

B. Experience and Expertise (20 Points)

Describe the qualifications and the 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. This should include, but is not limited to:

For the lead applicant (CBO)**a. The history and mission of the organization, and populations served by the organization.**

The Arab American Association of New York (AAANY) was founded in 2001 by prominent and active members of the Arab-American and immigrant community to respond to the needs of these growing communities in New York City. AAANY is based in Bay Ridge, Brooklyn –home to the largest Arab community in the city. Our mission is to support and empower the Arab-American and immigrant community by providing services to help them adjust to their new home and become active members of society. Our aim is for families to achieve the ultimate goals of independence, productivity, and stability. According to the report titled “The Newest New Yorkers,” released by NYC Planning, there are at least 60,000 Arabs in New York, with nearly 25,000 in Brooklyn alone. This number grows significantly each year, particularly with the influx of refugees from war-torn countries like Syria and Yemen. Like any underserved population, New York’s Arab community faces many challenges – unemployment, lack of affordable housing, and issues of language access when interfacing with government offices. According to our Community Needs Assessment conducted in 2011, most Arab families in Bay Ridge have at least two children and only one working parent, and they subsist on under \$29,999 per year. These challenges are compounded by discrimination against Arabs and Muslims on both an individual and institutional level, which often prevents civic participation and threatens the fabric of the community.

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

AAANY serves over 4,000 clients per year from our storefront in Bay Ridge, 95% of whom are Arab. We also serve members of the Latino and Asian communities who reside in neighboring Sunset Park or Bensonhurst. Approximately 70% of our clients are women, and of those women, 65% are mothers with two or more children. AAANY estimates that of our female clients, about 40% are new mothers with children under the age of 4. Many of these mothers are recent immigrants from countries like Syria, Yemen, Egypt, and Palestine – they are often English language learners, and most are unemployed. Approximately 85% of our clients report their income as at or below the poverty line. The vast majority of employed clients are male, and most are employed part-time, often in groceries, delis, food service, and transportation. Most male clients are supporting families with two or more children, and as such, most families that AAANY serves subsist on a combination of public benefits and part-time employment. As a grassroots center that has served over 15,000 individuals since its founding, we have been able to leverage our long-standing ties to the community to assist clients. AAANY is a storefront situated on a busy, commercial avenue – thus, our lobby is always bustling with clients seeking various forms of assistance. We are known as a one stop shop in the community: during one visit to AAANY a client can be assisted with immigration, legal services, health care enrollment, public benefits applications, and ESOL and citizenship instruction.

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

AAANY employs twelve full-time staff members total, including eight direct service workers. Our direct service staff assists clients through our immigration, adult education, and legal service programming. Of these staff, 90% are multilingual English/Arabic speakers.

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

We expect that the Connections to Care program at AAANY and in partnership with NYU Lutheran will provide much-needed mental health services to all three of the target populations detailed in the RFP: expectant and new mothers, out-of-school and out-of-work youth, and low-income working age adults. AAANY's clientele is already dominated by a combination of these three populations. This is due to many of our clients' recent immigrant status, especially asylees and refugees coming from war-torn countries like Yemen and Syria, who are often dealing with trauma-related stress, and are unable to immediately secure a job or education based on lack of language access. Most of the asylees and refugees granted status are families, and as such, we see many expectant and young mothers who are fleeing crisis-ridden homelands. Through our ESOL program, we also encounter many young women (especially from Yemen) who were unable to complete their secondary education before emigrating, and now lack the English skills to do so in the US. Finally, our legal and immigration programs serve primarily low-income, part-time, unskilled laborers who are struggling to support their families on limited salaries. The fact of the matter is that the target populations for C2C are the vast majority of AAANY's clientele, who are already demanding mental health services that we do not currently have the capacity, or the expertise, to provide. Our current programs include Adult Education, Naturalization Services, Immigration and Legal Services, Youth Programming, and General Casework and Domestic Violence.

Our Adult Education (ESOL) program is under contract with the Department of State – Office of New Americans from 2012-2015 which serves approximately 200 students per year, 85% women, 65% mothers, 40% new or expectant mothers. Of the students, 10% are out of school youth, and 95% are unemployed. In this program, we see a 90% score improvement via pre- and post- BEST Plus testing.

Our Naturalization Services are also under contract with the Office of New Americans (2012-2015, pending renewal for 2016-2018), through this program we completed 350 Naturalization applications, and 80% of clients are at or below the poverty line.

Immigration and Legal Services programming was previously under contract with the Department of Youth and Community Development for DACA applications (2013-2015), Immigrant Opportunity Initiative (2013-2015), currently holding a contract with Immigrant Justice Corps (2015-2017). This program assists over 1000 clients per year, 80% who are at or below the poverty line.

Our Youth Programming includes SAT tutoring, college & job readiness, youth mentoring, and leadership development, and through this program we assist over 100 youth per year.

Finally, **our General Casework and Domestic Violence Services** include assistance with public benefits applications, translation assistance, referrals for housing and employment programs, and supportive counseling and referrals for domestic violence survivors. The DV program was under contract through the Domestic Violence and Empowerment Initiative (DoVE) (2015). Casework accounts for 2000 clients served per year through general casework, assisting approximately 50 clients per year through DV work. 80% of clients in this program at or below the poverty line, 75% women, 60% new or expectant mothers.

e. CBO applicants should not currently have mental health specific services on-site serving the target population. Confirm that the CBO does not have these services. Overall the CBO applicant should have limited experience in delivering mental health services.

AAANY does not currently have comprehensive mental health services on site. In lieu of these services, we have provided referrals for clients seeking care, and we have provided supportive counseling and screening for survivors of domestic violence. AAANY does not currently have any

trained mental health professionals on staff, and has not stationed a mental health professional on site at any time. In the past, we have worked closely with NYU Lutheran to make referrals for clients suffering from mental illness related to trauma, based largely on their capacity to assist Arabic speakers, and their proximity to AAANY.

For the MHP (Mental Health Partner):

- a. **The history and mission of the MHP entity, and its track record in the community proposed to be served, if applicable, and with low-income populations. Describe numbers served over the past three years and the portion of those that are low-income and/or related to the target community. Describe participant outcomes tracked and achieved.**

NYU Lutheran Family Health Centers (LFHC) is one of the largest and most comprehensive federally qualified health centers (FQHCs) in the country, with a \$167 million budget, 65% of which is patient revenue. Serving an urban, ethnically diverse, and economically at-risk community, NYU Lutheran Family Health Centers' mission is to improve the health of underserved communities by delivering high quality, culturally competent health care and human services. Since its founding in 1967, NYU LFHC has evolved to become a NCQA recognized level 3 Patient Centered Medical Home for over 119,000 patients with more than 780,000 annual patient visits in underserved communities around New York City – an increase of over 30,000 patients since 2005. NYU Lutheran Family Health Centers and its safety net hospital, NYU Lutheran Medical Center, encompasses nine neighborhood primary care sites; 27 school-based health centers; a community medicine program serving homeless individuals; a behavioral health system; and an array of supportive community services. The NYU Lutheran network service area, encompassing the neighborhoods of Sunset Park, Bay Ridge, Flatbush, Park Slope, East Flatbush and Red Hook is low-income and working class with numerous ethnic enclaves, whose residents suffer from the health and social problems associated with urban poverty. The majority of patients served at NYU Lutheran Medical Center and NYU Lutheran Family Health Centers are Medicaid and Medicare eligible and at least 75% live or are below the federal poverty line. NYU Lutheran has strategically increased its capacity to serve low-income and at-risk communities by securing resources to maintain and expand access to primary and specialty care in the communities that need it most. Notably, in the past three-years LFHC opened the doors to a 25,000 square-foot, state-of-the-art primary care facility for women and children in Sunset Park; tripled the capacity of its Brooklyn Chinese Family Health Center; and absorbed 23 HRSA Community Medicine clinics that were cut from the New York City Department of Health Budget ensuring access to care for over 6,000 marginalized and homeless New Yorkers annually. Lutheran's has extensive experience addressing the needs of C2C's target populations, serving as one of the main health and social service providers for children, youth and families in Southwest Brooklyn. The LFHC Women and Children's Primary Care Center, multi-site W.I.C program, and network of early childhood centers and home-based interventions collectively serve over 20,000 expectant mothers and parents of children ages 0-4. NYU LFHC's Project Reach Youth provides a continuum of youth development, education, and counseling and workforce development services to over 3,000 young people each year. Services are specifically designed to reengage our community's large population of out of school, out of work young adults ages 16-24. NYU LFHC's Adult and Family Education Department has over 45 years of experience providing adult literacy and workforce development skills to unemployed and underemployed low-income adults.

NYU Lutheran Family Health Centers' robust Ambulatory Behavioral Health Services Program provides comprehensive mental health services, offering evidence-based individualized treatment services for individuals managing mental health disorders, struggling with chemical dependency

problems and/or coping with health issues associated with HIV/AIDS. Services are provided by multidisciplinary, multilingual, culturally competent treatment teams composed of physicians, nurses, psychologists, social workers and addiction counselors. Services include intake assessment, crisis intervention, individual and group psychotherapy, family counseling, and psychiatric services for adults, adolescents and children. The program's main site, Sunset Terrace Family Health Center (STFHC) at 514 49th Street in Brooklyn, sees approximately 500 new patients per month; and over 9,500 patients per year. The Healthy Connections Behavioral Health Clinic, located within 10 blocks of the Arab American Association Family Support Center, is an outpatient mental health clinic that offers counseling to children, adolescents, adults and families who've been affected, either directly or indirectly, by trauma. Experts at the clinic, including licensed social workers, psychiatrists and psychiatric nurse practitioners, work together to provide effective, comprehensive care for patients. The entire staff is trained in assessing, diagnosing and treating psychological trauma disorders using the most current and evidence-based practices available today. In addition to helping patients work through psychological trauma disorders, social workers are available to help if trauma situations continue. In cases of domestic violence, for instance, clinicians develop a safety plan to make sure patients are taken care of and have a plan in the event that they need to exit an unsafe situation. Behavioral health services are also provided in 14 school-based mental health satellite clinics in Brooklyn. School-based mental health clinicians provide assessment, treatment, referral and crisis intervention services in both individual and group settings at the school site. On-site counseling and intervention increases accessibility of culturally competent mental health services for students and families; reduces absenteeism; and builds connection with the children's caregivers (teachers, guidance counselors, parents, etc.) to create healthy school and home environments for students.

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

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

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

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

Motivational interviewing services are offered at all of our clinics (STFHC and Healthy Connections and the school-based mental health clinics. Our licensed masters and clinical social workers and clinical psychologist are trained to provide MI services and patients are met at whatever level (pre-contemplation or contemplation) the patient is at.

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

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

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

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

NYU Lutheran Family Health Centers has extensive experience in data-driven program management. NYU LFHC's interdisciplinary, system-wide Performance Management Program is a carefully planned, developed and organized mechanism with the capacity to assess services, practices and governance processes. Indicators tracked include demographics, utilization, health, and outcomes. Ambulatory Behavioral Health Services has a dedicated full-time Director of Quality Assurance/ performance Improvement and Regulatory Compliance who oversees all the performance improvement activities at the mental health clinics and reports to the Quality Council at Lutheran Family Health Center. The Quality Health Council is overseen by the Chief Medical

Officer of NYU LFHC. With the use of PSYCHES data on patient Medicaid claims, STFHC has been able to identify patients who are at a higher risk for emergency room use and being re-hospitalized and has designed individualized patient-centered treatment plans and interventions that include family and community supports to help patients better manage their illness and stabilize more rapidly. We have also developed a high-risk caseload of patients who are at elevated risk for suicide and aggression towards others. This list is reviewed on a weekly and monthly basis and changes in patient treatment plan are centered at addressing any issues or concerns that place the patients at higher risk for harm to self and others. By use of this tracking and monitoring system we have seen a significant drop in the number of incidents involving patients who engage in acts to cause harm to self or others.

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

NYU Lutheran Family Health Centers' Ambulatory Behavioral Health Services Program has extensive experience training lay staff and providing technical assistance. LFHC's Behavioral Health Integration Project, funded through a grant from HRSA, provides training and mentoring to non-mental health staff in our primary care settings to administer screening and assessments in order to increase access to behavioral health interventions and develop a more integrated care system. Clinicians also provide technical assistance to develop integrated electronic records and case conferencing, data sharing agreements, and prevention-oriented and "early warning" interventions. In addition, the intervention places licensed behavioral health specialists to perform screenings, intake assessment and treatment at two community health centers. A social worker and a patient navigator administer screenings and other bio-psychosocial assessments and offer follow-up treatment and support to patients. As a result, our behavioral health and medical professionals are providing more efficient care to patients through collaboration on treatment, especially when treating patients with serious, disabling and chronic mental disorders and patients with co-occurring mental health and medical conditions. Similarly, Ambulatory Behavioral Health Services is also the recipient of the SAMHSA National Child Traumatic Stress Network (NCTSN) grant. We are providing assessment and treatment to children in three elementary schools in Sunset Park Brooklyn. In addition, as part of the grant deliverables, we are providing training, coaching and support, to school personnel, parents, mental health providers and other support staff. Finally, for over 25 years the STFHC has been a training site for masters level social work students, masters level mental health counselors and doctoral level psychologist. At present we have three masters level social work students, six doctoral level psychology externs and two masters level mental health counselors completing their internship. All students receive one hour of individual and 1 hour of clinical team supervision in addition to training in screening, assessment, diagnosing and treatment of mental health conditions; and the use of evidenced-based treatment approaches. The STFHC provides ongoing training seminars to our students throughout the academic school year.

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

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

children and adolescents. Psychiatrists are board certified in adult, children/ adolescent and addiction medicine. Since 2007, Ambulatory Behavioral Health Services has grown from 45,000 annual mental health visits to approximately 96,000 visits in 2014. Mental health services are provided at the STFHC, Healthy Connections clinic and the 14 school-based mental health satellite clinics and at the 9 primary care clinics in NYU Lutheran Family Health Center network. Clinicians at STFHC provide mental health services in Chinese (Mandarin and Cantonese), Arabic, Spanish, and Creole. We currently have 4 Chinese speaking social workers/ psychologist and 2 Arabic speaking social workers and over 25 plus Spanish speaking social workers and psychologist. Both STFHC and Healthy Connections are able to expand capacity to serve additional patients referred from partnering CBOs. At present both clinics are able to handle any request for treatment from partnering CBOs and priority will be given to patients referred from our CBOs partners and patients will be seen with 7 business days of referral. The recent merger with NYU and Lutheran Medical Center/ Lutheran Family Health Centers will bring greater synergies between the two systems. New York University is a well-known and respected academic institution and its Department of Psychiatry oversees a very large system of psychiatric services, which will also be available to NYU Lutheran and NYU LFHC. NYU Lutheran will serve as a training site for students from NYU's schools of medicine, social work and graduate psychology; allowing us to leverage greater pools of talent for internships and potential staff positions.

f. The MHP's (and any additional partner/vendor) experience participating in and/or managing collaborations.

Over the past twenty years, NYU Lutheran Family Health Centers has participated in and led a number of collaborative initiatives to develop and implement effective community-appropriate strategies to address health disparities and improve life outcomes. In 1982, in response to high rates of asthma and excessive chronic absenteeism among children in southwest Brooklyn, LFHC partnered with New York City Community School Districts 15 and 20 to develop among the first school based health centers in NYC. This initiative has evolved into a network of 15 comprehensive school based health centers including primary care, mental health and dental services and has contributed to a dramatic reduction in ER visits for asthma in Sunset Park. NYU Lutheran Family Health Centers is the lead agency for the Sunset Park Promise Neighborhood (SPPN), a collaborative of more than 30 community organizations and public schools with the shared mission to improve education and life outcomes for children in Sunset. Since SPPN's inception in 2010, outcomes include increased access to early childhood and youth sexual health services. LFHC along with its parent organization, Lutheran Medical Center, is also serving as the lead in a borough-wide Delivery System Reform Incentive Payment (DSRIP) program, a health care reform initiative funded by New York State. Along with over 200 health care, social service, community organization and consumer partners, NYU LFHC is developing a sustainable and high performing integrated delivery system to work towards improving the quality, value and health outcomes of the community. The Ambulatory Behavioral Health program partners with local CBOs including Turning Point of Brooklyn, The Training and Resource Center, The Center for Family life and the local DOE schools where we provide health, dental and mental health clinic services.

C.) Organizational Capability

Demonstrate 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 (of lead applicant CBO)

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

AAANY utilizes a centralized database system titled Apricot – software specifically tailored for social service organizations. Apricot collects demographic information and tracks each client's interaction with the organization. This allows us to track progress and to understand our clientele base by easily creating reports, which can be generated based on any data field. Our existing government contracts require in-depth demographic information, as well as data tracking the individual progress for each client served. Under these contracts, we have used this data to make moderate changes to our programming.

b. Demonstrate how the applicant has effectively used data to make significant programmatic changes in operations. Provide two specific examples. Provide any relevant results of prior evaluations or examples of how evaluation findings influenced service delivery. Include any examples of experience with previous external evaluation activities, if any.

Based on nearly two years of testing data in our Adult Education program, we determined that the length of classes (previously 1.5 hours) were ineffective for producing improved English skills in the course of a year. In the Fall 2015 cycle, we adjusted our Adult Education schedule, and now offer double the hours of instruction to fewer students per year. Though the enrollment numbers are lower, the results produced (as shown via testing scores) are already improving. We also utilized our data to analyze productivity in our immigration services. We recognized that our caseworker was primarily completing naturalization applications – which can be lengthy and time-consuming – and the waitlist for other immigration appointments was averaging at 3-4 weeks. Based on this data, we were able to devise an alternative staffing and volunteer plan, which alleviated the caseworker of half of the immigration applications by heavily recruiting volunteers to assist with screening and naturalization application completion.

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

AAANY's full-time Deputy Director oversees the administrative and fiscal operations of the organization, as well as conducts most of the reporting for contracts in conjunction with the staff. The staff is trained on proper records and data management for their respective programs, and the Deputy Director regularly performs audits in order to ensure accuracy and consistency. AAANY utilizes standardized intake forms that capture demographic information for each client. All staff are required to note each client's interaction with their program in the client's database file. This allows leadership to evaluate programs, and allows for program coordinators to track clients' progress. We understand that this data may be used throughout the course of the C2C contract to evaluate the effectiveness of the program. Finally, AAANY is accustomed to in-depth reporting on its programs due to our contract with the Department of State Office of New Americans, which requires significant paperwork, data collection, and file keeping (both programmatic and financial) in order to process accurate quarterly reports.

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

Digital records are kept in the password-protected database to which only central AAANY staff have access. Additionally, all AAANY desktops are password protected and cannot be accessed by

clients unless assisted by staff. The staff is required to change passwords every 6 months in order to prevent security breaches. Referrals can also be made internally within the database, to further protect clients' confidentiality. Client hard copy files are kept in a locked filing cabinet, to which only assigned program staff and supervisors have access. AAANY staffers are strictly prohibited from leaving client information on their desktops or in central network files. Regular habit of leaving hard copies of sensitive client information outside of locked filing cabinets, or on desktops, is punishable by termination according to AAANY's confidentiality agreement. Additionally, AAANY's building is secure – only 4 of 12 staff members have key access into the gated building, and our main offices are separated from the lobby by a door that can only be opened from the inside via a buzzer system. Cameras on the exterior and in the lobby of the building are likely to be installed within the next year.

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

AAANY's Executive Director has been with the organization for fifteen years, and has acted as Executive Director for the past ten. She has extensive training and experience in case management and direct service provision, having previously been employed by Lutheran Medical Center (now NYU Lutheran) and the YWCA. As such, she has been critical in the development of our existing case management programs, which have tripled in size and significantly improved in effectiveness during her tenure. Our Executive Director will be central in developing the adequate systems for the C2C contract in order to ensure consistency, accuracy, and effectiveness, as well as ensuring that the programming meets the needs of the Arab community. The Deputy Director will be responsible for implementing this program and ensuring staff compliance, as well as conducting accurate reporting. Our Executive Director and Board Chair will be the sole signatory authorities on all contract documents, reimbursements, and reports, ensuring consistent Executive oversight.

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

AAANY has been successfully collaborating with partner organizations, government offices, health care facilities, and legal service providers since its founding. NYU Lutheran has been partnering with AAANY for over a decade, providing workshops in our adult education classes on issues such as breast cancer awareness, health and nutrition, substance abuse, and domestic violence. As an Office of New Americans – Opportunity Center, we are required to house an additional immigration attorney on a monthly basis in partnership with CUNY Citizenship Now, who works with us to conduct monthly "citizenship drives," both on- and off-site. Since March 2012, we have partnered with the New York Legal Aid Group (NYLAG) serving as a regular site for their mobile legal assistance unit. In September 2015, AAANY began partnering with the Immigrant Justice Corps – a partnership that has effectively doubled our immigration services and has radically built up our capacity to assist clients, especially complex cases. Such collaborations are successful due to regular, consistent communication between AAANY and our partners. All of our collaborations are managed according to clear, signed memorandums of understanding.

2.) Fiscal Capability

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

AAANY was awarded its first major government contract in 2012 through the Department of State Office of New Americans that provided us with an opportunity to adjust our file keeping and bookkeeping practices in order to maintain compliance and perform well under the contract's

demands. Though amongst their smaller grantees, we are touted under this contract for the completeness of our files and the timeliness and accuracy of our reporting. Additionally, we have held smaller contracts with the city – many through the Department of Youth and Community Development – including contracts for DACA Outreach and Referrals (FY2013-FY2015), Domestic Violence Prevention and Education Initiative (DoVE) (FY2015), the Immigrant Opportunity Initiative (FY14-FY15), and small (less than \$15,000) discretionary contracts, as well. We have been consistently found in compliance with each contract, and have received positive ratings from both DYCD and the Department of State. Finally, we have been recipients of Civic Corps members for nearly five years through the Mayor's Fund.

b. Describe whether current financial management systems are in compliance with 2 C.F.R. 200.302(b) and capable of identifying costs by grant, by program year and by budget category, and to differentiate between direct and indirect costs. If not, describe what changes or technical assistance would be required.

To our knowledge, we are in compliance with 2 C.F.R. 200.302(b). We complete annual financial audits and undergo separate financial audits through the Department of State under our contract. There have been no findings of significance during any of these audits. Each income source and purchase accepted or made by AAANY is logged in QuickBooks and hard copy receipts and invoices are kept as well. Each purchase and payment is logged according to funding source and program year, as well as by budget category and class, thus, we are able to identify costs by any of the above criteria. AAANY does not utilize a federally approved indirect cost rate.

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

AAANY holds a \$150,000 contract with the Department of State Office of New Americans. This contract also utilized federal funding, thus the requirements for compliance from both a fiscal and programmatic perspective are significant. AAANY is financially strong enough to maintain financial health while upholding such contracts on a reimbursement basis, due both to moderate financial reserves as well as a steady source of earned income (via modest fees for non-urgent immigration application services) which assists with cash flow. We also enjoy a diversified funding base, which helps us not entirely rely on slow reimbursement timelines and provides some funding up front.

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

A portion of the Office of New Americans funding was federally sourced. That said, AAANY is unaware of any disallowed costs that took place in this contract.

3.) Leveraged Funding

a. Demonstrate how the applicant will help leverage additional private or public (nonfederal) funding sources for the program. As noted earlier, this grant includes a 1 to 1 cash match requirement. Organizations without a fully-developed fundraising plan are invited to apply, as Mayor's Fund will provide some technical assistance or other support to awarded SIF C2C subgrantee providers toward their fundraising requirements. The strongest proposals will demonstrate the applicant's capacity to raise the required match levels.

AAANY raises approximately \$125,000 in unrestricted funds per year through both grassroots fundraising efforts and earned income. Fundraising efforts are mostly confined to our annual Arab-American Bazaar and our Annual Benefit Gala, both which we have offered for the past 8-10 years,

and both which raise unrestricted funds from individuals and corporations through donations and sponsorships. As such, these funds will be directed to the match for the C2C program.

D.) 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. This section should include, at a minimum:

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

The Arab American Association of New York will partner with NYU Lutheran to provide culturally competent, trauma-informed mental health services to the Arab community in both English and Arabic. For nearly 15 years, this community has been demanding affordable, accessible mental health services, particularly those who are recent immigrants arriving from war-torn countries like Syria and Yemen, and whose trauma is compounded by the struggle to establish themselves in a new country. Because of the urgency of their cases, and often their status as recent immigrants and English language learners, our clients are often barred from utilizing traditional hospital-based health care services. Many clients – particularly women and youth – are uncomfortable walking into large hospitals unaccompanied and without proper language access or cultural competency. Unfortunately, as we’ve seen, this can often lead to a refusal to accept or seek out care. It is also important to recognize that there is still a strong stigma to mental health in the Arab and Muslim community, which can further prevent clients from seeking out services. But because of our reputation as a trusted, multiservice community institution, clients often come to AAANY for services they would not seek out elsewhere. Many clients have approached AAANY seeking these services, and we have only been able to make referrals to NYU Lutheran. But due to limited mental health services available in Arabic, our clients are often waiting for weeks on end to receive care, or they altogether cannot afford it. What our clients need is a faster pipeline – a way to access linguistically appropriate, culturally competent services in a venue that they trust. The C2C partnership with NYU Lutheran is the program our clients and community have been waiting for. Through this partnership, AAANY frontline and supervisory staff will be trained to provide screening, motivational interviews, and mental health first aid to clients through the expertise at NYU Lutheran’s mental health program. Since we are a walk-in office, this will allow for same-day intake of a client who expresses a need for mental health services, and speedier service that we know will result in fewer hospitalizations. Finally, we believe that this training will also improve our case management practices across the board – understanding how to evaluate mental health while providing immigration or legal assistance, registering a client for English class, or helping a client fill out an application for public benefits. We believe this will result in a more holistic approach to case management, and thus, it will help build AAANY’s capacity beyond the scope of this program. However, we know that because there are so many clients who have experienced trauma, we will need to have a more advanced option in-house for complex cases. AAANY is committed to meeting this need at scale, and to ensuring our practice is trauma-focused. Thus, this contract will also allow us – for the first time ever – to hire a full-time, in-house LMSW as our primary social worker. The social worker, who will be an Arabic speaker and will possess the cultural competency that our clientele has come to expect from AAANY, will be supervised and supported by NYU Lutheran. The social worker will be crucial to the success of this initiative, providing an in-house option for complex cases, and helping to provide additional supervision and support to newly-trained frontline staff. Throughout the contract, NYU Lutheran and AAANY leadership will be meeting monthly to evaluate the program and provide additional technical assistance to AAANY staff as needed.

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

The target population to be served under this initiative will be primarily low-income, unemployed or underemployed youth and adults, as well as new or expectant mothers. Most of these clients will likely be recent immigrants. We also anticipate that a significant number of clients will be out-of-school, out-of-work youth who are suffering from substance abuse via opioid use or prescription medication abuse. This has been a recurring problem for Arab youth in this community, and attempts thus far at addressing this issue have been moderately successful at best. We attribute this to a lack of culturally competent care that is close to home and trusted by youth and families alike. AAANY is the perfect institution to step into that service gap. For the purposes of our existing government grant, we have been defining “low-income” as at or below 125% of the federal poverty line. We understand that C2C utilizes a higher threshold. We do not anticipate this to be any sort of problem or complication, and that SIF’s thresholds will likely result in higher numbers of low-income clients served. In order to justify “low-income,” AAANY requires proof via tax forms, budget letters from benefits such as SNAP or Medicaid, or notarized attestations if none of the above are available. We are open to adjusting to the requirements of SIF and the Mayor’s Fund if the qualifications for “low-income” differ under this contract.

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

For nearly 15 years, this community has been demanding affordable, accessible mental health services, particularly those who are recent immigrants arriving from war-torn countries like Syria and Yemen, and whose trauma is heightened by the struggle to establish themselves in a new country. Once they’ve arrived, members of this community unfortunately often face compounded trauma, as they are often vilified for their race or religion, and are all too often the victims of verbal or physical attacks. Because of the urgency of their cases, and often their status as recent immigrants and English language learners, our clients are often barred from utilizing traditional clinic-based health care services. Many clients – particularly women and youth - do not feel comfortable walking into large hospitals unaccompanied and without proper language access or cultural competency. Unfortunately, as we’ve seen, this can often lead to a refusal to accept or seek out care. We are also suffering from a substance abuse epidemic among youth (ages 16-24) in this community, for which interventions on the part of local houses of worship or rehabilitation clinics have been only moderately successful. Unfortunately, this epidemic has resulted in dozens of deaths in the past several years. We have seen evidence of the need for mental health services especially through our new women’s program. Intended as a space to empower women, discussions and trust-building exercises in this group often lead to a woman seeking out mental health assistance from program staff. Our staffers are not qualified to provide this service, and are left to make referrals that a client – especially a conservative, religious woman – is unwilling to take. This puts an enormous amount of stress and responsibility on our staff, but also leaves the client feeling helpless and exposed. It is almost as if we cannot continue empowering clients in our spaces until we provide an immediate, legitimate outlet for them to seek out additional help. Our adult education and women’s program staff have relayed that at least 25-30% of our female students have explicitly asked for mental health services in Arabic from our in-house staff.

d. A description of need for mental health capacity-building among staff proposed to be trained through C2C. Because this initiative is designed to bring mental health services into

settings where they are not currently available, the CBO applicant should have limited experience delivering mental health services. CBO applicants also should not currently have mental health specific services on-site serving the target population.

Our frontline staff are skilled case managers who specialize in immigration and public benefits, but they have not undergone any formal training for providing mental health services beyond the ability to conduct one-time supportive counseling for victims of domestic violence. Under this initiative, all 12 staff, and several committed volunteers, will be trained in the four main components of this RFP: mental health screening, motivational interviewing, mental health first aid, and psychoeducation. All staff will also undergo training on working with victims of trauma, and workshop how this awareness can inform our practice across programs. AAANY leadership will undergo our own training for supervising the staff who are providing mental health services. We are proposing up to 35 hours of training available through NYU Lutheran, with frontline staff undergoing more training hours than others, according to need. Titles of NYU Lutheran's workshops we will pursue include: Understanding Mental Health, Screening, Providing Mental Health First Aid, Providing Basic Counseling, Supervision of Staff, Assessing SUDs, and Basic Counseling on SUDs. We will also seek out seminars on anxiety, depression, and post-partum depression that can be requested by our staff according to need. We will also reserve the opportunity for the social worker to seek out any extra training if they determine a community-specific need for which they would like to fine-tune their skills.

e. Roles of CBO, MHP, and any other partners and how the two (or more) organizations will partner together. Describe the proposed relationship between the CBO and the MHP. How will the CBO staff be trained, coached, and mentored in an ongoing continuous manner by the MHP and how will TA be delivered? Describe the strategy for implementation and the frequency of contact.

This initiative will train our entire staff on providing basic mental health services to clients, but we anticipate that primarily three frontline staff will be regularly engaged in providing these services: our primary caseworker, our women's program coordinator, and our new social worker provided through this contract. As such, the caseworker and women's program coordinator will be tasked with providing initial screenings and assessments of clients, as well as motivational interviews and mental health first aid, if necessary. Complex cases requiring additional services will be internally referred to our social worker, who will be able to provide more targeted, regular counseling in-house. This social worker will be supervised, trained, and supported by a Clinical Supervisor at NYU Lutheran who has been providing mental health services to the Arab community for years. Depending on the expertise of the social worker, we can offer – in addition – family counseling and substance counseling, as well. Referrals will primarily be made to NYU Lutheran – which has the language capacity and cultural competency to assist clients, and is also the most conveniently located and affordable MHP for most of our clients. It will be the responsibility of the social worker to follow up on referrals in conjunction with the Clinical Supervisor, but once regular services are being provided by NYU Lutheran to the client, the client will have a closed case with AAANY. Technical Assistance will be provided by NYU Lutheran in the form of group trainings for up to 15 people. These sessions will most likely take place at Beit al-Maqdis Islamic Center – a local house of worship that provides classroom space for our Adult Education program. TA will take place biweekly beginning with the initiation of the contract, and AAANY staff will be required to attend. Frontline staff will be mentored and supervised by the social worker when providing mental health services, and the social worker will meet with frontline staff weekly to review cases. The social worker will also meet with the Clinical Supervisor (in-person or remotely) once a week to review her own cases

and those of the frontline staff. Finally, NYU Lutheran leadership and AAANY leadership will meet at least monthly to evaluate the program and make any necessary programmatic changes.

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

Upon initiation of the contract, AAANY will work directly with the team at NYU Lutheran in order to devise a strong program structure, with AAANY consulting NYU Lutheran on best practices around intake and internal/external referrals for mental health clients. AAANY will also consult NYU Lutheran when recruiting and hiring for the social worker, in order to help evaluate candidates for the strongest hire. Once the program is set-up and the staff is hired, Technical Assistance will begin. The social worker and AAANY leadership will undergo training on supervising staff providing mental health services, and frontline staff will undergo training on service provision on a biweekly basis. Once the program is launched, NYU Lutheran's Clinical Supervisor will be the primary source of support for the social worker and a pipeline for referrals will be setup between NYU Lutheran and AAANY. Finally, NYU Lutheran leadership and AAANY leadership will meet at least monthly to evaluate the program and make any necessary programmatic changes in order to maintain compliance and meet desired outcomes.

g. Details on the proposed plan that include:

i. The number of participants to be served by C2C

AAANY estimates that this initiative will serve at least 400 participants in the first year, with perhaps an increase in numbers in years to follow. This estimation is based on the stated interests of clients seeking assistance thus far, and the limited services currently available to the Arab community. Of these 400, we expect that at least 200 will be new or expectant mothers with children ages 0 to 4, 50 will be out-of-school, out-of-work youth ages 16-24, and 150 will be underemployed or unemployed adults.

ii. The service location and the geographic area to be served by the C2C.

This initiative through AAANY and NYU Lutheran will primarily serve Southwest Brooklyn, where both organizations are located. AAANY is a storefront on 5th Avenue in Bay Ridge, in the heart of the largest Arab community in the city. This location is easily accessible by public transportation, just blocks away from the Bay Ridge Avenue stop on the R train. AAANY's office is a double storefront on the ground floor, and our facilities are ADA compliant. While AAANY estimates that the majority of its clients will be Bay Ridge residents, we also serve significant numbers of clients from neighboring Sunset Park and Bensonhurst. AAANY serves any client regardless of neighborhood of residence, as long as the client is a New York City resident, they will receive services.

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

AAANY estimates that this initiative will serve approximately 400 participants in the first year, with perhaps an increase in numbers in years to follow. This estimation is based on the stated interests of clients seeking assistance thus far, and the limited services currently available to the Arab community. Of these 200, we expect that at least 100 will be new or expectant mothers with children ages 0 to 4, 30 will be out-of-school, out-of-work youth ages 16-24, and 70 will be underemployed or unemployed adults. This is roughly the ratio of the target populations in AAANY's clientele across programs, with slightly inflated numbers for youth, for which AAANY may need to conduct additional outreach in order to make youth and their families aware of the availability of mental health services on site.

iv. The program services into which C2C will be integrated. Include those programs' funding sources and start/end dates.

This program will be integrated into our Adult Education (ESOL) Instruction and our Naturalization services, which are both funded by the New York Department of State – Office of new Americans (10/12-12/15, 1/16-12/18); Youth Programs: College/ Career Readiness, Mentorship, Leadership Development, funded by City Council discretionary funding, the National Network for Arab American Communities, and the Proteus Fund (dates ongoing); Immigration and Legal Services, General Casework, funded by the Immigrant Justice Corps and earned fees for service (09/15-08/17, with potential for renewal until 2019); Women's Program and Domestic Violence Prevention funded by the New York Foundation (10/14-09/16)

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

AAANY, as a grassroots organization situated in a storefront on a busy, commercial avenue, has very high foot traffic volume. As such, our status as a walk-in center and word of mouth in the community has been our strongest outreach tool in 15 years. However, some targeted outreach will be needed in order to make the community aware of new mental health services available on site. Since there is still a stigma to mental health in this community, outreach will need to be done sensitively and discretely. We will leverage our relationships with area schools to make students and parents aware of these services. We will inform our elected officials and partner organizations that we are able to accept referrals, as well. Finally, all existing clients (via immigration, youth programming, and Adult Ed) will be informed of this new service. Program staff will work with NYU Lutheran and AAANY leadership to integrate mental health services basic screening questions into our intake process across programs. AAANY's centralized database makes it easy to enroll existing participants into new programming – basic demographic information, including income information, is already saved in the system and will simply require verification. An additional intake form will be developed exclusively for mental health services, which will be added to the clients' files during intake. New participants will be enrolled like participants of any other program – with a centralized intake form that captures demographic information, and a separate intake process for mental health services which will be developed in partnership with NYU Lutheran. We believe that we are the only organization that can help overcome the stigma in the Arab community toward mental health, since we are a trusted, multiservice organization that is a central part of many local families' lives.

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

The CBO will maintain contact with the client by collecting contact information for the client's phone, email, and address. Our database allows for appointment reminders to automatically generate, which helps with client attendance. Clients will also receive reminder phone calls prior to appointments from our staff. Any missed appointments will be followed up by personal phone calls from staff. Because we are a multi-service organization, it is likely that the client will need to attend AAANY to take advantage of another service. At this time, the database will prompt program staff to inquire as to an open case with the mental health services caseworker.

vii. A clear explanation of how the core package of services will be implemented (if additional services are being proposed, provide a justification of their evidence from a peer reviewed journal of a randomized control study or quasi-experimental study); the fit between these services and their anticipated use with the needs of participants targeted; justification for any proposed adaptations to the core package or additional evidence based services.

Frontline staff will be trained to provide the core package of services, including screening, motivational interviewing, mental health first aid, and psychoeducation. Frontline staff will take clients by appointment, or by walk-in when possible, conducting standardized and specialized intake, as well as screening. Staff will make an internal referral to the social worker by appointment when the services needed are beyond the scope of the frontline staff. The Clinical Supervisor will be aware of all cases taken by the social worker, and the social worker will be aware of all clients seen by frontline staff. Psychoeducation, in the form of group workshops, will be provided by the social worker the Clinical Supervisor, in collaboration with program staff who will conduct outreach for such sessions. AAANY's ESOL classes are a natural venue for such psychoeducation to take place, making it possible to gather participants easily with minimal outreach. The addition of a social worker is a modification on the proposed program.

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

AAANY will train all leadership and support staff in providing basic mental health services to clients. But approximately 3 frontline staff will receive additional training, and act as the primary service providers at AAANY. These frontline staff include: our primary caseworker, our women's program coordinator/adult lead organizer, and our to-be hired social worker. These staff will be supported and supervised by our in-house social worker, who will herself be supervised by clinical staff from NYU Lutheran. AAANY's Deputy and Executive Directors will provide additional direction and support, with the Deputy Director ensuring compliance and accurate record keeping and data management. The Deputy Director will also work with the social worker to conduct reporting for the contract. Overall, we have 15 staff trained to provide services directly to 400 clients, for a staff-to-client ratio of 1:25.

h. Staffing

i. Overall, how does the CBO propose to staff this project to effectively enable direct service staff to take on these new tasks on top of their existing programmatic responsibilities? What additional staff will be needed by the CBO to support implementation of this program?

This program does not add new tasks to existing responsibilities – it equips our existing staff to provide stronger services and assist clients more efficiently. Without this contract, our staff spends countless hours making referrals and following up with mental health providers for our clients, and these referrals are often unsuccessful due to issues of access. Equipping staff with the tools to provide basic services in-house allows for efficient and compassionate service, which will empower our staff members and result in higher client satisfaction. Undoubtedly, the staff members will be taking on additional hours in order to undergo training with NYU Lutheran, but we know that the staff will look forward to this opportunity.

ii. Identify key staff that will manage the program (include resumes as attachments) including point of contact for data and evaluation. Describe any experience the CBO staff

has currently with research and evaluation and in delivering any of the mental health modalities proposed, if any. Please note: staff are expected to have limited experience in delivering the mental health modalities in their current role.

Staff assigned to this program will include: Abeer Alharazi, Caseworker, Mirna Haidar, Lead Organizer (Women's Program Coordinator), Kayla Santosuosso, Deputy Director, Linda Sarsour, Executive Director. None of these staffers have formal experience in providing mental health services. Ms. Sarsour and Ms. Haidar are both trained in supportive counseling for victims of domestic violence, and have been providing this service for several years now.

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

AAANY's Executive Director, Ms. Linda Sarsour, has been ED of AAANY for over 10 years. Ms. Sarsour is an internationally recognized civil rights and racial justice activist, who has led numerous successful nationwide campaigns on behalf of the Arab and Muslim community. Ms. Sarsour has extensive experience in case management and program management, herself having served as a caseworker for Lutheran Medical Center (formerly NYU Lutheran) for many years, and having expanded and strengthened AAANY's direct service programs significantly during her 10-year tenure at AAANY. Ms. Sarsour is a multilingual fluent English/Arabic speaker. AAANY's Deputy Director, Ms. Kayla Santosuosso, has been managing data and reporting for AAANY for two years, and has acted as the primary point of contact for government grants during that time. Compliance and high performance ratings have marked AAANY's contract with the Department of State consistently during her tenure. Ms. Santosuosso holds a Bachelor of Arts in Middle Eastern and Islamic Studies, and she has served as a staff and project manager both domestically and internationally. Ms. Santosuosso is a multilingual English/Arabic speaker. AAANY's Lead Organizer, Ms. Mirna Haidar, specializes in organizing for women's empowerment, particularly around domestic violence. Ms. Haidar, a refugee from Lebanon, is a skilled facilitator known for building strong trusting relationships with clients and moving them towards political empowerment. Ms. Haidar also has significant training in providing supportive counseling to victims of domestic violence. Ms. Haidar is a multilingual fluent English/French/Arabic speaker. Case Manager Ms. Abeer Alharazi is trained in effective case management, and specializes in immigration and public benefits. Ms. Alharazi holds her Bachelor's Degree in Business Administration, and she was previously trained in immigration services at the Yemeni Consulate. Ms. Alharazi is a multilingual fluent English/Arabic speaker.

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

The C2C program compels AAANY precisely because it recognizes that mental health services provided on-site at CBO offices are the best way to reach clients and provide a culturally competent and comfortable location for these services. We have seen over the past fifteen years that clients are demanding these services on-site, and that the stigma associated with mental health prevents many community members from seeking out service elsewhere. AAANY believes hosting a social worker and training frontline staff to integrate mental health services into our programs, along with the expertise of a mental health provider like NYU Lutheran, is of the utmost importance and urgency – particularly as we are anticipating a marked rise in immigrants coming from Syria and Yemen. We are the only institution that can help this community overcome the stigma with mental health, and we can only do it in partnership with an experienced mental health provider.

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

Upon initiation of this contract, the Deputy and Executive Directors of AAANY will meet with NYU Lutheran in order to solidify the program design and begin hiring a qualified social worker. AAANY's executive team will meet regularly with NYU Lutheran to ensure the program is meeting expectations and that staff are meeting performance goals. The Deputy Director in particular will conduct internal monitoring on the program, conducting regular audits of files, and completing all necessary reporting. The Executive Director will sign off on all reports – programmatic or financial – and will help the Deputy Director ensure that the program is meeting its performance goals. The Deputy Director will also be in regular contact with the Clinical Supervisor at NYU Lutheran in order to ensure support for the social worker's performance and growth.

i. Where will participants receive mental health services on-site at the CBO? How will confidentiality be ensured?

All services will be conducted in private offices on the ground floor with closed doors. Rooms with additional privacy are available on the second floor of the office. Mental health service rooms will contain locking filing cabinets to which only frontline staff will have access.

j. How will the CBO and MHP handle emergencies or cases where participants reveal something reportable (e.g., suicidal/homicidal intent, child abuse or neglect, elder abuse or neglect)? Psychiatric emergencies will be consulted with the Clinical Supervisor and in situations where the patient present thoughts or ideas of hurting themselves or others, the patient will be referred to the nearest emergency room for psychiatric evaluation. Child or elder abuse case will be discussed with the Clinical Supervisor and referred to Administration for Children Services (ACS) or Adult Protective Services (APS).

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

All mental health services described in this proposal will be provided on-site at the CBO. Services outside of the scope of this program, or counseling services that require more than ten sessions, will be provided at NYU Lutheran's campus. Referrals will be made directly to the Clinical Supervisor, and AAANY will follow up with the client and provide any additional assistance needed to the client in transition. At the initiation of this contract, AAANY will adopt NYU Lutheran's best practices for referrals in order to solidify the referral pipeline. AAANY will also, at the initiation of this contract, follow NYU Lutheran's best practices and guidance as to data sharing. Our centralized database does allow for referral notification generation via email.

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

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

Through the C2C program, our goal will be to successfully integrate our new mental health services into our three major programs: general and immigration casework, adult education, and youth programming. We anticipate that this integration will mean that each AAANY client will be eligible for a mental health screening should the staff find it appropriate. Out of this will emerge more holistic programs, where we are acknowledging the overall needs of a client, as opposed to the program-specific needs. We anticipate that this will, in turn, lead to more rapid progress on the part of the client when it comes to performance in ESOL class, or engagement levels of youth participants.

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

AAANY's goal will be to provide approximately 400 people per year with mental health services under this contract. We also will measure the number of successful external referrals made to NYU Lutheran or other health care providers. In terms of organizational capacity, AAANY will consider this initiative a success if staffers successfully integrate mental health services into their programs, if the social worker is successfully providing supervision and support to frontline staff, and if staff report improvements in their programs as a result of integrating mental health services. Additionally, we will measure program functions like average wait times for appointments, and client retention rates for long-term counseling.

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

AAANY will measure the client's self-reported quality-of-life improvements over time. This will be captured in case notes, and a successful outcome will mean that a client has self-reported an improvement in mental health or quality of life after taking advantage of the mental health services at AAANY. We will also measure specific outcomes related to the target population: for instance, we will measure how many under- or unemployed youth and adults obtain employment while receiving mental health services from AAANY.

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

The social worker will be responsible for compiling monthly data reports for the AAANY and NYU Lutheran management team. This report will capture the number and type of appointments, client retention and dropout rates, number of times an outcome was achieved, and average wait times for appointments. This data will be presented at a monthly meeting between NYU Lutheran and AAANY leadership. Any changes or decisions made based on this data will be passed down to the frontline staff through monthly meetings between frontline staff and the social worker.

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

We will ask each client to provide feedback, and staff will report their own feedback during the monthly meetings with the social worker. Staff and client feedback will be collated by the social worker and brought to monthly meetings between NYU Lutheran and AAANY staff. These meetings will be the decision-making mechanism where any adjustments to programming based on

feedback can be made. Again, any programmatic changes will be discussed and implemented thereafter in a monthly meeting between the social worker and AAANY frontline staff.

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

December 2015 – January 2016: Initial meetings with NYU Lutheran and AAANY leadership. Begin recruiting for social worker position. Training begins for AAANY frontline staff. February 2016: Hire and orient social worker. Training continues for AAANY frontline staff. Outreach and announcement of programming begins at the end of the month.

March 2016: AAANY frontline staff and social worker begin to implement mental health services. NYU Lutheran and AAANY leadership meet twice during this month to evaluate initial progress. Last month of training for AAANY frontline staff.

April 2016-December 2016: AAANY frontline staff and social worker offering mental health services. NYU Lutheran and AAANY leadership, as well as the AAANY frontline staff and social worker, meet monthly to evaluate progress and make any programmatic changes. Reporting done as needed by the Deputy Director. Psychoeducation sessions held at least quarterly in our Adult Education programming. Additional technical assistance provided by NYU Lutheran on an as-needed basis, as requested by AAANY frontline staff, social worker, and AAANY leadership.

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

AAANY will be happy to comply and assist with all evaluation activities. The Deputy Director will be the primary point of contact for evaluators in terms of providing necessary data. However, assuming data requirements are made clear to AAANY staff beforehand, AAANY staff will be diligent in collecting necessary quantitative and qualitative data regularly. AAANY prefers to implement brief surveys or evaluation tools to be completed by as many clients as possible, and hopes to design these mechanisms in conjunction with NYU Lutheran and the Mayor's Fund.

q. The evaluation will include a quasi-experimental study: A comparison of outcomes for C2C participants against outcomes for a similar population that does not receive services through C2C. External evaluators will determine how to identify and define the comparison group of non-C2C participants, and the input of potential subgrantees is welcome. Does your organization serve members of the target population who will not be reached by C2C (for example at another service site location) that could potentially serve as a comparison group, or does your proposal reach all of the population served by your organization? If proposing to serve a subset of the target population, please describe the projected numbers of C2C participants and the projected numbers of non-C2C participants during the grant period. Indicate whether the non-C2C participants could potentially serve as a comparison group for the evaluation, or why not.

AAANY anticipates that there will be members of the target population who are clients of AAANY who are not seeking mental health services. These clients could potentially serve as a comparison group. We would stress that if this were to be the case, advanced English/Arabic interpretation and translation would likely be needed, depending on the target population. We anticipate we will serve 400 people through our mental health services, and perhaps another 30 who do not utilize the services will be available and willing to serve as a comparison group.