



**Department of  
Youth & Community  
Development**  
Bill Chong  
Commissioner

# Request for Proposals

## **NEIGHBORHOOD DEVELOPMENT AREA (NDA) Healthy Families: Support Services (Round 2) EPIN: 26021P0004**

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This Request for Proposals is issued through the PASSPort system to those organizations prequalified in the relevant service areas listed in the procurement description of the “View RFx” tab. Likewise, proposals must be submitted through the PASSPort system by those same prequalified organizations. To apply to this RFP and all other solicitations in PASSPort, vendors must create an account within the PASSPort system. Please visit <https://www1.nyc.gov/site/mocs/systems/about-go-to-passport.page> to learn more.

## Basic Information

<p><b>Minimum Requirements</b></p>	<p>NOTE: Proposals that do not meet the minimum requirements will be deemed nonresponsive and will not be further considered.</p> <ul style="list-style-type: none"> <li>• The program site must be located within or within one-half mile of the boundaries of the proposed NDA. The following link can be used to verify the boundaries of the NDA:  <a href="https://popfactfinder.planning.nyc.gov/#12.25/40.724/-73.9868">https://popfactfinder.planning.nyc.gov/#12.25/40.724/-73.9868</a>.</li> <li>• Proposers must be not-for-profit organizations.</li> </ul>
<p><b>Anticipated Funding and Payment Structure</b></p>	<p>Total Anticipated Funding Amount: \$6,189,274 annually for the anticipated contract term. The Healthy Families: Support Services funding allocation and total funding allocation for each NDA that identified Healthy Families: Support Services as a priority program area are found in Document 06 – <u>Healthy Families: Support Services NDA Allocations</u>.</p> <p>Contract payments will be line-item reimbursement. The proposed contract budget will be based on a price per participant rate of <b>\$952</b>.</p> <p>In order to ensure program viability, no contract will be awarded for less than \$100,000 annually.</p>
<p><b>Geographic Requirements</b></p>	<p>At least 80 percent of the population served would reside in the proposed NDA.</p>
<p><b>Questions Regarding this RFP</b></p>	<p>Questions regarding this RFP must be transmitted using the Discussion Forum in PASSPort. If you have technical questions related to PASSPort, please feel free to contact the MOCS Service Desk at <a href="mailto:help@mocs.nyc.gov">help@mocs.nyc.gov</a>.</p> <p>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 PASSPort system, unless in the opinion of the agency, the questions are of a proprietary nature.</p>
<p><b>Subcontracting</b></p>	<p>Subcontracting is allowed subject to the following conditions:</p> <ul style="list-style-type: none"> <li>• Proposed subcontractors must be identified in the proposal.</li> <li>• The contractor expectations set out in the RFP equally apply to any subcontractor.</li> <li>• No more than 30 percent of the total budget may be subcontracted.</li> <li>• All subcontracts valued over \$20,000 are subject to DYCD approval before any expenses are incurred or any payments made to them by the prime contractor and must be reported using the New York City Payee Information Portal (PIP).<sup>1</sup></li> <li>• Subcontractors are required to be prequalified in HHS Accelerator<sup>2</sup> and PIP.</li> <li>• Subcontractors are not required to be nonprofit organizations.</li> </ul>

<sup>1</sup> <https://www1.nyc.gov/site/mocs/legal-forms/payee-information-portal-pip.page>.

<sup>2</sup> [www.nyc.gov/hhsaccelerator](http://www.nyc.gov/hhsaccelerator).

<p><b>Insurance Requirements</b></p>	<p>The contractor shall maintain, at a minimum, the following insurance.</p> <p>The contractor would carry commercial general liability insurance of at least \$1 million per occurrence and \$2 million aggregate; workers' compensation insurance; employers' liability insurance; and, if applicable, unemployment insurance; motor vehicle liability insurance; and professional liability insurance. The contractor must demonstrate that necessary insurance coverage is in place from the first day of the contract by providing a certificate of insurance naming the City of New York, together with its officials and employees, as an Additional Insured with coverage at least as broad as the most recently issued ISO Form CG 20 10 or CG 20 26 along with the Additional Insured endorsement pursuant to which the necessary Additional Insured coverage is provided, and a Broker's Certificate. DYCD will not be able to proceed with processing an awarded contract until it has obtained proof of the necessary insurance coverage.</p>
<p><b>Use of MWBE Businesses</b></p>	<p>DYCD and New York State are committed to the utilization of MWBE businesses and individual proprietors. Contractors funded through this RFP will be required to purchase thirty percent of goods, supplies, services, and equipment that fall within the eligible MWBE expense categories (Consultants, Subcontractors, Vendors, Supplies, Equipment, Equipment Other, Other Costs, Fiscal Agent Services) from MWBEs. MWBEs are listed on the NYC Online Directory of Certified MWBE Businesses, available at <a href="http://mtprawwsbswtp1-1.nyc.gov/Home.aspx">http://mtprawwsbswtp1-1.nyc.gov/Home.aspx</a>, and on the NYS Directory of Certified Firms at <a href="https://ny.newnycontracts.com/">https://ny.newnycontracts.com/</a>. Contractors <u>must</u> select from the certified MWBE businesses and individual proprietors that appear in the State's online directory and will be required to document and report to DYCD on their compliance with the thirty percent MWBE participation goal. Contractors are also encouraged to utilize businesses and individual proprietors owned/operated by people with disabilities as sources for purchases of goods, supplies, services, and equipment using funds obtained through the Agreement.</p>
<p><b>Use of HHS Accelerator and PASSPort</b></p>	<p>HHS Accelerator and PASSPort are web-based systems maintained by the City of New York to manage procurement.</p> <p>To become <u>eligible</u> to submit a proposal to the upcoming RFP and all other client and community services (CCS) within PASSPort, vendors must first complete and submit an electronic prequalification application using the City's HHS Accelerator System. Please visit <a href="http://www.nyc.gov/hhsaccelerator">http://www.nyc.gov/hhsaccelerator</a> to submit a Business and Service Application.</p>

Only organizations with approved Business Application and Service Applications for at least one of the following services will be eligible to propose to this RFP:

- Academic Supports
- Caregiver Support
- Case Management
- Child Care
- Child Support Enforcement
- Community Engagement
- Conflict Resolution/Mediation
- Diploma/HSE Training
- Entitlements Assistance
- Family Planning
- Financial Counseling
- Food and Nutrition
- Health Education and Support
- Homelessness Prevention
- Homemaking Services
- Housing
- Interpretation
- Job Placement Services
- Job/Vocational Training
- Language Skills
- Legal Services
- Life Skills
- Literacy
- Mental Health Services
- Outreach
- Parenting Services
- Preventive Services
- Recreational Services
- Shelter
- Substance Abuse Services
- Translation
- Transportation
- Work Readiness

To apply to the upcoming RFP and all other client and community services (CCS) within PASSPort, all vendors must also create an account within the PASSPort system. Please visit this [link](#) to create an account in PASSPort.

# 01 - Program Background and Scope of Work

## Section 1–Program Background

### Our Mission:

*The New York City Department of Youth and Community Development (DYCD) invests in a network of community-based organizations and programs to alleviate the effects of poverty and provide opportunities for New Yorkers and communities to flourish.*

### Our Vision:

*DYCD strives to improve the quality of life of New Yorkers by collaborating with local organizations and investing in the talents and assets of communities to help them develop, grow, and thrive.*

### Guiding Principles:

- *Opportunities for All*
- *Stewardship*
- *Holistic Approaches*
- *Being a Learning Organization*
- *Integrity*
- *Strategic Relationships*
- *Inclusiveness*
- *Community Voice*

Through this Request for Proposals (RFP) the Department of Youth and Community Development (DYCD) is seeking qualified organizations to provide Healthy Families: Support Services programs in the 30 Neighborhood Development Areas (NDAs) which identified Healthy Families as a priority program area. There are 41 total NDAs, communities with the highest concentrations of poverty, throughout New York City (City).

## **A. Community Services Block Grant (CSBG)**

### ***CSBG at the National Level***

In 1964, the federal government passed the Economic Opportunity Act, whereby Community Action Agencies (CAAs) were tasked to enable “low-income families and low-income individuals of all ages, in rural and urban areas, to attain the skills, knowledge, and motivation to secure the opportunities needed for them to become self-sufficient.”<sup>3</sup>

CAAs utilize funding for programs on a local level to accomplish the goals of the federal CSBG statute through careful service planning and coordination with input from a wide variety of local resident stakeholders. CAAs use community-based approaches to address the causes and conditions of poverty and increase resources to alleviate poverty in the community. These approaches, as outlined in the statute, are as follows:

- “the strengthening of community capabilities for planning and coordinating ... so that this assistance can be used in a manner responsive to local needs and conditions;
- the organization of a range of services related to the needs of low-income families and individuals, so that these services may have a measurable and potentially major impact on the causes of poverty in the community and may help the families and individuals to achieve self-sufficiency;
- the greater use of innovative and effective community-based approaches to attacking the causes and effects of poverty and of community breakdown;
- the maximum participation of residents of the low-income communities and members of the groups served ... to empower such residents and members to respond to the unique problems and needs within their communities; and
- the broadening of the resource base of programs directed to the elimination of poverty so as to secure a more active role in the provision of services for—
  - private, religious, charitable, and neighborhood-based organizations; and
  - individual citizens, and business, labor, and professional groups that are able to influence the quantity and quality of opportunities and services for the poor.”<sup>4</sup>

In 1998, CSBG legislation was amended to mandate the implementation of a comprehensive performance-based management system, “Results Oriented Management and Accountability” (ROMA), across the entire network of

<sup>3</sup>Title II—CSBG Program Section 201 Reauthorization, Subtitle B CSBG Program, Sec. 672, <https://nascsp.org/csbg/csbg-resources/roma/>.

<sup>4</sup>Ibid.

Community Action Agencies. The 1998 CSBG act defined ROMA as “a sound management practice that incorporates the use of outcomes or results into the administration, management, and operation of community action agencies,”<sup>5</sup> and since 2001 all partners in the network have been required to report on performance.<sup>6</sup> Recently, the National Association for State Community Services Programs (NASCS) reexamined the principles and practices of ROMA. This process created “ROMA Next Generation” which will transform ROMA from a monitoring and reporting model to a system for continuous quality improvement of CSBG services, strategies, and outcomes to further measure, analyze, and communicate performance. NASCS has developed a National Community Action Theory of Change<sup>7</sup> that encapsulates the proposed focus and articulates three new long-term anti-poverty goals:

- Individuals and families with low incomes are stable and achieve economic security.
- Communities where people with low incomes live are healthy and offer economic opportunity.
- People with low incomes are engaged and active in building opportunities in communities.

ROMA Next Generation includes community performance indicators that enable CAAs to report over time on multi-year community-wide programs and initiatives.<sup>8</sup>

### **CSBG in New York City**

Since 1996, DYCD has served as the CAA for the City. As such, DYCD is the recipient of federal CSBG funds through the State of New York, Department of State (DOS). DOS encourages local CAAs to assist low-income individuals and families to overcome barriers to achieve self-sufficiency. Although New York City is one of the most economically dynamic cities in the world, many New Yorkers struggle to overcome challenges due to the rising cost of living, growing income inequality, and disparities across racial groups, geography, and immigration status. In areas of concentrated poverty, the challenges are even greater and include lack of employment and education opportunities, high crime rates, and poor housing quality.

The City has been a national leader in recognizing the need to address poverty and has implemented an aggressive response to poverty in New York City. The overall poverty rate declined from 20.6 percent in 2014 to 19 percent in 2017, with an estimated 236,500 fewer people in poverty or near poverty in 2017.<sup>9</sup> Even though progress is being made through a variety of City programs and initiatives, the poverty rate remains high and does not show the whole picture. In 2018, one in five adults in the City lived in poverty, and between 2015 and 2018 *half of New York City adults* lived in poverty in at least one of those four years, with people of color and women disproportionately living in poverty.<sup>10</sup> Strategies that focus on the social and economic well-being of neighborhoods can increase opportunities for adults and provide a foundation for children’s futures. Helping low-income individuals and families acquire the education and skills needed to achieve earnings that will support a decent standard of living is the most effective way to combat poverty and revitalize neighborhoods. CSBG plays a crucial role in the struggle against poverty in New York City.

The upcoming NDA programs will target low-income communities and provide strategies that address the needs of older youth, seniors, the working poor, immigrants, and struggling families through education and employment services, literacy services, and assistance to individuals and families in accessing community and social services. Programs will also promote community development through addressing safety and crime issues and supporting business development.

<sup>5</sup>P.F. Drucker, *The Drucker Foundation Self-Assessment Tool—Participant Workbook*, Jossey-Bass, 1999.

<sup>6</sup>R. Carter, *The Accountable Agency*, Sage Human Services Guide 34, 1983.

<sup>7</sup>Details on the ROMA theory of change can be found at [https://communityactionpartnership.com/wp-content/uploads/2018/04/toc\\_dg\\_romang\\_icp.pdf](https://communityactionpartnership.com/wp-content/uploads/2018/04/toc_dg_romang_icp.pdf).

<sup>8</sup>For more information on CSBG and ROMA, see <https://www.dos.ny.gov/dcs/index.htm>.

<sup>9</sup>NY Opportunity, “New York City Government Poverty Measure 2017.”

<sup>10</sup>Collyer et al., “The State of Poverty and Disadvantage in New York City,” Poverty Tracker Annual Report, Center on Poverty & Social Policy at Columbia University, Columbia Population Research Center, and Robin Hood Foundation, February 2020.

Over the long term, the NDA programs will impact communities in ways that support DYCD's mission and vision. The NDA programs will also support DYCD's theory of change (TOC) which sets out an integrated and aligned model for community impact across all DYCD programs. The TOC brings to life DYCD's embrace of settlement house principles such as community building, multiple points of entry, embeddedness in the community, and reciprocity of strengths and assets. Key to this approach will be DYCD's role as a hub of resources for CBOs and communities and coordination with other public and private organizations to strengthen and supplement DYCD's strategic goals. Agency outcomes in the TOC include:

1. Community organizations will be stronger as a network and as individual CBOs.
2. Community members, including youth, families, and adults, will have multiple points of entry to a spectrum of high-quality services.
3. Community members will have access to employment through skills, opportunities, and resources.
4. Community members will be empowered to navigate and participate in civic systems and access an array of resources.
5. Community members will have a greater belief in opportunity, including mindset for success, and self-efficacy.
6. Community members will have stronger connections to social networks in informal and formal relationships.

By providing a wide range of services, access to resources, and opportunities to build skills that empower youth, adults, and families and engender hope and create connections, the NDA programs align with and support DYCD's TOC outcomes and the CSBG national goals. DYCD is placing a greater emphasis on building partnerships and is asking CBOs to cement meaningful partnerships that involve coordination and collaboration of services rather than a simple exchange of information for referral purposes, thereby creating stronger networks as expressed in Outcome 1. The variety of services offered, the creation of pathways from one service to another, and assistance with "next steps" allows for a holistic approach to service delivery and supports Outcome 2. Several NDA program models support Outcome 3. Acquisition of literacy and language skills is a clear step toward acquiring or improving employment. Development of social and emotional skills, work experience through internships, and achievement of high school graduation, goals of the High School Youth program, create the foundation for future career success. The Economic Development program provides for the development of local businesses and the jobs they will create. DYCD also encourages civic engagement as a program activity, supporting Outcome 4. While the Healthy Families program focuses on accessing services, all NDA programs are charged with assessing the needs of their participants and connecting them with the resources needed to address their challenges and achieve their goals. DYCD's principles reinforce Outcomes 5 and 6. By adhering to youth and family development principles, using a strengths-based approach, creating welcoming environments, promoting civic engagement, celebrating diversity, and allowing for participant voice, etc., CBOs create the environments where belief in opportunity and success can flourish and social networks can be developed.

As individuals and families acquire assets and skills to improve their circumstances and stability, the communities in which they live will also benefit. Improved individual resources will be reflected in the reduction of neighborhood conditions associated with high concentrations of poverty such as lack of employment opportunities and unsafe streets. NDA community programs, Economic Development and Safety Awareness and Crime Prevention, will directly bring additional resources to communities through development of small businesses, increased job opportunities, and heightened public engagement to combat neighborhood crime. NDA's emphasis on civic engagement throughout the program areas seeks to cultivate leaders who will give back to their communities by promoting community initiatives that work toward creating environments where all residents will thrive.

## B. COVID-19 and Social Justice

Currently, we are experiencing the biggest health crisis since the influenza pandemic of 1918, the worst economic crisis since the Great Depression of the 1930s, and roiling social justice unrest in response to the racial disparities that have been highlighted in economic, health, and criminal justice systems. In New York City, the low-income communities that comprise the NDA portfolio have been disproportionately affected, and already existing structural inequalities have deepened. Neighborhoods with high concentrations of black and Latinx and low-income residents have experienced the highest COVID death rates. The conditions in which low-income people live, such as greater population density, poorer access to health care, and inability to relocate during the pandemic are contributing factors. African Americans and Latinx are disproportionately employed in the “essential” low wage industries like grocery and drug stores, or direct care for children, seniors, or others with special needs. They face greater exposure to the virus and then return home to crowded housing conditions where social distancing is difficult to achieve, thus exposing their families.<sup>11</sup>

The economic impact of the pandemic has been greatest in New York’s low-income communities as well.<sup>12</sup> Face-to-face service and production jobs (restaurants, hotels, transportation, construction, neighborhood personal services), as opposed to essential public health and safety jobs and professional and managerial jobs that can be performed remotely, have disappeared. Over two-thirds (68 percent) of job losses are among persons of color. Most severely affected have been undocumented immigrants, an estimated 192,000 of whom have lost their jobs and are not eligible for the federally funded Pandemic Unemployment Assistance.

A strong social safety net is the only way New York City survives a crisis; social services will be more essential than ever as more New Yorkers rely on them as the City moves into recovery. NDA programs are a critical part of this safety net. They must be prepared to combat the racial and economic disparities that have surfaced during the COVID pandemic and will need to seek out and take advantage of the supports available to them. Currently funded NDA programs have responded to the COVID-19 crisis with resolve and creativity. Unable to serve their participants in person, they have quickly moved to online platforms to engage and maintain contact with them. However, some have found themselves lacking in the necessary equipment or skills to launch virtual services effectively. Programs will need to adapt to the changed conditions by expanding services to include digital modalities such as email, social media, and virtual meetings and workshops and introduce new and innovative ways to conduct outreach while practicing social distancing. Programs must ensure that staff are trained in the technology required. Programs must also be prepared to address the emotional needs of participants, providing access to mental health services and incorporating trauma-informed practices as vulnerable populations strive to cope with the loss of New York City life as we knew it.

As programs engage with participants, opportunities arise for going beyond attention to pressing, immediate needs. Applying a strengths-based perspective and coaching participants to identify their own goals, supports, and resources is a powerful step toward developing the skills that will empower them to advocate for themselves and become self-reliant. Once new perspectives are achieved, it is hoped that program “graduates” will bring their experiences back to their communities. They will become the “credible messengers” who can convey a message of hope and inspire fellow community members to take actions that can address the trauma that all have suffered. Increased community involvement could include working with faith-based organizations, where people tend to turn in times of trouble, to bring new awareness to large groups. It could include working with local politicians to fight for affordable and quality housing, access to healthy food, adequate transportation, social and recreational services, access to quality health care, and so on. It could involve working with the local business community to support small businesses and develop new jobs.

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<sup>11</sup>Elise Gould and Valerie Wilson, “Black workers face two of the most lethal preexisting conditions for coronavirus—racism and economic inequality,” Economic Policy Institute, June 1, 2020.

<sup>12</sup>James A. Parrott and Linda Moe, “The New Strain of Inequality: The Economic Impact of Covid-19 in New York City,” Center for New York City Affairs, April 15, 2020.



## C. Neighborhood Development Areas (NDAs)

In order to maximize the impact of CSBG funding, DYCD targets programs to low-income communities which it designates as NDAs. In 2019, DYCD used the most current poverty data for New York City released by the U.S. Census Bureau in applying the criteria described below. This analysis resulted in the following NDA designations.<sup>13</sup>

<i>Borough</i>	<i>NDAs</i>
Bronx	1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12
Brooklyn	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17
Manhattan	3, 9, 10, 11, 12
Queens	1, 3, 4, 7, 8, 9, 12, 14
Staten Island	1

### ***NDA Criteria***

The City's Department of City Planning collects poverty data for aggregations of census tracts called Neighborhood Tabulation Areas (NTAs).<sup>14</sup> These aggregations, typically of two-five census tracts, create a geographic unit large enough to report reliable socioeconomic data, but small enough to capture niches of concentrated poverty within the City and exclude areas with low concentrations.

NTAs that meet the criteria of having 20 percent or more residents with low incomes (defined as living below 125 percent of the federal poverty level) and a minimum size of 4,000 poor residents qualify for inclusion in an NDA. The qualifying NTAs are then parsed into NDAs by aligning them, to the extent possible, within community district boundaries. This method results in 41 NDAs.

Each NDA is represented by a Neighborhood Advisory Board (NAB), which is comprised of residents of the community. Each NAB has a maximum of twelve members, six of whom are appointed directly by DYCD and six of whom are nominated by elected officials with the highest number of low-income families in their jurisdiction and appointed by DYCD.

## D. Stakeholder Engagement

### ***Community Needs Assessment***

The program areas set forth in this RFP, identified below, were selected by an extensive community needs assessment conducted by DYCD. A primary objective of community action is maximum feasible participation by low-income individuals and families and their representatives to determine which services are most needed in their communities. NDA residents and the Neighborhood Advisory Boards participated in the community development planning process to help guide DYCD in allocating CSBG funding.

In 2016 a survey was disseminated throughout New York's low-income neighborhoods, containing a question about the programs and services that respondents and their household members needed, but did not receive in the previous twelve months. Respondents were given a menu of 29 service areas to choose from, plus the option to write in another need if it was not included in the list. Data collected was analyzed to compile a list of needs that included the top five needs of each NDA. Residents were surveyed again in 2019 to determine the rank order of

<sup>13</sup>Maps of the NDAs are included in Document 05 – [NDA Maps](#).

<sup>14</sup>NTAs are subsets of the City's Public Use Microdata Areas (PUMAs), which in turn are approximations of community districts and subsets of the City's boroughs. Thus, these units are "stackable" from NTA to PUMA to borough to New York City as a whole.

these five needs. Related needs were grouped and mapped onto eight resulting program areas that comprise the NDA RFPs: Adult Literacy, Economic Development, Healthy Families, High School Youth: Educational Support, Immigrant Services: Application Assistance, Immigrant Service: ESOL/Civics, Safety Awareness and Crime Prevention, and Senior Services. In early 2020, the NAB members met to determine the program areas that will be funded in their NDAs and corresponding funding allocations, based on their top priorities identified through the community needs assessment.

**Proposers will respond to the Healthy Families: Support Services RFP by proposing services in those NDAS that identified Healthy Families: Support Services as a priority area. They are as follows:**

<i>Borough</i>	<i>NDAs</i>
Bronx	1, 2, 3, 4, 5, 6, 7, 9
Brooklyn	1, 2, 3, 4, 5, 7, 8, 12, 13, 14, 15, 16, 17
Manhattan	3, 9, 10, 11, 12
Queens	4, 7, 12
Staten Island	1

Proposers may propose services in more than one NDA. However, for each NDA proposed, a separate proposal must be submitted. The funding allocations for each NDA that identified Healthy Families as a priority program area are listed in Document 06 – Healthy Families: Support Services NDA Allocations.

***Other Stakeholder Engagement***

In addition to the community needs assessment, DYCD conducted extensive stakeholder engagement to inform the NDA program models. Feedback was elicited through focus groups and meetings with DYCD- and non-DYCD-funded providers, DYCD staff, staff from other City agencies, recognized experts, and participants. DYCD providers and participants also completed surveys. Interviews were conducted with providers who withdrew their contracts prior to the end of their contract terms to learn more about the administrative and operational reasons for doing so. DYCD reviewed practices of select other public CAAs concerning their approaches to the ROMA Next Generation framework. Feedback was also elicited through a concept paper released in January 2020, both through written comments and two “listening sessions” held at DYCD following the release. Feedback from stakeholder engagement incorporated in the Healthy Families program model includes the following:

- More than one outcome will be required for a percentage of participants.
- Self-advocacy will be an added outcome.
- The case manager<sup>15</sup> will be full time and must have at least an associate’s degree or would maintain current enrollment toward such degree.
- The case manager must complete the Family Development Credential (FDC) program.

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<sup>15</sup>Case managers have been replaced with family development coaches in NDA programs.

## Section 2—Program Expectations and Proposal Instructions

### Program Mission:

*The Healthy Families program aims to support and strengthen families using a holistic, strengths-based approach based on the principles of family development.*

### **A. Organizational and Staff Experience**

#### **1. Program Expectations**

- a. Successful experience is defined as operating programs that
  - implement effective recruitment and retention strategies
  - develop and sustain strong staffing patterns
  - have high rates of attendance
  - meet or exceed program goals as evidenced by self-assessments guided by quality monitoring tools, assessments undertaken by public/private funders, or formal/external evaluations
  - use quantitative measures to demonstrate program effectiveness and make adjustments designed to improve program quality based on data analysis
- b. The contractor and key staff (program director, family development coach[es]) would have at least three years of successful experience in the last five years in providing access services to low-income City residents (may include experience within the proposed NDA).
- c. The contractor and key staff would have at least two years of successful experience within the last five years in providing access services to families in the NDA they propose to serve or, if not, would have at least two years of successful experience within the last five years in providing other relevant services in the NDA they propose to serve.
- d. The contractor did not receive a Work Improvement Plan (WIP) or Corrective Action Plan (CAP) within the last three years or, if so, provides an explanation in the Proposal Evaluation of the steps taken in response.

#### **2. Evaluation**

- a. This section will be evaluated based on the extent to which the proposer demonstrates successful relevant experience to operate the program within the NDA according to the criteria listed. It is worth a maximum of **20 percent** in the Proposal Evaluation.

### **B. Staffing**

#### **1. Program Expectations**

- a. The program director would have, at minimum, a bachelor's degree in social work or a related field. The Family Development Credential (FDC) is preferred (see below). The program director would have experience working with diverse populations and at least three years of supervisory experience. The program director would assist with casework, supervise the family development coach(es), and

complete a professional development plan for staff. The program director would devote at least 30 percent of time to the Healthy Families program.

- b. For a program funded at \$100,000, a maximum of two family development coaches would have, at minimum, associate's degrees in human services fields or would maintain current enrollment toward such degrees. Family development coaches would have at least two years' experience within the last five years providing access services and experience working with diverse populations. The FDC credential is required within twelve months of program start. Language proficiency would align with that of the community served. Responsibilities include outreach and recruitment, developing and reviewing family development plans (FDPs), maintaining case notes, and reporting to DYCD. One family development coach would devote 100 percent of time to the Healthy Families program; two family development coaches would be full-time equivalent. For programs funded at higher levels, additional family development coaches would be hired to serve the increased enrollment.
- c. All program staff, both paid and volunteer, would have the appropriate education for providing the proposed services and would be provided with ongoing professional development opportunities. All program staff would have completed the Mental Health First Aid training within six months of hire. See <https://www1.nyc.gov/site/thrivelearningcenter/resources/mental-health-first-aid.page>.
- d. The contractor would provide program staff with information on the Family Development Credential (FDC) program and, where appropriate, refer staff for training. The credential is recommended for the program director and required for the family development coach(es). Paid staff members are eligible for scholarships to FDC, offered through DYCD. See the DYCD website at <https://www1.nyc.gov/site/dycd/involved/funding-and-support/fdc-program.page>.
- e. All staff, both paid and volunteer, working with youth, would participate in training to increase their capacities to provide services to youth in a manner that incorporates DYCD's core competencies for youth workers. These competencies and indicators are posted on DYCD's website at [https://www1.nyc.gov/assets/dycd/downloads/pdf/Youth-Work\\_Professional-Core-Competencies-full-document-6-2009.pdf](https://www1.nyc.gov/assets/dycd/downloads/pdf/Youth-Work_Professional-Core-Competencies-full-document-6-2009.pdf).
- f. The contractor would be guided by the *Case Management Standards Toolkit*, developed by DYCD with support from the Mental Health Association of New York City. The *Toolkit* contains standards and skill-building resources as well as checklists to help family development coaches and their supervisors chart progress toward meeting the standards. The *Toolkit* is available on DYCD's website at [https://www1.nyc.gov/assets/dycd/downloads/pdf/NYC\\_DYCD\\_Case\\_Management\\_Toolkit-2011.pdf](https://www1.nyc.gov/assets/dycd/downloads/pdf/NYC_DYCD_Case_Management_Toolkit-2011.pdf).
- g. All individuals who will be part of the program, both paid and volunteer, would have the necessary cultural competence to provide services to the various racial/ethnic populations that reside in any of the NTAs that comprise the NDA, available at <https://popfactfinder.planning.nyc.gov/#12.25/40.724/-73.9868>.
- h. Contractors using volunteers must provide volunteer training appropriate to the program design and maintain records of volunteer time commitment.

## 2. Evaluation

- a. This section will be evaluated based on the quality of the staffing plan. It is worth a maximum of **15 percent** in the Proposal Evaluation.

## C. Program Approach

### 1. Program Expectations

- a. Safe and Welcoming Environment: The contractor would ensure a friendly and supportive environment where participants feel welcome and are treated with dignity and respect, regardless of age, gender or gender identity, sexual orientation, race or ethnicity, culture, or background.
- b. Strengths-based Approach: The contractor would embrace DYCD’s strengths-based approach in which the strengths and assets of individuals, families, and communities are valued. The contractor would adopt the interconnected concepts of the Positive Youth Development (PYD), Social and Emotional Learning (SEL), and Youth Leadership frameworks that make up DYCD’s Promote the Positive approach.<sup>16</sup> Program staff would function as responsible, caring adults and positive role models, promoting participant safety, engagement, confidence, and empowerment. Programs would demonstrate the benefits of prosocial behaviors and responsible decision-making, reliability, critical thinking, and good communication skills.
- c. Digital Services: The contractor would have the equipment and capacity to provide services through digital modalities such as email, social media, and virtual meetings and workshops. The contractor would ensure that staff are trained on the technology required. It is expected that services will be provided in person unless circumstances indicate that doing so would jeopardize the safety of the participants and staff.
- d. Social Distancing: The contractor would have a safety plan in place to ensure that social distancing and other safety measures are in place to protect in-person participants and staff from COVID infection or other public health emergency for as long as necessary.
- e. Self-advocacy: Programs would promote the development of self-advocacy skills. Self-advocacy begins with an awareness of one’s strengths and challenges and includes the ability to effectively communicate interests, needs, and rights. The self-advocate is able to develop personal goals, make decisions, and recognize and ask for the supports needed to achieve goals. Family Development Coaching, embedded in NDA programs, focuses on strengths, helps participants identify self-determined goals, and identifies supports and resources, empowering individuals to take control of their lives. It is expected that the development of self-advocacy will have a ripple effect in communities as they strive to heal from the trauma created by the COVID-19 pandemic. Those participants who have learned to speak up for themselves may find avenues to bring their knowledge and message of hope and healing to their communities.
- f. Family Engagement: The contractor would embrace the principles and vision underpinning DYCD’s Circles of Support family engagement framework.<sup>17</sup> DYCD defines family in broad terms to include those individuals who care for and support participants but are not blood relatives. Programs would create opportunities for those who have positive influences on program participants to engage with the program. These might include involving families in marketing and recruitment strategies, providing them with ongoing program information, and inviting families to program events and celebrations.
  - i. Civic Engagement: DYCD encourages providers across all program areas to promote civic engagement activities. DYCD defines civic engagement as “individual or collective action that seeks to enhance the well-being of individuals, families, and communities.” As

<sup>16</sup>See [www.nyc.gov/promotethepositive](http://www.nyc.gov/promotethepositive).

<sup>17</sup>See [familyengagementdycdconnect.nyc](http://familyengagementdycdconnect.nyc).

examples, participants might take part in project-based, service learning, or community service activities; participate in neighborhood or program boards, councils, or advisory bodies (e.g., the NABs); or advocate or organize around topics of interest and need.<sup>18</sup>

- g. Participant Voice: The contractor would provide a mechanism for participants to provide input in decisions related to program activities and for participants to provide feedback for program improvement.
- h. Transition Assistance: The contractor would have strong and effective transition strategies in place to ensure that participants feel supported as they move to next steps either within or outside the organization.
- i. ROMA Framework: ROMA is a framework that incorporates the use of outcomes/results into the administration, management, operation, and evaluation of human services. DYCD adheres to the ROMA framework when planning programs supported by CSBG funding. It expects the funded organizations to also consider the ROMA framework to maximize the achievement of results.

The ROMA “accountability cycle” includes the following steps: (1) Assessment (identifying community needs and organization resources, using organization data), (2) Planning (devising a plan for services that supports the organization mission to meet an identified need and uses organization resources to support the outcomes), (3) implementation (putting strategies in place to achieve results), (4) achievement of results (identifying expected and actual numbers who will attain the outcomes), and (5) evaluation (examining program results and organization data to improve program management and decision-making).

Providers should use the five key questions developed by Peter Drucker,<sup>19</sup> an acknowledged management expert, to assess what they can do to improve the organization’s performance:

1. What is our mission?
  - Does the mission identify the population, the types of services to be offered, the expected outcomes, and the relationships with other organizations that will further the mission?
2. Who is our customer?
  - Drucker identifies two types of customers: primary customers who are the recipients of services and whose lives will be impacted by program participation, and supporting customers who may be funders, policy makers, family members, partners, and others who have input into services. Both must be assessed.
3. What does the customer value?
  - What satisfies the customers’ needs, wants, and aspirations? Agencies make assumptions about what customers value, but customers must be asked themselves. The agency can then compare the differences and assess what impacts results.
4. What are our results?

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<sup>18</sup>See DYCD’s Civic Engagement Framework at <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ausc%3A7475657c-8b55-47f6-9934-8758909a95c5>.

<sup>19</sup>P. F. Drucker, *The Five Most Important Questions You Will Ever Ask About Your Organization*, Leader to Leader Institute, 2008.

- Each agency must identify its successes and show clear documentation of the success. If the agency discovers that it has not produced results, it must decide which services should be strengthened or abandoned.
5. What is our plan?
- A written plan guides the implementation of strategies to achieve results. It should include mission, vision, goals, objectives, action steps, a budget, and appraisal. A well-written plan leads to sound agency management and accountability, provided the plan is implemented well. Dr. Reginald Carter identified seven key questions that should be answered before a plan is put in place:<sup>20</sup>
    - How many clients are you serving?
    - Who are they?
    - What services do you give them?
    - What does it cost?
    - What does it cost per service delivered?
    - What happens to the clients as a result of the service?
    - What does it cost per outcome?

These questions frame criteria for accountability that include both efficiency and effectiveness measures.

## 2. Evaluation

- a. This section will be evaluated based on the quality of the program approach. It is worth a maximum of **15 percent** in the Proposal Evaluation.

## D. Program Services

### 1. Program Expectations

- a. Target Population: The target population is youth, adults, and families. If a youth enrolls as an individual, the minimum age is 14. Individuals and families with incomes at or below 125 percent of the federal poverty level are eligible for program services. DYCD verifies income by self-report; it does not require other documentation. At least 80 percent of participants would reside in the proposed NDA.
- b. Outreach: The contractor would be familiar with the populations in each of the NTAs the NDA comprises (demographics, needs, languages spoken, key assets and resources, etc.) and have outreach strategies for each segment of the population to be served.
- c. Activities: Activity definitions are found in Document 07 – Program Activity Definitions.
- *Required*: Access Services, Family Development Coaching
  - *Suggested*: Education/Career Counseling, Emergency Services, Employment Assistance, Family Budgeting and Consumer Education, Individual/Family Housing Advocacy, Individual/Family Housing Assistance, Legal Assistance, Parent Skills Training, Review of Child Support Status

As noted above, the required services for the Healthy Families program are Access Services and Family Development Coaching. Thus a provider would propose to provide those services and would address

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<sup>20</sup>Op. cit., Richmond and Mooney.

whatever needs the participant family presents. It would not propose to provide a particular service, e.g., Housing Assistance or Employment Assistance. However, within the context of Access Services and Family Development Coaching, the proposer would demonstrate its especial capability to provide services pertaining to the top needs of the NDA identified in Document 06. For example, if a top need is Housing Assistance, the proposer would show that it is able to provide that service directly or would be familiar with the organizations to which it could refer the participant family for services.

Family Development Coaching is a partnership in which the coach and participant work together toward achieving the participant's self-determined goals. It includes the following components: (1) holistic assessment and development of a Family Development Plan (FDP) outlining the participant's strengths and self-defined goals, steps toward achieving the goals, available supports, and resources needed. (2) implementation of the FDP, i.e., coordinating community resources and working with and advocating on behalf of the participant to meet identified goals; (3) regular review of the FDP to assess whether goals have been met or need to be changed, and (4) follow-up to insure that the family/individual has received requested services.

Each participant would be assigned to a family development coach responsible for working with the family/individual to create the FDP and taking steps to achieve the participant's goals. The caseload would be 35 participants at any given time for a full-time coach. If there are two FTE coaches, a caseload of 35 would be shared between them. It is expected that there would be a turnover of participants involved in family development coaching throughout the program year. The coach(es) would make contact with each assigned participant at least once a month. Each meeting would be documented with written progress notes, updating steps achieved and to be taken toward meeting the goals identified in the FDP, any concerns of the participant or coach, and resources to be utilized. For a fuller description of Family Development Coaching, see the definition in Document 07 – Program Activity Definitions.

In addition, the program director would review the FDPs with the coach(es) and assess progress as well as challenges to meet the goals set forth in the plans. The family development coach would be expected to work with community-based organizations as well as New York City agencies that offer parent and family resources and refer participants as needed. A list of relevant agencies and programs for family development coaching coordination is found in Document 08 – Relevant Agencies and Programs for Social Service Information and Referrals.

Healthy Families is a holistic program, designed to address the varied needs that participants present as reflected in the CSBG and National Performance Indicators (NPIs). However, the proposer must demonstrate in its proposal that it has the capacity to address the top service needs for the NDA identified by the community needs assessment. The top service needs for each competition pool are listed in Document 06— Healthy Families NDA Allocations.

## 2. Evaluation

- a. This section will be evaluated based on the quality of the proposed program services developed according to the criteria listed in this section. It is worth a maximum of **15 percent** in the Proposal Evaluation.



## E. Service Levels, Outcomes, Reporting, and Evaluation

### 1. Program Expectations

- a. Service Levels: Agencies would identify, quantify, and note the frequency of the activities proposed and the number of participants to be served based on the funding allocation and the price per participant.
- b. Outcomes: Agencies would track the outcomes listed below for each individual/family served. Agencies must utilize the appropriate CSBG National Performance Indicators (NPIs) to measure the outcomes and report outcome achievements to DYCD. These include, but are not limited to, the indicators listed in Document 10-- NDA Healthy Families National Performance Indicators (NPIs). Upon award, DYCD will work with the selected agencies to identify appropriate indicators for the program services and facilitate training on how to measure and validate NPIs.
  - Participants attain needed benefits and services. Sixty percent of participants served will attain at least one goal identified in the FDP; of that sixty percent, thirty percent will attain more than one goal identified in the FDP.
  - Participants demonstrate self-advocacy skills. Twenty percent of participants served will demonstrate self-advocacy skills.
- c. Reporting: Agencies must maintain program files that include registration forms with participant demographic data, FDPs, and case notes and other supporting documentation to validate enrollment, benchmark, and outcome achievement. DYCD does not collect information on immigration status unless it is necessary for the service provided. CBOs would project and report enrollment, benchmark, and outcome data quarterly and may be required to explain variances of under 80 percent or over 120 percent between quarterly projections and achievements. Agencies must also maintain records for enrollment, daily attendance, and referrals made for each individual or family participant. Program files must be maintained in a secure location to ensure confidentiality. Accurate program and participant data must be entered on a timely basis into DYCD's Participant Tracking System (PTS).
- d. Evaluation and Meetings: Agencies would cooperate in any evaluation of the program by DYCD or an external evaluator and would ensure that designated staff members attend all meetings related to NDA Healthy Families that are deemed mandatory by DYCD.

### 2. Evaluation

- a. This section will be evaluated based on the quality of the proposed service levels, outcomes, and administrative procedures developed according to the criteria listed in this section. It is worth a maximum of **15 percent** in the Proposal Evaluation.

## F. Community Partnerships

### 1. Program Expectations

- a. To supplement the resources of the program, it is expected that the program would develop and maintain at least three partnerships at the coordinating level<sup>21</sup> or above with appropriate public,

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<sup>21</sup>For the continuum of partnerships created by Arthur Himmelman and adopted by DYCD, with definitions of the different levels of partnership, see [strategicpartnershipsdycdconnect.nyc](http://strategicpartnershipsdycdconnect.nyc). A "coordinating partnership" is defined as one in which the partners "exchange information and modify activities for mutual benefit."

private, and community-service providers working in areas related to the target population. It is also expected that agencies would leverage additional resources such as use of space, sharing of staff, or planning joint activities to augment the program.

- b. Programs would also develop, as needed, partnerships with organizations that would meet the identified needs of the participants, such as employment, education, vocational training, parenting, childcare/eldercare, substance abuse treatment, domestic and gender-based violence prevention, food assistance, mental health, physical health and nutrition, health insurance access, child support, and financial literacy, including tax preparation.
- c. Community partnerships may take different forms and would include referral agreements, co-location of services, and joint projects. Community partners may include other DYCD-contracted programs and other City agencies and would support DYCD's settlement house model by creating pathways to serve participants holistically and further assist them to reach long-term goals. Referrals may be made within a multiservice agency as well as with outside organizations.
- d. The partnerships would intentionally promote service integration at the local level and build provider networks that maximize options for participants. The contractor would become familiar with DYCD-funded services provided within the NDA, would ensure that at least three of its partners have program sites within the NDA, and provide referrals accordingly to program participants. The Discover DYCD digital tool<sup>22</sup> is available to help identify DYCD-contracted programs by neighborhood.
- e. The proposer will submit a Community Partnership Agreement (included with the Questionnaire) for each community partnership secured. Each partnership would be for a distinct program service. Submitting fewer than three Community Partnership Agreements will not make the proposal nonresponsive. It will be read and rated accordingly.

## 2. Evaluation

- a. This section will be evaluated based on the quality of the proposed partnerships. It is worth a maximum of **10 percent** in the Proposal Evaluation.

## G. Program Facility

### 1. Program Expectations

Contract award shall be subject to demonstration by a selected proposer that it has, or will have by the conclusion of contract negotiations, site control of a program facility that meets the following conditions:

- located within or within one-half mile of the boundaries of the proposed NDA
- appropriate in size and design to adequately accommodate program staff, participants, and program services
- compliant with the local fire, health, and safety standards
- a log is maintained of required safety and fire drills
- easily accessible by public transportation
- compliant with the Americans with Disabilities Act (ADA) or, if not, access to other suitable space must be in place to make activities accessible to persons with disabilities

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<sup>22</sup>[Discoverdycd.dycdconnect.nyc/home](https://discoverdycd.dycdconnect.nyc/home).

## 2. Evaluation

- a. This section will be evaluated based on the appropriateness of the proposed facility according to the requirements listed in this section. It is worth a maximum of **5 percent** in the Proposal Evaluation.

## H. Budget Management

### 1. Program Expectations

- a. The proposed budget would represent the costs to provide services for the proposed program.
- b. The total funding request would be based on an annual price per participant (cost/family unit) of \$952.
- c. For the purpose of responding to this solicitation, proposers should include an Indirect Cost Rate of 10%. Indirect rates should be calculated based on **The City of New York's Health and Human Service Cost Policy and Procedures Manual (Cost Manual)**.
- d. The costs associated with the budget would enable the effective delivery of services for the proposed program.
- e. The line-item budget would be consistent with the proposed program design.
- e. Proposers are encouraged to enhance programs through leveraging additional funding and other resources from other sources.

### 2. Evaluation

- a. This section will be evaluated based on the appropriateness of the proposed budget based on the criteria listed in this section. It is worth a maximum of **5 percent** in the Proposal Evaluation.