

**The Door – A Center of Alternatives, Inc.**  
**Proposal to the Mayor’s Fund to Advance New York City Connections 2 Care Program**

**B. Experience and Expertise**

**For the Lead Applicant (CBO):**

a. The Door – A Center of Alternatives, Inc. was founded in 1972 as a multi-service youth development agency providing a full range of integrated services at a single site, free of charge. The Door’s mission is to empower young people to reach their potential by providing comprehensive services in a caring, diverse environment. Our model is built on the principles of positive youth development, focusing on young people’s capacities, strengths and developmental needs – not solely on their problems, risks, or compromising behaviors. We recognize the importance of working beyond youth’s needs to help them develop connections to positive, supportive relationships and challenging, meaningful experiences.

Each year, The Door engages youth from all five boroughs of New York City. We are open to anyone between the ages of 12 and 21 (with many programs also serving young adults up to age 24). Many of the youth who come to The Door are motivated to explore their potentials, but have one or more barriers impacting their ability to do so; this includes many of our youth who come to us in crisis and/or facing histories of trauma; youth out-of-work and out-of-school; youth who have experienced homelessness; foster care involved youth; youth with prior, or current involvement in the juvenile justice system; and/or youth with children of their own. They come to The Door in search of assistance, and rely on our ability to provide high-quality services that ensure they are able to transition to adulthood successfully.

In 2000 The Door affiliated with the first settlement house in the United States - University Settlement Society of New York, Inc. While each organization still operates as a distinct agency with separate Boards and mission statements, our affiliations help to support a full catalogue of high-quality programs that leverage both agencies’ expertise in reaching and engaging community members. Our long-standing, well-developed relationship cultivated over the past 15 years, paired with The Door’s leading, nationally recognized youth development model and the Settlement’s mental health expertise, makes us well positioned to effectively implement the Mayor’s Fund to Advance New York City’s proposed Social Innovation Fund Connections to Care (C2C) program and research study.

b. Currently, as a multi-service, youth development agency, The Door houses eight clearly delineated program areas, including: Career and Education; Adolescent Health Center; Legal Services Center; Runaway and Homeless Youth; Supportive Housing; Arts; Food and Nutrition; and a Mental Health Services department that is supported by University Settlement (our proposed Mental Health Provider for our Connections to Care program). In addition to these program areas, youth can choose to engage in our open, drop-in programming, offered through “Center Space.” The Door’s Center Space allows youth to explore a range of activities, which may then lead them to accessing additional formal programming; it also offers them an opportunity to get to know the Door community, including our staff and other young people. Last year nearly 10,000 young people from all five boroughs came to The Door. The majority of participants were Black (48%) and Hispanic (36%); almost a quarter are foreign-born. The majority of Door members come from low-income families and communities with high unemployment rates, failing schools, substandard housing, and high rates of crime and violence. At intake 14% disclosed that they have experienced homelessness; 18% have been involved in the justice system; 10% were involved with foster care; 6% were pregnant or parenting; and 16% identified as LGBTQ.

As a member of The Door, youth have access and connection to a supportive, welcoming community; at least one positive adult role model; and our array of programs, services, opportunities and activities. While the impact of these resources varies for each youth participant based on the specific programs they access and goals they set, at a minimum this combination helps to empower all of them to connect with the supports and resources that mean the difference between a struggle to succeed in the real world, and a portal to greater outcomes in school, work, and life. As described below (*see Section B, subsection d of CBO Experience*), each program area at The Door has distinct outcomes to track the impact of our work.

The Door requests a C2C grant to serve the many low-income young people ages 12-24 who access our services and fall into one or more of the three targeted populations for this RFP, including: (primarily) out of school, out of work young adults ages 16-24, as well as expectant mothers and parents of children ages 0-4, and unemployed or underemployed low-income working-age adults ages 18 and over receiving employment-related services. Many of these youth we engage require comprehensive mental health supports to help stabilize their lives, and thus help them to succeed in other areas of their lives, including securing a job, progressing their education, securing stable housing, and/or eating properly. This is especially true in our Runaway and Homeless Youth, Career and Education, and Supportive Housing programs, where staff see a high number of these youth, but do not have the capacity or training to effectively assess, identify and refer them to the mental health supports they need.

**c.** The Door employs 137 full-time and 87 part-time staff. Of these, 170 are direct service staff.

**d.** The Door is open to all youth, ages 12-24; accordingly, we will engage all three target populations of youth outlined in this RFP who fall within this age range. Our primary target population will be out of school, out of work young adults ages 16 – 21 years; however, we will also work to engage the other two C2C target populations, including expectant mothers and parents of children ages 0-4, and unemployed or underemployed low-income working-age adults receiving employment-related services. The Door serves all three of these populations in our open “Center Space” programming, and within our eight delineated program areas. Please see the current service levels for The Door over the past 3 years:

	FY 2015	FY 2014	FY 2013
Total Number of Youth Served	8,821	9,531	10,372
Number of Youth Served who fit in the target population	13%	12%	11%

The outcomes for each youth are determined by the goals that (s)he sets as a member of The Door, and within the program(s) they engage in. For example, outcomes for our EPOCH Career and Education and Runaway and Homeless Youth programs may look like this:

<b>EPOCH Career and Education Outcomes</b>	FY 2015	FY 2014	FY 2013
Total program enrollment	583 youth	492 youth	506 youth
Attained a high school equivalency degree	64 youth	87 youth	77 youth
Completed a training or internship opportunity	169 youth	213 youth	132 youth
Was placed in employment	150 youth	136 youth	115 youth

<b>Runaway and Homeless Youth Outcomes</b>	FY 2015	FY 2014	FY 2013
Referred to shelter	390 youth	198 youth	373 youth
Admitted to shelter	293 youth	138 youth	299 youth
Engaged in case management services	428 youth	218 youth	430 youth
Accessed the Adolescent Health Center	1102 youth	851 youth	1722 youth
Accessed food services	1579 youth	968 youth	2045 youth

**e.** As described above, The Door is a multi-service agency, with eight clearly delineated program areas. While we do have some mental health programming on-site, only a small percentage of Door members receive Door-led counseling supports. Last year, only 16% of Door youth accessed formal counseling services at University Settlement’s onsite satellite Article 31 Mental Health Clinic. Moreover, we do not have formal systems in place that support capacity building among non-mental health staff, or formal cross-training and referrals for how we handle youth in need of mental health supports within programs at the agency that are not mental health focused, such as our open Center Space, Runaway and Homeless Youth, Supportive Housing, and Career and Education Department programs. A C2C grant would be instrumental to ensuring one of New York City’s leading youth-development agencies can leverage the current financial resources and structures we have in place, draw on the mental health expertise of our affiliate, University

Settlement, and build the capacity and training we need to better serve the high volume of young people with mental health needs that we see on an annual basis.

**For the Mental Health Provider:**

**a.** University Settlement is one of New York City's most dynamic social justice institutions, with a historic legacy as the first settlement house in the United States. It has been an anchor in the low-income and immigrant communities where it works and an incubator for progressive ideas for 129 years. Its mission remains to improve the life circumstances of low-income people and the communities in which they live. The Settlement's approach and every program they operate are grounded in values of inclusivity, excellence, joy, holistic understanding, creativity and neighborliness. Each year, University Settlement engages over 30,000 New York City residents through its network of services, which span 30 sites throughout Manhattan and Brooklyn. Key program areas include early childhood education, youth development, eviction prevention, literacy, arts, older adults, and robust mental health programs.

Since its establishment, mental health services have been a core component to the Settlement's work, recognizing the devastating impact mental health problems like depression and anxiety can have on the individual who suffers, as well as their family and community. It has an Article 31 mental health clinic, the Consultation Center, located on the Lower East Side of Manhattan, which has been a fully licensed clinic for over 65 years; there are also mental health services offered by licensed clinical staff throughout its spectrum of programs, from infants to older adults. Its strategically designed continuum of mental health services, which includes those that are both Medicaid-reimbursable and not, enables us to provide "light touch" or more intensive services as necessary, helping to maintain the stability of clients and/or families at lower overall healthcare costs and less impact on individuals, families and the community. These services are especially critical for the high number of low-income community members we serve, who often find accessing mental health treatments an insurmountable obstacle. In the last year, University Settlement served over 2,000 participants with mental health supports: 635 participants through its Article 31 clinic and four satellite clinics (all four satellites target young people); 563 young children through its Butterflies mental health program for children under age five; 241 children and youth through its case management programs (Home-Based Crisis Intervention, Blended Case Management, and Intensive Case Management); 99 young adults in The Door's supportive housing developments; and 528 older adults through our "non-traditional" mental health initiative for low-income seniors. In FY 2014 the Settlement served 343 clients in its Mental Health Clinic; and 234 clients in FY 2013. The Settlement estimates that over 75% of all populations who benefit from its mental health services (at the clinic, and in our programs) are low-income, and that about 15% would fall into the target population we are aiming to engage through our proposed C2C program.

Each program tracks different participant outcomes related to participants' mental health. Please see the below examples of outcomes related to mental health from two different Settlement programs:

The Settlement's Butterflies mental health program for children under age five screened 550 children for mental health needs using the Devereaux Early Childhood Assessment (DECA) in the 2014-2015 program year; in the 2013-2014 year we screened 536; and in the 2012-2013 year we screened 429 children. This past year 92% of parents reported that they felt better and more confident about themselves as parents after their involvement in our 14-week group services offered through Butterflies.

The Settlement's 18-month Mental Health Initiative for Older Adults, which began in March of 2014, has tracked the following outcomes: after the first six months of program implementation: 17 older adults received one-on-one counseling services; at the end of one year, 28 older adults received services; and at the end of 18-months 54 older adults were connected to individual mental health counseling.

**b.** University Settlement has extensive expertise and experience in the mental health interventions outlined in the Core Mental Health Package section of the C2C RFP, including staff members who are trained/certified in Motivational Interviewing, Mental Health First Aid, Psychoeducation, and screening

tools needed to identify the mental health needs of youth and young adults. **Mary Adams**, the Managing Director of Mental Health & Wellness (a shared position between University Settlement and The Door), oversees all mental health programs for both organizations. She is a LCSW, with over two decades of experience training and supervising youth programs and has overseen the delivery of mental health services to at-risk populations. She is trained in Motivational Interviewing, the principles of Mental Health First Aid, and various Psychodynamic modalities including cognitive behavioral therapy, trauma informed care, and solution oriented therapy. She also knows how to effectively implement data driven intake assessments and screening tools including depression screening, trauma screening, learning disabilities screening and more. **Gail Purvis**, the Director of University Settlement's Consultation Center is a LCSW with 24 years of experience providing treatment planning and therapeutic interventions with low-income individuals with mental health conditions and their families. She is a certified instructor for Mental Health First Aid ("MHFA"), and is highly proficient in training and providing ongoing coaching support to help staff implement various psychodynamic modalities to address such mental health issues as depression, anxiety, PTSD and more serious mental health conditions such as psychosis and schizophrenia. Ms. Purvis has a skilled understanding of Motivational Interviewing, is certified in Mental Health First Aid, and can effectively assess and diagnose mental health conditions, including by using the ACES assessment, PHQ-9 (depression) and the CRAFFT (substance abuse). **Eva Wong**, Director of Programs and Engagement at the Settlement, is a Licensed Mental Health Counselor and certified instructor for MHFA. She has offered numerous psycho-educational workshops and seminars to social service providers, educators, health professionals, mental health practitioners and community members since joining University Settlement in 2009. She is well-versed in using Motivational Interviewing with clients, and also regularly utilizes evidence-based screening tools such as PHQ-9, GAD-7, CES-D, and DECA in her work as a clinician. Eva also has extensive experience in task-shifting; in the after-math of Hurricane Sandy she supervised and equipped 30 lay-staff counselors and 4 Master's-level team coordinators to provide crisis counseling and psychoeducation. **Matt Johnson**, LMSW, a Senior Mental Health Counselor at The Door who works in the Settlement's satellite Article 31 clinic, is a trained facilitator in Motivational Interviewing, and has facilitated the training sessions numerous times in group format. Mr. Johnson is also trained in MHFA, and has facilitated psychoeducation trainings in subjects related to substance abuse, trauma and stages of change. Mr. Johnson regularly uses various screening tools to detect mental health instabilities such as the CRAFFT and the PHQ – 2 and 9. In his current role he has also worked to develop and strengthen referral systems that coordinate care for young adults better (or, task shifting). The Settlement's Senior Director of Family and Clinical Services, **Bonnie Cohen**, LMSW, has over 30 years of experience in the mental health field. In her current role, she is responsible for overseeing clinical supervision to all therapists who work with University Settlement's Early Childhood programs and administrative oversight for all therapeutic services related to children under five and their families. She is on the Board of New York Zero to Three Policy Committee, and co-chairs the Interagency Council Early Intervention Committee. She received her Master's in Social Work from Hunter College, and has been at University Settlement since 2006. In addition to these select staff, the Settlement also has an array of other Consultation Center staff and Licensed Clinical Social Workers that they can draw upon for help implementing this initiative. *Resumes for all of the key staff are included in the attachments section of this application.*

c. As mentioned above, the Settlement offers mental health services through its Article 31 Consultation Center, satellite clinics, and via strategically integrated mental health services in Settlement programs. The Consultation Center and its four satellite clinics currently have over 600 clients who rely on them as their primary mental healthcare provider. As mentioned above (*see section B, subsection a: for the MHP*), the Settlement has reached and engaged over 2,000 community members of all ages through its other mental health services. The Settlement has a long history of relying on data to strategically integrate mental health focused interventions and program opportunities. Please see three examples, below:

- In 2015 it strategically opened a satellite of its Article 31 mental health clinic at East Side Community High School, one of its afterschool sites after data indicated that a high number of students were exhibiting a full range of social-emotional and mental health needs. Based on their experience in running youth programs, a team of four counselors in a school of 650 students would not be adequate to meet the needs of all of the children in the school. The satellite clinic was opened to provide additional services and stabilize the school community.
- In 2014, after data indicated that approximately 30 – 40% of the 600 - 800 individuals the Settlement served across its older adult programs may be suffering from mental health issues, it developed a mental health initiative that strategically embeds preventive and direct mental health supports into the existing older adult programs. The program has successfully integrated psychoeducation workshops, groups and individual counseling within existing programs and has helped 528 clients increase their awareness and access of mental health services.
- In 2013, the Settlement applied for, and received funding to expand our Butterflies mental health focused program to East New York, Brooklyn, based on the data that residents of this community face large obstacles to social-emotional health. For example, the community has one of the highest murder rates in NYC. Neuroscientists have proven that if children who experience loss are not given the opportunity to understand and discharge their pain, it will impede their ability to sit in a classroom, learn, and appropriately interact with their peers. Studies have also shown that incarceration triggers significant grief and trauma in youth: in East New York, 1 in 8 men between ages 18—45 are arrested and sent to prison or jail.

**d.** University Settlement has over 65 years of experience in the field of mental health, including experience in training lay (non-mental health) staff and/or providing technical assistance. In addition to operating the Consultation Center and training all of our staff there in assessment, treatment planning and mental health best-practices, the organization proactively infuses mental health education, training and structures into virtually all agency programs ranging from early childhood education to senior centers. Trainings range from helping staff understand the screening tools needed to identify mental health conditions; how to provide preventive strategies when serving clients; and how best to refer clients with more serious mental health conditions to additional community resources. Please see three examples of our experience, below:

*Early Childhood:* University Settlement's early childhood programs serve over 1,300 families annually. Trainings focus on helping teachers and childcare staff to recognize mental health symptoms in children and parents and to respond with effective interventions. For example, in the Butterflies program that serves children under the age of 5 and their families, the agency offers customized training for staff working with this population due to their specific needs. Staff use the Devereux Early Childhood Assessment tool to screen participants and connect those with higher scores with additional resources.

*Children's Case Management:* The organization has two case management programs targeting youth with complex mental health issues: Blended Case Management and Home Based Crisis Intervention. While NYS Department of Health and Mental Hygiene trains and certifies staff in case management, University Settlement recognizes the need for additional mental health training and provides training in trauma informed care and working with children who have experienced sexual trauma.

*Project Hope:* In the aftermath of Hurricane Sandy, University Settlement was chosen as one of 17 citywide agencies to provide free, confidential crisis counseling and resource linkages to New York City residents impacted by the storm. As part of the efforts, the agency trained 23 full-time crisis counselors (who were often bilingual community residents with limited mental health experience) that met with more than 4,000 individuals and families and conducted educational events reaching over 6,000 people.

University Settlement frequently encourages staff to become certified trainers not only for their own professional growth, but to help facilitate additional trainings for their peer staff and our volunteers. For example, Ms. Wong attended the MHFA train-the-trainer training in June 2015 with the explicit goal of

having the capacity to train all staff in the skills of recognizing, assessing and addressing mental health issues. She is currently organizing an internal MHFA for 25 lay staff in late October 2015.

**e.** The Settlement has the right staffing structure and capacity in place to serve as a mental health provider for The Door's proposed C2C program. Our current structure is as follows: The Managing Director of Mental Health & Wellness oversees all mental health programming at The Settlement and The Door, including supervising the Director of the Consultation Center. The Director of the Consultation Center supervises all of the Center's clinical staff, including at its four satellite locations; this includes 17 direct line staff. The Director of the satellite clinic at The Door oversees 4 licensed clinical staff. With this structure we have the overall capacity to enact the proposed training schedule developed for The Door's C2C program, offer ongoing coaching for non-mental health staff, and provide mental health services to the additional youth who are identified and referred for services.

**f.** As one of the oldest and leading community-based organizations in New York City, University Settlement has extensive experience participating in and/or managing collaborations, both internally and externally. Relevant experience includes:

University Settlement is the coordinator for the Lower East Side Community Partnership, a program of the NYC Administration for Children's Services that works with families with open ACS cases to ultimately reduce the number of children entering the foster care system. University Settlement manages the partnership and works closely with other contracted agencies in the network to promote collaboration and streamlined communication and referrals so that children and families are better served.

As part of New York State's Delivery System Reform Incentive Program, University Settlement has Performing Provider Systems agreements with Mount Sinai PPS, Maimonides PSS and Health and Hospitals Corporation (HHC). Ms. Adams is active participant in provider meetings for all three systems and serves on a senior level cross functional work group charged with developing care coordination tools to be used across all PPS members (citywide). Similarly, she has been developing internal systems to ultimately integrate primary and behavioral health at the agency.

University Settlement is a member of several coalitions and associations including: United Neighborhood Houses, the Coalition for Behavioral Health, the Federation of Protestant Welfare Agencies, Supportive Housing Network of New York and many others. With over 30 program sites, our agency has hundreds of referral agreements with a wide range of providers ranging from Bellevue Hospital to the Charles B. Wang Community Health Center.

## **C. Organizational Capability**

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The Door is unique in its comprehensiveness, scale, and appeal to youth from across the City. The blending of services at a single site, provision of a youth-centered environment that puts the needs of young people first, and presence of a highly dedicated and skilled staff, have characterized The Door since it was founded over 40 years ago. The Door has an exceptionally strong track record of excellent management, program delivery, and fiscal prudence, which provides stability to all its programs and makes it well suited to be the lead CBO for the Connections to Care model.

### **1. Program Management (of lead applicant CBO)**

**a.** The Door has a strong data evaluation system that is an important factor in decision-making for program design and agency-wide strategy and direction. The Door uses the Salesforce database for comprehensive agency-wide tracking of Door members and their participation in programs and services. We collect a range of client-level data, including demographic, psychosocial, behavior and risk information, as well as young people's attendance, service utilization and service outcomes. With the Salesforce database, we are able to analyze data in a variety of ways, including by individual participant, program by program, and agency wide. We are also able to examine data for sub-groups of participants, such as all youth in foster care or who are homeless, to see if there are any trends within specific populations of young people. An in-house

data management team tracks, collects, and reports on data for all programs. All staff receive training on performance-based contract management, how to use program and participant data to achieve outcomes, and the specific eligibility, data collection, and outcome requirements for individual contracts. Staff can generate reports daily to manage work and to better inform them of young people's progress. In-depth program reports are published and disseminated on a quarterly basis, as well as mid-quarter data audits. Door management meets to review these reports, analyze program progress, identify any emerging needs or trends, and develop plans to improve outcomes and make program modifications or changes, if needed. In addition to internal agency data, we also use external data and research from the field to make programmatic decisions. The Door's management team actively engages in city-wide coalitions, attends conferences, and continually partners with other agencies to share best practices and stay up-to-date on city-wide data and trends that may have an impact on our young people. This established evaluation and quality improvement protocol ensures high-quality program delivery and successful achievement of targeted participant outcomes.

**b.** As described above, The Door has a robust data evaluation system that is used to monitor program progress and make decisions about program design and strategy. Two examples of this follow.

Our EPOCH career and education program works with youth who are out of school and out of work to help them earn a high school equivalency degree, and place them in job training, internships, jobs and college. While we have been very successful at placing youth in jobs, some of our young people struggled to retain those jobs long-term. Looking at our 12-month job retention data, we saw that the retention rates were lower than expected; for 2012 – 2014, they were 43%, 41% and 39%. As a result, we decided to build in additional retention supports, including more frequent contact with their Career Advancement Coaches and alumni support events. As a result, our 12-month job retention rate this past year increased to 50%, which is higher than ever before.

Our Runaway and Homeless Youth (RHY) Program collaborated with the US Administration for Children and Families and the University of Nebraska-Lincoln on the national FYSB Street Outreach Program Data Collection Project. From this data, we found that a large percentage of our homeless youth experienced sexual abuse (37%) and/or exploitation (35%). We also know from research in the field and firsthand experience that homeless youth are more at risk for sexual abuse and exploitation once homeless, as they may be in a position to trade sex for a place to stay, food or money. Based on this data, we have expanded our RHY program to add two case managers that are specifically dedicated to working with this population. These case managers work with young people on early risk detection, compile individualized preventative service plans, facilitate support groups, offer harm-reduction counseling, and connect youth to other supportive services at The Door.

The Door also has previous experience working with external evaluators and within group-based research cohorts. Our Career and Education Program has worked with MDRC on a year-long, random assignment process-based research project for our Young Adult Internship Program; with the Aspen Institute for our work creating career pathways in the retail sector and our work with the Bronx Opportunity Network; and the Public Private Venture for our work with the Benchmarking Project. The Door's Runaway and Homeless Youth Program worked with US DHHS Administration for Children and Families and the University of Nebraska-Lincoln on the national FYSB Street Outreach Program Data Collection Project.

**c.** The Door's internal management and fiscal structures ensure effective and efficient program delivery. Strong fiscal controls are in place, including: approval of the annual budget by the Board Finance Committee and Board of Directors; quarterly meetings with and ongoing oversight by the Board's Finance Committee; adherence to the Accounting Policies and Procedures Manual; close oversight by the Controller; audits by many of the organization's funding sources; and an annual independent audit. As described earlier, The Door has a central Salesforce database to collect and analyze data on all members receiving services, and uses this data for program evaluation, planning, and refinement. We also have routine production, distribution and management review of program data reports that account for all



performance measures and outcomes for each Door member and each program to ensure high-quality programming. The Door has extensive experience collecting and managing large quantities of data accurately in a timely manner, including collecting and reporting data for a large number of private and government funders. The Door's IT department oversees our Salesforce agency-wide database, and all Program Directors are responsible for oversight of records management for individual case files.

**d.** The Door's highly experience IT Department oversees our technology and data security systems. Personal Identifiable Information resides in our Customer Relationship Management (CRM) Salesforce system and our eClinicalWorks Electronic Health Record (EHR) system. Both systems are cloud based systems. The Door's network is protected by a high performance Sonicwall 4500 Firewall Device which has a unified threat management solution, including gateway anti-malware, intrusion prevention and web content filtering. Additionally, The Door's servers, computers and laptops are protected by our centralized Trend Micro Enterprise Security Suite Virus Scan software, which allows for the centralized deployment of anti-virus software and firewall protection. The Door's network is based on a Windows 2008 R2 Enterprise Edition platform with Active Directory enable. This allows us to increase application security and access control by making sure that only authorized staff with the appropriate access rights are able to access the network and its resources. All Door staff are allocated a network user ID and email ID in order to login to The Door's network, and authorized users are granted access to our Salesforce and/or eClinicalWorks systems based on their roles within the organization (Role Based Access Control).

**e.** The Door's supervisory structure allows for appropriate engagement and oversight by the agency's executive and senior staff to ensure quality and accountability in all programs. The chain of command flows from the Board of Directors, to the Chief Executive Officer, to the Executive Director, to Managing Directors, to Supervisors, to line staff, and regular supervision is exercised at each level. The Door's senior managers meet monthly (and as needed) to discuss agency-wide strategy, identify new trends and needs, analyze program effectiveness, and develop any new programs. If awarded, the C2C Program will be an important new program collaboration for us that will be closely overseen by senior staff, including the Executive Director, Deputy Executive Director, Director of Programming (who oversees "Center Space"), Supervisor of Curriculum and Training, Managing Director of Career and Education, Assistant Director of Special Populations, and the Director of our Supportive Housing Facilities. Additionally, The Door benefits from being affiliated with our Mental Health Provider, as we share an executive level staff member who will be critical to helping develop, implement, assess and oversee the program: The Managing Director of Mental Health and Wellness. The Managing Director of Mental Health and Wellness and Supervisor of Curriculum and Training will have direct oversight of program implementation, but all senior staff mentioned above will be involved with assessing the program and general oversight of its effectiveness.

All staff are highly qualified for their positions and will be deeply engaged in the proposed Connections to Care Program. The Door's Executive Director, **Julie Shapiro**, is a nonprofit leader with 19 years of experience designing and implementing large scale, high impact, multi-partner human service initiatives. Ms. Shapiro joined The Door in early 2010 and oversees all aspects of the agency's operations. **Mary Adams**, Managing Director of Mental Health and Wellness, will be the lead senior manager overseeing the C2C program and ensuring its success (*please refer to section B, subsection b: for the MHP for her qualifications to oversee C2C*). **Elise Schuster**, Supervisor of Training and Community Engagement, has over ten years of experience in curriculum development and trainings focused on youth, behavioral management, and LGBT issues. She has her Master's in Public Health from Columbia University's Mailman School of Public Health. Mary and Elise will continue to work closely with all of The Door's Managing Directors and Program Supervisors, who are all experts in their fields with a deep understanding of the diverse needs of the young people we serve and of the full range of related services.

**f.** The Door has extensive experience managing collaborations, with demonstrated success. Our most successful collaboration is with our affiliate agency University Settlement, which is the Mental Health Provider for this application. University Settlement and The Door affiliated in 2000, and this successful



partnership has allowed both agencies to share administrative functions (Finance, IT, Human Resources) as well as the capacity to create key leadership positions, which are shared across the agency, such as the Managing Director of Mental Health and Wellness. This has created efficiencies that allow our programs to run smoothly and best serve our participants. The Door also has several collaborations with local New York City high schools for our Talent Search college access program and is also the CBO service provider in a Community School partnership with Broome Street Academy charter high school. The Door's Career and Education Department also has close partnerships with several employers, such as CVS and Warby Parker, where we co-design job training programs for specific career paths and place young people in internships and jobs. The Door's Runaway and Homeless Youth Program has a network of shelter providers who we coordinate with daily to fill any available shelter beds and refer youth to crisis services. The Door's two supportive housing developments are operated in partnership with Common Ground and Phipps Houses. With our extensive experience managing highly successful collaborations, The Door is well-suited to manage the C2C collaboration with University Settlement and ensure that our young people reap the benefits of enhanced connection to mental health services.

## **2. Fiscal Capability**

**a.** The Door has decades of experience managing government contracts, including government funding on the city, state, and federal levels. In our current fiscal year, 66% of The Door's 19,142,603 operating budget is from government contracts; this includes 26 individual government contracts. We have an excellent track record managing these often large and complex contracts. The Door is fully confident in our ability to successfully manage the Connections to Care program within our portfolio.

**b.** The Door utilizes the Abila MIP 2015 (Version 15.1.1.0) financial management system, which is 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 differentiate between direct and indirect costs. As such, The Door would not require changes or technical assistance for our financial management system.

**c.** The Door's operating budget for the current fiscal year is \$19,142,603, and we continue to pursue a multi-pronged funding strategy composed of government funding on the local, state, and federal levels; private foundation and corporate foundation grants; and unrestricted income sources such as donations from Board Members and individual donors. As such, The Door has extensive experience managing large and often complex grants from both public and private funders, including significant experience with federal contracts. Because of our strong funding history, we have all the systems and controls in place to effectively manage grant compliance, including federal requirements.

**d.** The Door has received several federal awards in the past three years. All of our expenses or costs have been allowed, and we have not had any corrective actions taken.

## **3. Leveraged Funding**

**a.** The Door is highly successful at leveraging additional funding to support program operations. We are successful at maintaining a diversified funding strategy composed of both public and private sources to support our important work. The Door is deeply committed to the Connections to Care program and will aggressively seek additional sources to support and expand on this work. The Tiger Foundation supports both The Door and University Settlement and has already committed \$35,000 to this project. Our Board of Directors has also committed \$35,000 to demonstrate their investment in this work. We will work in partnership with the Mayor's Fund to raise the remaining \$80,000 from additional sources.

## **D. Proposed Program Approach**

The Door seeks a \$150,000 grant from the Mayor's Fund to build upon the strong, ongoing connection The Door has with University Settlement, so that we can more deeply embed systems for training front-line staff in evidence-based mental health practices. We seek to institutionalize the early steps in a chain of care,

and provide the support needed to ensure participants schedule and follow-up with appointments and treatment plans. As a multi-service organization, this capacity and training is specifically needed within our open “Center Space” programming, in our Runaway and Homeless Youth programming, in our Supportive Housing, and in the Career and Education Department.

**a.** The Door’s proposed approach for implementing a C2C program draws upon the youth development expertise of The Door and the mental health expertise of University Settlement. With C2C funds, we will accomplish the following:

1. Revise our intake form at the agency-wide level, and within the targeted programs cited, integrate relevant, evidence-based mental health screening tools that allow staff to better screen youth for mental health instabilities;
2. Rely on the Settlement’s expertise in offering mental health informed services to train direct line Door staff in the core C2C modalities, and management staff in how to support staff in integrating these modalities (enhancing the impact of our revised intake/screening tool, resulting in effective task-shifting, and deepening our overall understanding of mental health); and
3. Hire a C2C Program Coordinator to help shepherd and effectively implement this complex initiative, including overseeing the data collection, management and analysis we seek to collect on youth who are engaging at The Door, and to work closely with the evaluator.

This three-pronged approach, paired with The Door’s existing programmatic structure, would enable The Door to implement the type of mental health intervention outlined in this RFP.

**b.** As described above, The Door reaches and engages youth from all over New York City, including a large number of youth who are low-income, and often face long-term unemployment or underemployment; risks of homelessness or homelessness; low school achievement; persistent hunger; and/or serious mental illness. The Door’s ability to reach and engage all of these vulnerable young adult populations enables us to serve all three of the target populations outlined in the C2C Request for Proposals (ages 12-24); however, our primary target population for this solicitation is out of school, out of work young adults ages 16-24.

**c.** Last year during intake, over 3,500 youth disclosed to a Door staff member that they were in, or transitioning out of the foster care system; homeless, or at-risk of being homeless; and/or involved in the juvenile justice system. Of those, 439 also identified as being parents of young children. While we do not currently track the mental health status of any youth at general intake into The Door, we do know that these vulnerable situations place these youth at an increased risk for mental health challenges. Within our Career and Education Department, our staff estimate (based upon their vulnerable statuses disclosed, and informal trauma histories uncovered through the relationships formed between our staff and youth) that over 60% of the youth we serve suffer from some form of mental health instability. Within our Supportive Housing, 100% are impacted by mental illness, and our staff estimate that nearly 95% of residents did not adhere to their prescribed psychotropic medications and/or therapy. Our Center Space staff estimate that up to 90% of participants who access our more general, drop-in programs have been impacted by trauma, with a large number who have histories of complex trauma. Many of these participants struggle with mental health issues which impact their functionality and ability to successfully master essential developmental tasks such as completing education, finding and keeping employment, and fostering healthy relationships. We know that, as an agency, we are nowhere close to meeting the mental health needs of our young adult population; although staff see the needs in the majority of our members, we know that only 16% of members access our counseling supports.

**d.** The Door’s model – which is open access, allows youth to engage in the programs and resources they feel are needed, and includes drop-in services as well as deeper engagement in structured programs – is a complicated one to manage. In the evenings, a small team of Center Space activity specialists, teaching artists, and case managers is tasked with engaging hundreds of young people who possess a very wide range of interests, needs and capabilities. In this bustling environment, it is easy for young people with mental health issues to get lost and/or to disengage, leaving them more vulnerable from these missed

opportunities. Within specific program areas, vulnerable young people have more opportunities to develop a relationship with a staff person who can help them; however, program staff are often overwhelmed with trying to meet program-specific targets, and are ill-equipped to recognize and address mental health issues that arise. The direct line staff employed in our open Center Space programming, Runaway and Homeless Youth, Supportive Housing, and Career and Education Department are primarily job coaches, teachers, teaching artists, case managers, resident assistants, and life coaches (trained in concrete goal planning), with limited experience in trauma informed care and assessing for mental health conditions. While these staff have received some training to help them identify common mental health issues, building the capacity to use a structured system of assessments, identifying mental health issues (both low-level and more serious), and teaching staff the skills to motivate youth to engage in supportive mental health services will provide a clear roadmap for staff to guide youth through various mental health struggles that pose barriers to their accomplishing critical milestones to self-sufficiency. Training in assessments and evidence-based intervention models along with ongoing coaching and support will provide staff with more formalized tools and knowledge on how to engage, assess and refer youth in need of more specialized care.

e. The Door will serve as the lead CBO, and our affiliate and mental health expert, University Settlement will serve as the MHP for our proposed C2C program. As previously mentioned, The Door and University Settlement have been affiliated since 2000, and a C2C grant will allow us to leverage this existing relationship to help ensure that the programs at The Door can build the capacity and ongoing training they require to care for the highly vulnerable population of youth we serve. The Settlement and The Door have agreed on the following model to provide the training, coaching and mentorship needed to effectively implement a C2C program:

Mental Health First Aid (MHFA) and Motivational Interviewing (MI): We will offer MHFA and MI trainings through a two-pronged approach, wherein we provide:

- managerial staff training on the large scale principles that guide these evidence-based models; how to support their direct line staff in effectively implementing the models; and what effective task-shifting looks like when you integrate these models into programming.
- direct line staff training in how to implement these learnings, including how to screen young adults using MHFA and how to use MI in case management and program settings.

Eva Wong and Gail Purvis (who are both certified trainers in MHFA) will offer the 1-day, 7 hour trainings for MHFA, as described above. They will then both provide ongoing coaching and mentorship for these staff during the first half of the year; however, Gail will become solely responsible for ongoing coaching and mentorship after this period, and throughout the remaining grant period. Gail oversees the current satellite Article 31 Mental Health Clinic at The Door, and will be regularly available on-site, as needed. Matt Johnson (certified MI trainer) will offer the 1-day, 7 hour trainings for MI, as described above; he will also be responsible for offering ongoing coaching and mentorship. In his current role, as a Senior Mental Health Counselor at the Settlement's satellite Article 31 clinic at The Door, he will be available on-site during all work hours to help support staff in understanding and using this model.

Psychoeducation: Select, qualified licensed clinical staff from the Settlement (including Mary Adams, Gail Purvis, and Anna Reyna) will offer 1.5 hour trainings on a monthly basis to the core group of line staff involved in C2C. These trainings will vary based on the mental health conditions we see most prevalently affecting the youth, and will aim to sharpen assessment and intervention skills while also broaden staff's knowledge of mental health conditions. Potential trainings in this area include (*but are not limited to*): Adolescent Development; Stages of Change; Life Space Interview (Crisis Intervention); Trauma Informed Work & Strategies for Engagement; Suicide Assessment and Prevention; Child Abuse and Neglect; Symptoms and Signs of Depression and Serious Mental Illness; Psychotropic Medication: Understanding Mental Illness and Medication; and Self-Injury. Mary Adams will serve as the main point person for

providing ongoing coaching and mentorship with any of the Psychoeducation trainings offered; however other trainers will also be available for support, as needed.

Screening: Mary Adams, Gail Purvis, and Elise Shuster will work closely with the core implementation group of staff involved in C2C to revise the agency-wide intake form, and the program intake/screening forms for our: Runaway and Homeless Youth program; Supportive Housing Program; and Career and Education Department. The revision of these intake forms will integrate relevant, evidence-based screening tools into the forms so that staff have concrete measurements to help screen and identify youth in need of mental health supports. Potential screening tools to be integrated include a depression screening tool (PHQ-9), and ACES trauma history tool. Once these two intake forms are revised and implemented, Gail and Mary will provide the management team involved in C2C support and coaching to help understand how to support their staff in using these screening tools; this will occur in the monthly meetings described above, and/or in one-on-one meetings, as needed.

Working with Pregnant and Parenting Young Adults: The Settlement's Senior Director of Family and Clinical Services, Bonnie Cohen will offer at least one direct line staff from each of Runaway and Homeless Youth, Supportive Housing, and Career and Education programs specialized trainings on how to support expectant mothers and parents of children ages 0-4. These trainings will be 2 hours long, and they will be offered twice a month for two months. Bonnie will provide the ongoing coaching needed for this training.

Both the Managing Director of Health and Mental Wellness and C2C Coordinator will additionally serve as resources for ongoing coaching and mentorship for all staff involved in these trainings. The Managing Director of Mental Health and Wellness will meet as needed with any management staff involved in implementing C2C, and the C2C Coordinator will attend existing monthly department meetings of each program area we are working with to provide more formal opportunities for ongoing support and supervision. Individual training and assistance can be provided, as needed and required.

f. The Managing Director of Mental Health and Wellness, Mary Adams (*which, as mentioned above, is a shared position between The Door (lead CBO) and University Settlement (MHP)*) will serve as a critical resource to managing the start-up and implementation of The Door's proposed C2C program. Mary Adams will help facilitate the overall management of the program, including working with executive level staff from The Door, key staff from University Settlement, and Door management staff involved in helping to implement the core C2C trainings and screenings. During the first year, she will meet on a bi-weekly basis with the Supervisor of Training and Community Engagement and the C2C Coordinator. During these one-hour meetings they will discuss overall program implementation and troubleshoot any challenges. As described above, she will also meet monthly with the group of managers involved in implementing C2C for one hour to provide ongoing support and supervision. To further ensure program management and success, The Managing Director of Mental Health and Wellness will also meet on a quarterly basis with The Door's Executive Director and Deputy Executive Director to ensure overall program implementation, effective resource sharing and capacity building at The Door. After the first year, the Supervisor of Training and Community Engagement and the C2C Coordinator will be charged with managing the overall implementation of our C2C program. The C2C Coordinator will receive weekly supervision from the Supervisor of Training and Community Engagement. The Managing Director of Mental Health and Wellness will cultivate and manage any partnerships we engage in for the proposed program. The Door and University Settlement's long-standing affiliation, paired with our common, shared commitment to helping New Yorkers will serve as our greatest resource for ensuring strong collaboration in the management of this project. The executives at both agencies are committed to this project and will be involved in any problem resolution that is needed.

g. Our proposed C2C plan includes the following:

i) In its broadest sense, the nearly 10,000 youth who enter The Door annually will benefit from our proposed C2C program, as we are revising our intake process to ensure we are better able to screen for mental health instabilities at intake and in programs that do not currently have a mental health focus.

Further, by providing staff from these programs with trainings in MHFA, MI, ongoing psycho-educational topics, and support for parents of young children, we will enable these staff to integrate increased knowledge and skills into their daily interactions with all participants. More directly though, youth who engage in our Runaway and Homeless Youth programs, Career and Education Department, and Supportive Housing facilities will benefit from a more focused approach and integration of the trainings and evidence-based practices. Combined, these programs serve over 3,000 youth annually.

ii) While The Door is geographically located in Lower Manhattan, we stand as a unique resource for youth from all over the city, and regularly engage youth from all five boroughs. Last year 22% of our participants came from Manhattan; 37% came from Brooklyn; 20% came from the Bronx; 14% came from Queens; and 7% came from Staten Island and the surrounding metropolitan area.

iii) As stated above, our Runaway and Homeless Youth program, Career and Education Department, and Supportive Housing facilities annually serve over 3,000 youth; we estimate that a third, or 1,000, of these youth could benefit from more focused mental health assessments and engagement around planning. These youth will have an initial opportunity to talk to a supportive adult who will ask them targeted questions, offer some thoughts on which areas the young person could use some additional mental health support, and will encourage the young person to seek counseling support with our mental health partner. Given the host of difficulties involved in getting this particular population to participate in mental health services, we anticipate that 75 youth would ultimately engage in more formal mental health treatment with the support of this structured approach.

iv) The Door's proposed C2C program will be integrated into our open Center Space program, Runaway and Homeless Youth program, Supportive Housing facilities, and Career and Education Department. These programs are ongoing, and open-entry; they are also supported by a mixture of private and public funding sources. Center Space is funded by NYS Education Department and several of our arts funders, including the ELMA Music Foundation and Morris and Alma Schapiro Fund. The Door's Runaway and Homeless Youth Program is currently supported by the Durst Family Foundation, New York Woman's Foundation, NYU Community Fund, NYC Administration for Children Services, NYC Department of Youth and Community Development, NYC City Council Pier 45 Initiative, and the Manhattan Borough President. The Door's Career and Education Department is supported by The Gap Foundation, Tiger Foundation, Robin Hood Foundation, Morgan Creek Foundation, Pinkerton Foundation, Capital One National and Regional Foundations, TJX Foundation, Newman's Own Foundation, Charles Hayden Foundation, JPMorgan Chase, Conrad N. Hilton Foundation, Redlich Horwitz Foundation, Jobs For the Future, Per Scholas, L+M Development, NYC Department of Youth and Community Development, and NYS Office of Temporary and Disability Assistance. Our Supportive Housing facilities are supported by the NYC Department of Health and Mental Hygiene.

v) It is part of The Door's organizational model to not prescribe the programs youth engage in, but rather we empower them to seek the resources they feel vital to helping them achieve their defined personal, career, and other life goals. As such, the first strategy The Door will use to engage new Door participants in services is ensuring the direct line staff in the programs we have targeted for our C2C program know how to recognize what mental health instabilities look like. By revising our agency-wide screening tool and program-based screening tool, and training all of these staff in core C2C mental health modalities, we will enable these staff to better identify those youth who need more formal mental health supports, and have formal task-shifting processes in place so they know how to refer them to applicable resources. The revised screening tools will give staff a concrete measurement to let youth know that they may be suffering from depression, anxiety disorders, schizophrenia, eating disorders, and illnesses related to substance use disorders, misuse, and adverse consequences of use.

To engage existing participants who may be suffering from mental health instabilities, staff will offer targeted workshops on what mental health looks like to youth in our Center Space, Runaway and Homeless Youth, Career and Education, and Supportive Housing facility programs. These workshops will serve to

help participants self-identify with needing more help, and provide staff the opportunity to recognize who may need more help. Staff from these programs will also be encouraged to use their case management services as an additional point to screen, and recommend additional mental health services to youth, including engagement in our C2C program.

The Door will then also look to our C2C Coordinator to serve as an additional resource for engaging new and existing youth in C2C. The Coordinator will review the data collected from our screening tools, and proactively reach out to any young adult who screens for mental health instabilities.

vi) As mentioned directly above, it is a part of The Door's model to empower youth to engage in the services they feel will ensure their long-term success, and as such, we will not force youth to maintain engagement in our C2C program. We will however work to build a strong organizational culture that destigmatizes mental health, and encourages youth to access the services and resources that will help them improve their quality of life, social and family relationships; adhere to prescribed psychotropic medications and/or therapy; and decrease hospitalizations and emergency room use. Our proposed C2C Coordinator, and the strategic use of our agency-wide data base system, Salesforce will serve as a more formal layer to ensuring participants we engage stay in the program. Through Salesforce, the C2C coordinator will be able to track if any youth stops attending services, and provide follow up services; s/he will also maintain close contact with program staff for more highly-vulnerable youth. We will work with the evaluator to ensure the research study portion of our C2C grant has as reliable data as possible.

vii) Please see below, a clear explanation of how we will implement each of our proposed core C2C package services; the fit between these services and the needs of participants targeted; and a justification for why this training is important to include in the core package of services.

Screenings: In order to better screen for common mental health conditions and help connect the high number of vulnerable youth we serve (including out of school, out of work young adults ages 16-24; expectant mothers and parents of children ages 0-4; and unemployed or underemployed low-income working-age adults ages 18 and over receiving employment-related services), we propose to work closely with licensed clinical staff from our Mental Health Provider, University Settlement, and revise the intake form that we use at general intake (capturing youth who may not engage in programming, but just Center Space activities), as well as the program-specific intakes within our Runaway and Homeless Youth program, Career and Education Department, and Supportive Housing facilities. The following staff will meet weekly during the first two months to revise and finalize a new agency wide-intake and program-intake forms: the Director of Mental Health and Wellness, Consultation Center Director, our proposed Connections to Care Coordinator, and our Supervisor of Training and Community Engagement. Collaboratively these mental health experts will explore relevant, evidence-based screening tools, and select the tools that best align with The Door's youth development model. They will also draw on the youth development expertise of relevant Door program staff who will be using this intake/screening tool, and who work with the populations we are trying to reach on a regular basis, including: The Door's Director of Programming, the Assistant Director of Special Populations, Managing Director of Career and Education Services, and Director of Housing. During this time they will also assess what screening tools from the agency-wide intake tool should be listed again on the program specific intake, and what new or other screening tools should be included in this second screening catchment opportunity. Once we have finalized the two screening tools, the C2C Coordinator will work with all of the staff who will be using the tools to ensure they understand how to use them. This will include a formal training, as well as on-going training and coaching, as needed. By revising these intake forms, we will be able to better capture and support the youth who have mental health instabilities.

Trainings: As outlined in Section D, sub-section e, we propose to implement the core C2C MI and MFHA trainings through a two-pronged approach, which supports managers and direct line staff in understanding the mental health interventions associated with C2C. Eva Wong and Gail Purvis (who are both certified trainers in MHFA) will offer both direct line staff and management several opportunities to

take a one-day, 7-hour Mental Health First Aid training course. Additionally, Matthew Johnson, Senior Mental Health Counselor (trained facilitator in MI), will offer direct line staff and management several opportunities to take a one-day, 7-hour Motivational Interviewing training course. By training direct line staff in MHFA and MI, they will be able to better recognize mental health instabilities and offer more directive, participant-centered counseling to youth they engage on a daily basis; by training management, they will be able to help show direct line staff how to use these interventions in their daily workflow and train any new staff that join the agency.

Psychoeducation will be offered in 1.5 hour sessions, on a monthly basis by Mary Adams, Gail Purvis, and Anna Reyna. Topics for these trainings will include (*but are not be limited to*): Adolescent Development; Stages of Change; Life Space Interview (Crisis Intervention); Trauma Informed Work & Strategies for Engagement; Suicide Assessment and Prevention; Child Abuse and Neglect; Symptoms and Signs of Depression and Serious Mental Illness; Psychotropic Medication: Understanding Mental Illness and Medication; and Self-Injury. By training direct line staff in these psychoeducation topics, staff and management will be able to provide individuals with a mental health condition information that empowers them to understand the condition and deal with it in an optimal way.

Because University Settlement is a leader in offering mental health supports to parents/caregivers and The Door sees many young adults who are parents, we propose to adapt the core C2C package to additionally train at least one direct line staff from each of Runaway and Homeless Youth, Supportive Housing, and Career and Education programs identified, to ensure this highly vulnerable target population is fully supported. These trainings will be two hours long, and they will be offered twice a month for two months. The Settlement's Director of Family and Clinical Services will provide ongoing supervision, coaching and mentorship as needed to the direct line staff involved in this training.

Ongoing Coaching: All trained staff will receive ongoing coaching from our mental health professionals listed above to ensure that they are supported in implementing the new skills learned from the trainings, can effectively task-shift, and support staff in connecting youth to mental health services. As mentioned above, the C2C coordinator will also attend the existing monthly department meetings for the targeted programs, to serve as an available resource on any challenges staff are facing.

In total, this package of services that The Door and University Settlement has designed for our C2C program will help increase staffs' knowledge on mental health; evidence-based tools for screening for common mental health conditions; and how to effectively task-shift and connect youth to care.

viii) The Door anticipates training and supporting approximately 60 front-line staff training in implementing mental health services through this initiative. This includes 6 staff from Center Space (who are responsible for overseeing general door drop-in programming and administering intake forms); 10 staff from our Runaway and Homeless Youth Program (who are responsible for providing case management and crisis intervention services to homeless youth); 40 staff from our Career and Education Department (who are responsible for serving as coaches, job connectors, or educators to youth); and 4 staff from our Supportive Housing program (who are responsible for providing case management and crisis intervention services to the 99 youth who live in our supportive housing facilities). We anticipate that the proposed C2C program will have a broad impact on the 10,000 youth served at The Door each year, but a more targeted impact on the 3,000 youth in the selected programs. Of these 3,000 youth, we anticipate that 1,000 will be identified as needing additional mental health supports and will be further tracked and encouraged to engage in services. As such, the ratio of the direct service staff from our targeted programs, compared to the service population size is 60:1,000.

**h. Staffing for the proposed program is as follows:**

i) The Door acknowledges that implementing our proposed C2C program will require a lot of staff time and workflow shifting, especially at the start of it. Our greatest resource for ensuring we are able to effectively enable direct service staff to take on these new tasks on top of their existing programmatic responsibilities is having our executive level Managing Director of Mental Health and Wellness position,



which, as mentioned earlier, is a shared position between The Door and University Settlement. The Managing Director of Mental Health and Wellness, Mary Adams, will be charged with helping to ensure our C2C's overall effective start-up and implementation, helping to troubleshoot, supervise and share success stories. The Door then proposes to hire a C2C Program Coordinator who will be responsible for helping to oversee the daily implementation and coordination of the program. This staff member will have a Master of Social Work and New York State Social Work License. S/he will also be required to have excellent communication skills; prior experience working with at-risk, vulnerable, and/or mentally instable youth; knowledge of mental health resources in Lower Manhattan; and be creative, innovative and flexible. These two staff will help alleviate much of the implementation work needed.

We also acknowledge that a large part of helping service staff to take on these new tasks on top of their existing programmatic responsibilities is helping them to see the long-term benefits of recognizing mental health instabilities; while short-term, their workflow may need to change, long-term, they will be able to achieve better outcomes with youth. As such, all of the above mentioned staff will work formally and informally to help create the cultural transformation we are looking to enact through a C2C grant, which places a high value on screening and connecting youth to mental health resources to help them succeed in other areas of their lives.

ii) Key staff proposed to manage The Door's C2C program include: From the Lead CBO - The Door: Managing Director of Mental Health & Wellness, *Mary Adams (shared position with University Settlement)*; C2C Coordinator, *to be hired*; Supervisor of Training and Community Engagement, *Elise Shuster*; Director of Programming, *Bailey Huguley*; Managing Director of Career and Education Services, *Andrea Vaghy Benyola*; Assistant Director of Special Populations, *Sarah Meckler*; Director of Supportive Housing, *Reed Christian*; and Senior Mental Health Counselor, *Matt Johnson*. From the Mental Health Provider - University Settlement: Managing Director of Mental Health & Wellness, *Mary Adams (shared position with The Door)*; Director of University Settlement's Consultation Center, *Gail Purvis*; Director of Programs and Engagement, *Eva Wong*; and Senior Director of Family and Clinical Services, *Bonnie Cohen*. Resumes for all of the above mentioned staff are included as attachments.

The proposed C2C Coordinator will be the point of contact for data and evaluation. S/he will be supported by all of the above mentioned key staff to ensure all research and evaluation and delivering any of the mental health modalities proposed are executive effectively. The Door has previous experience with research and evaluation. Internally, we collect data on our participants and programs, and regularly review this information to inform program development. Highlighted in Section C.1b, we also have worked with several external evaluators and within group-based research cohorts.

The key staff listed above from The Door have novice experience with mental health modalities; however, as mentioned throughout this narrative, staff from our Center Space, Runaway and Homeless Youth program, Career and Education Department, and Supportive Housing facilities all have limited experience in delivering the mental health modalities in their current role. While all Door staff are on boarded and oriented to understand what strong mental health looks like, it is only a basic overview and staff in the above mentioned programs do not receive any formal, ongoing coaching and mentorship to actually implement any evidence-based mental health tools into their everyday work.

iii) All of the key staff proposed to implement The Door's C2C program comply with staff experience requirements laid out in this RFP, including strong leadership skills and at least five years of successful, similar experience delivering mental health services to vulnerable youth populations, including out of school, out of work young adults ages 16-24 (the primary target population we proposed to serve), and expectant mothers and parents of children ages 0-4, and unemployed or underemployed low-income working-age adults receiving employment-related services. All staff involved with our C2C program, including any volunteers we may engage, will provide services in a manner sensitive to the characteristics and cultures these young people. The C2C program will be led by Mary Adams, a LCSW, with over two

decades of experience training and supervising youth programs and has overseen the delivery of mental health services to at-risk populations.

iv) Door staff on all levels are invested in the transformational shift we are looking to enact, fully understanding that our efforts to increase mental health capacities in identifying and responding to youth's mental health needs will eventually allow us to more easily and effectively support youth in other life stabilizing outcomes, such as gaining a job, progressing their educational attainment rate, securing stable housing, and/or eating properly. At the senior level, program managers and supervisors for our Center Space, Career and Education Department, Runaway and Homeless Youth program, and Supportive Housing facilities are fully supportive of our C2C application, and see the value in better training their staff in understanding and screening for mental health instabilities to ensure the youth we serve are better stabilized to meet other life goal. They are all committed to working with C2C staff to find ways to manage their direct line staffs' workflows to ensure they can attend relevant trainings and ensure they get the ongoing coaching and mentorship they need to implement these modalities successfully. Staff are also invested in, and committed to gaining the skills they need to integrate mental health services into the existing service framework. We know that on multiple occasions staff from the listed departments have asked management to receive more formal trainings to better support the highly vulnerable populations we serve; as such, they are fully on-board with the proposed C2C program.

v) The Door's executive management staff is also fully invested in helping to ensure our proposed C2C program is integrated effectively. Professional development of staff has been a high priority for the Executive Director and Deputy Executive Director the past few years, and see a C2C grant as a major step toward better training our staff to meet and be responsive to the mental health needs of our members. The Deputy Executive Director has a particular interest in ensuring the implementation of a C2C grant, as he has an extensive background in creating programs that ensure the mental health stability of all youth, and has been dedicated to improving our mental health response for all Door members since he joined The Door. Their investment in this program is also highlighted by their commitment to playing an ongoing formal role in program management, demonstrated by quarterly formal check-in meetings, and informal ongoing conversations with all staff involved.

*\*\*\* Please see attached: a proposed C2C organizational chart; resumes for all managerial and key staff, the staffing plan for the partnership; and a letter(s) of support from the MHP.*

**i.** Mental health services offered on-site at The Door will be offered in a caring and confidential environment, at University Settlement's satellite Article 31 clinic (which is located on the third floor of The Door). It is The Door's policy that all staff ensure and maintain youth participant's confidentiality, and provide safeguards for individuals against invasion of personal privacy. Protected Health Information is safeguarded against invasion in all areas of the agency at all times; staff will not engage in conversation openly or in public areas. As part of this policy, staff are expected to discuss confidentiality with each young person at the beginning of their relationship, to ensure they feel safe, supported, and comfortable.

**j.** The Door has existing protocols in place to respond to youth who reveal something reportable, and we will train the non-mental health staff involved in our proposed C2C program in task-shifting to further ensure effective responses. As part of Door policy, staff are required to report any emergencies to their supervisor immediately. Their supervisor then works with Licensed Clinical Work staff, and The Door's crisis counselor to determine appropriate next steps to ensure the young person's safety. This may include calling child services, hospital escorts, assistance with safety planning, etc. If needed, the crisis counselor will personally escort the youth to their next destination. With C2C funding, our Coordinator will serve as an additional resource during these situations, particularly to handle more serious mental health issues.

**k.** Almost all mental health services will be provided on-site at The Door. The Settlement's satellite Article 31 clinic at The Door ensures we are able to serve any youth on-site, including those who may only need light-touch, short-term support, as well as those with more intensive mental health treatment and psychiatric care needs. This includes: case management services, counseling, psychiatric assessment and medication

management, and ongoing short and longer term psychodynamic therapy. The clinic also provides group therapy, including evidence-based models. While the on-site clinic is a unique resource, youth, will also have access to mental health services directly at the Settlement's Article 31 clinic.

The Settlement is also located in Lower Manhattan, approximately a mile away from The Door. We will support and encourage youth in making the transition to engage in any off-site care if needed. Specifically, staff will ensure that a transition plan is developed to outline how the vulnerable young person will be connected with the service, clearly outlining who they see, when and where their appointment is scheduled, and arranging for an escort when deemed necessary.

The Door has existing referral protocols and management systems in place to connect youth to off-site care, but we will use C2C as an opportunity to strengthen those systems to make them more successful. Currently, this process includes direct contact and planning with any referral source or care provider, as well as ensuring the participant has all directions and contact information. Potential ways to enhance these protocols, include ensuring the most vulnerable or at-risk participants are connected with a caring adult who will ensure their safe transition to a service or when deemed necessary, arranging for an escort to mental health appointment.

In the case of external referrals, we propose the following process for sharing data between The Door, and University Settlement, while ensuring compliance with HIPPA. Both The Door and University Settlement have existing confidentiality release forms that meet HIPPA standards and these forms will be maintained and used in the case of any and all information being released to an external provider. In the case that information is from both agencies, release forms will be signed for both agencies.

I. Please see below, the anticipated impact and strategy for measuring and achieving the following goals:

i) By integrating a C2C program at The Door, we will focus primarily on improving the outcomes of the high number of out of school, out of work young adults ages 16-24 we see; we will also work to improve the outcomes of the expectant mothers and parents of children ages 0-4, and unemployed or underemployed low-income working-age adults ages 18 and over receiving employment-related services who we serve (between the ages of 12-24). Specifically, we want to focus on improving the following:

- Attendance rates in our High School Equivalency classes;
- Persistence and completion rates for youth engaged in internship and training opportunities;
- Retention rates for youth placed in employment and/or post-secondary education;
- Increased education and employment attainment for youth in our supportive housing facilities;
- Improved parenting skills and wellness for expectant mothers and parents of children ages 0-4;
- Increased utilization of health and food services.

ii) The Door will define success of this initiative both in terms of quantitative goals and in terms of increased organizational capacity. Quantitative goals include:

- Increased number of individuals who access counseling services, formally at the satellite Article 31 clinic, and through Door counseling services.
- Increased engagement with The Door, allowing more opportunities to engage with supportive staff that can connect them to the services they may need, including mental health supports.

The Door understands that many of the vulnerable youth we serve are in need of stabilizing resources and supports—such as a trusting, supportive older adult, a job, a place to sleep—in order to help address fully their mental health needs; however, mental health instabilities are a large barrier to these other personal development areas. We will consider our C2C grant successful in terms of increased organizational capacity if at the end of five years we have clear-cut pathways in our space that ensure any youth, no matter what mental health instability s/he suffers, can access to help facilitate their access to additional services better and stabilize their health.

iii) Although the evaluator will measure impact on participant mental health outcomes, The Door proposes to measure the following outcomes for all youth who engage in mental health services as part of program performance management:

- Adherence to prescribed psychotropic medications and/or therapy
- Reduction in self-reported mental health-related symptoms such as depression, anxiety, reactivity, substance and/or alcohol use
- Decreased hospitalizations and emergency room use
- Improved self-reported quality of life, social and family relationships
- Decreased participant perception of stigma in accessing mental health services

**m.** The Door and University Settlement both use the Salesforce data-management system to collect and manage agency-wide and program data, and we will rely upon Salesforce to generate reports on performance data. These reports will be used to make programmatic decisions for our proposed C2C program. As described above, in section B and C1a (*which highlights our past use of data management and analytics*), we will develop regular reports on data collected, and create a team of staff responsible for ensure the overall successful use of data.

**n.** The Door will offer regular, and ongoing formal and informal opportunities to gain participant and front-line staff feedback to improve the delivery and program implementation of our C2C program. We will develop surveys for both populations that are administered quarterly. Our staff surveys will ask staff questions such as: “Do you know what C2C is;” “Has C2C impacted your work;” and “How would you rate your knowledge on how to screen for mental health and/or connect youth to mental health services.” Our participant surveys will ask youth questions such as: “Have staff in your program spoken with you about the benefits of counseling;” “Do you feel comfortable speaking about your stress or emotional issues with staff at The Door;” and “Do you know how to access resources if you felt overwhelmed or stressed.” The C2C Coordinator will aggregate the answers to these surveys, and analyze the responses to ensure we are helping to shift the culture of the programs where we are infusing our C2C program, to be more mental health focused. If any responses signal a concern, our C2C Coordinator will work to address them. For example, if a high number of staff report that C2C has not positively impacted their work, then our Coordinator will seek out these staff members, and delve further into why they feel C2C has not impacted their work, and what we can do to address this challenges.

Informally, the Managing Director of Mental Health and Wellness, Director of our Consultation Center, our C2C Coordinator, and our Supervisor of Curriculum and Training will maintain an open-door policy, and encourage any staff or participant who is engaged in C2C to provide feedback on their experiences with C2C. Regular meetings between these key staff will help to ensure that this feedback, paired with the formal survey data collected ensures high-quality service delivery and implementation.

**o.** The Door proposes the following timeline for the start-up and implementation of our C2C program:

In the initial months of start-up (from February through May of 2016) we will:

- Recruit and hire our proposed C2C Program Coordinator;
- Hold a launch meeting with the key staff involved to review our planned approach, and create a more detailed work plan that ensures all parties are supported to implement this program;
- Create a training calendar for the C2C trainings to be offered;
- Begin analyzing our current general and program intake forms, and discussing new screening tools;
- Build out our data management system, Salesforce to include the revised intake/screening tool;
- Review and finalize the curriculum and content of all proposed trainings;
- Towards the end of the first quarter, we will begin to offer our C2C training opportunities.

From June 2016 through August 2016 (the second quarter of implementation), we will:

- Begin using the newly revised general and program intake/screening forms we created;
- Continue offering C2C training opportunities;

- Towards the middle of this period, we will begin offering participant and staff surveys on their knowledge of C2C and other related questions; and
- At the end of this period, all 65 line staff and management will have received the C2C trainings.

Ongoing activities during this first half year of our program start-up and implementation include:

- Weekly check-in meetings between the Managing Director of Mental Health and Wellness, our C2C Coordinator, and the Supervisor of Curriculum and Training;
- Monthly meetings with all key staff involved to review progress made; and
- Quarterly meetings with executive staff, Managing Director of Mental Health and Wellness, and C2C Coordinator.

One potential challenge to implementing our proposed C2C program includes managing and addressing any staff turn-overs during the implementation and start-up of our program. While we will work to ensure that we create a flexible training schedule, if we encounter any staff changes and/or turnover during the training process, it may impact our ability to ensure everyone is fully trained in the core C2C trainings. This impact would present an additional financial cost and require more staff time. To address this potential challenge, we will work to develop a staggered schedule of trainings the first half year of implementation; we will also include additional training opportunities in Years 2-5. Another potential barrier we predict encountering is helping direct line staff to understand the long-term value of the learning the core C2C modalities we are sharing with them. As stated above, many of the direct line staff we seek to train have limited formal experience using evidence-based tools to assess and recommend services to youth in need of mental health supports; the short-term time and persistence that will be required to learn and implement our core C2C trainings may impede their ability to see the long-term benefits. To address this predicted challenge, our C2C Coordinator will attend monthly department meetings, and be available as needed to show these staff why this initiative is critical. Management staff in our proposed program areas will also help to motivate these staff. Finally, we also predict that the data management associated with this project will require a lot of time and dedication; we will use a consultant with experience in Salesforce to ensure the build-out and effective use of our screening tools through this system. We will also rely on buy-in from our IT staff to address this potential barrier.

**p.** The Door and University Settlement are willing and highly capable of complying with the research, due diligence, and fiscal monitoring requirements involved in operating a C2C program. This includes, but is not limited to supporting periodic visits from the evaluator to observe program activities, talk with participants and staff, and obtain detailed data on program activities; maintaining regular telephone contact to document the program's status and to follow up with participants after program completion; collecting regular performance monitoring data in our Salesforce data management system, and participating in ongoing monitoring and evaluation activities; and any other needed activities to support evaluation. This willingness is further demonstrated through the attachments on the proposal checklist.

**q.** As mentioned throughout the proposal, The Door engages nearly 10,000 young adults annually, ages 12-24—many of whom fit into the one (or more) of the three target populations we aim to serve through our proposed C2C grant, including: (primarily) out of school, out of work young adults ages 16-24, expectant mothers and parents of children ages 0-4, and unemployed or underemployed low-income working-age adults ages 18 and over receiving employment-related services. While we will aim to serve a large number of these target youth through our C2C grant by increasing the training and capacity of staff in our intake, Runaway and Homeless Youth program, Career and Education Department, and Supportive Housing facilities to recognize what mental health instabilities look like, we are confident we will be able to determine a way to find members of the target population who could serve as a comparison group. For examples, we have other programs (such as our Adolescent Health Center and Legal Services Center) that are not being targeted for more intensive screening and training through the C2C grant.