NYC Children

July 22, 2026

NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES (ACS)
ALTERNATIVE TO PLACEMENT AND AFTERCARE SERVICES
CONCEPT REPORT

Background

This Alternative to Placement and Aftercare Services Concept Report is the precursor to a forthcoming Request for Proposals (RFP) that the New York City Administration for Children's Services (ACS) expects to release in the summer of 2026.

ACS' Division of Youth and Family Justice (DYFJ) provides citywide juvenile justice services with a focused strategy of promoting public safety and improving the well-being of youth, families, and communities. DYFJ ensures quality care and creates youth-centered opportunities to help young people become positive, contributing members of society. DYFJ's Community-Based Alternatives (CBA) unit is a subdivision of DYFJ that manages ACS' continuum of juvenile justice prevention programs that serve court-involved and at-risk youth.

This Juvenile Justice Initiative (JJI) program will provide high-quality, intensive alternative-to-placement services and aftercare services to youth using evidence-based treatment, along with an education/employment specialist for additional support in identifying necessary resources. By serving youth and families in their own neighborhoods, ACS hopes to stabilize families, reduce recidivism, and improve school performance. JJI is both an intensive dispositional alternative for delinquent youth who would otherwise serve time in institutional settings and an aftercare program for youth transitioning from non-secure placement and limited secure placement back into the community.

Through this RFP, DYFJ will continue to offer Multisystemic Therapy (MST). Specifically, we will procure slots for standard MST and the MST-Psychiatric adaptation. Both MST and MST-Psychiatric are established treatment models proven to work with the population of youth served by JJI.

Purpose of the Request for Proposals

Through the RFP, DYFJ will continue JJI's commitment to providing high-quality, evidenced-based interventions for youth at the highest level of need in the juvenile delinquency system - those being recommended for out-of-home placement and those exiting placement and reentering the community. The RFP seeks highly experienced service providers to provide both alternative-to-placement (ATP) and placement aftercare services to youth ages 12 to 18 (up to age 17.5 at time of referral) and their families using targeted and specific evidenced-based interventions. JJI serves youth who have been or are in the process of adjudication in New York City (NYC) juvenile courts. Intensive services allow them to remain at home while receiving support in the community, instead of being remanded to a juvenile justice setting. JJI services can be put in place for youth when leaving a juvenile justice non-secure or limited secure placement and transitioning back to the community. ACS is seeking providers with expertise in working with delinquent youth and their families and successfully implementing evidence-based program models that address issues commonly faced by youth and families who are involved in the juvenile justice system.

ACS is seeking providers who can offer their own expertise, creativity, and experience in developing and operating these types of services that achieve desired outcomes and meet both ACS' and the proposed program model's standards. Providers must have experience operating child welfare or juvenile justice

preventive or diversion programs, as well as alternative-to-placement and/or aftercare services that supervise and serve court-involved youth and families in New York City. Additionally, providers should have experience implementing and providing relevant, fully licensed Multisystemic Therapy (including any adaptation) to families with youth aged 12 to 18 with maladaptive behaviors, substance abuse histories or who are facing other issues common to youth and families involved in the juvenile justice system.

Population(s) to be Served

The target population to be served is adjudicated youth between the ages of 12 and 18 (up to age 17.5 at time of referral) and their families using targeted and specific evidenced-based interventions.

Goals and Objectives of the RFP

ACS' goals and objectives for this RFP are to:

- Avoid the use of residential placement for youth who can be appropriately served in the community;
- Reduce the number of youth in residential placement facilities and reduce the amount of time in placement for those in ACS non-secure or limited secure placement;
- Support youth compliance with probation terms and dispositional orders to avoid violations and encourage successful completion of probation;
- Serve youth and their families in their own neighborhoods;
- Improve individual and family functioning, including relationships between youth and their parents/caregivers;
- Reduce recidivism;
- Reduce truancy, substance use, curfew non-compliance, and other youth-specific maladaptive behaviors;
- Improve school performance; and
- Ensure a successful transition for youth from placement back to home or alternative placement to probation.

Competition Pools

ACS anticipates awarding three contracts through this RFP to serve up to 98 youth at a time and 196 youth annually. JJI serves youth at six-month intervals. Therefore, each "slot" can serve up to two (2) youth per year.

There are three competition pools for this RFP. Proposers wishing to apply for multiple competitions must submit separate and complete proposals, including all required documents, for each competition. Proposers should clearly indicate which competition pool they are applying for.

Competition Pool	Slots	Model	Annual Funding Amount
1. Manhattan/Bronx	40	Multisystemic Therapy & Multisystemic Therapy - Psychiatric	$2,286,956
2. Brooklyn/Queens	40	Multisystemic Therapy & Multisystemic Therapy - Psychiatric	$2,286,956
3. Staten Island	18	Multisystemic Therapy	$940,530

Proposed Program Approach

ACS is seeking providers to effectively provide Multisystemic Therapy-Psychiatric (MST-Psych) and/or Multisystemic Therapy (MST). Evidence-Based Models (EBM) have a body of clinical research that demonstrates the effectiveness of the proposed service with the population to be served. EBM contractors would serve families who align with the model's criteria or as otherwise referred by ACS for services. Contractors would:

- Provide prompt, targeted, effective, time-limited, model-adherent services that directly address the challenges and needs of youth and families being served under this intervention.
- Design a comprehensive incentive program that motivates youth to meet the expectations of the court, the Department of Probation, Close to Home worker, parent/caregivers, or others.
- Give additional support to these youth and families to improve educational outcomes and participation in pro-social activities.
- Administer a course of MST treatment to each youth and family for a minimum of six months.
- Be available 24 hours a day/seven days a week. Therapeutic sessions are held a minimum of two times per week.
- Seek to provide services that facilitate strengthened youth and family functioning and improved outcomes in key areas, including school, health, mental health, and justice system involvement.
- Coordinate with Detention and Limited Secure Placement staff.
- Establish relationships with community-based organizations that can provide youth with pro-social activities, including educational support and/or tutoring.

Planned Method of Evaluating Proposals

ACS anticipates awarding up to three contracts through this RFP, one contract per Competition Pool: 1) Manhattan/Bronx; 2) Brooklyn/Queens; and 3) Staten Island.

The proposed method of evaluating proposals will be as follows:

- Upon receipt, proposals will be reviewed for overall responsiveness. Proposals determined by ACS to be non-responsive will be rejected.
- All responsive proposals will be evaluated pursuant to criteria to be specified in the RFP, which may include, but are not limited to:
  - Experience
  - Target Population
  - Program Model and Approach
  - Staff Qualifications and Training

- Program Locations, Accessibility, and Inclusivity Standards
- Monitoring, Quality Assurance, and Reporting
- Budget Management

Awards will be made to the highest-ranked proposal within each Competition Pool. ACS may also make site visits and conduct interviews with Proposers as part of the evaluation process.

Proposed Term of the Contracts

It is anticipated that the contracts awarded from this RFP will have a three-year initial term beginning July 1, 2027, through June 30, 2030, with two additional three-year renewal options.

Total Anticipated Funding Available

The total available three-year funding for the contracts awarded from this RFP is $16,543,326, or $5,514,442 annually. Contracts resulting from this RFP may be subject to increases or decreases driven by performance using utilization, quality, and outcome metrics set by ACS. Such metrics may include staff training goals, program utilization data, quality of engagement, stakeholder outreach, and post-services outcomes.

Anticipated Payment Structure

Proposer will be reimbursed based on an approved line-item budget. ACS reserves the right to modify the payment structure in the future.

Procurement Timeline

ACS anticipates that the RFP associated with this Concept Report will be released in the summer of 2026. A pre-proposal conference will be held shortly after the release of the RFP. ACS projects that the recommended awardees will be announced winter 2027 and contracts will start on July 1, 2027.

Proposed Contractor Performance Reporting Requirements

Contractors would comply with the specific policies and procedures regarding assessment, case documentation, evaluation, and quality assurance measures for the evidence-based service model being used, including the use of databases provided and operated by the model provider, and would make these data available to ACS and other parties for monitoring and evaluation.

Contractors would maintain adequate case files and fiscal records and ensure that staff follow appropriate recordkeeping practices and procedures, in a manner compliant with all existing Federal, State, and City laws, rules, and regulations. Recordkeeping also must be consistent with policies, procedures, and standards promulgated by ACS, including the utilization of electronic data management systems such as the New York State system of record for all child welfare cases, CONNECTIONS (CNNX) and ACS's system for tracking the provision of prevention services, the Preventive Organization Management Information System (PROMIS), and any successor systems of record.

Contractors would collect and maintain data to report to ACS and model developers on program performance. This data would be used to measure the program's performance in delivering the expected outcomes to be

outlined in the RFP. Contractors would be fully responsible for ensuring completeness of this data and for the maintenance of any internal systems used to collect and maintain the data. Contractors performing evidence-based models would utilize any information systems required by the model developer(s). ACS will work collaboratively with contractors to ensure that the data being collected will effectively track the goals of the program.

Monthly and quarterly data reports will be submitted to the ACS as requested. Contractors would provide sufficient information to ACS and any applicable evidence-based program consultants to enable them to collect data on and monitor additional performance indicators as appropriate and as part of a full evaluation process.

Use of PASSPort

Health and Human Service (HHS) Request for Proposals (RFPs) will be released through New York City's Procurement and Sourcing Solutions Portal (PASSPort).

To respond to this forthcoming RFP and all other Human/Client Services RFPs, organizations must have an account and an approved HHS Prequalification application in PASSPort. Proposals and Prequalification Applications will **ONLY** be accepted through PASSPort. If you do not have a PASSPort account or an approved PASSPort HHS Prequalification Application, please visit www.nyc.gov/passport to get started.

If you have any questions about PASSPort, including your HHS Prequalification status, please submit an inquiry to www.nyc.gov/mocshelp.

Contact Information

All comments and feedback regarding this Concept Report are due no later than **5:00pm** on **September 8, 2026.** Comments should be emailed to JJIATP-CP@acs.nyc.gov.