

**MEMORANDUM OF UNDERSTANDING**

**THE CITY OF NEW YORK**

**DEPARTMENT OF HOMELESS SERVICES**

**AND**

**PROGRAM FOR THE DEVELOPMENT OF HUMAN POTENTIAL**

**THIS MEMORANDUM OF UNDERSTANDING (“MOU”)**, made as of August 23, 2022 between the New York City Department of Homeless Services (“Department” or “DHS ”), located at 33 Beaver Street, New York, New York 10004 and Program for the Development of Human Potential (“PDHP”), located at 112-06 86<sup>th</sup> Avenue, 3<sup>rd</sup> Floor, Richmond Hill, NY 11418 (collectively, the “Parties”).

**WITNESSETH:**

**WHEREAS**, DHS’ mission is to prevent homelessness, provide short-term, emergency shelter, reduce street homelessness, and assist homeless individuals in exiting the shelter system, moving into permanent housing, and attaining greater self-sufficiency; and

**WHEREAS**, PDHP has received funding to provide prevention programming and program management services utilizing the Triple P curriculum (“Triple P Program”), an evidence-based, parent-focused, primary prevention program for English speaking families; and

**WHEREAS**, the Parties share the vital goal of providing necessary educational tools to families with children in order to reduce/prevent behavioral and emotional problems in children and teenagers; and

**WHEREAS**, the Parties seek to enter into a pilot program (“Pilot”), at no cost to DHS or its clients, through which PDHP will offer Triple P Program on a voluntary basis to DHS clients residing at the Jamaica Family Residence;

**NOW, THEREFORE**, in consideration of the mutual covenants and terms set forth herein, the parties hereby agree as follows:

**ARTICLE I: TERM**

The term of this MOU shall be from August 24, 2022 through July 1, 2023, unless sooner terminated as provided herein and subject to the availability of funds (the “Term”).

## **ARTICLE II. SCOPE OF SERVICES**

### **A. PURPOSE**

The purpose of this MOU is to establish a formal partnership and service delivery arrangement where PDHP will be responsible for the delivery of the Triple P Program at Jamaica Family Residence, a shelter for families with children, for ninety (90) minutes, twice per week, co-ed group of no more than twelve (12) participants (at any given time). One program cycle of Triple P Program is expected to run for four (4) weeks, upon completion of the four weeks, both Parties will convene to discuss mutual benefit, evaluate outcomes, and decide on whether to continue with subsequent cycles.

### **B. ROLES AND RESPONSIBILITIES**

1. PDHP will offer the Triple P Program to 10-12 families residing at the Jamaica Family Residence starting August ~~24~~ 2022.
2. PDHP will offer four (4) 90-minute parent group sessions for families with children ages 0-12 and four (4) 90-minute sessions for parents with children ages 13-16 (one session a week per each age group).
3. PDHP will also offer three (3) optional telephonic consultations (15-30 minutes in length) to participating families.
4. Depending on the interests and demand among participating families, the Parties may consider extending the Triple P Program for an additional month.
5. PDHP will provide all necessary supplies for Triple P Program at no cost to DHS or participating families. This includes parent workbooks, pre- and post-assessment surveys, writing utensils, certificates of completion, and other presentation materials.
6. DHS will coordinate with the Jamaica Family Residence program director and facilitate large group sessions by providing dedicated space to conduct the Triple P Program (group room/multi-purpose room), table and chairs, video/projector capability (for PDHP laptop connection) to fulfill service delivery.
7. DHS will identify eligible family participants, upon voluntary consent, for the Triple P Program and will share the list of participating families prior to cycle start date.
8. As part of the Triple P Program, PDHP will be collecting and analyzing confidential client data through various surveys and questionnaires. All the client data will be collected only based on the client's consent, attached hereto as **Exhibit A**. The Parties may share client data related to the Triple P Program with each other and with the NYS Office of Addiction Services and Supports to evaluate the program's effectiveness in accordance with the client's consent. Any use or disclosure of the client data must be pursuant to the provisions of all applicable federal, state, and local laws and codes, and shall not be disclosed to any persons, organization, agency, or other entity except as authorized or required by applicable law, rule or regulation promulgated by a governmental authority having jurisdiction.

### ARTICLE III. TERMINATION

Each party shall have the right to terminate this MOU, in whole or in part, upon thirty (30) days prior written notice to the other Party.

### ARTICLE IV. MODIFICATION

This MOU may be modified upon mutual agreement between the parties set forth in writing and signed on behalf of each of the Parties. It may not be modified orally.

### ARTICLE V. NOTICES AND COMMUNICATION

All notices and requests hereunder by either party shall be delivered in writing, and except as otherwise specified in this MOU, shall be delivered by hand or sent via Registered or Certified Mail, Return Receipt Requested, or by overnight mail, Express Mail or other overnight delivery service that provides a receipt to the sender, and directed to the address of the parties as follows:

If to DHS:

Nichola Hammond, Associate Commissioner  
Department of Homeless Services  
Transitional Family Services  
33 Beaver Street, 16<sup>th</sup> Floor  
New York, NY 10004  
NHammond@dhs.nyc.gov

If to PDHP:

Norwood Keaton  
Program for the Development of Human Potential  
112-06 86th Avenue, 3rd Floor  
Richmond Hill, NY 11418  
NKeaton@PDHPBklynDiocese.org

### ARTICLE VI. COMPLIANCE WITH LAW

The services rendered under this MOU shall be performed in accordance with the applicable provisions of Federal, State, and Local laws, rules and regulations as are in effect at the time such services are rendered including without limitation the Civil Rights Act of 1964, as amended by Executive Order 11246, 41CFR 60, Section 504 of the Rehabilitation Act of 1973 and 45 CFR articles 84 and 85.

**ARTICLE VII. ENTIRE AGREEMENT**

This MOU contains all the terms and conditions agreed upon by the parties hereto, and no other agreement, oral or otherwise, regarding the subject matter of this MOU shall be deemed to exist or to bind any of the parties hereto, or to vary any of the terms contained herein.

IN WITNESS WHEREOF, the parties have duly executed this MOU on the date written above.

**THE CITY OF NEW YORK  
DEPARTMENT OF HOMELESS SERVICES**

BY: \_\_\_\_\_

TITLE: ACCO

DATE: 9/1/2022

**PROGRAM FOR THE DEVELOPMENT OF HUMAN POTENTIAL**

BY: NIRWOOD KEATON

TITLE: EXECUTIVE DIRECTOR

DATE: 8/23/2022

**ACKNOWLEDGMENTS**

STATE OF NEW YORK )

:ss

COUNTY OF NEW YORK )

On this \_\_\_\_\_ day of \_\_\_\_\_ 2022, before me personally came \_\_\_\_\_  
to me known and known to me to be \_\_\_\_\_ of  
the DEPARTMENT OF HOMELESS SERVICES of the CITY OF NEW YORK, the  
person described in and who executed the foregoing instrument, and she/he  
acknowledged to me that she/he executed the same for the purpose therein mentioned.

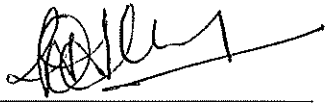
\_\_\_\_\_  
Notary Public

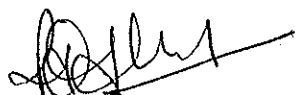
STATE OF NEW YORK )

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COUNTY OF NEW YORK )

On this 23 day of 08 2022, before me personally came Norwood Keaton  
to me known and known to me to be Executive Director of  
the PROGRAM FOR THE DEVELOPMENT OF HUMAN POTENTIAL, the  
person described in and who executed the foregoing instrument, and she/he  
acknowledged to me that she/he executed the same for the purpose therein mentioned.

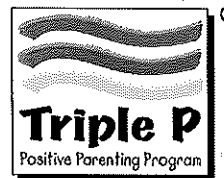
  
\_\_\_\_\_  
Notary Public

  
Rukhsar Jahan  
Notary Public State of New York  
Registration NO 01JA6435414  
Qualified in Queens County  
My Commission Expires June 27, 2026

08/23/22

O – MOU  
DHS & PDHP – Triple P Pilot  
8.8.22

# EXHIBIT A



## Triple P Parent Consent Form

You have been invited to take part in a pilot project to learn more about the effectiveness of the Triple P "Positive Parenting Program" for parents in Families With Children (FWC) shelters. Triple P is an evidence-based program that works with parents/caregivers to develop effective management strategies for dealing with youth risk behavior and promote positive, caring relationships with their children/teens. This project will be conducted by Mr. Jeffrey Barrett at the Program for the Development of Human Potential (PDHP)- SOR II Grant Triple P Facilitator.

If you choose to be in this project, you will be asked to do the following:

1. Complete a 15 minute pre- and post-assessment survey asking about 1) your parenting experiences 2) your child/teen's recent behavior, and 3) your satisfaction with the discussion groups.
2. Participate in up to four (4) Triple P parent discussion groups focused on parenting strategies to help support healthy child/teen behavior and manage child/teen behavioral problems.

Each parent discussion group will be approximately 1-and-a-half hours long, one day a week, for a total of 6 hours over the course of the 4-week program. There are no known risks associated with your participation in this program beyond those of everyday life.

We will strictly maintain the privacy of your research records. Each project participant will receive a code number. Only project staff will have access to your name and code number. We will keep all completed forms in a locked cabinet that only our research team can access. Survey data will also be uploaded and stored on a secure online database (ASRA). Data entered in this database may also be used by the NYS Office of Addiction Services and Supports (NYS OASAS) to evaluate the effectiveness of Triple P interventions and client outcomes. No personally identifying information is entered in this database, and all executive reports generated from the data collected show the data in aggregate form.

We cannot keep information confidential if we have concerns that someone is harming children. In such cases, we will inform people in authority (DHS) about our concerns.

Participation in this project is voluntary. You may refuse to participate or withdraw at any time without penalty. For our surveys, you have the right to skip or not answer any questions you prefer not to answer. If you refuse to participate or withdraw from the project or answer specific questions on the survey, this will not affect your ability to receive services.

If there is anything about the project or your participation that is unclear or that you do not understand or if you have questions or wish to report a project-related problem, you may contact Andrew Hidalgo, Program Field Coordinator, at (718) 804-3164.

You will receive a copy of this consent document for your records.

### Agreement to Participate

If you agree to participate in this pilot project, please confirm the following: I have read/someone has read this consent form to me. All my questions were answered. All parts of the project are clear to me.

Do you consent to being part of this project?

\_\_\_\_\_ Yes, I consent to being part of this project and I have received a copy of this consent form for my records.

\_\_\_\_\_ No, I do not consent to being part of this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date