



**New York City Children's Services**

Division of Administration  
Office of Procurement  
150 William Street, 9th Floor  
New York, NY 10038

JOHN B. MATTINGLY, Ph.D., M.S.W.  
*Commissioner*

JULIE FRIESEN  
*Deputy Commissioner*

PATRICIA A. CHABLA  
*Assistant Commissioner*  
*Agency Chief Contracting Officer*

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**Mental Health Evaluations for Children and Families involved in the Child Protective System Concept Paper**

This concept paper is being offered to New York City's private provider community and the public in order to help frame and give purpose to the Request for Proposals which the Administration for Children's Services expects to release in the fall 2008, for implementation of services to children and families in 2009.

**Background**

The Administration for Children's Services (ACS) fundamental mission is to ensure the safety and well-being of New York City children. To achieve this, the ACS Office of Child & Family Health (OCFH), under the Division of Family Support Services, is charged with ensuring that all children served by Children's Services have timely access to quality, comprehensive physical and mental health services, and that these services are provided in a continuous and coordinated manner. For many years, OCFH has been facilitating mental health evaluations for children and family members involved in the Child Protective system. Most of these evaluations are requested by the Family Court Legal System to assist in case investigation, planning, and/or disposition, while others are requested directly by the Child Protective staff, in an effort to better understand the mental health challenges that their clients are facing.

These valuable services fit in with ACS initiatives in the following ways:

- more comprehensive evaluations ( to include the various specialties added) will better inform the child protective workers and will ensure that investigations will result in better decisions for removal or retention;
- results of comprehensive evaluations will assist the agencies, who will have both case planning and case management responsibilities under the Improved Outcomes for Children initiative, in making more sound placement decisions to enhance permanency;
- conduction of evaluations in less traditional settings will increase the likelihood of their completion and are in line with ACS' efforts to accommodate the families' needs exemplified by the Family Team Conferencing model in IOC;
- specialized evaluations will help to identify the specific service needs of children leading to better permanency outcomes and more opportunities for family preservation which is in keeping with the "Family to Family" concept.

## **Purpose**

In order to support ACS in fulfilling its mission, OCFH will seek, to identify up to five (5) appropriately qualified vendors, to provide mental health assessments to children and adults involved in the child welfare system by conducting psychiatric and psychological evaluations in the child's/family's borough. The contractor(s) will provide psychiatric and psychological evaluations in their offices located in one or more boroughs of New York City at the request of a court order and/or upon approval of a referral by ACS staff.

## **Evaluation**

Proposals will be evaluated on the basis of the proposer's experience in providing the required services, the proposer's organizational capability, and demonstrated capacity to provide the required services, and the overall quality of the proposed approach in providing the required services.

## **Contract Term**

It is anticipated that the term of the contract (s) awarded from the upcoming RFP will be for a three (3) year period, with an option to renew for up to three (3) years. The Agency reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

## **Procurement Timeline**

It is anticipated that the Request for Proposals (RFP) will be released in the fall of 2008. A pre-proposal conference will be held approximately three (3) weeks after the release of the RFP. The proposal due date will be approximately one (1) month after the pre-proposal conference. The contract award(s) are anticipated to take place in the fall of 2009.

## **Funding**

The annual funding for services in all five (5) boroughs is estimated to be \$804,315.00. The estimated annual amount per borough award is based on the estimated percentage of citywide referrals as follows:

Bronx:	\$258,956.00
Brooklyn:	\$241,294.00
Manhattan:	\$115,822.00
Queens:	\$99,735.00
Staten Island:	\$88,508.00

## **Number of Contracts**

One contract will be awarded per borough. A vendor may submit separate proposals for each borough of interest.

## **Program Parameters**

OCFH is committed to integrating clinical mental health perspectives into the child protective process. We recognize that, frequently, mental health evaluation reports represent the single most effective avenue to integrate these perspectives. Therefore, we are committed to ensuring that the mental health evaluations for the Child Protective system are:

- Comprehensive;
- Relevant and valid;

- Child-friendly yet family-focused;
- Respectful of all family members;
- Culturally-sensitive;
- Neighborhood-based; and
- Targeted to meet the needs of the clients and the service planning process, with an aim towards strengthening and preserving families.

The above goals will be achieved by the following new and modified innovative services listed:

1. In the past, the protocol for mental health evaluations typically involved children and other family members; each receiving individual evaluations independently from both a psychiatrist and a psychologist, yielding two reports per person. Our current effort is to consider expanding the scope of the evaluation process to assure that the evaluations yield meaningful results that capture a family in an integrated, holistic manner. Individual evaluations may need to be expanded to encompass the parent-child dyadic interaction or the whole family system. At times this may require more than one evaluation session, and may require gathering sufficient background material to provide a context in which the clinician can formulate his or her observations and findings.
2. ACS has always been and continues to be committed to ensuring a strong community-based focus to its work. Up until now, it has often been incumbent upon some families to travel outside of their “comfort-zones” to visit the offices of the mental health evaluators in order to be evaluated. In line with the current focus on services embedded in the clients’ own communities, there is a need to identify evaluators who are available to work in a wider variety of neighborhoods throughout New York City, with a particular emphasis on certain high-need areas in the Bronx and Brooklyn. *Some clients may be more comfortable with evaluations occurring on site at the borough-based Child Protective Services field offices or in the comfort of their own homes, thus yielding more valid results.*
3. In order to effectively inform decision-making within the child welfare system, evaluators *must be skilled in providing sophisticated assessments of parenting skills*, with an emphasis on how the parent’s strengths, limitations, and possible mental health challenges impact that parent’s ability to provide a safe and supportive environment for a particular child. Evaluators need to be very knowledgeable about many of the problems faced by the families involved in the child welfare system, and may need to have *specific expertise to address the multiple complex needs that these families bring to the table, including an understanding of chemical dependency*. Aside from a focus on psychopathology and symptoms of mental illness, evaluators *must bring to their work a sufficient grasp of the mental health sequelae of abuse, neglect and domestic violence, as well as strong skills on the assessment of strengths and capacities of different family members*.
4. In addition to general evaluations, there is a *need for a broader menu of specialty evaluations such as developmental assessments, educational assessments, specialty approaches for children with mental retardation and/or developmental delays, neuropsychological assessments, assessments relating to high risk behaviors such as fire-setting risk and sex-offending risk, and mental health evaluations for children with special sensory needs (deaf or blind)*.
5. One method to address the fragmented quality of multiple independent evaluations on the same individual is to have the evaluators work as a “team”. Ideally, in circumstances in which several evaluators are interacting with a single client or family, evaluators should have an opportunity to consult with each other regarding their findings and recommendations, and to

discuss assessment results in order to resolve any discrepancies and maximize consistency.

6. In recent years, practitioners in the child mental health system have often been limited to working with children over the age of 5 and under the age of 18. However, the child welfare system as a whole presents the need to serve a broader age range of clients, including infants and young children and up to older teenagers, young adults, parents and grandparents.
7. Since the client is not seeking help out of his or her own free will, engagement is one of the significant challenges in providing a mental health service to a client or family involved with the child welfare system. Often, clients will perceive the mental health clinician as an extension of the governmental authority structure, and will approach the evaluation with a sense of apprehension and resistance. Evaluators must be prepared to face this initial mistrustful posture, must be empathic, and must be appropriately equipped to address it. *Evaluators must be innovative in terms of their techniques to get clients to show up for appointments with open minds.*
8. Evaluators must be culturally sensitive and be equipped to meet the needs of clients for whom English may not be the primary language.
9. Evaluators must be knowledgeable about the child welfare system, its language, and “multi-ethnic population” levels of care and institutions. Evaluators must be able to translate their feedback into a manner that can be clearly understood by the child welfare staff members who will be able to address the families’ needs appropriately.
10. The recommendations that stem from the evaluation findings must be developed in collaboration with family members, must be user-friendly, and must be comprehensive; taking into consideration the variety of resources available to support and strengthen families.
11. The Contractor must have an office/facility in the borough(s) where services are to be provided and must also be able to provide evaluation services off-site at Children’s Services facilities and/or the client’s home. Services and service hours to be procured include:
  - General psychiatric and psychological evaluations. (Note: General mental health evaluations must include substance use/abuse and chemical dependency assessments and must have sensitivity to the trauma-related problems, family dysfunctions and familial substance abuse issues common in the child welfare population).
  - *Off-site psychiatric and psychological evaluations provided at child welfare field offices and occasionally at hospitals, schools or clients’ homes*
  - *After-hours psychiatric and psychological evaluations provided on weekday evenings, weekends and holidays*
  - Psychiatric and psychological evaluations in languages other than English
  - *Parent-child dyadic assessments*
  - *Parenting skills assessments*
  - *Family system assessments*
  - *Specialty evaluations (including but not limited to developmental assessments, educational assessments, specialty approaches for children with mental retardation and/or developmental delays, neuro-psychological assessments, assessments relating to high risk behaviors such as fire-setting risk and sex-offending risk, assessments related to the impact of domestic violence, and mental health evaluations for children with special sensory needs such as deaf or blind children).*
  - Court appearances

**Population to be Served**

Children and families with active child protective cases in the Division of Child Protection (DCP) needing psychiatric and psychological evaluations.

All comments regarding this concept report must be received by October 6, 2008. Comments should be sent to:

Contact Person: Rafael Asusta, Deputy ACCO  
Office of Procurement, Child Welfare Services Unit  
Administration for Children's Services  
150 William Street, Room 9-A3  
New York, NY 10038  
  
Telephone #: (212) 341-3511  
E-mail: [acscr@acs.nyc.gov](mailto:acscr@acs.nyc.gov)