

# AMENDED Request for Proposals School Mental Health Expansion Grant (SMHEG)

All changes in the RFP are noted in yellow highlight. Deletions are shown in ~~strikeout font~~ (~~strikeout font~~); insertions are shown in **bold underlined font** (**bold underlined font**).

RFP Issue Date: March 29, 2024

**Addendum #1 Issue Date: April 19, 2024**

Submission Deadline: ~~April 26~~ **May 7**, 2024, by 11:59 p.m. ET

Anticipated Period of Performance: ~~June 17~~ **July 1**, 2024—June 30, 2026

RELEASED BY:

Fund for  
**Public Health NYC**

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## Section I: Introduction

### Summary of Funding Opportunity

The Fund for Public Health in New York City (FPHNYC) and the Department of Health and Mental Hygiene's (NYC Health Department) Office of School Health (OSH), are pleased to announce a new mental health pilot program that seeks to expand, strengthen, and sustain school based mental health services in NYC public schools. The goal is to increase access to care for school-aged children who have emotional and behavioral challenges by providing them with appropriate clinical services while in the school setting.

This RFP seeks to identify qualified community-based organizations (CBOs) to establish school based mental health clinics within four (4) school clusters, each serving up to 1,250 students in high needs/underserved areas. Once established, services will include mental health assessments, crisis intervention, treatment, and referrals to a continuum of supportive services including emergency psychiatric care. CBOs will also offer training and consultation to school personnel to help them effectively manage complex behavior problems while promoting and supporting the social and emotional needs of all students.

A total of \$570,700 in private funding is available to support this pilot, with \$142,675 allocated per school cluster. The two-year grant is intended to support start-up of clinic services and to fill gaps in billing and reimbursement from Medicaid or other third-party insurances. As part of the Department's efforts to increase the long-term financial sustainability, technical assistance will be provided to help CBO partners develop a robust insurance billing infrastructure.

### About the Partners

**Fund for Public Health in New York City** was created in 2002 as an independent nonprofit organization with the purpose of connecting the NYC Health Department to private sector partners and the greater philanthropic community. These collaborations raise funds to develop, test, and launch innovative initiatives that would otherwise not be possible, and when successful, can be scaled and replicated across the city and around the country. FPHNYC also provides expert implementation support and the administrative infrastructure for the Health Department to act quickly and flexibly to meet the public health needs of individuals, families, and communities across New York City. Since our founding, we've raised more than \$500 million in public and private funding for over 440 projects, making New York City healthier and safer for all.

**NYC Department of Health and Mental Hygiene** works every day to protect and promote the health of New York City's 8 million residents. With an annual budget of \$1.6 billion and more than 6,000 employees throughout the five boroughs, the NYC Health Department is one of the largest public health agencies in the world. They are also one of the nation's oldest public health agencies, with more than 200 years of leadership in the field.

**Office of School Health** is a division within the NYC Health Department that is responsible for promoting the health of over one million school children enrolled in approximately 1,800 public and non-public schools in New York City. Services to students include case management of chronic health problems, preventive health screening, urgent care, medication administration, preventive counseling, health education, referral for care and assurance of ongoing effective treatment.

## Project Goals

The main goals of the pilot include:

- To provide students with access to onsite school based mental health services through multiple modalities, including, but not limited to, tele-mental health technologies (TMT);
- To increase the long-term financial sustainability of services by providing technical assistance to facilitate billing and ensure reimbursement; and
- To evaluate of the impact of emerging federal, state, and local policies on the provision of mental health services in schools.

CBOs awarded funding under this RFP will be expected to contribute to achievement of all three of these goals.

## Background and Overview

The School Mental Health Expansion Grant (SMHEG) will be overseen by the School Mental Health Program (SMHP), an inter-agency collaboration of NYC Public Schools and the Health Department that works to offer new and innovative interventions to ensure students' physical and mental health is addressed through school based services and support. Since 2015, SMHP has helped to manage and strengthen the relationships between schools, providers, and the mental health system in the community. As part of this model, School Mental Health Managers (SMHM) bring mental health systems knowledge into schools to create onsite access to quality services and the appropriate level of care. SMHMs implement programming in schools based on the unique needs of each school.

### ***Mental Health Service Access***

The research evidence strongly supports the effectiveness of school based mental health services in improving mental health outcomes for children and adolescents. School based services offer a range of advantages over traditional community-based services, including increased access and utilization, improved early intervention and prevention, enhanced collaboration and communication, integration with academics and social support, and cost-effectiveness. The following are key benefits of school based mental health services:

1. School based services lead to increased rates of service utilization among students, particularly those who may not otherwise seek mental health care. This is likely due to the increased accessibility and reduced stigma of mental health services.
2. School based services can facilitate early identification and intervention for students experiencing mental health challenges. This early intervention can help prevent the development of more severe mental health problems and improve long-term outcomes.
3. School based services promote collaboration between mental health providers, school staff, and families, leading to more comprehensive and coordinated care for students. This collaboration can also help to improve communication and understanding of students' mental health needs.
4. School based services can be integrated into the school curriculum and activities, providing students with mental health support within the context of their daily routines. This integration can also help to address the social and emotional factors that can impact academic success.
5. Studies have shown that school based services are cost-effective compared to traditional community-based services. School based services can reduce the need for more expensive mental health interventions, such as hospitalization and emergency department

visits. Additionally, school based services can improve academic outcomes, leading to increased graduation rates and reduced special education costs.

**Billing Technical Assistance**

Historically, some CBOs underutilize insurance billing mechanisms for multiple reasons. This struggle results in a shortfall of funding, consequently a provider shortage, interruptions in service continuity and poor staff retention. Investments to improve billing and system complexities particular to mental health service delivery ensures the long-term fiscal sustainability of programming and reinvestment of existing funds.

The current policy of New York State’s Office of Mental Health allows for services provided by Article 31 satellite clinics in schools to submit for reimbursement of eligible services as defined by Medicaid. Services include treatment (individual, group, family therapy), intake assessments, crisis and psychiatric visits. Those entities recognized by OMH as a licensed satellite clinic may submit to Medicaid for reimbursement for students enrolled in Medicaid. Additionally, these entities can also submit to third party insurers for reimbursement, however, the rates of reimbursement have historically been lower than the rates from Medicaid. Recently, pending guidelines will require that commercial insurance pay reimbursement rates equal to Medicaid for eligible mental health services. Satellite clinics in schools will be eligible to bill some tier 2 supports. Changes to billing will positively impact provision of mental health services and the fiscal sustainability of services. With higher levels of approved reimbursement for eligible services, the existing funds can be redirected back into mental health programs to fund expansion, innovation, infrastructure investment, recruitment and retention of staff, and to broaden the scale of mental health and support to children and families.

**Available Funding and Project Timeline**

Approximately \$570,700 in private foundation funding is available to support pilot programs funded through this RFP. The funding amounts indicated in the table below represent the Year 1 and Year 2 award amounts for each school cluster. Only one recipient per eligible school cluster will be awarded (see Appendix A for a complete list of school clusters).

CBOs may apply for more than one school cluster; however, a separate proposal must be completed and submitted for each cluster.

<b>Number of awards: 4</b>			
<b>Project Years</b>	<b>Length</b>	<b>Dates</b>	<b>Funding Amount</b>
Year 1	1 year, 2 weeks	6/17 7/01/24 – 6/30/25	\$120,000
Year 2	1 year	7/01/25 – 6/30/26	\$22,675

The funding available through this RFP is intended to cover start-up costs for selected CBOs to open Article 31 School based Mental Health Clinics within their assigned schools. The funding will also serve to bridge funding gaps by covering costs for non-billable services.

Applicants are advised of the following:

- FPHNYC and DOHMH reserve the right to renew or not renew services at any site, to relocate the program to another site or to reassign the administration of the program to another school during the contract period.
- The listing of a program location does not commit SMHP to providing the program at that location.
- SMHP reserves the right to change the number of contracts available, the locations, and the number of students served based on the best interests of the NYC Public Schools.
- Vendors proposing to provide services at a site that is co-located will be required to propose which universal services will be shared across the campus.

### Eligibility

To be eligible for this funding, organizations must:

1. Be tax exempt under 501(c)(3) of the Internal Revenue Code. Individuals are not eligible to submit proposals for this RFP.
2. Possess an Article 31 license\* under the New York State Mental Hygiene Law to open a clinic and provide treatment services **AND** currently be operating an Article 31 PAR clinic with a New York City public school.
3. Have a minimum of three (3) years of successful experience providing services of a similar nature and scope as those required in this RFP, preferably in an urban setting, to a large, socioeconomically and culturally diverse school, school system(s) and/or community-based organization(s).
4. Be located within the five (5) boroughs of New York City to enable in-person meetings and site visits to be scheduled within 24 hours' notice.

\*Pursuant to Section 41.03 (3) and 41.03 (12) of the New York State Mental Hygiene Law, an Article 31 license is required for entities to provide services at a school based mental health clinic.

### Target Population

The School Mental Health Expansion Grant will target schools located in areas of the city that have been historically underserved (and under resourced), particularly those neighborhoods identified by the NYC Task Force on Racial Inclusion & Equity (TRIE) as hard-hit by the impacts of COVID-19, health disparities and socioeconomic indicators. SMHEG will also focus on districts identified as having high populations of students in temporary housing (STH), asylum seekers, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual/aromantic/agender) and exposure to gun violence among other risk factors.

Additionally, the project will target smaller schools without the student enrollment and/or Medicaid eligibility percentages needed to establish an onsite Article 31 clinic. By clustering the smaller schools together, the number of students in need of targeted-level services is increased to meet the billable requirements. This clustering model will allow for the sharing of resources through telemental health services and address sustainability and billing concerns.

## Section II: Scope of Services

Through the School Mental Health Expansion Grant, selected CBOs will expand the number of school based programs providing services to individual students with emotional and mental health needs. The School Mental Health Program (SMHP) will provide oversight and quality assurance for services provided by awarded CBOs within their cluster of schools. A School Mental Health Manager (SMHM) will be assigned to each cluster and provide support to the schools and CBOs throughout the duration of the grant. This will include assisting CBOs in conducting an initial needs assessment with their assigned schools, providing support throughout the Office of Mental Health EZ-PAR application process, and partnering with CBOs to develop programming goals. In addition, CBOs will work with the SMHM to design a Mental Health Work Plan, based on student needs, that details all student mental health services in the school. SMHMs will work collaboratively with principals, other school staff, and CBOs to ensure services are delivered as expected and work closely with all parties to meet the joint aims of the schools and the grant.

A critical component of program sustainability and expansion is the ability to bill Medicaid and other insurance providers for eligible services rendered, as well as to enroll eligible students and families into the insurance system. To that end, CBOs will be linked to an external consultant to provide expertise in billing and policy. The consultant will help to ensure that CBOs are billing for services for maximum reimbursement and that CBO fiscal leadership are aware of any changes needed to fulfill this goal. An additional consultant will be tasked with project evaluation. The evaluation will help determine best practices and measure uptake for the newly implemented mental health services in schools.

### School Based Service Delivery

Selected CBOs will develop a multiple-tiered service approach which, at minimum, incorporates the following three tiers of interventions:

- **Universal Services** build the foundation to provide intervention services and supports for the whole school community. These services aim to form a sustainable system with the flexibility to address social, emotional, developmental, behavioral, and mental health needs of each school. Universal services are available to 100% of students.
- **Selective Services** nurture and shape sustainable skills for optimal functioning with the purpose of preventing risk factors from further developing in intensity, frequency, and duration. These services aim to alleviate the impact of risk and can stand alone or function as a support to other interventions. Typically, selective services are offered to 25% of the population.
- **Targeted Services** establish or strengthen relationships with specific supports and/or resources to address identified emotional, behavioral, and mental health needs. These services aim to improve social, emotional, and academic functioning and require intensive and specialized interventions and supports.

Within the above-described service tiers, CBOs will include a variety of service types as listed in the table below. Specific services will be chosen for each school based on the unique needs of that campus as determined by a needs assessment.

Service Tier	Service Type	Service Sub-Type
Targeted	Treatment	N/A
	Crisis	De-escalation
		Emergency Services
	Collateral	N/A
	Referral	External
		Internal
	Assessment	Screening
		Intake
		Discharge
		Psychiatric
		Psychological
Observation		
Selective	Supportive Services	Counseling
		Consultation
		Coaching
		Mediation
		Skills Training
	Psychoeducation	Workshop/Training
		Promotional Activity/Campaign
		Presentation
		Retreat
	Referral	Internal
		External



	Assessment	Screening
		Intake
		Discharge
		Psychiatric
		Psychological
		Observation
	Collateral	N/A
Crisis	De-escalation	
	Emergency Services	
Universal	Psychoeducation	Workshop/Training
		Promotional Activity/Campaign
		Presentation
		Retreat
	Meeting	N/A
	Assessment	Screening
		Observation
		Discharge
		Intake
		Psychiatric
Psychological		

**Staff Requirements**

CBOs will be required to meet the minimum staffing requirements outlined below in Year 1 for each school cluster. The required positions will be funded through a combination of SMHEG funds (see Use of Funds section below for further detail) and revenue generated from third-party billing. CBOs may utilize other staff roles but are responsible for covering the cost beyond the staffing pattern for this grant.

1. **One (1.0) Full Time Equivalent (FTE) non-clinical position** (minimum salary of \$60,000/year) will provide onsite support through training, parent outreach, and coordination of appointments, as well as universal and selective level services, including psychoeducation and other non-clinical services. It is expected that position rotate in-person between the schools in the cluster.

The non-clinical staff position is integral to the delivery of services as they become part of the school community and a representative of the agency. The support of a dedicated onsite non-clinical position also enables clinical time to be utilized more efficiently and remain focused on clinical mental health intervention delivery. Non-clinical staff will receive Youth Mental Health First Aid (YMHFA) training as part of their participation in this grant. CBOs should also include non-clinical staff in any trainings relevant to their work in schools.

The minimum qualifications for this position are:

- Bachelor's degree in social work, child development, psychology or a related field OR a minimum of 1 year of child services related work.
- Be a member of the cluster community or have previous experience working with the populations served.

2. **One (1.0) Full Time Equivalent (FTE) clinical position** to deliver clinical interventions, provide referrals, training, and other services as needed to schools within the cluster.

The minimum qualifications for this position are:

- Must hold a clinical license in the State of New York to treat mental illness or substance use disorder, acting within the scope of all applicable State laws and their professional license. May include a Licensed Psychologist, Licenses Psychoanalyst, Licensed Clinical social worker (LCSW), Licensed Creative Arts Therapist (LCAT), Licensed Mental Health Counselor (LMHC), or Licensed Master of Social Work (under the supervision of a LCSW or licensed psychologist or psychiatrist). Staff that are provisionally licensed must receive a minimum number of supervision hours as required by the state to become eligible to sit for the licensure exam.
- Experience working with children/youth and/or families.

3. **One (1.0) full-time or part-time clinical supervisor** (may be blended with other initiatives or funding streams) to provide overall oversight for project and direct supervision to both clinical and non-clinical staff.

The minimum qualifications for this position are:

- Must hold a New York license as described by the state to provide clinical mental health services.
- At least 3 years of clinical experience.
- Experience working with children and youth.

All staff must complete mandated reporter training and receive fingerprint clearance by the New York State Office of Mental Health and the NYC Department of Education's Personnel Eligibility Tracking System (PETS).

## Use of Funds

This award is intended to be utilized as gap funding to cover services that are not able to be billed to or reimbursed through a third party (Medicaid, private health insurance). The funding amount has been calculated to provide CBOs with the funding needed to support the staffing requirements detailed in the previous section. Therefore, each awardee must commit to the budget requirements outlined below.

Year 1 funds will be allocated as follows:

- Salary and fringe benefits for one (1.0) Full Time Equivalent (FTE) non-clinical position (minimum \$60,000/year).
- Salary and fringe benefits for 0.25 FTE mental health clinician.  
To achieve the desired level of billing revenue, clinical staff must provide a minimum of 60-75% of time on services eligible for reimbursement as per the nature of their OMH licensure or designation. Based on NYC Health Department estimates, one clinical FTE must hold a total caseload of a minimum of 25 students to meet this level. This will also allow the clinician flexibility to provide services to students that are not insured or underinsured and/or non-billable services as defined in the selective and universal tiers of service.
- Salary and fringe benefits for 0.10 FTE clinical supervisor

In Year 2, revenue generated from third party billing is expected to increase and offset a significant portion of program costs. Therefore, the funding amount will decrease in the second year. Staffing patterns may change in Year 2 due to the decrease in funding; however, the onsite Article 31 clinic is required to remain active.

## Technical Assistance and Billing Deliverables

CBOs will attend four technical assistance (TA) events produced by the Office of School Health and external collaborators. Two events will be held in person and the other two events will be virtual. Fiscal and billing department staff are required to attend the events along with program administrators. The goals of the TA events will be to examine billing policy guidance, increase sustainability, and improve financial modeling for school based clinic work.

CBOs are also to attend individualized technical assistance sessions to be provided through an external consultant. Through the sessions, the consultant will review each agency's practices and make recommendations to improve revenue and sustainability. CBOs will also be provided detailed guidance on developing and implementing best practices.

## Performance Metrics and Reporting

The School Mental Health Program is interested in identifying metrics to work collaboratively with awarded CBOs to monitor and improve performance during the life of the project. SMHP has identified initial metrics of interest and will work with awarded CBOs to add to or refine this list. The final set of performance metrics and frequency of data collection will be negotiated prior to the finalization of any agreements resulting from this RFP and may be adjusted over time as needed.

## Basic Data Expectations and Reporting

CBOs must have a system in place for tracking services (data) and submitting data on a regular basis via the SMHP's tracking portal, along with other information and data as requested. CBOs will also be

required to submit service and support data through the Office of School Health’s online data portal. CBOs will be provided support and technical assistance for managing data and preparing high-quality data submissions. Reporting will include, but are not limited to:

- Utilization and service delivery: each CBO will track the total number of services provided and type of participant served per day in the school regardless of funding on the SMHP data portal. This will provide a picture of the total cost of provision of mental health services in a school. CBOs staff are expected to enter service data on a regular basis, preferably daily, to capture accurate number and types of services provided.
- Year-end review: Each CBO will work in partnership with school principals to provide a summary of the impact of services on jointly identified variable(s) for the students on the caseload (example improved grades). All data will be reported in aggregate and provided to principals and SMHP.

Reliable and relevant data is necessary to drive service improvements, facilitate compliance, inform trends to be monitored, and evaluate results and performance. As such, SMHP reserves the right to request/collect other key data and metrics from vendors. However, protected health information (PHI) will never be requested.

***Program Evaluation***

CBOs will participate in a program evaluation, led by an external consultant, and provide information required by the Office of School Health, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

## Section III: RFP Requirements

### RFP Timetable

The following timetable outlines key events related to the RFP process. Please note that the dates are subject to change, and any amendments to the RFP, including this timeline, will be posted on FPHNYC's [website](#). FPHNYC will not provide individual notice of changes; organizations are responsible for regularly checking this web page for any changes.

March 29, 2024	Request for Proposals (RFP) issue date
April 8, 2024, 2:00-3:00 p.m. ET	An Applicant Information Session (remote and recorded) will be held for interested organizations to learn more about the RFP. See below for meeting details.
<del>April 18</del> <b>April 25</b> , 2024 at 11:59 p.m. ET	Final day to submit written questions All questions must be submitted in writing to <a href="mailto:procurement@fphnyc.org">procurement@fphnyc.org</a> with the subject line "School Mental Health Expansion Grant."
<del>April 22</del> <b>April 30</b> , 2024	Final Q&A posted
<del>April 26</del> <b>May 7</b> , 2024 at 11:59 p.m. ET	<b>Submission deadline</b>
<del>May 15</del> <b>May 28</b> , 2024 (estimate)*	Notification of awards
<del>June 17</del> <b>July 1</b> , 2024*	Anticipated project start date
June 30, 2026*	Anticipated project end date

\*Funding notification and project start and end dates are target dates only. FPHNYC may amend the schedule as needed.

### ***Applicant Information Session***

A virtual information session will be held on Monday, April 8, 2024 from 2:00 to 3:00 p.m. for those interested in applying. While participation in the information session is not mandatory, it is recommended that Applicants utilize this opportunity to ask any questions they may have related to this RFP.

Please join using the following link: <https://us02web.zoom.us/j/5444618997?omn=83493480599>

Meeting ID: 544 461 8997

To dial in: +1 646 558 8656 US

Find your local number: <https://us02web.zoom.us/j/5444618997?omn=83493480599>

A recording of the session will be available on FPHNYC's [website](#), and all questions asked during the session will be included in the Q&A.

***RFP Inquiries, Written Questions and Answers***

Questions and requests for clarification about this RFP must be submitted via e-mail to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of "School Mental Health Expansion Grant." Questions will be accepted until 11:59 p.m. ET on ~~April 18~~ **April 25**, 2024.

The Q&A will be posted at <https://fphnyc.org/get-involved/requests-proposals/> and answers will be updated regularly.

***Submission Instructions***

The deadline for submission is ~~Friday, April 26~~ **Tuesday May 7**, 2024 by 11:59 p.m. ET. Proposals must be submitted via email to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with the subject line "School Mental Health Expansion Grant." Applicants should follow the proposal instructions in Section IV: Preparing Your Proposal (page 15).

It is the responsibility of the submitting organization to ensure delivery of the application to the above email address by the submission deadline. A confirmation email will be sent within 24 hours of receipt of the application.

***Addenda to the RFP***

If necessary, FPHNYC will issue addenda to amend conditions or requirements relating to the RFP. Any addenda to the RFP will be posted on the FPHNYC website: <https://fphnyc.org/get-involved/requests-proposals/>.

Applicants are encouraged to check the website for any updates prior to submitting their final proposal.

## Section IV: Preparing Your Proposal

Proposers should follow the instructions set forth below in the preparation and submission of their proposal.

### Proposal Format Requirements

- Proposals must include the section/subsection headings (e.g., “Organizational Experience and Capacity”) and numbering format as shown below.
- Proposal narrative may not exceed ten (10) single-spaced pages. Any text exceeding the 10-page limit will not be reviewed and evaluated. Please note that **organizational charts and documentation of licensure will not be counted toward the page limit for the proposal narrative.**
- Proposal narrative should be in 8½” x 11” format with 1” margins all around (headers and footers may appear outside of this margin).
- Text should be no less than 12-point font, except for any tables or charts, which may use a font no smaller than 10-point.
- Each page of the Proposal Narrative should be consecutively numbered.

### Proposal Content

Proposals must include responses to all sections below and must address all questions in each section in the order listed.

1. **Attachment A: Proposal Submittal Form** that includes:
  - Proposer organization name, address, city, and state
  - Name, phone number, and email for primary and secondary points of contact for the project.
  - Cluster Identification: Please Identify the cluster/district you are applying to serve. Each application can only address the needs of one cluster. If you are applying for more than one district cluster, you must apply separately for each cluster.
  - Authorized Signature: An official authorized to bind the proposal must sign the Proposal Submittal Form.
2. **Proposal Narrative** that includes:
  - Organizational Experience and Capacity – Proposer must demonstrate evidence of adequate human, organizational, technical, and professional resources and abilities to meet the needs of this RFP. Organizational capacity shall include compliance with NYCPS and other relevant administrative and operating policies and procedures, in addition to the capacity to provide services. This should include, but is not limited to, the following:
    - An organizational chart of the overall company responding to this RFP
    - A program specific organizational chart showing specific titles and, if possible, names of employees who will be slated to work on this project. Please include members of the fiscal and billing staff that will be participating in the TA and billing activities described in this proposal.
    - Proof of article 31 license currently operating and PAR licenses currently operating in NYC schools. Please include a list of each DBN you are currently licensed in including the name of school, and how long each clinic has been operating.

- Please indicate what staff will be provided to work with the school community based on the allocated budget amount. The staffing summary should include if the staff will be at the school full-time or part-time and which days. Please include if you will be hiring bi-lingual staff and existing languages you are able to support at this time.
  - Describe your organization’s current systems and capacity to track services (data) and report data on a regular basis.
  - Describe your organization’s experience providing services to/within your selected community.
- **Program Plan** – Describe your multiple-tiered service approach incorporating the three tiers of interventions and related services as specified in Section II: Scope of Services. Please include the following:
    - Detailed description of the services your organization is proposing to provide.
    - Description of how you will provide access to onsite school base mental health services for students through multiple modalities, including but not limited to telemental health technologies (TMT); please include specific services that will provide TMT as an option for students and those that will not be available.
  - **Demonstrated Effectiveness** – Describe your organization’s previous successful experiencing providing services of a similar nature and scope as those required in this RFP. Please include the following:
    - Demonstrated success in operating mental health clinics in NYC public schools.
    - Description of successful relationships with school leadership in current school clinics.
    - How your agency currently learns about policy and federal laws and how the policy is implemented agencywide.
    - Identify the current rate of reimbursement your organization receives from billing Medicaid for similar services or programs.
    - Identify the current rate of reimbursement your organization receives from third party insurance companies for similar services or programs.
    - Identify at least 1 goal your organization would like to work towards in relation to financial planning.

### **3. Budget and Sustainability Plan**

- **Line-item Budget** – Please provide a detailed budget including all costs associated with the project and all funding sources.
- **Budget Justification** – Include a narrative cost justification for each line item and how the amounts were derived. Provide a breakdown of all funding, including source and amount, that will be used to support the project (ex: SMHEG, in-kind, other grants, reimbursement).
- **Sustainability Plan** – Describe your organization’s plan for continuing the program beyond the one-year grant period. Please include:
  - Estimated share of costs to be covered by reimbursement and plans for securing additional funding needed to meet any deficit remaining.
  - Description your organization’s ability to overcome barriers and utilize opportunities to provide services onsite in schools in light of emerging federal, state, and local policies.



**4. Letters of Reference**

- Provide three (3) letters of reference from schools, school systems, and/or related educational organization(s) for projects or services of a similar nature and scope as required in this RFP. Each reference must include the following:
  - Contact name, title, phone, and email.

**5. Attachment B: IRS Form W-9**

## Section V: Selection Process and Review Criteria

### Evaluation Process

A Review Committee convened by the NYC Health Department will evaluate the RFP submissions based upon the criteria below. A maximum total of 100 points are possible in scoring each proposal. The review process will consist of the following steps:

1. FPHNYC will conduct an initial review to screen proposals for eligibility, completeness, and technical requirements. Those that are determined to be eligible will then be evaluated by the Review Committee.
2. The Committee will evaluate proposals and score proposers according to the criteria listed below. Each proposal will be scored by at least three reviewers. The Committee will make the final selection and recommendation following the evaluation of the proposals, which may include presentations, site visits and interviews, if deemed necessary, with some or all of the proposers. If presentations, interviews and/or site visits are conducted, the Committee may choose to assign additional points for these processes or re-evaluate, rerate and/or re-rank the finalists' proposals based upon the written documents submitted and any clarifications offered in the interviews or site visits.
3. The Evaluation Committee will choose the vendor that most closely satisfies the requirements of the RFP. Up to Four (4) vendors will be selected to provide the requested services. Proposers must address all the requirements set forth in the RFP. The proposer that presents the strongest response to the requirements will receive preference over proposers that superficially meet the requirements for the services named in the RFP.

### Evaluation Criteria

Proposals will be scored using the rubric below:

Response Category	Desired Characteristics	Maximum Points
Organizational Capacity and Experience	<ul style="list-style-type: none"> <li>● Strong and unequivocal evidence that the organization’s human, organizational, technical, and professional resources and abilities can support the proposed services.</li> <li>● An organizational chart that includes titles and staff with clear roles and accountability for proposed work.</li> <li>● Resumes of key personnel demonstrate the qualifications to deliver the program plan.</li> <li>● Number of staff fully or partially dedicated to work on the program is aligned with the needs of the proposed services.</li> <li>● Sufficient resources and expertise to deliver the services within the required program timeline.</li> <li>● Systems and structures in place to ensure oversight of the project and adherence to timelines.</li> <li>● Capacity and process in place to collaborate effectively with SMH.</li> <li>● Prior experience providing services to/within the selected community.</li> </ul>	20

<p>Program Plan</p>	<ul style="list-style-type: none"> <li>● Program Plan for providing the required services is clear, professional, and highly rational.</li> <li>● Program design meets the specifications of the scope of services.</li> <li>● Demonstrates a clear understanding of the program's needs, goals, and objectives as specified in this RFP.</li> <li>● Developmentally appropriate and sufficiently flexible programs that facilitate implementation tailored for the specific needs of recipients.</li> <li>● Demonstrates the ability to apply for an Article 31 clinic license through the Office of Mental Health.</li> </ul>	<p>35</p>
<p>Demonstrated Effectiveness</p>	<ul style="list-style-type: none"> <li>● The evidence of prior successful experience is detailed and directly related to the proposed services, including effective program design, management, and evaluation.</li> <li>● Clearly articulated details on the methods used and results obtained by those methods.</li> <li>● Demonstrated evidence of reliable quality assurance, security measures, and adherence to established timelines.</li> <li>● Demonstrated success in NYC or other urban districts and/or schools.</li> <li>● Demonstrated ability to adapt to and accommodate shifting priorities and circumstances.</li> <li>● If any, satisfactory performance on government contracts.</li> </ul>	<p>20</p>
<p>Budget and Sustainability Plan</p>	<ul style="list-style-type: none"> <li>● Estimated use of funds from this grant including PS and OTPS.</li> <li>● Any staffing pattern beyond that is required for this grant.</li> <li>● Estimated reimbursement obtained through current billing practices.</li> <li>● Estimated reimbursement obtained in out years to cover costs.</li> <li>● Estimated deficit funding needed in out years to cover costs.</li> <li>● Any funding budgeted to meet the aims of this grant beyond which is available through this opportunity.</li> </ul>	<p>25</p>
<p><b>Total Maximum Points:</b></p>		<p>100</p>

## Section VI: Disclaimers and General Provisions

Proposers shall review each statement below to ensure capacity for compliance before submitting a proposal for consideration.

1. By submitting a proposal, the Proposer acknowledges that they have read and understand this RFP and can fulfill all requirements. Once submitted, submittals will be the property of FPHNYC and will not be returned.
2. FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC and/or NYC Department of Health.
3. FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items or confirm to the requirements of this RFP may be excluded from further consideration and alternative information packages may not be considered.
4. FPHNYC may make an award under the RFP in whole or in part, or award more than one contract by awarding separate items or groups of items to various proposers.
5. Prior to proposal opening, FPHNYC may amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available. FPHNYC may also direct applicants to submit proposal modifications addressing subsequent RFP amendments.
6. Prior to the start of work, selected Contractors shall procure and maintain in force at all times during the term of the agreement, insurance of the types and in the amounts set forth below:
  - I. Commercial General Liability: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence \$3,000,000 aggregate.
  - II. Professional Liability: medical malpractice or errors and omissions insurance in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate.
  - III. Employers Liability: insurance to provide coverage for the acts and omissions of Contractor's employees in limits of no less than \$1,000,000 per accident.
  - IV. Workers' Compensation: workers' compensation and disability insurance as required by the applicable New York State law.
  - V. Commercial Auto: if Contractor plans to use any vehicles in the performance of services under the agreement, Contractor shall obtain commercial auto coverage for all owned, non-owned, and hired vehicles, written on a form at least as broad as ISO form CA 00 01, with minimum limits of \$1,000,000 per accident.
  - VI. Excess Umbrella Liability: in the event that Contractor's insurance policy(s) does not meet the limits stated above.

Contractor shall maintain on file with FPHNY current Certificates of Insurance for the above referenced policies, listing FPHNY and the City as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance.

7. The Proposer will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Proposers will not be reimbursed for any costs incurred in preparing proposals.

**Appendix A:**  
**Amended SMHEG List of School Clusters**

Cluster	DBN	Co-located DBN's	Building Code	School Name	School Address	Borough	Zip	School Type	Grades
Cluster 1	07X157	07X157	X157	P.S. 157 Grove Hill	757 Cauldwell Avenue	Bronx	10456	Elementary School	PK,0K,01,02,03,04,05
	07X259	07X259, 07X557	X655	H.E.R.O. High (Health, Education, and Research Occupations High School)	455 Southern Blvd	Bronx	10455	High School	09,10,11,12,13,14
	07X557	07X259, 07X557	X655	Mott Haven Community High School	455 Southern Blvd	Bronx	10455	High School	09,10,11,12
Cluster 2	23K401	23K401, 84K775	K332	Christopher Avenue Community School	51 Christopher Avenue	Brooklyn	11212	Elementary School	PK,0K,01,02,03,04,05
	23K493	23K493, 84K626	K055	Brooklyn Collegiate: A College Board School	2021 Bergen Street	Brooklyn	11233	High School	09,10,11,12
	23K599	23K599, 23K664	K073	Brooklyn Landmark Elementary School	251 Mac Dougal Street	Brooklyn	11233	Elementary School	PK,0K,01,02,03,04,05
	23K664	23K599, 23K664	K073	Brooklyn Environmental Exploration School (BEES)	251 Mac Dougal Street	Brooklyn	11233	Middle School	06,07,08
Cluster 3	30Q092	30Q092	Q292	P.S. 092 Harry T. Stewart Sr.	99-01 34 Avenue	Queens	11368	Elementary School	PK,0K,01,02,03,04,05
	30Q329	30Q329	Q329	East Elmhurst Community School	26-25 97Th Street	Queens	11369	Elementary School	0K,01,02,03,04,05
Cluster 4	31R011	31R011	R011	P.S. 11 Thomas Dongan School	51 Jefferson Street	Staten Island	10304	Elementary School	PK,0K,01,02,03,04,05
	31R031	31R031	R031	P.S. 031 William T. Davis	55 Layton Avenue	Staten Island	10301	Elementary School	PK,0K,01,02,03,04,05
	31R074	31R074	R831	P.S. 74 Future Leaders Elementary School	211 Daniel Low Terrace	Staten Island	10301	Elementary School	0K,01,02,03,04,05