EXPERIENCE AND EXPERTISE

Describe the qualifications and successful experience of the applicant and the MHP as they relate to the preferred qualifications and experience described in Section III - Scope of Services and Requirements.

LEAD APPLICANT (CBO- NMIC)

a. History, Mission, and Populations: Northern Manhattan Improvement Corporation (NMIC) was founded in 1979 with the goal of assisting immigrants in northern Manhattan who were at risk of being evicted. Over the past 36 years, we have grown from a staff of two to one of over 100 and our mission has expanded to serve as a catalyst for positive change in the lives of the people in our community on their paths to secure and prosperous futures. Today our core geographic service area remains the upper Manhattan communities of Washington Heights and Inwood, though we serve all New York City residents with a focus on upper Manhattan and the Bronx.

b. Performance: We serve over 14,000 individuals annually. Eighty two percent of these clients are Hispanic and, of those who do not identify as Hispanic, 62% are Black or African American, 14% are White, and 6% are Asian (with the remainder identifying as "Other"). The primary language of our clients is 68% Spanish, 28% English, and 4% other (with the highest concentration within this category being 0.5% Cantonese). Among those clients for whom we capture residence, they are 50% citizens (of whom 63% are naturalized), 32% permanent residents, and 18% other. Among those clients who are foreign born, 69% are from the Dominican Republic, 10% are from Mexico, and 6% are from Ecuador (no other country of origin exceeds 2%).

Integration is the cornerstone of our programs and our staff can identify and address a broad array of immediate needs, integrating numerous crisis intervention services under one roof. With their crises resolved, clients move seamlessly to capacity building services through our holistic programs designed to transition individuals and families from crisis to self-sufficiency.

- Our Adult Education and Workforce Development programs impart individual community members with the practical tools necessary to build secure and prosperous futures (literacy and numeracy skills, English-language ability, professional trade skills, job readiness skills, and work experience).
- Our Legal Services, Social Services, and Weatherization programs meet community members' basic needs including housing (by preventing evictions, obtaining repairs, and directly upgrading the neighborhood housing stock), income (by securing and preserving public benefits), and health (by acquiring health insurance, educating about healthy lifestyles, and preventing domestic violence).
- Our Community Organizing program empowers groups of residents to collectively secure longer term and larger scale improvements to their own basic needs (by facilitating tenant and neighborhood associations and by supporting entrepreneurial, member-run housing and worker cooperatives).

Together, these services generate over $20 million in direct cash benefits to the community (e.g., SNAP benefits, EITC, rental arrears assistance, etc.), save taxpayers over $17 million in shelter costs from evictions prevented, and move over 1,500 individuals forward on their educational and career paths.

c. Staffing:

- Total Staff: 101
- Direct Service Staff: 80

d. Target Populations/Contracts: NMIC will target the following:

- Out of school, out of work young adults ages 16-24

Contract	FY 13		FY 14		FY 15	
	Total Served	Outcomes	Total Served	Outcomes	Total Served	Outcomes
Young Adult Internship Program	90	70	105	83	151	59
Out of School Youth	N/A	N/A	35	22	43	36
YouthBuild	28	16	32	26	35	31

- Unemployed or underemployed working age adults 18 and over receiving workforce development services

Contract	FY 13		FY 14		FY 15	
	Total Served	Outcomes	Total Served	Outcomes	Total Served	Outcomes
Jobs to Build On	106	65	105	59	109	66
Family Self Sufficiency	200	105	155	88	155	77
SNAP Employment & Training	150	65	180	85	225	110
Adult Education- ESOL (various)	382	190	585	290	608	318
Adult Education- HSE	205	70	168	60	248	91

(various)						
Legal Services (General, IOLA)	5100	4900	5300	5200	5660	5509

Note that outcomes listed are obtaining employment for all young adult programs and for adult programs that solely have employment components. For adult programs with an adult education component as well, outcomes are educational gains. For legal services programs, outcomes are receipt of legal services and/or a variety of legal benefits (most frequently, eviction prevention, access to public benefits, and immigration relief).

e. Existing mental health services: NMIC does not currently have mental health specific services on-site serving the target population (we have a small program with $6,900 in dedicated funding towards a case manager in our legal services department, which is supplemented by support with a 0.6 FTE MSW intern during the academic year. We also provide a weekly group counseling session to survivors of domestic violence through our Domestic Violence Project).

MHP (Dean Hope Center for Educational & Psychological Services, Teachers College, Columbia University, DHCEPS)

a. History, mission, and track record: The Dean Hope Center for Educational and Psychological Services (DHCEPS), in existence since 1960, is the Teachers College, Columbia University training clinic where graduate students from five different programs including from the Department of Counseling and Clinical psychology provide mental health services in Spanish and English to clients from the nearby community as part of their clinical practice requirements. While serving as a practice setting for license eligible mental health counselors and psychologists, the DHCEPS offers its students the opportunity to work with a greatly diverse, low-income, uninsured, inner-city population coming from the nearby New York City neighborhoods of Inwood, Washington Heights, Harlem, and Morningside Heights. The psychological and educational services are provided in Spanish and English to individuals, couples, groups, and families in these communities. In the past three years, the DHCEPS has served approximately 800 low-income clients. The DHCEPS has a strong history of providing culturally appropriate mental health services to all three C2C target service populations: 1) expectant mothers and parents of children 0-4; 2) out of school, out of work young adults ages 16-24; and 3) unemployed or underemployed low-income working adults ages 18 and over receiving workforce development services.

b. Experience with C2C modalities: The Department of Counseling and Clinical Psychology dedicates itself to training multiculturally competent counseling and clinical psychologists and mental health counselors to treat diverse populations with evidenced based mental health interventions and treatments. More specifically, counseling and clinical psychology and mental health counseling students learn culturally appropriate screenings for various mental illnesses, motivational interviewing, and psychoeducation as part of their training. These students will also be trained in Mental Health First Aid. All these interventions and treatments are cost effective and have been shown through research to be effective evidenced best practices. Most

importantly, Teachers College trains these students to provide these services and utilize these interventions in a culturally relevant manner in order to increase the benefits of therapy and retain clients in treatment.

The Counseling Psychology Program has a new concentration in Bilingual Latina/o Mental Health (BLMH) approved in 2015 by the New York State Education Department. It is the only program in New York to offer culturally appropriate training in delivering mental health services in Spanish to Latinas/os. The BLMH concentration trains bilingual mental health counseling students to be bicultural/bilingual counselors with the necessary competencies needed to understand and provide culturally responsive care to Spanish-dominant and bilingual multi-racial Latina/o clients. Currently, the students receive training in Spanish to screen for common mental health conditions and substance use disorders, to provide psychoeducation in a number of mental health conditions, and to conduct motivational interviewing. These students will be trained in Mental Health First Aid in Spanish. Given that 82% of NMIC clients are Latinas/os with 68% of those Spanish-dominant, the BLMH students will be well trained to meet the needs of the participants at NMIC.

c. Current performance and data-driven improvement: The level of performance of the DHCEPS is very high. The center consistently assesses the new trends in the mental health practice and incorporates practicum opportunities for students to learn these new trends prior to graduation. The new integrated health care training grant and the new training to prepare students to work with veterans and their families are two recent examples of this. These trainings are also offered to students in the Spanish-bilingual concentration track. Additionally, we utilize research to inform our training of students in various evidenced based interventions, treatments, and multicultural competency. The opportunity to work on the C2C grant will also add new programmatic changes that would solidly prepare a strong mental health workforce.

d. Experience providing training/technical assistance: The DHCEPS has a long history of training students many of them with no previous experience in mental health. Culturally Competent Expert psychologists who are members of the Teachers College Department of Counseling and Clinical Psychology teach clinical skills for mental health screening in a variety of mental health disorders and substance use, psychoeducation, motivational interviewing, and evidenced based theoretical approaches and interventions. The DHCEPS will bring an expert to teach the Mental Health First Aid in English and Spanish. Adding the new components proposed through the C2C grant will offer an opportunity to train our students in additional culturally relevant and sensitive approaches while preparing them as the next work force of mental health providers to go on to train CBO staff and other non mental health workers in the four interventions at various locations.

e. Configuration of mental health service professionals: The DHCEPS functions as a community based mental health facility. Services are provided by clinical and counseling masters and doctoral students under the strict supervision of NYS licensed English-speaking and Spanish-speaking psychologists. The director of the DHCEPS is a bilingual NYS licensed clinical psychologist. The center houses approximately 150 trainees per semester. Each semester the center receives between 100 and 150 new clients.

f. Experience participating in/managing collaborations: The DHCEPS has a long history of establishing and maintaining collaborations with community based organizations in which the center receives referrals for services, among them Harlem Children Zone, Bloomingdale Family Services and nearby hospitals. Additionally, the DHCEPS is recipient of a federally funded graduate training grant that established collaborations with the Covenant House (Shelter for homeless adolescents and young adults), and the Rafael Tavares Mental Health Clinic at Columbia University Medical Center/New York Presbyterian Hospital (Outpatient mental health clinic for Spanish bilingual and monolingual clients).

ORGANIZATIONAL CAPACITY

Describe the applicant's organizational (i.e., programmatic, managerial, and financial) capability to provide the work described in Section III - Scope of Services and Requirements

1. PROGRAM MANAGEMENT

a. Effective data-driven decision making: NMIC's database, ClientTrack, as described in section c below, provides extensive opportunity to collect high quality data, analyze it, and make adjustments. The examples in section b below are representative of the types of data driven decision making we engage in using this tool. Even more immediately relevant to C2C, is the demonstration of our ability to include new measures (e.g., of mental health needs to gauge overall demand as requested below) and to pull relevant data from them almost instantaneously. However, data availability is only the first step in effective data driven decision making, we also prioritize the analysis and use of the data available in our regular management meetings and we will continue this management policy in our monthly C2C management meetings.

b. Examples of data-driven changes and experience with external evaluation:

- Example 1: Utilizing client attrition and outcome data, we identified a group of legal services clients who dropped out of our services and/or experienced negative outcomes while waiting for assignment. To address this issue, we restructured our intake and assignment process to accelerate the assignment process (allowing clients to have a dedicated case manager to follow up with them regarding documentation they need to receive ongoing services). This change resulted in improved enrollment percentages and improved outcomes (e.g., reduced eviction rates) without increasing demand on staffing capacity because the time spent providing early phase support to clients was more than offset by the time saved addressing crises later. This experience sets the stage for recognizing the value of improved early services (e.g., mental health screening and treatment) to improve outcomes without causing a substantial net increase in workloads.
- Example 2: NMIC utilizes wait list and attendance data to identify optimal class/program scheduling. For example, we have found far lower demand for classes in afternoons than in the morning or evening because of conflicts with clients' child care and other commitments. Based on this observation, we prioritize scheduling of partial day programming in the morning or evening and use afternoons for classroom based activities for all day programs and for staff events. This scheduling allows us to make effective use of the space we have while holding class/program activities at optimal times to maximize attendance. Similarly,

we observed Friday attendance issues in our youth programs and upon investigation learned that participants had outside commitments that could only be completed during business hours. In response, we provided four extended days of services to allow for Fridays off and the result has been substantially increased attendance rates and accompanying outcome improvements.

- NMIC has experience participating in external evaluations including, most recently, a still ongoing comprehensive random assignment study of our Young Adult Internship Program by MDRC (this is one of the programs that will be involved in the C2C implementation).

c. Demonstrated administrative capacity:

- *Fiscal Management*: NMIC's finance department consists of our CFO with over 26 years of experience, including 10 years at NMIC, and a team of two accountants, a bookkeeper, and an administrative/finance coordinator. They currently effectively manage our $10 million budget including over 50 contracts.
- *Data Collection/Reporting/Records Management*: NMIC utilizes both mandated funder databases and our own customized internal database, ClientTrack, for all data collection, reporting, and records management needs. ClientTrack allows clients to be screened and enrolled using a workflow linking targeted assessments relevant to C2C requirements. Each assessment offers a snapshot of a client's status in one area (e.g., education status, employment status, etc.) and ensures data integrity and completeness by including customized pick lists, required fields, and conditional form logic. The initial workflow will also prompt users to record a case note and develop goals for the client. Using existing reporting functionality, it will auto-generate registration forms with all required intake data for client files.

  ClientTrack registers each goal individually including indicators and supporting activities, which allows for detailed progress tracking. For example, for a client seeking employment, ClientTrack can record and document job readiness activities (e.g., resume completion or interviewing skills training) and can track the job search process through application submission and multiple interviews. When a client successfully begins a new job, case managers can record detailed job retention information in ClientTrack including pay rates, hours worked, and confirmation of ongoing employment. It is also possible to upload substantiating documentation (e.g., pay stubs) directly into an individual client's ClientTrack record.

  Program staff has full access to progress updates for internal referrals and can also manage and track external referral progress. All record keeping is tied both to individual clients and to families, allowing for reporting at the family and the disaggregated individual level and also allowing for tracking of unique clients even if a specific client receives multiple services. ClientTrack's robust reporting functionality will then allow NMIC to analyze performance indicators at the click of a button to determine whether program outcomes are met each month. In the event that outcomes are temporarily lagging behind proposed levels, NMIC will investigate the cause in collaboration with DHCEPS as the situation may require. This investigation will focus on identifying and resolving the root cause of any underperformance. Past use of this process resulted in the intake process adjustments and scheduling choices discussed above in part a of this response.

d. Data/Information security: All work spaces are private (offices with full walls or high walled individual cubicles) and have a combination of locking access doors and/or locking filing cabinet drawers. Each floor is protected by an electronic key card access system to ensure only authorized staff members access the floors and a video surveillance system to monitor this access. We also have full time security guard coverage from 7am to 10pm and an alarm system outside of these hours. Our digital records are maintained in ClientTrack, which is fully HIPAA compliant and includes features such as mandatory complex passwords that must be reset semi-monthly and automated sign out to ensure that if the system is not accessed after being logged in, it will sign out to prevent anyone from accessing confidential client information if a staff member temporarily gets up from his or her desk. All new NMIC and DHCEPS staff will be trained on HIPAA requirements and relevant internal policies. Similarly, all C2C clients will be informed of data security procedures and will sign a HIPAA acknowledgment and release form.

e. Executive engagement: NMIC's organizational structure includes an Executive Director who oversees all activity in the agency with support overseeing programmatic and performance goals from the Director of Strategic Development and Operations. They have monthly meetings with all senior staff members, including directors of each agency department. At these meetings, the executive staff will be able to discuss program development, implementation, assessment, and oversight. The Director of Strategic Development and Operations will also be engaged in the regular program oversight meetings and the Directors of Adult Education & Workforce Development and of Legal Services (the two departments the program will be housed within) will also attend program oversight meetings and will be engaged in regular programmatic development conversations.

f. Experience managing collaborations: NMIC has extensive experience with collaboration, ranging from city-wide efforts across over a dozen partner agencies (e.g., LEAP, a legal services coalition) to individual partnerships with major institutions that provide resources and support (e.g., the New York City Department of Education, which provides instructors and other adult education support for NMIC participants). The collaboration that most closely mirrors our proposal is with New York Presbyterian Hospital (NYP) on the WIN for Health program focusing on common physical health needs in the community. In this program, NYP provides technical assistance and training to community health workers based in NMIC. The program has been in operation for over a decade and has expanded during that time from focusing solely on asthma to also addressing diabetes because of its track record of success.

2. FISCAL CAPACITY

a. Experience managing government grants: NMIC has received government grants for over three decades and has extensive experience managing them. We currently manage over 30 government grants with a total value of $9.4 million and this experience includes multiple pass through grants similar to the C2C funding stream and a current active direct federal grant (YouthBuild).

b. Fiscal management system compliance: All of NMIC's current fiscal 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. The attached fiscal manual details written policies and procedures that provide confirmation of this compliance.

c. Financial strength: NMIC has a 36 year track record of high performance and is currently a $10 million organization with $1,825,856 in total net assets on our most recently audited financial statements. As discussed elsewhere in this section, we have extensive experience and a long track record successfully managing government grants including specific experience successfully managing federal grants and complying with all relevant requirements.

d. Disallowed costs/expenses from past federal awards: We have received federal awards in each of the past 3 years and have had no disallowed costs/expenses.

3. LEVERAGED FUNDING

a. Demonstration of leverage: NMIC will leverage the commitment of Teachers College, Columbia University (TC) and their demonstrated capacity in turn to leverage additional funding from private and/ or public (non-federal) sources to meet the match requirement. The College's Office of Development and External Affairs is charged with raising funds from private sources including individuals, foundations and corporations, to support the College's research and programs, including the DHCEPS, and employs a staff of 50. Additionally, the Office of Sponsored Programs oversees funding from public sources. In fiscal year 2015, TC funding levels exceeded $44 million, and TC anticipates reaching a goal of at least $42 million in fiscal year 2016. In 2013, TC launched a historic $300 million campaign—Where the Future Comes First, The Campaign for Teachers College, which is strengthening the College's capacity as a leader in shaping programs and developing new fields of inquiry and practice that improve the physical and psychological health of our communities, our nation and the world. This summer, less than two years after launching the campaign at their 125th Anniversary Gala, TC reached the $200 million mark and to-date, the campaign has already raised over $218 million, establishing Where the Future Comes First as the largest campaign for a graduate school of education in the country before they even reach the $300 million goal. The Connections to Care Grant will help underscore the value of the DHCEPS's work in the community and will boost TC's efforts to attract additional funding partners to support the project.

PROPOSED PROGRAM APPROACH

Describe in detail how you will provide the services described in Section III - Scope of Services and Requirements, and demonstrate that the proposed approach will fulfill the Mayor's Fund's goals and objectives.

a. Summary of proposed approach: In the proposed project, Teachers College Dean Hope Center for Educational and Psychological Services (DHCEPS) will integrate evidenced-based culturally appropriate mental health services (treatment, promotion, and prevention) in Spanish

and English into the existing programs of NMIC which serve a high-risk low-income, inner city population following the train-the-trainer model. Specifically, the goal will be to address a dire need for mental health services in the low-income community served by NMIC that experience emotional instability and mental illness signs that most of the time are unidentified and go unattended to, impacting the participant's ability to fully benefit from the services provided. Once these unmet psychological needs are addressed, the result will be an increase in the effectiveness of NMIC services. Most of the people to be served are young adults who are out of school and out of work and unemployed and underemployed low-income adults. We anticipate this collaboration will increase the identification of mental illness, provide prevention of barriers, and increase access and utilization to English and Spanish bilingual mental health services from the grassroots community based level.

Through the proposed program, the staff at NMIC will receive English and/or Spanish training in: 1) screenings to identify depression, anxiety, substance use/abuse and other mental illnesses; 2) Motivational Interviewing techniques appropriate to the needs of the population; 3) Mental Health First Aid; and 4) Psychoeducation to increase awareness and understanding of mental illness for members at risk and their families. Training will be provided to the staff by Teachers College licensed psychologists in collaboration with mental health counseling and doctoral graduate students who already received the training in the four components mentioned above. Given that the population being served at NMIC is culturally diverse, training will be provided to increase cultural competency in delivery of screening and interventions.

The program will consist of two tiers, a full time Program Coordinator at NMIC will be hired by this grant. In collaboration with DHCEPS mental health providers, the Program Coordinator will set up the training for the NMIC staff. In addition to the full time Program Coordinator, a minimum of two Teachers College Spanish bilingual graduate students will spend two full days each week year round at the NMIC site to support implementation of screenings and interventions. With mental health services being located within NMIC, ongoing training and coaching of NMIC staff and direct care to individuals with more challenging conditions will be ensured. Moreover, NMIC staff will be able to identify when to use motivational training techniques, Mental Health First Aid, or psychoeducation and when to refer to one of the graduate students located at their site. In addition to didactic information, the training of staff at NMIC will include role plays and small group discussions to discuss role plays. Staff will receive a certificate of completion after completing the four intervention components of the program.

The second tier will consist of Teachers College psychology staff providing mentoring to the staff at NMIC while they implement the program and placing Spanish bilingual Teachers College graduate students at NMIC to do externship or fieldwork. They will provide support to the staff utilizing the four interventions included in the proposal and counseling to the more challenging clients. The goal is for the current staff at NMIC to utilize the four interventions so that task shifting can occur, resulting in an increase in accessibility to mental health services and improvement in NMIC outcomes.

Clients identified as having low risk serious mental health needs will be served at NMIC by the trained staff, and by graduate students doing fieldwork or externship. Clients identified as needing additional psychological services due to more serious mental health needs will be referred to the DHCEPS. Clients referred to the DHCEPS but determined to need more intensive

psychological services will be referred to a mental health facility. Additionally, a resource book of Spanish bilingual specialized mental health services in the nearby community will be developed and outreach and connections will be established with them to open the pipeline of Spanish bilingual access to mental health care services for the small number of clients potentially needing these services beyond what DHCEPS offers. For all the clients identified as having low, mid or high risk mental health needs based on standardized criteria, psychoeducational groups will be provided to their family members to increase family awareness, understanding and support of their loved one. These psychoeducational groups will be offered in English and Spanish.

It is important to note that out of the 14,000 individuals served annually by NMIC, 82% are Latinos with 68% indicating a primary language of Spanish. As a result, NMIC needs to have staff training in the four components taught by, and their clients with more serious conditions treated by, bicultural/bilingual mental health providers with the necessary competencies to understand and provide culturally responsive care to Spanish-dominant and bilingual multi-racial Latina/o clients. The Teachers College Counseling Psychology Program is currently the only program in New York State with a Bilingual Latina/o Mental Health concentration offering an in-depth training in delivering mental health services in Spanish. As a result, NMIC and the Latina/o community that NMIC services will benefit from these highly skilled bilingual mental health providers that will contribute to the implementation of culturally appropriate interventions and services, resulting in access to and utilization of quality mental health services and improvement in NMIC outcomes.

b. Target population description: Clients served through this program will have a household income below 200% of the Federal Poverty Line (FPL) and/or will be from Neighborhood Development Areas 9-12 in upper Manhattan as defined by the New York City Department of City Planning, DCP, as a low income area (or, a small percentage, from neighboring Neighborhood Development areas 1-7 in the Bronx, similarly defined by DCP as a low income area). This geographic regions correspond to Community Districts MN09 to MN12 (and BX01 to BX07), which have between 24.3% and 36.3% of their residents living below the poverty line (between 31.5% and 45.0% in the secondary Bronx neighborhoods) according to American Community Survey 1-Year Estimates available through the United States Census Bureau's' American FactFinder for 2014 (the most recent year available). These figures mean between a quarter and over a third of residents of these communities live at less than half of the income threshold for program eligibility. Extending to a means tested program with eligibility limits closer to the 200% of FPL threshold, between 40.4% and 60.1% of households in these Manhattan communities are in receipt of SNAP benefits (and a staggering 73.4% to 81.9% in the Bronx).

NMIC's programs specifically target, and therefore attract, community members most in need and therefore almost universally serve the half or more community residents who are below 200% of the FPL. Many of our explicit contracts restrict us to serving community members below 200% (or in some cases less) of the poverty line and other contracts, especially those from which we will heavily draw clients for this project, target disconnected youth and unemployed adults seeking workforce services who are, by the nature of the services they receive, extremely low income.

c. Participant mental health needs: Many of our participants suffer from low self esteem, low self efficacy, strained family and social relationships, and self-reported mental health issues (e.g., depression, anxiety, stress, reactivity/impulse control, and substance and/or alcohol use). These negative ways of thinking about self and psychological issues in addition to the stigma around mental illness are barriers to learning, academic gains, and obtaining employment, which results in a decrease in effectiveness of NMIC services. In fact, the need for increased mental health service capacity has been explicitly identified as a top priority by staff members in both departments participating in this program.

We implemented a basic health assessment in one program to count self-identified mental health needs for clients screened over the past month and found that 20% of participants self-identified a mental health need and a third of those clients indicated that they either never received treatment or received it less than annually. With this number as a floor, there are at least approximately 3,000 NMIC clients with mental health needs of whom at least 1,000 are not receiving treatment. Given the prevalence of underreporting of health needs, particularly mental health needs, in general and among the Latino population in particular, we anticipate the actual figure to be at least 50% higher for those with a need and that the large majority of those additional clients with needs they did not self-identify are not receiving treatment, so the untreated group is likely on the order of at least 2,000 to 2,500.

d. Mental health capacity-building need: Across the 55 staff members in the two departments on which this program will focus, NMIC has 51 direct service casework providers. While these staff members are highly trained in their roles to support clients with the educational, professional, and legal issues, only one of them is a trained social worker and none are trained psychologists or counselors. In other departments, we have three additional trained social workers, two of whom provide limited counseling targeted solely to domestic violence victims/survivors. Our existing skilled case management staff members in the program areas of focus have the foundation in community based client services to excel at providing mental health services with the training available through C2C.

e. Partner roles: We will select the staff that we would like to train in Spanish and English core mental health screenings and interventions. The Teachers College Psychologists participating in this project will plan the training program with input from NMIC to ensure that important cultural aspects of the population and specific program needs are integrated into the training. The program coordinator at NMIC hired with this grant will set up on site NMIC staff trainings. At least two Teachers College Spanish bilingual graduate students will spend two full days each at the NMIC site to support the program coordinator in the implementation of subsequent trainings, to support the increase in task shifting in the staff at NMIC by utilizing the core interventions, and to provide mental health services to those individuals with more challenging issues and disorders. The graduate students located at the NMIC site will be supervised by the Teachers College NYS licensed psychologists. DHCEPS licensed psychology staff will continue to be available to offer ongoing training and coaching including through weekly case review meetings. Clients identified as having serious mental health needs will be referred to the DHCEPS.

f. Management: NMIC and DHCEPS staff (attended by NMIC's Program Coordinator and with executive team representation from their Director of Strategic Development and Operations as well as program director team representation from the Director of Adult Education & Workforce

Development as well as the Director of Legal Services) will have monthly meetings to discuss the implementation, development, and ongoing impact of the program. Additionally, weekly meetings between the NMIC Program Coordinator and licensed psychologists from DHCEPS will be held to discuss the clients who were screened by the NMIC staff to determine their case disposition.

g. Details on the proposed plan that include:

i. *Number of participants to be served*: 1,000 (including 100 young adults and 900 adults aged 18+ who are unemployed or underemployed)

ii. *Service location/geographic area*: Primary CBO services from NMIC and associated on site mental health services will be offered at 45 Wadsworth Avenue in Washington Heights. Intensive mental health care follow up by DHCEPS will be held at 525 West 120th Street in Morningside Heights under 30 minutes from NMIC's location. The primary geographic focus will be on upper Manhattan residents of community districts MN09 through MN12 with additional clients coming from the adjacent Bronx community districts of BX01 through BX07.

iii. *Target population size estimate:* The geographic area to be served as defined by the identified community districts is roughly equivalent to United Hospital Fund neighborhoods 301, 302, and 303 in Manhattan and 103, 105, 106, and 107 in the Bronx. The most recent New York City Community Health Survey results available (2013) provide a composite score of residents who experienced severe psychological distress over the past year based on six distinct questions regarding symptoms of anxiety, depression, and other emotional problems. There are 356,000 residents of the relevant Manhattan neighborhoods and an additional 512,000 residents of the adjacent Bronx neighborhoods who have experienced severe emotional distress based on these survey results. Since these neighborhoods as a whole meet the definition of low income communities, all residents could be deemed target population members. Even focusing only on those individuals below 200% of the FPL based on the target population description above, and conservatively assuming the rate of mental health problems is no higher among low income individuals than the general population, there are over half a million potential members of the target population including over 200,000 in the core upper Manhattan area.

iv. *Program services integration*: The core program services C2C will be integrated into our Adult Education & Workforce Development Department because these programs solely target C2C priority groups. Each specifically funded program is part of a multi-year contract or an annually renewed contract for which NMIC has a long track record of receipt. These contracts and their current terms are as follows with expectations of renewal given historical precedent:

- YouthBuild (annual NYC Council discretionary contract expires on 6/30/16)
- Out of School Youth (3 year contract expires 6/30/16 with renewal RFP anticipated)
- Young Adult Internship Program (5 year contract expires 6/30/16 with renewal RFP anticipated)
- Jobs to Build On (annual NYC Council discretionary contract expires on 6/30/16)
- Family Self Sufficiency (3 year contract expires 12/31/17)
- SNAP Employment & Training (5 year contract expires 12/31/16)

In addition to these core programs, we will integrate services into our high volume legal services programs for those clients deemed eligible. An example of core funding for these programs is our Interest on Lawyers Account (IOLA) funding which is currently a 2 year grant effective 4/1/15 to 3/31/17 and which we have received for over a decade and is one of many grants supporting these services overall. If one particular funding stream is no longer available due to changes in government funding priorities, NMIC has numerous other funding streams that will provide eligible clients who would benefit from these services.

v. *Engagement strategies*: C2C participant engagement will occur as part of regular NMIC program enrollment and orientation so all participants in core NMIC adult education and workforce development programs will receive C2C mental health screening services and, depending on the result of that screening, will be engaged with additional on site or referral services. These screening services will be accomplished through customized assessments in NMIC's ClientTrack database to ensure they are fully integrated into programmatic workflows that take place at client intake. Existing clients who case management staff suspect would benefit from C2C services will be screened using the same mental health screening assessment integrated into ClientTrack so they can also be enrolled in C2C programming to supplement their existing NMIC services. Since these clients will already be enrolling or enrolled in other NMIC programs, enrollment in C2C will be a simple one step process of tagging them for additional services.

vi. *Retention strategies*: All C2C clients will also be receiving existing NMIC services that both provide an incentive to return (for adult education classes, workforce training, and/or critical legal services). Additionally, each of these programs have escalating outreach strategies in place to maintain retention including telephone calls, letters, and home visits as necessary. Some programs, particularly those designed to serve young adults who are prone to dropping out of services, also have ongoing retention activities that include transportation, stipends, and food to bring clients back into the office for follow up services. C2C service retention will be able to piggyback on these existing retention strategies in all cases because C2C services will be wholly integrated with existing NMIC services.

vii. *Service integration*: After completing the training in the four core components, NMIC program staff will begin by screening participants in their respective programs for common mental health and substance use disorders during the regular intake/enrollment process or, for clients enrolled in NMIC programs before C2C implementation, through a matching supplemental screening process. After assessing for the interventions that will be needed to assist the participant, the treating NMIC staff member will utilize motivational interviewing, mental health first aid, and/or psychoeducation. These interventions may be delivered in an individual or group modality. The goal is to improve access to mental health care, decrease mental health stigma, support retention, and produce successful outcomes for NMIC programmatic goals. The decision regarding which treatment(s) to offer by NMIC staff, or to make a referral for more intensive on site counseling from graduate students or off site DHCEPS services, will be made with support from the program coordinator including through weekly scheduled meetings.

viii. *Number of staff*: NMIC anticipates training all direct service young adult programming staff (5 staff members for approximately 100 enrolled participants, a ratio of 1:20), all direct service adult education and workforce development staff (10 staff members for approximately 800 participants, a ratio of 1:80) and a select group of legal services staff (4 staff members for approximately 100 participants, a ratio of 1:25). The program coordinator

will be in addition to these trained staff members, for a total of 20 trained staff members, and will provide direct services to supplement case management staff capacity where necessary based on staffing ratio and intensity of ultimate service provision (we anticipate higher intensity services for young adults and eligible legal services clients given qualitative observations to date). Additionally, the graduate student interns will be deployed so as to further ensure an appropriate distribution of mental health case management responsibility across NMIC staff.

h. Staffing:

i. *Direct service staffing*: NMIC will hire two new FTE positions. One position will be a dedicated full time program coordinator position, which will be responsible for oversight of all services and, as described above, for targeted direct service work to ensure that case manager workloads remain evenly distributed. The additional FTE position will represent a new full time hire whose position will be partially funded by C2C funds and will be partially funded by existing programming case management funds, which in turn will allow multiple existing case managers to have a share of their salaries covered by C2C, which will in turn allow them to increase their focus on C2C services (the case manager team will be increased by 1 and that one additional FTE will be distributed across multiple staff members, including a new hire, who will then all have time to dedicate to mental health services).

ii. *Key management staff*: The existing NMIC staff point person will be our Director of Strategic Development & Operations, Greg Bangser, who has 10 years of experience with community based program implementation and evaluation supplemented by master's level training in research methods and program evaluation. We will also hire a new full time NMIC staff person, a program coordinator, who is a mental health professional to provide services and support and who will ultimately be the primary point of contact for data and evaluation. Our existing staff expertise specifically providing mental health services is nascent and will be supplemented substantially by this new hire.

From Teachers College DHCEPS, the key management staff will be Dr. Elizabeth Fraga, TC faculty member and coordinator of the Bilingual Latina/o Mental Health Concentration, and Dr. Marie Miville, TC faculty member and Chair of the Department of Counseling and Clinical Psychology, both based at TC, are the lead faculty who, along with Dr. Dinelia Rosa, Director of the DHCEPS will serve as the MHP personnel for the program. Professors Fraga and Miville each will provide ongoing development of curriculum and the training program to be offered at NMIC. They will co-chair the management of the team, screen and select supervisors for the Spanish-bilingual students, and will select the students that will do fieldwork and or externship at NMIC. Dr. Dinelia Rosa, Director of the DHCEPS will be responsible of implementation of training packet for English and Spanish-bilingual students at the DHCEPS. She will collaborate with the training program for the staff at NMIC. Additionally, Dr. Rosa will screen, and accept referrals from NMIC for psychotherapy, and other mental health services according to the needs of the client(s).

iii. *Key staff members*: In addition to the key management staff described above, we will have a:

- Program Director (CBO, William Blair) who has led workforce development programming, including young adult focused programming for over 17 years and has demonstrated extensive success leading and building new programs.
- Case Management Staff (CBO, multiple) who are all currently working with the target populations and have done so for over a decade in many cases.

- Bilingual Supervisors (MHP, four total) who will be hired to supervise the work of the Spanish-bilingual graduate students participating in the proposed project when they are engaged in fieldwork at NMIC and when they are assigned clients for intensive services beyond those interventions available directly from NMIC caseworkers. Two of these bilingual supervisors, Dr. Diana Punales and Dr. Lucinda Bratini, are included among the key staff identified for this project and their resumes are enclosed.
- Field Work Instructor (MHP, one) who will be a bilingual mental health professional teaching a fieldwork course for group supervision and program oversight of the bilingual graduate students.
- Research Associate (MHP, one) who will support the internal assessment of the program design and provide supplementary support to external evaluators.

iv. *Senior level commitment*: Improved mental health services have been identified as the key critical service by staff members in both the Adult Education & Workforce Development Department and the Legal Department and staff members are eager to be trained to provide direct services and to build a stronger referral partnership for those clients in need of more intensive services. Senior department level managers (e.g., department directors) in both departments are also wholly engaged; in fact, our Legal Services Director began his career in the mental health project of another legal services provider and retains a passion for these issues.

v. *Effective executive role*: NMIC's primary executive staff member for program services and evaluation, Greg Bangser, will be a core funded member of this project and, as described above and demonstrated in his resume, has extensive experience with program implementation and evaluation. This experience includes successfully integrating financial counseling into NMIC's existing service framework through a similar funding stream. Lessons learned from that experience will be preemptively applied to C2C to maximize efficiency and effectiveness (e.g., the need to provide supplemental case management capacity to allow participating case managers the space they need to fully engage in providing the new services and the value of having a subject matter expert on staff to provide supervision). He is supervised by NMIC's Executive Director, Maria Lizardo, who, as an LMSW, believes strongly in the need for mental health counseling and will be wholly supportive of all program needs.

i. On-site service location: All on site mental health screenings will take place in private staff cubicles. Confidentiality of particularly sensitive ongoing services will be further ensured through the availability of multiple private meeting spaces for those staff members who do not have private offices themselves.

j. Emergencies or cases where participants reveal something reportable: NMIC staff will be trained by the MHP in how to handle situations that may entail reporting or emergency action. For child abuse or neglect, NMIC staff will be instructed to call the New York State Child Protective Services hotline at 1-800-342-3720. For elder abuse or neglect, NMIC staff will contact Adult Protective Services at 1-844-697-3505. For suicidal/homicidal intent, NMIC staff will call 911. Moreover, NMIC staff can seek direct assistance and coaching from Teachers College New York State Licensed Psychologists who are always available in real time through the DHCEPS at 212-678-3262.

k. Mental health services locations: NMIC staff will be task shifting and utilizing the four core interventions in which they were trained to provide onsite services. If a NMIC staff member determines during his/her screening and/or treatment work that the individual requires more in-depth mental health services (e.g., major depressive disorder, post traumatic stress disorder, eating disorders, obsessive compulsive disorder, etc), the NMIC staff member will schedule a client appointment with the on-site mental health graduate counseling training student. This appointment scheduling and all on site follow up work will be completed in NMIC's HIPAA compliant database so follow up will be fully integrated with existing case management protocols.

If the NMIC staff member or the mental health counseling graduate training student determines that the participant is in need of more extensive treatment due to severe mental health issues (e.g., dual diagnosis, bipolar, substance abuse, psychosis), then the individual will be referred to the DHCEPS. Since there will be on-site mental health services within NMIC for participants with more challenging mental health issues, it is anticipated that most cases will be resolved through a person-to-person on site handoff. In situations where the level of need merits a referral off site to DHCEPS their offices are also located in upper Manhattan within a 30 minute commute and are easily accessed by bus or subway (their location also allows for easier access by residents living in East Harlem than a location further uptown would allow). This external referral to DHCEPS will be handled by the onsite NMIC point person (program coordinator) to Dr. Dinelia Rosa, Director of the DHCEPS, and these two individuals will execute a business agreement allowing the program coordinator to receive confirmation of attendance at treatment appointments, but not the content of that treatment in compliance with HIPAA regulations.

In the most extreme cases, where referral to a psychiatric hospital or other intensive treatment situation is necessary, DHCEPS will facilitate the referral and will partner with the referral location to verify that the patient has been accepted for intake through pre-existing partnerships that will now be available to NMIC.

For those participants that are referred off site, NMIC will continue to have contact with the participant to provide support and encourage continued participation in treatment. It is important that participants know that the NMIC staff are available if needed and want the participant to return to, and successfully complete, the original program that brought them to NMIC.

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

i. *Programmatic measures*: NMIC anticipates increases in: retention in programmatic services (increased duration of service and attendance rate), occupational certification rates (OSHA, HBI-PACT), job placement rates, literacy/numeracy gain rates, and/or improved legal services outcomes where relevant. We anticipate these increases will be made possible through increased mental health care that will reduce barriers to programmatic success (e.g., depression preventing attendance).
ii. *Mental health measures*: NMIC will focus on increasing organizational capacity to increase quantity and quality of mental health services. Improvements will be defined by the increase in the number of staff members trained to provide new mental health services, number of clients receiving services, types and volume of mental health services delivered (e.g., number

of screenings, hours of motivational interviewing, number of referrals, attendance rate after referral etc.), and the fidelity to core intervention components (as reviewed by DHCEPS staff).

iii. *Outcome measures*: Ultimately, we will measure outcome measures using pre-post tests for outcomes including self-reported mental health and decreased perception of stigma in receiving mental health services (in addition to those listed in items i and ii above). We will also partner with the external evaluator to further define appropriate outcome measures to utilize in program performance management.

m. Using performance data: NMIC will apply its experience, described above, to utilizing performance data to enhance program design. For example, one of myriad methods of using performance data, albeit a common one, is that if there is a distinction among client outcomes across case managers serving particular populations, we will be able to distinguish between those who are excelling and who therefore may be able to provide input on micro-targeted best practices and those who are lagging and would benefit from additional training and support.

n. Using feedback: Participant feedback will be collected as a component of post (and intermediate where relevant) service surveys while front-line staff feedback will be collected during our monthly partnership meetings. This feedback will represent additional data that will inform changes driven by performance data and/or will independently drive changes, the success of which will be defined using performance data. A common example here is identifying which of the existing programs we are targeting provide the most effective referrals of clients to C2C services so we can determine what characteristics they have in common and ensure we maximize referral flow from those programs in the short term while supporting other programs to build those characteristics in the long term to enhance overall referrals.

o. Work Plan/Timeline: Our anticipated schedule is:

- 12/1/15 to 1/31/16: Identify potential candidates for the program coordinator and case manager positions that will be created if we are selected. Advance identification of strong candidates will facilitate a speedy recruitment and hiring process upon successful award notification.
- 2/1/16: Award notification
- 2/2/16 to 2/14/16: Post job descriptions for new candidates and initiate the hiring process. DHCEPS staff will meet internally to begin putting together training materials. It is anticipated that the training will take 18 hours.
- 2/15/16 to 2/28/16: DHCEPS staff will meet with existing NMIC staff to further refine training needs to be applied to NMIC's specific populations. Candidates for new positions will complete the interview process and a hiring decision will be made.
- 2/29/16 to 3/13/16: DHCEPS staff will produce final training protocols and will recruit graduate students for fieldwork placement at NMIC to assist with training and service delivery. Since graduate students have already received training in three of the four core interventions (screenings for common mental health disorders, motivational interviewing, and psychoeducation) as part of their education/training, the students will only need to be trained in Mental Health First Aid. New hires will prepare to join NMIC (this period allows them to provide 2 weeks of notice to existing employers)
- 3/14/16 to 3/17/16: Graduate student participants and NMIC's new program coordinator will receive intensive advance higher level training in the core mental health package.

- 3/18/16 to 4/17/16: NMIC case management staff members receive training in the core mental health package. It is anticipated that the training of all 4 core interventions will take 18 hours, including didactic instruction and role plays. In order to not overwhelm the staff with new information and to ensure acquired skill, the training will take place on 6 consecutive Fridays from 9am-12pm with the following schedule of trainings:
  - 3/18/16 - 3 hours of training in mental health screening
  - 3/25/16 - 3 hours of training in psychoeducation
  - 4/01/16 - 3 hours of training in motivational interviewing part 1
  - 4/08/16 - 3 hours of training in motivational interviewing part 2
  - 4/15/16 - 3 hours of Mental Health First Aid part 1
  - 4/22/16 - 3 hours of Mental Health First Aid part 2
- 4/23/16 to 4/30/16: This period represents an almost 10% buffer period to address any delays or changes that need to be made prior to program implementation within 90 days of award notification. This buffer period is our primary method of overcoming challenges that create unexpected delays (e.g., delays finding appropriate candidates, unforeseen issues with package implementation, etc). We have also built in extensive opportunity to proactively address issues like these (e.g., beginning preliminary staff recruitment prior to award announcement, allowing for a pilot phase before full program implementation, and scheduling a 6 week training series that can be reduced to 4 weeks with more intensive sessions if the start is delayed).
- 5/1/16 forward: Beginning on Monday 5/2/16, the program will be fully implemented and we will engage in our ongoing weekly meetings between the coordinator and all case management staff as well as ongoing monthly meetings between all program staff including leadership from the DHCEPS psychology faculty and NMIC's executive team. Direct service delivery will begin at the intake/enrollment meeting between a client and case manager for program participants. Ongoing core package implementation will occur on an as needed basis in scheduled one-on-one and group sessions with case managers and, as necessary, graduate students on site or, for those clients with the highest need, through referrals to the DHCEPS clinic. Support with the core interventions will be high in the initial phases of the program, resulting in weekly meetings between the trainers from DHCEPS and the NMIC staff to be held on Fridays from 11am-12pm for the first 8 weeks of the program. Following this initial intensive 8 weeks of support, continued support will be provided by the coordinator and the on-site graduate students twice a month to be held on the first and third Friday of the month between 11am-12pm for an additional 8 weeks. Following this 8 weeks of bimonthly support, the support will be moved to once a month meetings to occur on the first Friday of the month between 11am-12pm for the next 6 months. Moreover, the coordinator, the graduate students, and the trainers from DHCEPS will be available on an as needed basis for additional support and trainings.

p. Support of evaluation activities: NMIC will assign both its newly hired program coordinator and its existing director of strategic development and operations to assist evaluators with data collection. DHCEPS will provide additional support through its research associate. Furthermore, we will customize our database, ClientTrack, to streamline collection of relevant data and to support comparisons across clients.

q. Comparison groups: In each affected program, our proposed C2C service levels represent only a portion of the total clients served as follows:

Program	C2C Annual Enrollment	Total Annual Enrollment
Adults 18+ (Adult Ed/Workforce)	800	1300
Young Adults (Adult Ed/Workforce)	100	225
Adults 18+ (legal services)	100	5000

Therefore, in each program, there is a potential comparison group available for a quasi-experimental study. In addition to this likely comparison group source, NMIC staff members are available to work with outside evaluators to identify subsets of these groups or alternate groups as potential comparison candidates.