This Request for Proposals, issued by Contra Costa Mental Health, is to provide background and specific instructions for community-based providers to apply for Prevention & Early Intervention (PEI) funds to carry out the activities specified in CCMH’s Draft PEI Plan.

Contra Costa Mental Health has issued eight Prevention and Early Intervention RFPs in this cycle. A separate proposal must be written for each different project – even if an agency is applying for more than one project. The due-date for ALL proposals – regardless of which Project – is Friday, April 3rd, 2009, by 5:00 p.m.

All interested community-based agencies must attend our MANDATORY Bidder’s Conference on Monday, March 2, 2009, from 8:45 a.m. to Noon, to learn more about the project and the proposal process. The Bidders Conference will be held at Willow Creek Center, located at 1026 Mohr Lane, Concord, in the South Room.

$1,225,000 is available for the activities presented in this RFP. The initial implementation period for these funds is 14 months – beginning May 1, 2009 and running through June 30, 2010. Contracts may be renewed at the county’s discretion in 12-month increments -- based on performance and availability of funds.

This RFP and all forms and materials for submitting a proposal are available on the MHSA website at: http://www.cchealth.org/services/mental_health/prop63/pei_planning.php.

Contra Costa County’s draft PEI Plan is also available online at the same link (above).
Contra Costa County Mental Health Services
Mental Health Services Act – Prevention & Early Intervention

Request for Proposals
for
Project #1: Building Community in Underserved Cultural Communities

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Cover Page Form
Proposal Checklist (not necessary to submit this)
Budget Format
I. Background

A. About Contra Costa County Mental Health

Contra Costa Mental Health is a Division of Contra Costa Health Services (CCHS). The Mission of Contra Costa Health Services is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. CCHS provides high quality services with respect and responsiveness to all; is an integrated system of health care services, community health improvement and environmental protection; Anticipates community health needs and change to meet those needs; and Works in partnership with our consumers, cities and diverse communities, as well as other health, education and human service agents and encourages creative, ethical and tenacious leadership to implement effective health policies and programs. CCHS has a department-wide goal to reduce health disparities by addressing issues of diversity and linguistic and cultural competence.

Contra Costa Mental Health (CCMH) strives to create an effective, high quality integrated system to meet the needs of residents of Contra Costa County. We work together with those individuals with psychiatric conditions to provide:

**Hope** that supports all human beings in becoming their unique and best selves.

**Recovery/Resiliency** that empowers individuals to manage their symptoms and build meaningful lives and relationships.

**Partnership** that brings consumers, family, friends, community and mental health professionals together in the hope-filled journey.

**Community** that is culturally responsive – adapting to the histories, beliefs, traditions, values and languages of diverse communities.

CCMH provides an array of opportunities for partners to work together in the spirit of hope toward resiliency/recovery. This includes programs and services for children, adolescents, young adults, adults, and older adults of Contra Costa County.

CCMH serves:
- Adults who have serious mental disabilities
- Children and adolescents who are seriously and emotionally disturbed
- Anyone in acute psychiatric crisis
- Anyone who lives in the county who has Contra Costa County Medi-Cal or no insurance and asks for services

B. About the Mental Health Services Act

In November 2004 California voters passed Proposition 63, the Mental Health Services Act (MHSA). The MHSA is intended to "transform the public mental health system." The goal of the Act is to create a state-of-the-art, culturally competent system that promotes wellness/recovery for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families. The California Department of
Mental Health (DMH) seeks to build a system where access will be easier, services are more effective, out of-home and institutional care is reduced, and stigma toward those with severe mental illness or serious emotional disturbance no longer exists. The Mental Health Services Oversight and Accountability Commission (MHSOAC) has articulated a set of Priority Principles to guide Prevention and Early Intervention efforts. These are:

1. **Transformational Strategies and Actions** -- Characteristics include:
   - Driven by consumers and family/caregivers, with specific attention to those from underserved communities
   - Culturally and linguistically competent
   - Demonstrate system partnerships, community collaboration, and integration
   - Focused on wellness, resiliency and recovery
   - Include evidence indicating high likelihood of effectiveness and methodology to demonstrate outcomes

2. **Leveraging Resources** – County and state PEI efforts extend MHSA programs and funding by leveraging resources and funding sources, including ones not traditionally identified as mental health, to significantly increase the total resources brought to bear to address mental health issues.

3. **Reduction of Disparities** – County and state PEI programs shall emphasize the goal of reducing disparities

4. **Stigma Reduction** – PEI programs reduce stigma associated with having a mental illness, or a social/emotional/behavioral disorder, or being a parent of caregiver of a youth with an emotional or behavioral disorder, and/or for seeking services and supports for mental health issues.

5. **Reduction of Discrimination** – PEI efforts emphasize strategies to reduce discrimination against individuals living with mental illness or social/emotional/behavioral disorders, including limited opportunities, abuse, various negative consequences, and barriers to recovery.

6. **Recognition of Early Signs** – County and state PEI program plans shall include critical linkages with those in the best position to recognize early signs of mental illness and intervene, including but not limited to, parents and caregivers, primary health care providers, early childhood education providers, teachers, faith-based providers and traditional healers.

7. **Integrated and Coordinated Systems** – In order to extend the impact of MHSA PEI funding and make PEI services accessible to the diverse people who need them, county and state PEI program design builds integrated and coordinated systems, including linkages with systems not traditionally defined as mental health, which reflect mutually beneficial goals and combined resources to further those goals.

8. **Outcomes and Effectiveness** – County and state PEI programs will participate in the development and use of a statewide evaluation framework that documents meaningful outcomes for individuals, families and communities.

9. **Optimal Points of Investment** – In order to maximize the effectiveness of MHSA PEI funding, county and state programs invest in optimal points of intervention. Optimal points of if investments are defined as those interventions, targeted at a specific population and/or age group, which have the highest probability to divert negative outcomes, and/or generate cost savings.
10. **User-Friendly Plans** – County and state PEI Plans will be accessible.

11. **Non-Traditional Mental Health Settings** – County and state PEI programs shall 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.

12. **Prevention and Early Intervention is a Distinct Service** from Community Services and Supports – PEI funds shall be used to support services that reduce the risk of initial onset of a mental disorder

More about the vision of MHSA and the MHSOAC’s Priority Principles for PEI can be found at: [http://www.dmh.ca.gov/MHSA/](http://www.dmh.ca.gov/MHSA/).

**C. Contra Costa Mental Health’s Planning Process**

Contra Costa Mental Health (CCMH) conducted an extensive planning process that involved almost 900 individuals during 2008. Additionally, some data from the original CSS process, also collected from stakeholders, was carried into the PEI process. CCMH gained stakeholder input and representation through 3 Community Forums, 35 Focus Group discussions, and a written survey.

Input was gained from all geographic areas of the county. While focus groups were held in English and Spanish (the County’s threshold language), survey input also came from those whose primary languages included Spanish, Chinese, Filipino and others.

Forty six Stakeholder Workgroup members were selected to form 2 diverse planning bodies addressing the age groups of 0-25 and 26+. Using the needs data collected, Stakeholder Workgroup members prioritized a series of Target Populations and Strategies for intervention that make up CCMH’s Draft Prevention and Early Intervention Plan. The draft PEI Plan can be found at: [http://www.cchealth.org/services/mental_health/prop63/pei_planning.php](http://www.cchealth.org/services/mental_health/prop63/pei_planning.php).

The Plan was drafted and heavily distributed countywide. A 30 day review period allowed anyone in the community to provide written or oral input/feedback on the Plan. The Contra Costa Mental Health Commission held a public hearing on the Draft PEI Plan on January 22, 2009. The final Draft PEI Plan was submitted to the State Department of Mental Health and the Mental Health Services Oversight & Accountability Commission on February 12, 2009.

Contra Costa’s Draft PEI Plan is currently being reviewed by the State Department of Mental Health and the Mental Health Services Accountability and Oversight Commission and is expected to be approved for funding in April, 2009.

Additional materials describing Contra Costa’s planning process and Contra Costa’s MHSA Draft PEI Plan can be found at: [http://www.cchealth.org/services/mental_health/prop63/pei_planning.php](http://www.cchealth.org/services/mental_health/prop63/pei_planning.php). -- Click on Mental Health Services Act (MHSA). Hard copies of the Plan can also be obtained by contacting the Mental Health Division at (925) 957-5151 or by email at mhsa@hsd.cccounty.us.
II. Programs and Funds Available through this RFP Process

New MHSA-funded programs are described in detail in Contra Costa’s MHSA Draft PEI Plan. *Applicants should review this plan carefully.* The Plan can be found at: [http://www.cchealth.org/services/mental_health/prop63/pei_planning.php](http://www.cchealth.org/services/mental_health/prop63/pei_planning.php).

Background material is provided here in summary form only.

Of nine Projects in Contra Costa’s Draft PEI Plan, eight are available for full or partial funding through this RFP process. Funds available through this RFP process by Project are:

| PROJECT 1: Community-Building in Underserved Cultural Communities | $1,225,000 |
| PROJECT 2: Coping with Trauma Related to Community Violence | $ 233,300 |
| PROJECT 4: Suicide Prevention | $ 330,000 |
| PROJECT 5: Supporting Older Adults | $ 204,000 |
| PROJECT 6: Parenting Education and Support | $ 670,800 |
| PROJECT 7: Families Experiencing the Juvenile Justice System | $ 583,500 |
| PROJECT 8: Supporting Families Experiencing Mental Illness | $ 554,200 |
| PROJECT 9: Youth Development | $ 583,500 |

Some PROJECTS have more than one PROGRAM embedded in them. Not all PROGRAMS are available for funding under this RFP. It is important to read each project description carefully to understand what is available in this RFP process.

*This RFP addresses Project 1: Community-Building in Underserved Cultural Communities.*

A separate proposal is required for each Project listed here. The due date for ALL proposals is Friday April 3, 2009, by 5:00 p.m.

Proposal materials and attachments are included in the next section of this RFP. Each project will use the similar (but not always identical) proposal instructions and boilerplate forms.
The Fostering Resilience in Communities Initiative
1. Building Connections in Underserved Cultural Communities Project
2. Coping with Trauma Related to Community Violence Project
3. Stigma Reduction and Mental Health Awareness Project
4. Suicide Prevention Project
    Intensive Early Psychosis Intervention Project – *Delayed for development*

The Fostering Resilience in Older Adults Initiative
5. Supporting Older Adults Project

The Fostering Resilience in Children and Families Initiative
6. Parenting Education and Support Project
7. Families Experiencing the Juvenile Justice System Project
8. Support for Families Experiencing Mental Illness Project

The Fostering Resilience in Youth/Young Adults Initiative
9. Youth Development Project
Project #1   Building Connections in Underserved Cultural Communities
A Project of the Fostering Resilience in Communities Initiative

A. Background and Approach

Community engagement, mutual support and families that communicate well are protective factors against mental illness for all age groups. This Project is designed to strengthen underserved cultural communities\(^1\) in ways that are relevant to specific communities to increase wellness and reduce stress and isolation, to decrease the likelihood of needing services of many types, and to help support strong youth and strong families. This will be accomplished through an RFP/contracting process that allows members of underserved cultural communities, in conjunction with CCMH, to:

**Program #1:** Strengthen Community – Define how to build strengths, wellness and connectedness in your community and implement that vision; and

**Program #2:** Strengthen Communications -- Select and implement an effective curriculum for improving intra-family communication in their community; and/or

**Program #3:** Mental Health Education/System Navigation Support – Develop or expand culturally appropriate methods to educate about and promote mental health and to offer system navigation educate and support to their population. Where available, these efforts should build on existing efforts.

Bidders on this Project **MUST** address Programs 1 & 2 above as a pair. They may request funds for:

- ✓ 1 & 2 together as a pair, or
- ✓ 3 alone, or
- ✓ 1, 2 and 3 together.

Contractors for funded programs will be required to participate in suicide prevention efforts, which may include participation on the Suicide Prevention Task Force, Suicide Prevention Campaign Committee, or other related efforts. Those funded for these projects will be encouraged to take advantage of anti-stigma resources available through other PEI efforts.

Underserved cultural communities for the purposes of this project include: Latinos, African Americans, Asians/Pacific Islanders (A/PI), Native Americans and Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ). The LGBTQ community may be recognized in some instances as a “separate” community or may be recognized as a sub-community within or across some or all racial/ethnic communities.

It is important to note that this Project does not presume that there is one single “Latino” or “African American” community (for example) across all of Contra Costa County. Rather, funds

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\(^1\) Defined by DMH as: *Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc) and would benefit from Prevention and Early Intervention programs and interventions.*
for this project will be available to self-identified groups that cover the whole county or any part of the county that is reasonably defined as a “natural” community. Selected projects will have leadership that demonstrates the history and/or ability to gather the targeted group as a community.

For the purposes of this Project, mental health educators/system navigators are defined as members of the target community who are familiar with/willing to be trained to educate community members about mental health and help other community members access a range of supports and services in the county and community systems of care that, without assistance, would not be accessible. If the target population is non-English speaking, these helpers will be proficient in English as well as the target population’s language. They will educate and enable community members to become more self-sufficient in the future.

**B. Number of Contracts and Funds to be Awarded**

CCMH is hoping to receive strong proposals that allow one or more contracts to each of the target populations listed above. $1,225,000 is available through this RFP process. However, CCMH does not guarantee to award all funds reported here as available, and CCMH does not guarantee to award contracts in every group. Awards will be based upon the quality of the proposals, organizational capacity of the applicants and availability of funds.

**C. Target Populations and Target Areas**

The target population(s) and geographic target area to be served by any group is to be defined by that group in their proposal. Reviewers will be looking for a logical and natural fit between agency(ies) involved, the project and the area to be served. This will include an assessment of the applicants’ prior experience and connection with the target population in the defined geographic area.

In some instances, there may be a compelling reason for funding community-building addressing primarily a defined geographic community rather than a specific target population. Proposals for community-building in a clearly-defined geographic community will be allowed provided that the target populations of that community are predominantly made up of the underserved cultural populations that we seek to address. Data demonstrating the composition of that community are required. The applicant must also describe how the multiple cultural populations of that community will be engaged, and how the effort will be culturally appropriate for them.

**D. Desired Characteristics and Qualifications of Contracting Agencies**

CCMH is seeking to fund agencies that have a track record of leadership in their community, and in developing and maintaining supportive relationships with the defined target population in the defined geographic area of the county (or whole county). This does not need to be mental health experience specifically.

In rare instances where a population is so underserved that there are no highly qualified lead agencies, CCMH would consider selecting an agency with some but not all of the desired experience based on their Qualifications Statement, work plan and support from the target community.
While specific mental health experience is not required, applicants will be expected to demonstrate an understanding of how the efforts proposed will help to build wellness and prevent mental illness.

Organizational capacity to implement and manage a project budget of this or similar size will be an important criterion for selection.

CCMH is not actively seeking collaborative proposals. If a proposal comes from collaborating agencies, the rationale for the collaboration must be clearly defined and compelling. The capacity of the lead agency to manage a contract of this size will be considered. Roles and responsibilities between the agencies must be clearly defined. The overall strength of the collaboration will be an important review factor.

E. Program Elements and Methodologies to Achieve Goals of the Project

Program #1. Building Connections in Underserved Cultural Communities – The goal of this effort is to support communities to strengthen themselves in a manner that reduces individual and family isolation and links community members together for improvement of quality of life, health, mental health and mutual support.

This effort allows for great flexibility and creativity on the part of applicants. There are few “best practices” for community-building as prevention of mental illness in underserved communities. CCMH is looking for applicants to clearly describe the needs in their community, their goals, their intervention, and why they believe their intervention will be effective in reducing stress, isolation and other factors that contribute to mental illness. The applicant must identify how it will address assessment and referral for early intervention if early warning signs of mental illness become evident in a participant during the course of the project.

Generally, this is a family-oriented approach. Along side this effort, applicants must address how they will strengthen communications within families in their target population to foster resiliency as described below.

Program #2. Strengthening Communications within Families – The goal of this effort is to foster communication within families in order to strengthen those families across their generations for greater wellness and mental wellness.

A significant finding in the needs data collected for the PEI Plan was that families under stress due to low income, violence, mental illness in the family and/or especially multiple languages spoken in the home are further stressed by poor communication within the family. Supporting or improving the ability of parents and children/youth to communicate about values, expectations, limits and simply how to navigate life in school and the community can help to reduce stress, prevent high risk behaviors, and foster resiliency. Culture can be communicated across generations which in turn can foster better family cohesion and identity. Communication between older adults and their children and grandchildren is also important to prevent isolation and depression in older adults as well as to help pass culture and respect for ancestral cultural through families.
Preference will be given to projects that utilize recognized curricula (See State DMH resource for examples: http://www.dmh.cahwnet.gov/Prop_63/MHSA/Publications/Notices.asp#N0719 – See Notice 07-19, Enclosure 6) to foster communication and resilience within families.

Applicants must clearly define the approach they have selected, and why they think it will be effective in their population. This is especially important if less well-known approaches are proposed.

Applicants must explain how they will recruit or access families to implement their effort and why they think their recruitment efforts for this effort will be successful. Applicants must explain how they will assess and refer any family member for early intervention or care if signs of serious mental illness become evident during the course of the relationship.

Program #3. Provide Mental Health Education/System Navigation Support – The goal of this effort is to facilitate access to necessary community and public systems that traditionally have been difficult to access due to their complexity, language and cultural capacity, or other factors including trust.

In addition to activities that strengthen families and communities to support themselves, CCMH recognizes the need to help individuals and families under stress – due to low income, exposure to violence, lack of understanding of the public and non-profit system of supports, mental or physical illness in the family, lack of fluency in English, lack of trust or other reasons – to access available resources in the community and navigate existing systems in the community such as schools, health services, child welfare, justice system, etc.

CCMH seeks to support activities that offer a “bridge” between traditionally underserved individuals and communities and existing resources in the community by offering “guides” or system navigators or educators to those individuals and communities. These health educators or system navigators will help individuals and families to:

- Learn about health, mental health, wellness and community resources in a culturally competent manner;
- Learn how to gain access to existing resources in the county. This includes mental health, health, social service, education, transportation and other resources; and
- Where appropriate, families will receive direct support to improve access to services that would otherwise be inaccessible due to language barriers, cultural issues, transportation or complexity of issues.

Within this program, priority will be given to expansion of existing health education/system navigation programs – to serve larger numbers, broader geographic areas, or with enhanced education and supports.

F. PEI Linkages

All of the PEI Projects and Programs in CCMH’s Draft PEI Plan are interrelated. They are presented separately in the Plan due to the limitations of the written page and contracting requirements. CCMH will expect coordination, communication and integration of other PEI efforts into these programs.
Specifically, funded programs will be required to participate in suicide prevention efforts, which may include participation on the Suicide Prevention Task Force, Suicide Prevention Campaign Committee, or other related efforts. Programs will also be encouraged to take advantage of anti-stigma resources available through other PEI efforts. Depending on the location and types of other funded projects, collaboration with other projects may also be desirable.

G. Data Collection and Reporting

Applicants must define their goal and specific measurable objectives for each program (#1,#2,#3) that they apply for within this project. Objectives must be measurable in a common sense, cost-effective manner. Programs utilizing evidence-based practices should use the outcomes and data collection protocols offered as part of the practice model, if available. Funds for data collection related to measurement of progress toward objectives will be allowed.

III. Funding Parameters and Program Timeline

A. Funds for Start-Up and Program Operations

The initial contract period will be for the **14-month period** of May, 2009 – June 30, 2010. Applicants are asked to complete a 14-month budget. Future renewal contracts, however, will be for 12-month fiscal years beginning on July 1 and running through June 30. Offers of renewal will be based on performance and funds available.

A total of **$1,225,000** is available for all contractors selected for this project and is to cover all operational activities for the 14-month period. Modest start-up funds for such items as training, acquisition of curricula and equipment will be allowed in this first contract. Funds for data collection related to measurement of progress toward objectives will be allowed.

B. Leveraging

Leveraging resources to maximize the impact of MHSA PEI funds is a goal for the statewide MHSA effort. Contra Costa Mental Health is encouraging bidders to include leveraged support for their proposed projects through use of funds from other sources as well as in-kind contributions to their program. Ability to leverage resources will be a review criterion.

IV. Proposal Process Overview, Timeline and Review Criteria

A. Bidding Timeline

- RFP issued: February 27, 2009
- Mandatory Bidders Conference: March 2, 2009 – Monday
- Bids due to be received: April 3, 2009 by 5pm – Friday

B. Mandatory Bidders Conference

A mandatory bidder’s conference will be held on Monday, March 2, 2009, at the Willow Creek Center, located at 1026 Mohr Lane, Concord, in the South Room.
The mandatory bidder’s conference will begin with registration as early as 8:30 a.m. to 8:45 a.m., with the conference starting promptly at 9:00 am. Program expectations will be outlined and bidder’s questions will be answered.

NO proposal will be accepted without Lead Agency participation in the Bidder’s Conference.

C. Proposal Review Timeline and Announcement of Selections

All bids will be reviewed during the first half of April and our goal is to announce selections by April 15th.

Non-selected bidders may appeal CCMH’s selection of contractor(s) within 5 days of notification. Appeals must be addressed to the Director of Mental Health. Appeals must be in writing and shall be limited to the following grounds:

- The county failed to follow the RFP procedures, which affected the proposal scoring; and/or
- The RFP evaluation criteria were not appropriately applied to the proposal.

The Director of Mental Health will respond to the appeal within seven days and the decision of the Mental Health Director will be final and not subject to further review.

D. Bidders Questions and Answers

While additional questions after the Bidders Conference are discouraged, CCMH recognizes that legitimate additional questions may arise. In an effort to be fair to all bidders, additional questions after the Bidders Conference must be submitted in writing. Questions and their answers will be disseminated via email to all bidders. Questions about the RFP should be submitted in writing to mhsa@hsd.cccounty.us.

E. Rules and Considerations

- The cost of developing and submitting a proposal in response to this RFP is the responsibility of the applicant agency/agencies and will not be reimbursed through the contract resulting from this RFP process or from any other county funds.
- CCMH may issue an RFP amendment to make changes or correction or provide additional data, which will be sent to each Bidder who attended the mandatory Bidder’s Conference. CCMH may extend the RFP submission date if necessary to allow Bidders adequate time to consider such information and submit required data.
- The RFP process maybe cancelled in writing by CCMH prior to award if the County Board of Supervisors determines that cancellation is in the best interest of the County.
- The RFP process and any contract resulting from the process may be cancelled at any time that MHSA funding from the State Department of Mental Health is unavailable.
- Any contact awarded under this RFP is awarded subject to pending or perfected protests. The contract is subject to cancellation or to modification by CCMH in accordance with the resolution of any such protest.
• Contractors will be required to participate, through the county, in state-mandated surveys and data collection efforts.
• Selected bidders must adhere to Contra Costa County’s contracting process, providing all information as requested by CCMH. Selected bidders will also be informed of the County’s insurance coverage requirements and the process for contract approval by the Board of Supervisors.

F. Review Criteria and Scoring

a. Initial Screening
Proposals will be screened for compliance, completeness and eligibility as they are received. This is a pass/fail screening and failure to meet any one of the following criteria will result in a failing rating. FAILED PROPOSALS WILL NOT BE REVIEWED FURTHER.

1. Proposal was received by due date
2. Applicant Agency participated in Bidders Conference
3. All sections of proposal as outlined in RFP are included within page limit for Narrative (Excluding Attachments)
4. Attachments A – F are included and are complete. Attachment G is included if collaborating agencies are involved

b. Scoring of Proposal
A maximum of 130 points for each proposal is possible using the following scoring:

Narrative
1. Organizational Capacity and Appropriateness of Applicant Agency and Partnerships (if any) 40 Points
2. Program Services and Staffing 40 Points
3. Timeline 10 Points

Budget
4. Budget and Budget Narrative 40 Points

Total 130 Points

The winning proposal(s) will be selected based on overall score. However, if the highest scoring proposal does not attain a score of 32 points (80%) or higher on Item #1, reviewers may consider selection of the bidder with the next highest overall score AND 32 points or higher on Item 1.

V. Proposal Instructions

A. Format, Delivery and Due Date
This RFP and all related forms and materials can be obtained online at CCMH’s MHSA website: http://www.cchealth.org/services/mental_health/prop63/pei_planning.php.
Please provide one electronic copy on CD or disk, a signed original PLUS five (5) additional hard copies of your proposal. Each hard copy must be clipped or stapled in the upper left corner (only) and clearly marked with the name and address of the lead agency. Please also meet the following specifications:

- Written in Times New Roman or a similar type style in minimum size 12 font
- Margins 1” on all sides
- All pages consecutively numbered
- Proposal follows the outline presented in this section with matching numbering and lettering
- Original and copies printed on three-hole punched paper
- 10-page text limit for Narrative. No videotapes, CDs or pictures.

Proposals should be delivered to:
MHSA Program Manager
Contra Costa Mental Health Administration
1340 Arnold Drive, Suite 200
Martinez, CA  94553

Due Date and Time
A single, packaged set of all proposals and electronic submission are due to be received at the above address by 5pm on Friday, April 3rd, 2009. Postmarks on this date will not be accepted. Late proposals will not be accepted and will not be reviewed. No exceptions. No faxes or electronic submissions will be allowed.

B. Proposal Instructions
Please use this outline (numbers, labels and titles) in your proposal and address the requested issues.

1. **Cover Page** (Complete Form included with RFP)
2. **Narrative** *(Limit 10 text pages)*

A. **Organizational Capacity** *(40 Points with B. below)*

Please describe your organizations abilities and track record to lead this project. Include:

a. Age, staff size, budget size, location and mission of organization
b. Board make-up and Organizational Structure
   - Attachment A: List of board members and affiliations
   - Attachment B: Organizational structure including this proposed program
   - Attachment C: Most recent audited financial statement
   - Attachment D: Evidence of non-profit status (IRS Letter)
c. Specific capabilities for this program, including:
   -- Relationship with target communities
-- Experience with community-building efforts, strengthening family communications and/or system navigation (as appropriate to proposal)
-- Language capacities and cultural competencies of current staff
-- Language capacities and cultural competencies of staff to be assigned or hired for this project
-- Racial/ethnic make-up and other diverse characteristics and competencies of staff to be assigned to or hired for this project.
  • Include whether mental health consumers and/or family members will be hired or assigned to this project.

B. Description of Key Partners – If Any

(Points combined with A. above)

Note: CCMH is not encouraging collaborative proposals. In the event of a collaborative effort, a signed Letter of Commitment describing each collaborating agency’s role and key activities is to be included as Attachment G. Letters with original signatures are to be included in Original copy of proposal.

Please describe the collaborating partner for this program and include:

a. Why the collaboration is compelling
b. Age, staff size, budget size, location and mission of collaborating agency
c. Summary of skills/experience the collaborating agency brings to the project
d. Language capacities of staff to be assigned/hired by the collaborating agency
e. Racial/ethnic make-up and other diverse characteristics and competencies of staff to be assigned or hired for this project. Include whether mental health consumers and/or family members will be hired for this program.
f. Roles of Key Partners -- Include leadership, lines of supervision, and how decisions will be made among the partners.

C. Program and Staffing

(40 Points)

Please describe:

a. The overall program or effort you are seeking to offer
  • Describe your approach and how it will function (key phases, steps, etc.)
  • Tell us why you selected this approach. Why will it be effective?
    ✓ Cite the theory behind the approach and/or any literature available about the approach and its effectiveness. Is this a “Best” or “Promising” Practice?
    ✓ Include any direct experience you have had with this effort
    ✓ Tell us why it is a culturally appropriate approach for your population
    ✓ Do you have the support of your target population for this effort? (Letters of support encouraged)

b. Your Goal and key measurable Objectives for your effort and how you will measure progress toward meeting your objectives (Results).

c. The numbers of individuals/families to be engaged in your project during the 14-month period – and the types of engagements that will occur (e.g.: specific
community-building efforts v. participating in parent/child communication trainings, v. working with system navigator, etc.)

• How will you conduct outreach to recruit or engage community members in your effort?

d. The staffing pattern you are proposing

• Roles and responsibilities of key staff
• Include unique characteristics of key staff or required characteristics (race/ethnicity, language capacities, knowledge of specific communities, etc.) of staff to be assigned to this project.
• State if each position is existing or to be hired
• If you will be hiring mental health consumers and/or family members, please describe how you will support consumer or family member employees for successful retention.
• Provide job descriptions for all positions anticipated, including existing positions. Include as Attachment E.

e. Facility – Where you will be housing this program and the space required

• Will community participants come to this location? Or will efforts be conducted elsewhere in the community?
• If community will engage with this project out in the community, describe where this will occur and why you believe this will be acceptable to the community.

D. Timeline

(10 Points)

Please provide a start-up timeline for this contract, assuming notification of award by April 15, 2009. Include timeline to hire, train, conduct outreach if necessary, and begin effort. Include milestones for achieving desired numbers to be reached or served.

3. Budget

(40 Points)

A. Attach the Budget Worksheet included in the RFP package as Attachment F.
B. Include a detailed budget narrative as part of Attachment F.

4. Attachments

Attachment A: List of Board of Directors and affiliations
Attachment B: Organizational structure including the proposed program
Attachment C: Most recent audited financial statement
Attachment D: Evidence of non-profit status
Attachment E: Job descriptions for all positions to be filled
Attachment F: Budget and Budget Narrative
Attachment G: Letters of Commitment including a description of role and key activities by collaborating agency (if any).
Other Attachments: As needed
Contra Costa County Mental Health Services
Mental Health Services Act
PEI Proposal

Project #____:  Project Name: ____________________________________________________

Cover Page

Name of Applicant Agency: ______________________________________________________
Address: ____________________________________________________________________

Contact Name: __________________________________________________________________
Title of Contact Person: _______________________________________________________
Contact Phone/Email _______________  __________________

Total Amount of Request : __________________

Applicant Agency Signature:

This signature assures commitment to participate in this program if selected.

________________________________ ______________________________________
Executive Director    Type Name Here

How did you hear about this RFP? (Please check as appropriate)
___Contra Costa Health Services web site  ____ Article in newspaper  ____ Classified Ad  ____ Other
Contra Costa County Mental Health Services
Mental Health Services Act
PEI Proposal

PROPOSAL CHECKLIST

☐ One original and 5 copies of proposal on three-hole punched paper, bound in upper left corner only. Original copy has original signature of Executive Director of lead agency and original, signed Letters of Commitment from collaborating agency (if any).

☐ One electronic copy of proposal (CD or diskette)

All copies, in a single package, must be received at:

Contra Costa Mental Health Administration
1340 Arnold Drive, Suite 200
Martinez, CA 94553

By: 5pm on Friday, April 3, 2009. Postmarks by that date are not accepted. Faxes and electronic submissions not allowed. No exceptions.

Each Copy of Proposal – Following the outline provided in the RFP

☐ Cover Sheet

☐ Narrative – Not to exceed 10 text pages

☐ Attachment A: List of Board of Directors and affiliations

☐ Attachment B: Organizational structure including the proposed program

☐ Attachment C: Most recent audited financial statement

☐ Attachment D: Evidence of non-profit status

☐ Attachment E: Job descriptions of all proposed positions

☐ Attachment F: Budget and Budget Narratives

☐ Attachment G: Signed Letter of Commitment from Executive Director of collaborating agency (if any). Original signatures included with original proposal.

☐ Other Attachments: As needed. All attachments must be in written, text form. No videotapes, CDs, photos please.
CONTRA COSTA MENTAL HEALTH -- MHSA -- Prevention & Early Intervention
Budget Worksheet -- 5/1/2009 - 6/30/2010

<table>
<thead>
<tr>
<th>Project # :</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Total Dollars Requested: $</td>
</tr>
</tbody>
</table>

*Note: Any funds going to a collaborating agency must be clearly identified in Budget Narrative*

### A. Expenditures

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Annualized Cost</th>
<th>14-Month Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE</td>
<td>New or Existing</td>
<td>Title (Attach CV if existing)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Salaries</th>
<th>% of Salary Costs</th>
</tr>
</thead>
</table>

| Total Personnel Expenditures (Salaries plus Benefits) | $0 | $0 |

### 3. Operating Expenditures

- a. Professional Services
- b. Translation and Interpreter Services
- c. Travel and Transportation
- d. General Office Expenditures
- e. Facility Rental & maint
- f. Outreach Expense
- g. Communications Expense
- h. Other Operating Expenses
  - Other: (specify)
  - Other: (specify)
  - Other: (specify)

| Total Operating Expenditures | $0 | $0 |

### 4. Administrative Costs

<table>
<thead>
<tr>
<th>Overhead (not to exceed 10%)</th>
<th>%</th>
</tr>
</thead>
</table>

| Total Proposed Program Budget | $0 | $0 |

### B. Other Revenue (estimated)

| Medi-Cal | $0 | $0 |
| Other (specify) | $0 | $0 |
| Total Revenue | $0 | $0 |

### C. Total MHSA Operational Funds Requested | $0 | $0 |

#### In-Kind Applied to Project

<table>
<thead>
<tr>
<th>Describe</th>
<th>Estimated Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Total

*Note: Excel version of budget format available at:*