

2. Program Proposal

B. Experience and Expertise (20 points)

For the Community-based Organization: Red Hook Initiative.

a. History and mission and populations served by the organization.

History & Mission: Red Hook Initiative (RHI) believes that social change to overcome systemic inequities begins with empowered youth. In partnership with community adults, we nurture young people in Red Hook to be inspired, resilient, and healthy, and to envision themselves as co-creators of their lives, community and society. We envision a Red Hook where all young people can pursue their dreams and grow into independent adults who contribute to their families and community. In 2002, we began as the *Red Hook Health Initiative*, a community health project of a local hospital, in response to the severity of health and social issues in Red Hook. In 2006 we formed the Red Hook Initiative (RHI), an independent 501(c)3, in order to expand our scope to better meet community needs. As we increased our youth programming and our roots in the community deepened, RHI's vision and mission clearly emerged as youth development, supported by community building efforts.

RHI is an active center in the heart of the neighborhood. Our holistic model is designed to nurture a young person's capacity to become a resilient individual. Our approach is structured around a **Youth Empowerment Pipeline**, which provides young people, throughout their middle school, high school, and young adult years, intensive academic support, job readiness and leadership training, part time entry-level employment, college application assistance, college retention support, and a range of services that promote resiliency and prepare youth for independent, self-sufficient adulthood. This long-term approach provides programming and services to young people over a critical portion of their developmental years to ensure that they have the skills, access to resources, and opportunities necessary to break the cycle of poverty.

One of RHI's guiding beliefs is that the people within a community have the power to create their own social change. RHI has over 100 staff members; 90% are from Red Hook. Whenever possible, priority in hiring is given to a Red Hook resident; extra coaching, professional development, and supportive supervision ensure that local residents are given opportunities to serve their community. With this practice, RHI has emerged as an economic development engine for Red Hook. The majority of RHI's financial resources are paid back into the community. In the last two years over \$1M per year was paid to Red Hook residents through salaries, participation stipends, and vendor agreements.

In 2012, RHI was awarded the New York Community Trust – New York Magazine *Excellence in Nonprofit Management Gold Medal*. RHI's Board of Directors was a finalist in the 2013 Brooke Mahoney Award for Board Leadership. In 2014, Jill Eisenhard was named to Crain's New York *40 Under 40* and was a City & State Above and Beyond honoree. RHI has also been recognized and received significant media attention for serving as the epicenter of post-hurricane Sandy relief and rebuilding work in Red Hook, as well as for its efforts to bridge the digital divide by training young people to build a free wireless network throughout the neighborhood.

Population Served: RHI primarily serves young people, from middle school through age 24, who live in Red Hook, Brooklyn in the New York City Housing Authority Red Hook Houses – Brooklyn's largest public housing development. The majority of Red Hook residents live in isolation, struggling with poverty and limited educational and employment opportunities. The median household income is \$16,000; and more than half of families with a child under the age of 18 live in poverty. Red Hook residents are 47% Latino and

42% African American. The high school graduation rate in Red Hook is a dismal 45%. In the Red Hook Houses 60% of residents age 18 and older are unemployed; the unemployment rate among 18-24 year olds is a staggering 75%. The prevalence of “disconnected” youth—those neither working nor in school—is a major concern in New York City and this trend of urban underperformance is especially evident in Red Hook. Young people in our community are facing entrance to adulthood lacking the knowledge, skills, experience, and relationships that will allow them to be productive and connected members of society and compete in the global economy. Many become caught in a cycle of poverty, addiction, gangs, crime, and incarceration.

b. Details on the current level of the CBO’s performance (number served, population, impact, programmatic needs, key outcomes, and different services offered).

Programs: RHI has three youth development programs that we have strategically designed to support young people through their middle school, high school, and young adult years. Our fourth program focuses on building a healthy and sustainable Red Hook community. We envision our three youth development programs as a **Youth Empowerment Pipeline** that offers a young person long-term support toward a high school diploma, a college degree or job training program, and a self-determined career path. A youth who enrolls with RHI in 6th grade is offered year round programming until age 24, providing opportunities and confronting the critical challenges at each stage of his/her development.

We believe that if young people feel a sense of belonging, have access to enriching opportunities and supportive services, learn new skills, are given a chance to develop as leaders, and are provided unconditional support, they will in turn: demonstrate resiliency and self efficacy, have the courage and confidence to take healthy risks, embody a positive sense of self and future in the face of life’s challenges, and go on to lead productive and fulfilling lives. In 2016, RHI will provide year-round youth development programming for **400 low-income Red Hook youth**.

Middle School Program: RHI works with 50 middle school students (ages 11 – 14) annually as they work toward academic success, begin career exploration, develop life skills, strengthen social supports, and exercise their leadership in Red Hook. Staff members collect report cards and work with each youth to set and monitor academic goals. Daily homework help is followed by a variety of enriching activities (dance, art, cooking, and conflict resolution are examples). As in all of our programs, we create opportunities for community leadership through service learning projects.

Middle School members work toward these **key outcomes**:

1. At least 75% of youth improve their grades in one academic challenge area by 3 points or one letter grade
2. At least 75% of youth believe they can turn to RHI for needed resources and support
3. At least 85% of youth demonstrate knowledge gained through experiential learning projects.
4. At least 85% of middle school youth believe that their actions created positive change in their community.
5. At least 90% believe that they have the ability and resources needed to succeed.
6. 100% of middle school youth have a successful transition to high school.

High School Youth Leader Program: When members reach 9th grade they join a four-year Youth Leaders program, which focuses on education, employment and personal development. RHI employs 100 teenagers (ages 14 – 18) per year, who upon completion of rigorous training, work 8-12 hours a week at RHI with their peers as Peer Health Educators, Peer Counselors, Teen Chefs, Media Interns, Youth

Researchers or Youth Organizers, sharing what they've learned with their peers, through workshops, demonstrations, "one-on-ones" and community-focused activities, reaching an additional 1,000 youth per year. While a clear goal of the program is ensuring youth stay on track for high school graduation, the majority of these youth are at risk for dropping out. Less than 50% of Red Hook youth graduate high school. Throughout a young person's tenure as a Youth Leader, it is not uncommon for some to drop out, transfer, enroll in an HSE class, or need extensive support to get back on track to graduation. Mental health issues play a significant role in the barriers to graduation for this population.

Throughout the High School Program, members work toward these **key outcomes**:

1. At least 75% of youth who participate in career offerings believe they have gained access to resources to secure future employment.
2. At least 75% of youth will self-report that they believe they can turn to RHI for needed resources and support.
3. At least 90% of youth will work to create positive change in their community.
4. At least 90% will believe that they have the ability and resources needed to succeed.
5. At least 75% of youth will graduate from high school or obtain a HSE diploma, before turning 20 years old.

Young Adult Program: RHI works with 150 young adults (ages 19 – 24) annually as they further their education (high school, college or vocational training), secure or advance employment, gain or strengthen social supports, and exercise their leadership in Red Hook. The majority of young adult participants are neither in school nor working upon entry to the program. The program focuses on building and strengthening academic and/or employment skills, provides professional development training and subsidized job placements within RHI and at local businesses, and helps participants overcome the manifold challenges that stand between them and economic independence. A holistic intake explores the ways in which participation in the program might benefit each participant including: Education (high school diploma, HSE, vocational training, college); Employment (resume, job, job change, job-related skill); Housing (stability, independent living); Emotional Health (social benefits eligibility, stress management, counseling); and Physical Health (food stamp eligibility, health insurance eligibility, and medical health care).

Our young adult members work toward these **key outcomes**:

1. At least 50% of Pre-College Scholars will enroll in an accredited college degree program within one year of starting the program.
2. At least 70% of job training participants will secure employment (defined as paid position) unless actively pursuing an educational degree, within three months of completing the 10-week paid job training
3. At least 70% of case management participants will gain access to needed resources, services, and/or opportunities through RHI or referral partners, within six months.
4. At least 65% of College Scholars will earn a college degree.
5. At least 50% of job training participants will remain employed (defined as paid position/stipend) unless actively pursuing an educational degree, after 12 months of completing the 10-week paid job training.

RHI's **Community Building** program works toward: cultivating a community sense of empowerment, creating positive institutional change in Red Hook, and facilitating authentic participation/leadership in community life. We achieve these goals through youth-led social change projects, community-led initiatives,

and organizing and advocacy projects. Our community building work engages **over 5,000** residents annually.

c. The CBO's total staff size, as well as the number of direct service staff.

RHI has 135 staff members on payroll. This consists of 22 full-time staff, 24 part-time staff, and 89 teenage and young adult staff. Of the 40 permanent staff, 75% work directly with youth in some capacity.

d. Target population to be served through C2C, and the contracts/programs of the CBO that currently serve them. List the service levels and outcomes for the past three years.

RHI will use the C2C initiative to reach one target population: out of school, out of work young adults, ages 16 – 24. RHI already has existing relationships with these populations through our Youth Leader program (16 – 18) and our Young Adult program (19 – 24). The Youth Leader program served 52, 44, and 62 16 – 18 year olds respectively in 2013, 2014, and 2015. Additionally, these youth host workshops, events, and outreach activities that engage 500 of their peers annually. The Young Adult program began in 2013 and reached 162 19 – 24 year olds that year. This number grew by 119 (beyond those already enrolled) in 2014 and 99 in 2015 (to-date). RHI has had three contracts with the NYC CEO Work Progress Program since 2012. In 2016, in response to issues identified through program evaluation, RHI will launch a pre-employment training for young adults who are unable to meet the very basic requirements of our professional development training program. We anticipate that this group will have a very high need for mental health services.

e. CBO applicants should not currently have mental health specific services on-site serving the target population. Confirm that the CBO does not have these services.

RHI employs a bare bones staff of three social workers to work with 400 youth from middle school through age 24. We have an on-call, per diem psychologist, who provides short-term crisis intervention counseling and links young people with serious mental health issues to offsite mental health support at a variety of mental health providers in Brooklyn. With a 1:125 social worker to participant ratio we are only able to respond to mental health crisis situations. Given the severity and scope of issues facing young people in our low-income community (poverty, low high school graduation rates, unemployment, violence, gangs, crime, substance use/addiction, police brutality, housing instability, and incarceration) and the additional trauma many experienced during/after Hurricane Sandy, we believe that the emergency mental health work we are doing is just the tip of the iceberg. We believe that all RHI participants, especially those “disconnected” youth, who are neither in school or working, could benefit from routine mental health screening and early intervention services such as those outlined in C2C. With additional training and support, RHI direct service staff will be able to identify young people with mental health concerns and provide appropriate support and/or link them to more serious mental health care **before** a crisis emerges.

The pressing need for mental health care among our youth, the opportunity to train staff and build the capacity of RHI to cope with the many mental health challenges that our young people face, and the desperate lack of mental health supports in Red Hook make RHI an ideal match for C2C. It is a clear fit to both of our missions to improve mental health and program-related outcomes for low-income Red Hook youth.

For the Mental Health Provider: NYU Lutheran Family Health Centers (LFHC)

a. The history and mission of the MHP entity, track record in the community to-be served. Numbers served over the past three years and the portion of those that are low-income and/or related to the target community. Outcomes tracked and achieved.

NYU Lutheran Family Health Centers (NYU LFHC) is one of the largest and most comprehensive federally qualified health centers (FQHCs) in the country, with a \$167 million budget, 65% of which is patient revenue. Serving an urban, ethnically diverse, and economically at-risk community, NYU Lutheran Family Health Centers' mission is to improve the health of underserved communities by delivering high quality, culturally competent health care and human services. Since its founding in 1967, NYU LFHC has evolved to become a NCQA recognized level 3 Patient Centered Medical Home for over 119,000 patients with more than 780,000 annual patient visits in underserved communities around New York City – an increase of over 30,000 patients since 2005. NYU Lutheran Family Health Centers and its safety net hospital, NYU Lutheran Medical Center, encompasses nine neighborhood primary care sites; 27 school-based health centers; a community medicine program serving homeless individuals; a behavioral health system; and an array of supportive community services.

The NYU Lutheran network service area, encompassing the neighborhoods of Sunset Park, Red Hook, Bay Ridge, Flatbush, Park Slope, and East Flatbush, Brooklyn, is low-income and working class with numerous ethnic enclaves, whose residents suffer from the health and social problems associated with urban poverty. The majority of patients served at NYU Lutheran Medical Center and NYU Lutheran Family Health Centers are Medicaid and Medicare eligible and at least 75% live at or are below the federal poverty line. NYU Lutheran has strategically increased its capacity to serve low-income and at-risk communities by securing resources to maintain and expand access to primary and specialty care in the communities that need it most. Notably, in the past three-years LFHC opened the doors to a 25,000 square-foot, state-of-the-art primary care facility for women and children in Sunset Park; tripled the capacity of its Brooklyn Chinese Family Health Center; and absorbed 23 HRSA Community Medicine clinics that were cut from the New York City Department of Health Budget ensuring access to care for over 6,000 marginalized and homeless New Yorkers annually. Lutheran has extensive experience addressing the needs of C2C's target populations, serving as one of the main health and social service providers for children, youth and families in Southwest Brooklyn. The LFHC Women and Children's Primary Care Center, multi-site W.I.C program, and network of early childhood centers and home-based interventions collectively serve over 20,000 expectant mothers and parents of children ages 0-4. NYU LFHC's Project Reach Youth provides a continuum of youth development, education, counseling, and workforce development services to over 3,000 young people each year. Services are specifically designed to reengage our community's large population of out of school, out of work young adults ages, 16-24. NYU LFHC's Adult and Family Education Department has over 45 years of experience providing adult literacy and workforce development skills to unemployed and underemployed low-income adults.

NYU Lutheran Family Health Centers' robust Ambulatory Behavioral Health Services Program provides comprehensive mental health services, offering evidence-based individualized treatment services for individuals managing mental health disorders, struggling with chemical dependency problems and/or coping with health issues associated with HIV/AIDS. Services are provided by multidisciplinary, multilingual, culturally competent treatment teams composed of physicians, nurses, psychologists, social workers and addiction counselors. Services include intake assessment, crisis intervention, individual and group psychotherapy, family counseling, and psychiatric services for adults, adolescents and children. The program's main site, Sunset Terrace Family Health Center (STFHC) at 514 49th Street in Brooklyn, sees approximately 500 new patients per month; and over 9,500 patients per year. The Healthy Connections Behavioral Health Clinic, is an outpatient mental health clinic that offers counseling to children, adolescents, adults and families who've been affected, either directly or indirectly, by trauma. Experts at the clinic, including licensed social workers, psychiatrists and psychiatric nurse practitioners, work together to

provide effective, comprehensive care. The entire staff is trained in assessing, diagnosing and treating psychological trauma disorders using the most current and evidence-based practices available.

In addition to helping patients work through psychological trauma disorders, social workers are available to help if trauma situations continue. In cases of domestic violence, for instance, clinicians develop a safety plan to make sure patients are taken care of and have a plan in the event that they need to exit an unsafe situation. Behavioral health services are also provided in 14 school-based mental health satellite clinics in Brooklyn. School-based mental health clinicians provide assessment, treatment, referral and crisis intervention services in both individual and group settings at the school site. On-site counseling and intervention increases accessibility of culturally competent mental health services for students and families; reduces absenteeism; and builds connection with the children's caregivers (teachers, guidance counselors, parents, etc.) to create healthy school and home environments for students.

Indicators tracked for all mental health clinics include, rapid patient assessments, initial treatment plan development and on-going treatment plan review, tracking of high risk cases, incident management, and patient satisfaction. Outcomes for fiscal year 2014 and 2015 for all of these indicators listed above are at "meeting" or "exceeding" our projected goals. NYU Lutheran's partnership with the New York State PSYCHES project enables us to evaluate mental health utilization and reduction of inpatient care and psychiatric emergency room utilization. In 2014, NYU Lutheran came in 4th out of 47 NYC participating hospitals on the reduction of emergency room utilization and psychiatric hospitalization and re-hospitalizations. In addition, children/ adolescents and young adults enrolled in NYU Lutheran Family Health Centers' mental health clinics and the school behavioral health programs have maintained positive outcomes including improved steady school attendance, decreased truancy, academic performance, and overall better health outcomes.

b. The MHP's experience with the core C2C modalities listed on page 5 and with any additional modalities proposed for C2C. Describe the training and credentials of staff in these areas, the supervision of staff in delivering these interventions.

NYU Ambulatory Behavioral Health Services consists of the Sunset Terrace Family Health Center, an Article 31 State Office of Mental Health (SOMH) clinic that serves over 9,500 patients annually. It has been on operation for over 35 years. The clinic consists of over 55 Clinicians (LMSW, LCSW, LMHC, PhD/ PsyD Clinical Psychologist, and over 12 psychiatrists and/or Psychiatric Nurse Practitioners). The Healthy Connections is a satellite behavioral health clinic in Sunset Park, Brooklyn and it consists of 5 full time LCSW and LMSW and 1 part time child Psychiatrist and one part time adult Psychiatric Nurse Practitioner (NP). The clinic services over 500 patients and provides over 6000 annual patient care visits. The school-based mental health program provides mental health services to 14 schools in Brooklyn. Each school has at least 1 full-time social worker that provides screening, assessment and mental health treatment services to children and teens.

All of the mental health programs offer screenings, bio-psychosocial assessments, individual and group psychotherapy, and psychopharmacology services. All patients served are also assessed for substance use disorders (SUD) and services are provided for patients with a primary mental health diagnosis and a co-occurring SUD.

Motivational interviewing (MI) services are offered at all of our clinics (STFHC and Healthy Connections and the school-based mental health clinics). Our licensed masters and clinical social workers and clinical

psychologist are trained to provide MI services and patients are met at whatever level (pre-contemplation or contemplation) the patient is experiencing.

Treatment for psychological crisis or exposure to traumatic psychological events is offered as part of our ongoing work with patients in our all of behavioral health clinics. Our staff of seasoned and experienced Clinicians, Psychiatrists and Nurse Practitioners provides crisis intervention services and mental health first aid to patients in crisis and psychological distress. The Clinical staff will provide training, coaching and supports to the staff of our CBO partner, Red Hook Initiative. Sunset Terrance FHC/ Ambulatory Behavioral Health Services clinic will use the SAMHSA National Child Traumatic Stress Network (NCTSN) Psychological First Aid (PFA) to train the RHI staff. The PFA course is an online training course that includes a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This professionally-narrated course is designed for individuals new to disaster response who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors.

All of our clinicians and medical providers provide psychoeducational services to our patients and families. These services are provided in individual, support group and family meetings format. Psychoeducational groups are provided on various topics (anxiety, depression, mental illness, and substance use disorders). Training, coaching and support will be provided to our C2C partner to help them develop these services on-site for the target populations.

NYU Lutheran also recognizes that trauma is widespread and that it is crucial to adapt a trauma-informed approach in all of our work to promote healing and recovery rather than practices that may inadvertently re-traumatize people who have previously experienced trauma. LFHC is currently working with the University of Buffalo's Trauma Informed Institute to infuse and sustain trauma awareness, knowledge, and skills within departmental practices and policies, and will provide training and technical assistance to RHI staff to integrate a trauma-informed approach.

c. The MHP's current level of performance and how it has effectively used data to make significant programmatic changes in operations.

NYU Lutheran Family Health Centers has extensive experience in data-driven program management. NYU LFHC's interdisciplinary, system-wide Performance Management Program is a carefully planned, developed and organized mechanism with the capacity to assess services, practices and governance processes. Indicators tracked include demographics, utilization, health, and outcomes. Ambulatory Behavioral Health Services has a dedicated full-time Director of Quality Assurance/Performance Improvement and Regulatory Compliance who oversees all the performance improvement activities at the mental health clinics and reports to the Quality Council at Lutheran Family Health Center. The Quality Health Council is overseen by the Chief Medical Officer of NYU LFHC. With the use of PSYCHES data on patient Medicaid claims, STFHC has been able to identify patients who are at a higher risk for emergency room use and being re-hospitalized and has designed individualized patient-centered treatment plans and interventions that include family psycho-education and community supports to help patients better manage their illness and stabilize more rapidly. We have also developed a high-risk caseload of patients who are at elevated risk for suicide and aggression towards others. This list is reviewed on a weekly and monthly basis and changes in patient treatment plan are centered at addressing any issues or concerns that place the patients at higher risk for harm to self and others. By use of this tracking and monitoring system we have seen a significant drop in the number of incidents involving patients who engage in acts to cause harm to themselves or others.

d. The MHP's experience training lay staff and/or providing technical assistance. Describe any specific experience with the modalities described in this RFP. If the MHP is engaging a TA partner or vendor, describe the experience of the partner or vendor.

NYU Lutheran Family Health Centers' Ambulatory Behavioral Health Services Program has extensive experience training lay staff and providing technical assistance. LFHC's Behavioral Health Integration Project, funded through a grant from HRSA, provides training and mentoring to non-mental health staff in our primary care settings to administer screening and assessments in order to increase access to behavioral health interventions and develop a more integrated care system. Clinicians also provide technical assistance to develop integrated electronic records and case conferencing, data sharing agreements, and prevention-oriented and "early warning" interventions. In addition, the intervention places licensed behavioral health specialists to perform screenings, intake assessment and treatment at two community health centers. A social worker and a patient navigator administer screenings and other bio-psychosocial assessments and offer follow-up treatment and support to patients. As a result, our behavioral health and medical professionals are providing more efficient care to patients through collaboration on treatment, especially when treating patients with serious, disabling and chronic mental disorders and patients with co-occurring mental health, addiction and medical conditions.

Similarly, Ambulatory Behavioral Health Services is also the recipient of the SAMHSA National Child Traumatic Stress Network (NCTSN) grant. We are providing assessment and treatment to children in three elementary schools in Sunset Park, Brooklyn. As part of the grant deliverables, we are providing training, coaching and support, to school personnel, parents, mental health providers and other support staff. Finally, for over 25 years the STFHC has been a training site for masters level social work students, masters level mental health counselors and doctoral level psychologists. At present, we have three masters level social work students, six doctoral level psychology externs and two masters level mental health counselors completing internships at STFHC. All students receive one hour of individual and 1 hour of clinical team supervision in addition to training in screening, assessment, diagnosing and treatment of mental health conditions; and the use of evidenced-based treatment approaches. The STFHC provides ongoing training seminars to our students throughout the academic school year.

e. The configuration of its mental health service professionals, including the number of mental health delivery staff and current capacity for taking on new participants.

As mentioned previously, the STFHC currently employs over 55 Clinicians and 12 medical providers (Psychiatrists and Nurse Practitioners) on staff. All are licensed in their field or Board Certified. Clinicians are LMSWs, LCSWs, LMHCs, or PhD/ PsyD Clinical Psychologist. Clinicians provide mental health treatment to adults, children/ adolescents and families. Psychiatrists and Nurse practitioners provide psychiatric evaluations and psychopharmacological treatment to adults, children and adolescents. The Psychiatrists are board certified in adult, children/ adolescent and addiction medicine.

Since 2007, Ambulatory Behavioral Health Services has grown from providing 45,000 annual mental health visits to providing approximately 96,000 visits in 2014. Mental health services are provided at the STFHC, Healthy Connections clinic and the 14 school-based mental health satellite clinics and at the 9 primary care clinics in NYU Lutheran Family Health Center network. Clinicians at STFHC provide mental health services in Chinese (Mandarin and Cantonese), Arabic, Spanish, and Creole. We currently have 4 Chinese speaking social workers/ psychologist and 2 Arabic speaking social workers and over 25 plus Spanish speaking social workers and psychologist. Both STFHC and Healthy Connections are able to expand capacity to serve additional patients referred from our partner, RHI. At present both clinics are able to

handle any request for treatment, and priority will be given to patients referred from RHI. Patients will be seen with 7 business days of referral.

f. The MHP's experience participating in and/or managing collaborations.

Over the past twenty years, NYU Lutheran Family Health Centers has participated in and led a number of collaborative initiatives to develop and implement effective community-appropriate strategies to address health disparities and improve life outcomes. In 1982, in response to high rates of asthma and excessive chronic absenteeism among children in southwest Brooklyn, LFHC partnered with New York City Community School Districts 15 and 20 to develop among the first school based health centers in NYC. This initiative has evolved into a network of 15 comprehensive school based health centers including primary care, mental health and dental services and has contributed to a dramatic reduction in ER visits for asthma in Sunset Park. NYU Lutheran Family Health Centers is the lead agency for the Sunset Park Promise Neighborhood (SPPN), a collaborative of more than 30 community organizations and public schools with the shared mission to improve education and life outcomes for children in Sunset. Since SPPN's inception in 2010, outcomes include increased access to early childhood and youth sexual health services.

NYU LFHC along with its parent organization, Lutheran Medical Center, is also serving as the lead in a borough-wide Delivery System Reform Incentive Payment (DSRIP) program, a health care reform initiative funded by New York State. Along with over 200 health care, social service, community organization and consumer partners, NYU LFHC is developing a sustainable and high performing integrated delivery system to work towards improving the quality, value and health outcomes of the community. The Ambulatory Behavioral Health program partners with local CBOs including Turning Point of Brooklyn, The Training and Resource Center, The Center for Family life and the local DOE schools where we provide health, dental and mental health clinic services.

C. Organizational Capability (15 points)

1. Program Management

a. Describe and demonstrate the effectiveness of how the applicant currently uses data to support decision-making in existing programs.

RHI uses organization-wide and department-wide dashboards to measure progress toward monthly, quarterly, and yearly goals. Senior management reviews these dashboards on a twice-monthly basis, and teams review dashboards relevant to their activities weekly. Dashboards allow RHI to manage by data (for example, number of participants enrolled in professional development programs compared to the target number) at regular intervals, so decisions can be made regarding course correction or employing different strategies in order to reach goals.

b. Demonstrate how the applicant has effectively used data to make significant programmatic changes in operations. Provide two specific examples.

RHI engages in a rigorous system of program evaluation. Evaluation efforts are led by our Director of Training and Evaluation. In 2014 and 2015 we contracted with CUNY Public Science Project to conduct an overall evaluation of our youth development programs. In early 2015 we recognized the number of unemployed young adults enrolling with RHI was only 50% of those beginning professional development training (step one to securing employment). Our team used focus groups, systems analysis, and exit interviews with participants to inform our decision to increase the frequency of "starting points" from 4 to 12 per year. This has led to a drastic improvement in program completion. A second programmatic change was to create a specialized program model for disconnected young adults who want to apply to college.

Currently RHI has close to 20 youth who are working on college applications after dropping out of school, earning a HSE, or being out of high school for two or more years. This high-risk population now has a doorway to consider college that previously felt unobtainable.

c. Demonstrate the applicant's capability to successfully perform the administrative responsibilities related to the delivery of the proposed services, including fiscal management, data collection, reporting and records management in an efficient, accurate and timely manner.

RHI has a robust administration and finance team which has enabled us to manage a healthy mix of funding streams among our various programs serving youth and young adults. We have successfully managed several city grants, which require monthly reporting against an approved budget (some of our foundation grants require this as well). Our Middle School programs are governed by NYC Department of Youth and Community Development, and our SACC license requires adherence to NY State Department of Health regulations. We use the expertise of our outside accountants as well, who have experience assisting nonprofits in maintaining government contracts.

RHI has invested in three key cloud-based financial and data management systems – Quickbooks, ADP Workforce Now, and Salesforce – that enable us to quickly review and analyze data about our finances, our staff and our program participants. Our staff regularly undergo trainings that refresh our understanding of compliance issues ranging from record retention to confidentiality to benefits administration. Lastly, we are fortunate to have both an engaged, resourceful board of directors and the pro bono advice of a major law firm to help us stay on top of such matters.

d. Demonstrate technological capacity and data security systems to protect participants' personal identifiable information.

The privacy of our participants is extremely important to RHI. New applicants to our programs submit documentation to a Program Associate who in turn transfers the files to a locked file cabinet kept in a locked office. Electronic copies of personal documentation are kept only on a secure server that is password-protected. Our youth workers are thoroughly trained on the principles and techniques of maintaining the confidentiality of all documentation that pertains to the individual participant.

e. Describe and demonstrate how executives at the applicant's organization will be able to and have the availability to play an effective role in developing, implementing, assessing and overseeing the program.

Our Founder and Executive Director has been developing, implementing, assessing and overseeing programs at RHI for 13 years. Our Director of Training and Evaluation has developed and overseen social-emotional group programming at RHI for eleven years. These two are supported by a senior team of experienced youth development professionals. RHI's mix of foundation, corporate and individual donors, along with government contracts, has given us years of experience ensuring RHI delivers quality programs, based on proposals and funding requirements.

f. Describe experience managing collaborations, and recent successful collaborations that have benefitted the applicant's participants. Describe the capability to manage this project.

RHI was born out of a collaboration with a local hospital; we have a long history of and commitment to successful collaborations. Currently, RHI is one of four organizations that are part of **Stronger Together**, an initiative addressing poverty among Red Hook and Gowanus public housing residents. RHI has been working on this collaboration since 2013 with partners: Fifth Avenue Committee (FAC), South Brooklyn Industrial Development Corporation (SBIDC), and Brooklyn Workforce Innovations (BWI). Our collaboration

has received two years of Brooklyn Delegation (City Council) funding and a \$1M investment from the Change Capital Fund for the four-year pilot. RHI is also a part of a climate change task force with NYCHA, FAC, Pratt Community Council, FUREE, and SBIDC. Additionally, we are part of a workforce initiative with funding from the NYS Governor's Office on Storm Recovery with SBIDC, BWI, and Good Shepherd Services. Each of these collaborations has worked toward RHI's mission and benefitted or are working to benefit Red Hook youth and families. We are confident that the same skills and experience that have led to these successes will lead to a successful partnership with NYU Lutheran Family Health Centers.

2. Fiscal Capability

a. Describe the applicant's experience managing government grants or contracts, if any.

RHI has managed government grants and contracts since 2009. These include renewals from NYC Department of Youth and Community Development and Human Resources Administration.

b. Describe whether current financial management systems are in compliance with 2 C.F.R. 200.302(b) and capable of identifying costs by grant, by program year and by budget category, and to differentiate between direct and indirect costs.

We believe RHI's accrual-based financial systems are set up to enable full compliance with this regulation (though we haven't had to test it yet because we have not received federal grants). Our accounting software (Quickbooks) makes it simple for us to code and track costs by grant or by program and we review monthly financial statements carefully with our accountant and with the Finance Committee of our Board of Directors.

c. Demonstrate that the applicant has the requisite financial strength and resources to handle a project of this scale and scope; and ability to comply with federal requirements.

RHI has an annual budget of \$3M; we are confident we will be able to manage the requested C2C funding. RHI has strong financial systems—we employ a full-time Finance Manager who is supervised by our COO. An independent accountant oversees all financial reporting. RHI's Board Treasurer receives reports monthly and the Board of Directors receives financial reports every other month. In 2014 the Board created a board designated fund of \$600,000 to be used for strategic opportunities or to add security during periods of low cash flow. RHI has a line of credit which we last used and paid back in 2012. With assistance from our accountant, board treasurer and audit firm, we are confident we will be able to comply with all federal requirements.

d. If the applicant has received federal awards in the past, summarize expenses or costs disallowed in the last three years and the corrective actions taken.

In April 2015 RHI was named as a winner of the RISE: NYC competition. We are in the process of being awarded federal funds through the Economic Development Corporation. This contract has not yet begun.

3. Leveraged Funding

a. Demonstrate how the applicant will help leverage additional private or public (nonfederal) funding sources for the program.

RHI attracts a diverse array of individual and institutional funders. Currently, only 10% of RHI's funding comes from government sources. RHI is aware of and in contact with a number of private foundations that focus on mental health services for low-income young adults; these foundations are often more likely to fund a program that is already partially funded. RHI will leverage funding from C2C to attract additional support that would have been difficult or impossible to secure otherwise. We have every confidence that we will be able to raise the match funds.

D. Proposed Program Approach (55 points)

a. An overall summary of the proposed approach for implementing Connections to Care

Red Hook Initiative (RHI) is located in the heart of the Red Hook community. Our green building on the corner of Hicks and West 9th Street, directly across the street from the NYCHA Red Hook Houses, allows our center to be a high traffic hub of community activity. The majority of our staff members are residents of Red Hook. Many have been working at RHI for close to a decade—providing an organized and strategic response to the needs of their children, neighbors, family, and friends. It is this central location, reputation of caring, and trust in our staff that makes RHI an ideal host for the Connections to Care (C2C) program.

While RHI is a center of activity in the neighborhood, it is also important to note that Red Hook is a geographically isolated community, with no direct subway access and only a few, slow bus lines. It is always difficult to get young people to travel outside of their neighborhoods for mental health support, and that challenge is even greater in Red Hook when they cannot jump on a train or walk to a nearby mental health center. C2C resources would bring badly needed mental health resources to Red Hook and help to improve a broad range of outcomes for young people in the neighborhood.

With C2C funding RHI will bring mental health support and expertise from NYU Lutheran Family Health Centers (NYU LFHC) to the Red Hook community and build the capacity of RHI's direct service staff to: a) provide mental health screenings to each qualifying youth twice per year (through our existing programs); b) integrate basic mental health interventions such as Motivational Interviewing, Mental Health First Aid (MHFA), and psychoeducation into their ongoing work; c) better integrate a trauma-informed approach to group and individual work with youth; and d) provide consistent, efficient and effective referrals and follow-up of significant cases to the mental health providers at NYU LFHC.

In addition to building the capacity of RHI's direct service staff to provide mental health screening and basic care, this funding will allow a Licensed Master Social Worker from NYU LFHC to be posted at RHI three days a week for the first three years of the project. The LMSW will be able to see Red Hook youth who are in need of intensive and/or ongoing care, in a space that is familiar, non-threatening and geographically accessible. We will also work to mitigate potential barriers to initiating care, by making an RHI staff member available to accompany young adults who are referred to a different NYU LFHC specialist who works at Lutheran's center, for the first three visits. RHI will also hire a full-time Social Worker to focus on our young adult population. Our organizations will work together over the funding period so that RHI can apply for Article 31 to become a mental health clinic, thereby strengthening our capacity for sustainability and opening the potential for Medicaid billing. In the final two years of the grant, NYU LFHC will not have an on-site presence, but will continue to provide coaching, clinical supervision, and receive mental health referrals for serious cases and long-term care.

b. A description of the target population to be served and how this aligns with the definition of 'low-income community' on page 6.

RHI will target out of school, out of work young adults, ages 16 – 24 from Red Hook, Brooklyn. The vast majority will be residents of NYCHA. RHI has existing relationships with these populations through our Youth Leader program for 14 – 18 year olds, and our young adult program for 19 – 24 year olds. The majority of our 19 - 24 year olds have dropped out of high school, or have finished high school but have not yet gone on to college, vocational training or a job. Youth Leaders who we will consider eligible for C2C will be participants who have either dropped out of high school or are at very high risk of dropping out before graduation, because they are struggling academically, are frequently truant and/or have attended several

different high schools. Given the 45% high school graduation rate in Red Hook, these risks are real. We are convinced that mental health services will help many of our high school-aged participants who might otherwise drop-out, remain in school through graduation.

c. The mental health service needs of your participants as identified through quantitative data collected by your organization and/or qualitative data that illustrates the need for this intervention at the CBO.

RHI has been working with youth and families in Red Hook for 13 years. The existing long-term and trusting relationships between our youth and staff have already unearthed an incredible need for counseling and clinical services. Assessment of mental health needs of our population is based on one-on-one conversations, staff observations, and program evaluations. The most common mental health problems that the young people in our community struggle with include depression, suicidal ideation, social isolation and hopelessness. Learning disabilities and anxiety-related disorders are common. Many have experienced the loss of a primary caretaker or family member during their adolescent years, often leading to foster care placement or a difficult emancipation process for 17 and 18 year olds. Marijuana use is widespread among our youth with substance abuse issues that follow. Trauma related to violence in the home or in the community is common. Young people in Red Hook also face relentless environmental stressors. Poverty, systemic inequities, geographical isolation and a lack of access to basic resources contribute to and exacerbate mental health problems.

It is our hope that with support from C2C, RHI staff can move from being reactive (finding services for youth once they present in crisis) to being preventative (offering consistent screening to the target population so that needs can be identified and addressed before becoming acute). We estimate that approximately 25% of youth in the target group will be referred for mental health care.

d. A description of need for mental health capacity-building among staff proposed to be trained through C2C.

Because of RHI's community hiring practice and our commitment to developing the professional skills of Red Hook residents, many of the adult youth workers on staff are not yet equipped to respond to our young people's complicated, challenging lives. Youth regularly bring the daily stressors of growing up in an impoverished, geographically isolated, and under-resourced community into groups and one-on-one sessions. Knowing how to help our young people handle these challenges is a difficult for our youth workers, many of whom are from Red Hook and are experiencing the same triggers. Our staff sometimes unintentionally respond in ways that may not be helpful to the young person they are trying to support.

Yet, the tremendous empathy our staff feels for our youth enables them to develop trusting relationships with young people. We believe that once our lay staff is properly trained, they could potentially be a great resource in an under-served community. This partnership with NYU LFHC will offer RHI staff basic training in mental health practices such as: how to conduct mental health screening, motivational interviewing, psycho-education, and trauma-informed approaches, and would greatly increase RHI youth workers' ability to effectively respond to the myriad mental health issues facing our youth. We also expect that as a result of the training, the staff will gain awareness of their own mental health concerns and will be more likely to seek professional support. Although not an overt goal of the project, we expect that as the adult staff develop self-awareness and learn to take care of themselves, they will be better equipped to meet the mental health needs of the young people at RHI.

RHI direct service staff who will be trained include: Director of Programs, Young Adult Program Manager, High School Program Manager, College Retention Specialist, Employment Coordinator, Programs Associate, Youth Jobs Developer, Academic Advisors (2), Education Coordinator, Reproductive Health Educator, Reception Staff (3), Technology Instructor, Media & Design Associate, and Tech Program Assistant.

e. Roles of CBO, MHP, and how the two organizations will partner together. Describe the strategy for implementation and the frequency of contact.

NYU LFHC and RHI will work together to hire a LMSW to work on-site at RHI at .60FTE for the first three years of the funding period. The LMSW will play a pivotal role— training RHI staff, offering clinical advice and supervision, and providing on-site mental health services. The LMSW will attend two weekly team meetings with RHI adult youth workers. This will build a working relationship with RHI staff and will enable the LMSW to quickly learn the challenges prevalent in Red Hook and for RHI youth.

All cases that are identified as needing ongoing mental health support, either at RHI or through a referral to NYU Lutheran, will be discussed at regularly scheduled interagency case conferences so that RHI staff receive ongoing guidance, support and training from mental health experts at NYU LFHC. The case conferences will also work to ensure that young people successfully engage in care and receive timely and appropriate follow-up.

RHI already has routine training and professional development built into our agency calendar. RHI Institutes are held in January (3 days), April (one day), August (5 days), and November (one day). RHI's Director of Training & Evaluation will work with partners at NYU LFHC to plan goals, workshops, and training for each Institute. Additionally, in December, each staff member sets professional development goals for the coming year. For the front line youth workers who will be working with the target population, goals around increasing mental health skills (screening, MI, Mental Health First Aid, and trauma informed care) will be named in annual professional development goals and evaluated during yearly performance reviews.

Once RHI staff begin learning these skills, they will build them into their daily work with RHI youth. Screenings are conducted by a variety of staff at intake, and at least twice annually for youth already enrolled. MI will be easily integrated into one-on-one work with an Education Coordinator, Employment Coordinator, Academic Advisors, or Reproductive Health Educator who are working on goal setting or behavior modification with a participant. The practices that are part of Mental Health First Aid and psychoeducation will be used by all staff- especially receptionists who have ongoing interaction with Red Hook residents entering RHI. It is very common for mental health related issues to present in these interactions and our staff are at a loss for how to respond. Program Managers and Directors will be able to use all of these skills and knowledge to better design future programs, support their staff in implementing the practices, and ultimately ensuring mental health care is core to RHI programming for youth.

f. A description of how the program and the partnership will be managed, and how the CBO/MHP management will interact.

RHI will model our C2C management method after other similar collaborations that we have/are managing. RHI's Chief Program Officer will oversee the day-to-day progress toward C2C goals. She will work closely with Tomas Cruz, Vice President, Mental Health Administration at NYU LMHC to troubleshoot if goals are not being met. In year one, monthly reports will allow RHI's Senior Management Team to assess progress around training goals, referrals, and counseling caseload. Monthly meetings will allow both partners to raise

concerns and implement suggested improvements. By year two, quarterly meetings of senior teams will keep the program on-track.

g. Details on the proposed plan

i. number of participants to be served by C2C

RHI proposes to serve 200, 16 – 24 youth, per year, through the proposed C2C project.

ii. service location/ geographic area:

Services will be provided at the Red Hook Initiative, in Red Hook, Brooklyn. Some of the more serious cases involving psychiatric care, hospitalization, and/or substance abuse treatment will be handled by Lutheran Medical Center Psychiatric Emergency Department, The Resource Training Center, or to Turning Point, all in Sunset Park, Brooklyn.

iii. Estimates of the target population sizes and rationale for the estimates:

RHI will serve 200 youth per year. Of the 200, we anticipate at least 25% receiving referral for additional mental health care. We base this estimate on our years of experience working with this target population and knowing the kinds of stressors they are navigating.

iv. The program services into which C2C will be integrated (funding sources, start/end dates).

C2C will be integrated into the Youth Leader program (for youth ages, 16 – 18, who have dropped out of school or are at high-risk of dropping out). This program has run continuously since 2005. Funding comes from various foundations, corporations, and individual donors. C2C will also be integrated into the Young Adult program (for 19 – 24 year olds). Mental health screening will be built in to every enrollment meeting and will then recur every six months for as long as the young person is enrolled with RHI. This program is also funded through private foundations, individuals, and corporate support. The employment training and subsidized jobs are paid, in part, through the CEO Work Progress Program. RHI currently has an application pending for 2016. Beyond screening, MI, MHFA and psychoeducation will be integrated through the ongoing workshops, one-on-one interactions, and activities that the staff carry out at RHI. Mental health interventions will begin to be woven into plans for any new youth programming, once staff have a better understanding and baseline skillset.

v. The strategies the CBO will use to engage participants in these services. How will the CBO recruit participants as they newly enroll at the CBO? How will the CBO enroll existing participants?

RHI has a waiting list for our Youth Leader program since there are no other year-round paid jobs for youth in Red Hook. Recruitment happens primarily by word-of-mouth from existing Youth Leaders. C2C mental health interventions will be integrated into the screening and enrollment period, regular programming, and in one-on-one sessions that happen regularly between youth and staff. Anyone receiving a referral for care will have mental health appointments built in around their work schedule to maximize follow-through.

RHI has an outreach team of three Red Hook residents who assist in recruiting for the Young Adult program. Enrollment is ongoing. From the outreach team at enrollment, to the staff who carry out programming, each RHI staff member will be able to integrate C2C interventions into their work with young adults.

vi. The strategies the CBO will use to retain participants in these services and follow-up with participants if they stop attending the CBO. How will the CBO maintain contact with participants to keep them engaged in services and in the research study?

RHI has a high retention rate within the Youth Leader program because it is a paid position. However, when a Youth Leader does stop attending we have an outreach strategy: phone call directly to youth, reach out through social media, phone call directly to parents, letter mailed, and finally a home visit. If a 19 – 24 year old youth secures employment through RHI, we have created an incentive program to check on employment status at 3, 6, 9, 12, and 18 months. Because the majority of our staff live in Red Hook and have had long-term relationships with youth, we rarely “lose” a participant completely.

vii. A clear explanation of how the core package of services will be implemented; the fit between these services and their anticipated use with the needs of participants targeted; justification for any proposed adaptations to the core package or additional evidence based services.

RHI direct service staff will conduct routine mental health screenings with young people twice annually, at intake and mid-way through the year. This will enable RHI staff to detect and proactively address mental health issues before a true crisis hits. If, during the screening, mental health concerns are identified, the youth would be referred for basic counseling with a RHI Social Worker. If the case is more serious, a referral will be made to the onsite clinical social worker from NYU LFHC. The clinician will offer short-term mental health counseling, or will determine if referral is needed to an NYU LFHC health center or NYU Lutheran Medical Center for inpatient care. If the decision is made to handle the case in-house, the RHI social worker and staff person will work with the LMSW from NYU LFHC to develop a plan to provide basic mental health support. All cases that are identified as needing ongoing mental health support, either at RHI or through a referral to NYU Lutheran, will be discussed at regularly scheduled interagency case conferences so that RHI staff receive ongoing guidance, support and training from mental health experts at NYU LFHC. The case conferences will also work to ensure that young people successfully engage in care and receive timely and appropriate follow-up. MI, MHFA, and psychoeducation practices will be integrated into groups, one-on-one sessions with youth and RHI program design, wherever appropriate.

viii. The number of front-line staff at the CBO that the CBO anticipates training and supporting in implementing mental health services through this initiative and their roles within the organization. Provide the ratio of the direct service staff that will participate to the service population size.

RHI will train 20 full-time and part-time adult staff who have contact with the target population through RHI's Youth Leader and Young Adult programs and our technology initiative. We have also included our front desk receptionists in the staff to be trained because they often handle inquiries around counseling and mental health support. The staff to participant ratio is 1:10.

h. Staffing:

i. Proposed staffing: Staffing for C2C will consist of a clinical social worker (LMSW) from NYU LFHC on-site at RHI three days per week for staff training, case consultation, managing referrals to the health center, and handling more serious cases onsite. RHI will also hire a full-time master-level social worker who will be devoted strictly to mental health counseling for the Young Adult Program. We anticipate an increase in active cases and referrals once front-line staff receive additional training in screening and motivational interviewing. In the case of RHI's part-time staff, we expect to add extra hours to their schedules to provide time for screening and motivational interviews. Full-time staff will work directly with supervisors to develop a plan to take on more one-on-one and prevention work.

ii. Identify key staff that will manage the program including point of contact for data and evaluation. Describe any experience the CBO staff has currently with research and evaluation and in delivering any of the mental health modalities proposed, if any.

Key staff who will be involved in program implementation include: Jade Elias, Chief Program Officer; Anna Ortega-Williams, Director of Training & Evaluation; Tanya Wilson, Social Work Coordinator. Jill Eisenhard, Executive Director, will ensure RHI complies with all federal guidelines and financial protocols for successful implementation. In 2014 – 2015 RHI worked with evaluators from the Public Science Project around an extensive youth programs evaluation. There is strong interest in motivational interviewing and trauma-informed counseling on the part of RHI youth work staff, based on recent workshops that staff attended off-site as well as some guest speakers.

iii. Experience and background of all key staff members, demonstrating that they comply with staff experience requirements laid out in Section III.B. The experience of managers selected to launch and lead the project.

Jade Elias, RHI's Chief Program Officer will oversee the program implementation at RHI. Anna Ortega-Williams, LMSW, is RHI's Director of Training and Evaluation. She will be the primary contact for data and evaluation as well as managing the training goals and schedule for RHI staff. She currently oversees all evaluation work. Anna is completing a PhD in Social Work and has familiarity with therapeutic models that are evidence-informed and have been shown to be highly effective, such as Solution Focused Brief Therapy (SFBT), Structural Family Therapy (SFT), the strengths-based and eco-systems perspectives, cognitive behavioral strategies, psychoeducational models, and popular education.

iv. Demonstrated senior level commitment and staff level buy-in and skills to integrate mental health services into the existing service framework.

RHI has always recognized the importance of mental health. We have long wanted to add more and better mental health supports to complement our range of services to young people. As our program has grown over the past few years, serious mental health cases have also started to emerge. Implementing C2C is a much needed step toward bringing the necessary mental health support to RHI's youth.

v. Describe and demonstrate how executives at the CBO will play an effective role in developing, implementing, and overseeing the program.

RHI refines and documents our Program Strategy twice per year (we would be glad to share our current document if of interest). This document gives an overview of all programs and services being offered, their outcomes and evaluation strategy, staffing structure, and connection to the agency mission. Our senior team will build C2C goals and programming into the Program Strategy. Once integrated it then becomes a part of: weekly team meetings of senior management, RHI database and tracking systems, monthly reports, high school and young adult team meetings, annual performance reviews, and our development strategy. Through this agency-wide integration, many checks and balances are in place to ensure that RHI is meeting set goals.

i. Where will participants receive mental health services? How will confidentiality be ensured?

RHI has private rooms for one-on-one and small group meetings. RHI staff experience maintaining confidentiality around family therapy, school transcripts and IEPs, financial aid applications for college, employment and salary information for young adults, and participation in LGBTQ support groups. Confidentiality will be one of the training topics once the program launches.

j. How will the CBO and MHP handle emergencies or cases where participants reveal something reportable?

RHI has provided programming and services to youth in Red Hook for over a decade. We have had many instances where we have managed suicidal/ homicidal intent, abuse or neglect, and sexual abuse/ rape.

We have experience as mandated reporters with ACS. We have navigated difficult abuse and domestic violence situations. Our team has confidence in handling these crises; with C2C we look forward to having the in-house expertise and referral network to better manage them.

Psychiatric emergencies will be consulted with the Clinical Supervisor and in situations where the patient present thoughts or ideas of hurting themselves or others, the patient will be referred to the nearest emergency room for psychiatric evaluation. Child or elder abuse case will be discussed with the Clinical Supervisor and referred to Administration for Children Services (ACS) or Adult Protective Services (APS).

k. What mental health services will be provided on-site and what services will be delivered at the MHP location? How closely located are the CBO and MHP and how will participants be supported in making the transition in the case of external referrals? How will CBO participants be supported and encouraged to engage in off-site care if needed? How will the CBO enhance current referral protocols and management systems to make this connection to off-site care more successful? In the case of external referrals, how will data be shared between the CBO and MHP while ensuring compliance with HIPPA?

Screening, motivational interviewing, short-term counseling, psychoeducation and minor mental health cases will all be handled at RHI. Participants will be referred to NYU LFHC for longer-term mental health care or more serious mental health therapy and intervention and hospitalization, as needed. Support groups around substance abuse or psychological disorders will also take place at NYU LFHC. In the case of off-site referrals, RHI staff members or the Lutheran LMSW working on-site at RHI will accompany the youth for the first 2-3 appointments, or until they feel confident in going alone. In the first month of the grant contract RHI and NYU LFHC staff will develop a system for referral and data sharing that is in compliance with HIPPA. We will most likely base it on the model implemented between NYU LFHC and their satellite school clinics. The distance between our facilities is 32 minutes (via public transportation) and 3 miles by car.

I. Anticipated impact and strategy for measuring and achieving the following goals:

i. Goals and rationale for improvement in ongoing performance areas. What specific programmatic measures in the areas specifically focused on the sub-population(s) that the CBO plans to work with does the CBO anticipate improvement in through the addition of these services?

By implementing comprehensive screening, motivational interviewing, and trauma informed-therapy, we would anticipate 1) steadily increasing and then maintained referrals for mental health counseling, 2) enrolling in school or decreasing risk of drop-out, 3) improved ability to complete professional development training and subsidized job training, 4) increased likelihood of securing permanent employment, and 5) sustained engagement with mental health care toward a defined therapeutic goal.

ii. Goals and rationale for mental health service access and improvement. How will the CBO define success of this initiative both in terms of quantitative goals and in terms of increased organizational capacity?

Providing access to mental health care will ultimately improve RHI's ability to support youth toward high school graduation, acceptance into college or workforce training program, graduation from college, and securing a job with opportunities for advancement. This recipe is what enables youth to break the cycle of poverty. We will measure success by the number of youth who self-report that screening and motivational interviewing helped them to meet one of the above long-term goals. We will measure the number of young people receiving mental health counseling, the number of referrals to NYU LFHC, and the number of cases that are successfully closed (due to elimination of need).

RHI will measure success of staff training on the following: 1) increase in skills and knowledge around mental health interventions – screening, MI, MHFA, psychoeducation— (measured upon completion of training and during annual performance reviews), 2) increase in the number of short-term cases handled in-house, and 3) increase in the number of external referrals to NYU LFHC. Focus groups will be held with RHI staff to learn about the impact of C2C on their work.

iii. Goals and rationale for improved outcomes for the service population. Although the evaluator will measure impact on participant mental health outcomes across sites, CBOs individually should monitor a small number of feasible outcome measures as part of program performance-management.

Like the C2C program developers and sponsors, we believe that an integrated mental-health approach will help our young people to succeed. As mentioned above, we will measure success by the number of youth who self-report that screening and motivational interviewing helped them to meet one of their long-term goals. We will measure the number of young people receiving mental health counseling, the number of referrals to NYU LFHC, and the number of cases that are successfully closed (due to elimination of need).

m. Describe how the partnership will make use of performance data in programmatic decisions.

RHI senior staff review monthly reports on all programmatic performance. Our organization has always used data to improve outcomes by identifying an area of underperformance and using focus groups, re-strategizing meetings, or youth-driven change recommendations to inform programming. Once there is a clear pattern of implantation and usage of the C2C program, RHI will use that data to maintain or increase front-line staff involvement in the work.

n. Describe how participant and front-line staff feedback will be utilized to improve the service delivery and program implementation.

Whenever RHI has implemented a new program, we have collected staff feedback through weekly team meetings, one-on-one weekly supervision meetings, and monthly meetings for the entire staff. Youth are encouraged to share their feedback on an ongoing basis at RHI. For C2C we will hold a focus group, lead by our Director of Training and Evaluation, to get the depth of response we will need. If the mental health interventions are not having the success we anticipate they will, we will involve youth from the target population in designing the solution. RHI has implemented this strategy regularly throughout our history and have always found it to be successful.

o. Include a feasible work plan/timeline for program start-up and implementation that includes clear outlines for how service delivery will occur. Identify any potential challenges or barriers to implementation and suggest potential strategies for avoiding or overcoming them.

Phase one (May – September 2016): RHI and NYU LFHC will meet to lay out a training calendar for RHI staff; finalize the job descriptions and postings for the LCSW to be hosted by RHI as well as the new MSW to be hired at RHI; integrate C2C into RHI's program strategy for 2016; work to establish protocols for referral and information sharing that are HIPPA compliant; and launch initial training with RHI youth workers during the August RHI Institute.

Phase two (October 2016 – June 2017): Implementation of screening, motivational interviewing, referral system, and MHFA and psychoeducation for RHI's target population. Monthly analysis of implementation of practices, referrals to RHI and referrals to NYU LFHC. Basic trouble-shooting and systems improvement.

Phase three (July – September 2017): Extensive evaluation of pilot phase, performance evaluations for two new staff, round two of in-depth training for RHI front-line staff.

Phase four (October 2017 – September 2018): Continue implementation; RHI works with NYU LFHC to explore feasibility of RHI applying for Article 31 facility—present to RHI board of directors, potentially begin application.

Phase five (October 2018 – June 2019): Cycle of implementation, evaluation, improvement. Push toward progress on Article 31.

p. Describe the activities the partnership will undertake to support evaluation activities (including designating staff as points of contact for evaluators, collecting data, etc.).

RHI's Director of Training and Evaluation will be oversee and support all evaluation activities. She is already managing evaluation work at RHI. Any evaluation of C2C work would be integrated into RHI's annual evaluation calendar. While a comprehensive plan will be developed, RHI will most likely collect data from youth participants in December and June through an online survey, and upon completion of counseling or exit from the RHI program.

q. Ability to provide comparison group for C2C evaluation.

RHI will be serving all 16 – 24 year old youth out of school, out of work Red Hook youth who are connected to RHI. We will not have a comparison group from within our organization.