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**COUNTY OF SONOMA  
DEPARTMENT OF HEALTH SERVICES**

**EARLY CHILDHOOD PREVENTION AND EARLY  
INTERVENTION**

**MENTAL HEALTH DIVISION  
REQUEST FOR PROPOSAL #: 070709**



County of Sonoma Department of Health Services  
Mental Health Division  
3322 Chanate Road  
Santa Rosa, CA 95404  
<http://www.sonoma-county.org/health/>

and



490 Mendocino Avenue, #202  
Santa Rosa, CA 95401

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## TABLE OF CONTENTS

<b>SECTION 1 — INTRODUCTION</b>	<b>3</b>
A. Purpose of Request For Proposal	5
B. Background	9
C. Proposal Submittal	9
D. Written Questions	9
E. Finalist Interviews - Optional	10
F. RFP Process and Key Event Dates	10
<b>SECTION 2— CONTENT OF PROPOSALS</b>	<b>12</b>
G. Proposal Instructions	12
H. General Information	13
I. Selection Process	14
J. Duration	15
K. Cancellation of Intent to Award	15
L. Appeal	15
M. Website Reference	15
<b>SECTION 3—ATTACHMENTS</b>	
Attachment A – Sample Service Agreement	16
Attachment B – Experience and Qualifications	28
Attachment C – RFP Scoring Guidelines	29
Attachment D – Proposal Cover Sheet	34
Attachment E – MHSA PEI Planning Principles	35
Separate Attachment: Sample Budget Detail Excel Worksheets	

## Section 1: Introduction

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). MHSA provides funding, personnel and other resources to support county mental health programs. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements to effectively support the mental health services system. To provide an orderly implementation of MHSA programs, the California Department of Mental Health has planned for sequential phases of development for each of the six components of the MHSA. An essential first step required by the MSHA was a comprehensive countywide planning process designed to involve the community in developing these programs and support systems.

Sonoma County's public planning process for implementation of the MHSA began in the fall of 2004 and has continued over the last five years. The Community Services and Supports (CSS) ([www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa)) component serves individuals with serious mental illness and funds programs which were implemented in 2006. Planning for the Prevention and Early Intervention (PEI) ([www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa)) builds on prior CSS community planning processes. The State's MHSA PEI Planning Principles provide guidance for counties to develop an informed constituency while continually reaching out to broaden diversity and expertise.

For the PEI component of the Sonoma County Mental Health Services Act Plan, the Sonoma County Mental Health Division (MHD) engaged in a community planning process to design preventive systems that utilize innovative, evidence-based, culturally competent programs to reduce risk factors, build skills, and increase support for those at risk of developing serious mental illness. MHD convened stakeholders, service providers, family members, community members, and consumers in a process that resulted in four age-specific PEI strategies and one system enhancement PEI strategy.

The goals of the Prevention and Early Intervention (PEI) component are to:

- Engage persons prior to the development of serious mental illness or serious emotional disturbances and to alleviate the need for additional mental health services or extended mental health treatment.
- Build capacity for mental health prevention and early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, and community organizations).
- Ensure earlier access to mental health services in order to lower the incidence of mental illness and suicide, to enhance wellness and resilience, and to reduce stigma and discrimination in Sonoma County.

The Early Intervention element of PEI is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems or concerns, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse.

The following diagram depicts the Mental Health Services Act Components, which includes a description of the elements of Prevention and Early Intervention.

<b>Mental Health Services Act Components</b>
Community Services & Supports (CSS)
Prevention & Early Intervention
Workforce Development (WET)
Innovation
Capital & Technology

### **Sonoma Children’s & Families Commission Partnership with MHD for Early Childhood Prevention and Early Intervention**

First 5 Sonoma County and Sonoma County Mental Health request proposals for projects designed to address the social-emotional needs of at-risk children ages birth-5 and their parents/caregivers as determined by the Mental Health Services Act Prevention and Early Intervention 0-5 work group.

**Total available funding: \$834,000**

A total of \$550,000 from MHSA is available to fund projects that address one or more of these three focus areas:

- ⇒ System of care for children birth-5
- ⇒ System of care for pregnant women and mothers of children birth to 24 months experiencing perinatal mood disorder
- ⇒ Education and early intervention for parents/caregivers

A total of \$284,000 from the Children and Families Commission is available to fund

- ⇒ Provider training and technical assistance in evidence-based practices
  - for projects that address the above focus areas.
  - to enhance programs that are already serving young children and their families. Such requests must document that the applicant is currently providing services in one or more of the three focus areas.

All funded projects will receive technical assistance in evaluation design, data collection, and reporting.

See the Scope of Services section for specific components.

The MHD and First 5 Sonoma County have collaborated in both the Mental Health Services Act PEI process for children 0-5 and in First 5's planning for an effective system of early childhood social-emotional health. Both processes acknowledged that many psychiatric and antisocial conditions can be prevented if social-emotional development during infancy and early childhood is understood and supported with programs and services for our youngest children and their families.

An unconflicted proposal review committee will be convened. The MHD and First 5 Sonoma County staff will work with varied and representative community-based organizations, including the Sonoma County Community Action Partnership and the National Association for the Advancement of Colored People (NAACP), to recruit people of color, family members, early childhood development experts, and others with specialized knowledge in early childhood social-emotional health, including one or more First 5 Commissioners, to serve on the proposal review committee to evaluate and make recommendations on all proposals received for the 0-5 age group. The work of the proposal review committee will be facilitated by First 5 staff and MHD staff. The recommendations of the proposal review committee will be forwarded for approval to the Sonoma County Children and Families Commission, the governing body of First 5 Sonoma County, and then to a selection committee composed of the Mental Health Services Director, and the Director of the Department of Health Services.

**Other Resources and Materials**

[www.dmh.ca.gov/](http://www.dmh.ca.gov/)  
[www.cimh.org/](http://www.cimh.org/)  
[www.networkofcare.org](http://www.networkofcare.org)  
[www.namisonomacounty.org](http://www.namisonomacounty.org)  
[www.mentalhealthcoalitionsc.org/](http://www.mentalhealthcoalitionsc.org/)

**For information regarding best and promising practices, see**

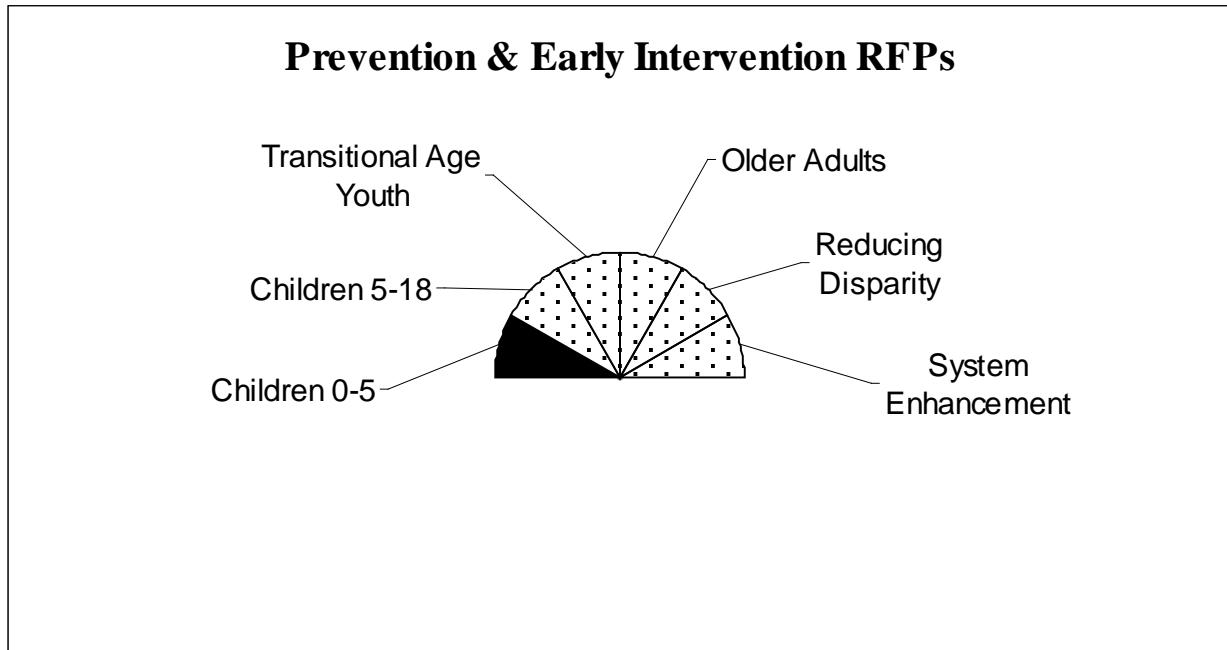
[www.dmh.ca.gov/DMHDocs/docs/notices07/07\\_19\\_Enclosure6.pdf](http://www.dmh.ca.gov/DMHDocs/docs/notices07/07_19_Enclosure6.pdf)  
[www.dmh.ca.gov/Prop\\_63/MHSA/Prevention\\_and\\_Early\\_Intervention/Resource\\_Materials.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/Resource_Materials.asp)  
[www.uwkc.org/kcca/practices/default.asp](http://www.uwkc.org/kcca/practices/default.asp)

**A. Purpose of Request for Proposal**

This RFP outlines the information necessary to understand the Contractor selection process and the required documentation necessary for the submission of proposals. This is a competitive Proposal. Funding periods will range from one to two years.

1. The Sonoma County Department of Health Services, Mental Health Division and First 5 Sonoma County are soliciting proposals from interested agencies and organizations to do the following: Serve at-risk children ages 0-5 in Sonoma County and their parents/caregivers. These at-risk populations include children in stressed families—especially those with parents and caregivers with depression, including perinatal mood disorders, and other forms of mental illness, and those impacted by alcohol and other drug problems; children at risk of school failure; trauma-exposed children, including those exposed to domestic violence; children with special needs; and children with challenging behaviors. See the Scope of Services section for specific components.

Latino children and their families are priority populations given demographic trends in the county as well as disproportionate health outcomes and a current lack of culturally-appropriate services for Latino populations.



2. First 5 Sonoma County will support these efforts by funding training for staff in evidence-based practices that promote early childhood social-emotional health through education and early intervention at multiple levels for parents and caregivers. Providers receiving funding for training will also receive technical assistance and support for process evaluation to assure implementation of selected evidence-based practices with fidelity to the model. Requests for training should be included as part of a larger proposal responding to this RFP. Also, training requests may also be made to enhance existing programs that are already serving young children and their families. Agencies and organizations requesting training must document that they are providing services in one or more of the three focus areas. Proposals for Triple P: Positive Parenting Program training and technical assistance will be given strong preference.

The total amount available for this project is \$834,000, which consists of \$550,000 of MHSA PEI funding and \$284,000 of First 5 Sonoma County Commission funding. An additional \$16,000 in First 5 funding will provide technical assistance in evaluation design, data collection, and reporting from the California Institute for Mental Health to programs funded under this RFP.

County may award one or more contracts for Fiscal Year 2009-2010 and Fiscal Year 2010-11.

## **2. Minimum Qualifications:**

The successful interested agencies and organizations must possess (without limitation) the following qualifications:

- a. Experience and qualifications commensurate with this project.
- b. Experience and success in similar systems of care for children 0-5
- c. Knowledge of and experience in working with children 0-5 and their families.
- d. Experience in development and timely implementation of a project plan for similar projects.
- e. Experience delivering culturally and linguistically appropriate services in ways that account for non-traditional experiences and perspectives or demonstration of ongoing efforts to build organizational capacity to do so.

## **3. Scope of Services:**

The Early Childhood Prevention and Early Intervention Project will consist of the following complementary components that reflect all aspects of the prevention continuum. Interested agencies and organizations are encouraged to submit proposals to address one or more of the three focus areas listed below as a, b, and c, **and** to receive training and technical assistance to support those activities, as listed in the training component (d). Also, agencies and organizations not applying to conduct activities in the three focus areas may apply for training in evidence-based practices to enhance programs that are already serving young children and their families. Such requests must document that the applicant is currently providing services in one or more of the three focus areas.

### **a) System of Care for Children 0-5.**

- **Social/emotional screening of children:**
  - i. Uses validated screening tools [e.g., Ages and Stages Questionnaire (ASQ); Ages and Stages Questionnaire, Social-Emotional (ASQ-SE), Brief Infant Toddler Social-Emotional Assessment (BITSEA)]
  - ii. Is provided at naturally occurring settings [e.g., Community health centers, CBOs, WIC, AOD providers, Head Start, preschools, playgroups]
  - iii. Is also available to parents/care providers who fall outside service systems yet have concerns or risk factors
- **Assessment and facilitated referral to services for high-risk children and their families:**
  - i. Helps parents navigate systems through enhanced referrals/professional support for follow-through
  - ii. Provides assessment of existing family resources or qualifications for entry into service system(s)

- iii. Fills gaps for children who are not eligible for assessment through government-sponsored programs or other systems

**b) System of care for pregnant women and mothers of young children from birth to 24 months experiencing Perinatal Mood Disorder (PMD). Elements to include:**

- Universal surveillance by medical providers
  - i. Uses a validated surveillance tool [e.g. Whooley Depression Screen]
- Screening by medical or non-medical health workers
  - i. Uses a validated screening tool [ e.g., Edinburg Depression scale (EPDS)]
- Facilitated referral to services for women experiencing PMD
  - i. Helps build a coordinated system of care to address mental health during the perinatal period
  - ii. Provides enhanced home visitation services to facilitate women with PMD getting treatment
  - iii. Evidence-based services for women experiencing perinatal mood disorder who are not eligible for treatment through government-sponsored programs or other systems.

**c) Education and early intervention for parents/caregivers:**

- Provides evidence-based parent education and support to facilitate effective caregiving/parenting.
  - i. *Best practice example: Triple P- Positive Parenting Program* is a best and promising practice program that is recommended for inclusion in this component. Triple P has been highly rated as a best and promising practice in the area of parent education. It aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It can be provided universally, individually or in a group format. Outcome data shows an increase in positive and nurturing parenting and a reduction in harsh, coercive and negative parenting. Individual sessions can directly reduce child behavior problems and increase positive behaviors.
- Facilitates effective parenting/caregiving through stabilization of parents struggling with mental illness, and alcohol or other drug problems
- Offers child-focused therapeutic intervention for families in cases where children are exhibiting symptoms or emerging issues when the family is not eligible for treatment through government-sponsored programs or other systems.
  - i. Services should include evidence-based treatments, such as Parent-Child Interactive Therapy, Trauma-Focused Cognitive Behavior Therapy, Triple P - Positive Parenting Program.

**d) Provider training/technical assistance at multiple levels to build capacity for:**

- social-emotional screening for children
- PMD surveillance and screening for women

- assessment, and facilitated referrals
- parent education and early intervention for parents/caregivers and providers

Potential trainees include community health center staff, medical providers, parent educators, family resource specialists, licensed therapists, child welfare workers, family workers in faith-based communities, and others.

For further information on the PEI program strategies, please see the PEI Plan, as well as the Executive Summary posted on-line at [www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa).

All interested agencies and organizations must meet the requirements specified in this Request for Proposal (RFP). Interested agencies and organizations must have qualified staff on hand for this project and be ready to begin work on or before the project initiation date specified in the key dates listed in Section I F.

## **B. Background**

The MHD of Sonoma County Department of Health Services currently operates with a budget of \$44,992,678 and serves approximately 9,000 clients on an annual basis. The passage of Proposition 63, the Mental Health Services Act (MHSA), a November, 2004 ballot initiative, establishes a significant new source of revenue for public mental health services including programs to provide more services in the areas of prevention and early intervention.

First 5 Sonoma County was created in 1998 by the California Children and Families First Act, which established a Commission in each county to promote, support, and optimize early childhood development and school readiness. The local commission is the governing arm of First 5 Sonoma County. First 5 is funded by a tax on tobacco products, and uses those revenues to fund programs and services for children from the prenatal stage through age five and their families.

## **C. Proposal Submittal**

Interested agencies and organizations must submit (1) electronic copy on CD using Microsoft Word document format at a version not less than MS Office Word 2003, one (1) signed original, and **six (6) copies** of the signed proposal by **August 28, 2009**. Do not place an original or copies in binders. Proposals must be enclosed in a sealed envelope or package and clearly marked "Department of Health Services **EARLY CHILDHOOD PREVENTION AND EARLY INTERVENTION 0-5 RFP**." Proposals are due by ~~August 28, 2009 at 3:00 p.m.~~ **September 14, 2009 at 5:00 pm (PST)** and shall be submitted to:

**SUSAN CASTILLO  
SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES  
MENTAL HEALTH DIVISION  
PROGRAM SUPPORT  
3322 CHANATE ROAD, SANTA ROSA, CA 95404**

The proposal due date or any key event date is subject to change. If the proposal due date or any key event date is changed, all known recipients of the original RFP will be notified of the new date. In addition, information will be posted at [www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa).

**D. Written Questions**

All questions regarding the content of this RFP must be submitted in writing by e-mail or fax, and must be received by the date indicated in the Key Event Dates table identified in Section 1F.

Submit questions via e-mail to: [dhs-zero-to-five-rfp@sonoma-county.org](mailto:dhs-zero-to-five-rfp@sonoma-county.org)

Submit questions via fax to: (707) 565-4892

When the County has completed its review of the questions, all of the questions and answers will be e-mailed to all interested parties and posted at [www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa).

**E. Finalist Interviews**

If it is determined that finalist interviews are necessary they will be held on ~~September 30, 2009~~ **October 5 – 8, 2009**. Interviews will be conducted by the proposal review committee, MHD staff, and First 5 staff.

**F. RFP Process and Key Event Dates**

The selection process and the key event dates are listed in this section. The process will proceed as follows:

1. Proposals are reviewed and evaluated by members of a proposal review committee
2. Finalist interviews, if necessary
3. References are checked on selected finalists
4. Recommendations to Sonoma County Children and Families Commission
5. Recommendations to Selection Committee
6. Contract provisions finalized
7. Award(s) made
8. Communication of Award(s)
9. Board of Supervisors approves Director of Health Services to enter into contract(s) (actual date determined by BOS calendar).

Date	Key Event
July 7, 2009	Release Request for Proposals (RFPs)
July 8 – July 21, 2009	Written Questions Accepted
July 20, 2009	Pre-Proposal Technical Assistance Workshops
July 31, 2009	Responses to Questions
<del>August 28, 2009</del> September 14, 2009, 5:00 pm (PST) Updated as of 8/20/09	<b>Proposals Due</b>
<del>September 14 – September 25, 2009</del> September 21 – October 2, 2009 Updated as of 8/20/09	Proposals Evaluated by Proposal Review Committee

<p><del>September 30, 2009</del> October 5 – 8, 2009 <b>Updated as of 8/20/09</b></p>	<p>Interviews Conducted, if necessary, by Proposal Review Committee, MHD staff, and First 5 staff,</p> <p>Recommendations made to Sonoma County Children and Families Commission, then to Selection Committee, composed of Mental Health Director, and Director of Health Services.</p>
<p><del>October 12, 2009</del> October 26, 2009 <b>Updated as of 8/20/09</b></p>	<p>Selections announced</p>
<p>November 17, 2009</p>	<p>Director of Health Services authorized to enter into contract(s) by Board of Supervisors</p>

**Technical Assistance**

Technical assistance is intended to ensure the submission of proposals from a broad range of potential providers. This workshop is recommended for anyone interested in receiving technical assistance in the preparation and submission of a Request For Proposal. The pre-proposal workshop will provide a review of each of the submission requirements. In addition, guidance will be provided on preparing responses to the Project Summary, Program Description, Organizational Qualifications, Other Key Challenges/Opportunities, Cultural Competence, Data Collection and Budget preparation. The pre-proposal workshop will also offer an opportunity for networking with other potential providers and the ability to explore potential partnerships. Additional workshops may be scheduled based on demand from attendees. Technical assistance may be provided on an ongoing basis to awardees.

Pre-proposal technical assistance workshops are scheduled for:  
Tuesday, July 20, 2009  
3:30 – 5:00 pm and repeated at 6:00 – 7:30 pm  
Santa Rosa Parks and Recreation Center – Dohn Room  
415 Steele Lane, Santa Rosa

## Section 2: Content of Proposals

### G. Proposal Instructions

Provide a cover letter that:

- Includes statements that you agree to the terms of the agreement (sample provided as Attachment D) and to submit the required insurance endorsements. The County's Workers' Compensation and Commercial General Liability requirements are stated in Attachment A, Sections 6.1 and 6.2.
- The agency or organization name, full mailing address, e-mail address, telephone number, and the name of the primary contact person.
- The name, title and organization of the individual authorized to execute the contract with the County of Sonoma.

#### Proposal Outline

1. Project Summary – 1 page maximum. Briefly summarize your project. Include focus areas, key strategies, and expected results.

2. Program Description – 5 pages maximum. Discuss the key strategies or major activities you will undertake for each focus area for which you are applying. Describe your rationale for choosing these strategies/activities. Describe which best and promising practices you will employ. Describe the specific focus and scope of your project, including the characteristics of the population(s) to be served, geographic area, and approximate numbers to be reached. Describe clearly what specific changes you plan to achieve in the population you serve and/or service systems. Provide a project implementation schedule for the major activities proposed.

3. Organizational Qualifications and Key Personnel – 2 pages maximum. Describe your organization's mission, background, relevant current programming, and experience, particularly as they relate to the activities and programming you are proposing. Describe your organization's capacity to implement and carry out the strategies you propose both programmatic and fiscal. Briefly describe the roles, job titles, and qualifications of key personnel who will be involved in this project. Provide an organizational profile including size, location, financial status.

4. Other Key Challenges/Opportunities – 2 pages maximum. For each of the following areas, briefly describe the related challenges and/or opportunities for your project. What methods or strategies will you use to address them?

- Cultural and/or linguistic issues
- Collaboration, coordination, and/or systems integration
- Barriers to access
- Other challenges or opportunities

5. Cultural Competence – 1 page maximum. During the PEI planning process all participants involved in identifying and prioritizing all strategies had to ensure that proposed services would be accessible to targeted linguistic, cultural, and ethnic communities and that services would be offered in ways that account for diverse cultural and ethnic experiences and perspectives. With that in mind, all interested agencies and organizations shall discuss how the services provided by their program address the following essential characteristics: 1) culturally, ethnically, and linguistically appropriate; 2) peer influenced, peer involved in implementation of programs; and 3) staffing which reflects the community served.

6. Data Collection and Evaluation – 1 page maximum. Identify the types of data that will be collected for program management, outcomes reporting, quality improvement, and accountability purposes. Describe how you will assure that all data required for the project is collected, managed, and reported.

7. Budget. Provide a line item budget showing the kinds of costs your proposed program would incur over one year (12 months). A sample Budget Detail Template is available as a separate Excel document showing the level of detail required. The names of expense categories may not reflect your budget or financial reporting systems. These are just examples. Your proposal budget may use differing terminology, but should reflect the level of detail included in the example provided.

8. Letters of Intent to Participate. Provide Letters of Intent to Participate that document collaboration, linkages, and capacity to leverage continuity of care.

9. Letters of Reference/Support. Provide at least two references of previous funders who are familiar with the capacity of your organization to serve the population identified by your proposed program.

## **H. General Information**

### **1. Rights and Regulations**

Sonoma County reserves the right to accept any proposal and to negotiate a contract with any interested agencies and organizations. The successful interested agencies and organizations will be required to comply with all applicable equal opportunity laws and regulations.

Sonoma County reserves the right to reject any or all proposals, or to waive any defect or irregularity in a proposal. The County further reserves the right to award contracts to the interested agencies and organizations that, in the County's judgment, best serve the needs of Sonoma County.

All interested agencies and organizations will submit their proposals to the County with the understanding that the recommendations of the proposal review committee are subject to

review and final approval of the First 5 Sonoma County Commission, the selection committee, and the Board of Supervisors.

Upon submission, all proposals shall be treated as confidential documents until the selection process is completed. Once the selections are made, all proposals shall be deemed public record. In the event that an interested agency or organization desires to claim portions of its proposal exempt from disclosure, it is incumbent upon the interested agencies and organizations to clearly identify those portions with the word "Confidential" printed on the top right hand corner of the page. The County will consider requests for exemptions from disclosure from interested agencies and organizations; however, the County will make a decision based upon applicable laws. An assertion by interested agencies and organizations that their entire proposal (or large portions of it) is exempt from disclosure will not be honored.

#### 2. Precontractual Expenses

The County shall not be liable for any precontractual expenses incurred by the interested agencies and organizations or selected contractor or contractors. The County shall be held harmless and free from any and all liability, claims, or expenses whatsoever incurred by, or on behalf of, any person or organization responding to this RFP.

#### 3. Lobbying

Any party submitting a proposal or a party representing interested agencies and organizations shall not influence or attempt to influence any member of the proposal review committee, any member of the Board of Supervisors, or any employee of the County of Sonoma, with regard to the acceptance of a proposal. Any party attempting to influence the RFP process through ex-parte contact may be subject to rejection of their proposal.

#### 4. Contract

Interested agencies and organizations shall be willing to provide the required insurance and accept the terms of the Contract. A sample of the Contract is included as Attachment A. With few exceptions, the general terms will not be negotiated. Article 5 of Attachment A, Indemnification of the Contract, will not be negotiated. Interested agencies and organizations must include in the proposal cover letter a statement as to their willingness to sign a contract with the existing contractual language. Statements must include specifics as to any contractual language the interested agencies and organizations wish to change. Please note that any exceptions or changes to the contract may constitute grounds to reject the proposal. Please note that if you submit a proposal that does not address exceptions to the contract you are accepting all terms and conditions contained therein.

### I. Selection Process

Proposals will be reviewed by an unconflicted proposal review committee of up to six (6) members; 50% of the selection pool will be people of color. The Sonoma County MHD and First 5 Sonoma County staff will work with varied and representative community-based organizations, including the Sonoma County Community Action Partnership and the National Association for the Advancement of Colored People (NAACP) to recruit people of color, family members, early childhood development experts, and others with specialized knowledge in early childhood social-emotional health, including one or more First 5 Commissioners, to serve on the proposal review committee to evaluate and make recommendations on all proposals received for the 0-5 age group. The work of the proposal review committee will be facilitated by First 5 staff and MHD staff. The proposal review committee will make funding recommendations to the Sonoma

County Children and Families Commission, the governing body of First 5 Sonoma County, and then to the selection committee, composed of the Mental Health Services Director, and the Director of the Department of Health Services.

**J. Duration**

All proposals will remain in effect and legally binding for at least ninety (90) days from proposal due date, ~~August 28, 2009~~ **September 14, 2009**.

**K. Cancellation of Intent to Award**

Time is of the essence in awarding the contracts. The County reserves the right to cancel any intent to award and proceed with the award to other contractors if any selected contractor has not signed the contract within two weeks after the notification of intent of award.

**L. Appeal**

Following notice of intent to award, a period of seven (7) days is allowed for the receipt of appeals. Agencies not selected for funding have the right to file an appeal if they believe that a significant material error occurred in the proposal evaluation and/or selection process that had a negative effect on their consideration for funding. The following rules apply to the appeal process:

1. Appeals will only be accepted from agencies that submitted proposals for funding. No third party appeals will be considered.
2. Appeals must be filed in writing and sent to Rita Scardaci, Director, Sonoma County Department of Health Services. Complaints should be sent to 475 Aviation Blvd., Ste. 210, Santa Rosa, CA 95403. Appeals must be received within 7 days following notice of intent to award.
3. The Director will review the appeal and issue a final decision within ten (10) working days of receipt of the appeal.

**M. Web Site References**

For further information on the PEI program strategies, please see the PEI Plan, as well as the Executive Summary posted on-line at <http://www.sonoma-county.org/mhsa>.

ATTACHMENT A

COUNTY OF SONOMA  
AGREEMENT FOR SERVICES

This agreement ("Agreement"), dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, ("Effective Date") is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "County"), and \_\_\_\_\_, a Type of Entity. (hereinafter "Contractor").

R E C I T A L S

WHEREAS, Contractor represents that it is a duly qualified \_\_\_\_\_, experienced in the preparation of \_\_\_\_\_ and related services; and

WHEREAS, in the judgment of the \_\_\_\_\_, it is necessary and desirable to employ the services of Contractor for \_\_\_\_\_.

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants contained herein, the parties hereto agree as follows:

A G R E E M E N T

I. Scope of Services.

1.1 Contractor's Specified Services. Contractor shall perform the services described in "Exhibit \_ – Scope of Work" attached hereto and incorporated herein by this reference (hereinafter "Exhibit \_"). In the event of a conflict between the body of this Agreement and Exhibit A, the provisions in the body of this Agreement shall control.

1.2 Cooperation with County. Contractor shall cooperate with County in the performance of all services hereunder.

1.3 Performance Standard. Contractor shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in Contractor's profession. County has relied upon the professional ability and training of Contractor as a material inducement to enter into this Agreement. Contractor hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of Contractor's work by County shall not operate as a waiver or release. If County determines that any of Contractor's work is not in accordance with such level of competency and standard of care, County, in its sole discretion, shall have the right to do any or all of the following: (a) require Contractor to meet with County to review the quality of the work and resolve matters of concern; (b) require Contractor to repeat the work at no additional charge until it is satisfactory; (c) terminate this Agreement pursuant to the provisions of Section 4 below; or (d) pursue any and all other remedies at law or in equity.

2. Payment For all services and incidental costs required hereunder, Contractor shall be paid in accordance with the following terms:

2.1 Payment for Services. In full consideration of Contractor's satisfactory performance in providing services described in Exhibit \_\_, Contractor shall be paid in accordance with the terms set forth in Exhibit \_ (to be developed through negotiation), attached hereto and incorporated by this reference.

2.2 Maximum Payment Obligations. In no event shall County be obligated to pay Contractor more than the total sum of \$ \_\_\_\_\_ under the terms and conditions of this Agreement as set forth in Exhibit \_.

2.3 Overpayment. If County overpays Contractor for any reason, Contractor agrees to return the amount of such overpayment to County or at County's option, permit County to offset the amount of such overpayment against future payments owed to Contractor under this Agreement or any other agreement.

3. Term of Agreement. The term of this Agreement shall be from \_\_\_\_\_ to \_\_\_\_\_ unless terminated earlier in accordance with the provisions of Section 4 below.

4. Termination.

4.1 Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, County shall have the right, in its sole discretion, to terminate this Agreement immediately upon written notice to Contractor.

4.2 Termination for Cause. Notwithstanding any other provision of this Agreement, should Contractor fail to perform any of its obligations hereunder, within the time and in the manner herein provided, or otherwise violate any of the terms of this Agreement, County may immediately terminate this Agreement by giving Contractor written notice of such termination, stating the reason for termination.

4.3 Payment Upon Termination. Upon termination of this Agreement by County, Contractor shall be entitled to receive as full payment for all services satisfactorily rendered and expenses incurred hereunder, an amount which bears the same ratio to the total payment specified in the Agreement as the services satisfactorily rendered hereunder by Contractor bear to the total services otherwise required to be performed for such total payment; provided, however, that if County terminates the Agreement for cause pursuant to Section 4.2, County shall deduct from such amount the amount of damage, if any, sustained by County by virtue of the breach of the Agreement by Contractor.

4.4 Change in Funding. Contractor understands and agrees that County shall have the right to terminate this Agreement immediately upon written notice to Contractor in the event any state and/or federal agency and/or other funder(s) reduce, withhold or terminate funding which the County anticipated using to pay Contractor for services provided under this Agreement or County has exhausted all funds legally available for payments due under this Agreement.

4.5 Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 5, Indemnification (2) Section 9.4, Records Maintenance; (3) Section 9.5, Right to Audit, Inspect and Copy Records; (4) 9.6, Audit (5) Section 9.9, Confidentiality; (6) Section 13.6, Applicable Law and Forum.

4.6 Authority to Terminate. The Board of Supervisors has the authority to terminate this Agreement on behalf of the County. In addition, the Purchasing Agent or Department Head, in consultation with County Counsel, shall have the authority to terminate this Agreement on behalf of the County.

5. Indemnification. Contractor agrees to accept all responsibility for loss or damage to any person or entity, including County, and to indemnify, hold harmless, and release County, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including Contractor, that arise out of, pertain to, or relate to Contractor's performance or obligations under this Agreement. Contractor agrees to provide a complete defense for any claim or action brought against County based upon a claim relating to Contractor's performance or obligations under this Agreement. Contractor's obligations under this Section 5 apply whether or not there is concurrent negligence on County's part, but to the extent required by law, excluding liability due to County's conduct. County shall have the right to select its legal counsel at Contractor's expense, subject to Contractor's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Contractor or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

6. Insurance. With respect to performance of work under this Agreement, Contractor shall maintain and shall require all of its subcontractors, Contractors, and other agents to maintain, insurance as described below.

6.1 Workers' Compensation Insurance. Contractor will maintain workers' compensation insurance within statutory limits as required by the Labor Code of the State of California. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days' prior written notice to the County of Sonoma, Department of Health Services.

6.2 General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than One Million Dollars (\$1,000,000) limit for each occurrence and Two Million Dollars (\$2,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:

a. The County of Sonoma, its officers and employees, is named as additional insured for all liability arising out of the on-going and completed operations by or on behalf of the named insured in the performance of this Agreement between the County of Sonoma and Contractor.

b. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

c. The insurance provided herein is primary and non-contributory coverage to the County of Sonoma with respect to any insurance or self-insurance programs maintained by the County.

d. This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

6.3 Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars (\$1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles. Said policy shall be endorsed with the following language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

6.4 Professional Liability Insurance. Professional liability insurance for all activities of Contractor arising out of or in connection with this Agreement in an amount no less than One Million Dollars (\$1,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

6.5 Documentation. The following documentation shall be submitted to the County of Sonoma, Department of Health Services:

a. Properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. Contractor agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the County for the duration of this Agreement.

b. Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. Contractor agrees to maintain current endorsements evidencing the above-specified requirements on file with the County for the duration of this Agreement.

c. Upon County's written request, certified copies of the insurance policies. Said policy copies shall be submitted within thirty (30) days of County's request.

d. After the Agreement has been signed, signed Certificates of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.

6.6 Policy Obligations. Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

6.7 Material Breach. If Contractor, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. County, in its sole option, may terminate this Agreement and obtain damages from Contractor resulting from said breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance. These remedies shall be in addition to any other remedies available to County.

7. Prosecution of Work. The execution of this Agreement shall constitute Contractor's authority to proceed immediately with the performance of this Agreement. Performance of the services hereunder shall be completed within the time required herein, provided, however, that if the performance is delayed by earthquake, flood, high water, or other Act of God or by strike, lockout, or similar labor disturbances, the time for Contractor's performance of this Agreement shall be extended by a number of days equal to the number of days Contractor has been delayed.

8. Extra or Changed Work. Extra or changed work or other changes to the Agreement may be authorized only by written amendment to this Agreement, signed by both parties. Minor changes, which do not increase the amount paid under the Agreement, and which do not significantly change the scope of work or significantly lengthen time schedules may be executed by the Department Head in a form approved by County Counsel. The Board of Supervisors/Purchasing Agent must authorize all other extra or changed work. The parties expressly recognize that, pursuant to Sonoma County Code Section 1-11, County personnel are without authorization to order extra or changed work or waive Agreement requirements. Failure of Contractor to secure such written authorization for extra or changed work shall constitute a waiver of any and all right to adjustment in the Agreement price or Agreement time due to such unauthorized work and thereafter Contractor shall be entitled to no compensation whatsoever for the performance of such work. Contractor further expressly waives any and all right or remedy by way of restitution and quantum meruit for any and all extra work performed without such express and prior written authorization of the County.

9. Representations of Contractor.

9.1 Standard of Care. County has relied upon the professional ability and training of Contractor as a material inducement to enter into this Agreement. Contractor hereby agrees that all its work will be performed and that its operations shall be conducted in accordance with generally accepted and applicable professional practices and standards as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of Contractor's work by County shall not operate as a waiver or release.

9.2 Status of Contractor. The parties intend that Contractor, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. Contractor is not to be considered an agent or employee of County and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits County provides its employees. In the event County exercises its right to terminate this Agreement pursuant to Section 4, above, Contractor expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

9.3 Taxes. Contractor agrees to file federal and state tax returns and pay all applicable taxes on amounts paid pursuant to this Agreement and shall be solely liable and responsible to pay such taxes and other obligations, including, but not limited to, state and federal income and FICA taxes. Contractor agrees to indemnify and hold County harmless from any liability which it may incur to the United States or to the State of California as a consequence of Contractor's failure to pay, when due, all such taxes and obligations. In case County is audited for compliance regarding any withholding or other applicable taxes, Contractor agrees to furnish County with proof of payment of taxes on these earnings.

9.4 Records Maintenance. Contractor shall keep and maintain full and complete documentation and accounting records concerning all services provided under this Agreement. Records shall include all medical records, accounting records and administrative records related to services provided hereunder. Contractor agrees to preserve and maintain such records for a period of at least seven (7) years following the close of the County and State fiscal year in which the services were provided. If an audit has been started, records must be retained until completion and final resolution of any and all issues that might arise. Final settlement shall be made at the end of the audit and appeal process. All accounting records shall be maintained so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed by Contractor. Accounting records include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards and schedules for allocating costs.

9.5 Right to Audit, Inspect and Copy Records. Contractor agrees to permit County and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the services provided by Contractor under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. All such audits, inspections, and copying shall occur during normal business hours. Upon request, Contractor shall supply copies of any and all such records to County. Failure to provide the above noted documents requested by county within the requested time frame indicated may result in County withholding payments due under this Agreement. In those situations required by applicable law(s), Contractor agrees to obtain necessary releases to permit county or governmental or accrediting agencies to access patient medical records.

9.6 Audit. Contractor agrees that all expenditures of state and federal funds furnished to the Contractor pursuant to this Agreement are subject to audit by County, State and/or federal agencies. County agrees to provide fourteen (14) days notice of intent of County to audit Contractor. Contractors subject to the Single Audit Act of 1984 and Single Audit Act Amendments of 1996 shall annually submit an independent audit conforming to OMB Circular A-133, which applies to non-profit organizations.

9.7 Copy of Audit. Contractor agrees a copy of audits performed shall be submitted to County no later than thirty (30) days after completion of the audit report, or no later than nine (9) months from the end of Contractor's fiscal year, whichever comes first. The Contractor's agreement(s) with audit firms shall have a clause to permit access by the County and state and federal agencies to the working papers of the external independent auditor.

9.8 Retention of Audit. Contractor agrees that audit reports and work papers shall be retained for a minimum of four (4) years from the date of the audit report, unless the auditor is notified in writing by the County State or Federal agency to extend the retention period.

9.9 Confidentiality. Contractor agrees to maintain the confidentiality of all patient medical records and client information in accordance with all applicable state and federal laws and regulations. Further, Contractor agrees to comply with all statutory and administrative requirements applicable to the County regarding the confidentiality of mental health and/or alcohol and drug abuse records and client information. The Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed or used for any purpose except for the direct administration of this program or other uses authorized by law that are not in conflict with requirements for confidentiality contained in Welfare and Institutions Code Section 5328.

9.10 Contractor Notification of Breach The County receives funding for \_\_\_\_\_ from the State Department of \_\_\_\_\_ pursuant to [INSERT TITLE OF AGREEMENT] (hereinafter "State Contract"). The State Contract contains certain requirements pertaining to the privacy and security of personally identifiable information (hereinafter "PII") and/or protected health information (hereinafter "PHI") and requires that the County contractually obligate any of its subcontractors to also comply with these requirements.

9.10.1. The State Contract requires the County to notify the State of any breach of privacy and/or security of personal identifiable information (PII) and/or protected health information (PHI), Contractor shall, immediately upon discovery of a breach of privacy and/or security of PII and/or PHI by Contractor, notify County of such breach by telephone and email or facsimile.

9.10.2. In the event the State Contract requires the County to pay any costs associated with a breach of privacy and/or security of PII and/or PHI, including but not limited to the costs of notification, Contractor shall pay on County's behalf any and all such costs arising out of a breach of privacy and/or security of PII and/or PHI by Contractor.

9.11 Conflict of Interest. Contractor covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. Contractor further covenants that in the performance of this Agreement no person having any such interests shall be employed. In addition, if requested to do so by County, Contractor shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with County disclosing Contractor's or such other person's financial interests.

9.12 Nondiscrimination. Contractor shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, the County's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

9.13 AIDS Discrimination. Contractor agrees to comply with the provisions of Chapter 19, Article II, of the Sonoma County Code prohibiting discrimination in housing, employment, and services because of AIDS or HIV infection during the term of this Agreement and any extensions of the term.

9.14 Licensure and Staffing. Contractor warrants that it and all its employees and sub-contractors providing or supervising services under this Agreement have all necessary licenses, permits, and certificates to provide services under this Agreement, as required by applicable state and federal laws, rules and regulations. Contractor agrees to maintain said licenses, permits, and certificates in good standing for the duration of this Agreement. Failure to maintain said licenses, permits and/or certificates in effect for the duration of this Agreement shall be deemed a material breach of this Agreement and constitutes grounds for immediate termination of this Agreement by the County.

9.15 Notification of Adverse Proceedings. Contractor agrees that in the event that Contractor, or employees, volunteers, interns, subcontractors or providers retained in any capacity by Contractor are under investigation by their licensing board, are found to be in violation of any rules or regulations of their licensing board, or are the subject of a disciplinary action, this event must be reported immediately to County.

9.16 Sanctioned Employee. Contractor agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. Contractor agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and Contractors. In the event Contractor does employ such individual(s) or entity(s), Contractor agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on County by the Medicare or Medicaid programs.

9.17 Notification of Sentinel Events. A Sentinel Event is an unexpected occurrence that results in or has the potential for death, serious physical or psychological injury, including the permanent loss of function. Sentinel Events signal the need for immediate investigation and response in order to reduce the probability of such event in the future. The following examples of Sentinel Events must be reported in writing to the Mental Health Services Director, 3322 Chanate Road, Santa Rosa, CA 95404 within five (5) days of occurrence:

- a. Medication errors resulting in adverse consequences
- b. Adverse drug reactions
- c. Suicides

- d. Restraint deaths
- e. Client falls resulting in death, serious injury or permanent loss of function.
- f. Significant delays in treatment resulting in poor outcomes
- g. Rape, Assault, Homicide or a crime resulting in death, serious injury or permanent loss of function
- h. Unanticipated death
- i. Major permanent loss of function
- j. Discharge AMA resulting in death, serious injury or permanent loss of function
- k. Elopement of client from a 24-hour setting or PES
- l. Significant suicide attempts
- m. Injury or property damage from a fire, earthquake, hurricane or other disaster
- n. Any other event resulting in permanent loss of function
- o. Substantiated sexual or physical abuse of or by a client

9.18 Statutory Compliance. Contractor agrees to comply with all applicable federal, state and local laws, regulations, statutes and policies applicable to the services provided under this Agreement as they exist now and as they are changed, amended or modified during the term of this Agreement.

9.19 Compliance with County Policies and Procedures. Contractor agrees to comply with all County policies and procedures as they may relate to services provided hereunder.

10. Demand for Assurance. Each party to this Agreement undertakes the obligation that the other's expectation of receiving due performance will not be impaired. When reasonable grounds for insecurity arise with respect to the performance of either party, the other may in writing demand adequate assurance of due performance and until such assurance is received may, if commercially reasonable, suspend any performance for which the agreed return has not been received. "Commercially reasonable" includes not only the conduct of a party with respect to performance under this Agreement, but also conduct with respect to other agreements with parties to this Agreement or others. After receipt of a justified demand, failure to provide within a reasonable time, but not exceeding thirty (30) days, such assurance of due performance as is adequate under the circumstances of the particular case is a repudiation of this Agreement. Acceptance of any improper delivery, service, or payment does not prejudice the aggrieved party's right to demand adequate assurance of future performance. Nothing in this Article 10 limits County's right to terminate this Agreement pursuant to Article 4.

11. Assignment and Delegation. Neither party hereto shall assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the other, and no such transfer shall be of any force or effect whatsoever unless and until the other party shall have so consented.

12. Method and Place of Giving Notice, Submitting Bills and Making Payments. All notices, bills, and payments shall be made in writing and shall be given by personal delivery or by U.S. Mail or courier service. Notices, bills, and payments shall be addressed as follows:

TO: COUNTY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When a notice, bill or payment is given by a generally recognized overnight courier service, the notice, bill or payment shall be deemed received on the next business day. When a copy of a notice, bill or payment is sent by facsimile or email, the notice, bill or payment shall be deemed received upon transmission as long as (1) the original copy of the notice, bill or payment is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email (for a payment, on or before the due date), (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices, bills and payments shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

Contractor names the following persons as Administrative and Clinical contacts. Named individual will be responsible to respond to any inquires from the County for administrative or clinical information within one (1) business day. In the event of change in Personnel, County will be notified of new telephone and email contact information within 24 hours.

Administration Contact:

Clinical Contact:

### 13. Miscellaneous Provisions.

13.1 No Waiver of Breach. The waiver by County of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

13.2 Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. Contractor and County acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. Contractor and County acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

13.3 Contract Documents. This Agreement includes the following documents, which are hereby incorporated by reference as though fully set forth herein:

- Exhibit \_\_, Scope of Work, Budget and Staff List
- Exhibit \_\_, Payment Terms and Conditions
- Exhibit \_\_, Attestation of Claim

13.4 Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

13.5 No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

13.6 Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Santa Rosa or the forum nearest to the city of Santa Rosa, in the County of Sonoma.

13.7 Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

13.8 Merger. This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.

13.9 Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

CONTRACTOR:

\_\_\_\_\_  
Name, Title, Organization

Date \_\_\_\_\_

COUNTY OF SONOMA:

\_\_\_\_\_  
Rita Scardaci, MPH, Director  
Department of Health Services

Date \_\_\_\_\_

Certificates of Insurance on File with and Approved as to Substance:

\_\_\_\_\_  
Division Director or Designee

Date \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_  
County Counsel

Date \_\_\_\_\_

**ATTACHMENT B**

1. Experience and Qualifications (15 points possible):

- a. Does the applicant provide evidence of an ability to perform the services described?
- b. Does the applicant demonstrate staffing for the duration of the contract that is appropriately qualified to deliver the services described in the proposal?
- c. Did the applicant provide three customer/client references from previous projects that are similar in nature and scope to this project?

2. Cost (5 points possible)

Do the costs reflect a reasonable budget that shows the ability to provide the scope of services described in the RFP?

3. Organizational Requirements (10 points possible)

- a. Is the Proposal complete according to the RFP?
- b. Does the applicant accept County Terms of the Standard Service Agreement?

Score:        1. \_\_\_\_\_        2. \_\_\_\_\_        3. \_\_\_\_\_

Total (30 points possible): \_\_\_\_\_

**Attachment C**

Sonoma County DHS/Mental Health Division

**Prevention and Early Intervention RFP Scoring Guidelines**

<b>Selection Criteria</b>	<b>Standard for Measurement: scale of from 1 – 5:</b> <i>1: Does not meet criteria ; 3: Moderately meets criteria – minimal specifics; 5: Clearly/specifically meets criteria</i>	<b>Possible Points</b>	<b>Score</b>	<b>Comment</b>
<b>1. Community Collaboration</b>	<ol style="list-style-type: none"> <li>1) Did the applicant demonstrate capacity to leverage linkages to relevant public agencies (e.g. school districts, health centers, etc.)?</li> <li>2) Do the proposed interventions and activities promote continuity of care through linkages or involvement in collaborations?</li> <li>3) Did the applicant provide Letters of Intent to participate that document linkages and capacity to leverage continuity of care?</li> </ol>	1-5		
<b>2. Leveraged Resources</b>	<ol style="list-style-type: none"> <li>1) Does the applicant provide cash match, in-kind contribution or other participation from the organization?</li> <li>2) Does the applicant demonstrate readiness to implement PEI programs by training staff and covering release time, creating supportive policies, and/or additional supports that allow for timely implementation of the proposed project including but not limited to:               <ol style="list-style-type: none"> <li>a. Use of facilities and other resources</li> <li>b. Coordinating existing prevention programs with newly funded early intervention programs</li> </ol> </li> </ol>	1-5		

Selection Criteria	Standard for Measurement: scale of from 1 – 5: <i>1: Does not meet criteria ; 3: Moderately meets criteria – minimal specifics; 5: Clearly/specifically meets criteria</i>	Possible Points	Score	Comment
<b>3. Cultural Competence</b>				
a. Commitment to Culturally Competent Services	1) Is there a clearly articulated understanding of and commitment to providing culturally competent services?	1-5		
b. Access standards and strategies for each proposed target population: Latino/a, African American, Asian/Pacific Islander, Native American, LGBTQ	1) Does the applicant describe access standards and strategies to ensure that each of the following population specific populations will be adequately reached and served: Latino/a, African American, Asian/Pacific Islander, Native American, LGBTQ?	1-5		
c. Performance Measures	1) Has the applicant defined performance measures that address the following: <ul style="list-style-type: none"> <li>▪ <i>Culturally and linguistically appropriate services</i></li> <li>▪ <i>Staffing that reflects the community served</i></li> <li>▪ <i>Location of services</i></li> <li>▪ <i>Accessible by public transportation</i></li> <li>▪ <i>Hours of service</i></li> </ul>	1-5		

Selection Criteria	Standard for Measurement: scale of from 1 – 5: <i>1: Does not meet criteria ; 3: Moderately meets criteria – minimal specifics; 5: Clearly/specifically meets criteria</i>	Possible Points	Score	Comment
<b>4. Best Practice Models (Outcomes-Based Program Design)</b>	<ol style="list-style-type: none"> <li>1) Are proposed projects based on promising or evidence-based practices?</li> <li>2) Did the applicant demonstrate a commitment to shared outcomes among collaborative partners and capacity to conduct evaluation and quality improvement?</li> <li>3) How significant are the proposed outcomes that have been identified?</li> <li>4) Does the applicant demonstrate best or promising practice for working with people and communities of color?</li> </ol>	1-5		
<b>5. Individual/Child/Youth and Family Driven Programs</b>	<ol style="list-style-type: none"> <li>1) How are consumers involved in design and implementation of programs?</li> <li>2) Is there a consumer-centered choice in the types of services developed and offered?</li> </ol>	1-5		
<b>6. Wellness Focus</b>	<ol style="list-style-type: none"> <li>1) How well is the proposed project designed to emphasize health habits that support wellness?</li> <li>2) <b>For youth programs:</b> Did the applicant demonstrate an understanding of the developmental standards adopted by the Sonoma County Office of Education? To what extent were these standards incorporated into the project design?</li> </ol>	1-5		

Selection Criteria	Standard for Measurement: scale of from 1 – 5: <i>1: Does not meet criteria ; 3: Moderately meets criteria – minimal specifics; 5: Clearly/specifically meets criteria</i>	Possible Points	Score	Comment
<b>7. At-Risk Populations</b>	1) Do the applicant’s services primarily target at-risk people of color?  2) Do the applicant’s services aim to keep people out of the criminal justice system?	1-5		
<b>8. Integrated Service Experience for Individuals and Their Families</b>	1) How well is the collaboration designed? Did the applicant provide sufficient detail on how multiple systems will work together to serve clients, strengthen and build capacity including the use of multi-disciplinary teams and providing service access?  2) Is it likely to be effective in developing and strengthening prevention services across the participating systems/agencies?	1-5		
<b>9. Expanding Capacities of Organizations Serving People of Color</b>	1) Are services tailored to meet the cultural and linguistic needs of people of color?	1-5		
<b>10. Expanding linkages with new Community Partners and Community Organizations serving minority populations.</b>	1) Is this the first contract with the Mental Health Division?  2) Does the applicant primarily serve the needs of communities of color?	1-5		

Selection Criteria	Standard for Measurement: scale of from 1 – 5: <i>1: Does not meet criteria ; 3: Moderately meets criteria – minimal specifics; 5: Clearly/specifically meets criteria</i>	Possible Points	Score	Comment
<p><b>11. Access for low income communities</b></p> <p><b>12. Commitment to serving diverse communities</b></p>	<p>3) Does the applicant primarily target individuals who live in low-income neighborhoods?</p> <p>4) Does the ethnic/racial diversity of the staff of the organization reflect the ethnic/racial diversity of the community and the people served?</p>	<p>1-5</p> <p>1-5</p>		
<b>Total Points Attachment C</b>		<b>70</b>		



## **Attachment E**

### **MHSA PEI Planning Principles**

- PEI programs increase the provision of culturally competent and linguistically appropriate prevention interventions in non-traditional mental health settings; i.e., school and early childhood settings, primary health care systems, and other community settings with demonstrated track records of effectively serving ethnically diverse and traditionally underserved populations.
- PEI programs include critical linkages with those in the best position to recognize early signs of mental illness and to intervene, including but not limited to parents and caregivers, primary health care providers, early childhood education providers, teachers, faith-based providers and traditional healers.
- PEI programs emphasize the goal of reducing disparities.
- PEI funds are used to support services that reduce the risk of the initial onset of a mental disorder.

The purpose of PEI services is the following:

- to make mental health part of wellness for all members of the community.
- to build capacity for mental health prevention and early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, and community organizations)
- to ensure, in the long term, earlier access to mental health services, to lower the incidence of mental illness and suicide, to enhance wellness and resilience, and to reduce stigma and discrimination in Sonoma County
- to implement the intent of the PEI strategies to engage persons prior to the development of serious mental illness or serious emotional disturbances; or, in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment

The Early Intervention element of PEI is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems or concerns, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse.