Behavioral Health in Schools Project

Request for Information

Key dates:

RFI Release 6/1/16
Bidder's Conference 6/8/16 (See details on page 3)
Notification of Intent to Respond 6/10/16 (Non-Binding)
Proposals Due 6/20/16 @ 12:00pm
Notice of Award 7/6/16 (Estimated)
Contract Start Date 8/1/16 (Anticipated)

Eligible applicants must be:

Experienced 501c3 non-profit community based providers

Preference given to:

Members of at least one Performing Provider System (PPS): Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn, and/or OneCity Health

Behavioral Health in Schools Project

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I. INTRODUCTION AND BACKGROUND

Purpose of the Request for Information (RFI)

The Behavioral Health in Schools Project is a multi-year DSRIP project funded by the 4 PPSs that will serve up to 100 middle and high schools in Brooklyn, the Bronx, Manhattan, and Queens. The project will roll out in the fall of 2016 in Southern Brooklyn and the Bronx (south of Fordham Road), scaling in subsequent phases to reach more schools and geographic regions.

The Jewish Board of Family & Children's Services is issuing an RFI for the Behavioral Health in Schools project on behalf of four New York City DSRIP Performing Provider Systems (PPSs) - Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn and OneCity Health. Eligible applicants are invited to submit proposals to become a Behavioral Health in Schools' subcontractor (referred to interchangeably as "subcontractor," "provider," or "applicant"). Service requirements include, but are not limited to the following: (1) Providing trainings for staff at NYC public schools on understanding mental health and substance use and effective prevention strategies; (2) Assisting staff to teach skills to students to reduce high risk behaviors and to lower the stigma of mental health treatment; (3) Providing staff professional development, support, self-care and resource sharing; (4) Establishing and making community referrals and linkages for students in need of treatment by providing clear and easy to use "warm hand offs" to mental health and substance use treatment; (5) Training, coaching, and supporting school staff on effective crisis response and when needed assisting in de-escalation of crises; and (6) Assisting school staff in early identification of behavioral health issues, and/or identification of gaps in services in the school and community-based behavioral health services.

Through this exciting project, applicants will have an opportunity to join a multi-stakeholder, creative, and collaborative process of clinical excellence and institutional development. Successful applicants will be motivated by a desire to integrate community needs with wider change, working collaboratively with us to change the culture of behavioral health for future generations of New Yorkers.

The Jewish Board will provide trainings on designated curricula and school-based approaches to subcontractors, who will work to enhance the ability of school communities to meet the behavioral health needs of students and families. Ultimately, this project's aims go beyond the traditional school-based counseling model; through a focus on capacity building and empowerment for educators, the project will create lasting relationships with schools across New York City. At the end of the project period, school communities will have the knowledge and tools to bridge the resource gap for families in need of support, and to foster a culture of mental health awareness as a core ingredient for student success.

This RFI seeks (1) an experienced 501c3 community-based provider to provide training, coaching, and linkages for 5 schools in Brooklyn and (1) an experienced 501c3 community-based provider to provide training, coaching, and linkages to 5 schools the Bronx. Services will begin in September 2016. Each provider will begin working with 5 schools in their selected borough, increasing to 10 schools in January 2017 and 20 schools in September 2017.

The Jewish Board will manage the project, develop and implement the model, ensure service provision to the schools through subcontracted community-based agencies, facilitate partnership between the subcontracted agencies, the DOE, and the PPSs, and track and measure outcomes. The New York Academy of Medicine (NYAM) will work alongside The Jewish Board on model development, support and evaluation. The NYC Department of Education (DOE) and the NYC Department of Health and Mental Hygiene (DOHMH) Division of Mental Hygiene and Office of School Health are joint

partners in the project's design and implementation. Subcontracts under this RFI will be between successful applicants and The Jewish Board.

Contract is anticipated to begin August 1, 2016 with Year 1 term from August 1, 2016 to June 30, 2017, and Year 2 term from July 1, 2017 to June 30, 2018. Year 1 funding will be up to $280,000 per award based on 10 schools. Year 2 funding will be up to $450,000 per award based on 20 schools. One two year renewal will be available for Years 3 & 4 (2018/19 through 2019/2020 school years).

II. ADMINISTRATIVE REQUIREMENTS

(a) Key events/Time line event date

1) RFI Release 6/1/16
2) Bidder's Conference 6/8/16 (See details below)
3) Notification of Intent to Respond 6/10/16 (Non-Binding)
4) Proposals Due 6/20/16 @ 12:00pm
5) Notice of Award 7/6/16 (Estimated)
6) Contract Start Date 8/1/16 (Anticipated)

(b) RFI Bidder's conference, questions and clarifications

Marilyn Jacob, Senior Director, Behavioral Health in Schools, is the designated contact person at The Jewish Board regarding the RFI. She can be reached at mjacob@jbfcs.org or at 212-632-4749.

All interested applicants are encouraged to attend the Bidder's Conference on 6/08/16, 1:00pm-2:00pm, at The Jewish Board, 135 W. 50th Street, 6th Floor, New York, NY 10020.

Questions can also be emailed to Marilyn Jacob. Written responses to questions received by email will be shared with all interested applicants. In order to receive a copy of questions and answers, please email Marilyn Jacob and request to be added to the distribution list. Questions received after 6/12/16 cannot be guaranteed a response.

(c) Eligible applicants

Eligible applicants must be:

1) Experienced 501c3 non-profit community based providers

Preference given for agencies that are:

1) Members of at least one Performing Provider System (PPS): Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn, and/or OneCity Health

(d) Instructions for bid submission and required format

Each proposal is required to contain: Cover Sheet, Narrative Response to Section IV (1-5), Organizational Chart, Budget Spreadsheet and Job Description, if different than described in RFI.

Pages should be paginated, 8.5" x 11" in size and printed in a Times Roman or equivalent font size of not less than 12.

Bidders should send proposals electronically, via email with narrative and forms as attachments (Word, Excel, and PDF formats only), to mjacob@jbfcs.org and rwulf@jbfcs.org by 5:00 p.m. on 6/17/2016.

III. PROJECT SCOPE OF SERVICE

(a) Project overview

Behavioral Health in Schools is a 4-year population health initiative funded by four Performing Provider Systems (PPS) utilizing Delivery System Reform Incentive Payment (DSRIP) funds to strengthen mental health and substance use service infrastructure across systems. The 4 sponsoring PPSs are Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn, and OneCity Health. As a Domain 4 DSRIP project, Behavioral Health in Schools aims to reach 100 middle and high schools in Brooklyn, the Bronx, Manhattan and Queens. The goals are to strengthen mental health and substance use literacy in schools, help schools develop behavioral health crisis response plans and resources, and link schools to the PPS hospitals and other community-based service providers to promote partnership and collaboration in addressing student needs. This program seeks to benefit from the strength and support of local communities by collaborating with them in creative, effective and culturally relevant solutions for children and adolescents throughout the city.

Specifically, this project will work to build the school's capacity to address behavioral health issues in 100 public schools (scaling up over the first year). Building the school's capacity includes a 3 tier approach: 1) universal focus - helping schools to establish wellness and preventive programs for all students and staff to increase mental health literacy, teach skills to reduce high risk choices, and reduce the stigma around behavioral health issues (this project defines behavioral health to include mental illness and substance use; all model components take into account a trauma sensitive and culturally relevant approach); 2) selective intervention to decrease the acuity of mild to moderate behavioral health issues by assessing successes, identifying gaps, identifying subgroups at higher risk of developing behavioral health problems, and addressing inefficiencies in current services; and 3) targeted intervention by establishing linkages to the PPS hospitals, community treatment, care coordination, and crisis response resources including establishing easy methods for schools to learn about and access needed care for students.

This project is intended to demonstrate and learn more about how health systems (PPSs) bridge better connections between schools and behavioral health treatment resources (mental health and substance use), and provide capacity building support and technical assistance for schools themselves to act within the 3 tiers of action: universal, selective, and targeted interventions that promote student behavioral health.

In the final year of the project a toolkit will be developed to sustain project goals in schools past the funded period. This toolkit may include training materials for school teams, educational materials for students and families, descriptions and referral information for community resources, tools for evaluation and screening of both schools and students, and other resources found necessary. This toolkit will be based on the best practices developed over the course of the project and will aim to flexibly respond with the most up-to-date and accurate knowledge and resources needed throughout our network of partner schools.

(b) Project goals

The Behavioral Health in Schools Project aims to achieve population-wide, public health outcomes for students and schools. Providers will use evidence-based behavioral health models with well-researched outcome measures to increase academic successes, reduce dropout levels, reduce truancy, and reduce teacher turnover. Additionally, this project has identified behavioral health goals to increase mental health literacy in both staff and students, increase knowledge of and develop necessary skills to reduce risky behaviors, and to better utilize behavioral health services in the community. These goals will be reached through the use of an integrated model which includes: (1) Providing

trainings for staff and students on understanding mental health and substance use and effective prevention strategies; (2) Providing staff professional development, support, self-care and resource sharing; (3) Establishing and making community referrals and linkages for students in need of treatment by providing clear and easy to use "warm hand offs" to mental health and substance use treatment; (4) Training, coaching, and supporting school staff on effective crisis response and when needed assisting in de-escalation of crises; (5) Assisting school staff in early identification of behavioral health issues, subgroups at higher risk of behavioral health problems, and/or identification of gaps in services in the school and community-based behavioral health services; and (6) Development of a sustainability plan to ensure that continuation of project gains by working with school leadership to integrate systems for identifying and working with students with behavioral health issues into the operations of the school.

The project will subcontract with community-based agencies from PPS provider networks with familiarity and established presence within the school or community to work with a cluster of geographically located schools. Providers will develop staffing including School Behavioral Health Coaches (SBHC or "coaches") and Psychologists (or LCSW supervisors) to form a "Behavioral Health Team" which works with school staff through weekly onsite presence.

Behavioral Health in Schools, although staffed by behavioral health clinicians, is **not** a school-based mental health treatment program. The project will not provide individual, family or group therapy; although school-based coaches will help schools identify and address the behavioral health needs of the student body. The project seeks to work with the entire school population, not just the selected or targeted students with known mental illness or substance abuse issues. The project's goal is to train and support the school staff to increase their knowledge and resources related to mental health and substance use, not to provide another level of intervention within the already crowded school treatment community. Additionally, the project aims not only to reach other than just the high needs schools (many of which already have multiple new and existing programs) but also to reach moderate or low needs middle and high schools to foster a culture of mental health in education across the city.

(c) Project model

Appendix 1 shows a diagram of the project model which includes Training, Coaching and Linkage/Referral. Behavioral Health Team coaches will work with their partner schools to determine the schools' strengths, needs and priorities. A support and coaching plan, based on identified and mutually-agreed upon priorities and goals that are consistent with the Behavioral Health in Schools' goals, will be developed, reviewed and revised, as needed. The plan will be practical, clear, specific, and measureable, and will connect the school's desires to the broader project outcomes.

Coaching includes supporting school staff via various interventions to address barriers and priorities for improvement, better respond to student crises, train staff to identify the early signs of mental illness or risky or harmful substance use/abuse, train to promote wellness and prevention, and facilitate a school's connection to and use of needed community treatment and services, including the PPS hospital systems. Coaching also includes technical assistance to understand when a student needs treatment or when presenting issues can be well accommodated by school staff or behavioral health providers in the school.

The Behavioral Health Team comprised of 3-5 School Behavioral Health Coaches (SBHC) with expertise in adolescent mental health and substance use and a supervising psychologist/LCSW will work with each school cluster. While it is expected that one SBHC will be the primary coach for a school, other team members are expected to fill in as needs arise or to provide coverage or coaching from his/her area of expertise, i.e.: mental health or substance abuse. The Team, as a whole, holds responsibility for all assigned schools and adjusts their time and assignments to meet the needs of the schools.

School culture change will be promoted through a train-the-trainer model in which a Jewish Board Trainer will work with SBHCs to master delivery and implementation of standardized trainings and curricula and then implement that training in schools, providing tools for school-based staff to reinforce skills, deepen knowledge, and integrate Behavioral Health in Schools project competencies into core school operations on an ongoing basis. Training will include best practices on how to effectively partner with schools.

(d) School selection and engagement

The DOE and DOHMH Office of School Health will identify potential schools for participation in Behavioral Health in Schools with input from the PPSs. The schools selected for the first school year will be geographically clustered, will contain a mix of middle and high schools, and will contain a mix of high, moderate and low needs schools. Schools are rated and selected by DOE and DOHMH-OSH in partnership with the PPS's based on such factors as academic performance, dropout rates, truancy rates and teacher turnover rates (see Appendix 2 for details on school ratings). Additionally, schools will be excluded if they have or are planning to have a new NYC-sponsored behavioral health initiative, such as Community Schools or Thrive NYC during school year 2016-2017. The first clusters of schools will also not include "high suspension" schools, District 75 schools, or Restructured schools, but later phases of this project will most likely work with high suspension schools. Later schools selection may be based on an assessment that takes into account community demographics, school and population needs, existence of school-based behavioral health services already in place in the school, community provider arrays, and the overutilization of expensive resources (such as hospital emergency rooms). Schools will be grouped by geography and natural community clusters, which will be flexible to cluster size and scope.

The DOE is in the process of selecting 5 schools in the Bronx (south of Fordham Road) and 5 schools in Southern Brooklyn for the fall of 2016. Awardees will assist the DOE, The Jewish Board and NYAM in engaging identified schools for participation in the project, which will include working with school leadership and existing support resources to develop a deep, collaborative understanding of each school community's strengths, priorities, risks and goals with input from the PPSs.

(e) Behavioral Health Teams - Description of School Behavioral Health Coaches (SBHC)

Each contracted school Behavioral Health Team will consist of 3-5 School Behavioral Health Coaches (SBHC) and a part-time supervising psychologist/supervising LCSW. Teams will be comprised of 3 SBHCs during Year 1, ramping up to 5 SBHCs in subsequent years. In Year 1, each team will begin with 5 schools and scale up to 10 schools by mid-year. In subsequent years, each team will work with 20 schools. Behavioral Health Team members are expected to have varied and complementary experience and expertise in mental health and substance use. The Team model allows for team members to be deployed to work with schools on an on-going or ad hoc basis based on the school needs, as well as to provide coverage during staff absences. Providers will need to determine the needs and interests of the schools and determine the best staffing patterns for specific days and amount of time in each school in their clusters.

Building upon a preventive focus, SBHCs equip schools to identify, assess, and respond to behavioral health needs in students, and will develop a strong system of community-based linkage and referral including behavioral health providers, PPS hospitals and network providers, pediatric practices, Health Homes, community centers, peer support resources, Child Welfare, and Juvenile Justice. Throughout the life of the project, Behavioral Health Teams and SBHCs will act as liaisons between schools/school clusters and the wider provider community, continually reinforcing and deepening collaborative relationships and identifying gaps.

SBHCs will be flexible in the way they interact with schools, at times delivering time-intensive training and coaching to specific schools, at times offering cluster-based workshops and trainings, at times implementing adapted Collaborative Care structures across clusters to empower schools to assess and respond to student behavioral health needs within the school system, and at times working in the PPSs and community to form linkages for treatment and referral at the appropriate community-based level of care. SBHC will train and coach school staff to deliver universal, selective, and targeted interventions identified by the project to support school and community needs, and will evaluate needs and resources for specific evidence-based interventions to educate students and families about behavioral health. They will also provide on-site observation and support for implementation of the strategies identified or taught.

Work with schools will be done in-person and through phone consultation. SBHCs will help strengthen school awareness and capacity and work towards, over the course of the project, developing a school's self-sufficiency in implementing preventive and school-based collaborative models and developing a culture of knowledge, attention, intervention, and referral. SBHC activities and on-site presence will be geared towards fostering an effective workforce and creating change agents to carry work forward in each school. These change agents may include school nurses, guidance counselors, social workers, school disciplinary staff and other school staff. Where appropriate, it may include Parent Associations, student governance or peer leaders, and other individuals.

In addition to focused training on the Project intervention model and curriculum, SBHCs will participate in standardized in-service training customized for the Project, and will also access webinars, modular presentations on specific content areas, and discussions of metrics and program evaluation consistently throughout their tenure. The Jewish Board will offer consultation calls which bring together subgroups of the Behavioral Health Teams/SBHCs, thereby allowing for shared problem solving and sharing of resources (or identification of missing resources across many geographic areas). In addition, data measures will be established and SBHCs will be required to submit regular data and reports.

(f) Behavioral Health Team Budget

The project budget should be based on an Agency's specific costs, such as salaries, fringe rate, insurance costs, administrative overhead rate, and line item expenses. Each agency will be asked to prepare a budget (through the required budget worksheet) with the staffing pattern as described below. The described staffing pattern is required, as is the expectation that SBHCs be equipped with laptops (one-time expense), cell phones, hot spots and transportation reimbursement (on-going expenses).

Subcontractor revenue is as follows:

- Year 1 (2016-2017 School Year), $280,000 based upon serving 5 schools in the fall and 10 schools in the spring
- Year 2 (2017-2018 School Year), $450,000 based upon serving 20 schools

The increase in funding from Year 1 to Year 2 reflects growth in the number of assigned schools (from 10 to 20) per Behavioral Health Team and corresponding increases in staffing (i.e.: from 3 to 5 SBHCs).

Year 1 phase-in, each Behavioral Health Team consists of 3 FTE School Behavioral Health Coaches, 0.2 FTE Supervising Psychologist or LCSW Supervisor, and 0.1 FTE Director. When fully operational (Years 2, 3 and 4), each Behavioral Health Team consists of 5 FTE School Behavioral Health Coaches, 0.2 FTE Supervising Psychologist, and 0.1 FTE Director.

The team will work in the schools for only 48 weeks of the year, but the agency can determine on the budget spreadsheet and narrative section if the staff will be hired on a 48 week basis or 52 week basis.

Additional budget assumptions include a maximum of 35% fringe and 12% administrative overhead rates.

IV. NARRATIVE RESPONSE

AGENCY EXPERIENCE

1. (a) Expectations - Agency experience

1) Applicants will have membership in the network of at least one Performing Provider System (PPS): Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn, and/or OneCity Health

2) Contracting Community-Based Organizations (CBO) will have at least three years of successful, relevant experience in at least 3 of the following areas:
    a) Work in schools and/or in identified communities of Central/South Bronx or Southern Brooklyn
    b) Relationship building with schools and communities
    c) Work with children and adolescents
    d) Mental Health and Substance use Treatment, Wellness, and/or Prevention Programs
    e) Culturally relevant/affirming programming
    f) Crisis Intervention experience

3) Additional experience in the following areas is preferred:
    a) Collaboration with DOE
    b) Involvement with DSRIP projects
    c) Coaching and/or capacity building

(b) Proposal Questions - Agency Experience

Complete responses to the following questions in no more than 8 pages.

1) Confirm your membership in one or more of the sponsoring PPS networks by name and describe your agency's involvement in DSRIP activities and projects.
2) Describe your experience in and approach to engagement and relationship building in schools.
3) Provide at least 2 examples of how your service delivery reflects culturally competency or how you address issues of systemic oppression, injustice, or trauma based on race, religion, sexual orientation, gender identity, or immigration status.
4) Describe your experience providing mental health and substance abuse treatment services and/or operating wellness or prevention programs with children, adolescents and their parents.
5) Explain your past and present strategies for how to address problems or road blocks in implementing new programs or services.
6) Describe any past or present collaboration with DOE and identify factors that made the collaboration successful.
7) Provide information about your agency's experience with and approach to coaching or consultation.
8) Describe experience with crisis mitigation and your philosophy on the use of one or more of the following resources: emergency rooms, peer services, community referral, family involvement, etc.
9) Discuss other relevant experience (in no more than one page please tell us anything else you want us to know)

MODEL AND PROJECT IMPLEMENTATION

2. (a) Expectations – Model and Project Implementation

1) Alignment with the project model and goals
2) Experience using evidence based models
3) Experience collecting and reporting data on service deliverables and outcomes
4) Proven track record of successful program implementation with positive outcomes

(b) Proposal Questions – Model and Project Implementation

Complete responses to the following questions in no more than 5 pages.

1) Describe your basic understanding of the project's model and goals, and how you feel this will align with your agency's services and priorities.
2) What are two challenges that you anticipate the Behavioral Health Team facing in working with the schools and how would you approach those two challenges?
3) Describe your experience implementing evidence based models and services.
4) Describe one example of your agency's collecting and reporting data and deliverables as part of an existing contract.
5) Provide an example of a successful program or model implementation that your agency accomplished and identify the factors that contributed to its success.

STAFF QUALIFICATIONS, TRAINING AND SUPPORT

3. (a) Expectations - Staff qualifications, training and support

1) Behavioral Heath Team Qualifications
    a. SBHCs are required to be licensed clinicians (LCSW, LMSW, LCAT, LMFT, LMHC). They are full-time employees who typically work from August through June or September through July.
    b. Supervising psychologists (can substitute LCSW supervisors with strong school experience) are required to supervise the clinical work of the SBHCs and to assist SBHCs in work with school staff in managing crises. They are 0.2 FTE, 48 week employees.
    c. Behavioral Health Team staff should have at least 2 years of relevant, post-graduate experience working with children or adolescents. Preferred qualifications include prior experience working with schools, working as a consultant in a host-setting, or relationship-building and project implementation across systems.

2) Behavioral Health Team Training - SBHCs and supervising psychologists/LCSW supervisors will be required to participate in project trainings, consultation, site visits and meetings.

3) Timeline for Hiring – Behavioral Health Team staff should be hired and available by mid-August 2016 in order to participate in training and begin engagement and service to selected schools in September 2016.

(b) Proposal questions - Staff qualifications, training and support

Complete responses to the following questions in no more than 3 pages (not including the attached organization chart and if applicable, a job description).

1) Describe how the Behavioral Health Team would fit into your agency's staffing and administrative structure. How will supervision and support be provided for this project? Please include an organizational chart.

2) Does your agency have any existing staff whose role and responsibilities are similar to this project's SBHC's role and responsibilities? If so, what is their title and in what agency program do they work? Please attach your agency's existing job description for that title, if applicable.
3) Describe the activities and timeline for identifying or hiring staff for the Behavioral Health Team.
4) Give the names and background of any existing staff that will be involved directly or provide support for this project.

COMMUNITY INVOLVEMENT AND COLLABORATION

4. (a) Expectations – Community involvement and collaboration

1) Agency has an existing presence in either Central/South Bronx or Southern Brooklyn.
2) Agency has existing relationships with community providers situated to meet the needs of middle and high school students and their families.
3) Agency collaborates with other community and hospital providers.

(b) Proposal questions – Community involvement and collaboration

Complete responses to the following questions in no more than 3 pages.

1) Please describe your presence and work in Central/South Bronx and/or Southern Brooklyn.
2) Provide an example of successful community collaboration and describe the factors that led to it being successful.
3) List the community providers in the geographic area with whom your agency has existing relationships.
4) Please share your thoughts on what factors are essential to meaningful consultation partnerships leading to long-term culture change.

BUDGET

5. (a) Expectations – Budget

1) Agency is able to provide contracted services within the project's budget model and funding amounts.
2) Agency identifies any areas of expense outside of the project's funding and has the financial means to cover those expenses.

(b) Proposal questions – Budget

Submit a budget for Years 1 through 4 using the attached Budget Spreadsheet (Appendix B). Years 3 & 4 are contingent upon renewal on subcontract.

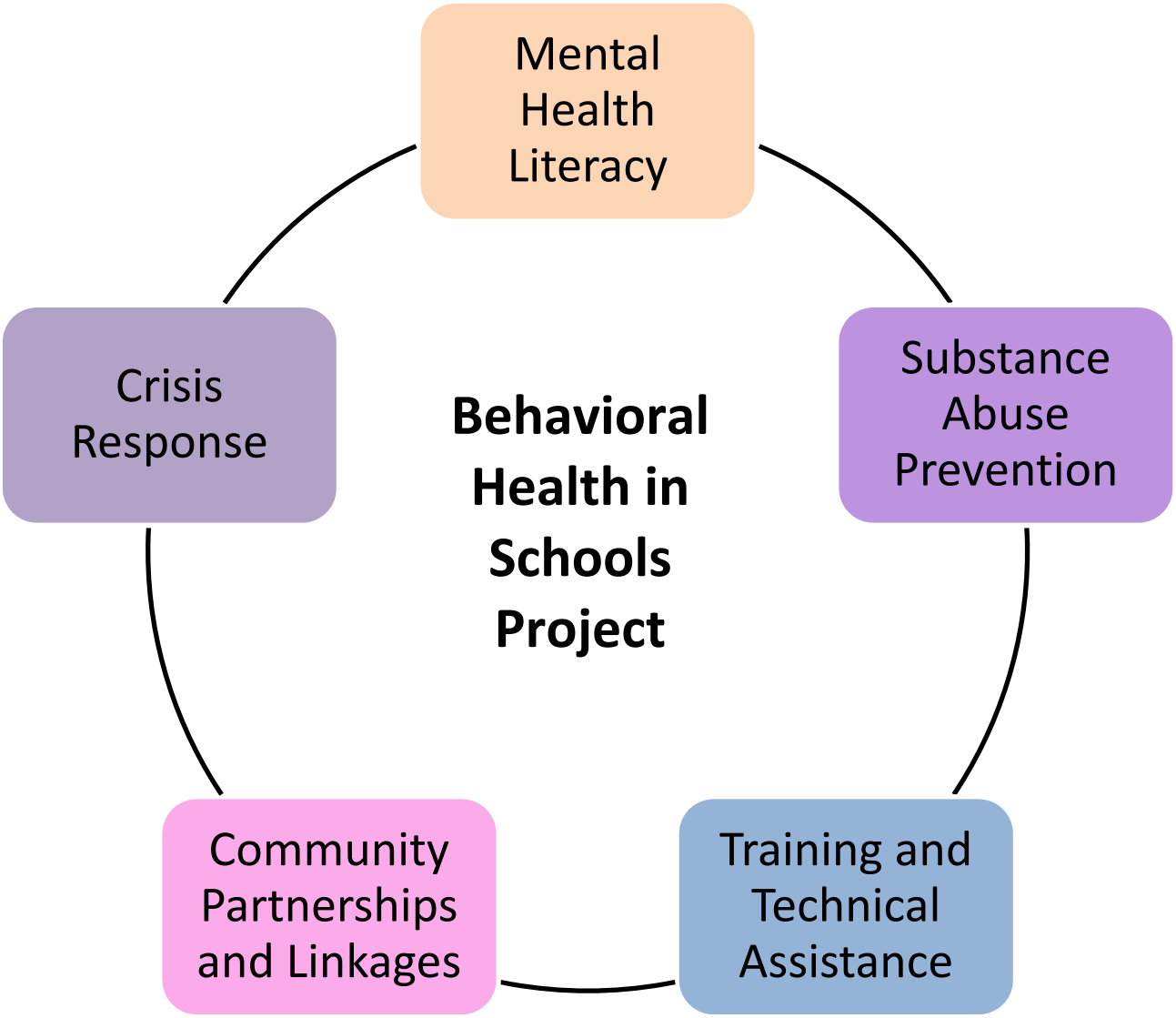
V. PROPOSAL EVALUATION

All proposals submitted by the due date will be reviewed to determine whether they are complete or incomplete based on the requirements of this RFI. Incomplete proposals will be rejected. Proposals from ineligible applicants will not be evaluated.

The Jewish Board's evaluation committee, consisting of 3 evaluators from The Jewish Board and 1 evaluator from NYAM, will review and rate each proposal independently. Recommendations, based on aggregated review and scoring results, will be made to the project's PPS Governing Body, which is made up of members from all 4 sponsoring PPSs. The Jewish Board reserves the right to request further or clarifying information if needed prior to award.

Scoring will be as follows:

Proposal Component	**Maximum Points**
Agency Experience	25
Model and Project Implementation	25
Staff Qualifications, Training & Support	15
Community Involvement & Collaboration	25
Budget	10
Total Proposal Score	**100**



Universally focused and trauma sensitive programs to promote student, staff and school wellness.

Academic Performance indicators*

Low needs school – Not identified as "priority" or "focus" school based on ELA scores or HS graduation rates
Moderate needs school – identified as a focus school
High needs school – identified as a priority school

Dropout Rate*

Low needs school – less than 15% dropout rate
Moderate needs school – 16-20% dropout rate
High needs school – over 20% dropout rate

Truancy Rates*

Low needs school – average daily attendance rate of 97% or higher
Moderate needs school – average daily attendance rate of 93-96%
High needs school – average daily attendance rate of 92% or lower

Teacher Turnover Rates*

Low needs school – teacher turnover rate of 10% or lower
Moderate needs school – teacher turnover rate of 11-20%
High needs school – teacher turnover rate over 20%

Appendix A

Proposal Cover Sheet

Name of Agency: _____

Agency Address: _____

Name of CEO or Executive Director: _____

Contact Information for RFI (name, title, phone number, email, and mailing address):

_____

_____

Geographic location applying to serve: Brooklyn ☐ Bronx ☐ Both ☐

Membership in Following PPS Network(s):

_____

(Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn, OneCity Health)

Agency is a 501-c3 Yes ☐ No ☐

Appendix B

Budget Spreadsheet

	Year 1 July 2016- June 2017			**Year 2 July 2017- June 2018**			**Rationale**
	Hourly rate	# of hours	**TOTAL**	Hourly rate	# of hours	**TOTAL**	
PERSONNEL							
Director							
School Behavioral Health Coaches							
Psychologist or LCSW Supervisor							
Other							
Fringe							
	Number	Cost		Number	Cost		
OTPS							
Lap top purchase							
Cell phone purchase							
Monthly cell phone							
Hot Spot purchase							
Monthly Hot Spot							
Recruitment							
Office Supplies							
Training materials (copying/printing)							
Food & Beverages							
Employee travel (metro card)							
Insurance							
Other							
Other							
Other							
Indirect (G&A)							
TOTAL	**$280,000**			**$450,000**			