



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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nyc.gov/health

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New York City Nurse - Family Partnership Program -Citywide Concept Paper

A. Purpose of the RFP

The New York City Department of Health and Mental Hygiene (DOHMH or the “Department”), Bureau of Maternal Infant and Reproductive Health (BMIRH) intends to issue a Request for Proposals (RFP) to seek appropriately qualified vendors to provide maternal and child health and/or social services Citywide to further expand the Nurse-Family Partnership program.

The Nurse-Family Partnership (NFP) is an evidence-based nurse home visiting program for low-income first time mothers. It is the most rigorously tested program of its kind, with evaluations through three randomized control trials over the past thirty years that have repeatedly demonstrated significant improved health and social outcomes for mothers, children and families. Research concluded that NFP mothers are significantly less likely to abuse or neglect their children, have fewer subsequent unintended pregnancies, or misuse alcohol or drugs; and they are more likely to transition off of welfare and successfully maintain stable employment. NFP children are less likely to be born at low birth weight or to suffer from serious childhood injuries. To date, NFP has been replicated in over 250 counties in 23 states.

Given the demonstrated outcomes of NFP, DOHMH initiated NFP as a demonstration project in Jamaica East, Queens in July 2003 to deliver the program to low-income, first-time mothers who, along with their children and families, benefited from this highly successful program. Over the past two years, increased public and private funding has allowed expansion of the NFP to East and Central Harlem, North and Central Brooklyn, and the South Bronx. This year, additional city funds allows further expansion in these communities and Citywide.

The Department anticipates awarding at least one contract for each of the five boroughs. Proposers may apply for more than one borough, but must submit a separate proposal for each borough. For purposes of this RFP, the contractor chosen for each borough would maintain an active caseload of at least 300 families per year and must have the capacity and resources to expand to serve 1,000 or more families within three years, and must be able to identify funding to enhance funds available from the Department.

As stated, it is anticipated that programs will start in all boroughs with a minimum caseload of 300 families; however, it is not anticipated that the selected proposers for Queens and Staten Island would serve more than 300 families for the first year. As additional funding is made

available for the NFP program, the Department may select additional vendors from those that were responsive to the RFP and whose proposals were determined to be technically viable based on the evaluation criteria to serve additional families in additional programs.

B. Proposal Evaluation

All proposals will be reviewed to determine whether or not they are responsive to the requisites of the RFP. Proposals that are determined by the Department to be non-responsive will be disqualified. The Department's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed.

Contracts will be awarded to the responsible proposers whose proposals are determined to be the most advantageous to the City, taking into consideration other factors or criteria which are set forth in the RFP. In the case that a proposer is eligible for more than one contract award the Department reserves the right to determine based on the proposer's demonstrated organizational capability and the best interest of the City, respectively, how many and for which service area the proposer will be awarded a contract. Contract awards shall be subject to the timely completion of contract negotiations between DOHMH and the selected proposers.

Evaluation Criteria:

- Demonstrated quantity and quality of successful relevant experience 40%
- Demonstrated level of organizational capability 30%
- Quality of Proposed Approach 30%

C. Anticipated Contract Term

It is anticipated that the term of the contracts awarded from the RFP will be from July 1, 2007 to June 30, 2010 and will include one three-year option to renew. The Department reserves the right, prior to contract award, to determine the length of the initial contract term and the option to renew.

D. Anticipated Procurement Timeline

It is anticipated that the RFP will be released by mid December 2006 and that the deadline for receipt of proposals will be approximately four weeks thereafter. A non-mandatory (but suggested) pre-proposal conference will be held approximately two weeks after the RFP release date. It is anticipated that a contractor will be selected by February 2007.

E. Anticipated Maximum Available Annual Funding

It is anticipated that the range of available annual funding for each borough will be a minimum of \$1,650,000 to a maximum of \$1,950,000 for 300 families, pending the availability of funding. The source of the funding, which is baseline, is two-thirds City and one-third state match. In addition, the contractor will be expected to contribute their own funds to support the program. Program expansion to 1,000 families will be funded at a similar rate to the first 300 families.

F. Program Information

The Nurse-Family Partnership (NFP) attempts to achieve three important objectives:

- Improve pregnancy outcomes by helping women practice sound health-related behaviors, including obtaining good prenatal care from their physicians, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs.
- Improve child health and development by helping parents provide more responsible and competent care for their children; and
- Improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find jobs.

NFP nurse home visitors enroll first-time mothers as early as possible during pregnancy (no later than 28 weeks gestation) and follow them until their child is two years old. Over a 2 ½ year period, the nurses make over 60 visits to each family. Each visit, which lasts about 90 minutes, focuses on key domains essential to improving health and social outcomes for mothers and children: personal health, environmental health, life course development, maternal role, family and friends, and health and human services.

NFP is the only rigorously evaluated home visiting program that has a definitive impact on key outcomes for mothers and children. Significant outcomes include a decrease in reports of child abuse and childhood injuries, in hypertensive disorders of pregnancy, and in subsequent pregnancies, as well as a greater inter-pregnancy interval. A fifteen-year follow-up study of the children born to participating mothers revealed these children experienced a significant decrease in arrests, sexual partners, smoking, and alcohol consumption.

The NFP model has proven to be cost-effective; with net reductions in public costs beginning to accrue when children are four years old. The Rand Corporation independently estimated that the cost-savings to society and government over the child's lifetime are at least four times greater than the cost of the program itself. For more information on the NFP model visit the National website at: www.nursefamilypartnership.org.

G. Vendor Performance Reporting Requirements

On a monthly basis, the selected contractors will be required to submit a report to the NYC-NFP Administrator that describes program's progress, nurse training events (in-service, self study, and staff development), issues/concerns, number of new clients enrolled in the month, active clients, staffing status and operational focus of coming month, desired technical support from DOHMH and comments on NNFP – Computer Information System (CIS) monthly productivity reports received from Denver. The selected contractor also will be required to submit a year-end final report, including identification of project activities that, based upon funding/staffing, will be continued within the site. The report will also present recommendations for future/ongoing activities based on contractor's NFP status to date.

H. **Comments**

Written comments on this concept report will be accepted until November 21, 2006, and must be directed to the following contact person:

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