MAYOR'S FUND
TO ADVANCE
NEW YORK CITY

REQUEST FOR PROPOSALS for:

Evaluation and Research Services Relating to the Connections to Care Initiative

RFP Release Date:	**July 20, 2015**
Deadline for Questions:	**August 7, 2015**
Submit Questions via email to:	**CEO@cityhall.nyc.gov** **Subject: C2C Evaluation RFP**
Deadline for Proposals:	**August 14, 2015, 5PM EST**
Submit Proposals via email to:	**CEO@cityhall.nyc.gov** **Subject: C2C Evaluation Application**
Anticipated Contract Start Date:	**September 2015**

The Mayor's Fund to Advance New York City (MF), with the assistance of the NYC Center for Economic Opportunity (CEO) and the NYC Department of Health and Mental Hygiene (DOHMH), will accept written questions about this Request for Proposals and will prepare written responses. Proposers are encouraged to submit their questions early in the process to facilitate a timely response. Questions should be submitted to the email address above. Include questioner's name, organization, and contact information in the body of the email.

Questions will be answered and posted to www.nyc.gov/fund.

Substantive information and/or responses to questions will be posted on the MF website, www.nyc.gov/fund. Responses to submitted questions, updated notices, and addenda posted on the website are official updates to this RFP. It is the responsibility of the proposer to read and adhere to the responses to questions, updated notices, and addenda posted on the website when responding to this RFP.

Proposal Due Date, Time, and Method of Submission:

Date:	August 14, 2015
Time:	5PM EST
Location:	E-Mail proposals as one PDF to: CEO@cityhall.nyc.gov Subject: C2C Evaluation Application

Please submit proposals electronically to CEO@cityhall.nyc.gov.

Responses are due August 14, 2015 by 5PM EST.

Anticipated start-date of contract: September 2015

The Mayor's Fund to Advance New York City (Mayor's Fund or MF), with the assistance of the New York City Center for Economic Opportunity (CEO) and the NYC Department of Health and Mental Hygiene (DOHMH), seeks a contractor to provide evaluation and research services related to the Connections to Care Program (C2C) as described herein. In the C2C initiative NYC community-based organizations (CBOs) partner with mental health providers (MHPs) to integrate evidence-based mental health services into programs serving at-risk populations. The goal is to increase access to and utilization of quality mental health care services in order to improve mental health and other outcomes. The evaluation and research services will include conducting the following studies as more specifically described herein: a quasi-experimental participant impact study, an implementation study, and a cost effectiveness assessment of C2C.

Project Overview:
In New York City, 41 percent of adults reported in 2012 that they did not receive needed mental health treatment over the previous year (source: DOHMH 2012). It is estimated that each month 34,000 (5.3 percent) adult New Yorkers experience serious psychological distress, with higher prevalence among low-income individuals and the under and uninsured (DOHMH 2013, 2014).

On January 28, 2015, the First Lady of New York City, Chirlane McCray, together with the Mayor's Fund and DOHMH launched an effort to develop a Mental Health Roadmap to address the need for a comprehensive, unified approach to mental health services.

In July 2015, the Mayor's Fund received notice of a federal grant for C2C, and is working with partners CEO and DOHMH on the initiative. The grant, which will be publicly announced in late July, will catalyze the Roadmap, supporting the integration of evidence-based mental health services into programs serving at-risk populations. The grant also supports an evaluation of the program's impacts and best practices.

Research suggests that many evidence-based interventions for common conditions (e.g., depression, anxiety, substance use) involve skills and steps that can be performed by non-mental health workers and by lay staff (a process known as "task-shifting"). These skills include: needs assessment, motivation enhancement, coping support, adherence to treatment support, basic problem solving and supportive counseling, etc. The Mayor's Fund, working with CEO and DOHMH, will use the C2C grant to fund partnerships between CBOs and mental health providers (MHPs) to test the feasibility and scalability of such an approach. The study will examine how this model for diffusing basic mental health interventions influences their adoption, implementation, and sustainment in a variety of community based settings.

C2C will be rigorously evaluated to: identify the program's impact on participant and programmatic outcomes, identify best practices across the CBO/MPH partnership and general implementation, and identify related cost savings and spending. This study will allow City leadership and policymakers to better understand and communicate the potential impact of partnerships between CBOs and mental health service partners. Findings that are relevant to the participant, the CBO, and the healthcare system can have implications for healthcare delivery and social policy at multiple levels.

C2C Program Overview:
The Mayor's Fund, with the assistance of its partners, will competitively select approximately twelve service providers (CBOs) to be C2C program providers. Each will apply to the Mayor's Fund with a named MHP and with a plan to build the service provider's mental health capacity. Each provider and its MHP (the CBO/MHP Partnership) will be funded for up to five years, with their five-year budgets totaling $1 million to $2.5 million.

In each of the 12 CBO/MHP Partnerships, CBOs will integrate a package of evidence-based mental health interventions into their existing programming. The core package includes: screenings for common mental health and substance use disorders, motivational interviewing, mental health first aid, and psychoeducation. CBO staff will be trained by their MHP partner to provide their participants with this core mental health package. While all partnerships will implement the same core package, the model is flexible and adaptable to allow each CBO/MHP partnership to incorporate additional services to meet the needs of the population they serve. As such, MHP's will provide support to CBO partners in the form of ongoing training, coaching, and the co-location of mental health services into the CBOs social service sites where appropriate. Additionally, CBO/MHP partners will work to develop and/or strengthen referral systems to improve access to care, and support retention and successful outcomes for clinical and programmatic goals. Each MHP will support and mentor the partner CBO in their uptake and use of mental health skills and practices. Spanning roughly five years, C2C aims to:

- increase up-take and retention of participants receiving mental health services;
- reduce avoidable hospitalizations;
- increase the health stability of CBO participants; and
- increase participants' ability to achieve other targeted program-specific outcomes in areas such as employment, housing stability, and independence.

As such, CBOs and MHPs will track outcomes that are relevant to their population and program as further described in the section below.

A. Participant Mental Health Outcomes

By increasing access to mental health services, C2C aims to improve the mental health of participants, and in turn increase participants' likelihood of successfully achieving outcomes in the CBO-based social services in which they are enrolled. The program is designed to increase access to and uptake of mental health services and improve mental health. Potential outcomes include:

- Increased social stability as relevant to specific CBO populations and programming, for example:
  - Housing: housing stability (days homeless); Criminal justice system involvement: reduced recidivism; Employment: job placement rates, retention, and earnings; Education: educational persistence and achievement.
- Adherence to prescribed psychotropic medications and/or therapy;
- Reduction in self-reported mental health-related symptoms such as depression, anxiety, reactivity, substance and/or alcohol use, and decreased hospitalizations;
- Improved self-reported quality of life, social and family relationships; and
- Decreased participant perception of stigma in accessing mental health services.

The proposal should explain how the proposer will analyze different types of indicators based on various interventions applied and scaled to different populations. The proposer must demonstrate capacity to work with a broad range of possible indicators that may vary by program and population served.

B. Program-Specific Outcomes

In addition to participant outcomes, the CBO and MHP Partnership will also report regularly (or track through the evaluation) on program level outcomes with the goal of understanding the implementation processes and challenges associated with integrating basic mental health interventions into routine non-mental health services. These data will inform best practices for

adoption of these interventions, should the evidence warrant it. A successful applicant will show ability to build measurement capacity across these domains but not all measures will be appropriate for all CBO/MHP partnerships. CBO's program outcomes to be tracked as appropriate to the needs of the project partner include, but are not limited to:

- Increased retention in programmatic services (duration);
- The number of mental health screenings conducted, as well as the number of those referrals for mental health services internal and external to organization, and completion of referrals;
- Mental health service attendance (attending scheduled appointments with mental health provider following referral);
- The improvement of participants' access to care;
- Increased capacity to deliver mental health services and improve mental health outcomes for their participants, as well as an increase in the types of mental health care services delivered;
- The number of staff newly equipped and/or tasked to perform mental health related practices;
- Increases in the coordination of care with CBOs;
- Reported staff perception of stigma and change in staff's ability to address participant's mental health needs through the implementation of basic mental health skills and practices.

Evaluation and Research Overview:

C2C provides a unique opportunity to identify effective approaches that increase mental health resources for those in need by providing services in a trusted, familiar environment. The evaluation will include all funded sites and, where feasible, will seek to understand differential impacts by CBO program subgroup (e.g., children ages 0-4 and/or their families, disconnected youth, unemployed and under-employed adults). Data will be drawn from a range of sources and MF/CEO/DOHMH will work with the evaluation firm selected to identify an appropriate counter-factual for the evaluation design in order to compare participant outcomes with those of comparable individuals that do not have access to similar services. As C2C will engage a range of CBOs and MHPs, the study is expected to produce highly generalizable findings that are scalable and policy-relevant. The proposed study will focus on the following three key areas of research:

1. **The Implementation Study**

   The implementation study will generate data and support shared learning about the workflows, business models, staff optimization, etc. that could inform sustainable strategies. The implementation study will examine the fidelity of the C2C program model implementation and evidence based modalities, the ability of CBOs to successfully implement this novel type of partnership, the capacities required of both CBOs and MHPs to build successful relationships, and participant perspectives on accessing mental health services in these settings. This portion of the overall study will identify best practices across the Partnerships. The study will examine which of the evidence-based model components are most heavily utilized and how component utilization varies by site and population served. This information will also inform the quantitative impact study to understand the combined impact of the package of services delivered.

2. **The Quasi-Experimental Impact Study**

   The quasi-experimental impact study will examine participant outcomes in mental health as well as key programmatic outcomes related to the services provided by the host CBO (e.g., retention in program, educational achievement, employment status, housing stability) as compared to a similar population identified as the counterfactual.

3. The Cost Study

The cost study will examine the resources required to operate the evidence-based components of the model and will estimate the average per-person cost in relation to mental health and programmatic outcomes. The cost study will also estimate anticipated cost savings to CBOs and to government (e.g., savings in Medicaid spending, reduced ER visits and hospitalization rates, fewer missed appointments) resulting from improved participant outcomes. It will also examine whether there are potential increases in city, state, and federal revenues – for example, through potential increased earnings for participants as they are better equipped to enter the workforce and maintain employment.

Evaluation Task Overview & Deliverables:

To evaluate C2C, the Mayor's Fund, assisted by its partners, seeks an evaluator with a strong record of conducting rigorous analysis for health and social policy research. Contract tasks will include:

- Developing a final evaluation plan that is approved by MF/CEO/DOHMH and the federal funding partner.
- Participating on the review committee with MF/CEO/DOHMH and other partners to competitively select the CBO/MHP Partnerships (anticipated contract start date of these selected partnerships is on or before February 1, 2016).
- Providing technical assistance (TA) to all CBO/MHP Partnerships to assist them in collecting data needed for the evaluation.
- Participating in learning network events. The learning network will convene participating providers, local government partners, foundations, and others to further develop programs, solicit expertise, build organizational capacity, and improve services through sharing of best practices.
- Participate in stakeholder meetings and presentations.
- Conducting the evaluation and developing reports reflecting feedback resulting from MF/CEO/DOHMH review(s).

Note: TA could include messaging to participants and staff about the evaluation and data collection protocols, establishing common metrics and definitions to be measured across all sites for the study, setting up appropriate databases and data tracking systems, and protecting data privacy. TA for the evaluation will be most heavily provided to sites during the first six to twelve months of the program, and will then continue in an ongoing manner throughout the duration of the program as needed.

Deliverables will include:

- Full evaluation plan for the project that includes details on study design, data collection methods and plans (including methods for integrating various systems) for data and human subjects protection procedures, measurement, and analytics.
- Plan for including public-facing interim reports and annual policy briefs.
- Public-facing interim reports and annual policy briefs.
- Management reports including but not limited to quarterly status updates, plans and a timeframe for addressing challenges and budget updates.
- A final evaluation report at the end of the grant covering all evaluation aspects.
- Clean de-identified data sets with documentation that describes each variable in the data files and how to use and access the files that DOHMH may use for research purposes.

Note: Exact deliverables will be negotiated with the selected vendor through the contracting process.

Assumptions Regarding Qualifications of Potential Proposers:
Proposers must meet these qualifications, which may include partnering with other organizations or individuals to build a team with the preferred experience and expertise, outlined below.

- Five years of experience in health and/or mental and behavioral health evaluation.
- Copies of five evaluations related to topics representing the types of studies described in the Evaluation and Research Overview on p. 5 of this Request for Proposals (to be included in Appendix).
- Have an Internal Institutional Review Board (IRB) (or access to one) for the purposes of reviewing research plans and study materials.
- Be fiscally sound and capable of managing the proposed funding.
- Demonstrated fiscal capacity, including a history of managing at least one federal grant of at least $1 million, and/or experience managing government funded research project as lead evaluation firm.

Preferred Experience and Expertise
Proposers responding to this RFP may be individual non-profit organizations, institutions of higher education, or for-profit organizations, or partnerships among multiple entities, with the experience and expertise to deliver a high-quality evaluation of the C2C initiative. The Mayor's Fund, assisted by its partners, seeks an evaluator or evaluation partnership that has:

- Extensive experience with health and/or mental health and behavioral health evaluation;
- Extensive experience collecting and managing health, mental health and social service data, including individual level data, requiring knowledge of HIPAA and other data privacy requirements;
- Experience in conducting implementation research in the social service field, participant outcome studies, quasi-experimental studies, and cost studies;
- Experience working with low-income populations and non-profit social services providers, especially in New York City;
- Expertise in health economics, and in evaluating the particular program components offered through C2C;
- A track record of providing TA to entities undergoing evaluations; and
- Experience publishing and disseminating research findings to policy makers and practitioners.

I. Proposal Instructions

This engagement for evaluation and research services is estimated to begin in September 2015 and run through July 2020. Proposals should include a narrative of up to fifteen pages (single spaced, 12 point font) excluding attachments. Pages should be paginated. The budget attachment should be submitted using the downloadable format provided with this Request for Proposals. A signed Doing Business Data Form must be included in all submissions. Please submit proposals electronically to the Mayor's Fund at the following email address: CEO@cityhall.nyc.gov. **Responses are due August 14, 2015 by 5 pm EST. Proposals received after this date and time will not be considered.**

The response should detail:

A. Quality of Successful Relevant Experience/Expertise

The narrative should provide a description of relevant experience that describes and demonstrates the proposer/firm's expertise providing evaluation and research services similar in nature, quality,

and complexity to the services described in this RFP. Proposers are expected to describe organizational capacity, as well as prior work on projects similar to C2C. Specifically, the narrative should discuss:

- Experience in implementation science research, quasi-experimental design, research, and analyses, participant-level outcome studies, cost studies and health economics;
- Experience with mental health research, low-income populations and CBOs;
- Experience working with diverse data systems, accessing health and other data, and accessing data from government and CBO sources, as well as familiarity with HIPAA and other data privacy compliance procedures;
- Experience in providing nonprofits with needed TA to support data collection and participation in evaluation;
- Experience creating systems to support data collection including demonstrated capacity to extract data from electronic systems (possibly multiple systems) on large scale in rapid timeframes;
- Experience estimating return on investment including analyzing cost efficacies for participants, CBO's and health systems;
- Experience operating on a rapid turnaround, and demonstrated ability to meet deadlines;
- Experience in researching task-shifting, community healthcare work, training lay staff to conduct mental health provision, and work with peer educators;
- Knowledge of the New York City health and mental health delivery systems, nonprofit environment landscapes and policy context;
- Include an appendix with the following additional items, which are not to be counted in the page limit. These items are:
    1. At least three references from successfully completed evaluations.
    2. Five examples of relevant evaluations conducted representing the types of studies described in the Evaluation and Research Overview on p. 5 of this Request for Proposals.
    3. Organizational chart of proposer or partnership.
    4. Resumes of key staff and consultants.
    5. Completed Doing Business Data Form (form posted separately at www.nyc.gov/mf).
    6. If proposing a partnership, a letter signed by the participating partner(s).

B. Proposed Evaluation Approach

Proposers are encouraged to present an approach that they believe will most likely achieve this RFP's goals and objectives. The approach should include information on what data the proposer believes can be assessed in the given timeframe/budget. Data will be drawn from a range of sources and MF/CEO/DOHMH will work with the selected evaluation firm to identify an appropriate counter-factual for the evaluation design in order to compare participant outcomes with those of comparable individuals that do not have access to similar services.

- Proposers should describe the proposed research activities, analytic processes, and procedures that would be utilized to assess reasonable progress and outcomes. The approach should also demonstrate an understanding of service program operations, administrative data, and timing of likely outcomes.
- Proposers should describe a robust approach that demonstrates the proposer's ability to assist

MF/CEO/DOHMH in determining appropriate research questions, metrics, adequate sample sizes and appropriate follow-up periods to detect reasonable impacts, as well as of specific subgroups.

- Proposers are expected to include a timeline for key stages in the evaluation. Note that the timeline must include sufficient time to allow for review and edits by MF/CEO/DOHMH and the federal funder on drafts and final products of all deliverables.

If proposing a partnership, the proposer should:

- Provide a compelling rationale for each named partner and its role, including naming the organization(s) that will serve as lead partner and fiscal agent.
- Have a strong relationship with each partner, supported by a letter signed by the participating partner(s) to be included in the appendix.
- Effectively delineate the roles and responsibilities of each partner to carry out the evaluation and research services successfully.

C. Staffing Plan

Proposers should provide a brief description of key staff's relevant qualifications. The staffing plan should ensure that staff with the appropriate skills will be available to complete the required tasks and advise the Mayor's Fund and its partners on evaluation-related issues.

- The staffing plan should include resumes of key staff and consultants, if used, that describes and demonstrate the proposer's knowledge of service delivery to low-income individuals and families and mental health service delivery. Resumes of key staff of partner organizations, as relevant, should be included in the appendix.
- The staffing plan should include the approximate number of hours key staff will dedicate to the project during the first contract year.
- Proposers are encouraged to utilize businesses and individual proprietors listed on the NYC Online Directory of Certified MWBE Businesses, available at www.nyc.gov/sbs, as sources for its purchases of goods, supplies, services and equipment using funds obtained through the contract to be awarded pursuant to this RFP. Proposers are also encouraged to utilize businesses and individual proprietors owned/operated by people with disabilities as sources for its purchases of goods, supplies, services and equipment using funds obtained through the contract to be awarded pursuant to this RFP.

D. Detailed Budget and Budget Narrative

Proposers are encouraged to propose cost-effective payment structures built out by year for the five-year project, including but not limited to cost-reimbursement and performance-based payments for specific milestones and/or deliverables. Proposers should propose specific milestones and/or deliverables to which payments could be tied. The five-year budget for this project is estimated to be up to $7,250,000, subject to continued funding availability.

The exact payment structure may be negotiated with the selected contractor, and may include both cost reimbursement and performance-based payments tied to specific milestones and/or deliverables. Performance–based payments would be related to the timely achievement of milestones and/or delivery of key deliverables, as spelled out in the agreed to timeline.

The budget should be submitted using the format provided with this Request for Proposals. Proposers should also include a budget narrative for the first year, and describe any significant changes in subsequent years.

II. Selection Process

All proposals will be reviewed to determine whether they meet the requirements of this RFP. An evaluation committee will review the proposals and evaluate and score them based on the criteria prescribed below. The Mayor's Fund reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations, as the Mayor's Fund deems appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Mayor's Fund reserves the right to award contracts on the basis of the initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best terms. A contract will be awarded to the proposer whose proposal is determined to be the most advantageous to the Mayor's Fund, taking into consideration the factors and criteria set forth in this RFP.

A. Quality of Successful Relevant Experience/Expertise	40 Points
B. Proposed Evaluation Approach	40 Points
C. Staffing Plan	10 Points
D. Detailed Budget and Budget Narrative	10 Points

Organizations that have been convicted of a federal crime may not receive assistance under this contract. Pursuant to the Lobbying Disclosure Act of 1995, an organization described in Section 501(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. 501 (c)(4) that engages in lobbying activities is not eligible to apply.