



# **Concept Paper**

# Recreation and Socialization Services for Individuals with Intellectual and Developmental Disabilities

## Purpose:

The New York City Department of Health and Mental Hygiene (DOHMH) proposes to issue a Request for Proposal (RFP) for Recreational and Socialization Services for Individuals with Intellectual and Developmental Disabilities (RSSIIDD) in the following New York City (NYC, City) boroughs: Bronx, Queens, and Staten Island.

### Background:

The New York City Department of Health and Mental Hygiene (DOHMH) proposes to issue an RFP to procure recreational and socialization services for individuals with intellectual and developmental disabilities (I/DD) as defined by New York State Mental Hygiene Law §§1.03(22). DOHMH intends to award 5 contracts to vendors with qualified experience delivering equitable services to individuals with I/DD. DOHMH anticipates that two (2) contracts will be awarded for the Bronx, two (2) contracts for Queens, and one (1) contract will be awarded for Staten Island. Using a hybrid service delivery model, selected vendors will provide in-person and remote services. At least 25% of services would be delivered remotely. 50% of services must be delivered in-person. Vendors may choose to deliver up to 75% of services in-person but must demonstrate the capacity to transition to fully remote programming if necessary, during public health crises and other City and State emergencies, as required.

Nationally, approximately 7.3 million (2.3%) of people of all ages had an intellectual or developmental disability, according to recent estimates<sup>1</sup>. More locally, conservative Medicaid estimates suggest some 220,000+ New Yorkers with IDD reside in NYC.

Limited information is available surrounding the prevalence rates of I/DD for children aged 2-17. Nationally, for children aged 2- 17 approximately 6.7 per 1,000 received an ID diagnosis<sup>2,3</sup>. A variety of factors have been shown to be associated with ID, including sociodemographic characteristics such as parent education and race/ethnicity<sup>3</sup>. Breaking down these prevalence rates by common diagnoses we can see a more granular picture. Autism Spectrum Disorder (ASD) is the most prevalently reported developmental disorder among children with approximately 1 in 54 children being diagnosed. Further, boys are four times as likely to be diagnosed with ASD and many children experience language deficits and delays<sup>4</sup>. Approximately 3.1-3.6 per 1,000 (N = 85,290+) children living in the US are diagnosed with Cerebral Palsy <sup>3,5,6</sup>. According to a national survey, approximately 6.1 million children aged 2-17 have received an Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosis<sup>7</sup>.

At the New York State level, the Department of Health (DOH) estimated that 1.5% to 2.5% of the state's population have an I/DD diagnosis (449,575 people), with the Office for People with Developmental Disabilities (OPWDD) serving over 130,000 individuals<sup>1</sup>. Data from the 2019 American Community Survey<sup>8</sup> indicate that a total of 60,134 (3.40%) children were reported to have a disability in New York City, of which 3,446 were under 5 years old and 56,688 were 5 to 17 years of age. Disability diagnoses



across all ages were greatest in the Bronx (n = 21,890), followed by Brooklyn (n = 14,782), Queens (n = 7,889), Manhattan (n = 13,172), and Staten Island (n = 2,401).

The New York City Department of Health and Mental Hygiene intends to release an RFP to identify appropriately qualified vendors to deliver services that support the needs of NYC residents diagnosed with intellectual and developmental disabilities who are unable to access similar services funded by OPWDD and other State agencies. The selected vendors will also provide services and support to the families and/or caregivers of individuals diagnosed with intellectual and developmental disabilities.

#### **Goals and Objectives:**

- Use a racial equity and social justice lens to improve outcomes and address racial health gaps and inequities
- Provide a range of recreational and socialization services that complement school programming for children and youth with intellectual and developmental disabilities who are ineligible to participate in State-funded programs
- Support the needs of families and/or caregivers of children and youth with intellectual and developmental disabilities
- Promote the use of best practices for services provided to individuals with intellectual and developmental disabilities
- Monitor service delivery targets and desired outcomes of individuals who are served by this program.
- Optimize use of available resources through monitoring of enrollment, service utilization, and other data for assessing impact and service quality
- Identify and share knowledge on effective use of evidence-informed, evidence-based, and promising practices and results of quality improvement efforts among provider partners and other stakeholders.

Selected vendors will have at least 3 years of qualified experience providing services to individuals with intellectual and developmental disabilities in New York City and will provide a range of direct services for individuals who have an I/DD diagnoses and are either ineligible to receive, or are waiting to be deemed eligible to receive, similar services administered by OPWDD or other publicly funded programs.

Proposed programs can be new stand-alone programs or an enhancement of an existing program. In cases where existing programs are DOHMH-funded and simultaneously funded by OPWDD or other sources, DOHMH would expect proposers to describe this in their proposal. The programs will serve children, youth, and/or young adults (ages 3 to 21) and/or adults 18 years of age and older.

DOHMH expects that each contractor will serve no fewer than 75 unduplicated program participants annually. Services should be person-centered, customized with appropriate levels of care, and carefully designed to meet the diverse functional needs of program participants. DOHMH anticipates that contractors may offer services to individuals residing outside of the proposed borough, provided that the individuals reside within NYC and at least 50% of individuals served are receiving in-person services in the proposed borough.

DOHMH would expect that RFP proposers will provide a detailed plan that describes its organizational strategy and approach to racial equity and social justice through programming and operations and



ensuring that services are equitable and responsive to program participants needs in an effort to address racial health gaps and improve health outcomes for all New York City residents. For more information regarding racial equity and social justice please visit <a href="https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page">https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page</a>.

At this time, DOHMH anticipates that proposers may submit proposals to serve more than one borough; in this case, DOHMH would reserve the right to limit a proposer to one award.

#### **Program Information:**

The selected vendors would provide direct recreational and/or socialization services for children and youth and/or adults with intellectual and developmental disabilities in New York City. Recreational and/or socialization services will be designed to complement regular school programming. Recreational and/or socialization activities may include:

- Trips to parks, sporting events or other recreational facilities
- Overnight trips
- Camp and after school programming
- Music therapy or exposure, other performing arts exposure and activities
- Arts and crafts
- Cooking activities
- Board games and puzzles
- Sports or sports leagues, gymnastics, aerobics, gym activities, bowling, or fitness or movement activities
- Supervised play and free time
- Community service or volunteer activities
- Supervised trips to stores, movies, restaurants or other community venues
- Social skills groups
- Leisure activities
- Other recreational and/or socialization activities that further socialization experiences and social skills, foster community integration, enhance interpersonal communication and peer relations, and/or provide opportunities to reinforce and practice skills learned in the classroom

The program may, in addition, offer services that provide educational enrichment or academic support to school programs within the program model. Examples include:

- Homework assistance
- Tutoring
- Use of computer labs
- Activities at school or public libraries
- Other activities designed to provide academic support and improve educational competencies

#### Anticipated Requirements:

• Contractors would have at least 3 years of successful experience providing services to individuals with intellectual and developmental disabilities.



- Contractors would be prepared to deliver services in one of the following three (3) boroughs in New York City Brooklyn, Bronx, or Queens and will promote health and racial equity and social justice in the delivery of such services.
- Contractors would deliver services during after-school hours, on weekends, school holidays or vacation periods, or during other school closings. Services may occur in schools, other centerbased settings or other locations in the community.
- Proposed programs may be comprised of a range of different services, consistent with the above requirements. For example, a program may include afterschool recreation services for children ages 3-21, and weekend socialization activities for adults.
- In addition to the direct services indicated above, the contractor must offer services that support the needs of individuals with intellectual and developmental disabilities and their families and/or caregivers. These family/caregiver support services may comprise up to 20% of the total awarded funding for the program. Support services may include, but are not limited to:
  - I. Recreational programming structured to provide respite for families and caregivers
  - II. I/DD awareness education, coping skills training and/or behavioral modification training

For parents and siblings:

- I. Navigational components to help individuals and families access services in the community, and access eligibility for and services under the auspices of OPWDD and other public agencies
- II. Other service components that support the needs of individuals and families or others involved in an individual's care and services.

#### **Reporting Requirements:**

DOHMH anticipates that contractors will submit data in the format and system specified by DOHMH on a monthly and quarterly basis and will participate in ongoing data collection, racial equity activities, and program evaluation as required by DOHMH and other City systems.

#### Proposed Term of the Contract(s):

DOHMH anticipates that the term of each contract resulting from this RFP will be nine (9) years in duration, contingent on the availability of funding.

#### **Procurement Timeline:**

It is anticipated that the RFP issuance date would be in September 2021, with proposals accepted through November 2021. Anticipated award decisions will be made in early Spring 2022.



#### **Planned Method of Evaluating Proposals:**

DOHMH anticipates that proposals will be evaluated based on proposers' relevant experience and proposed approach to the scope of services; program monitoring; data management; and reporting; racial equity, social justice and addressing health disparities; organizational capacity; including proposed staffing plan; and budget management.

#### Funding Information:

The New York City Department of Health and Mental Hygiene anticipates awarding five (5) contracts in the amount of \$1,591,812 for nine (9) years, per award. DOHMH expects to make a sufficient number of contract awards to satisfy the City's needs.

Use of PASSPort and Prequalification

To respond to this RFP and all other Human/Client Services RFPs, organizations must have an account and an Approved HHS Accelerator PQL qualification status in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort.

If you do not have a PASSPort account or Approved PASSPort HHS Accelerator PQL Application, please visit <u>nyc.gov/passport</u> to get started.

If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSPort account, please contact <u>help@mocs.nyc.gov</u>.

#### **Contact Information/Deadline for Comments:**

Written comments on this Concept Paper are invited through October 18, 2021. Please email <u>RFP@health.nyc.gov</u> and indicate **I/DD Recreational and Socialization Services Concept Paper** in the subject line of the email.



#### References

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- 5. Arneson CL, Durkin MS, Benedict RE, Kirby RS, Yeargin-Allsopp M, Van Naarden Braun K, et al. Prevalence of cerebral palsy: Autism and Developmental Disabilities Monitoring Network, three sites, United States, 2004+ *Disabil Health J.* 2009;2(1):45–48.
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- 7. Danielson ML, Bitsko RH, Ghandour RM, Holbrook JR, Kogan MD, Blumberg SJ. Prevalence of parent-reported ADHD diagnosis and associated treatment among U.S. children and adolescents, 2016. Journal of Clinical Child and Adolescent Psychology. 2018, 47:2, 199-212.
- Young, N. A. E. Childhood Disability in the United States: 2019. American Community Survey Briefs; 2021. <u>https://www.census.gov/content/dam/Census/library/publications/2021/acs/acsbr-006.pdf</u>