

## Family and School Based Prevention Intervention RFP

### Questions and Answers

1. The RFP calls for providing services to children in Pre-K through 6 years of age. Does OMH identify the community School(s) that would require these services, or would we be required to identify those programs in the community?
  - a. The prevention intervention is to be provided to young children in Pre-K to age 6 years of age. OMH does not identify the community school(s). That is the responsibility of the bidder and their collaboration and partnerships with Pre-K programs in high needs communities.
  
2. On page 5 Item 2.6, (Eligibility)-In order to be eligible, must applicants have professional experience *providing* professional training of evidence-based prevention intervention? Or, is experience receiving professional training in the EBP sufficient?
  - a. This statement implies that the bidder themselves has experience in providing training of the selected evidenced-based curriculum, rather than relying on subcontracting and partnership agreements to implement the curriculum.
  
3. The RFP states "...provider will be selected to implement a universal, family and school-based early childhood preventative intervention in targeted, high-needs communities throughout the five Burroughs of NYC". Has OMH pre-selected target communities or is the provider responsible for the identification of specific schools within high poverty and high needs communities?
  - a. The bidder is responsible for the identification of the specific schools that meet the criteria of serving children and families residing in high needs communities.
  
4. Can the provider, in the first year of the contract, focus on one borough and then roll out the implementation throughout the five boroughs over the subsequent term of the contract?
  - a. It is not required that all boroughs be served.
  
5. To fulfill the Prevention Intervention objectives, what outcome metrics will be used? Are there pre-determined metrics that are expected by OMH in addition to the outcomes of the intervention?
  - a. There are no pre-determined metrics that are expected by OMH. Bidder must describe the outcome metrics they have selected that demonstrate desired outcomes of the evidence based intervention. Outcome measures must be reliable and valid, and administered consistently and accurately.

6. Is there a preferred or required font for the proposal narrative in order to limit to 11 point?
  - a. No
7. Is the Font size limit of 11 point font applicable to tables and figures?
  - a. No
8. Can parts of the Project Narrative (such as figures and tables) be provided in color?
  - a. Yes
9. Can you clarify what is meant by “agency identified flash drive”?
  - a. It means that you are required to identify the flash drive with your agency’s name on it.
10. In the Appendix B (Operating Budget) form: Should the annual salaries be listed with or without fringe in the Itemized Staffing section?
  - a. List the salaries without fringe in the Itemized Staffing Section.
11. Page 10 Section 5.1 mentions that intervention will be in “targeted, high needs communities throughout the five boroughs of NYC”. Is the intervention required to serve all 5 boroughs, or is it that the RFP allows for providers to propose serving children in any/all of the boroughs?
  - a. It is not required that all boroughs be served.
12. Are both school partnership agreements (mentioned on p. 10, Section 5.1) and school district partnership agreements (p.12, Number 5 under Training Implementation) required for submission with the proposal? If the agreements are just with the school district, then will the principals need to specifically choose to have their schools be in the program?
  - a. Yes, copies of school partnership agreements must be included with submission. Bidders can submit either a school district or school principal school-partnership agreement/MOU.
13. On page 10 of the RFP, it states that “one provider will be selected to implement a universal, family and school based early childhood preventative intervention in targeted, high-needs communities throughout the 5 boroughs of NYC”. Does this mean that a single provider will be expected to support children and families from multiple schools?
  - a. Yes

14. Is there specific sections of NYC that are expected to be targeted?
- The bidder must determine a process by which they will identify communities where children are disproportionately exposed to factors that can compromise their development and where they are better able to align and mobilize resources from various service systems to promote the well-being of young children. A description of the method used to identify high need communities for implementation of the intervention must be included.
15. Will OMH identify any schools/districts, or are they identified solely by the provider via the proposed selection criteria?
- That is the responsibility of the bidder and their collaboration and partnerships with Pre-K programs in high needs communities.
16. Is the intervention required to serve multiple districts?
- No
17. Is the intervention required to serve multiple schools per district served?
- No
18. Do providers need to have all schools and/or districts identified at the time the proposal is submitted?
- No
19. Is it expected that the awardee change service schools yearly?
- No
20. Are we required to have/submit proof of a formalized linkage with community based partner organizations along with this RFP?
- Yes
21. Does the “universal” intervention (p. 10 Section 5.1) mean that it would serve every Pre-K and Kindergarten student in each school in which the program is implemented?
- Yes
22. Please provide more information on the criteria for designating an intervention “evidence-based” for the purposes of this RFP.

- a. The use of evidence-based practices promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result. Research suggests that effective programs often have long-term economic returns that far exceed the initial investment.

*Evidence-based programs and practices (Well Supported Programs and Practices)*

*Programmatic Characteristics*

- *The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and longterm outcomes.*
- *The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it. The practice is generally accepted in prevention programs as appropriate for use with children and their parents/caregivers.*

*Research & Evaluation Characteristics*

- *Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice.*
- *The RCTs have been reported in published, peer-reviewed literature.*
- *There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.*
- *The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.*
- *Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.*
- *If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.*
- *The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.*
- *The local program can demonstrate adherence to model fidelity in program implementation.*

23. What is required to demonstrate the establishment of 60% of family participation? Will family members have to attend a minimum number of sessions to qualify for participation?

- a. The minimum number of sessions to qualify for family participation is based on the evidence based intervention selected.

24. What is the expectation of staying with schools more than one year? If it is expected that the program run in the same school for multiple years, and if so, what is the expectation of longitudinal outcomes?
- a. It is expected that the prevention interventions implemented would be on-going throughout the five years.
25. Are there particular areas, skills or domains for which you require outcome measures for parents, children and teachers?
- a. Outcome measures are specific to the evidence based intervention selected.
26. Can we subcontract and/or build in costs for staff and instruments for outcome measures?
- a. The bidder must have the professional staff and demonstrated experience in all three performance areas described in section IV which includes the professional training, delivery of the intervention and data collection and evaluation of the evidence- based prevention intervention. Subcontracting is allowed for other associated costs.
27. Are we able to submit letters of support along with the proposal that will testify to our ability to implement evidence based models and/or support the target population?
- a. Yes
28. Is there a minimal intervention time frame that you are seeking for the NYC Schools? The Evidence Based Measurements for youth vary in the degree of intervention, and some interventions take longer than others.
- a. There is no minimal intervention time frame.
29. Will OMH assist proposers in getting the school district partnership agreement signed by the NYC school district?
- a. No
30. Will proposals be accepted as complete without a signed school district partnership agreement?
- a. No
31. What is the maximum number of schools the awardee will be expected to serve?
- a. No maximum required.

32. What is considered “family participation” in prevention intervention? Are there a certain number of workshops that the family must attend, individual counseling sessions, homework or paperwork completed by the parent, etc.?

- a. Family participation will be determined by the evidence- based, prevention- intervention selected by the bidder.

33. Is it best for the awardee to choose a short term intervention as opposed to long term intervention in order to serve 400 youth annually that are unduplicated?

- a. That determination must be made by the bidder in their selection of an evidence- based, prevention- intervention.

34. Will OMH answer additional questions about the RFP after the answers are posted?

- a. No.

35. Is subcontracting allowed on this grant? If so, are there limitations/restrictions?

- a. Subcontracting with an organization/contractor to implement the trainings is not permissible.