

NYS Office of Mental Health

Request for Proposals (RFP)

Family and School-Based Prevention Intervention in NYC Schools

February 25, 2015

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I. Introduction and Background

1.1 Purpose of the Request for Proposals

The New York State Office of Mental Health (OMH) announces the availability of funds to support young children's social emotional development at home and in school in high needs communities in New York City. Up to \$1, 250,000 will be made available annually to fund the award of one contract for up to a 5 year period through the release of this Request for Proposal (RFP).

The Division of Integrated Community Services for Children and Families is committed to advancing prevention efforts that show positive outcomes for young children's social emotional well-being. OMH has implemented a range of policies based on the well-established evidence in support of the critical importance of social emotional development and parent engagement in young children's well-being and school readiness. A large body of developmental research suggests that interventions that successfully alter trajectories of behavior problems in school settings among ethnically diverse youth from disadvantaged communities may result in reduced disparities across a range of important mental health, physical health and education outcomes. Robust literatures indicate that children's academic success depends on high-quality learning environments in and outside the classroom and that children without adequate self-regulation skills are at especially high risk for problems in school. Behavior problems in the classroom are robust predictors of later school problems and dropout and such problems are substantially elevated among children from disadvantaged communities. Rigorous studies have demonstrated that strengthening parenting and early education and learning environments can ameliorate the potentially devastating impact of stress on learning behavior, and health, especially for children who are at the highest risk for long-term problems. Thus, the public health significance of family and school intervention for children from underserved communities rests, in part, on the demonstration of intervention effects on behavior problems in school setting. Both family and school-based interventions are essential if we are to achieve our goals.

To achieve these goals, OMH is seeking an evidence-based* preventive intervention that strengthens family engagement and parenting skills as well as school instruction and school culture resulting in meaningful educational and health benefits for children, especially those who are behaviorally dysregulated. The successful awardee will need to demonstrate program effectiveness in the core components (see section 5.2) that support the goal of improving child outcomes for school success in learning, behavior and health by strengthening parenting skills and school engagement, classroom quality and child self-regulation in culturally diverse, low income populations in the highest need urban settings in NYC. In addition, the successful awardee will need to demonstrate prior implementation interventions and successful school partnerships with target population of young children between the ages of 4 and 6 in Pre-K and Kindergarten programs.

* Evidence-based interventions (EBI) are treatments that have been proven effective through outcome evaluations. As such, EBI are treatments that are likely to be effective in changing target behavior if implemented with integrity. There are a number of methods for establishing when an intervention can be deemed "evidence based". A meta-analytic approach with the goal of assigning an effect size to certain interventions is one method. This method is most appropriate for comprehensive academic or social behavior programs. Such programs can be applied across large populations and their general effectiveness can be measured. As such, this should be the first level of validation considered by groups looking to adopt school-wide, or large scale intervention programs (e.g. an academic or school-wide social behavior curriculum).

1.2 Availability of the RFP

The RFP will be available on the [OMH website](#) and advertised through the NYS Contract Reporter, and listed in the [New York State Grants Gateway](#) system. An announcement regarding the RFP will also be emailed to the statewide Early Childhood Advisory Council, OMH Early Recognition and Screening Programs and NYC Field Office Program Leads.

II. Proposal Submission

2.1 Letter of Intent

Agencies interested in responding to this RFP are encouraged to submit a Letter of Intent to Bid to the OMH Central Office by March 6, 2015. The Letter shall be non-binding. Please include an email address in your Letter of Intent to Bid so that OMH can quickly acknowledge receiving it. Mail the Letter of Intent to Bid to:

Susan Penn
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Susan.Penn@omh.ny.gov

2.2 Issuing Officer/Designated Contact

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer for this RFP is:
Susan Penn
New York State Office of Mental Health
Contract and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Susan.Penn@omh.ny.gov

2.3 Key Events/Time Line

Event	Date
RFP Release	February 25, 2015
Optional Letter of Intent to Bid Deadline	March 6, 2015
Deadline for Submission of Questions	March 11, 2015
Questions and Answers Posted on OMH Website	March 17, 2015
Proposals Due	March 31, 2015
Notice of Conditional Award*	April 22, 2015
Contract Start Date*	July 1, 2015

* estimated dates

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by email to the Issuing Officer at Susan.Penn@omh.ny.gov or by fax at (518) 402-2529 by 5:00 PM on March 11, 2015. The questions and answers will be posted on the OMH website by 5:00 PM on March 17, 2015 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

2.5 Addenda to Request for Proposals

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website and included in the NYS Contract Reporter. It is the bidder's responsibility to periodically review the OMH website and the NYS Contract Reporter to learn of revisions or addendums to this RFP. No other notification will be given.

2.6 Eligible Applicants

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing prevention programs to young children and their families within the school setting. Eligible applicants must have experience in professional training of the evidence-based prevention intervention.

2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in Section II, 2.6;
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.9, by the proposal due date of 4:30 PM on 3/31/15; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.8.

2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form;
2. Summary
3. Project Narrative
4. Complete Operating Budget and Budget Narrative for each year of the proposed contract period

The Operating Budget Form for Years 1-5 and the Budget Narrative Form (see Appendix B and B1) are separate documents that appear in the RFP section of the OMH website and can be downloaded in Excel or PDF format. Bidders must NOT substitute their own budget format.

Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.

Bidders must submit one complete, signed hard copy of the full proposal package and one (1) agency identified flash drive containing the proposal as one document (Word or PDF format) by mail, delivery service, or hand delivery to be received by **4:30 PM on 3/31/15**; each package must include the required proposal components cited above.

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via email or fax. All proposals received after the due date and time cannot be accepted and will be returned unopened.

2.9 New York State Division of Budget Grants Gateway Registration and Prequalification Requirements

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on www.Grantsreform.ny.gov

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of March 31, 2015 cannot be evaluated; therefore, such proposals will be disqualified from further consideration

2.10 Executive Order #38

Pursuant to [Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See Section VI, Appendix C of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

2.11 Equal Opportunities for Minorities and Women: Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

2.12 Packaging of RFP Responses

See Section 2.8 for detailed requirements. Proposals should be sealed in an envelope or boxed and sent to:

Susan Penn
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
ATTN: RFP Family and School- Based Early Intervention in NYC Schools

III. Administrative Information

3.1 Term of Contract

The term of the agreement shall be for 5 years, subject to available funding.

3.2 Reserved Rights

The Office of Mental Health reserves the right to:

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation; and
- Cancel or modify contracts due to the insufficiency of appropriations.

3.3 Debriefing Process

The Office of Mental Health will issue award and non-award notifications to all bidders. Non-awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and/or disqualified within 15 business days of the OMH dated letter.

OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Debriefing requests must be made in writing (fax and e-mail is acceptable) and sent to the Designated Contact identified in Section II, 2.2 of this RFP.

3.4 Protests of Award Outcome

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non-award, or 5 business days from the date of a completed debriefing. The Acting Commissioner or her designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

Ann Marie T. Sullivan, M.D., Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

IV. Evaluation Factors for Awards

4.1 Method of Evaluation

Proposals from ineligible applicants (see Section II, 2.6) and disqualified proposals (see Section II, 2.7) will not be evaluated for an award.

The evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment.

4.1.1 Technical Evaluation

A committee consisting of at least three technical evaluators will complete the Technical Evaluation. Each technical evaluator will independently review the technical portion of a proposal and compute a technical score. The technical evaluators proposal may then meet together to provide clarity or review any questions about a particular part of a proposal; following any such discussion, the evaluators may independently revise their original score in any part of the technical evaluation and will note changes on the evaluation sheet. Once completed, final technical evaluation scores will be calculated by each reviewer, and averaged to arrive at a Total Technical Score for each proposal. Proposals receiving a Total Technical Score of less than 60 will be eliminated from further consideration.

4.1.2 Financial Evaluation

Independent staff from the OMH budget office will evaluate the Financial Assessment. For proposals receiving a Total Technical Score of 60 or higher, the final Technical Score and the Financial Assessment Score will be added together to arrive at a Total Proposal Score. If necessary to break a tie, the proposal with the highest score in the *Prevention Intervention Program/Approach* component of the evaluation will be selected.

Scoring will be as follows:

Component	Maximum Points
Proposal Summary	10
Prevention Intervention Program/Approach	30
<i>Population</i>	(10)
<i>Curriculum/Materials Development</i>	(10)
<i>Training Implementation, Strategic Plan/Timeline</i>	(10)
Quality Data Improvement System/Monitoring Outcomes	20
<i>Experience in Outcome Evaluation</i>	(10)
<i>Experience with Fidelity to the Model</i>	(10)
Agency Performance and Organization	20
<i>Experience in Universal Based Intervention w/families and school personnel</i>	(10)
<i>Experience in Implementing Evidence Based Practices</i>	(10)
Total Technical Points	80
Financial Assessment	20
Total Proposal Score	100

4.2 Agency Recommended Award and Notification Process

Proposals will be rated and ranked in order of highest to lowest score. One award will be made to the agency with the highest rated and ranked proposal. At the conclusion of the procurement, notification will be sent to the successful and all non-successful bidders. The award is subject to approval by the NYS Attorney General and the Office of State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

V. Scope of Work

5.1 Introduction

In accordance with the goals and objectives of the New York State Children’s Plan, the Office of Mental Health has joined with other NYS child serving agencies and providers to create a strong early childhood private/public partnership. The partnership strengthens OMH’s public health approach to the social-emotional development of young children through promotion, prevention and intervention strategies. Advances in neuroscience, developmental psychology and prevention science provide compelling evidence that the foundation for health—or disease—is established in early childhood.

By identifying communities where young children are disproportionately exposed to factors that can compromise their development, OMH is better able to align and mobilize resources from various service systems to intervene early and make an important public health impact. This is particularly relevant given that approximately half of children with significant behavior problems

at school entry are expected to show more serious behavioral and academic difficulties throughout elementary school and into adolescence.

This RFP is issued to provide a universal, family and school-based early childhood preventive intervention serving approximately 400 young children (ages 4-6) annually that meet criteria outlined below. One provider will be selected to implement a universal, family and school-based early childhood preventive intervention in targeted, high-needs communities throughout the five Burroughs of NYC. Documentation that supports the selection criteria for determination of these communities along with school partnership agreements to implement to fidelity the selected prevention intervention. This is a high priority population for which these interventions are targeted for the outcomes highlighted in this RFP. It is critical that the awardee have a data driven, quality improvement system in place to track outcome data and key findings. The successful awardee must have established partnerships with targeted community school districts (CSDs) and/or community-based organizations (CBOs).

5.2 Objectives and Responsibilities

The objective of a universal family and school-based early childhood preventive intervention is to ensure that strengthening parenting and early education environments can ameliorate the potentially devastating impact of stress on learning, behaviors, and health, especially for children who are at highest risk for long term problems. The objectives of the selected Prevention Intervention will be:

- To provide **professional training** on the evidenced-based prevention intervention to all staff. To successfully implement a universal, preventive intervention at the population level, a school culture must be created and school staff actively engaged in core training. Pre-K and kindergarten teachers; school-based mental health professionals (MHPs; social workers, guidance counselors); parent support staff (PSS; parent coordinators, family workers); and principals. The professional development training must demonstrate an increase in knowledge, motivation and capacity to employ the evidence-based practices for creating positive teacher-child interactions and strong home-school connections.
- To provide a **prevention intervention/curriculum for all children** to increase children's knowledge, motivation and capacity to use social-emotional and behavior regulation skills through lessons, activities and a systematic approach to behavior management. This intervention/evidence-based curriculum must align with the family intervention goals and objectives (listed below).
- To implement a **family intervention/curriculum for all families** that provides the opportunity to participate in the family component to increase parent knowledge, motivation and capacity to use a set of effective parenting strategies through facilitated discussion and relationship-based practices. The family intervention must be implemented at varying times/days. There must be at least one after-school/evening intervention to accommodate parents' needs.
- To provide **professional team training and coaching** to implement prevention intervention with fidelity. A range of professional training formats such as experiential trainings, self-paced interactive web-based training, coaching, and consultation that is culturally and linguistically appropriate must be delivered as part of the professional development.

- To provide **leadership consultation and sustainability planning** a quality rating and improvement system must be instituted and sustained throughout the course of the 5-year grant. This system must include data input by all users. Principals will be fully engaged in on-going leadership consultation with developers. As part of the implementation strategy, data will be used not only for course correction but to maintain fidelity.
- To provide **consultation to early childhood teachers** to create high-quality classrooms that support self-regulation and early learning. This will support early childhood teachers to identify and address the needs of children with difficulties with self-regulations, including partnering with parents in implementing home and school-based solutions.
- Cultivate **cooperative agreements and relationships** with school districts, community providers and family neighborhood associations to encourage parent engagement and support young children's social emotional development.
- To ensure fidelity to the selected evidence based intervention, a **data collection system** must be in place to evaluate program effectiveness and monitor child and family outcomes.
- Meet or exceed **annual performance target of 400** Pre-K-K students within first year. Performance target may increase in subsequent years.
- Meet or exceed **annual performance target of 60% family participation in prevention intervention program. Performance target may increase in subsequent years.**

5.3 Requirements for Submission

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not be considered. See Section II, 2.8 for additional information on proposal format and content.

A. Agency Transmittal Form

B. Summary (no longer than two page)

Provide a concise description of the program that summarizes its goals, objectives, overall approach (including population to be served and formal internal and/or external agency partnerships), anticipated outcomes, and deliverables.

C. Project Narrative

The project narrative should be no longer than 20 pages (not including attachments), at no less than 11pt font and 3/4 inch margins.

When submitting proposals for funding under this RFP, the narrative **must** address all of the components listed below, in the following order:

I. Population

1. State your commitment to working in high poverty and high needs communities in NYC. Indicate what existing partnerships have been established within those communities and potential new partnerships.
2. Describe in narrative form the characteristics and specific needs of the population to be served in this universal prevention intervention. Describe how you will meet or exceed performance targets.

II. Training Implementation

1. Describe what intervention you are planning to implement for this prevention implementation.
2. Describe procedures and processes, including the mechanisms to ensure fidelity to the evidence based intervention, types of training and experience of the trainers. Describe how your evidence-based intervention is research-validated best practice that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation.
3. Describe the training that will be provided directly to school personnel, parents, siblings (if applicable) and the student.
4. Identify community-based resources that will be available to families through referrals and/or linkage agreements. Indicate how these services support the family and student. Describe how all services will take into account the cultural and linguistic needs of the family.
5. Attach a copy of the proposed school district partnership agreements/MOU's.
6. Describe your strategic plan to begin training and time table for implementation of the prevention intervention.

III. Quality Data Improvement System

1. Describe the agency's system to monitor implementation fidelity and program outcomes

IV. Agency Performance

1. Describe the agency's training and implementation experience and approach in providing universal, prevention interventions.
2. Describe the agency's history of the family and school-based interventions including outcomes.
3. Describe the agency's history of conducting research and evaluation of the evidence-based prevention intervention.

D. Operating Budgets and Budget Narratives

Be sure to use the required budget formats – the Operating Budget Form for Years 1-5 and the Budget Narrative Form (Appendix B and B1) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.2.2)

- Develop yearly Operating Budgets for Years 1-5.
- Complete Budget Narratives for all the detailed expense and revenue components that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.
- Describe other funding sources that will support sustainability of the prevention intervention when implementation is completed.

VI. Appendices

- Appendix A [Agency Transmittal Form](#)
Appendix B [Operating Budget Form for Years 1 through 5](#)
Appendix B1 [Budget Narrative Form](#)
Appendix C [OMH Master Contract Forms and Instructions](#)

The link to these [forms and instructions](#) is provided for informational purposes only. Do not complete and submit these forms with your proposal.