MAYOR'S FUND TO ADVANCE NEW YORK CITY

REQUEST FOR PROPOSALS for

SIF Connections to Care

In New York, NY

A program and research study of the federal Social Innovation Fund

Proposals will be reviewed by a committee established by the Mayor's Fund to Advance New York City of reviewers representing stakeholders such as the Mayor's Fund to Advance New York City, the NYC Center for Economic Opportunity, the NYC Department of Health and Mental Hygiene, and potentially other partners. Proposals will be reviewed consistent with the criteria set forth in this Request for Proposals.

Notice Regarding Public Disclosure: Please note that all information submitted in this procurement process may be made public if directed by the Corporation for National and Community Service (CNCS) or required by law. This may include, but not be limited to, the names of organizations that submitted proposals, contact information, summaries of proposals and budgets, reviewer ratings and comments, and other information.

SOCIAL INNOVATION FUND

SECTION I – TIMETABLE

A. Release Date of this RFP **September 10, 2015**

B. Deadline for Letter of Interest (optional but strongly encouraged)

Due Date:	**September 25, 2015**
Location:	E-mail to: sif@cityhall.nyc.gov Subject: SIF – C2C LOI

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.

C. Deadline for Submission of Questions

Due Date:	**October 8, 2015**
Location:	E-mail inquiries to: sif@cityhall.nyc.gov Subject: SIF – C2C Subgrantee RFP

Include questioner's name and contact information in the body of the email.

D. Manner of Answering Questions

Final Date:	**October 13, 2015**
Posted to:	www.nyc.gov/fund

Substantive information and/or responses to questions will be posted on the Mayor's Fund website (http://www.nyc.gov/fund). Please visit this website regularly for additional information and any addenda to this application. The responses to questions submitted, update notices, and addenda posted on the website are official updates to this RFP. It is the responsibility of the applicant to read and adhere to the responses to questions, update notices, and addenda posted on the website when responding to this RFP. Answers to questions will be posted weekly, with final answers posted by 5:00 PM EST on October 13, 2015.

E. Proposal Due Date, Time, and Location of Submission (proposals must be hand-delivered)

Date:	**October 19, 2015**
Time:	**9:00 am-2:00 pm EST**
Hand-Delivered Proposals:	Hand-deliver eight hard copies of proposals and one electronic copy on a flash drive to: 253 Broadway, 1st Floor New York, NY 10007 Between 9:00 AM and 2:00 PM on October 19

Hard copies and flash drive must be hand delivered between 9:00 AM and 2:00 PM on October 19, 2015. Proposals sent through U.S. Mail or other delivery service will not be accepted. Proposals must be received by October 19, 2015 at 2:00 PM EST.

F. Anticipated Start Date of Sub-Grant
Sub-grants are expected to be awarded by February 1, 2016.

G. Anticipated Date of Program Start-Up
The program is expected to begin serving participants within 90 days from start date of the grant.

SECTION II – SUMMARY OF THE REQUEST FOR PROPOSALS

RFP Summary

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 New York City Department of Health and Mental Hygiene (DOHMH), is seeking appropriately qualified Community Based Organizations (referred to as subgrantees) currently operating in New York City to establish and operate the Connections to Care (C2C) program and research study.

The C2C program is funded primarily though a Healthy Futures grant from the Social Innovation Fund of the Corporation for National and Community Service (more below). In C2C, community-based organizations (CBOs) partner with clinical mental health providers (MHPs) to integrate evidence-based mental health services (treatment, promotion, and/or prevention) into existing programs that serve at-risk populations. The program's goal is to improve mental health and program-related outcomes for low-income (1) expectant mothers and parents of children ages 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-related services. In addition, C2C aims to increase access to and utilization of quality mental health care services in order to improve mental health outcomes and CBO programmatic outcomes. 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. Program implementation is expected to begin within 90 days of the grant start date. Grant sizes are expected to range between $100,000 and $250,000 per year, which are required to be matched 1:1 by non-federal funds (for total annual subgrantee budgets of $200,000 to $500,000). C2C grants will be governed by the Social Innovation Fund 2015 Terms and Conditions,[1] as well as by the Mayor's Fund Connections to Care Grant Agreement.

No CBO may submit more than one application in response to this RFP, but a CBO's application may include service to more than one of the three subpopulations.

A. Purpose of the RFP

The Social Innovation Fund of the Corporation for National and Community Service
The Social Innovation Fund (SIF), an initiative enacted under the Edward M. Kennedy Serve America Act, targets millions in public-private funds to expand effective solutions across three issue areas: Economic Opportunity, Healthy Futures, and Youth Development and School Support. C2C is a Healthy Futures-aligned grant that supports the promotion of healthy lifestyles and the reduction of risk factors that can lead to illness. The SIF aims to impact thousands of low-income families and create a catalog of proven approaches that can be replicated in communities across the country. Additional information on the SIF can be obtained from the website of the Corporation for National and Community Service (CNCS) (http://www.nationalservice.gov/about/serveamerica/innovation.asp).

The Mayor's Fund, in partnership with CEO and DOHMH, received an initial $6 million SIF award for C2C in August 2015 to build evidence for the integration of mental health interventions into non-mental health social services for at-risk populations. The federal grant requires matching funds to be raised by

[1] https://egrants.cns.gov/termsandconditions/SIFtermsAndConditionsFINALCombined20150729.pdf

the intermediary (Mayor's Fund) and subgrantees. The SIF is an annual fund subject to appropriation, and funding for these projects is subject to availability. SIF C2C is envisioned as a five year project that began in August 2015.

SIF Intermediary Collaborative: The Mayor's Fund, CEO, and DOHMH

The Mayor's Fund to Advance New York City, chaired by First Lady Chirlane McCray, is a 501(c)(3) not-for-profit organization that facilitates high-impact public-private partnerships throughout New York City's five boroughs. The Mayor's Fund leverages individual, philanthropic, and corporate partnerships to support public programs advancing key Mayoral and agency priorities. The Mayor's Fund is focused on supporting public programs in areas including mental health, youth workforce development, immigration and citizenship, domestic violence, financial empowerment, and support for young men and women of color. The Mayor's Fund will serve as the lead intermediary for this SIF collaboration to manage provider sub-grants and will work with stakeholders to raise the required matching funds over five years.

CEO was established in 2006 with a mission to identify effective ways to reduce poverty in NYC. Part of the Mayor's Office of Operations, CEO manages a portfolio of public and private programs and works collaboratively with City agencies and other partners to create, implement, and advocate for a range of new anti-poverty programs, policy proposals, and research projects. CEO's strategies all share a common goal – to end the cyclical nature of poverty and promote self-sufficiency. CEO's in-house evaluation team works with nationally-recognized, independent evaluation firms and City agencies to rigorously measure program impacts and provide objective evidence to inform decisions of whether to replicate, eliminate, or scale up programs.

The mission of DOHMH is to protect and promote the health of all New Yorkers. DOHMH has the overall responsibility for the health of the residents of New York City. It also acts as an oversight agency to monitor various healthcare related operations within NYC. DOHMH serves over 300,000 New Yorkers annually through contracts with over 200 community-based organizations and has overall mental health planning and policy responsibilities for New York City as the Local Government Unit under the New York State Mental Hygiene Law.

For more information on each of the partners please visit the following websites:

1) Social Innovation Fund at http://www.nationalservice.gov/programs/social-innovation-fund
2) Mayor's Fund at www.nyc.gov/fund
3) Center for Economic Opportunity at www.nyc.gov/ceo
4) Department of Health and Mental Hygiene at www.nyc.gov/health

The Mayor's Fund, CEO, and DOHMH will be referred to as 'The Mayor's Fund Collaborative' hereafter, although the grant-making entity for this solicitation is solely the Mayor's Fund.

Definitions

1) Subgrantee

A "subgrantee" or "subrecipient" is a legal entity to which public assistance funds are awarded. In this RFP and in relation to the C2C program, the subgrantee is the lead applicant on a proposal.

2) Mental Illness

Mental illness refers to a wide range of mental health conditions - disorders that affect a person's mood, thinking, and behavior. Examples of mental illness as defined in this RFP include—but are not necessarily limited to—depression, anxiety disorders, schizophrenia, eating disorders, and illnesses related to substance use disorders, misuse, and adverse consequences of use.

3) Mental Health Provider (MHP)

A MHP is a mental and behavioral health service provider who delivers a range of mental health services. MHPs may include hospitals, mental health clinics, substance use providers, community healthcare centers, private practices, or other groups with the capacity to deliver the services required. Several different professions can provide mental health services, each of which has its own training and areas of expertise. In this RFP and in relation to the C2C program, a MHP must be a licensed mental health provider that has staff including one or more of the following:

a. Licensed Mental Health Professional Counselor
b. Licensed Clinical Social Worker
c. Psychiatrist
d. Psychologist

Note that MHP partners that are selected by the subgrantee and named in the application as partners may be non-profit or state or local government entities. For-profit entities are not eligible to receive funds as a *partner* in the application. If for-profits are expected to receive program funds in exchange for goods or services, they must be separately procured as a *vendor.* See the federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200[2]).

4) The Core Mental Health Package

The core mental health package includes the four mental health modalities required in the C2C program. These modalities include the following:

a. Screenings for common mental health conditions and substance use disorders and misuse
b. Motivational interviewing (directive, participant-centered counseling style for eliciting behavior change by helping participants to explore and resolve ambivalence)
c. Mental Health First Aid (a national program to teach the skills to respond to the signs of mental illness and substance use disorders and misuse)
d. Psychoeducation (providing individuals with a mental health condition and their families with information that empowers them to understand the condition and deal with it in an optimal way)

5) "Task-shifting"

A process that enhances the accessibility, credibility, and flexibility of delivery of services by maximally "shifting" skills and tasks of less specialized workers.

[2] http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

6) "Low-income community"

As specified in section 198K of the National and Community Service Act (NCSA), Pub. L. No. 101-610, as amended, each Social Innovation Fund recipient must support programs that serve "low-income" communities. For the purposes of this RFP, "low-income community" means either:

a. A population of individuals or households being served by a subgrantee on the basis of having a household income that is 200 percent or less of the applicable federal poverty guideline, or
b. Either a population of individuals or households, or a specific local geographic area, with specific measurable indicators that correlate to low-income status, such as, but not exclusive to, K-12 students qualifying for free or reduced lunch, long-term unemployment, risk of homelessness, low school achievement, persistent hunger, or serious mental illness. An application that proposes to rely on measurable indicators should fully describe the basis for relying upon those indicators (including citations to appropriate studies). The application also must describe and cite the source of data supporting the conclusion that the targeted community meets the indicators.

B. Connections to Care Program Overview

The Mayor's Fund, with the assistance of CEO and DOHMH, is seeking appropriately qualified New York City-based Community Based Organizations (subgrantees) to establish and operate the Connections to Care (C2C) program and research study.

According to national data, 20 percent of adults in the U.S. experience a mental health condition each year, yet only 41 percent of those individuals seek out care for it.[3] And certain populations seek and/or receive care at lower rates than others.[4] The United States Surgeon General reports that the unmet need for mental health services is greatest among underserved groups, including racial/ethnic minorities, and those with low incomes, among others.[5] In fact, income is inversely associated with proportion of individuals with serious psychological distress.[6] In New York City, DOHMH estimates that each month 34,000 (five percent) of adults experience serious psychological distress, with higher prevalence among low income individuals, the uninsured, and those receiving public health insurance. And about twenty percent of New Yorkers with serious psychological distress have reported a time in the prior year when they needed mental health treatment but did not receive it.

Social service participants often do not access traditional mental health services for a variety of reasons. For example, they perceive a stigma to mental health counseling, they do not trust unfamiliar mental

[3] Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration. (2013). Retrieved January 16, 2015, from http://www.samhsa.gov/data/sites/default/files/2k12MH_Findings/2k12MH_Findings

[4] Szabo, Liz. (2015). "Cost of Not Caring: Nowhere to go –The Financial and Human Toll for Neglecting the Mentally Ill." USA Today.

[5] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 2005;62(6), 593-602. Those without health insurance and residents of rural areas were also cited.

[6] Weissman, Judith, et al. "Serious Psychological Distress Among Adults: United States, 2009–2013." *NCHS data brief* 203 (2015): 1-8.

health providers, or the mental health services are not available or are unaffordable. Unmet mental health needs reduce the effectiveness of CBO services in other areas, increase costs of mental and physical health care, and make it more difficult for CBOs to achieve other outcomes for participants. There is substantial evidence that individuals need to be in good mental health to reach higher educational levels, maximize their work and earnings, develop strong interpersonal relationships, and maintain their physical health[7] and that mental health prevention and intervention programs can help reduce non-academic barriers to learning, leading to academic gains.[8]

Research suggests that certain evidence-based interventions for common conditions (e.g., depression, anxiety, substance use disorders) involve skills and steps that can be performed by non-mental health workers and by lay staff (a process known as "task-shifting").[9] While CBO staff may not be specialized mental health providers, they are credible sources of services and information for many populations that have mental health needs or who would substantially benefit from mental health promotion activity.

Yet while front-line staff at community organizations sometimes receive limited training in mental health issues, they typically do not receive the ongoing coaching and support from experts necessary to bridge the knowledge divide and help CBOs meaningfully sustain new practices. They may also face institutional barriers to implementing new practices, such as identifying the needed time and resources to implement, maintain skills, adhere to new workflows, complete necessary paperwork, and other constraints. Similarly, CBOs adopting new skills that stretch their mission might not have the needed substantive partnerships with mental health providers to sustain this work, resulting in lower use of referrals to mental health care and appropriate application of skills.

The City has been exploring new ways to meet these needs. DOHMH organized Stakeholder Listening Sessions across all five boroughs of New York City to share its proposed Take Care New York 2016 agenda and gather feedback on improving existing health interventions and employing innovative approaches to achieve public health goals. Stakeholders cited integration of mental health services into existing services as a top priority in the Take Care New York 2016 agenda.[10] On January 28th, 2015, New York City First Lady Chirlane McCray, together with the Mayor's Fund to Advance New York City and the NYC Department of Health and Mental Hygiene (DOHMH), launched an effort to develop a New York City Mental Health Roadmap to better coordinate care and address the need for a comprehensive, unified approach to mental health services.

With more deeply embedded systems for training front-line staff in evidence-based mental health practices through a strong ongoing connection with mental health providers, CBOs have the potential to not only provide early steps in a chain of care, but to provide the support to make sure participants schedule and follow-up with appointments and treatment plans. To promote such enhancements and study their effectiveness, the Mayor's Fund Collaborative has developed C2C.

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[7] Stolk, Christian van, Joanna Hofman, Marco Hafner and Barbara Janta. (2014). "Psychological Wellbeing and Work: Improving Service Provision and Outcomes." Santa Monica, CA: RAND Corporation.

[8] Dix, K. L., Slee, P. T., Lawson, M. J., & Keeves, J. P. (2012). Implementation quality of whole-school mental health promotion and students' academic performance. Child and Adolescent Mental Health, 17(1), 45-51.

[9] For example, please see: RAND 2015. http://www.rand.org/pubs/research_reports/RR972.html

[10] New York City Department of Health and Mental Hygiene. (2013). Take Care New York Listening Sessions Final Report.

The Mayor's Fund seeks approximately 12 CBO/MHP Partnerships where the CBO is the lead subgrantee and applicant and the MHP will provide support to the CBO as discussed below, meaning that the CBO will submit the application and will serve as the coordinating agency and lead funding grantee for the program. C2C will integrate a core set of four mental health interventions, and potentially additional interventions, into CBO social service locations where participants are already engaged. The core package includes, but is not limited to:

1. Screenings for common mental health and substance use and misuse disorders
2. Motivational interviewing (directive, participant-centered counseling style for eliciting behavior change by helping participants to explore and resolve ambivalence)
3. Mental Health First Aid (a national program to teach the skills to recognize and respond to the signs of mental illness and substance use disorders and misuse)
4. Psychoeducation (providing individuals with a mental health condition and their families with information that empowers them to understand the condition and deal with it in an optimal way)

Each C2C intervention is a defined and proven methodology that can be delivered by non-mental health professionals after a short training. The practices have demonstrated utility with various populations and applicability to a broad audience. Each modality has a preliminary evidence base for the effectiveness of its integration:

1. Screenings: In low-income settings, screenings for mental health conditions conducted by non-clinical staff that have undergone adequate training have been shown to result in population-level gains including: greater mental health coverage, more effective use of health care staff and resources, and reductions in stigma.[11]
2. Motivational Interviewing (MI): MI has been shown to be effective for comorbid psychiatric and substance use disorders,[12] adolescents with substance use disorders,[13] and peer violence reduction,[14] among other conditions. MI is a collaborative, person-centered, and directive method of eliciting and enhancing motivation to behavior change. MI has been used effectively to facilitate health behavior change in multiple medical and psychiatric conditions including anxiety, depression, and PTSD.[15]
3. Mental Health First Aid (MHFA): Designed specifically to be conducted by lay and non-mental health specialists, research has found that MHFA is effective for improving knowledge, attitudes, and promoting helping behavior toward individuals with mental health conditions and/or symptoms.[16]

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[11] Kagee, Tsai, Lund, & Tomlinson. (2013). "Screening for Common Mental Disorders in Low Resource Settings: Reasons for Caution and A Way Forward." International Health 5(1), 11-14.

[12] Barrowclough, Haddock, Tarrier et al. (2001). "Randomized Controlled Trial of Motivational Interviewing, Cognitive Behavior Therapy, and Family Intervention for Patients with Comorbid Schizophrenia and Substance Use Disorders." The American Journal of Psychiatry, 158(10), 1706-13.

[13] Jensen, Cushing, & Aylward. (2011). "Effectiveness of Motivational Interviewing Interventions for Adolescents Substance Use Behavior Change: A Meta-Analytic Review." Journal of Consulting and Clinical Psychology, 79(4), 433-40.

[14] Cunningham, Chermack, Zimmerman, Shope, Bingham, Blow, & Walton. (2012). "Brief Motivational Interviewing Intervention for Peer Violence and Alcohol Use in Teens: One-year Follow-up." Pediatrics, 129(6), 1083-90.

[15] Burke, Arkowitz, & Menchola. (2003). "The Efficacy of Motivational Interviewing: A Meta-Analysis of Controlled Clinical Trials." *Journal of Consulting and Clinical Psychology*, 71(5), 843-861.

[16] Wong, Eunice C., Rebecca L. Collins, & Jennifer L. Cerully. (2015). "Reviewing the Evidence Base for Mental Health First Aid: Is There Support for Its Use with Key Target Populations in California?" Santa Monica, CA: RAND Corporation.

4. Psychoeducation: Studies have shown marked reductions in relapse and re-hospitalization rates among consumers whose families received psychoeducation than among those who received standard individual services with differences ranging from 20 to 50 percent over two years. For programs of more than three months duration, the reductions in relapse rates were at the higher end of this range.[17]

CBO staff will be trained by their MHP partner to employ these core mental health interventions with their participants. While all partnerships will implement the same core package, the model is flexible and adaptable to allow each CBO/MHP Partnership to incorporate additional evidence-based services to meet the needs of the population(s) they serve. CBO's that serve participants with a higher proportion of serious mental illness may propose more robust services. Such CBOs, working with their MHP partners, could, for example, train lay staff on additional evidence-based interventions and/or make arrangements for support staff from the MHP to work on-site at the CBO at designated times. They could also develop rigorous referral agreements to support the referral and tracking of participants from the CBO to the MHP for additional services. Other structures will be considered with appropriate rationale provided by the applicant.

MHPs will provide support to CBO partners in the form of ongoing training and coaching of CBO staff and will provide direct care to participants with more serious conditions. CBO/MHP partners will work together to develop and/or strengthen systems for helping high-need participants access stepped-up care, which can be executed through either staff of the partner MHP working on-site at the CBO, or through referrals to that provider off-site. This is designed to improve access to care, and support retention and successful outcomes for clinical and programmatic goals. Each MHP will support and guide the partner CBO in its uptake and use of mental health skills and practices.

Staff conducting the screenings will be trained by the MHP to identify when to use the Core Package of C2C modalities (and other interventions, if applicable) and when to refer to the MHP for more intensive clinical services. The CBO/MHP relationship will facilitate an enhanced process for follow-up on the results of screenings, with CBO and MHP staffs coordinating closely to ensure participants are connected to appropriate treatments. Together, this package of services is designed to address the needs of participants along a chain of care.

Spanning roughly five years, C2C aims to:

- Improve mental health outcomes of participants
- Increase up-take and retention of participants receiving mental health services
- Reduce avoidable hospitalizations and emergency room visits
- Increase the health stability of CBO participants
- Increase participants' ability to achieve other targeted program-specific outcomes in areas such as employment and education
- Sustainably maintain proficient use of task-shifted skills in evidence based practices by CBO staff

Target Populations

In addition to the CNCS requirement of serving low-income communities, this RFP asks providers to focus on specific high-need, high-risk populations. Target service populations include low-income (1) expectant mothers and parents of children ages 0-4; (2) out of school, out of work young adults ages 16-

[17] American Psychiatric Association. (2003). Evidence-Based Practices in Mental Health Care.

24; and/or (3) unemployed or underemployed low-income working-age adults ages 18 and over receiving employment-related services. Applicants will present a thorough description of the proposed target population(s) and identify the barriers to care, the resources available, the gaps in treatment and promotion opportunities, and the external factors affecting these conditions.

Evaluation

An external evaluation firm will evaluate C2C to measure impact on participant mental health outcomes, CBO program outcomes, the CBO's organizational capabilities and CBO/MHP Partnership, and related costs/spending. Subgrantees will be expected to designate a point person on staff to help facilitate all data and evaluation related activities. The evaluation will include a quasi-experimental study: A comparison of outcomes for C2C participants against outcomes for a similar population that does not receive services through C2C. External evaluators will determine how to identify and define the comparison group of non-C2C participants. Subgrantees will collect demographic, background and other information on all participants entering the program, and the Mayor's Fund Collaborative will work with each subgrantee to determine the most efficient way to collect and transmit these data. In addition, subgrantees will be required to collect regular performance monitoring data and participate in ongoing monitoring and evaluation activities. These activities may include site visits, surveys, interviews, focus groups, administrative records review and other outcomes. Finally, the Mayor's Fund Collaborative and/or evaluators will periodically visit subgrantees to observe program activities, talk with participants and staff, and obtain detailed data on program activities, in addition to regular telephone contact to document the program's status and to follow up with participants after program completion.

Subgrantee Selection

This RFP is open to any 501(c)(3) nonprofit CBO that currently serves at least one of the three target populations at NYC service locations, and has identified one[18] MHP in their required CBO/MHP Partnership. In each CBO/MHP Partnership, the CBO will be the lead applicant and will be considered the subgrantee if awarded. C2C is intended to increase the mental health capacity of the service organization—as such CBO applicants should not currently focus on mental health as a core service area.

Applicant CBOs are required to discuss their proposed program, including their MHP partnerships, and provide detailed plans for program implementation, fundraising, and sustainability. Applicants may opt to focus on one or more of the target populations and will be expected to demonstrate the mental health and/or service needs for each chosen population.

The Mayor's Fund, with the assistance of CEO and DOHMH, anticipates selecting approximately 12 CBO subgrantees to implement the C2C model, each in partnership with a MHP. 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

[18]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.

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.

Total Annual Mayor's Fund Award per Subgrantee: Total Annual Matching Non-federal Funds:	$100,000 – $250,000 +$100,000 – $250,000
Total Annual Program Budget:	**$200,000 - $500,000**

The awards from the Mayor's Fund and the subgrantee match funds will cover program operations and capacity-building needs of the subgrantees. These costs could include staff compensation and fringe benefits at the CBO and the MHP, training and technical assistance, such as staff development or consultants, communication and printing, and other program supports such as equipment, supplies and travel. Travel, if proposed, should be limited and cannot exceed federal guidelines found at www.gsa.gov. Subgrantees and their partners should also include expenses related to staff to coordinate with the external evaluator and management information systems for data collection.

Note that subgrantees, their partners, and their vendors will be required to comply with the terms and conditions of the 2015 Social Innovation Fund Grant.[19]

The work to be provided under any contract issued pursuant to this RFP may be subject to the federal Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), and/or other state or federal laws or regulations governing the confidentiality and security of health information.

[19] https://egrants.cns.gov/termsandconditions/SIFtermsAndConditionsFINALCombined20150729.pdf

SECTION III – SCOPE OF SERVICES AND REQUIREMENTS

A. Goals and Objectives

1. Goals

The goal of C2C is to improve mental health and program-related outcomes for low-income (1) expectant mothers and parents of children ages 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 addition, C2C aims to increase access to and utilization of quality mental health care services through increasing the skills of CBO staff who currently do not specialize in mental health. C2C will also increase collaborative and reliable referrals for more specialized care when needed.

Lastly, as a Social Innovation Fund program C2C seeks to spread innovations and best practices across providers locally and nationally. The Mayor's Fund Collaborative, in cooperation with its subgrantees and other partners, will establish a learning network to provide a conduit for information sharing on an ongoing basis. The learning network will provide opportunities to collaborate on program improvements, offer a venue for program providers and researchers to share best practices with the public, and engage a range of additional stakeholders, including policymakers and other subject-matter experts to promote broader program replication and/or sustainability.

2. Objectives

CBO/MHP partners will work to develop and/or strengthen internal CBO capacity and referral systems to improve access to care, and support retention and successful outcomes for mental health and programmatic goals. Spanning up to five years, C2C aims to:

- Improve mental health outcomes of participants
- Increase up-take and retention of participants receiving mental health services
- Reduce avoidable hospitalizations and emergency room visits
- Increase the health stability of CBO participants
- Increase participants' ability to achieve other targeted program-specific outcomes in areas such as employment and education
- Sustainably maintain proficient use of task-shifted skills in evidence based practices by CBO staff

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 in an effort to improve mental health outcomes. Potential outcomes to be tracked for CBO program participants (by the subgrantee, MHP, and the evaluator) include:

- 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
- Decreased hospitalizations and emergency room use
- Improved self-reported quality of life, social and family relationships
- Decreased participant perception of stigma in accessing mental health services

- Improved outcomes for participants in specific program domains:
    - Expectant mothers and parents of children ages 0-4: family stability, social emotional development, improvement in parent-child interactions, and improvement in maternal depression
    - Out of school, out of work young adults ages 16-24: employment and education outcomes including occupational certification rates, job placement rates, job retention, and earnings; and reconnection with school, literacy and numeracy gains, school attendance, high school equivalency attainment, and postsecondary enrollment
    - Unemployed or underemployed low-income working-age adults ages 18 and over receiving workforce development services: employment outcomes including job placement rates, retention, and earnings

B. Assumptions Regarding Relevant Experience and Expertise

CBOs are expected to be the lead applicant and identify an MHP partner to form a CBO/MHP Partnership. Each CBO responding to this RFP must currently operate the full program services it is proposing to integrate mental health care into within NYC. For the purposes of this application, "partnership" describes a joint application by a lead non-profit CBO and either another non-profit or state or local government entities, in which each will receive a portion of the funding under this award. If the MHP is a for-profit entity, then the CBO must provide evidence that the MHP was competitively selected in accordance with 2 CFR Part 200.[20] The partnership may include additional partners with appropriate rationale provided.

Proposals from CBO/MHP partnerships must name the CBO as the lead agency and fully describe each core partner, its role and responsibilities, and its qualifications. The lead agency will be held responsible for the fiscal and administrative operations of the grant. (For-profit entities are not eligible to receive federal funds as a sub-grantee or partner except as provided above, see 2 CFR Part 200).

1. Preferred organizational qualifications of the lead applicant (CBO)

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).

Applicants should demonstrate the following:

- Strong capacity to effectively recruit, serve and retain members of the proposed target population and meet related contract requirements
- A physical program site where program activities will be focused
- Strong capacity to effectively partner with other organizations

2. Preferred qualifications of key staff of the lead applicant (CBO)

- The program director(s) must have strong leadership skills and at least five years of successful, similar experience working with the target population
- Key staff have successful experience providing services to the target population

[20] http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

- All CBO program staff members, including volunteers, must provide services in a manner sensitive to the characteristics and cultures of the target population

3. Preferred organizational qualifications of the Mental Health Provider (MHP) partner
- Licensed to provide relevant clinical behavioral health services
- High levels of expertise and experience in the mental health interventions described in this RFP on page 5 as 'Core Mental Health Package,' and trauma-informed care, particularly as applied to the low-income target populations identified on page 9 of this RFP
- Successful experience partnering with non-mental health organizations
- Successful experience collaboratively designing and implementing a plan to train and monitor non-medical staff on task-shifted items
- Successful experience providing technical assistance, clinical supervision, and support to non-medical CBO partners (the Mental Health Provider may engage a partner or procure a vendor organization if needed to provide technical assistance to the Partnership, but the MHP should have the other qualities listed above)

4. Preferred qualifications of key staff of the Mental Health Provider partner
- Key management staff must have strong leadership skills and at least five years of successful, similar experience delivering mental health services
- Key staff have successful experience providing services to the target population
- All MHP program staff members, including volunteers, must provide services in a manner sensitive to the characteristics and cultures of the target population

C. Assumptions Regarding Organizational Capacity

The Mayor's Fund anticipates that the lead applicant (CBO) will have the following qualifications:
- Fiscally sound and capable of managing the proposed program
- Experience managing government grants or contracts is preferred
- Experience collecting performance data and tracking outcomes
- Experience using performance data to manage and continuously improve operations
- Capability to successfully perform administrative responsibilities related to the delivery of the proposed services in accordance with the applicable federal statutes and regulations, including fiscal management, reporting, and records management in an efficient, accurate, and timely manner
- Availability of executives at the organization to play an effective role in developing, implementing, and overseeing the program
- Effective decision-making mechanisms in place to govern projects, analyze needs, and use data to improve performance
- Requisite financial strength and resources to handle the administrative and fiscal implications of a federal award.

D. Program Approach

C2C provides a unique opportunity to increase mental health care for those in need by providing services in a trusted, familiar environment. Applicants are encouraged to present an approach that they believe will best achieve this RFP's goals and objectives within the given budget and timeframe. The

approach should include information on how the CBO/MHP Partnership plans to address training and task-shifting and how the partnership plans to serve the target populations.

Because this initiative is designed to bring mental health services into settings where they are not currently available, the CBO applicant should have limited experience delivering mental health services. CBO applicants also should not currently have mental health specific services on-site serving the target population.

- Training and Task-Shifting
  Each MHP partner (or a third-party technical assistance provider engaged by the partnership) must be able to train CBO direct service staff on task-shifting items to provide participants with the core package of evidence-based modalities, including but not limited to: screenings for common mental health and substance use disorders, motivational interviewing, mental health first aid, and psychoeducation. In addition to discussing how these services will be effectively integrated into the CBO's core activities, applicants should demonstrate how the MHP partner will provide support to the CBO, for example, in the form of ongoing training, coaching, and, if proposed, the co-location of mental health services into the CBO sites, where appropriate. And demonstrate how CBO/MHP partners will work together to develop and/or strengthen referral systems to improve access to care and support retention and successful outcomes for clinical and programmatic goals.

- Service Delivery
  While all subgrantees will implement the same core package of modalities, the C2C model is flexible and adaptable to allow each CBO/MHP Partnership to incorporate additional services to meet the needs of the population(s) they serve. Strong applications will show robust and ambitious use of these and other task-shifted skills appropriately matched to the needs of the target population. For example, a provider that primarily serves unemployed adult workers who may have high rates of depression may propose to include Behavioral Activation or Problem Solving Therapy as part of their contribution to depression support. Whereas another provider that primarily serves youth involved in the criminal justice system may propose a more focused prevention strategy promoting resilience such as also offering Cognitive Behavioral Therapy-based group work with promising evidence of reducing later risk of violence. If proposing additional modalities/services, please include a clear rationale for these added services and describe their evidence base, as well as all the details about core services requested above.

  Successful applicants will demonstrate a robust plan for integrating these new services and strategies, including describing the appropriate staffing model to support services. Each MHP partner will also provide direct care to CBO participants consistent with participant needs, preferences, and expectations (with inclusion of groups, peer, and promotion/self-care, skill-based interventions if possible) either by referral to an MHP site, or by MHP staff based on-site at the CBO.
    - 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.

- Applicants must also detail how referred participants will be tracked between the CBO and MHP and how information will be shared while also complying with the requirements of HIPPA.

- Target Populations
  Applicants will serve low-income communities (as defined on page 6) in New York City. Applicants will focus on one or more of the following high-need target populations, and will be expected to demonstrate a history of serving this group as a significant percentage of their overall participants:
  1. Expectant mothers and parents of children ages 0-4
  2. Out of school, out of work young adults ages 16-24 (sometimes referred to as "disconnected youth" or "opportunity youth")
  3. Unemployed or underemployed working age adults ages 18 and over

- Staffing
  Staffing for C2C should be in proportion to the number of participants engaged in C2C services and should be adequate to carry out proposed services and participate in evaluation activities. Please include estimated staffing information for five years of program operations.

- Budget and Match
  The overall annual program budget should be between $200,000 and $500,000. It is expected that larger sized program budgets will reflect a higher number of staff and participants included in the intervention, and more intensive services such as, for example, those being provided on-site at the CBO by newly hired staff. Budgets should optimize grant dollars to achieve maximum value for C2C.

  It is expected that some services such as those provided by the MHP to participants may be eligible for reimbursement from other sources (e.g. Medicaid). Strong applications will optimize reimbursement from such sources where appropriate and will target C2C support toward services that are not reimbursable. Reimbursable services should not be included in the C2C budget.

  The initial sub-grant will be for three years and there is an option for the Mayor's Fund to renew for years four and five; renewal will depend on the availability of additional funding and performance. In addition, the Mayor's Fund Collaborative will dedicate significant resources to evaluation and technical assistance on the program model that are not included in the applicant operations budget, though there may be scenarios in which the MHP wants to include specialized technical assistance in an application.

  Within the proposed program budget, applicants should also allocate funding for capacity building (e.g., consultants, staff development, IT needs, equipment, supplies and travel). Subgrantees and their partners should also include expenses related to staff to coordinate with the external evaluator and management information systems for data collection. All costs are subject to requirements for allowable costs under the federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200).

  In addition, federal statutes require that all staff and certain consultants funded through the Mayor's Fund award must undergo a criminal history check. This check includes the National Sex

Offender Public Registry (no cost) and a criminal history check (costs are approximately $100 per person). The proposed budget should allocate funding for these checks as required by federal regulations. Note that in most cases staff with clearance from prior background checks must still be screened according to the SIF-specific requirements before staff time is charged to the grant. More information about the requirements can be found at http://www.nationalservice.gov/.

Funding from the Mayor's Fund for subgrantees will include federal funds and may include matching funds from other sources.

As provided in section 198K(k) of the National Community Service Act (42 U.S.C.12653k(k)), all SIF subgrantees must provide at least 50 percent of the cost of carrying out the activities supported under their SIF grant budgets. 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. SIF subgrantees are required to meet a dollar for dollar (1:1) match expenditure every 12 months beginning at the start of their first award period.

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.

Total Annual Mayor's Fund Award per Subgrantee:	$100,000 – $250,000
Total Annual Matching Non-federal Funds:	+$100,000 – $250,000
Total Annual Program Budget:	**$200,000 - $500,000**

The Mayor's Fund reserves the right to award sub-grants for less than the amount requested in the applicant's budget based on proposals received.

E. Reporting Expectations

Mayor's Fund staff located at DOHMH will oversee subgrantee program implementation and performance. The subgrantees will regularly report program progress and participant outcomes to DOHMH.

In addition to participant demographics, services and outcomes, each selected CBO/MHP Partnership will also report regularly to the Mayor's Fund Collaborative on organizational outcomes with the goal of understanding the implementation processes and challenges associated with integrating basic mental health interventions into routine non-mental health services. A successful applicant will show a capacity to measure outcomes across these domains, but not all measures below will be appropriate for all CBO/MHP Partnerships.

C2C 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)
- Increased number of mental health screenings conducted, as well as the number of referrals for mental health services internal and external to organization
- Increase in the number of completed referrals

- Increased mental health service attendance (attending scheduled appointments with mental health provider following referral)
- 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 proportional to the number of participants engaged in C2C services
- Fidelity and adherence to core components of the interventions

SECTION IV – FORMAT AND CONTENT OF THE PROPOSAL

A. Proposal Instructions and Format

Instructions

Proposals must be hand delivered, and may not be mailed through any type of mail service or submitted electronically. Proposals are due no earlier than 9:00 AM and **no later than 2:00 PM** on **Monday, October 19, 2015.**

Proposals should be typed in a Microsoft Word document with one inch margins and standard 12 point font. The Program Proposal Narrative (excluding exhibits, attachments, forms, resumes, and budget spreadsheets and narrative) **should not exceed 20 single-spaced pages in length**. The Mayor's Fund requests that all proposals be submitted on paper with no less than 30% post-consumer material content, i.e., the minimum recovered fiber content level for reprographic papers recommended by the United States Environmental Protection Agency (for any changes to that standard please consult: http://www.epa.gov/cpg/products/printing.htm). The proposal will be evaluated on the basis of its content, not length. Pages should be numbered. Applicants should use the structure and order provided below and include each question as section headers in their responses. Applicants should include all requested attachments in the order presented in the Proposal Checklist (page 29). Please clearly separate each attachment (for example using paper clips, colored paper dividers, etc.).

Applicants should bring eight copies of their proposal and an electronic copy on a flash drive to the ground floor of 253 Broadway, New York, NY, 10007, between 9:00 AM and 2:00 PM on Monday, October 19, 2015. There will be a representative of the Mayor's Fund there to collect the proposals.

The Mayor's Fund intends to select applicants that focus on the three target populations identified in this RFP. Applicants that propose serving more than one target population must clearly state which target populations they intend to focus on and the number of people in each target group that they intend to serve, as well as the rationale for serving multiple populations. The Mayor's Fund reserves the right to assess proposals focusing on similar populations against each other and to make a similar number of awards for each population.

Proposal Format

1. **Proposal Summary**
   The Proposal Summary (Attachment 2) transmits the applicant's Proposal Package to the Mayor's Fund and should be completed, signed and dated by an authorized representative of the applicant.

2. **Program Proposal**
   The Program Proposal should be a clear, concise narrative that addresses each of the items detailed in Sections III.B-E and in IV.B-D, below. Provide all requested attachments. Note that Section IV.E requests the proposed budget and budget narrative. These materials do not count towards the 20-page proposal limit.

B. Experience and Expertise (20 points)

Describe the qualifications and the successful experience of the applicant and the MHP as they relate to the preferred qualifications and experience described in Section III – Scope of Services and Requirements. This should include, but is not limited to:

For the lead applicant (CBO)

a. The history and mission of the organization, and populations served by the organization.
b. Details on the current level of the CBO's performance–including the number served, populations served, impact, the programmatic needs of the population(s) proposed to be served, key outcomes, and different services offered.
c. The CBO's total staff size, as well as the number of direct service staff.
d. The target population(s) to be served through C2C, and the contracts/programs of the CBO that currently serve them. List the service levels and outcomes for the past three years.
e. CBO applicants should not currently have mental health specific services on-site serving the target population. Confirm that the CBO does not have these services. Overall the CBO applicant should have limited experience in delivering mental health services.

For the MHP

a. The history and mission of the MHP entity, and its track record in the community proposed to be served, if applicable, and with low-income populations. Describe numbers served over the past three years and the portion of those that are low-income and/or related to the target community. Describe participant outcomes tracked and achieved.
b. The MHP's experience with the core C2C modalities listed on page 5 and with any additional modalities proposed for C2C. Describe the training and credentials of staff in these areas, the supervision of staff in delivering these interventions, and any other relevant background in these areas.
c. The MHP's current level of performance and how it has effectively used data to make significant programmatic changes in operations.
d. The MHP's experience training lay (non-mental health) staff and/or providing technical assistance. Describe any specific experience with the modalities described in this RFP. If the MHP is engaging a TA partner or vendor, describe the experience of the partner or vendor.
e. The configuration of its mental health service professionals, including the number of mental health delivery staff and current capacity for taking on new participants.
f. The MHP's (and any additional partner/vendor) experience participating in and/or managing collaborations.

   -Attach the MHP's mental health license for the facility and the mental health staff that would be engaged in the proposed intervention.

C. Organizational Capability (15 points)

Demonstrate the applicant's organizational (i.e., programmatic, managerial, and financial) capability to provide the work described in Section III – Scope of Services and Requirements.

1. **Program Management (of lead applicant CBO)**
    a. Describe and demonstrate the effectiveness of how the applicant currently uses data to support decision-making in existing programs.
    b. Demonstrate how the applicant has effectively used data to make significant programmatic changes in operations. Provide two specific examples. Provide any relevant results of prior evaluations or examples of how evaluation findings influenced service delivery. Include any examples of experience with previous external evaluation activities, if any.
    c. Demonstrate the applicant's capability to successfully perform the administrative responsibilities related to the delivery of the proposed services, including fiscal management, data collection, reporting and records management in an efficient, accurate and timely manner.
    d. Demonstrate technological capacity and data security systems to protect participants' personal identifiable information
    e. Describe and demonstrate how executives at the applicant's organization will be able to and have the availability to play an effective role in developing, implementing, assessing and overseeing the program.
    f. Describe experience managing collaborations, and recent successful collaborations that have benefitted the applicant's participants. Describe the capability to manage this project.

    -Attach Attachment 3 Background/Capacity Form and all requested supporting documents.

2. **Fiscal Capability**
    a. Describe the applicant's experience managing government grants or contracts, if any.
    b. Describe whether current financial management systems are in compliance with 2 C.F.R. 200.302(b) and capable of identifying costs by grant, by program year and by budget category, and to differentiate between direct and indirect costs. If not, describe what changes or technical assistance would be required.
    c. Demonstrate that the applicant has the requisite financial strength and resources to handle a project of this scale and scope; and ability to comply with federal requirements.
    d. If the applicant has received federal awards in the past, summarize expenses or costs disallowed in the last three years and the corrective actions taken.

3. **Leveraged Funding**
    a. Demonstrate how the applicant will help leverage additional private or public (non-federal) funding sources for the program. As noted earlier, this grant includes a 1 to 1 cash match requirement. 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. The strongest proposals will demonstrate the applicant's capacity to raise the required match levels.

D. Proposed Program Approach (55 points)

Describe in detail how you will provide the services described in Section III – Scope of Services and Requirements, and demonstrate that the proposed approach will fulfill the Mayor's Fund's goals and objectives.

This section should include, at a minimum:

a. An overall summary of the proposed approach for implementing Connections to Care
b. A description of the target population to be served and how this aligns with the definition of 'low-income community' on page 6.
c. The mental health service needs of your participants as identified through quantitative data collected by your organization and/or qualitative data that illustrates the need for this intervention at the CBO.
d. A description of need for mental health capacity-building among staff proposed to be trained through C2C. Because this initiative is designed to bring mental health services into settings where they are not currently available, the CBO applicant should have limited experience delivering mental health services. CBO applicants also should not currently have mental health specific services on-site serving the target population.
e. Roles of CBO, MHP, and any other partners and how the two (or more) organizations will partner together. Describe the proposed relationship between the CBO and the MHP. How will CBO staff be trained, coached, and mentored in an ongoing continuous manner by the MHP and how will TA be delivered? Describe the strategy for implementation and the frequency of contact.
f. A description of how the program and the partnership will be managed, and how the CBO/MHP management will interact.
g. Details on the proposed plan that include:
    i. The number of participants to be served by C2C.
    ii. The service location and the geographic area to be served by C2C.
    iii. Estimates of the target population sizes and rationale for the estimates.
    iv. The program services into which C2C will be integrated. Include those programs' funding sources and start/end dates.
    v. The strategies the CBO will use to engage participants in these services. How will the CBO recruit participants as they newly enroll at the CBO? How will the CBO enroll existing participants?
    vi. The strategies the CBO will use to retain participants in these services and follow-up with participants if they stop attending the CBO. How will the CBO maintain contact with participants to keep them engaged in services and in the research study?
    vii. A clear explanation of how the core package of services will be implemented (if additional services are being proposed, provide a justification of their evidence from a peer reviewed journal of a randomized control study or quasi-experimental study); the fit between these services and their anticipated use with the needs of participants targeted; justification for any proposed adaptations to the core package or additional evidence based services.
    viii. The number of front-line staff at the CBO that the CBO anticipates training and supporting in implementing mental health services through this initiative and their roles within the organization. Provide the ratio of the direct service staff that will participate to the service population size.

h. Staffing:
    i. Overall, how does the CBO propose to staff this project to effectively enable direct service staff to take on these new tasks on top of their existing programmatic responsibilities? What additional staff will be needed by the CBO to support implementation of this program?
    ii. Identify key staff that will manage the program (include resumes as attachments) including point of contact for data and evaluation. Describe any experience the CBO staff has currently with research and evaluation and in delivering any of the mental health modalities proposed, if any. Please note: staff are expected to have limited experience in delivering the mental health modalities in their current role.
    iii. Experience and background of all key staff members, demonstrating that they comply with staff experience requirements laid out in Section III.B. The experience of managers selected to launch and lead the project.
    iv. Demonstrated senior level commitment and staff level buy-in and skills to integrate mental health services into the existing service framework.
    v. Describe and demonstrate how executives at the CBO will play an effective role in developing, implementing, and overseeing the program.

    -Attach C2C organizational chart, resumes and/or job qualifications for all managerial and any other key staff, and staffing plan for the partnership.
    -Attach letter(s) of support from the MHP and, if applicable, any other partners.

i. Where will participants receive mental health services on-site at the CBO? How will confidentiality be ensured?
j. How will the CBO and MHP handle emergencies or cases where participants reveal something reportable (e.g., suicidal/homicidal intent, child abuse or neglect, elder abuse or neglect)?
k. What mental health services will be provided on-site and what services will be delivered at the MHP location? How closely located are the CBO and MHP and how will participants be supported in making the transition in the case of external referrals? How will CBO participants be supported and encouraged to engage in off-site care if needed? How will the CBO enhance current referral protocols and management systems to make this connection to off-site care more successful? In the case of external referrals, how will data be shared between the CBO and MHP while ensuring compliance with HIPPA?
l. Anticipated impact and strategy for measuring and achieving the following goals:
    i. Goals and rationale for improvement in ongoing performance areas. What specific programmatic measures in the areas specifically focused on the sub-population(s) that the CBO plans to work with does the CBO anticipate improvement in through the addition of these services?
    ii. Goals and rationale for mental health service access and improvement. How will the CBO define success of this initiative both in terms of quantitative goals and in terms of increased organizational capacity?
    iii. Goals and rationale for improved outcomes for the service population. Although the evaluator will measure impact on participant mental health outcomes across sites, CBOs individually should monitor a small number of feasible outcome measures as part of program performance-management.
m. Describe how the partnership will make use of performance data in programmatic decisions.
n. Describe how participant and front-line staff feedback will be utilized to improve the service delivery and program implementation.

o. Include a feasible work plan/timeline for program start-up and implementation that includes clear outlines for how service delivery will occur. Identify any potential challenges or barriers to implementation and suggest potential strategies for avoiding or overcoming them.
p. Describe the activities the partnership will undertake to support evaluation activities (including designating staff as points of contact for evaluators, collecting data, etc.).
q. The evaluation will include a quasi-experimental study: A comparison of outcomes for C2C participants against outcomes for a similar population that does not receive services through C2C. External evaluators will determine how to identify and define the comparison group of non-C2C participants, and the input of potential subgrantees is welcome. Does your organization serve members of the target population who will not be reached by C2C (for example at another service site location) that could potentially serve as a comparison group, or does your proposal reach all of the population served by your organization? If proposing to serve a subset of the target population, please describe the projected numbers of C2C participants and the projected numbers of non-C2C participants during the grant period. Indicate whether the non-C2C participants could potentially serve as a comparison group for the evaluation, or why not.

E. Budget and Budget Narrative (10 points)

(These materials can be outside of the 20-page limit for the program proposal)

a. Complete Attachment 4 (SIF Budget Template Form - MS Excel document) to present a line-item budget for each year of program operations.
b. Present a budget narrative to accompany Attachment 4 demonstrating cost-effectiveness and the relationship between the cost and the program components, and provide sufficient justification of costs to indicate how the costs are reasonable and optimal relative to the proposed Connections to Care approach.
    i. It is expected that some services such as those provided by the MHP to participants may be eligible for reimbursement from other sources (e.g. Medicaid). Strong applications will optimize reimbursement from such sources where appropriate and will target C2C support toward services that are not reimbursable. Reimbursable services should not be included in the C2C budget.
    ii. For partnerships proposing that the MHP provide services on-site, please specify in the narrative when (with what frequency during the week/month) services will be provided.

F. Compliance with Research Requirements

CBOs and MHP partners applying to this RFP should indicate their understanding that they will be required (if selected to receive a C2C grant) to participate in this program's evaluation, will allow researchers access to their program staff and participants, and will help provide data on program activities and performance targets.

G. Compliance with Due Diligence and Fiscal Monitoring

CBO's and MHP applying to this RFP should indicate their understanding that they will be required (if selected) to participate in any due diligence, technical assistance and fiscal monitoring as directed by the Mayor's Fund and/or the Mayor's Fund Collaborative. Subgrantees must comply with the

Social Innovation Fund 2015 Terms and Conditions.[21] Awards to CBOs will be contingent upon review of the following (but are not limited to):

a. Financial policies and procedures, including accounting, procurement and time and effort reporting
b. Policies and procedures on National Service Criminal History Checks
c. Data security systems to protect participants' personal identifiable information
d. Verification of non-debarment and suspension

[21] https://egrants.cns.gov/termsandconditions/SIFtermsAndConditionsFINALCombined20150729.pdf

SECTION V – PROPOSAL EVALUATION AND SUB-GRANT AWARD PROCEDURES

A. Proposal Evaluation Procedures

The Mayor's Fund will identify organizations that have the track record, capacity, and leadership to effectively implement and sustain the integration of mental health services required by the model, and to participate in the SIF. The Mayor's Fund will seek well-run, financially stable organizations with a commitment to data-driven management, a culture of learning and continuous improvement, and demonstrated senior level commitment and staff level buy-in to integrate mental health services into the existing service framework. The Mayor's Fund will also consider the ability of the CBO to implement and participate in a large scale, multi-year evaluation effort. The strongest subgrantee applicants will have experience with previous external evaluation efforts in order to effectively collaborate with evaluators to build the level of evidence required of SIF subgrantees.

All proposals accepted by the Mayor's Fund will be reviewed to determine whether they are responsive or non-responsive to the requisites of the RFP. A Review Committee will evaluate and rate proposals based on the Evaluation Criteria prescribed below.

Experience and Expertise	Criteria include, but are not limited to, the described agency history, mission and alignment with the model; experience with the target population(s); leadership capacities and commitment including organizational leadership and the experience of managers selected to launch and lead the project; commitment to supporting the necessary organizational change to integrate mental health services; commitment to learning and continuous improvement.
Organizational Capability	Criteria include, but are not limited to, the described overall programmatic, managerial and financial capability, the ability of the applicant to leverage match funds from other funding sources; the use of performance data in programmatic decisions, and results of prior evaluations; financial management and health of the applicant organization and partner; financial and management information systems; technological capacities, budget, assets, and data security systems to protect participants' personal identifiable information.
Proposed Program Approach	Criteria include, but are not limited to, the described approach to implementation and feasibility of work plan for program start-up and implementation; the ambition and robustness of the task-shifting approach matched to participant population needs, including strength of relationship with the proposed MHP; strength of the program delivery capabilities of the MHP; adoption of the modalities in ways that meet the needs of their participants and proposed treatment pathways; protocols describing a chain of care linking CBO roles with escalation to referred care when needed; the size of the population served; number of screenings performed; if services are co-located; and depth of services proposed, including the number of trainings & hours TA sessions; match of proposed program with participant needs; expected impact.
Budget and Budget Narrative	Criteria include, but are not limited to, the appropriateness of the described budget to the work plan and cost-effectiveness, and the ability of the applicant to leverage match funds, including sufficient justification of costs to indicate how the costs are reasonable and optimal relative to the proposed approach, and demonstrate ability to optimize MHP service reimbursement from non-grant sources (e.g. Medicaid).

Finally, the Mayor's Fund will also consider the ability of the CBO to sustain the C2C model after the end of the SIF grant period if the evaluation shows that the model has positive impacts.

The subgrantee selection committee will be made up of representatives from key stakeholders such as the Mayor's Fund, CEO, DOHMH, the selected evaluator, and other partners. After proposals are evaluated, the committee may contact finalists with follow-up questions and/or to schedule site visits.

In accordance with the transparency in grant-making requirements of CNCS as described in the 2015 SIF Notice of Funding Availability, after selection is complete Mayor's Fund will post on its website:

- A description of its subgrantee selection process
- A list of External Reviewers for the subgrantee selection process
- A list of awarded subgrantees
- Summaries of External Reviewer comments on successful subgrantee applications
- The full applications of successful subgrantees

B. Proposal Evaluation Criteria

	Maximum Points
Experience and Expertise	20
Organizational Capability	15
Proposed Program Approach	55
Budget and Budget Narrative	10
Total	***100***

C. Basis for Sub-Grant Award

A contract will be awarded by the Mayor's Fund to the responsible applicants whose proposals are determined to be the most advantageous to the Mayor's Fund goals, taking into consideration such other factors or criteria which are set forth in this RFP in order to ensure the most equitable distribution of services. Award selection will be based on the best technically rated proposal(s) whose budget does not exceed the maximum funding set forth in the RFP and that demonstrates satisfaction of the criteria set forth in this RFP. Mayor's Fund reserves the right to make awards to ensure (1) optimal balance of target populations across the Connections to Care portfolio; (2) appropriate distribution of Connections to Care sites across geographic areas within New York City; and (3) programmatic diversity (that is, service locations that vary by factors such as target population demographics, existing community resources, program size, and any other factors deemed necessary).

The sub-grant award shall be subject to:

- Demonstration that the applicant has, or will have by the conclusion of negotiations, site control of an appropriate program facility.
- Demonstration that the applicant will perform the proposed activities in accordance with the applicable federal statutes and regulations, including but not limited to, all administrative and financial records management, documentation and reporting requirements. This includes assurance that the recipient maintains financial management systems that are in compliance with 2 C.F.R. 200.302(b) and are capable of distinguishing expenditures attributable to this award from expenditures not attributable to this award. The systems must be able to identify

costs by program year and by budget category, and to differentiate between direct and indirect costs.

- Timely completion of sub-grant negotiations between the Mayor's Fund and the selected applicant.
- Funds awarded under this RFP will be subject to The National and Community Service Act of 1990, as amended, (42 U.S.C. 12501 et seq.) (NCSA) and/or the Domestic Volunteer Service Act of 1973, as amended, (42 USC 4950 et seq.) (DVSA), the Federal Grant and Cooperative Agreement Act (FGCAA), 31 USC §§6301-6308, and CNCS's implementing regulations in 45 CFR Chapter XII and/or XXV. Recipients must comply with the requirements of the NCSA and/or DVSA, as applicable, and CNCS's implementing regulations. Funds awarded will also be subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at 2 CFR Part 200 and CNCS's implementing regulations at 2 CFR Part 2205.

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ATTACHMENT 1

PROPOSAL CHECKLIST

Applicants should include all requested attachments in the order presented in the checklist. Please clearly separate each attachment (for example using paper clips, colored paper dividers, etc.).

☐ Proposal Summary (Attachment 2)

☐ Program Proposal Narrative (Response to Section IV.B-D, limit 20 pages)

☐ Proposal Attachments
- Copy of appropriate licensing from MHP and MHP staff
- C2C organizational chart, resumes and/or job qualifications for all key program staff, and staffing plan for the partnership
- Signed partnership letter from MHP
- Signed letters from other partner organizations (if applicable)

☐ Background Form/Capacity Statement (Attachment 3, separate download), with requested attachments
- Organizational budgets for last three years
- Most recent Audit Reports and Management Letters (A-133 Audit, if applicable) and/or Certified Financial Statements for CBO
- Most recent Return of Organization Exempt From Income Tax - IRS Form 990 for CBO;
- Federal Indirect Cost Rate Agreement, if applicable
- Written policies and procedures
- Organizational chart for CBO

☐ Project Budget (Attachment 4, separate download) and Budget Narrative

☐ Acknowledgment of Addenda (Attachment 5)

☐ Certifications (Attachment 6)

☐ Doing Business Data Form for the CBO and MHP partner (Attachment 7, separate download)

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ATTACHMENT 2

PROPOSAL SUMMARY

PUBLIC SUMMARY OF APPLICANT QUALIFICATIONS
For the SIF Connections to Care

CNCS requires that SIF intermediaries (Mayor's Fund) publicly disclose information on applicant names, contact information and summaries of applications/proposals. This document is intended to fulfill this obligation and may be posted on CNCS and Mayor's Fund and/or CEO websites and otherwise made widely available to the public. Additionally, this document asks for a broad overview of certain program goals. Please note that other information included in your application may also be made public.

Name of Organization: _____

Name of Executive Director: _____

Address of Organization: _____

City, State, ZIP: _____

Contact Name: _____ Contact Title: _____

Contact Email: _____

Telephone: _____ Fax: _____

Data Universal Numbering System number (DUNS):_____

ATTACHMENT 2

PROPOSAL SUMMARY (continued)

-- Attach Executive Summary of RFP Response (Maximum 400 words)

-- Complete Table: Staff-to-Participant Ratio by Target Population

Staff to Participant Ratio by Target Population		
Expectant mothers and parents of children ages 0-4	Projected number of C2C program participants who will be enrolled in C2C at each proposed location	# _____
	Projected number of staff who will be directly engaged with C2C participants and trained on the C2C core package modalities at each proposed location	# _____
Staff to Participant Ratio by Target Population		
Out of school, out of work young adults (16-24)	Projected number of C2C program participants who will be enrolled in C2C at each proposed location	# _____
	Projected number of staff who will be directly engaged with C2C participants and trained on the C2C core package modalities at each proposed location	# _____
Staff to Participant Ratio by Target Population		
Low-income working-age adults ages 18 and over	Projected number of C2C program participants who will be enrolled in C2C at each proposed location	# _____
	Projected number of staff who will be directly engaged with C2C participants and trained on the C2C core package modalities at each proposed location	# _____

_____ _____

Name of Chief Executive Officer **Signature**

_____

Date

MAYOR'S FUND TO ADVANCE NEW YORK CITY

ATTACHMENT 5

ACKNOWLEDGEMENT OF ADDENDA

Re: Request for Proposals for the SIF Connections to Care

Applicant: _____

List below the dates of issuance for **each addendum received** in connection with this Request for Proposals:

ADDENDUM #1 DATED: _____, 2015

ADDENDUM #2 DATED: _____, 2015

ADDENDUM #3 DATED: _____, 2015

ADDENDUM #4 DATED: _____, 2015

ADDENDUM #5 DATED: _____, 2015

ADDENDUM #6 DATED: _____, 2015

ADDENDUM #7 DATED: _____, 2015

_____ _____

Name of Chief Executive Officer **Signature**

_____

Date

MAYOR'S FUND TO ADVANCE NEW YORK CITY

ATTACHMENT 6

CERTIFICATIONS

DUNS Number Requirement
Data Universal Numbering System (DUNS) number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at http://fedgov.dnb.com/webform). Except under 2 CFR Part 25, subpart C, a DUNS number is required for the Mayor's Fund to make an award to an organization under this grant.

Certification – Debarment, Suspension, and Other Responsibility Matters
This certification is required by the government-wide regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR Part 180, Section 180.335, *What information must I provide before entering into a covered transaction with a Federal agency?*
As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:

- Is presently excluded or disqualified;
- Has been convicted within the preceding three years of any of the offenses listed in § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
- Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses listed in § 180.800(a); or
- Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

Definitions
The terms "debarment", "suspension", "excluded", "disqualified", "ineligible", "participant", "person", "principal", and "voluntarily excluded" as used in this document have the meanings set out in 2 CFR Part 180, subpart I, "Definitions." A transaction shall be considered a "covered transaction" if it meets the definition in 2 CFR part 180 subpart B, "Covered Transactions."

Assurance requirement for subgrant agreements
You agree by submitting this proposal that if the Mayor's Fund approves your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

Assurance inclusion in subgrant agreements
You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

Assurance of subgrant principals
You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility

of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

Non-assurance in subgrant agreements
If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Mayor's Fund may terminate this transaction for cause or default.

Certification – Drug Free Workplace
This certification is required by CNCS's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 2 CFR Parts 182 and 2245. The regulations require certification by grantees, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 2 CFR Part 180, Subparts G and H).
As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

A. Publishing a drug-free workplace statement that:
   a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;
   b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
   c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;

B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;

C. Establishing a drug-free awareness program to inform employees about:
   a. The dangers of drug abuse in the workplace;
   b. The grantee's policy of maintaining a drug-free workplace;
   c. Any available drug counseling, rehabilitation, and employee assistance programs; and
   d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;

D. Providing the Mayor's Fund, as well as any Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;

E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
   a. Taking appropriate personnel action against the employee, up to and including termination; or
   b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

Certification - Lobbying Activities
As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

No funds received from CNCS have been or will be paid, by or on behalf of the applicant, to any person or agent acting for the applicant, related to activity designed to influence the enactment of legislation, appropriations, administrative action, proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

Erroneous certification or assurance
The assurances and certifications are material representations of fact upon which the Mayor's Fund relies in determining whether to enter into this transaction. If the Mayor's Fund later determines that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, the Mayor's Fund may terminate this transaction for cause or default.

Notice of error in certification or assurance
You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

Prudent person standard
Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Signature:

_____

Name:

Title:

Organizational Role: