

PROGRAM PROPOSAL

Executive Summary

Bedford Stuyvesant Restoration Corporation (BSRC), the country's first Community Development Corporation, will partner with Brooklyn Community Services (BCS), in targeting two high-need census tracts with pronounced poverty, high unemployment and a panoply of critical needs including mental health in Northern Bedford Stuyvesant

Jointly, the Connections 2 Care (C2C) collaborative will provide a comprehensive approach to employment attainment in an effort to improve financial and mental health stability aimed at 150 adults ages 18 and over from Northern Bedford Stuyvesant Census Tracts 288 and 255. The proposed project directly aligns with BSRC's current work with the All-for-One Initiative, a neighborhood saturation strategy aimed at significantly increasing resident participation rates in critical economic and social programming. The targeted census tracts represent some of the highest poverty and lowest educational attainment in the city. Together the tracts have an average 20% unemployment rate, 62% graduation rate, and 47% poverty rate. Median Household Income averages \$16,610 and more than 54% of households rely on food stamps. Although there are organizations that provide services, their efforts have often been 'siloed,' focusing on specific problems or needs.

BCS, a leader in supporting the recoveries of thousands of people with severe and persistent psychiatric disabilities, will provide all training and technical assistance required by six BSRC staff allocated to the initiative in the four core modalities: screening, motivational interviewing, First Aid, and psychoeducation.

Services to be provided under C2C include individualized mental health screening, supportive workshops, peer support education and a variety of other supports including job placement, education, financial counseling, and benefit screening.

The proposed project structure and roles and responsibilities for C2C are outlined in the following sections:

Experience & Expertise

1. Bedford Stuyvesant Restoration Corporation (Lead Agency)

a. The nation's first community development corporation created in 1967, Bedford Stuyvesant Restoration Corporation (BSRC) partners with residents and businesses to improve the quality of life in Brooklyn by fostering economic self-sufficiency, creating healthy, stable families, promoting the arts and culture, and transforming the neighborhood into a safe, vibrant place to live, work and visit. BSRC has extensive experience as a coalition builder and direct service provider managing proven evidence-based programming that collectively facilitate self-sufficiency and family stability.

b. This year BSRC served over 50,000 Brooklynites from several contiguous neighborhoods including Bedford Stuyvesant, East New York, Ocean Hill, Weeksville, Brownsville, Crown Heights, Clinton Hill and beyond, with services and events including economic and business development, affordable housing, workforce development, financial empowerment, education, health, youth development and arts and culture. In addition to placing 428 residents in jobs. BSRC has generated

over \$17 million in cumulative benefits for the community through programs such as health insurance, Supplemental Nutrition Allowance Program (SNAP), Earned Income Tax Credit (EITC), personal debt reduction and energy savings. Over 40,000 people from across New York City were engaged in programs or events produced by Restoration's multi-disciplinary arts and culture platform. Restoration Plaza, Central Brooklyn's hub for commerce, education and arts, was the site of 1.5 million visits. More than 75% 18 and older working aged adults enrolled in BSRC Economic Solution's Center report being unemployed or underemployed. Studies show that long-term unemployment changes personality: mood, thinking and behavior. To this point, Mental Health services are a key component to enhance BSRC's workforce development services and employability of its enrolled participants.

c. BSRC currently employs over 137 staff and 70 in direct services including economic and business development, affordable housing, workforce development, financial empowerment, education, health, youth development and arts and culture.

d. Through Connections to Care (C2C), BSRC proposes serving unemployed and underemployed working age adults ages 18 and over who reside in Northern Bedford Stuyvesant's Census Tracts 255 and 283. Relevant programming in mental health for low-income families directly aligns with BSRC's Economic Solutions Center and the Northern Bedford Stuyvesant Collaborative.

BSRC's Economic Solutions Center (ESC): A one-stop shop to self-sufficiency and upward mobility, BSRC's Economic Solutions Center (ESC) integrates training job seekers and placing them in jobs; educating program participants concerning the fundamentals of personal financial management and supporting them in achieving specific financial goals; and assisting program participants, especially low-income workers, secure much needed income supports to supplement their wages. These ESC programs and services are located in 2 locations of BSRC: our main site, 1368 Fulton St. in Central Bedford Stuyvesant and Jobs Plus Site in Northern Bedford Stuyvesant, 630 Flushing Ave. The following **Chart A** illustrates ESC programs, services, and performance of unemployed and underemployed working age adults ages 18 and over.

Chart A

Service Name	Contract/Program Name	Type of Customers	Total Served 2013-2015	Average Served Annually	Outcome Data 2013-2015	Funder targets met?
Financial Counseling	OFE/Financial Empowerment Center	Individuals with debt issues, unbanked, low savings, bad credit, improve financial health, median income of \$\$	4,753	1,584	867	yes
Job Placements	Jobs plus/Jobs to Build On/SNAP	Low-income, Long term unemployed, SNAP recipients, young adults new to job market,	3,785	1,261	938	yes

Job Training	Jobs Plus/SNAP/Jobs to Build On	Low-income, Long term unemployed, SNAP recipients, young adults new to job market,	2,086	695	N/A	N/A
Social Services/Case Man.	Single Stop/NDA Healthy Families/Jobs Plus	Low-income families applying for benefits and other social supports	3512	1170	3512 benefit screenings 1,857 received benefits \$11.3 million in benefits Referrals made	Yes

Northern Bedford Stuyvesant Collaborative All-for-One Initiative: BSRC is also spearheading a strategic collaboration with Pratt Center for Community Council and Bridge Street Development Corp., focusing on two critically underserved, high-needs Census Tracts in northern Bedford Stuyvesant that are also the target area for this proposal. The program seeks to achieve community-level change by using a data-driven, strategic approach to connect high-needs residents to the resources necessary to overcome persistent barriers to financial and familial stability. By saturating a narrow but targeted segment with the right menu of integrated services, the program is working to deliver programs more efficiently, generating outcomes at scale, and producing enduring results. The evaluation and recruitment team from this initiative will assist in referring residents from Northern Bedford Stuyvesant of Census Tracts 255 and 283 to C2C. **Chart B** illustrates the outcomes achieved by this initiative since it was formed in August 2014.

Chart B

Total residents served from CENSUS tract 255 and 283	717
Residents receiving financial coaching services	233
Residents receiving career development and placement	364
Residents receiving social support services	250

e. BSRC does not currently offer mental health services or supports on-site, although we have identified this as a critical need in our community. Our social, financial, and workforce services are geared towards overcoming barriers and helping individuals and families become self-sufficient.

2. Brooklyn Community Service (Mental Health Provider Agency)

a. The Brooklyn Bureau of Community Service, d/b/a Brooklyn Community Services (BCS) was established in 1866. Its mission is to empower at-risk children, youth and families, and adults with mental illness or developmental disabilities, to overcome the obstacles they face, working together to ensure opportunity for all to learn, grow and contribute to ONE Brooklyn Community. Today after

nearly 150 years, BCS remains one of the borough's largest not-for-profit, non-sectarian social service providers, operating from 23 locations. BCS served between 12,000 and 14,000 low-income residents of Brooklyn in each of the past three years. Between 2,000-3,000 of those individuals received services from BCS's mental health and/or family counseling programs, and approximately 1,000 of those individuals resided in the Bedford Stuyvesant area. The vast majority of BCS's clients have Medicaid as their primary insurance. As detailed in the program approach section below, among the outcomes tracked by BCS for its MH programs are the impact those programs have in lowering rates of hospitalizations and in consumers' ability to secure and retain employment. Over the course of the past three years, consumers participating in the Personalized Recovery Oriented Services (PROS) program for adults living with mental illness, obtained employment at twice the rate of similar programs across Brooklyn and the rest of the state. Hospital and ER use decreased significantly more (19%) than rates in other PROS programs in Brooklyn (12%) and in NYC/NYS (15%).

b. BCS has substantial expertise supporting the recoveries of thousands of people with severe and persistent psychiatric disabilities, including 4 programs serving the catchment area of this proposal. These include: two licensed, Medicaid-funded PROS programs, serving over 400 people each year, mainly from Central Brooklyn; a borough-wide Brooklyn Health Home care management program, also funded via Medicaid, serving over 300 people each year; and the NYC ACS-funded Bedford-Stuyvesant Family Center (the BSFC is housed in BSRC space at 1406 Fulton St), serving nearly 900 children, parents and guardians each year, through an innovative preventive services model (Structural Family Therapy). BCS is also about to lease space in the same building as BSRC, 630 Flushing Ave., to house another one of its Medicaid-funded programs. Please see **Figure AA** attachments of licensing in the appendix.

BCS has substantial experience in three of the core modalities (screenings, motivational interviewing and psychoeducation), and will complete requisite training in the First Aid modality by the end of 2015. Implementation of the core modalities, and other applicable interventions are detailed in the program approach sections below. BCS will assign staff for this initiative from its licenses PROS programs (MSW level) and/or Health Homes (master's level mental health counselor, MPH and/or nurse). Supervision, along with training for BSRC staff, will be provided by:

- **Susan Buchanan:** BCS Managing Director for Mental Health & Wellness. She oversees the administration of all mental health/rehabilitation services. She has been on the BCS staff since 1988, and has supervised the two licensed clinical mental health PROS programs since 2011. She has a M. Ed degree in Rehabilitation Counseling, and holds CRC and CASAC credentials.
- **Dr. Lori Tannenbaum:** BCS Director of Performance Management and Strategic Initiatives. She oversees many key initiatives, including electronic health records, Health Home Care Management, and innovative programs to further integrated care and person-centered programming, e.g. through use of certified peer staff and nursing students. She has a PhD in Clinical Psychology and 30+ years of experience, and will oversee C2C training for BSRC staff.
- **Eugene Shea, LCSW:** Director of BC PROS since 2011. He specializes in evidence-based practice, e.g., long-term research in cognitive remediation to enhance vocational outcomes. He has authored several books on group counseling, and oversees PROS groups that focus on

client strengths and engage those who have not traditionally been well-served by the MH system. BC PROS has consistently served a young, court-involved group of clients in care.

- **Alistair Blake, LCSW:** Director of Metro Club PROS since 2014. He led the program through NYS re-certification and adoption of new Standards of Care, and also developed/implemented a rigorous staff training plan on use of evidence-based practices. He has extensive experience as a graduate level adjunct professor with the NYU Silver School of Social Work.

c. BCS is a Medicaid provider in good standing, and is well-positioned to help C2C participants access MH services. BCS is fully engaged in the transition to Medicaid managed care. BCS has used an Electronic Health Record system (Foothold AWARDS) for five years, and has accessed State funding to support EHR. Collected data is used to identify service needs, areas for continuous quality improvement and characteristics to promote enhanced outcomes, e.g. reductions in hospitalizations.

d. BCS will provide all training and technical assistance required by the BSRC staff, for all four core modalities (screening, motivational interviewing, First Aid, psychoeducation). BCS has extensive experience in training its own non-MH staff. Notably, the BCS project lead provided such training for BCS's Coney Island disaster relief staff (bachelor's level caseworker), and also has expertise in training peer care specialists. Peer support is an effective evidence-based practice to support the rehabilitation of MH consumers. Home & Community Based Waiver Services (HCBS), which are intensive services to help such persons secure employment, education, and/or pursue personal goals, rely heavily on the use of certified (i.e., trained) peers. BCS's expertise in training these lay staff offers several links for clients of BSRC. Those with under-treated diagnoses will be offered health home care management services, as well as access to offered significant health care programming at BSRC sites, including groups for persons with diabetes, high blood pressure, and other chronic physical/behavioral conditions. As participants progress in their recovery, some participants may become candidates for training as certified peers, a growing specialty that will develop a large number of living wage jobs in the near future.

e. BCS employs over 40 professionals in the three behavioral health programs noted above, along with 15 master's level social workers in its BSFC program. As a Medicaid and ACS-funded provider, BCS has ample capacity to intake any new participants who may be identified/referred by BSRC staff via C2C for its PROS, Health Homes and/or BSFC preventive services programs.

f. BCS works collaboratively with many community partners in Brooklyn. In addition to BSRC, those include: SCO, Edwin Gould, Women's Prison Association, City Harvest, Bed-Stuy Family Health Center, Puerto Rican Family Institute, Brookdale Hospital, Good Shepherd, Brooklyn Hospital, Brooklyn Perinatal Network, Arab-American Family Support Center, Bridge Street Child Development, Jewish Child Care Association and Caribbean Women's Health Association. BCS has long experience creating a culturally, socially and emotionally responsive environment within all of its programs.

NOTE: Copies of the applicable state licenses for the BCS PROS programs are provided with this application. Dr. Tannenbaum is also a Licensed Clinical Psychologist, NYS License Number 017780-1.

C. Organizational Capability (15 points)

1. Program Management (BSRC)

a. BSRC exceeds annual program goals across the board. A system of continuous program monitoring, both qualitatively and quantitatively, is in place to ensure that staff and management stay abreast of program effectiveness and can make adjustments where necessary. BSRC uses a state-of-the-art centralized performance management system that today serves as the foundation for operating, continuously improving our programs design, and characteristics to identify trends. Our Salesforce database lies at the core of our data management approach, allowing us to conduct central intake, assessment, and service planning for clients across our programs in support of integrated service delivery. We now have complete insight into customer profiles and how the various services that BSRC offers are utilized.

b. As a result of our efforts effectively using data to make significant programmatic changes, Restoration has been recognized publicly for our innovation in the world of nonprofit data. Our staff have served on panels for both the Robin Hood Foundation, Salesforce Inc., and New York Employment and Training Coalition (NYETC) events and notably, for two years in a row we received an award for Data-Driven Service Delivery from the NYC Center of Economic Opportunity.

Two Specific Examples of effectively using data

BSRC's Jobs Plus contract began April 15th of 2013 in a new location serving residents of New York City Housing Authority in Northern Bedford Stuyvesant. In its' 1st Quarter, the program enrollment was increasingly growing. The challenge at the time was streamlining service delivery, ensuring integration of services, and consistent follow-up to outcome completion. A system method for data analysis was created within the 1st first year of the program to track each member's' progress and ensure sustained success in placements and member retention. The staff agreed upon weekly and monthly goals to ensure success within the program and began to track and meet bi-weekly regarding who from their caseload were job ready, needing minor or major assistance, the industry interests, career goals, and any barriers to employment. The information was kept by each Resource Coordinator and shared for staff members to review as needed using google drive.

To help track the progress of members, the Resource Coordination team worked to ensure at minimum a total of 25 members graduated from Tier levels (Job ready, needing minor or major assistance) every two weeks to becoming job ready (Tier 1). The following is done to reach this goal:

Example A: On a weekly basis, the resource coordination team reviews their caseload to determine custom solutions for enhancing the client's progress towards employment. For example, if a member has been in the program for more than 6 months with limited progress, the team I brainstorms on strategies to help the member move forward.

Examples B: Bi-weekly, the resource coordination team meets with the employment team and financial counseling to discuss 25 members from the non-job ready list that are now fast tracked and ready for employment and/or financial counseling. This information and data is captured in the client snapshot tool by each resource coordinator. The employment team then, matches the member's employment interests to employment opportunities available.

Resulting from these practices, Jobs Plus has exceeded its' contract goals in the areas of job placement and retention of members throughout the program. Notably, this year the Jobs Plus team

received an award for Data-Driven Service Delivery from the NYC Center of Economic Opportunity and one of its members, the NYCTC 2015 Opportunity Award highlighting a Program Participant.

c. BSRC is committed to outcomes-based programming that emphasizes results and has policies and procedures in place to effectively monitor its' programs, personnel, data collection, records management and fiscal needs.

Internal reporting on a program's progress is done on a weekly basis and appropriate actions taken to address any arising issues. Core program metrics are monitored monthly, as well as indicators for outreach and recruitment. On the individual staff level, progress is monitored through case notes, contact moments/ attendance, and outcomes, all of which are being tracked and monitored through the applicable data system. Supervision of the program, coaching of the service staff and ensurance of efficient, accurate and timely management of records and data collection is the responsibility of Assistant Directors/Program Managers who meet with their teams and review these items once a week in addition to one-on-one sessions to monitor progress and identify areas where support is needed. Program Managers and staff also participate in cross unit team meetings for case conferencing and further service integration.

Tracey Capers, BSRC's Executive Vice President of Programs will provide final oversight of the C2C program. Also key to the program's success is BSRC's Director of Program Operations, Jako Borren, who reports directly to Ms. Capers and Kizzie Brown-Duah who reports to Mr. Borren. Mr. Borren oversees BSRC's dashboard and overall program operations and is responsible for ensuring quality control across programming while, Ms. Brown oversees employment site where C2C will operate in Northern Bedford Stuyvesant. Finally, BSRC's Finance Department is responsible for carrying out fiscal management under the C2C contract. The department has extensive experience overseeing accounting, payroll and invoicing, as well as numerous large scale city initiatives from the Brooklyn Financial Empowerment Center to Human Resource Administration's- Jobs Plus program. The Board and the Executive and Finance Committee receive regular financial reports that include budget to actual statement of activities, statement of financial position, and accounts payable aging.

d. Staff members will have access to technology and various database systems required for C2C with individual username/password accounts to protect participants' personal identifiable information. Staff will not be allowed to share usernames and passwords. Paper records and customer files will be stored behind lock and key when not in use and at the end of the work day.

e. The Executive Management Team reviews the dashboard monthly and the board on a quarterly basis. Program Managers meet with their teams weekly to review progress to date and make further program improvements based on data analysis. The Program Managers/Directors meet with the Executive Management Team once a quarter to present progress to date, successes, challenges, strategies to continuously improve quality of service, and focus areas for next quarter.

f. BSRC actively collaborates with other service providers. Our current largest collaborative initiative is the All-for-One Initiative, a partnership formed in 2014 of BSRC, Bridge Street Development Corporation and the Pratt Area Community Council. The strategy of the initiative is to saturate targeted neighborhoods with specific services aimed at significantly increasing resident participation rates in critical economic and social programming. BSRC has worked together for over 15 years with 25 other providers under the auspices of the Coalition for the Improvement of Bedford

Stuyvesant. Together, the collaborative uses data to better target high-needs households, identify service delivery gaps, cross-sell services, and track results across organizations. Strategies include the implementation of a sophisticated communications campaign that utilizes community residents to outreach to other residents; a strategic physical presence in the targeted census tracts; the implementation of integrated database systems across partners; and a process improvement strategy to reduce barriers to access and success. This collaborative program is focusing on housing stability; financial sustainability; workforce development/ education; and family stability. These areas leverage the strengths of the key partners while responding to current demand. A community-wide needs assessment is currently underway through which BSRC and partners are reaching out to over 1000 community residents in effort to gain baseline data. This includes everything from physical and mental health needs to the career aspirations and financial challenges of our target population.

2. Fiscal Capability- (1- page)

a. BSRC has successfully operated several local, city and federal projects at a large scale. Tapped by the City to lead the Brooklyn Financial Empowerment Center in 2009, BSRC provides one-on-one counseling to Brooklyn residents in budgeting, debt reduction, credit maintenance and financial services. Over 3900 have been served to date with 6400 counseling sessions and the results are impressive. More than 235 customers reduced their debt for a total of over \$1,000,000, 100 increased their savings collectively totaling close to \$100,000, more than 110 established or improved their credit score, and 110 opened a savings or checking account. Headquartered at Restoration Plaza, our Financial Empowerment Center also operates sites in Brownsville (Brownsville Multi-Service Health Center), downtown Brooklyn (Cadman Plaza Business Public Library), Cypress Hills (Cypress Hill Community Development Corp.) and Bushwick (Capital One Bank). BSRC not only provides outreach for the program at all locations, but conducts substantial data tracking in order to fulfill OFE reporting requirements using ETO software.

BSRC's Economic Solutions Center which draws funding from the Human Resources Administration, Consortium for Workers Education, Department of Youth and Community Development provides ongoing Job Readiness and Career Development training to youth and adults. Our two week intensive job readiness curriculum consists of a comprehensive set of modules that cover topics such as resume building, interviewing, networking, job applications, conflict resolution, active listening, customer service, self-confidence, leadership, workplace behavior, and financial literacy. This past fiscal year some 1000 took advantage of these training opportunities. In addition, this summer, 870 youth and young adults enjoyed the DYCD FUNDED Summer Youth Employment Program career training module as part of their summer experience. XX SYEP participants were 18 and older and XX residents were served from NYCHA developments in Northern Bedford Stuyvesant and Central Brooklyn

b. BSRC uses Financial Edge for the accounting of income and expenses and is in compliance with 2 C.F.R. 200.302(b). Separate accounts are administered for grants and contracts as to identify cost by grant, by program year, and budget category. Restoration's fiscal administration also differentiates between direct and indirect costs in compliance with government regulations.

c. BSRC has ample experience in managing large scale contract, including NYS Weatherization Assistance Program, OFE/ Financial Empowerment Center, and NYC Healthy Food and Fitness Initiative to name a few. The organization's overall budget amounts to \$14 million of which 66% is

generated in earned income, primarily from rent, 10% comes from private funding sources, 21% from government contracts and the remaining 4% from other sources.

d. BSRC has not received any federal grants or contracts in the past years.

3. Leveraged Funding

a. BSRC is extremely well-established with solid relationships with many key funders in both the private and public sectors. Our funders include Robin Hood Foundation, Citibank Foundation, Altman Foundation O'Neill Foundation and others. Private funding amounted to \$1.4 million in fiscal year 2014 (or 10% of overall budget). In addition, BSRC also generated \$9.3 million in earned income for that same year (or 66% of overall budget). With our ability to generate earned income as well as unrestricted funding from private funders, we will be able to meet the 1:1 matching requirements for C2C. We have a track record of delivering measurable results for our constituents and as a result have been able to raise additional funding repeatedly from our pool of core foundation supporters. One example of a matching contract that BSRC operates, is the NYS OTDA SNAP Venture III program for which BSRC has subcontracted with the Consortium for Worker Education, for a contract amount of \$270,000 per year for 4 years. This contract is a 1:1 match and BSRC leverages existing staff and programming for this particular initiative.

Similarly, BCS's reputation for high quality services, fiscal integrity and commitment to client service, has enabled BCS also to obtain extensive private support, e.g., \$800,000 in annual support from the *NY Times Neediest Cases Fund*. BCS raises public (non-federal) and private support for MH programs, e.g. from NY State (HEAL 17), Dammann Fund, van Ameringen Foundation and NY Community Trust.

D. Proposed Program Approach (55 points)

a. BSRC's Economic Solutions Center (ESC) will partner with BCS. Our C2C collaboration will provide a comprehensive approach to employment attainment in an effort to improve financial and mental health stability. The target population is working age adults ages 18 and over from Northern Bedford Stuyvesant Census Tracts 288 and 255. Most program activities will take place on-site at BSRC's Northern Bedford Stuyvesant office-630 Flushing Ave; members requiring more intensive services will be treated at BCS's sites or referred to other appropriate providers. The goal for ESC is to meet customers where they are, addressing their unique needs while empowering them to take tangible steps towards economic self-sufficiency and emotional stability. All customers coming for employment services will be expected to take advantage of the continuum of services ranging from education/training, financial counseling, social supports, and emotional/mental health services identified by the assigned Life Coach/resource coordinator enhancing their opportunities for self-sufficiency and an increased quality of life. Staff development will focus on continued engagement of customers on the importance of all services. BSRC's ESC and Northern Bedford Stuyvesant's -All-for-One Initiative will work together in the outreach and recruitment of unemployed or underemployed working age adults ages 18 and over. C2C services will be delivered at our Northern Bedford Stuyvesant site location at 630 Flushing Ave.

b. Both BSRC's Jobs plus and the Northern Bedford Stuyvesant- All for One Initiative are charged with serving NYCHA residents in Northern Bedford Stuyvesant (including but not limited to Marcy Houses, Tompkins Houses, and Sumner Houses) and the general population from Census Tract 255

and 283. These low income areas are pronounced with poverty and unemployment as illustrated in **Chart C** below:

Chart C

	Bedford Stuyvesant	CENSUS 255	CENSUS 283
Population	132,931	5,630	3,456
Households	48,585	1,816	1,304
Median Household Income	\$36,064	\$27,328	\$18,819
Poverty Rate (all people)	31.1%	38.8%	43.1%
Poverty Rate (under 18)	44.1%	49.8%	56.7%
Unemployment Rate	13.7%	14.9%	27.0%
Population 25+ w/o HS diploma	24.1%	43.5%	43.7%

c. These statistics hint at a panoply of needs, including workforce and economic development; educational supports; affordable housing and housing stability; income support, and mental health services. Both standardized data and effective messaging about available services are large barriers to transforming ‘need’ to ‘demand’ and to increasing participation rates. C2C will ensure that we effective message mental health as a viable component to our employment based work.

d. BSRC’s Jobs Plus works directly with NYCHA residents from Census Tract 255, most of whom grew up in the cycle of poverty and financial instability. Jobs Plus goal is to help members gain a sense of financial independence by providing free employment and financial counseling services. BSRC does not have quantitative data on MH outcomes, mostly due to our lack of experience and messaging for the need for such services. Anecdotally, our staff know of many cases where such services would have been beneficial. Members who experience “emotional health” issues, for example, are harder to place in employment and/or prone to be fired or to quit within the first 3 months. It’s our observation that the long-term unemployed have a difficult time fitting into the work culture largely due to uncontrollable anger, depression, or difficulty responding to authority.

One example in particular, is a 23 year old young man who has been working with BSRC’s Jobs Plus since January 2015. This member is highly active with the program and has accessed services from job readiness, employment to financial counseling and is an active member of a Fatherhood program hosted at the site. This weekly program covers topics like parenting, child safety, anger management,

domestic abuse, financial counseling and employment. The member actively attends meetings and has help to recruit other fathers. While participating in the program, he obtained employment within 3 months and continued his active participation in the Fatherhood Program once employed. He was very happy about this opportunity and knew the benefits of working at such a well branded company like Starbucks with career growth potential. However, within a month member had been fired for getting into a verbal altercation with his supervisor. BSRC staff counseled him through that situation and assisted him with new employment at a laundry company, a job he also lost, due to a misdemeanor assault encounter. BSRC staff believes that with MH interventions, this member would have been able to see the connection between his personal actions and negative impacts on his employment. He remains actively engaging in the program, but has not found new employment.

e. BCS will provide 1) a skilled mental health professional on site for a minimum of two half-days each week; 2) resources for training BSRC staff on the 4 core modalities, and providing them ongoing technical assistance; 3) assistance, as appropriate, to screen participants for more specific MH services, after the initial screening/assessment is done by newly-trained BSRC staff; 4) various on-site MH-oriented workshops for eligible participants in BSRC's Job Plus program, covering such topics as: postpartum depression; PTSD; clinical depression; substance abuse (K-2, marijuana, alcohol); how to know when mental health/substance use is getting in the way of success; assessments for using the MSSI (Modified Simple Screening Instrument); enhancing coping skills via the WRAP tool (Wellness Recovery Action Plan); enhancing community supports, e.g., financial, mental health and social service supports; identifying service needs for children, with focus on serious emotional disorders; and managing health care needs in maintaining/enhancing well-being for children and adults.

f. The proposed project structure and roles and responsibilities are outlined below in **Chart D**.

Chart D

Organization	Role	Responsibilities
Bedford Stuyvesant Restoration Corp. (BSRC)	Lead CBO	Project oversight; fiscal management, contract compliance, planning and implementation of program; Primary point of contact for Mayor's Fund and DCA/OFE. Ensure team members are proactively working to meet established mental health and other related outcomes.
	Economic Solutions Center	Implement Connections to Care program with residents of NYCHA (Marcy, Lafayette, Armstrong, Tompkins House) and/or general public from Census Tract 255 and 283. House a MH staff from BCS part-time (3 days a week) to conduct MH assessments and make connections to care.

Brooklyn Community Service (BCS)	MH Provider	Train BSRC staff in modalities identified by C2C. Offer expertise in service of training BSRC BSRC team for developing a mental health indicator set for the engagement. Serve in an advisory capacity for other areas of the project as needed.
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BCS staff will provide C2C program services on-site at the Jobs Plus location at least 7 hours per week (two half-days). On a quarterly basis, a schedule of activities and MH workshop sessions will be prepared by BCS, followed by biweekly conference calls between key BCS and BSRC staff to monitor progress, provide any needed coaching help, coordinate logistics, troubleshoot any challenges and ensure continuous quality improvement for referral process. BCS will provide a flow chart and resource manual for BSRC staff, identifying resources based on client eligibility, including contact information for applicable local resources.

g. Describe the proposal that includes:

i. BSRC and BCS proposes serving 150 low income unemployed and underemployed working individuals ages 18 and over annually (750 served over the course of 5 years) using C2C in an integrated employment and mental health services.

ii. Service site will be BSRC Jobs Plus site, 630 Flushing Ave. Participants will be NYCHA residents in Census Tracts 255 and 283 and/or elsewhere in Marcy, Armstrong or Lafayette Gardens.

iii. We estimate 20% of BSRC's annual volume of 600 participants from these census tracts are in need of C2C services, and may benefit from participation in workshops, counseling and/or more intensive MH services. BSRC staff have observed a rise of MH-related occurrence before and after being hiring. BCS anticipates approximately 50 C2C referrals per year for more intensive MH services.

iv. BSRC will integrate the following ESC program services as illustrated by **Chart E**:

Chart E

<i>BSRC Economic Solutions Center Programming</i>			
Program/Contract	Funder	Start Date	End Date
Jobs Plus (renewing in 2016)	HRA	April 15th, 2013	April 14th, 2016
Jobs to Build On	CWE	7/1/2015	6/30/2016
SNAP	CWE	10/1/2012	9/30/2016
SYEP	DYCD	4/1/2016	3/31/2019

Single Stop	Single Stop	7/1/2015	6/30/2016
NDA Healthy Families	DYCD	7/1/2015	6/30/2018
Financial Empowerment Center	DCA/OFE	12/1/2014	11/30/2017

v. Strategies for engagement will include (as illustrated in **Figure A**):

- Outreach and recruitment of participant
- Orientation and assessment of job readiness, initial MH assessment/connection to care, and financial health assessment
- Connections to other family supportive services, e.g. referrals to BCS for MH, substance abuse, and domestic violence counseling
- Invitations to attend on-site MH workshops, with incentives (e.g., food, small door prizes)
- Public education campaigns efforts, e.g., to promote community knowledge around emerging substance use issues and available treatments
- Case management to support continued monitoring and progress of Career Service Plans
- Seasonal tax preparation and access to Earned Income Tax Credits
- Financial literacy training and counseling services
- Job readiness training, GED/ESOL training, vocational training referrals, and college enrollment assistance
- Career planning and placement services
- Job matching, placement services and job interview scheduling and follow up

vi. Retention will be promoted through continued case management and financial support. The Career Service Plan will include job placement, educational, financial, mental health, and social support goals. This might include resolving debt, child care, mental health counseling, or sector based training/certification to name a few examples. Participants will be encouraged to remain closely involved with the program after hire and will be invited to take advantage of Jobs Plus Career Advancement services and Emotional Peer Support groups. These include monthly support groups where the employed will be able to share on their work experience to address job related challenges or network to advance in their careers. In addition Career Advancement workshops will be offered to provide the employed with the tools to promote in their current work or find better jobs. Workshops will cover such topics as handling difficulty in the workplace. Through bi-weekly interdisciplinary case conference meetings the Life Coaches/Resource Coordinators, Employment and Emotional health team will share member information, discuss progress and devise a plan of action for employment and continued emotional counseling.

Signaling workplace issues or long-term unemployment is the combined responsibility of the Life Coach and MH professional who will remain in contact with the participant before and after job placement. C2C participants will initially meet with their BSRC resource coordinator/life coach weekly until they are fully engaged in services and workshops. Additionally, each member will be assessed by specially trained BSRC staff, with technical assistance from the BCS MH staff to identify needs for emotional health counseling on-site, and/or more intensive services on and off-site. BCS will be

on-site twice a week to assist in the assessment process. BSRC Staff will maintain monthly contact to ensure follow through with services and plan with C2C services, the research study, and other program related services under the participant program plan.

In conjunction with BSRC's weekly job readiness training curriculum, monthly counseling sessions will be conducted by BSRC/BCS, and if possible, will be co-facilitated by C2C participants who successfully complete BCS peer training. Counseling sessions and workshops will include information sharing on other resources; employment related issues, counseling on daily life skills, self advocacy, and illness management. These sessions will be modeled after the evidence based intervention, Behavioral Activation Therapy, which will address members depression and reduce the likelihood of future depressed behavior. Emotional Counseling sessions will also employ the Problem Solving Therapy to help develop members coping skills and ability to handle stressful work and life situations. Emotional Counseling sessions will be conducted on-site at BSRC's Northern Bedford Stuyvesant site housed by their Jobs Plus program by BCS staff and co-facilitated by a Jobs Plus Resource Coordinator.

vii. Expert BCS staff will train BSRC staff to participate in goals meeting the triple aim of improved outcomes, client perceptions of care, and lower costs for chronic disabling health and behavioral health conditions. Work toward this triple aim will be leveraged to seek enhanced funding from Performing Provider Systems and Managed Care Organizations. BCS will conduct direct skills teaching for designated BSRC staff, on how to employ core mental health interventions with participants. On-site training, program development and group work would be offered on-site by BCS's senior psychologist, who is based in at 20 New York Avenue in Bedford Stuyvesant, and will be assisted by clinical staff from BCS PROS. Specifics on the 4 core modalities are as follows:

- Screenings: BSRC staff will be trained, coached and supervised in the use of the Brief Psychiatric Rating Scale (BPRS), The Beck Depression Inventory (BDI), the MSSSI-SA (Modified Simple Screening Instrument for Substance Abuse), and a PTSD assessment scale recently identified as an evidence based tool by the author of the OASAS toolkit for PTSD.
- Motivational Interviewing: Consistent with relevant research, we will treat the whole person. Mental health issues are embedded in health, substance use, poverty, lack of social support and other determinants. Those with heart disease, diabetes, hypertension and other illnesses associated with lifestyle factors are significantly more likely to be depressed. MH medication can cause weight gain, which can deter people from taking it. Individuals with mental illness have significantly poorer overall health, so addressing health issues can positively impact mental health. Exercise and healthy eating are associated with improved mental health. Staff and program participants will learn of local resources to improve health and mental health. BCS clinicians will train BSRC staff in conducting person-centered clinical interviews and using motivational interviewing strategies to assist participants in considering lifestyle changes and using available resources including those provided on-site by BCS and BSRC staff.
- Mental Health First Aid: Trained/certified BCS staff will train BSRC staff, in accord with the Mental Health First Aid principles. BCS will provide the MH First Aid course, including the 5-step action plan, evidence-supported treatment and self-help strategies, and prevalence data, with fidelity to the tested, core model. Staff will learn to apply the program to a range of adult learning styles, tailoring presentations to diverse audiences and learning environments.

- Psychoeducation: BSRC staff will be trained by BCS staff to identify/refer clients using a model that efficiently directs residents to care for which they identify a need and are eligible.

Training for BSCR staff will include the opportunity for direct observation of BCS's trained BA and MA level clinicians conducting standardized assessments and to identify C2C participants who may need a MH intervention, targeting depression, PTSD, substance abuse and mental illnesses that impact employment success. PTSD, for example, affects a majority of disconnected teens (16-22). It is treatable but perceived as a lifelong, stigmatizing disability, thus impeding treatment. Post-partum depression and the increased demands of parenting young children are also areas in which additional support provided on-site may be critical to employment success. Timely screening and intervention for depression can prevent further problems that can impact families for years and generations.

In addition to the C2C modalities, BCS is a leader in child welfare, with two successful preventive services programs, including one in Bedford Stuyvesant. BCS is funded by NYC ACS and the Annie E. Casey Foundation, to work with NYU McSilver School of Social Work to establish Structured Family Therapy, which BCS has pioneered for over 15 years, as an evidenced based practice. BCS licensed PROS programs have also collaborated in research with Dartmouth and Boston University for over a decade, and will bring this holistic approach to bear to improve employment outcomes for individuals with serious mental illness identified in the C2C program. Through BCS's innovative, research-based programming, BCS PROS participants obtained employment at twice the rate of similar programs across Brooklyn and the rest of the state. Hospital and ER use decreased significantly more (19%) than rates in other PROS programs in Brooklyn (12%) and in NYC/NYS (15%).

The BCS Health Home program is located in Bedford Stuyvesant. HH Care Managers provide services at all BCS sites and, as needed, in clients' homes and/or at sites such as BSRC Jobs Plus. Program participants may qualify for HHCM service if they have two or more chronic, disabling health, mental health or substance abuse conditions, a serious mental illness or HIV, and they are at risk of or have a recent history of hospitalization or ER use. This program can help even those who are not interested in mental health treatment access case management services that positively impact untreated MH issues. Care management increases trust, leading to effective connections with MH care.

viii. BCS will provide C2C training for 6 members of the BSRC's Economic Solution's Center staff, enabling them to provide intake and screening for MH issues, as participants from the targeted census tracts come to the ESC for employment-related services. Please see **Figure A** in the Appendix for proposed customer flow chart with mental health services detailing seamless integration into existing services.

H. Staffing:

i. BSRC plans to dedicate 6 staff members (3 from our Northern Bed/Stuy site and 3 from our main site) in the intake and referral of residents for services under the C2C proposal. BCS as MHP will assign expert MH staff to the BSRC site for at least two half days per week, to provide the services and supports detailed in this proposal. Once they are trained to do so, mental health services will be an additional area that BSRC's existing 6 program staff will assess. This will be incorporated into our intake and assessment process as described in our Program Approach. Incorporating this into our current service delivery design will allow for a seamless delivery of services without causing an increased burden on the program staff that already conducts assessments for job readiness and

financial health. It is important to note that the key program staff identified have no experience in delivering the aforementioned mental health modalities in their current capacities. BSRC foresees hire of a BSRC staff member with a background in mental health to help coordinate these services and additional workshops and follow up needed for integration of C2C. Other BSRC key staff involved will be the Director and Assistant Director at the Northern Bedford Stuyvesant BSRC site to manage the data and evaluation of the program.

ii. All key staff involved at BSRC have extensive experience and background working with low-income unemployed or underemployed adults ages 18 and up. The Executive staff are all in possession of the proper experience and qualifications to manage the program. For more details see **Figure B** in the appendix ---The qualifications and/or resumes of the executive and key staff supporting the program. An organizational chart showing the relevant BCS units and the lead/supervisory staff for C2C, i.e., persons who will conduct the initial training of BSRC staff) is also attached. Staffing for BCS's services on-site at the BSRC site once the C2C program is underway will be assigned from the units shown on the BCS chart. All of BCS's MH staff have extensive experience serving the at-risk population targeted for C2C services.

iii. Please see **Figure B** for qualifications and resumes and **Figure C** in the appendix for the organizational chart.

iv. Please see **Figure C** in the appendix to see organizational staffing including Executive level oversight of mental health services integration.

v. The Executives at Restoration have demonstrated their commitment constantly expanding workforce and social support services for the Bedford Stuyvesant and surrounding community. They have so by the introduction of innovative evidence-based, data driven programming such as Jobs-Plus and the Financial Empowerment Center. The Northern Bedford Stuyvesant Collaborative is another example of executive level commitment to deliver holistic services including mental health services through surveying the residents of particular census tracts in Bedford Stuyvesant.

i. Participants will receive mental health services on-site within enclosed areas, and in meeting areas that facilitate group sessions in a non-stigmatizing setting. BCS will provide training on client confidentiality, HIPAA compliance and record-keeping using Foothold AWARDS or a similar platform.

j. BSRC staff will have access to a 24 hour cell phone hotline staffed by doctoral or masters level clinicians from BCS, who can assess and provide guidance to BSRC staff as to the need for emergency intervention vs. basic de-escalation strategies to use. BCS staff may suggest directly intervening via telephone with the client if needed, until adequate training has been provided in handling potential crises. For cases involving suicidal intent, BSRC staff will be coached by the BCS staff to facilitate successful referrals for immediate psychiatric evaluation. Homicidal intent cases will be assessed for the need to report according to Tarasoff law and SAFE Act, in addition to facilitating immediate psychiatric evaluation. Child abuse cases will require immediate notification to ACS with 2221 reports that BCS staff can complete or assist BSRC staff with, and BCS will also assist BSRC staff in handling elder abuse or neglect cases through referral to Adult Protective Services. BCS will also train BSRC staff using the NYS OMH model of Safety Training.

k. Initial assessments and screening will be provided on-site, both by trained BSCR staff and by BCS MH professional staff. BCS staff will also provide some follow up interviewing and screening services during twice-weekly on-site slots, and will conduct workshops for participants during program hours, as well as some evening sessions. BCS will also provide referrals and transportation assistance (Metrocards) to its off-site services, which are located in Bedford Stuyvesant and Downtown Brooklyn, and are easily accessible from the BSRC Jobs Plus location. BCS Health Home care managers are “mobile” service providers, experienced at reaching hard-to-engage clients and enlisting their interest in receiving care. They will make initial contact on-site and can facilitate engagement via home visits and meetings at other locations where participants are comfortable. BCS-trained peers will be used for C2C outreach and engagement, as another aspect of the “open door” approach to help participants access mental health, care management and other services. Peers provide personal inspiration and will help ensure that participants keep their appointments.

Once referrals are made to BCS, the BSRC Resource Coordination team will confirm weekly with the treatment team to ensure attendance at appointments. They will also converse with the members weekly to make sure they are encouraged to receive these additional support services. Emphasis will be placed around the need for these additional services as a part of the job readiness process. Reinforcing the message as to why this is important in the job search process will be important so the resident does not lose focus as to why they are receiving these services. Currently, the resource team manages their caseload and all referrals using our online database system called Efforts to Outcomes (ETO) administered by Social Solutions. We have also created an additional internal database used as our daily case management tool to record progress notes, outcome completion and referral status. Weekly reports are submitted to the resource coordination team to ensure that progress is being made with each member in finding employment, attending referrals issued, taking part in training programs etc. The team also meets bi-weekly and discusses overall progress of moving residents from a non-job ready to a job ready status where all barriers to employment are minimized.

To strengthen this referral process, the BSCR resource and BCS mental health teams will hold bi-weekly interdisciplinary team case conferences to discuss progress, and identify and discuss others barriers to employment and to optimal mental and emotional health. BCS staff will train BSRC staff in how to obtain consent for the sharing of information and in HIPAA compliant methods for sharing protected health information data in person and electronically.

l. These quantitative outcomes will be measured for all participants taking part in C2C.

i. With the increased intervention, coaching, support, we expect that the residents that are receiving additional mental health services will have an improvement on their outlook on employment; reduction in the stress factors that create mental health instability such as ability to effectively handle stressful/demanding work environment; increased drive to remain at a job to build a continuum of employment; improved understanding of money to build economic self-sufficiency and prevent financial emergencies; increased ability to see the value of continued education to improve employment prospects and wage earnings.

Many of the reasons why residents don’t last at places of employment for example is due to their inability to handle stressful work situations that are exacerbated possibly by other issues in the

home. Many times, residents in low income communities are dealing with childcare concerns, rental arrears, domestic violence and employment instability.

ii. The increased capacity for the Resource Coordination Team to deliver mental health assessments and additional support from BCS will allow for the resident to maintain a positive outlook on challenges including mental health that prevent stable employment, educational attainment etc. Also, they will be able to have the positive reinforcement needed to build a culture of work and self sufficiency. Success will be defined by a variety of factors including but limited to increase in 3 month employment retention by 20%, increase in 6 month employment retention by 15%, increase in vocational/training certification (including HSE) by 15%, increased use of financial outcomes by 20% (in areas of banking, credit, savings and debt), increase in wages over 6 to 12 month period by 25%.

iii. Through the anecdotal observations of the current staff lack of employment stability is a result of not being able to navigate workplace conflict and handle other related stress in the workplace and at home. By being better equipped to handle mental health concerns, a direct impact on employability and confidence handling various workplace situations is expected.

With the exception of the broader monthly objectives highlighted in the RFP, all intermediate deliverable dates within each section as mentioned in the following proposed Service Plan are pending the final and approved Work Plan.

m. A wide array of performance data will be utilized in making programmatic decisions including: staff working with residents, to learn lessons in success; the interplay between attendance to on-site MH workshops, groups, assessments by BCS or BSRC, and valued outcomes. BSRC staff will be trained to track data regarding frequency of contact, successful referrals made, and changes in behavioral health measures via the use of Excel charts and other data collection instruments. Existing templates used by BCS for collection of relevant health related data will be shared with BSRC. Logs will be kept and shared between programs using HIPAA compliant tools to identify and track outcomes of C2C participants. By maintaining C2C participant data within an electronic health record system developed and used by BCS, we will be able to track data such as attendance to interventions, assessments completed and compared over time, referrals made, appointments kept, and health, mental health and substance use outcomes. This data will be compared with employment and other community-based outcomes including decreased use of emergency rooms, hospitals, inpatient substance abuse treatment, ACS-referrals and other indicators of success.

n. C2C participants and staff will be asked to complete surveys on-line or, as needed, on paper to be entered on-line, so as to analyze data for use in service modification and to insure that workshop topics are those most valued by participants.

o. Initial months will be spent outlining needed services and training identified BSRC staff in initial assessments. BCS staff will begin to provide general workshops on MH topics within the initial month of the grant and will provide further assessment, information and referral by the beginning of the third month of the grant. Should there be difficulty in identifying individuals in need of initial screening then BCS mental health staff will meet with BSRC staff to review incidents and other BSRC data to identify residents in need of initial assessment. Barriers to implementation may include concerns by BSRC staff that they will be overwhelmed by these new, unfamiliar tasks. To address this,

BCS will seek their input and help them to explore the relevance of adding enriched services to the quality of life experienced by C2C program participants, the positive impact on employment outcomes and the impact on reducing negative incidents.

p. Designated BCS staff will assist with the design for a basic Quality Improvement Project. BSRC will identify creative staff who are interested in taking on small projects as a learning opportunity. Joint meetings will be held to review data collected, to reinforce the importance of this task, and to motivate staff new to this process.

q. BSRC is a multi-service agency and offers a number of employment and financial related programs that reach members of the target population and others, who will not be part of this C2C initiative. While BSRC's Northern Bedford Stuyvesant site at 630 Flushing Ave will serve largely C2C participants, BSRC's main site located at 1368 Fulton Street and its participants who fall outside of Census Tract 255 and 283 in Northern Bedford Stuyvesant will serve as a comparison group of approximately 300 non-C2C participants during the grant period. BSRC has experience working with quasi-experimental studies used to compare outcomes for participants against outcomes for a similar population. An example of this was the CEO funded Justice Corp pilot managed run by BSRC in 2008-2011. Formerly Incarcerated young adults between the ages 18-24 were part of a study and randomly selected to participate in a program which provided employment, internships, and community benefit projects.