



December 10, 2021

## Concept Paper

### Strong Messenger Project Supporting NYC Cure Violence Frontline Staff

#### **Purpose of the Proposed RFP**

The New York City Department of Health and Mental Hygiene proposes to issue an RFP to solicit proposals from appropriately qualified organizations to operate the Strong Messenger Project. Contractors would provide direct therapeutic services to over 225 frontline Cure Violence program staff at 24 Cure Violence program sites located in each of New York's five boroughs as indicated below

#### **Background**

The New York City Department of Health and Mental Hygiene recognizes gun violence as an urgent public health issue with disproportionate impact on specific neighborhoods.

In partnership with the New York City Mayor's Office of Criminal Justice, the Department of Health and Mental Hygiene ("DOHMH" or "the Health Department") supports implementation and operation of the City's Crisis Management System, of which Cure Violence (CV) is a central component. Cure Violence is a data driven, community-based, violence prevention program model that employs a public health approach.

In New York City, as across the nation, the neighborhoods most affected by gun violence also have the lowest incomes, the highest unemployment, longstanding housing inadequacy, an array of endemic health issues and the highest rates of premature death in the city.

The CV program model is currently being implemented at 23 program sites in high gun-violence rate neighborhoods in the five boroughs of New York City; table on page 2 for boroughs and neighborhoods. The Health Department supported the City's expansive Cure Violence initiative with staff training, data collection, performance tracking and feedback. The Health Department continues to provide programmatic oversight for the therapeutic mental and emotional health support for CV frontline staff.

The initiative that provides therapeutic mental and emotional health support to frontline CV staff is the *Strong Messenger Project* (SMP). SMP deploys qualified mental health professionals to provide NYC Cure Violence frontline workers with services that promote their mental health and wellness and emotional stability. SMP also offers professional development training and coaching that strengthen CV workers' capacities to be effective at their jobs and enhance their future career prospects.

SMP has been in operation for four years and has aided individual CV program staff and CV outreach teams in coping with their personal issues as well as the stress and trauma that is inherent in their jobs.



Cure Violence program sites located in each of New York’s five boroughs

Precincts	Borough	Neighborhood
23 <sup>rd</sup> 25 <sup>th</sup> 32 <sup>nd</sup>	Manhattan	East Harlem East Northern Harlem Central Harlem
40 <sup>th</sup> 42 <sup>nd</sup> 44 <sup>th</sup> 46 <sup>th</sup> 47 <sup>th</sup> 48 <sup>th</sup> 52 <sup>nd</sup>	Bronx	Mott Haven Morrisania Grand Course Fordham Wakefield Belmont University Heights
60 <sup>th</sup> 67 <sup>th</sup> 73 <sup>rd</sup> 75 <sup>th</sup> 77 <sup>th</sup> 79 <sup>th</sup> 88 <sup>th</sup>	Brooklyn	Coney Island East Flatbush * Brownville East New York Crown Heights Bedford Stuyvesant * Fort Greene
101 <sup>st</sup> 113 <sup>th</sup> 114 <sup>th</sup>	Queens	Far Rockaway South Jamaica Queensbridge
120 <sup>th</sup> 121 <sup>st</sup>	Staten Island	Mariner’s Harbor ** Stapleton

\* Two Cure Violence sites in this neighborhood



\*\* State funded

Contractors would retain, engage, manage, and coordinate services provided by up to 20 culturally competent, qualified psychotherapists (Psychologists; CSWs, LCSWs, etc.) with lived experience of the negative impacts of structural racism and violence, and with success working with predominantly African American, Afro Caribbean, and Latino populations in inner-city settings.

### **Program Information**

Strong Messenger aims to support the mental and emotional health of the city's Cure Violence direct-care workforce by assisting with their personal transitions, helping them to navigate unfamiliar organizational norms, coaching them in their roles as human services helpers, helping them to reconcile the dichotomies inherent in their jobs and by helping them address their unprocessed personal trauma. The City's Cure Violence Program and workforce currently operates as follows:

Each Cure Violence program employs between 8 and 10 direct-care workers whose job titles are *Violence Interrupter*, *Outreach Worker*, *Outreach Supervisor* and *Hospital Responder*. The Cure Violence program model dictates that staff be recruited from the target neighborhoods. CV job candidates are selected for their familiarity, credibility and influence with the subpopulation of the neighborhood that is statistically at high risk for involvement in violence. CV staff typically have personal experience with street life, gang life and violence. Some have served time in prison. The majority come to Cure Violence work with a commitment to undo some of the past harm they have done to their community. The typical CV worker possesses keen intelligence, proven innate leadership abilities, finely honed survival skills and strong persuasive skills. Many CV program staff are in the process of transitioning from street life to mainstream working life and have little or no experience in the mainstream world of work and expected workplace decorum.

Cure Violence job responsibilities place violence interrupters and outreach workers on neighborhood streets in locations frequented by the most high-risk people who are known to be involved in violence, to interact with them and build trusting relationships. At the same time, staff are expected to use professional workplace language, and to display professional comportment and attitude in their offices and in meetings with managers and with the public. Routine expectations such as promptness, accepting supervision and direction, and teamwork can prove challenging for new staff.

CV Staff often experience stress and anxiety in coping with the inherent dissonance in their job requirements. In the course of their violence interruption and outreach work, CV staff also experience vicarious trauma that can trigger their unresolved emotional and psychological issues. While job descriptions entail different specific responsibilities, all CV frontline staff are tasked with discovering and enabling CV team intervention to resolve group and individual conflicts before they erupt in violence.



**CV Outreach Workers** canvas the streets of the target neighborhood engaging with business operators, institutions, residents and passersby, disseminating information about CV program goals and to actively recruiting neighborhood youth and young adults ages, 14 to 24, to become program participants. Each Outreach Worker is responsible for recruiting and maintaining a caseload of up to 15 high risk individuals from the program's target area for whom they provide mentoring, education and employment options, therapeutic services and coaching to reduce their risk of involvement in violence. Outreach workers' goal with program participants is to redirect them from street life and gang life toward safer, more prosocial lifestyles. CV outreach workers are community health workers functioning in a case management/mentor role. As such, they require support in the form of clinical supervision.

**Violence Interrupters** work the darkest parts of the target neighborhood; parks, clubs, stoops, public housing development hallways, basements and apartments that are frequented by gang and crew members. Violence Interrupters leverage old relationships, trust and credibility that they have built up over time with these high-risk individuals so that they and their CV teammates can learn about historic and brewing neighborhood conflicts and intervene with their teams as mediators before conflict erupts in violence.

**Hospital Responders** are notified if ER or Trauma Unit admissions for gunshot or other penetrating trauma resulting from violent assault. Hospital Responders respond to the trauma unit or ER to gather information about the patient's condition, to introduce herself/himself and offer support to family and friends who may be present at the hospital on the patient's behalf and to try to dissuade them from any intentions to retaliate.

Cure Violence Outreach Workers and Violence Interrupters are effective violence prevention specialists with the potential to diffuse, mediate and help to resolve conflict because they are *credible messengers* in the inner-city arena of their neighborhoods. *The Strong Messenger Project* was conceived because of the Health Departments understanding that, in order to be effective and safe in their work, the *credible messengers* must be resilient and strong.

The Strong Messenger Project was designed to support and promote their resilience and strength.

### **SMP's Program Goals**

- 1) Strengthen staff members' coping skills, help-seeking skills, and self-care practices
- 2) Strengthen program team cohesion, team resilience, increasing capacity to internal problem solving, and staff retention
- 3) Build professional integrity, accountability, and leadership skills



### Services to be Provided by Contractor(s)

DOHMH anticipates that the contractor(s) would provide:

1. Information and create awareness of the CV Program and the services provided to recruit new and engage current participants at each of the 24 sites as specified; and expanded if needed.
2. Weekly 90-minute clinical supervision group sessions\*, facilitated by the assigned therapist with all violence interrupters, outreach workers, hospital responders, and team supervisors. The maximum requirement is weekly, and a minimum requirement is monthly. With at least 20 percentage attendance.
3. Individual therapeutic consults at program sites upon request. Therapists will provide individual therapeutic sessions with staff within 14 days of request. They will provide support and assess staff members' need for ongoing therapeutic help and make recommendations and referrals. SMP therapists do not provide long-term ongoing individual therapy.
4. Crisis intervention when needed to assist when a CV team has experienced loss or other trauma, internal conflict, or other upheaval that affects the CV team's ability to function effectively
5. Therapeutic support groups and individual therapy sessions for female Cure Violence Staff, support groups for female CV staff are provided on a maximum of biweekly, and a minimum bi-monthly with at least 10-percentage attendance. Female therapists will facilitate all women groups; female staffs have access to individual therapeutic consults either from the program site *clinical supervisor* or from the women's therapeutic group facilitator.
6. Individual coaching will be available upon request for program managers and directors; these sessions should not exceed more than 12 over the course of the fiscal year.
7. Therapist will provide monthly or bi-monthly therapeutic group workshops with only CV supervisors; with at least 20-percentage attendance. Individual therapeutic consults at program site within 14 days of request. Therapist will assess staff members' need for ongoing therapeutic help and make recommendations and referrals.
8. Therapists will check in with program managers and/or director during their scheduled group visit to the program site; therapists inform program leaders of issues and situations that they should be aware of and offer guidance if requested.
9. Professional therapeutic development and/or skills-building trainings:  
Therapeutic training arm will work with SMP Coordinator and Director to develop and implement a skill and/or professional therapeutic training event for frontline CV staffers. These training events should have at least 25-percentage attendance. Trainings can include trauma-inform care and wellness, motivational interviewing, and adverse childhood experiences (ACEs).

\*Sessions may be provided through tele-conference when necessary.



### **Anticipated Reporting Requirements**

1. Four progress reports would be submitted to DOHMH, one each quarter. Report templates will be provided and will track project information.
2. Participate in quarterly update meetings with SMP coordinator and other appropriate staff during the contract year.
3. Document all services and activities through Survey Gizmo or another DOHMH approved data system(s)
4. Participate in monthly conference calls with SMP Coordinator and contractor's coordinator to ensure that activities and deliverables are on track; troubleshoot issues and review emerging trends, themes among the CV groups
5. Notify DOHMH's SMP director and coordinator immediately of potentially harmful, violent, or illegal conditions or activities at CV program sites or among staff
6. Notify DOHMH in advance of providing any service or activity not specified in the scope of work

In addition, DOHMH anticipates that the contractors will:

1. Maintain an open line of communication with DOHMH and report incidents, trends, and events that may impact on the ability of any CV program to function effectively
2. Assess and respond appropriately to changes in the Cure Violence programmatic environment

### **Proposed Term of the Contract**

- DOHMH anticipates the term of the contract will be 6 years in duration with no renewal options starting January 1, 2023.

### **Procurement Timeline**

It is anticipated that the RFP would be released in the Spring of 2022, with proposals due in the Summer of 2022. DOHMH anticipates making an award decision by Fall 2022.

### **Planned Method of Evaluating Proposals**

DOHMH anticipates that proposals will be evaluated on basis of proposers': relevant experience; approach to the scope of service; approach to program monitoring, data management; and reporting; organizational capacity, including proposed staffing plan; and proposed approach to budget management.

### **Funding Information and Anticipated Number of Contracts**

The total anticipated funding amount for the RFP will be \$425,000 annually, or \$2,550,000 for the six (6) year contract term, subject to funding availability. DOHMH anticipates awarding one (1) contracts, depending on feedback received in response to this Concept Paper. The Agency anticipates that the



payment structure will be deliverables-based, with payments tied to the achievement of deliverables or milestones. DOHMH welcomes feedback from the provider community to developing the specific deliverables or milestones.

### **Use of PASSPort and Prequalification**

To respond to this RFP and all other Human/Client Services RFPs, organizations must have an account and an Approved HHS Accelerator PQL qualification status in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort. If you do not have a PASSPort account or Approved PASSPort HHS Accelerator PQL Application, please visit [nyc.gov/passport](http://nyc.gov/passport) to get started. If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSPort account, please contact [help@mocs.nyc.gov](mailto:help@mocs.nyc.gov)

### **Contact Information/Deadline for Questions/Comments**

Written comments on this Concept Paper are invited by January 24, 2022. Please email [RFP@heath.nyc.gov](mailto:RFP@heath.nyc.gov) and indicate Strong Messenger Project Concept Paper in the subject line of the email. Alternatively, written comments may be mailed to the following address:

Dara R. Lebwohl, Esq.  
Contract Manager  
New York City Department of Health and Mental Hygiene  
42-09 28<sup>th</sup> Street, CN 30A  
Queens, NY 11101