to strengthen social skills, decrease isolation, provide emotional support and create opportunities for ongoing natural support.
 - j. Work collaboratively with schools to promote family and/or youth engagement.
- f. In addition to providing the FYPs Core Services, the contractor and the Alliance Members would:
- i. Provide, facilitate and coordinate the full range of family support services with the support of Family Advisors and Youth Advisors employed by a DOHMH-contracted Training and Advisory Center.
 - ii. Provide parents/caregivers and youth the opportunity to interact and connect with their peers, strengthen relationships within their families, and develop skills to help families maintain their children in the least restrictive community setting.
 - iii. Provide parents/caregivers and youth the opportunity to develop leadership skills by participating in trainings and conferences within or external to NYC's Family and Youth Support Network.
 - iv. Incorporate family, youth, and community voice through community based participatory program planning in program and service development, as well as the evaluation of CBO staff, services and activities.
 - v. Provide services at flexible hours (including evenings and weekends) and in a variety of community-based settings.
 - vi. Ensure an environment that is welcoming to youth and their parents/caregivers. Specifically, there should be a space that supports and facilitates the well-being of young people and

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young people should be included in the design and implementation of the space and services.¹¹

- vii. Provide and make available flex funds to families enrolled in FYPS for emergency needs.

2. Proposal Instructions

- a. Complete the Family Driven and Youth Guided Service Development and Delivery Section of the Family and Youth Peer Support Services Structured Proposal Form, Attachment D.

3. Evaluation

This section will be evaluated based on the quality of the proposed approach based on the criteria listed in this section. It is worth a maximum of **30 points** in the Proposal Evaluation.

¹¹ Please use the following as resources: (1) <https://www.csarchpc.com/wp-content/uploads/2016/05/Published-Article-NYSCOSS-Councilgram-Feb.-2015.pdf> (2) <https://safesupportivelearning.ed.gov/Trauma-Sensitive-Campus-Health-Centers>

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D. Organizational Capability, Staffing Plan, Qualifications, and Training

1. Program Expectations

- a. The contractor and each Alliance member would develop and implement a staffing plan to ensure that qualified staff would provide the required services, as well as perform the necessary data management and reporting functions. The contractor and each Alliance member would also address vacancies through an effective contingency plan and active recruitment.
- b. The following Key Staff with the noted qualifications would, at minimum, be required:
 - i. **(Contractor only) Alliance Coordinator:** would have experience overseeing budgets specifically in the non-profit sector, managing government contracts, managing multiple providers/sub-contractors, gathering data and submitting reports that include contract outcomes, basic computer skills and knowledge of office applications.
 - ii. **(Contractor only) Data Analyst:** would have the capability to maintain and track data from the FYPS program.
 - iii. **(Contractor and Alliance members/Sub-Contractors) Program Supervisor:** would be experienced Family Peer Advocates (at least seven years) who have expertise navigating the children’s mental health and other child-serving systems, in addition to the necessary skills to direct and supervise a program and its staff. **Or** a Qualified Mental Health Professional with a minimum of three (3) years-experience supervising family peers advocates, youth peer advocates, community health workers or other such positions. Ability to gather data and submit reports, basic computer skills and knowledge of office applications.
 - iv. **(Contractor and Alliance members/Sub-Contractors) Family Peer Advocates (“FPA”):** a parent/caregiver of a child who has experienced social, emotional, developmental, substance use, and/or behavioral challenges and has ‘lived experience’ navigating multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs. Family Peer Advocates are required to complete trainings recommended and offered by the Center as well as the FPA credentialing process within 18 months of being hired. Must have basic computer skills and knowledge of office applications.
 - v. **(Contractor and Alliance members/Sub-Contractors) Youth Peer Advocates (“YPA”):** an individual 18 to 30 years old who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges, and has experience receiving mental health services and/or navigating other child-serving systems. He/she demonstrates qualities of leadership, including knowledge of advocacy, and can positively reflect on and share his/her experiences with others. Youth Advocates are required to complete the YPA

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Credentialing process within 18 months of being hired. Must have basic computer skills and knowledge of office applications.

- c. The contractor would develop and submit an effective subcontracting plan for the inclusion of Alliance members to DOHMH for approval. The contractors serving Queens, Brooklyn, and the Bronx would have at least two (2) subcontractors and the contractors serving Manhattan and Staten Island would have at least one (1) subcontractor. The contractor and each Alliance member would each employ at least one full-time and/or part-time FPA and at least one full-time and/or part-time YPA. The contractor would ensure that all proposed subcontractors receive DOHMH's prior approval before commencing work, and would closely monitor every subcontractor. Senior leadership/management from the Contractor and each subcontractor would ensure organizational commitment to this peer program by:
 - i. Attending mandatory meetings and trainings identified by DOHMH to ensure readiness to employ peers successfully and to sustain the program;
 - ii. Identifying how FYPs services add value to the rest of their organization
 - iii. Supporting and promoting this program and incorporating the program as an integral part of their organization
- d. The contractor would ensure that the Alliance retains and maintains the appropriate amount of Family and Youth Peer Advocates necessary to reach the stated number of individuals served, and that the estimated number of Peer Advocates indicated for the Service Area is met within the Alliance. For every FTE of FPAs or YPAs, a minimum of eighty-five (85) unique individuals per year would be served. The potential staffing patterns for peer staff, including number of FPAs and YPAs serving the expected number of unique individuals in each borough are listed in the "Basic Information" chart.
- e. The contractor would have technological capability to track, monitor and report data, monitor program services and outcomes, and disseminate information of variety of channels (e.g. written reports or a website).
- f. The contractor and each Alliance member would have a well-developed financial structure to coordinate the budgets for its Alliance. This would include the establishment of internal controls, employment of staff responsible for managing the financial aspects of the work, maintaining a separate bank account for this contract, and the capability to accurately and timely submit invoices for payment. It would also include a Board of Directors that actively oversees the work of the organization.
- g. The contractor and all Alliance Members would develop an annual training and support plan for new staff as well as for existing staff in collaboration with DOHMH. This training and support plan would include attendance at a specified number of trainings provided by the DOHMH-contracted Training and Advisory Center.

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- h. The contractor would ensure that salaries and benefits for all Peer Advocates within the Alliance are competitive and correspond to the individual's experience and qualifications providing family and youth peer support services.
- i. The contractor would participate in all DOHMH sponsored calls and meetings, and other activities related to the transfer of knowledge and information.

2. Proposal Instructions

- a. Complete the Organizational Capability, Staffing Plan, Qualifications, and Training section of the Family and Youth Peer Support Services Structured Proposal Form, Attachment D.
- b. Attach the following:
 - i. Resumes (if available) and/or job descriptions of key staff based on the expectations listed above
 - ii. Organizational Chart showing where, and an explanation of how, the proposed services would fit into the proposer's organization. Include for proposer and all proposed Alliance members (subcontractors).
 - iii. Staffing Plan
 - iv. Financial Audit Report or Certified Financial & Management Letter. If no report or statement is available, submit a statement, signed by an authorized representative of the corporation, as to why no report, statement or management letter is available.

3. Evaluation

This section will be evaluated based on the quality of the proposed staffing plan, staff qualifications and staff training plans based on the criteria listed in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

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E. Program Monitoring, Data Management, Evaluation and Reporting

1. Program Expectations

- a. In all instances, the contractor would collect data from all subcontractors (Alliance members), and would incorporate that data into all reports to DOHMH.
- b. The contractor would develop a Quality Improvement Plan for continued quality assurance and improvement, including how the Alliance plans to obtain and respond to ongoing feedback from parents/caregivers and youth/adolescents about the FYPS services. The plan would be updated annually and should include quality improvement activities addressing program outcomes, service accessibility, cultural sensitivity and family participation.
- c. The Contractor would use a set of assessment tools specified by DOHMH to measure outcomes of the program.
- d. The Contractor would submit an annual report (template to be provided by DOHMH) on some or all of the following expected outcomes, including progress toward achieving the desired outcomes that include, but may not be limited to:
 - i. Increase in the strength of relationships between parents/caregivers and their children.
 - ii. Increase in the ability of parents/caregivers to respond to their children's mental health needs, promote positive youth functioning, and support their children's ability to live successfully in their communities.
 - iii. Reduction in parent/caregiver stress.
 - iv. Increase in the ability of parents/caregivers and children/youth to build resilience and promote wellness.
 - v. Increase in linkages between parents/caregivers and children/youth to appropriate mental health and community-based services.
 - vi. Increase in the ability of parents/caregivers and youth to navigate child-serving systems and advocate for their needs.
 - vii. Improvement in the mental health of parents/caregivers and children/youth served.
 - viii. Improvement in the reach and accessibility to under-served populations,
 - ix. Reduction in the stigma associated with mental health services for both individuals and communities.
- e. The Contractor would utilize an electronic data tracking and monitoring system that would be developed in coordination with DOHMH to monitor and evaluate the FYPS services. In order to support populations that may have limited literacy, contractor is expected to create accommodations and procedures to integrate appropriate verbal and written data collection into electronic systems.
- f. The Contractor would submit quarterly reports (template to be provided to selected contractors by DOHMH) to DOHMH that details, at minimum, the following:
 - i. Total numbers of unique individuals (parent/caregiver and/or youth) served;
 - ii. Demographics of individuals receiving services;

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- iii. Total number and type of group services held, with qualitative descriptions of community need that arises during groups ;
 - iv. Number and type of FYPs Core Services provided;
 - v. Tracking and assessing of where people are being served;
 - vi. Number of goals set and met by parent/caregiver and/or youth;
 - vii. Length of individuals stay with program;
 - viii. Staffing issues;
 - ix. Number of referrals made for supportive resources and/or health services, with the information of where the referral was to and qualitative update on how Alliances are following up on referrals;
 - x. Number and location of outreach events attended;
 - xi. Number of educational and awareness events produced.
- g. The Contractor would submit quarterly reports through NYCMED (<https://a816-healthpsi.nyc.gov/NYCMED/Account/Login>) which include but are not limited to Level of Service reports on behalf of the Alliance to the DOHMH that includes staff hours (direct and indirect hours) and staffing reports/updates.
- h. The Contractor would agree that DOHMH would:
- i. Determine if the data entered into the electronic data tracking system is appropriate and complete and that the quarterly report is adequate; if not the Contractor would have a certain time period to revise the data or the reports to the DOHMH's satisfaction. The DOHMH retains the right to request changes of the items reported in the monitoring reports at the end of each six-month reporting period.
 - ii. Monitor the program through site visits that would include at least one announced visit by the DOHMH's Bureau of Children, Youth and Families' staff every six to twelve months and provide technical assistance when necessary, as well as evaluate the timeliness and accuracy of the Alliance's semi-annual submissions. The DOHMH's Office of Program Review and Evaluation (OPRE) would perform periodic monitoring visits and unannounced program audits.

2. Proposal Instructions

- a. Complete the Program Monitoring, Data Management, Evaluation and Reporting Section of the Proposed Program Section of the Family and Youth Peer Support Services Structured Proposal Form, Attachment D.

3. Evaluation

This section will be evaluated based on the proposed plan for program monitoring, data management, evaluation and reporting based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

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F. Budget Management

1. Program Expectations

- a. The anticipated payment structure would be based on line-item budget reimbursements.:
 - The Agency understands that the selected contractors may need financing for start-up costs to assist with the initial implementation of this program. Proposers should include this request in their budget and clearly indicate funds as start-up expenses.
 - All price and budget proposals should be prepared in accordance with The City of New York’s Health and Human Service Cost Policy and Procedures Manual. The City is currently implementing the FY20 Adopted Budget commitment to fund organization’s indirect cost rates. For the purpose of responding to this solicitation, proposers should include an indirect cost rate of 10 percent in their calculations. If a proposer has an Accepted Indirect Cost Rate, as defined by the Cost Manual, proposer must indicate that indirect cost rate in its proposal.
 - It is expected that a minimum of 90 percent of the annual budget would be for direct FYPS service provision by the contractors and their Alliance members, and that eight percent of the annual budget would be allocated for responsibilities related to coordination of the Alliance, including reporting, budgeting, and subcontract monitoring.
- b. The contractor would ensure that Alliance members are involved in the development and monitoring of the budget.
- c. The contractor would develop and implement a Budget Management plan that is consistent with the FYPS services described in this RFP, would operate the program with a budget based on the anticipated available funding stated in the “Basic Information” Chart, and demonstrate the contractor’s capacity to establish and manage appropriate operating budgets.
- d. The contractor would create an annualized budget for the first full year of operation to include any start-up costs and not exceed maximum annual funds, as well as an annualized budget for the Years 2 through 9 of the contract which would reflect a full annual operations budget. The annualized budget should encompass the entire scope of this RFP and would include the following essential components:
 - i. Flex funds specifically for families and youth receiving FYPS services to pay for necessary, time-limited, respite care and emergency needs that families may access from a qualified provider external to the provider, as well as recreational activities the provider offers families and youth.
 - ii. Staff training funding.
 - iii. Funding for staff, families and youth to participate in conferences and workshops conducted by outside agencies. These families are selected because they have previously participated in the program. At a minimum staff, families or youth would attend the

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National Federation of Families for Children’s Mental Health’s and Families Together of NYS’ annual conferences.

- iv. Allocation for youth-friendly improvements to the physical space (no more than \$10,000 one – time total, and approval from DOHMH is required prior to any improvements being made.
 - v. Competitive salaries for family support staff that correspond to the individual’s experience and qualifications providing family support services. Salaries or wages should comply with the New York City Living Wage laws
- e. The contractor would develop and maintain sub-contracting agreements which comply with New York City requirements, and ensure subcontractors’ budgets accurately reflect needs and levels of service and staffing. The contractor must also enter all payments to subcontractors into the NYC Payee Information Portal (PIP).
- f. The contractor would, to the extent possible, identify and explore securing complementary funding sources to support the program and sustainability through the contract period.
- g. Where possible, contractors must bill Medicaid and other third party insurance entities for services (e.g., individual, family, groups) that are reimbursable according to established Medicaid law. This includes on- or off-site services. Contractors may only use contracted funds for non-billable services (e.g., services not covered by third party insurance entities or Medicaid, and services delivered to uninsured and under-insured clients). New York State has made Family Peer Support Services and Youth Peer Support Services reimbursable under New York State Medicaid redesign as two of the new “Children and Family Treatment and Support Services” (or CFTSS). FPSS services were billable as of July 1, 2019 and YPSS will be billable as of January 1, 2020. Organizations in Alliances are required to either (1) become CFTSS-designated providers and ensure they use the funds from this RFP to serve families that are not eligible for CFTSS services or (2) coordinate with CFTSS-designated providers to, where possible, refer clients covered by Medicaid to those providers. This would allow Alliances to provide services to families who are not covered by Medicaid or do not meet medical necessity criteria to receive these Medicaid-billable services or have commercial insurance that does not cover these services, and therefore may have less access to services.
- h. The contractor would adhere to all federal, State and local funding reporting requirements.

2. Proposal Instructions

- a. Complete the Budget Management Section of the Family and Youth Peer Support Services Structured Proposal Form, Attachment D.
- b. Complete the Price Proposal Form, Attachment C.

3. Evaluation

This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates their capacity to operate a program in accordance with the Budget Management expectations outlined in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Section 3 – List of Attachments

**All attachments for this RFP can be found in the RFP Documents tab in the HHS Accelerator system.*

- Attachment A – General Information and Regulatory Requirements
- Attachment B – Doing Business Data Form
- Attachment C – Price Proposal Form
- Attachment D – Structured Proposal Form

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Section 4 – Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals received by DOHMH will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by DOHMH to be non-responsive will be rejected. Proposals will be sorted by competition (“Service Area” or “borough”), and all proposals received in a Service Area will be evaluated together. The DOHMH evaluation committee will review and rate each responsive proposal. DOHMH reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as DOHMH deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, DOHMH reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer’s initial proposal should contain its best programmatic and price terms.

B. Contract Award

Contracts will be awarded to the responsive and responsible proposers in each competition whose proposal(s) is determined to be the most advantageous to the City, taking into consideration the price and such other factors which are set forth in this RFP. Proposals will be ranked in descending order of their overall average technical scores by competition. Awards will be made to the highest rated vendors in each competition whose proposals are technically viable and whose prices do not exceed the budgeted amounts set forth in this RFP. However:

- DOHMH reserves the right to skip over one or more proposals in a competition to ensure appropriate distribution across the competitions.
- DOHMH reserves the right to negotiate with viable proposers to provide services in boroughs they did not propose to serve.
- DOHMH reserves the right not to make awards in one or more competitions depending on availability of funding or need.
- DOHMH reserves the right to make more than one award per competition or to increase the number of units served by a contractor if additional funding becomes available.
- In the event that a proposer is eligible for award of more than one competition, DOHMH reserves the right to determine, based on the best interest of the City, how many and for which competitions(s) the proposer will be awarded a contract.
- DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- DOHMH reserves the right, prior to contract registration and during the term of the contract, to change program service size, program type, and/or model depending on the needs of the system.

Contract awards shall be subject to timely completion of contract negotiations between DOHMH and the selected proposer(s), and to a finding of vendor responsibility.

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