

TA Workshop and other Submitted Questions

Children Ages 0-5

1. Triple P is being quoted as a best practice example, but not necessarily the only emerging best practice that will be funded. The RFP just says Triple P is preferred, right?
2. I have a question regarding the choice of a Best Practice Model for the Early Childhood Prevention & Early Intervention: The RFP is written in such a way that Triple P appears to be a favored program. If our agency was to choose an alternative program, with the same or similar credentials, that was also evidence/research based, and we made a case that we were choosing this program because of sustainability in the long run, would our chances of being funded be reduced? (Given our proposal met all other requirements and the only difference was our choice in Best Practice Programs).
3. Is there a suggested model for facilitated referrals for 0-5?
4. \$284,000 is available over 2 years for TA, and \$500,000 is available for 2 years. Will more money be added before the end of this RFP period?
 - a. Can I write a grant for both elements of MH and TA.
5. Please verify that one proposal can incorporate funding requests from both the \$500,000 MHSA funding and the \$284,000 SCCFC funds (vs. having to submit separate proposals).
6. Is the \$500,000 to be awarded for direct services for 0-5 going to be spread out over one year or two years?
7. Does the \$284,000 cover 24 months or 12 months? (Is this for the whole 2-year period or the annual amount?)
8. If the budget covers a one-year period, should the narrative cover the one-year or the two-year period?
9. Please verify the anticipated start date of the program.
10. Will training money come from the First 5 fund identified in their Strategic Plan?
11. Compare the funding period for 0-5 (2 years) with other categories- will more money be allocated in year 2?
12. Will First 5 coordinate training and contract with CIMH to do evaluation?
13. Will First 5 be offering PCIT training in Sonoma County?
14. Can we apply for money to coordinate Triple P services or is First 5 doing all of the coordination through CIMH?
 - a. If the latter, does each agency just ask for specific funds for the number they want to train?
15. Please define the roles of First 5 and CIMH in the coordination of training and technical assistance.
16. Does the training and technical assistance have to address all components or can it address only PMD or only System of Care for children?
17. Are we applying in this proposal to receive training?
18. Do people apply for training money in their proposals or do they write a proposal to be training, hoping to be hooked up?

19. Please verify the content of the required technical assistance training that will be provided during the program (to avoid duplication within application/program plan.)
20. Clarify what First 5 will be doing. [Coordination and TA of emerging best practices.]
21. Is First 5 going to be offering Triple P training opportunities? (as they did in Mendocino County?)
22. If we are already serving youth and their families and we want to apply for a training grant, do we have to only apply for funds that help with 0-5, or can it help with 0-18?
23. How many people need to be available to receive local Triple P training?
24. Do we have any certified Triple P trainers available locally?
25. Since proposals with Triple P will be considered with “strong preference” is there going to be a collaborative effort to organize regional trainings? (Triple P is expensive and does not offer a “train the trainer” option).
 - a. Given there is no train the trainer option with Triple P, and to implement with fidelity facilitators must receive Triple P training from a certified Triple P trainer, will funding money for the training be available in the future?
26. We are integrated in getting all of our home visiting staff (who work with target populations) trained in Triple P. Is it better for us to apply independently or as part of a collaborative for the training piece only?
27. Please share contact information with all at the 0-5 table.
28. If there is a change to the proposal due date or key event dates, will workshop participants be notified?
29. How many grants are being awarded in 0-5?
30. Is there an e-mailable template for the proposal narrative?
31. Are there required page margins, font size, page numbering and spacing (single vs. double) requirements for the narrative?
32. Please verify whether Attachment A (sample contract) needs to be completed and submitted with the application or whether it is just there so to make applicants aware of the terms of the contract.
33. Please confirm which attachments are required for submission. (Is there a checklist? Some of these look like in-house documents to assess the applications once submitted.)
34. What are the goals of the education outreach for parents/caregivers? To encourage parents/caregivers with mental illnesses to seek treatment? To educate the public about the warning signs that a child may be living in a home where he/she is exposed to violence, drug use or trauma and what to do to obtain help for the child and/or parent?
35. Can we apply for one component? For example, under Scope of Services would you consider social marketing strategies to provide education and early intervention for parents/caregivers?
36. Who are the target audiences?
37. On page 13 Section 2, Part 5, “Cultural Competence,” the paragraph reads differently than the Power Point presentation “...to ensure that proposed services would be accessible to *all* (Power Point) vs. *targeted* (in the RFP). Please confirm which we should follow for the Early Childhood program.

38. Do target populations (child or family) have to be documented?

TAY

39. Can you submit a proposal for a piece of the total?
40. Is there technical assistance in actually writing the proposal? Such as Glen Price group?
41. Is the RFP intent to work with 16-18 and the younger segment?
42. How much is this tied into the RFP for school-based that is yet to come out?
43. Is this RFP focused on outreach to families?
44. Is suicide prevention and debriefing part of this RFP?
45. What is the definition of “family-based” in the context of this RFP?
46. How do you qualify “helping” families....navigate/understand the mental health system- especially when it is rapidly changing?
47. Why is the funding only for \$80,000?
48. Is there a portion of this funding set aside for SCMHD or is it only for CBOs?
49. [Can you provide] any guidance on collaborative efforts by SCMHD? [Are there] expectations that collaboration is preferred?
50. It seems difficult/challenging to come up with one evidence-based practice model. Can multiple be given in the proposal?
51. How are “emerging best practices” being evaluated?
52. How can emerging best practice related to training or support be qualified?
53. Are there outcomes measures specifically expected? Or defined?
54. Will minority-owned businesses get extra points or is evaluation based service criteria?

Older Adults

55. How can we come together and meet people falling through the cracks and integrate them to existing peer support type programs?
56. How do we integrate people not eligible for peer support to similar programs?
57. Is the QPR training module for care providers/medical providers, or is it for older adults?
58. Can we be considered for one component of this RFP? For example under Scope of Service A, we could implement social marketing techniques to provide education about QPR.
59. What are the goals of the QPR education outreach?
60. Can you provide a reference or link to an “impact model” on p. 7?

61. Under Scope bullets on P. 7-C, bullet 4, can you clarify if there are examples or requirements?
62. Regarding criteria for local program selection- what does that mean?
63. Can you give specific information around "Friendly Visitor Program?" (on p. 7, C, last bullet). What does this comprise? Define it. If it's a requirement then provide a link or a reference.
64. Does a collaboration need a lead agency?
65. Is it mandatory that clients who we serve go through health care professionals, or are health care professionals referring them to us?

66. Does the proposal have to use existing staff or are there opportunities to use the funds to augment staff both quantitatively and qualitatively?
67. Is it possible to use funding to train staff?
68. Who are the target audiences?

69. Why is the timeline for questions so short?
70. Will the Power Point be posted online?
71. The contract is for '09-'10 but it's not actually awarded until November of '09. Is it a 7 month contract?

Systems Enhancement

72. How much are you (MHD) looking for collaborative proposals?
73. Will MHD encourage collaborations after submittal if, for example, there are synergies?
74. Provide information on people/agencies
75. Provide information on those who submitted questions that weren't at the TA workshop- it's the goal of collaboration
76. Are there applicants that didn't come to the TA workshop?

77. Is there an average range that MHD is looking for? Is it negotiable?
78. Are there particular age groups being considered?
79. Does MHD only work with nonprofits? Does it have to be non-tax exempt?

80. What is the systems enhancement funding length?
81. How will tracking and bookkeeping work? What are the expectations?
82. Is it appropriate to incorporate volunteers?

83. Would you be open to more than one proposal on a given component or on different strategy areas?
84. Can we apply for one component? Or, do we have to provide a proposal for all components?
85. Are you going to fund one program for each component?

86. Will MHD take into account when programs submit proposals for more than one strategy area?
87. Are you looking for specific measures (e.g. quantitative/qualitative outcome/service delivery)?
88. What are the specific goals of the public education and outreach engagement? For example, do you want the public education to focus on specific mental illnesses?
89. Who are the target audiences?
90. Some counties target specific cultural groups, but within that does MHD want culturally and linguistically specific strategies/activities?
91. Has the county implemented anti stigma campaigns?
92. We are interested in using social marketing tools/strategies for county-wide public education and community engagement. The goal would be to increase awareness about mental health issues and resources in Sonoma County, reduce stigma regarding mental illness and accessing services, and reduce discrimination against people living with mental illnesses. If we apply to the System Enhancement RFP, can we be considered for risk identification training, as well as community engagement and public education for the other RFPs (Children 0-5, Older Adults, Reducing Disparity)?

Reducing Disparities

93. NAACP and CAP are mentioned today. Does that preclude us from partnering with them?
94. Would we need to partner with a service provider?
95. Is there a component to collaborate with hospitals?
96. Are there advantages to addressing a broader cultural system? Ex: gays/lesbians.
97. Is the target population related to the cultures outlined in the RFP or in the general county population mix?
98. Is there any emphasis on “minority entities?” – scaling minority owned only? Is there any preference?
99. Page 5, Section A: (Purpose of RFP): Does this mean that our proposal should be targeted specifically toward LGBTQ community members who fall into one or more of the designated funding priority populations? (e.g., transition age youth, or older adults, etc.)?
100. Can a proposal be targeted toward a group not delineated in PG 5 Section 8 (e.g., impoverished rural adults, river area?)
101. Page 6: Scope of Services: Is West County (river cities, etc.) considered an "underserved geographic area of Sonoma County?" What are these areas of the County?
102. Who are the target audiences? On page 5, the RFP asks that outreach and education be done in the Latino, Asian/Pacific Islander, African American,

- Native American and LGBTQ communities. Do you want emphasis placed on some of these communities or all of them?
103. In addition to English and Spanish, are there other languages/cultures that you would like these activities (Scope of Service a and b, p. 6) to serve?
 104. Is it possible that if you submit an RFP in one strategy area that it will be considered in another strategy area?
 105. Can we be considered for one component of this RFP? For example under Scope of Service a and b, we could propose social marketing techniques that would provide outreach and engagement to underserved communities and to implement targeted public education.
 106. The RFP states the county is soliciting proposals for the following services: outreach, education, leadership development and mentoring programs. (Pg. 5) Is only one type of service required, or is there a minimum number required?
 107. Under section titled "Scope of Services" (pg.6), four elements are listed: Outreach and Engagement to Underserved Communities, Education, Peer-based Services, Mentoring Services. Are all four elements required or is it up to the proposer to select one or more?
 108. Are attachments allowable? For example, can we attach a workplan, Board of Directors membership list, copy of letter of audit, etc?
 109. Pg. 10, Proposal Outline, item #3, last sentence: What does "financial status" mean?
 110. Please elaborate on the difference between Letter of Support (Proposal Outline, #8, pg. 11) and Letter of Intent (Attachment C, pg 28).
 111. Do staff for our proposals need to be already "on board"; or, can we hire new interns and/or licensed mental health professionals to help enact our goals?
 112. Page 6: Define: "skilled senior personnel"
 113. Define: "in ways that account for non-traditional experiences and perspectives?"
 114. Please define: "mobilizing local assets" and "increasing access"
 115. In section 2- it states the outline of your proposal. When does the proposal start?
 116. Page 7: d. Please define, "mentoring services"
 117. What are the goals of component a on page 6?
 118. What are the goals of component b on page 6?
 119. Is there a difference between bullet #1 and #4 on page 3?
 120. Are these the core strategies that are eligible or can we suggest another one?
 121. Do you require evidence-based practices?
 122. What are the measures for each strategy in the scope of services?
 123. Is this the only time given for this information or meeting?
 124. Will all questions be posted?

125. How much funding and for how long?
126. In the PEI Reducing Disparities, the proposal instructions reference attachment E as the sample budget. However, Attachment E is the MHSA PEI Planning Principles. Could you provide a copy of the Excel spreadsheet budget sample?

General Questions:

127. Would it be permissible to submit a proposal crossing one or more funding areas with a single program, and if so, should the proposal be written as a separate submission in each category or as a consolidated project with multiple funding streams?
128. Can one agency submit more than one RFP? (E.g. 0-5 years and Reducing Depression and Suicide among Older Adults). Are there any limits?
129. If you apply for one component of a system do you have to apply for all parts?
130. What time on August 28 is this due? [3pm]
131. How do we get a copy of the developmental standards adopted by the Sonoma County Office of Education?
132. Are the PEI Strategies referenced in the Goals Section 1 the same as the MHSA PEI Planning Principles on Attachment E?
 - a. Are any supporting documents allowed?
133. How will money be awarded if many proposals score high? Regional? Demographics?
134. Is it preferred that collaborators write one proposal identifying a lead agency, or should each agency submit a proposal and indicate MOUs?
135. If there is a collaborative, what type of confirmation is needed? I.E. a letter, an MOU, etc.
136. Do collaborative proposals coming from separate agencies require MOUs, letters of agreement or support?
137. Are we able to use NAACP and CAP Sonoma as partners in our proposal even though they are identified as “representative community based organizations” in the RFP?
138. Do all contracts need to sign the cover sheet or have the same agreement with sub contractors?

Cultural Competency

139. Will these questions be posted on website?
140. Regarding cultural competency what do you mean by “are you offering an unduplicated program model?” Best practices use replicated models.
141. How do evidence-based or best practices score compared to building a program based on the results of a focus group?
142. Can a proposal be targeted toward a group not delineated in PG 5 Section 8 (e.g., impoverished rural adults, river area?)

143. Page 6: Scope of Services: Is West County (river cities, etc.) considered an "underserved geographic area of Sonoma County?" What are these areas of the County?
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145. Do all agencies in a collaborative need to have the same level of cultural competency?
146. What is the definition of "People of Color" in Sonoma County?
147. Can you elaborate on #2 "peer influenced" and "peer involved?" Who are the peers?

Budget and Contracts

147. The budget says it's a 12 month budget, but because the Board of Supervisors approval is in October it's not a county fiscal year.
148. Clarify –is the start date for the contract sometime after November 17?
149. For the purpose of integrating these funds, might the budget be a December to November contract?
150. Are we writing 1 year budgets or 2 year budgets? It was somewhat vague. Is it '09-'10? '09-'11?
151. Is the \$500,000 an amount for 1 year or is it for 2 years?
152. When will projects begin? January 1, 2010?
153. Contractor Start Date: The RFP states that the MHSA intends to have BOS approval for PEI contracts on November 17, 2009. What is the expected start date for services under these contracts? Will the contract be for one full year from start date or through the county's fiscal year, ending June 30, 2010?
154. What will the start dates of the programs be?

155. How can people let you know about concerns with the project? Do they speak with you about it?
156. We submitted questions about insurance policy. If the answer that comes back on the 31st is unclear or we still object do we write back on Attachment D? Where do we write questions?
157. In the contract there is a 90 day clause- is that written in stone? In 90 days you're either making it or not and after that it's at the discretion of the contractor? If you're not going to exercise your capacity after you sign the contract then within 90 days the county shall have the right to...
158. Will the county do mutual indemnification (#5)?

159. If you have an existing contract with Sonoma County do you need to produce the insurance documents again?
160. Insurance: In attachment A-County of Sonoma agreement services, page 17- item 6.4 Professional Liability Insurance. Does this apply to the

**proposer who does not provide direct intervention (services) with clients?
Or will General Liability suffice?**

- 161. The proposer intends to hire subcontractors – are the subcontractors subject to obtain General Liability Insurance (item 6.2) and Professional Liability Insurance (item 6.4)?**

- 162. Is there a maximum admin overhead allowed by each agency?**
- 163. How many contracts will be funded each year?**
- 164. If awarded a MHSA grant, how are payments made to the contractor? Will payments be made on a reimbursement cost basis or other payment structure? Are there any allowances for a portion of the contract payment to be made up front?**
- 165. The RFP says the county reserves the right to overlook flaws or problems with the proposal...?**
- 166. You mentioned the links in the Excel chart- in the worksheets with the salary, if you plug in your numbers will that tally on the overview summary sheet?**