Connections to Care Request for Proposals Frequently Asked Questions
Last Updated October 14, 2015

General Questions

1) **How frequently will responses to questions be posted?**

As stated on page 2 of the RFP: *"Answers to questions will be posted weekly, with final answers posted by October 13, 2015."*

2) **What are you specifically looking for in the Letter of Interest?**

As stated on page 2 of the RFP: *"Please include name of organization, contact information of point of contact for this solicitation, service geographic location and proposed target population(s) to be served."*

3) **Can we submit a Letter of Interest as the proposed subgrantee, indicating that one of our partner CBOs will submit an application by the 10/19 deadline? Or must the LOI come from the agency that plans to submit the application?**

Letters of Interest should ideally come from the lead CBO applicant but letters indicating a proposal is in development and partners will be named in the proposal are welcome.

4) **If we haven't submitted a letter of interest, is our proposed program still likely to be funded?**

While recommended, Letters of Interest were not required for this RFP. All organizations fitting the criteria laid out in the RFP are encouraged to apply.

5) **What is the timeframe for the grant funding, e.g. one year, multi-year?**

As stated on page 3 of the RFP: *"Expecting C2C to be a five-year program, the Mayor's Fund anticipates awarding three-year grants (with the option of the Mayor's Fund to renew the grant in years four and five) to approximately twelve CBOs in New York City."*

6) **How can I get minutes from the Stakeholders Listening Session that DOHMH held?**

This can be found online at http://www.nyc.gov/html/doh/downloads/pdf/tcny/listening-session-summary.pdf

7) **If awarded this grant, would it be considered a federal or a city grant?**

The contracts will be between the Mayor's Fund and the subgrantee but the source of funds would be federal funds from the Corporation for National and Community Service's Social Innovation Fund, as well as funds the Mayor's Fund has raised to match its Social Innovation Fund grant. All funds supporting C2C will be subject to the rules and restrictions governing federal funds.

8) **On the C2C website, organizations listed as potential CBO partners are described as Mental Health Providers, Technical Assistance Providers, or both. What is the difference between these roles, and what specific duties would a partner organization be expected to fulfill in each?**

In the C2C structure, the primary applicant *must* be a non-profit Community-Based Organization (CBO) with proven experience and expertise delivering high-quality programming for the targeted populations. The application *must* include a licensed Mental Health Provider (MHP) as a *partner* (not primary applicant). The MHP is expected to provide technical assistance (TA) to the CBO in the core mental health modalities, and is also expected to coordinate on referrals and build the CBO's overall mental health service delivery and referral capabilities. In some cases, the MHP *may* choose to engage or procure a separate TA provider as a partner to provide some or all of the needed TA to the CBO if this strategy makes the most sense given the proposed service plan. In partnerships where a separate TA provider provides technical assistance, the MHP is still expected to perform all the other functions of the MHP role, as laid out in the RFP.

9) **The Proposal Instruction page contains contradictory information. In the second paragraph on Page 19 we are told that the proposal narrative includes budget spreadsheets and should be no more than 20 single-spaced pages. At the bottom of Page 19 it says that the budget and budget narrative are not part of the 20-page limit. Can this be clarified in the addendum?**

The budget spreadsheet and narrative are not counted toward the 20-page limit. As stated on page 19 of the RFP, *"The Program Proposal Narrative (***excluding** *exhibits, attachments, forms, resumes, and budget spreadsheets and narrative) should not exceed 20 single-spaced pages in length"* (emphasis added).

10) **How do lead organizations respond to Sections F and G? What should be the written response other than simply restating the obvious?**

Proposers should simply state their willingness to comply with research, due diligence, and fiscal monitoring requirements. This willingness is further demonstrated by proposers providing the attachments required on the proposal checklist.

11) **Would the Mayor's Fund consider extending the submission date, even by a few days?**

The application deadline is set to comply with the requirements of the CNCS Terms and Conditions and so we are unable to change the date.

12) **On page 29 of the RFP, it states that we should include "written policies and procedures." Does this refer to just FINANCIAL policies and procedures or a more comprehensive document, like an employee handbook?**

Yes, this refers to question 9 on Attachment 3 (Background Form/Capacity Statement) which requests written financial and/or accounting policies and procedures.

13) **In terms of Attachment 5: Acknowledgement of Addenda, what kind of addenda are we expected to list? Please explain.**

Addenda would include any official changes made by Mayor's Fund to the Request for Proposal after it was released. The Mayor's Fund has not made any addenda to the RFP. Proposers can leave the list blank and sign the bottom of the attachment.

14) **If one agency is submitting an application wherein one of its service provider branches will partner with its MHP branch to enhance mental health services to a population that does not currently receive them, does the application still need to include a signed partnership letter from the MHP? Or is it enough to include information within the narrative about the nature of the collaboration within the agency (e.g., in response to sections C.1.f., D.e., D.f., D.h., D.k., and other sections)?**

Yes, please provide a letter co-signed by the heads of both units and the organization's executive director describing the partnership.

15) **For multi-service organizations applying with two branches within the same organization, does the application need to include two separate budgets?**

Yes. The applicant should provide separate budgets for the MHP branch and the branch serving the target population.

16) **On page 15 of the RFP, it states that each partnership may contract with a third party technical assistance provider to train direct service staff. Does this third party vendor need to be identified in the proposal?**

All parties that will receive funding through Connections to Care must be named in the original proposal.

17) **Are original signatures required on all eight hand-delivered copies?**

Original signatures must be on at least one of the eight copies submitted as part of the Connections to Care application. Please indicate which copy contains original signatures.

<u>Funding and Fundraising</u>

18) **How much funding is available to the organization if we receive the grant?**

As stated on pages 10-11 of the RFP: *"Program budgets for C2C will be between $200,000-$500,000 annually, with a portion of this total coming from a grant from the Mayor's Fund and the rest raised largely by the CBO. Mayor's Fund will provide some technical assistance or other support to awarded SIF C2C subgrantee providers toward their fundraising but the strongest proposals will demonstrate the applicant's capacity to raise the 1:1 required match levels.*

Selected CBOs will each receive an initial award from the Mayor's Fund of approximately $100,000 to $250,000 annually for three years, with the Mayor's Fund option to renew in years four and five. Program budgets submitted in response to this RFP should be broken out by year and include five years of program expenses. Each total annual subgrantee budget (including both the Mayor's Fund award and the matching funds raised) will be between $200,000 and $500,000."

Assuming the subgrantee successfully meets the terms as described above, the Mayor's Fund expect to award grants no smaller than $100,000 per year and no larger than $250,000 per year for five years. The first grant award is expected to cover the first three years ($300,000 - $750,000 for three years), with the Mayor's Fund option to renew in years four and five (additional $200,000 to $500,000

for two years). Based on performance and fund availability, each successful applicant organization could expect to receive a five year award minimum of $500,000 and a maximum of $1,250,000.

19) What type of technical assistance will the Mayor's Fund provide for fundraising for the match? For example, will the Mayor's Fund be reaching out to private and corporate foundations? If so, will the Mayor's Fund share who they will reach out to (so the CBO knows in case the Mayor's Fund is reaching out to one of their current funders?)

The Mayor's Fund will provide some technical assistance, such as helping to coordinate outreach to prospective funders to ensure a unified approach to identifying matching funds, to support awarded SIF C2C subgrantee providers toward their fundraising efforts. However, the strongest proposals will demonstrate the applicant's capacity to raise the 1:1 required match levels.

20) How much will the mayor's office help raise for the 1:1 requirement?

As noted on page 10 of the RFP, *"The Mayor's Fund will provide some technical assistance or other support to awarded SIF C2C subgrantee providers toward their fundraising but the strongest proposals will demonstrate the applicant's capacity to raise the 1:1 required match levels."*

21) Does the match have to be in place at the beginning of the award period? If not, when does it need to have been met?

No. As stated on Page 17 of the RPF, SIF subgrantees are required to meet a dollar for dollar (1:1) match expenditure every 12 months. This must be done by the end of each year of their award period. For example, for a subgrantee whose subgrant agreement on February 1, 2016, if by January 31, 2017 the subgrantee has expended $150,000, then by that same date the subgrantee must have a documented match of at least $150,000. For additional information, please also refer to Frequently Asked Questions from CNCS for the 2015 NOFA.

22) What if funding will come through after the start of the contract? This could be the case with potential foundation funding, depending on foundations' funding cycles. Will the Mayor's Fund help bridge the gap?

As stated on Page 17 of the RFP, subgrantees have to meet match every 12 months, but do not have to have it all raised at the time of application. Also on Page 17, the RFP states, *"C2C provider applicants should demonstrate in their application their ability to leverage matching funding. Organizations without a fully-developed fundraising plan are invited to apply, as Mayor's Fund will provide some technical assistance or other support to awarded SIF C2C subgrantee providers toward their fundraising requirements. Note, however, that the strongest proposals will demonstrate the applicant's capacity to raise the required match levels."*

23) What happens if our fundraising efforts fall short of the match amount? Could we lose the grant award? Could the Mayor's Fund step in and help raise the gap if necessary?

As stated on Page 17 of the RFP, *"C2C provider applicants should demonstrate in their application their ability to leverage matching funding. Organizations without a fully-developed fundraising plan are invited to apply, as Mayor's Fund will provide some technical assistance or other support to awarded SIF*

C2C subgrantee providers toward their fundraising requirements. Note, however, that the strongest proposals will demonstrate the applicant's capacity to raise the required match levels." Per the terms of the SIF 2015 award, failure to meet the match at any of the 12 month increments will result in termination.

24) Can the 1:1 funding match be met with in-kind staff services?

Unlike most Federal grant programs, the market value of goods and services donated by third parties as "in kind" matching costs does not count toward the matching requirement. As stated on Page 17 of the RFP and by law, *"The matching funds must be provided in cash. References in 2 CFR §200.306 to providing matching funds in-kind do NOT apply to SIF awards."*

25) Can match be met with revenues generated by billable mental health services that may occur when the program recipients are found to need more intensive counseling, and are referred to the MHP for that counseling?

While in general, program income (as defined in the applicable OMB Circulars) may count toward the match requirements, the specifics of each Social Innovation Fund subgrant application will determine whether this will be allowable. Applicants planning to use program income as a source of match should describe how the revenues meet the SIF requirement for unrestricted, non-federal cash, and how the revenue will be applied towards program costs within the budget (e.g., cover costs that are reasonable, allocable and treated consistently within the organization). Further, the strongest proposals will demonstrate the applicant's capacity to raise the required match levels. In the case of program income, applicants should provide a clear demonstration of how expected revenue has been projected and plans for meeting match should the revenue not meet projections.

26) On page 16 of the RFP, you mention Medicaid under budget and match. Would you consider reimbursement through Medicaid as a valid source of match funds?

No. Federal funds are not an allowable source of match funds.

27) A prior question asked whether you would "consider reimbursement through Medicaid as a valid source of match funds." The response was "No. Federal funds are not an allowable source of match funds." However, only a portion of Medicaid funds are federal dollars, and the remainder is state and local dollars. Is it correct to assume that we can use as a match the non-federal portion of Medicaid payments? If not, why not?

Not at this time. In general, matching funds must meet the terms of allowability under federal awards, which includes that they cannot be included as a cost or used to meet cost share or matching requirements of any other federally-financed program (e.g., Medicaid). As a result, proposers should not include any portion of Medicaid within its match. We recognize, however, that there have been cases where an exemption has been granted and CNCS has allowed its inclusion depending on how the state operates Medicaid. The Collaborative will work with NYS and CNCS to determine if this will apply to this RFP, but it will not be known prior to the due dates for applications. Proposers that would be interested in this possibility can include a note to that effect in their application, but it cannot replace the currently allowable sources of match.

28) Can you explain potential sources of the 1:1 matching funds? Do we have to raise funds specifically for this project or can we use internal funds to match?

As described in the CNCS FAQ, matching funds may come from State, local, or private sources, which may include State or local agencies, businesses, private philanthropic organizations, or individuals. Federal funds may not be used towards the Social Innovation Fund match requirements. Matching funds must be unrestricted new or existing dollars. They cannot be previously-obligated funding that is redirected for purposes of meeting the Social Innovation Fund match requirement. Funds donated for a specific program cannot be reallocated as Social Innovation Fund matching funds without the express consent of the donor.

29) Can you provide additional guidance regarding what is allowable as matching funds? The guidance states, "References in 2 CFR §200.306 to providing matching funds in-kind do NOT apply to SIF awards." How do you envision matching funds being expended by subgrantees, if not on related program services provided in-kind?

Match requirements must be met using non-federal cash that will cover one half of the C2C budget. Also, see responses to "Can the 1:1 funding match be met with in-kind staff services?" and "Can you explain potential sources of the 1:1 matching funds?" For more information on the requirement for match to be non-federal cash, please visit CNCS FAQ which describes more on the match requirements.

30) The RFP summary and RFP Purpose sections mention the match requirement. Is the match requirement 100 percent of the Social Innovation Fund (SIF) share or is the match 100 percent of the Mayor's Fund share? It is not clear to me as to what is the SIF commitment and how much of that needs to be matched, nor what the Mayor's Fund commitment is and how much of that needs to be matched.

Organizations are required to match all funds granted under the contract with the Mayor's Fund one to one. For example, if a CBO is granted $250,000, then the CBO must match that award with $250,000 in match funds. Also, see responses to "Can the 1:1 funding match be met with in-kind staff services?" and "Can you explain potential sources of the 1:1 matching funds?" for more information on potential sources of match funds. For more information on the requirement for match to be non-federal cash, please visit CNCS FAQ which describes more on the match requirements.

31) We receive $400,000 in city funding for this program. Could that be considered the matching money as we do provide educational, recreational, nutritional, and social services to several of the target populations mentioned in the RFP. If our existing city funding cannot be used as matching money, can you provide some insight as to where we could go?

No, as noted above, matching funds must be unrestricted new or existing dollars, so existing program services cannot count towards matching the SIF funds. Specifically, as stated on page 9 of CNCS FAQ, *"local government funds which are obligated and already supporting existing programs will be treated in the same manner as restricted donor funds for nonprofits. CNCS does not intend to allow the availability*

of Social Innovation Fund to diminish ongoing programs in order to meet the Social Innovation Fund matching fund requirements."

32) The FAQ document states that "Matching funds must be unrestricted new or existing dollars." Does this mean that if we were to approach a foundation, we cannot seek funding that will go specifically to the Connections to Care Program? We usually use the term "unrestricted" for funds that can be used for general operations and feel that private funders may be more willing to dedicate resources if we can tell them that the funds will actually be restricted to this specific initiative.

Organizations may raise new private foundations dollars specifically for this initiative. Existing funds already at the organization prior to award cannot be previously-obligated funding and must be unrestricted dollars.

33) Can private funds raised for programs similar to the Social Innovation Fund programs be counted as part of this match?

Private funds donated for a specific program cannot be reallocated as Social Innovation Fund matching funds without the express consent of the donor.

34) With respect to matching funds, can the Applicant's ongoing government contracts for expectant mother and/or early childhood services with NYS and City that are not paid for with federal funding be counted as a match if program staff will be trained per the C2C model?

No, matching funds must be unrestricted new or existing dollars, so existing program services cannot count towards matching the SIF funds. Specifically, as stated on page 9 of CNCS FAQ, *"local government funds which are obligated and already supporting existing programs will be treated in the same manner as restricted donor funds for nonprofits. CNCS does not intend to allow the availability of Social Innovation Fund to diminish ongoing programs in order to meet the Social Innovation Fund matching fund requirements."*

35) With respect to matching funds, can foundation grants for expectant mother and/or early childhood services be counted as a match if program staff funded through the grants are being trained per the C2C model?

In general, no. Matching funds (regardless of source) must be unrestricted new or existing dollars, so existing program services cannot count towards matching the SIF funds. For more details on the intent of SIF match, please refer to the CNCS FAQ pages 8-10.

36) Our agency is required to provide health coverage for staff working 30 hours or more. The funds allocated for the suggested 0 hours do not allow for these costs. May we consider increased staff appointments for fewer hours to deal with this issue?

Staff salaries and fringe are allowable costs under this grant. The Budget Template states that *"Fringe benefits must include FICA. Additional allowable fringe benefits typically include Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K, in line with organizational policies. In the narrative budget justification, provide a description of items included in fringe, the rate and the base for*

calculating fringe benefits." Please describe the cost basis for each budget item and input it either under the Staff tabs or as a percentage applied under Fringe, and include the detail in the Budget Narrative.

37) Can we offer stipends for "front line staff" who will be trained in task-shifting

Likely not. While stipends may be an allowable cost in some cases, current staff that receive salary or wages would not also receive stipends for the same hours. Refer to 2 CFR Subpart E – Cost Principles for more information on allowable costs and consistency of treatment. Further, as part of the proposal review process, the Mayor's Fund will be examining proposed budgets and whether they effectively support C2C's mission of expanding access to evidence-based mental health services.

38) When pursuing the non-federal matching funds for these projects, is it allowable for applicants to expand the target population to be reached with the proposed programming, as long as the funds from the Mayor's fund only pay for services to those in the specified target group? For instance, can our proposed C2C program be open to out of school, out of work adults regardless of age, while the portion of the program funded by the Mayor's Fund would serve only those ages 16-24?

No, the Mayor's Fund expects **all** C2C funds, including subgrantee match funding, to support a C2C program that serves one or more of the three target populations – it is a requirement that match funding support the C2C program. On page 12 of the RFP, these populations are listed as *"(1) expectant mothers and parents of children 0-4; (2) out of school, out of work young adults ages 16-24; and/or (3) unemployed or underemployed low-income working-age adults ages 18 and over receiving employment services."* In the example provided, the adults involved could fit into the third category of eligible populations if they are receiving employment-related services.

39) Are subgrantee match funds subject to the same rules and restrictions as federal funds?

Yes, all C2C funds, regardless of their source, are subject to all the rules and restrictions governing federal funds in general and CNCS SIF funds in particular. And note there is no distinction between how matching funds and federal funds may be used.

40) Given the fundraising expectations, can we include a budget line for a fundraising professional/consultant?

Yes. Under 2 CFR §200.442, federal regulations now allow certain fund raising costs for the purposes of meeting the Federal program objectives with prior written approval. These regulations continue to restrict certain fundraising, such as financial campaigns and endowment drives. Programs that include fundraising costs in their budgets should specify the purpose and their understanding of the federal requirements. The Mayor's Fund will provide written confirmation, if it is approved.

41) Is indirect cost funding is available through the Mayor's Fund. If so, at what percentage of direct costs? Does the $250,000 maximum annual request represent the total of direct + indirect costs? Or is that the direct-cost maximum, with additional funds available to cover indirect?

Indirect costs are allowable for inclusion as part of the total budget. As stated on the "Budget Descriptions" tab of the Budget template, those organizations with a federal negotiated indirect cost rate agreement (NICRA) can include all or part of their approved rate. Organizations that have never had a NICRA may use a de minimus rate of up to 10% of modified total direct costs as defined under 2 CFR §200.68 and §200.414(f). The maximum annual request represents the total of direct + indirect costs.

42) Will the stated support from the Mayor's Fund for raising the 1: 1 match be available to raise such funds in year 1?

Yes, the stated support will be available starting at the award.

43) Does the first year budget have to include the full 1:1 match as immediately available for program startup? Or, can match be raised during the course of the project period?

As stated on Page 17 of the RFP, subgrantees have to meet match every 12 months, but do not have to have it all raised at the time of application.

44) Can the matching funds be raised in partnership with the MHP?

Yes. It is advisable that the partners have a clear agreement that describes roles, responsibilities and accountability of each partner in the fundraising. Once raised, the CBO as lead applicant will have the responsibility to monitor and track funds received for the project.

45) Is the Mental Health Provider (MHP) allowed to provide the match?

In general, yes, so long as it meets the standards for matching requirements of being non-federal cash.

46) Each year, our organization raises roughly the amount of unrestricted dollars needed to match the grant through community fundraising and fees for service. I am assuming that these dollars would count toward the "match" - as they are new/existing unrestricted funds which have been assigned to no other purpose. However, these dollars are raised in small amounts at a time, and it would be near impossible to ask each donor or client to sign a document stating these funds will be used toward the SIF - a requirement stated on the SIF website. How do you suggest small CBOs who are raising the match via grassroots fundraising meet this documentation requirement?

There is no specific requirement for subgrantees applying for SIF funds to have donor intent documented (although the requirements are somewhat different for Intermediaries applying directly by CNCS). For subgrantees, the Mayor's Fund RFP requests a fundraising plan, which can include the use of the unrestricted funds as described in the question towards match. If awarded, the subgrantee would need to ensure those funds are adequately documented as unrestricted and tracked, but would not be required to have a signature of donor intent.

47) Will an academic partnership be accepted to support the CBO work component, and can it count toward the 1:1 match?

An academic institution could serve as part of a C2C application, provided it meets all the relevant requirements. Regarding the match, match funding cannot be in-kind or currently restricted organizational funding.

Mental Health Providers

48) How can Mental Health Providers express their interest in partnering with CBOs? Can a list of interested MHPs be circulated to applicants who submit letters of interest? Or can MHP information be posted in some other forum regarding this RFP in the early stages of its release?

If a Mental Health Provider is interested in partnering with CBOs, please send the name of the provider, and a description of the type of organization the MHP would like to partner with the email, phone number, and name of a contact person to sif@cityhall.nyc.gov and the Mayor's Fund will post a list on its webpage with the RFP materials. Submissions are encouraged no later than September 25th.

49) Regarding the request for MHPs to include copies of facility and staff licenses (Section B), what should a provider do if we plan to utilize multiple sites with many staff members at each? Would a license for one primary site and the site director suffice for documentation?

The submitted licenses should appropriately capture the work being done by licensed clinicians across sites.

50) Do CBOs seek to obtain our own partnerships with the mental health facilities?

CBOs are responsible for securing a partnership with a Mental Health Provider. The Mayor's Fund has compiled a list of MHPs interested in partnering with CBOs for the purposes of this RFP. That list can be found on the Connections to Care page of the Mayor's Fund website.

51) The Assumptions section discusses the need for partnerships between CBOs and MHPs. Can an organization use existing linkage agreements or memoranda of understanding (MOUs) with MHPs to document collaboration?

CBOs are encouraged to utilize existing partnerships for the purposes of this RFP. However, please note that C2C is aimed at serving target populations not currently receiving integrated mental health services.

52) Can a CBO have multiple MHP partners?

Yes, with rationale provided. As noted in footnote 18 on page 10 of the RFP, *"Applicants may partner with more than one MHP (or other partner such as a technical assistance provider that delivers training in the selected mental health modalities) with appropriate rationale provided."*

53) Can the MHP travel in a mobile unit to provide mental health services to participants in their homes?

This could potentially be an allowable activity as part of a proposal. However, proposers should be mindful that all proposals will be assessed based on the criteria laid out in the RFP, including whether

the proposal effectively builds the CBO's capacity to offer the core package of mental health interventions.

54) The Definitions section of the RFP defines what a mental health provider (MHP) is. It is not clear as to whether grant funds can be used to sub-contract with an MHP or if an MHP is expected to render mental health services through other sources, e.g., Medicaid. Discussion of this elsewhere in the RFP is somewhat contradictory. (See Page 11 and Page 16 of the RFP.) Can this be clarified?

The grant funds are expected to cover C2C services provided by the MHP, except for services that are reimbursable by other revenue, including Medicaid. If the services are reimbursable by Medicaid, C2C grant funds would not be expected to cover those costs.

For example, if the MHP trains CBO staff to screen for readiness to change for problematic alcohol use, or to use Motivational Interviewing, the C2C budget could include costs for that training. The plan may also include provisions for the MHP to counsel a client for greater complexity of problems. In that case, C2C funds could pay for the training, data tracking system, and staff to track the follow-up. However if the participant and the services are Medicaid-eligible, then C2C would not pay for the MHP counseling services but rather the MHP should seek Medicaid reimbursement.

In addition, if the MHP provides direct mental health services to participants that do not qualify for reimbursement from other revenue sources (including Medicaid) – such as supervising CBO staff providing mindfulness group support for anxiety reduction, or directly providing clinical services not eligible for reimbursement – those services may be charged to the C2C grant.

55) DSRIP PPS are tasked with broad-based population screening at primary care sites for Behavioral Health (BH) disorders like depression and substance abuse, with on-site BH counseling and linkage to specialty BH providers as needed. These screenings, counseling and linkage would be funded by Medicaid and other 3rd party insurance, as well as PPS funds. Can the applicant work with PPS providers to not duplicate services already provided to our target population, but instead supplement PPS services per the 4 core services in the C2C program model?

An applicant could potentially partner with a PPS to provide BH services but cannot use the grant funds to pay for any services that are reimbursable by other revenues, including Medicaid. If there are additional costs associated with the services provided by the partnering PPS that are not reimbursable by Medicaid/other revenues, then they could potentially be charged to the C2C grant.

56) A MH partner can only bill Medicaid for services at the CBO site if they open a satellite MH clinic. Can grant funds be used to accomplish this outcome in year 1 and will NYC advocate for expedited review by NYS OMH of the licensing applications for grantees that pursue this objective?

An MHP can bill Medicaid if the MHP has obtained an NPI, is in good standing with Medicaid, and has a contract with a Medicaid Managed Care Organization – the MHP does *not* have to open a satellite clinic.

NYC is involved in the PAR process and collaborates with NYS OMH, but cannot guarantee expedited review of applications.

57) **Do the clinical mental health services need to be provided at the CBO, or can the mental health treatment still take place in the mental health settings with referrals from the CBOs?**

Clinical services can be provided either at the CBO or through referrals to the MHP. As stated on page 15 of the RFP: *"Should off-site referrals be a part of this application, please note, participants should be able to access services by public transportation and the referred location should be within 30 minutes of participant's residence and/or CBO's location. In addition, the referred location should be a licensed clinical practice and have a standard wait time that is less than a week for intake and first appointment. If on-site, services are expected to be delivered in a manner that ensures privacy and confidentiality for those receiving services."*

58) **On page 2 of the FAQ, it states, "In some cases, the MHP may choose to engage or procure a separate TA provider as a partner to provide some or all of the needed TA to the CBO if this strategy makes the most sense given the proposed service plan. In partnerships where a separate TA provider provides technical assistance, the MHP is still expected to perform all the other functions of the MHP role, as laid out in the RFP." If the MHP chooses to engage a separate TA provider as a partner, what kind of TA is the MHP allowed to delegate to the TA provider? Please provide some examples.**

The MHP may choose to engage or procure a separate TA provider to provide TA focused on building the CBO staff capacity to offer the core C2C mental health services (e.g. training the CBO staff in the four modalities).

59) **Does the MHP need to be licensed under Article 31 of the NYS Mental Hygiene law, or does it suffice for them to be a 501(c)(3) organization with the capacity to deliver the services required and employing licensed mental health professional counselors and licensed clinical social workers with the successful experience providing services to the target population?**

The MHP does not need to be licensed under Article 31, but must have staff licensed to deliver clinical mental health services.

60) **On page 15 of the RFP, it states, "Should off-site referrals be a part of this application, please note that participants should be able to access services by public transportation and the referred location should be within 30 minutes of participant's residence and/or CBO's location…If on-site, services are expected to be delivered in a manner that ensures privacy and confidentiality for those receiving services." Can we arrange for the MHP's staff to process on-site referrals once or twice a week at the CBO location if the MHP's office is more than 30 minutes from the CBO?**

C2C allows for MHPs to provide services on-site at the CBO, regardless of where the MHP's office is located. However, if participants are then referred to off-site care, the expectation would be that efforts are made to ensure that participants can access that care using public transportation within a reasonable distance of the participant's residence and/or CBO's location.

Eligibility

61) Would the Mayor's Fund consider a proposal where the MHP is the subgrantee?

No, except in the case of a multi-service organization as described in the question below.

62) The agency I work for is multi service, with clearly delineated programs including a licensed NYS mental health clinic. Would we be eligible for funding to integrate our clinic's mental health services into separate programs within the parent organization that do not have a mental health component at this time, provided we serve one or more of the target populations?

C2C is targeted to organizations with limited experience in mental health services. A multi-service non-profit CBO with an article 31 clinic is eligible to apply, but the applicant must successfully demonstrate why and how C2C is needed for the organization to build capacity among non-mental health staff and why such cross-training and referral is not otherwise already occurring. The Mayor's Fund collaborative seeks CBOs with a significant need among their service populations and their staff for C2C.

63) We have multiple sites. One site provides mental health services, but those services can only be accessed by the people who are clients of that specific program. We have other sites which do not provide mental health services but need them. Are we eligible?

C2C is targeted to organizations with limited experience in mental health services. However, the Mayor's Fund will consider applications from multi-service organizations, described above, if the applicant can demonstrate that there is substantial need among populations not currently served by mental health services and must successfully demonstrate why and how C2C is needed for the organization to build capacity among non-mental health staff and why such cross-training and referral is not otherwise already occurring.

64) Our agency is a CBO that expects to receive an Article 31 license prior to the due date of the proposal for this RFP. As part of our proposal, we would like to include our own Outpatient Mental Health Treatment Clinic among the Mental Health Providers to which we will provide training and inform other providers that they can make referrals to us. Can you advise us as to whether our clinic would meet the RFP's criteria for a Mental Health Provider (or does the MHP have to be a completely separate entity?)

As stated in the question above regarding multi-service organizations, C2C is targeted to organizations with limited experience in mental health services. A multi-service nonprofit CBO with an article 31 clinic is eligible to apply, but the applicant must successfully demonstrate why and how C2C is needed for the organization to build capacity among non-mental health staff and why such cross-training and referral is not otherwise already occurring. The Mayor's Fund collaborative seeks CBOs with a significant need among their service populations and their staff for C2C.

65) Does a community college count as a CBO for the purposes of this RFP?

The applicant must be a 501(c)(3) non-profit organization that currently serves at least one of the three target populations at NYC service locations. In the case of state or local entities that provide programs and services, the applicant could be a not-for-profit organization that manages grant-sponsored programs for the institution.

66) **Would a New York City Department of Education program serving parents of young children be eligible to apply for funding?**

Similar to a community college, the applicant must be a 501(c)(3) non-profit organization that currently serves at least one of the three target populations at NYC service locations. In the case of state or local entities that provide programs and services, the applicant could be a not-for-profit organization that manages grant-sponsored programs for the institution.

67) **I would like to know if [redacted] Health Services (a member of HHC) will qualify as a community-based organization.**

In the C2C structure, HHC facilities more closely fit the definition of a Mental Health Provider. We encourage HHC facilities to partner with CBO applicants. If you would like Mayor's Fund to post your contact information so that potential CBO partners may contact you, please submit the name of the provider, the preferred target population outlined in the RFP, as well as the email, phone number, and name of a contact person to sif@cityhall.nyc.gov and the Mayor's Fund will post a list on its webpage with the RFP materials. Submissions are encouraged no later than September 25th.

68) **We are an HHC affiliated, FQHC look alike. We have a large Pediatric Practice and would like to apply for this to re-engineer our Early Childhood Well Child Care practice to focus on a 2 generation approach to care with prevention of childhood mental health issues - especially ones related to maternal Adverse Childhood experience. We would like to do this by embedding an Early Childhood mental health professional in the practice to train, support and treat AND by partnering with mental health providers to train practice staff to deliver scripted interventions for prevalent and high impact conditions (maternal depression and adolescent depression). We would also closely partner with Early Childhood focused CBOs to provide a medical home for any families they serve who would like to get care in a practice with this focus. Can we apply as the lead agency for a C2C grant?**

As stated above, in the C2C structure, HHC facilities more closely fit the definition of a Mental Health Provider. We encourage HHC facilities to partner with CBO applicants.

69) **Our plan would integrate task shifting for mental health interventions for the clients of our agency and its partners <u>and</u> for the clients of our mental health provider partner particularly in its Article 28 medical clinics where 0-4 year old children and their parents come for well baby and sick visits. Since we are not a CBO with limited mental health experience and since the services would be provided not only to clients of ours as a CBO but also to clients of our mental health provider partner, we ask whether we are eligible.**

This organization is eligible to apply but must clearly demonstrate how their proposal meets the criteria outlined in the RFP.

70) **Would you please share your definition of Community Based Organization? We are an umbrella organization that does direct service to our membership organizations, most of which are in challenged communities and all of whom serve one of your target populations. We do provide direct services and resources to our membership to help their constituents overcome poverty and its related challenges. Do we qualify as a CBO in this regard?**

On page 13 of the RFP the lead CBO applicant is described as follows: *"The lead applicant must be a 501(c)(3) non-profit organization with proven experience and expertise delivering high-quality programming for the targeted low-income populations (described under 'Target Populations' in section III.D)."* An umbrella organization that meets this criterion would be eligible to apply. In all cases, where program services will not be delivered on-site of the lead CBO, applicants should fully describe how their model will be structured to meet all the stated criteria of program management, fiscal capability, program approach, etc.

71) **Our organization currently has a LMSW consultant that works with one of the target populations, but the consultant provides the only mental health services we offer. Would we still be eligible to apply in partnership with an MHP in order to drastically expand the mental health services we can provide?**

Given that it is a consultant, the organization in this case does not have existing internal mental health capacity, and so would be eligible. The organization might be able to utilize C2C to engage that consultant and other MHP services to expand its mental health services. The application would need to show how this project would fulfill the goals of the RFP.

72) **Our organization currently has a psychiatrist and Gynecologist providing medical and mental health to women in the program, but we are hoping to expand out mental health base. Are we eligible to apply with this staffing model?**

If the organization plans to bring on the psychiatrist (or another provider) as the MHP to add mental health services/capacity to a population currently not served by mental health services, that organization would meet the stipulated CBO/MHP partnership structure of C2C.

73) **Can a private entity apply for this grant? What are the requirements?**

Lead applicants must be 501(c)(3) organizations. If the MHP partner is a for-profit entity, then the CBO must provide evidence that the MHP was competitively selected in accordance with 2 CFR Part 200, as described on page 13 of the RFP.

Target Populations

74) **The RFP notes an interest in individuals *at risk* of homelessness. Would individuals who *are* homeless but fit the other target population considerations (parents of children 0-4, young adults 16-24) be considered for this program?**

Yes.

75) **Are family shelters with no current mental health services allowable "non-mental health social service programs"?**

Yes, if they serve one or more of the target populations as described in the RFP.

76) **Given the model specified, is there a target number of clients reached per contract and/or an allowable range of cost per client?**

The Mayor's Fund seeks proposals that optimize the funds available in the best interest of the participants served. It is expected that populations with more intensive needs with require a higher cost per person served than populations with less intensive needs. Applicants should provide a rationale for their proposed budget and demonstrate that it is optimal to achieve the goals of Connections to Care and appropriate for the population served.

77) **What is the range of the number of clients you expect winning applicants to serve, i.e. how many at the $100,000 level and how many at the $250,000 level.**

As stated above, the Mayor's Fund seeks proposals that optimize the funds available in the best interest of the participants served. It is expected that populations with more intensive needs with require a higher cost per person served than populations with less intensive needs. Applicants should provide a rationale for their proposed budget and demonstrate that it is optimal to achieve the goals of Connections to Care and appropriate for the population served.

78) **I know that the specific population definition for the grant is "out of school/out of work youth." This does not apply to all of our clients, but it certainly applies to some. Can you please advise as to whether this makes us eligible for the Connections to Care grant?**

A potential applicant in this situation would be eligible, but only for C2C funds to support C2C work for the program focused on the eligible population. The applicant could continue to offer services to other populations, but these services could not be supported by C2C/SIF funding.

79) **The RFP summary identifies unemployed or underemployed low-income working age adults 18 and over receiving employment-related services as one of the solicitation's target populations. It is not clear as to how the Mayor's Fund is defining unemployed (the Bureau of Labor Statistics has a very specific definition). While there is a definition of low-income individuals and communities on the top of Page 6 of the RFP, there is no definition of unemployed. Will there be an addendum that defines who is unemployed?**

"Unemployed adults" may include adults who meet the BLS definition or adults who have left the labor force due to no longer looking for work.

80) **It is assumed that the CBO applicant can select to prioritize the mental health condition that it is interested to address as a primary behavioral health need for the target population it serves. For example for the target population # 1 'pregnant women, women and parents of children 0-4,' is the CBO able to select from the menus of mental health illnesses – e.g.**

"depression, anxiety disorders, substance use/abuse disorders, dual diagnoses, related adverse consequences—and deal with schizophrenia or other more serious mental health conditions only as secondary for referrals?

C2C is aimed at increasing CBO staff capacity to help people obtain the first steps in a continuum of behavioral health. Individuals suffering from any serious mental health conditions should be referred to clinical mental health services provided by the MHP. The CBO may choose to focus on certain mental health conditions as needed for the target population proposed to be served by C2C.

Reporting Requirements

81) What are the specific outcomes CBOs are expected to track/achieve and over what time period?

While exact indicators are being finalized by the evaluator and the Mayor's Fund Collaborative, some of these indicators, as outlined on pages 17-18 of the RFP, may include:

- Retention in programmatic services (duration)
- Number of mental health screenings conducted, as well as the number of referrals for mental health services internal and external to organization
- Number of completed referrals
- Mental health service attendance (attending scheduled appointments with mental health provider following referral)
- Capacity to deliver mental health services and improve mental health outcomes for their participants, as well as the types of mental health care services delivered
- The number of staff newly equipped and/or tasked to perform mental health related practices proportional to the number of participants engaged in C2C services
- Fidelity and adherence to core components of the interventions

82) On pages 12-13 you list the potential outcomes to be tracked overall, and for the specific target populations. Are these recommendations, or set outcomes we will have to track?

Outcomes to be tracked will ultimately be determined by the Mayor's Fund Collaborative and the evaluator, in partnership with the subgrantees. Outcomes are not finalized and those presented on page 12-13 are examples if the types of outcomes that could be tracked by the subgrantee and or by the external evaluator. Applicants should include plans for tracking data of similar scope and level of detail as presented on pages 12-13, but understand that outcomes will be finalized later.

83) What is the reporting expectation, e.g. interim and/or final?

Subgrantees will be expected to provide program and financial reports and data on a regular basis for both performance management and evaluation purposes. It is likely that subgrantees will be expected to provide monthly and quarterly narrative reports, quarterly data reports, as well as any data reports that are needed as part of the C2C evaluation.

84) **On page 18 of the RFP, second bullet, can you please clarify if the "increased capacity to deliver mental health services and improve mental health" outcome apples to the CBO or to the Mental Health provider?**

This outcome may be tracked for both the CBO and MHP.

85) **On page 9 there is a reference to mental health screenings. Are the performance aims mentioned at the bottom of Page 9 in need of additional quantification?**

Please see page 17 of the RFP for a discussion of potential C2C outcomes to be tracked. A successful applicant will show capacity to measure outcomes across these domains.

86) **The Evaluation section mentions the need to collect demographic and other data. Did I miss a reference to a specific database?**

Details on data collection are currently being determined by the Mayor's Fund Collaborative and the C2C evaluation partner. Details regarding data collection for subgrantees will be discussed upon award.

Training Requirements

87) **Based on experience, how long do you think it will take for mental health providers to train CBO staff on the four mental health competencies? Could they be trained over a one-day session? I am asking because our child care providers are required to do 12 professional development days a year, and this could be one of them.**

Your Mental Health Provider partner should provide guidance on training that is consistent with evidence-based standards and appropriate for your program model.

88) **Must all staff be trained in all four C2C interventions?**

Your C2C proposal should include a plan to train staff in all four interventions (screening, motivational interviewing, mental health first aid, and psychoeducation), however you DO NOT have to train all staff in every intervention. You and your MHP may determine that only certain interventions are appropriate for certain staff. However your overall C2C plan should include the four interventions across the organization.

89) **We are looking for more information on how we are expected to integrate motivational interviewing into our program. Specifically:**

    a. **Is Motivational interviewing required for all youth involved under this grant, or can we establish this model in combination with another, similar model?**

No, this is minimum requirement of the RFP. A CBO-MHP partnership can train on a variation of motivational interviewing, but cannot replace the modality.

    b. **In terms of motivational interviewing, is it expected that we implement the evidence based practice, or we use the principles that guide the model?**

MHPs must train CBO staff in evidence based practice.

90) The Program Overview section discusses the frontline training of CBO staff members by a given MHP or MHPs. At the operational level, what constitutes ongoing coaching and training support by the MHP or MHPs to a CBO? Will frontline staff be required to go through mandatory training rendered by the MHP? If so, what will comprise the training besides task-shifting?

As stated above, your Mental Health Provider partner should provide guidance on training that is consistent with evidence-based standards and appropriate for your program model.

91) Can you clarify that the model proposed in the RFA calls for trained community workers to offer the 4 core service MH Package (administer MH screening tools, provide counseling using motivational interviewing techniques and MHFA, offer psychoeducation and linkage to the MH partner or another provider as needed)? Is the MH partner' role solely to consult with the frontline workers, train them and take referrals? Are we correct that grant and matching funds would support the direct costs of this work, as these front line workers cannot bill Medicaid or other 3rd party insurance?

The MHP may offer some direct services, but the strongest proposals will be those that most effectively build the capacity of the CBO to offer its services. In answer to the final question, C2C funds could support the direct cost of capacity building for CBO workers performed by MHP staff.