

## **Introduction**

(Question 37)

Sonoma County Mental Health (SCMH) strongly recommends that interested agencies and organizations review the Sonoma County Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan. The Sonoma County MHSA PEI Plan can be found at:

[www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa)

Information contained in the PEI Request for Proposals (RFPs) shall supersede any and all other information presented. Clarification about the PEI RFPs can be found in The Sonoma County MHSA PEI Plan.

### **Response to questions related to the roles of First 5 - Sonoma County**

(Questions: 10, 12, 13, 14, 15, 17, 18, 19, 20)

All First 5 Sonoma County funding is guided by First 5 of Sonoma County Strategic Plan. First 5 will coordinate training.

First 5 will contract with CiMH (California Institute for Mental Health) to coordinate trainings as well as to provide technical assistance in evaluation design, data collection, and reporting to assure that the funded programs are delivered with fidelity to evidence-based practice models.

### **Response to questions about scope of service and program design**

(Questions 34, 43, 44, 45, 46, 55, 56, 59, 61, 62, 63, 65, 66, 67, 82, 87, 88, 90, 101, 103 111, 112,113, 114, 116, 117,118, 131, 145,146, 147)

Interested agencies and organizations who have questions about the scope of service and program design should review The Sonoma County MHSA PEI Plan.

The Sonoma County MHSA PEI Plan addresses applicant questions related to:

- Community health needs in each PEI priority area
- Examples of staffing for each PEI priority area
- Practices and strategies, including definitions, for each PEI priority area
- Implementation strategies for each PEI priority area
- Information about priority populations, including demographics data sorted by geographic location, for each PEI priority area
- Analysis of risk factors for each priority population for each PEI priority area
- Information about local resources for each PEI priority area

- Examples of partners and collaborative organizations for mobilizing and increasing access in each PEI priority area
- Cultural competency requirements
- Examples and descriptions of current services available in each PEI priority area
- Goals and intended outcomes for each PEI priority area.

**Responses to questions about evidence-based, promising, and locally proven practices**

(Questions 1, 2, 3, 25, 50, 51, 52, 53, 57, 60, 120, 121, 122, 140, 141)

A key policy direction established by California Department of Mental Health (DMH) is for counties to demonstrate transformational values through the use of practices/strategies that demonstrate evidence indicating high likelihood of effectiveness, and methodology to demonstrate outcomes. Interested agencies and organizations have flexibility to propose the use of evidence-based, promising, and locally proven practices. Proposed programs or projects should be able to demonstrate a high likelihood of effectiveness to achieve its outcomes. Agencies and organizations who propose the use of a locally proven practice must provide a rationale for the use of that practice.

The Sonoma County MHSA PEI Plan identifies two strategy areas that reference the use of specific evidence-based practices identified as a preferred program by the community during the MHSA PEI Community Planning process. Those PEI RFPs are:

- Early Childhood Prevention and Early Intervention community participants recommended using Triple P - Positive Parenting Program and Parent Child Interaction Therapy (PCIT), and
- Reducing Depression and Suicide Among Older Adults community participants recommended using Question, Persuade, Refer (QPR) Gatekeeper Training and the IMPACT model

Community participants recommended use of these two evidence-based screening tools, trainings and interventions. Proposals submitted using these evidence-based practices will be given strong preference.

Section 1- Introduction of each RFP provides a list of websites to assist applicants with information about evidence-based, promising and emerging practices. The websites are:

- [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)

These websites lists numerous evidence-based, promising practices for each RFP PEI priority area, including descriptions of the practice, best service setting for use, and populations best served by this practice/strategy. The websites also offer more links to the resources for each practice/strategy.

Examples of outcome measures for each PEI RFP funding area can be found in the Sonoma County MHS A PEI Plan. Based upon the interested agency's or organization's proposed practice/strategy, the agency or organization must also propose a program evaluation, including defining their outcome measures.

### **Response to questions about training in Triple P—Positive Parenting Program and Parent Child Interaction Therapy (PCIT)**

(Questions: 21, 23, 24, 25, 26)

Interested agencies and organizations proposing the use of Triple P should include their training needs in their proposal and proposal budget, including the number of staff/providers they wish to train, and indicating on which evidence-based practices they need training.

Triple P training must be delivered by certified trainers employed by Triple P America. First 5 Sonoma County will coordinate with CiMH for Triple P and PCIT trainings.

First 5 Sonoma County will help with additional training and technical assistance in coming years.

Trainings will be handled regionally (trainings will be local whenever possible), and evaluation will have the benefit of comparison to statewide results.

### **Response to questions about target population**

(Questions 36, 38, 41, 43, 68, 78, 89, 96, 97, 99, 100, 101, 102, 142, 143,144)

California Department of Mental Health (DMH) recommends that all PEI Projects address the needs of the underserved racial/ethnic and cultural populations. The DMH PEI Guidelines defines Underserved Cultural Populations as *“those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse populations, members of gay, lesbian, bisexual, transgender communities, etc.), and would benefit from Prevention and Early Intervention programs and interventions.”*

Interested agencies or organizations must provide a description of the population or community they wish to target. There has been no exclusion for the provision of services to undocumented people.

SCMH invites interested agencies and organizations to provide a rationale for the identification of underserved geographic locations in Sonoma County.

Interested agencies or organizations may choose to focus on one or more specific underserved cultural population(s). PEI RFP priority populations are:

- Early Childhood Prevention and Early Intervention Project – at-risk children ages 0-5 and their parents or caregivers
- Crisis Assessment and Prevention Team - Crisis Intervention for Individuals Experiencing Their First Onset – transition age youth ages 16-24 and their parents or caregivers
- Preventing Depression and Suicide Among Older Adults – adults over the age of 60
- Reducing Disparities to Access to Mental Health Services – children 5-18; transition age youth 16-24; adults over age 60, specifically in any one or more underserved racial/ethnic and cultural populations
- System Enhancement – This is a universal prevention strategy that is designed to target the general public or whole populations, on the basis of individual risk

### **Response to questions about collaboration**

(Question 49, 64, 72, 73, 93, 94, 95, 134, 135, 136)

The Sonoma County MHSA Plan provides examples of community collaboration, partnerships, and service coordination with existing providers, in order to increase coordination of care, leverage resources, and provide referrals. Interested agencies and organizations can identify appropriate collaborators or partnerships. Proposals that include community collaborators and partnerships must include Letters of Intent to participate that document linkages and capacity to leverage continuity of care.

Interested agencies and organizations who wish to submit joint proposals should identify one lead agency and develop a Memorandum of Understanding and/or Letter of Agreement with each intended agency or organization.

Sonoma County Mental Health will provide feedback to interested agencies and organizations regarding any collaborative arrangements, and may require changes.

### **Response to questions about submission of proposals in multiple RFP areas**

(Questions 16, 35, 58, 83,84,85,86,104, 106, 107, 127, 128, 129)

Interested agencies and organizations can apply in one or more of any of the components described in the scope of service for the following four (4) PEI RFPs:

- Early Childhood Prevention and Early Intervention Project
  - a) System of Care for children 0-5; and/or
  - b) System of Care for pregnant women; and/or

- c) Education and early intervention for parents/caregivers; and/or
- d) Provider training/technical assistance at multiple levels to build capacity

Interested agencies and organizations may apply for training and technical assistance for appropriate evidence-based practices to support proposed activities. First 5 Sonoma County will support training and technical assistance for existing programs that address the services described in a, b, or c.

- Preventing Depression and Suicide Among Older Adults
  - a) Training using Question, Persuade, Refer (QPR) curriculum and/or
  - b) Screening and early intervention program and/or
  - c) Home visiting for homebound seniors
- Reducing Disparities to Access to Mental Health Services
  - a) Outreach and Engagement and/or
  - b) Education and/or
  - c) Peer-based services and/or
  - d) Mentoring services
- System Enhancement
  - a) Risk Identification and /or
  - b) Public Education and Community Engagement and/or
  - c) Screening and/or
  - d) System Coordination

**NOTE:**

Crisis Assessment Prevention (CAP) Team-Family Participation: Interested agencies and organizations who apply for the PEI RFP Crisis Assessment Prevention Team-Family Participation shall submit a proposal that provides family-based advocacy and support services to the families and caregivers of individuals experiencing first onset of a serious psychiatric illness. Proposed services must include all of the following activities:

- Develop close, working relationships with Santa Rosa Junior College, Sonoma County Office of Education, and other community agencies to provide mobile family-based services in school-based and community settings
- Provide families and caregivers education about the mental health system
- Assist families and caregivers to access appropriate mental health services
- Assist Mental Health Division to train selected teachers, faculty, counselors, and law enforcement personnel to recognize the warning signs of mental illness and to refer to the CAP Team.

Interested agencies and organizations may also wish to apply in different PEI RFP funding areas. In this case, interested agencies and organizations must submit separate proposals in the corresponding PEI RFP funding area.

Sonoma County Mental Health will consider funding proposals submitted in one particular PEI RFP area for funding in other PEI RFP areas.

### **Response to questions about contract and funding term or period**

(Questions 4, 5, 6, 7, 8, 9, 71, 80, 125, 147, 148, 149, 150, 151, 152, 153, 154)

The funding amounts identified in the RFP documents represent funding for a single year. With the exception of System Enhancement and the First 5 funding, there are additional dollars available for subsequent one-year periods. Current funding levels are not guaranteed but are dependent on the MHSA revenues received from the State. System Enhancement funding will be available for just a one- or two-year period. In the other areas, it is possible that projects will continue to receive funding as long as the County continues to receive MHSA funds. The funding provided by First 5 may be one-time funding and not available in subsequent years.

Organizations submitting for the 0-5 strategy area may submit a single proposal that includes activities that would be funded by the MHSA funding or the First 5 funding. The proposal should clearly identify how the funding is being used. Please note that the First 5 funding may be available only on a one-time basis.

We are asking for proposals that reflect a single year of funding (12 months). The budgets and narrative should reflect an initial 12 months of operation.

As many have noted, the projects selected will not start until December 2009 or January 2010 (or later). The funding available for FY 09-10 (July 1, 2009 to June 30, 2010) will be prorated based on the start date. The County, at our discretion, may execute contracts from the start date to the end of the fiscal year (partial year contracts of 5, 6, or 7 months), or may execute contracts that extend into FY 10-11. For example, if a project started in February, the contract could be for just 5 months with funding prorated based on the 5-month term; or the contract might be for 17 months, extending through the end of FY 10-11. If a contract is executed that crosses two fiscal years, the funding for each fiscal year will be called out and the contract maximum will reflect the total funding for the entire period.

### **Response to questions about the number of proposals funded in each category**

(Questions 29, 39, 47, 77, 163)

With the exception of the Transition Age Youth (TAY) strategy area, it is likely that multiple proposals will be selected. The exact number and amount of funding will depend on the number and scope of the proposals selected. There is no set limit or

average per proposal. It is unlikely that a single proposal will be selected and awarded all the funding available in any of these strategy areas.

In the TAY area, the majority of the MHSA PEI funding will support a County-operated Crisis Assessment Prevention (CAP) Team. The \$80,000 identified in the RFP is for family-based advocacy and support services directed at the family members of young adults who are experiencing the first onset of a mental illness. While it is possible that multiple proposals might be selected, it is more likely that a single proposal will be funded because the funding is limited.

### **Response to questions about contract process and requirements**

(Questions 32, 79, 81, 153, 156, 157, 158, 159, 160, 161, 164, 165)

Interested agencies and organizations **ARE NOT** required to submit a signed contract (attachment A) with their proposal. Interested agencies and organizations **ARE** required to sign and submit an Attachment D – Proposal Cover Sheet. By signing the Proposal Cover Sheet, the signer is attesting that he/she has the authority to bind the organization, and that they have read the RFP requirements, and that their proposal meets them. In addition, by signing this document, the organization is indicating the willingness to sign the sample contract as it is, or with the exceptions indicated in their submission.

The contract will include exhibits customized to reflect the particular proposal. This will include a description of the program/project and may include staffing and implementation time lines, etc. There will also be an exhibit that describes the payment processes. The details will be negotiated after the awards are made. Payments can include start-up costs. The County will require an accounting of costs associated with the project. The County will require a level of detail similar to that in the example budget document. Organizations will also be required to provide data regarding activity (e.g., the number of classes provided and the number of attendees, or the number of clients or families served, or the number of referrals made) and/or data describing the individuals served. Again, this will be negotiated once the awards are made.

The insurance requirements listed in the example contract are those typically required for most contractors; however, these requirements can be customized to reflect the nature of the organization and the work being done. Documentation of insurance previously provided to the County with regard to other contracts will meet the requirements for this contract.

The RFP Guidelines Section 2 - J states that proposals are “legally” binding for 90 days from the date of submission. This requires the organization to honor the “promises” made in the proposal. This protects the County from an organization attempting to negotiate material changes in the scope of services, or costs, or other aspects of their proposal.

The County does have approved standard mutual indemnification language and might consider it as an alternative to the language in the example contract. Please indicate in your cover letter or in your Attachment D that you would like to negotiate mutual indemnification if that is the case.

Any subcontractors will be required to meet the obligations outlined in the contract, and it will be the responsibility of the organization awarded the contract to insure that their subcontractors meet these obligations, including insurance requirements.

During the contracting process, those organizations selected will be required to identify what type of organization they are, as well as their tax status. The County does contract with a number of different types of organizations with differing corporate structures and tax status, including individuals or sole proprietors. There is no requirement that organizations have a tax exempt or non-profit status.

### **Response to questions about proposal requirements and structure**

(Questions 33, 54, 98, and 165)

In Section 2: Content of Proposals, the requirements for proposals are outlined. Proposals should include:

- A cover letter that identifies the agency/organization submitting the proposal and contact information – and contains the language in Attachment D or a signed Attachment D
- The proposal – Section 2- G Proposal Outline for the outline

The scoring guidelines included in the RFP identify what the review committees will consider when evaluating and scoring proposals. While there is no specific reference to organizations being minority-owned, proposals from such organizations will receive consideration if the review committee believes this enhances the organization's ability to provide culturally competent services and/or to increase access to services for communities of color.

The language in the RFP regarding flaws in proposals gives the County the discretion to select a particularly outstanding submission in spite of technical problems with the submission. Interested agencies and organizations should do their best to meet the requirements outlined in the RFP.

### **Response to questions about budget**

(Questions 126,147,150, 162, and 166)

The Excel format sample budget is on the website and can be down loaded. Go to:

<http://www.sonoma-county.org/health/mh/mhsa.htm>.

There are formulas and links embedded in the document. It is designed to take numbers from the detail pages and populate the summary page. A prudent proposer will check to make sure it is working properly and that their numbers add up.

Please submit a budget that reflects 12 months of costs/operation. The actual funding for FY 09/10 will be prorated based on the start date of the project.

There is no firm limit on administrative or "indirect" costs; however, high administrative costs might make a proposal less attractive to the review committee. The Medi-Cal program limits administrative costs to 15% of direct costs. Most human services organizations have administrative costs between 10% and 20%.

### **Response to questions about formatting**

(Questions 30, 31)

Section 2- G Proposal Outline requires page limits for numbers 1 through 6. Otherwise, there are no requirements for page margins, font size, page numbering, or line spacing; however, SCMHS requests that proposals be reasonably formatted. An electronic template for proposals will not be provided.

Proposals may be submitted on a flash/USB drive if you do not wish to submit a CD. Proposal submission requirements are listed in Section 1-C Proposal Submittal in each RFP.

### **Response to questions about communication**

(Question 28, 69, 70, 74, 75, 76, 123, 124, 139, 155)

The timeline for Key Events is listed in each RFP in Section 1- F RFP Process and Key Event Dates. 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).

The time to submit questions about the RFP started on July 7, 2009 and closed on July 21, 2009. We are not taking any more questions at this time.

Presentations made at the Pre-Proposal Technical Assistance Workshops on July 20, 2009, as well as participant lists from those workshops, are also posted on the website referenced in this section. Unfortunately, we are unable to post names of interested agencies and organization who may submit proposals, as they are unknown at this time.