



**Supporting Community Coalitions to Prevent Substance Use among LGBTQ+ Youth and
LGBTQ+ Youth of Color (BIPOC)**

EPIN: 81625P0006

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Section 1 – Basic Information

RFP Release	November 4, 2024		
Proposal Due Date and Time	December 19, 2024, at 2:00 p.m. Eastern Time		
Pre-Proposal Conference	Date: November 18, 2024	Time: 12:30pm – 2:00pm EST	Place: Microsoft Teams
	<p>Although this is a non-mandatory conference, the Health Department encourages all interested organizations to attend.</p> <p>For virtual Pre-Proposal Conference (PPC), entities who submit an RSVP will be provided an invitation via e-mail with instructions to attend a virtual Conference. All those interested in attending the conference must RSVP to RFP@health.nyc.gov by 2pm EST on November 15, 2024. Be sure to indicate "Coalitions PPC Attendee" in the subject line.</p> <p>In order to be addressed during the Conference, questions must be e-mailed to RFP@health.nyc.gov no later than 2pm EST on November 15, 2024. Otherwise, all questions must be received by the Questions Deadline of November 25, 2024. Please include "Coalitions RFP Question" in the subject.</p>		
Anticipated Contract Term	7/1/25 – 6/30/31 with no renewal options.		
Agency Contact Person	Jordan Decker, RFP@health.nyc.gov (indicate “Coalitions RFP” in subject line)		
Anticipated Funding and Payment Structure	<ul style="list-style-type: none"> • The anticipated maximum available funding for all combined contracts is \$5,040,000. • Anticipated number of contracts: up to five (5). • If 5 contractors are selected, the maximum anticipated funding per contract would be \$168,000 per year (\$1,008,000 per contract for the 6-year term). <ul style="list-style-type: none"> • The maximum available funding for each contract may be greater if fewer contracts are awarded. • The Health Department anticipates that the contractors would be paid upon the completion of contracted deliverables. To promote funding equity across coalitions, the unit rates for each deliverable have been set by the Health Department. 		
Questions Regarding this RFP	<ul style="list-style-type: none"> • Questions regarding this RFP must be transmitted in writing to the Agency Contact Person. • Questions received prior to the Pre-Proposal Conference will be answered at the conference. • Substantive information/responses to questions addressed at the conference will be released in an addendum to the RFP to all organizations that are prequalified to propose to this RFP through PASSPort, unless in the opinion of the Agency, the question is of proprietary nature. • The Agency cannot guarantee a timely response to written questions regarding this RFP received after the Questions Deadline. 		
Use of PASSPort and Prequalification	<ul style="list-style-type: none"> • To respond to this RFP and all other Human/Client Services RFPs, organizations must have an account and an Approved HHS Accelerator PQL qualification status in PASSPort. Proposals and prequalification applications will ONLY be accepted through PASSPort. 		

	<ul style="list-style-type: none"> • If you do not have a PASSPort account or Approved PASSPort HHS Accelerator PQL Application, please visit nyc.gov/passport to get started. • If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSPort account, please contact MOCS Service Desk
Subcontracting Information	<ul style="list-style-type: none"> • Subcontractors may be used only with the Agency’s prior approval. • 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 Information Portal (PIP) Activation process (https://www1.nyc.gov/nyc-resources/service/3037/payee-information-portal) • Any subcontract valued over \$20,000 requires that the subcontractor be prequalified in PASSPort.
Labor Peace Agreements (Local Law 87 of 2021)	<ul style="list-style-type: none"> • The contractor(s) selected from this solicitation will be required to comply with all applicable requirements under Ad. Code Section 6-145 and any rules promulgated pursuant thereto, and this requirement will constitute a material term of the contract. Failure to comply with the requirement of Ad. Code Section 6-145 may constitute a material breach by the contractor of the terms of the city service contract. Such failure shall be determined by the agency. If the city service contractor and/or subcontractor receives a written notice of such breach and fails to cure such breach within 30 days of such notice or a longer time period established pursuant to the terms of the city service contract, the city shall have the right to pursue any rights or remedies available under the terms of the city service contract or under applicable law, including termination of the contract. • The LPA certification is included with this solicitation for informational purposes only; proposers do not need to complete and submit it with their proposals.
General Information and Regulatory Requirements	<ul style="list-style-type: none"> • MOCS provides the following Resource Library: MOCS Resource Library. • The following documents are included as a part of this RFP and considered to be part of the RFP document: <ul style="list-style-type: none"> ○ General Information and Regulatory Requirements ○ Standard Language for Contracts: Appendix A – General Provisions Governing Contracts for Consultants, Professional, Technical, Human, and Client Services (Appendix A) ○ Instructions for Responding to the RFx ○ Program Expectations ○ Contract Award Procedure <p>Proposers should be familiar with the above referenced regulatory requirements and standard language for contracts because they may have financial implications that contractors should be aware of when considering whether to submit a proposal.</p> <ul style="list-style-type: none"> • A quick guide is also included to walk you through how to view and respond to an RFx on PASSPort.
Required Documents	<ul style="list-style-type: none"> • A letter of support from the five (5) proposed coalition members for contract year 1; please include the proposed sector for each proposed coalition member. There should be one letter from each of the five sectors represented by the proposed coalition members. • Resumes (if available) or job descriptions of key staff.

- Staffing Plan.
- Organizational Chart showing:
 - Where the proposed program would fit into the proposer's organization.
 - An explanation of how the program would fit into the proposer's organization.
- Latest Financial Audit by an independent CPA or latest CPA's review report, or latest signed Financial Report, as follows:
 - Proposers with annual gross revenues greater than \$250,000 must provide a financial audit by an independent CPA.
 - Proposers with annual gross revenues between \$100,000 and \$250,000 must provide a CPA's review report.
 - Proposers with annual revenues below \$100,000 are not required to retain a CPA but must submit a financial report signed by the president or other authorized officer and the chief fiscal officer of the organization who shall certify under penalties for perjury that the statements therein are true and correct to the best of their knowledge.
 - If the proposer does not have a CPA audit, submit both:
 - A current financial statement or report; and
 - A letter on the proposer's letterhead, signed by the president (or equivalent executive officer) the chief fiscal officer, which describes why a CPA audit is not available

Section 2 – Program Background

Introduction

The New York City Department of Health and Mental Hygiene (the Health Department or the agency) is committed to reducing health disparities with the goal of achieving health equity for all New Yorkers. Health disparities are differences in health outcomes between groups that reflect social inequalities, and result in more avoidable illnesses and deaths in one group of people than another. Health equity is defined as being achieved when no one is kept from reaching their highest level of health because of social position or social identities. Within health equity, the Health Department is committed to promoting racial equity, the condition that would be achieved if one’s racial identity no longer predicted life outcomes. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them. Racial equity is a needed component to achieve social justice.

The Health Department’s Bureau of Alcohol and Drug Use Prevention, Care and Treatment is working to promote health equity for LGBTQ+ young people and to achieve racial equity for Black, Indigenous, and People of Color (BIPOC) LGBTQ+ young people. It is well documented that members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) communities of all ages use substances and have worse mental health outcomes compared their straight and cisgender counterparts¹. From 2011 – 2021 LGBTQ+ youth have consistently used all drugs, including alcohol, at higher rates than their straight and cisgender peers². This disparity persists in 2023, as LGBT youth reported higher rates of alcohol and cannabis use on the NYC Teen Mental Health Survey. Members of these communities have also consistently experienced more violence than straight and cisgender youth and reported higher rates of depression and suicidal ideation³ Research has demonstrated that the younger a person is when they first initiate substance use, the more likely they are to have challenges with substance use as an adult⁴. Almost 70 percent of those who use substances before the age of 13 develop a substance use disorder in the next 7 years, compared with 27 percent of those who first try substances after the age of 17⁵. Research demonstrates that the disparities in substance use rates between LGBTQ+ youth and straight youth continue to persist past the age of 18, as individuals aged 18+ who identify as lesbian, gay or bisexual are more likely to report having a substance use disorder compared to their straight counterparts⁶ While there are many programs that work to target youth under the age of 18, there are fewer services for young adults who continue to experience health disparities around substance use. To promote the long-term health of LGBTQ+ youth and LGBTQ+ youth of color, the goal of this solicitation is to delay the early onset of substance use and reduce the harms associated with substance use in individuals up to age 35.

¹Substance Abuse and Mental Health Services Administration. (2023). Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

²Centers for Disease Control and Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (2023). Youth Risk Behavior Survey: Data Summary and Trends Report. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/yrbs_data-summary-trends_report2023_508.pdf
³Hamwey M, Norman C, Suss R, et al. The state of mental health of New Yorkers. New York City Department of Health and Mental Hygiene. May 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>

⁴<https://jamanetwork.com/journals/jamapediatrics/fullarticle/189961>

⁵Anthony, J. C., & Petronis, K. R. (1995). Early-onset drug use and risk of later drug problems. *Drug and Alcohol Dependence*, 40(1), 9-15.

⁶Substance Abuse and Mental Health Services Administration. (2023). Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

Young LGBTQ+ people face unique risk factors for the early initiation of substance use. As a result of their sexual orientation and/or gender identity, LGBTQ+ young people are more likely to feel unsafe at school, be rejected by their family, and face homelessness⁷. However, discrimination amongst LGBTQ+ communities is not evenly distributed, and within LGBTQ+ communities disparities exist between white LGBTQ+ young people and BIPOC LGBTQ+ young people. According to the 2019 Human Rights Campaign Black & African American LGBTQ Youth Report, 77% of Black and African American LGBTQ youth have heard family members say negative things about LGBTQ people, and 90% have directly experienced racial discrimination⁸. The additional discrimination faced by BIPOC LGBTQ+ youth increase the burden of stress that members of these communities carry compared to their white peers, leading to health inequities between BIPOC and white member of the LGBTQ+ communities. Safe and affirming spaces allow LGBTQ+ youth, especially BIPOC LGBTQ+ youth, a place to be themselves without fear of harassment. To be effective, substance use prevention efforts focused on LGBTQ+ adolescents must promote racial equity by addressing the unique challenges faced by BIPOC LGBTQ+ youth.

One proven strategy to delay the early onset of substance use and reduce the harms associated with substance use is through the creation of community coalitions. The Community Anti-Drug Coalition (CADCA) defines a community coalition as “a formal arrangement for collaboration among groups in which each retains its identity, but all agree to work together towards a common goal.” Each member of a coalition represents a different group within a community, referred to as sectors. Some sectors commonly represented in coalitions include youth, parents, businesses, schools, government, faith-based organizations, law enforcement, and healthcare.

Coalitions work to change the environment where people live, work, and play to reduce the availability and perceived availability of alcohol and other substances. This strategy, called an environmental change strategy, often includes working to change policies, community practices, and sometimes the physical environment in a way that reduces access or perceived access to substances. According to the Surgeon General’s report coalitions, “achieve community-wide reductions in substance use by planning and implementing one or more prevention strategies in multiple sectors simultaneously, with the goal of reaching as many members of the community as possible with accurate, consistent messages. For example, interventions may be implemented in family, educational, workplace, health care, law enforcement, and other settings, and they may involve policy interventions and publicly funded social and traditional media campaigns⁹.”

The structure of a coalition is such that one provider (the contractor) is responsible for leading the coalition, identifying and bringing together the different community sectors, and coordinating coalition meetings and events. The community sectors who participate in the coalition do so on a voluntary basis and do not receive compensation for their time and efforts. To support their work, especially around membership recruitment and retainment, the contractor organizing the coalition is encouraged to work with the New York City Prevention Resource Center (NYC PRC). The NYC PRC, funded by the New York State Office of Addiction Services and Supports, provides free technical assistance and support to

⁷ Durso, L.E., & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>

⁸ Human Rights Campaign Foundation. *2019 Black & African American LGBTQ Youth Report*. Washington, DC. Human Rights Campaign Foundation, 2019. <https://www.hrc.org/resources/black-and-african-american-lgbtq-youth-report>

⁹ Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 3, PREVENTION PROGRAMS AND POLICIES. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424850/>

substance use prevention coalitions across the five boroughs, including those coalitions funded under this initiative.

Additionally, the incorporation of an LGBTQ+ peer youth specialist into the coalition model provides a voice within the program that is uniquely familiar with the challenges faced by LGBTQ+ individuals. Research has demonstrated that a peer youth specialist can serve as a role model and offer a safe and supportive environment where youth can discuss their struggles and coping mechanisms, reducing the feelings of isolation that often lead to substance use¹⁰. By modeling positive behaviors and sharing their own experiences, an LGBTQ+ peer youth specialist can inspire and motivate the communities served by the coalitions, as well as promote awareness and acceptance, socially and culturally, through the LGBTQ+ lens within the organization they are working.

The Health Department seeks to contract with up to five providers who would coordinate community coalitions dedicated to reducing the early initiation of substance use among BIPOC LGBTQ+/ LGBTQ+ youth and young adults up to age 35 by creating safe and affirming communities across NYC. For simplicity, all references to “LGBTQ+ youth” and “BIPOC LGBTQ+ youth” in this solicitation is inclusive of all members of these communities up to age 35.

The expectation is that all programs or human service programs funded by the Health Department implement organizational strategies and approaches to racial equity and social justice through programming and operations; ensuring that services are equitable and responsive to the program participants’ needs to address racial health gaps and improve health outcomes for all New York City residents. For more information regarding racial equity and social justice please visit <https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page>.

Goals and Objectives

The overarching goal of this solicitation is to delay the early onset of substance use and reduce the harms associated with substance use among BIPOC LGBTQ+/LGBTQ+ youth by engaging diverse community members to create sustainable community changes that promote the safety and affirmation of BIPOC LGBTQ+/LGBTQ+ youth within all five boroughs of New York City. The specific goals and objectives of this RFP are to:

1. Support community coalitions working specifically to delay the early onset of substance use and reduce the harms associated with substance use by of BIPOC LGBTQ+/LGBTQ+ youth by increasing staffing.
2. Increase the available data about substance use trends and triggers among BIPOC LGBTQ+/LGBTQ+ youth.
3. Increase knowledge and cultural acceptance of BIPOC LGBTQ+/LGBTQ+ youth and issues impacting these communities by hosting public educational presentations, workshops, and/or data presentations.
4. Enhance access to opportunities that support BIPOC LGBTQ+/LGBTQ+ youth participation in activities that reduce the risk of substance use.

¹⁰ Turuba, R., Toddington, C., Tymoschuk, M., Amarasekera, A., Howard, A. M., Brockmann, V., Tallon, C., Irving, S., Mathias, S., Henderson, J. L., & Barbic, S. (2023). "A peer support worker can really be there supporting the youth throughout the whole process": a qualitative study exploring the role of peer support in providing substance use services to youth. *Harm reduction journal*, 20(1), 118. <https://doi.org/10.1186/s12954-023-00853-3>

Section 3 – Program Expectations and Proposal Instructions

A. Organizational Experience (20 Percent)

1. Program Expectations

- a. The contractor would have at least three (3) years of experience providing direct services to LGBTQ+ youth. Greater consideration will be given to proposers with experience providing direct services to BIPOC LGBTQ+ youth.
- b. The contractor would have at least two (2) years of experience engaging with and/or providing direct services to LGBTQ+ youth around the topic of substance use and reducing associated harms.
- c. The contractor would have at least two (2) years of experience in the last 5 years using environmental change strategies in a specific community (geographic or social) to delay the early onset of substance use and reduce the harms associated with substance use among youths.
- d. The Contractor would have experience advancing racial equity through their agency practice in all of these areas:
 - i. Increasing staff awareness about racism and equity
 - ii. Including equity principles in policies and/or structure, including professional development opportunities and pathways to leadership for BIPOC staff
 - iii. Developing methods used for allocating organization resources in ways that prioritize communities disproportionately affected by structural racism
 - iv. Developing/implementing mechanisms to evaluate how racism and privilege may impact the relationship between organization’s service providers and participants.
 - v. Implementing strategies to reduce burn-out, address trauma and support staff well-being who are working in, or with communities disproportionately impacted by structural racism and inequity

2. Proposal Instructions

- a. Complete the Organizational Experience section of the Community Coalitions RFP Questionnaire in PASSPort.

3. Evaluation

- a. This section will be evaluated based on the extent to which the proposer demonstrates successful and relevant organizational experience based on the criteria above. It is worth a maximum of 20 percent in the Proposal Evaluation.

B. Program Services (40 Percent)

1. Program Expectations

- a. In their proposal, the proposer would:
 - i. Define and describe their coalition, and
 - ii. Identify their target population (either BIPOC LGBTQ+ youth or LGBTQ+ youth). Greater consideration would be given to proposers who propose to target service to LGBTQ+ BIPOC youth.
- b. The contractor would convene an active coalition annually with the goal of delaying the early onset of substance use and reduce the harms associated with substance use among BIPOC LGBTQ+ /LGBTQ+ youth. The coalition would be comprised of representatives from at least four (4) different CADCA defined

community sectors; and one (1) sector that represents an agency that provides direct service to LGBTQ+ youth, totaling five (5) represented sectors. A community coalition member / representative must only represent a single sector (one sector per member). The proposer, the Health Department, and the NYC PRC are all ineligible to represent any community sectors in this program. Coalitions are encouraged to have more than five (5) sectors in their coalition; however, five (5) sectors represent the minimum requirement. The 12 community coalition sectors, as defined by CADCA, are listed below:

1. Youth
2. Caretakers
3. Business community
4. Media
5. Schools
6. Law Enforcement
7. Youth serving organizations
8. Faith based organizations
9. Civic and volunteer groups
10. Healthcare professionals
11. State, local, or tribal governments
12. Other organizations involved in substance use prevention and reduction

- c. The contractor would schedule, host, and ensure coalition member attendance at ten coalition meetings per contract year. The contractor may host more meetings, however, ten is the maximum number of meetings that will be reimbursed. To be reimbursed, a coalition meeting must have at least 5 individuals in attendance and at least 3 unique sectors represented. Proof of attendance should include the name of attendees, organization (if applicable) represented by the attendee, and sector represented by the attendee. Coalition membership is often larger than what is represented by coalition contract agreements, and as such, it is acceptable for reimbursement to have sectors represented by members other than those for which partnership agreements have been provided. All meeting agendas, minutes, proof of attendance, and meeting notes must be submitted to the Health Department.
 - i. Meetings may be held in-person or virtually. Coalitions may also choose to host hybrid meetings that offer both an in-person and remote option if this will increase member engagement.
 - ii. Coalition meetings should be used to share member expertise, review any relevant data, discuss any relevant changes within the community, plan coalition activities, plan for the future of the coalition, and discuss any areas of concern. Health Department staff will be informed of and invited to all coalition meetings and events.
 - iii. The Contractor would provide notice of the meetings to coalition members and the Health Department no fewer than ten days in advance.
- d. The Contractor, with input from all coalition members, would develop, plan, and conduct an annual community assessment every year of the contract, the results of which will be used to develop community-responsive coalition activities.

- i. The contractor is responsible for defining the community/communities of focus for the community assessment.
 - ii. The contractor would develop all aspects of an annual community assessment including but not limited to creating a data collection plan, updating or developing new research questions, creating a participant recruitment plan, and creating a data analysis plan.
 - iii. The contractor would complete their community assessment plan annually, analyzing data collected, drafting an annual community assessment report, and sharing findings from the community assessment with their coalition and community.
- e. The contractor, with input from all coalition members and based on the results of the annual community assessment, would create an annual action plan outlining the community activities to be implemented by the coalition for their specified community (or sub-community). The annual action plan would include the following:
 - i. Proposed timeline and expected outcomes of activities to be completed throughout the contract year.
 - ii. Be reflective of the needs and assets identified in the community assessment.
 - iii. Details about which coalition members will support each of the proposed activities and how they will provide support.
 - iv. Details about how the input of LGBTQ+ and BIPOC LGBTQ+ youth will be incorporated into coalition activities.
 - v. All action plans must be submitted to and approved by the Health Department.
- f. The contractor would obtain and update annually a letter of support from at least 5 coalition members. Four (4) coalition members should represent a unique sector as defined by CADCA, and one (1) member should represent an agency that provides direct service to LGBTQ+ youth, annually. If a coalition partner leaves the coalition during the year, coalition must find a replacement representing the same or another unique sector not already represented in the coalition within 4 months. Letters of support must indicate which sector the member represents, as well as demonstrate a commitment from each member to attend coalition meetings and provide input and support to the coalition in the development and implementation of contracted activities, as outlined in this RFP. Coalitions are required to have representation from four (4) different sectors, as defined by CADCA and one (1) LGBTQ+ youth serving organization.
- g. The contractor would ensure that the coalition successfully implements all activities set forth in the annual action plan:
 - i. In the first contract year activities must include three (3) items as described below:
 - o A minimum of one (1) unique activity to increase knowledge about the needs of BIPOC LGBTQ+/LGBTQ+ youth, the prevention of the early initiation of substance use, and/or associated harms. Examples of these activities include but are not limited to public service announcements, brochures, billboard campaigns, community meetings/town halls (separate from coalition meetings), and social media campaigns.

AND

- A minimum of one (1) unique activity designed to enhance access to opportunities that support BIPOC LGBTQ+/LGBTQ+ youth participation in substance use risk reduction activities. Examples of these activities include but are not limited to supporting the creation of Gender-Sexuality Alliance (GSA) clubs in schools, working with substance use treatment programs to improve services for LGBTQ+ youth, providing mentoring, referrals for services, and/or support groups, and providing substance-free, safe, affirming events for LGBTQ+ youth.
- ii. In contract years 2-6 activities must include four (4) items as described below:
 - Two (2) unique activities to increase community knowledge about the needs of BIPOC LGBTQ+/LGBTQ+ youth, the prevention of the early initiation of substance use, and/or associated harms. Examples of these activities include but are not limited to public service announcements, brochures, billboard campaigns, community meetings/town halls (separate from coalition meetings), and social media campaigns.
 - AND
 - Two (2) unique activities designed to enhance access to opportunities that support BIPOC LGBTQ+/LGBTQ+ youth participation in substance use risk reduction activities. Examples of these activities include but are not limited to supporting the creation of Gender-Sexuality Alliance (GSA) clubs in schools, working with substance use treatment programs to improve services for LGBTQ+ youth, providing mentoring, referrals for services, and/or support groups, and providing substance-free, safe, affirming events for LGBTQ+ youth.

2. Proposal Instructions

- a. Complete the Program Services section of the Community Coalitions RFP Questionnaire in PASSPort.
- b. In addition, please upload the following:
 - i. A letter of support from the five (5) proposed coalition members for contract year 1; please include the proposed sector for each proposed coalition member. There should be one letter from each of the five sectors represented by the proposed coalition members.

3. Evaluation

The section will be evaluated based on the quality of the proposed approach to Program Services based on the criteria listed in this section. It is worth a maximum of 40 percent in the Proposal Evaluation.

C. Organizational Capacity, Staffing, and Qualifications (25 Percent)

1. Program Expectations

- a. The contractor would have the capacity to maintain linkages with coalition partners who represent four (4) unique community sectors as defined by CADCA and one (1) LGBTQ+ youth serving organization.

- b. The contractor would have capacity to implement the requirements of the RFP either in-person, virtually, and/or through hybrid settings, as deemed appropriate by coalition members and the community you are serving. The contractor must ensure that all virtual events, inclusive of coalition meetings, are conducted in a professional manner. The host(s) of all virtual events must ensure they are hosting the event in a quiet space with stable internet and/or phone connection. All participants must be notified and provide consent if they will be recorded. Any virtual events would include a call-in phone number to ensure maximum participation from coalition and community members.
 - The contractor would ensure that all events are culturally and linguistically responsive to the community/communities they serve. The ability to address the quality of care provided to under-resourced populations served by this program is enhanced by programmatic alignment with the federal National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). <https://thinkculturalhealth.hhs.gov/clas>
- c. The contractor would develop and implement a staffing plan to ensure qualified staff will convene coalition meetings and implement requirements of the RFP, as well as provide necessary data management and reporting.

The contractor would, at a minimum, within the first three (3) months of the contract registration date, employ key staff who possess the following qualifications:

- i. **One (1) full-time Coalition Manager** to manage the coalition and ensure completion of contracted services. The coalition manager would identify and supervise one (1) LGBTQ+ Peer Youth Specialist and manage the work of the coalition by ensuring that coalition activities are implemented in accordance with the action plan, drafting community assessment plans and tools, conducting data analysis, communicating regularly with, and preparing written reports for, the Health Department.
- ii. **One (1) part-time LGBTQ+ Peer Youth Specialists** to support the work of the coalition including but not limited to scheduling coalition meetings, supporting data collection and dissemination, and providing input and support with community assessment and coalition activities. When possible, the LGBTQ+ Peer Youth Specialists would attend coalition meetings. However, if this is not possible, it is the responsibility of the Coalition Manager to ensure that the work of the coalition is communicated to the LGBTQ+ Peer Youth Specialists, and that their input is valued and incorporated into all aspects of the coalition. The LGBTQ+ Peer Youth Specialists should mirror the socio- cultural demographic served, be paid in accordance with New York City and State minimum wage guidelines and be employed at least 15 hours per week.
- d. The contractor would develop and implement organizational strategies and approaches to racial equity and social justice through programming and operations and ensure that services are equitable and responsive to the program participants' needs to address racial health gaps and improve health outcomes for all New York City residents. For more information regarding racial equity and social justice please visit <https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page>.

- e. The Contractor would have a well-developed managerial and financial structure to coordinate the work of this contract. This would include the establishment of internal controls, employment of staff responsible for managing the financial aspects of the work, managing budgets, maintaining a separate bank account for this contract, and the capability to accurately and timely submit invoices for payment.
- f. (For not-for-profit proposers): The Contractor would have a Board of Directors with demonstrated experience promoting racial justice and health equity and excellence within the organization and its services, including integrating equity goals into its organization’s vision and mission.
- g. The Contractor would comply with audit requirements as follows:
 - i. Proposers with annual gross revenues greater than \$250,000 must provide a financial audit by an independent CPA.
 - ii. Proposers with annual gross revenues between \$100,000 and \$250,000 must provide a CPA’s review report.
 - iii. Proposers with annual revenues below \$100,000 are not required to retain a CPA but must submit a financial report signed by the president or other authorized officer and the chief fiscal officer of the organization who shall certify under penalties for perjury that the statements therein are true and correct to the best of their knowledge.
 - iv. If the proposer does not have a CPA audit, submit both:
 - 1) A current financial statement or report; and
 - 2) A letter on the proposer’s letterhead, signed by the president (or equivalent executive officer) the chief fiscal officer, which describes why a CPA audit is not available

2. Proposal Instructions

- a. Complete the Organizational Capacity, Staffing, Qualifications, and Trainings section of the Community Coalitions RFP Questionnaire in PASSPort.
- b. In addition, please submit the following:
 - i. Resumes (if available) or job descriptions of key staff
 - ii. Staffing Plan
 - iii. Organizational chart showing where, and an explanation of how, the proposed program would fit into the proposer’s organization
 - iv. Audit report that complies with subsection “g” above.

3. Evaluation

- a. This section will be evaluated based on the demonstrated Organizational Capacity, Staffing, and Qualifications. This section is worth 25 percent.

D. Outcomes, Data Management and Reporting (15 Percent)

1. Program Expectations

- a. The contractor would implement activities designed to impact BIPOC LGBTQ+/LGBTQ+ youth living in New York City’s five boroughs.
- b. The contractor would have systems in place to track coalition meeting attendance and note keeping and provide records of coalition meetings to the Health Department.

- c. Three (3) times per year, the contractor would submit the following to the Health Department and other coalition members:
 - i. Action plan progress reports including the following information:
 - 1) How the coalition members have advanced or shaped the activities, including promotion of coalition activities and events;
 - 2) Challenges and successes the coalition has experienced implementing any activities;
 - 3) Data tracking as required by the Health Department for any incentives provided to community assessment participants.

The Health Department will provide the Report Template.

- d. Upon completion of each activity to support LGBTQ+ youth, the contractor would submit the following to the Health Department; the contractor may collate this information and provide to the other coalition members on an annual basis:
 - i. Documentation of completion of coalition activities including the following information:
 - 1) The reach of each activity implemented from the action plan including actual or estimated attendance at in-person and virtual events;
 - 2) Engagement metrics from social media campaigns;
 - 3) Copies of all marketing campaign materials;
 - 4) Copies of slides and training materials;
 - 5) De-identified notes summarizing any groups or referrals provided to LGBTQ+ youth;
 - 6) Photos of events. Unless consent forms have been signed, photos should not contain any faces of participants.
- e. The contractor would submit to the Health Department an annual action plan detailing the activities the coalition intends to complete throughout the year.
 - i. Annual submission of letters of support for at least 5 coalition members representing 4 unique community sectors, as defined by CADCA and one organization that serves LGBTQ+ youth.
- f. The contractor would submit to the Health Department an annual community assessment plan;
- g. The contractor would submit to the Health Department annual community assessment survey instruments (such as focus group questions, and any other community assessment tools to be utilized);
- h. The contractor would submit to the Health Department a final Annual Community Assessment Report, including the following:
 - i. Data related to substance use among BIPOC LGBTQ+/LGBTQ+ youth;
 - ii. Prevalence of substance use within community of focus (if applicable)
 - iii. Types of substances used
 - iv. Attitudes, norms, trends and beliefs related to substance use, and root causes of substance use within the community;
 - v. Focus on racial equity
 - vi. Impact of implemented activities and the effects on increasing community knowledge, access to supportive opportunities (to reduce harms and delay early onset of substance use) and cultural acceptance of BIPOC LGBTQ+/LGBTQ+ youth
 - vii. Summary of the findings of the community assessments and how they changed over the contract term

- viii. Coalition sustainability assessment, including lessons learned throughout the year and actions the coalition intends to take to ensure sustainability beyond the Health Department funding.

2. Proposal Instructions

- a. Complete the Outcomes, Data Management and Reporting section of the Community Coalitions RFP Questionnaire in PASSPort.

3. Evaluation

- a. This section will be evaluated based on the quality of the proposed approach to Outcomes, Data Management and Reporting in accordance with the criteria specified in this section. This section is worth 15 percent.

E. Budget Management

1. Program Expectations

- a. The Health Department anticipates awarding five contracts with anticipated annual funding of \$168,000 per contract per year, for six years.
- b. The maximum available funding for each contract may be greater if fewer contracts are awarded. In this case, the Health Department would reserve the right to add deliverables or to change the quantities of existing deliverables.
- c. To promote funding equity across coalitions, the unit rates for each deliverable has been set by the Health Department as set out in subsections “d” and “e” below.
- d. **In the first year** of the contract it is anticipated the contractor will be paid upon successful competition of the following deliverables at the following rates; note that completion must occur within the first year of the contract to be eligible for reimbursement:
 - i. A unit rate for each coalition meeting held, up to nine (9) coalition meetings annually. Coalitions must submit meeting agendas, meeting minutes and attendance sheets for reimbursement. Coalition meetings would have a quorum of at least five (5) attendees representing a minimum of three (3) unique sectors to be considered valid. The sectors present in each meeting do not have to be the same as those represented in membership agreements. The contractor may host more coalition meetings; however, reimbursement will be limited to 9 meetings. **Reimbursement is fixed at \$5,000 per meeting, for a total maximum reimbursement of \$45,000.**
 - ii. A unit rate for the completion of one (1) 90-minute kick-off meeting that must be held within the first three (3) months of the contract registration date. This meeting would have a quorum of at least eight (8) attendees representing a minimum of four (4) unique sectors to be considered valid. The coalition’s name and purpose must be included in the meeting’s agenda, and the overall goal(s) of the coalition must be addressed. The goal(s) stated must reflect the overall goals listed in the RFP. The kick-off meeting must also cover the work that the coalition will achieve over the course of its first year through reviewing the planned community assessment and the three (3) planned activities with members. This kick-off meeting provides the chance for coalitions to solicit ideas and feedback from members to assist in developing plans for the year. The meeting must also provide the coalition members with

- an overview on how they can be involved and support the work planned for the contract's first year. **Reimbursement is fixed at \$17,000.**
- iii. A unit rate for each coalition letter of support for 5 coalition members - four (4) of which represent a different CADCA sector, and one (1) of which represents an agency that provides direct service to LGBTQ+ youth. **Reimbursement is fixed at \$1,000 per letter, for a total reimbursement of \$5,000.**
 - iv. The submission of a Health Department approved annual action plan which details the activities the coalition intends to complete throughout the year. **Reimbursement is fixed at \$10,000.**
 - v. A unit rate for the completion of three (3) activities consisting of a minimum of one (1) activity designed to increase community knowledge about the needs of BIPOC LGBTQ+/LGBTQ+ youth, and substance use prevention AND a minimum of one (1) activity designed to enhance access to opportunities that support BIPOC LGBTQ+/LGBTQ+ youth participation in substance use risk reduction activities. All reimbursed activities must be listed on the Health Department approved action plan. The contractor will not be paid for the completion of any activities until the action plan is approved. The contractor will not be paid for any activities other than those listed on the action plan; if the contractor needs to revise the action plan to add or change any of the planned activities a new action plan must be submitted to and approved by the Health Department. **Reimbursement is fixed at \$12,000 per activity, for a total possible reimbursement of \$36,000 if all activities are completed;**
 - vi. The submission of three (3) action plan progress reports annually. **Reimbursement is fixed at \$3,000 per report, for a total maximum reimbursement of \$9,000 if all progress reports are submitted;**
 - vii. The submission of a Health Department approved annual community assessment plan. **Reimbursement is fixed at \$13,000 for annual plan;**
 - viii. The submission of a Health Department approved and implemented community assessment survey tool(s) and instrument(s) annually. **Reimbursement is fixed at \$13,000 for this deliverable;**
 - ix. The submission of a Health Department approved annual community assessment report summarizing findings from the community assessment annually. **Reimbursement is fixed at \$20,000.**
- e. In years 2-6 it is anticipated that the contractor will be paid upon successful completion of the following deliverables at the following rates; note that completion dates must be within the applicable contract year(s) in order to be eligible for reimbursement:
- i. A unit rate for each coalition meeting held, up to (10) coalition meetings annually. Coalitions must submit meeting agendas, meeting minutes and attendance for reimbursement. The contractor may host more coalition meetings; however, reimbursement will be limited to 10 meetings. Reimbursement is fixed at \$5,000 per meeting, for a **total possible reimbursement of \$50,000 annually if 10 meetings are held.**
 - ii. A unit rate for each coalition letter of support for 5 coalition members - four (4) of which represent a different CADCA sector, and one (1) of which represents an agency that provides direct service to LGBRQ+ youth. Letters of

support may represent the same individuals and/or sectors, however they must be updated and resubmitted annually. **Reimbursement is fixed at \$1,000 per letter, for a total annual possible reimbursement of \$5,000.**

- iii. The successful submission of a Health Department approved annual action plan which details the activities the coalition intends to complete throughout the year. **Reimbursement is fixed at \$10,000 annually.**
- iv. A unit rate for the completion of two (2) activities annually designed to increase community knowledge about the needs of BIPOC LGBTQ+/LGBTQ+ youth, and substance use prevention, and two (2) activities designed to enhance access to opportunities that support BIPOC LGBTQ+/LGBTQ+ youth participation in substance use risk reduction activities, for a total of four (4) activities. All reimbursed activities must be listed on the Health Department approved action plan. The contractor will not be paid for the completion of any activities until the action plan is approved. The contractor will not be paid for any activities other than those listed on the action plan; if the contractor needs to revise the action plan to add or change any of the planned activities a new action plan must be submitted to and approved by the Health Department. **Reimbursement is fixed at \$12,000 per activity, for a total possible fixed reimbursement of \$48,000 annually if all activities are completed.**
- v. The submission of 3 action plan progress reports annually. **Reimbursement is fixed at \$3,000 per item, for a total fixed annual reimbursement of \$9,000.**
- vi. The submission of a Health Department approved annual community assessment plan annually. **Reimbursement is fixed at \$13,000 annually.**
- vii. The submission of a Health Department approved annual community assessment survey tool(s) and instrument(s). **Reimbursement is fixed at \$13,000 annually.**
- viii. The submission of a Health Department approved annual community assessment report summarizing findings from the community assessment. **Reimbursement is fixed at \$20,000 annually.**

2. Proposal Instructions

- a. Answer the questions in the Budget Management section of the Community Coalitions RFP Questionnaire in PASSPort.
- b. Enter "1" in the Item Grid in PASSPort.

3. Evaluation

- a. This section will not be evaluated.

Section 4 – Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals received by the Health Department will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by the Health Department to be non-responsive will be rejected. The Health Department evaluation committee will review and rate each responsive proposal. The proposals will be ranked in order of highest to lowest technical score. The Health Department reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Health Department deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Health Department 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 responsible proposers whose proposal(s) is/are 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. Awards will be made to the highest rated technically viable proposers who agree to the rates set out in the RFP until the agency's needs are met. However:

- the Health Department reserves the right to award less or more than the full amount of funding requested and to modify the allocation of funds among contractors in the best interests of the City.
- the Health Department reserves the right to skip proposals to diversify the representation of community coalition sectors.
- If a proposer is eligible for award for more than one community coalition sector, the Health Department reserves the right to determine, based on the best interest of the City, how many and for which sectors the proposer will be awarded a contract.
- the Health Department reserves the right not to make awards depending on availability of funding or city's needs.
- the Health Department reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- the Health Department reserves the right, prior to contract registration and during the term of the contract, to change the program service size, program type, deliverables, and/or model depending on the needs of the system.

Contract awards shall be subject to timely completion of contract negotiations between the Health Department and the selected proposer(s).