Request for Proposals for
Community Defined Practices Project

Contra Costa Behavioral Health Services
Mental Health Services Act (MHSA) Innovation Project

RFP Proposals Due by Monday, October 16, 2023 at 4pm
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Part 1: Overview

1.1 Introduction to Funding Opportunity

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), intended to expand and transform county mental health services throughout California. The MHSA raises additional revenue for the State, which is then allocated to counties to provide additional funding for mental health services. The MHSA has five (5) components: Community Services and Supports, Prevention and Early Intervention, Innovation, Capital Facilities/Technology, and Workforce Education and Training. The Innovation (INN) component of MHSA is intended to provide funding to test new ideas and solve hard-to-solve problems in the mental health system by:

- Introducing a new practice or approach;
- Changing an existing mental health practice or approach;
- Applying a promising practice or approach that has been successful in a non-mental health context or setting; and/or
- Supporting participation in a housing program designed to stabilize a person’s living situation while also providing supportive services.

This Innovation funding opportunity applies the general requirement of applying a promising community-defined and culturally defined practice or approach to support mental health or wellness in Black, Indigenous, People of Color (BIPOC) communities who have traditionally been underserved or inappropriately served in Contra Costa County. The primary purpose of this funding opportunity is to increase access to culturally appropriate mental health services for underserved and inappropriately served populations.

1.2 Contra Costa Behavioral Health Services – Community Defined Practices Project

Contra Costa Behavioral Health Services (CCBHS) is a division under Contra Costa Health that combines Mental Health and Alcohol & Other Drug (AOD) services into a single system of care. CCBHS facilitated public community outreach and received input from stakeholders and community members voicing the need for services which aligned with communities in a more culturally and linguistically appropriate manner. The Community-Defined Practices Project, from this point referred to as the CDP Project, grew from hearing community concerns during the Community Program Planning Process.

Stakeholders explained that as racial and systemic inequities were magnified during the pandemic, so in turn were the mental health needs of Black, Indigenous, and People of Color (BIPOC). Further, these underserved and inappropriately served communities needed innovative mental health and wellness interventions and practices created for the community by the community. BIPOC and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) communities face barriers in accessing care due to socio-economic disadvantages, stigma around mental health, lack of diversity among providers, language barriers, systemic racism, and distrust in government systems.1 By funding applicants to support mental health and wellness through culturally based services that are embraced and defined by underserved and inappropriately served communities and by those reflective of these communities, it is believed engagement among these populations will be higher. The intention of this project is to ensure that these populations whose needs are not historically met

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in traditional mental health care settings will have an avenue of aligned and needed mental health support. This Request for Proposals (RFP) details the parameters and requirements for application to the CDP Project.

**Part 2. Project Description and Expectations**

**2.1 Project Period**

The contract award will be made on a competitive bid basis. One competitive RFP process is intended to take place in calendar year 2023 with the intent to identify awardees and establish contracting through June 30th, 2026. The anticipated first contract period would be January 1, 2024, to June 30, 2025. Contracts are anticipated for a renewal date of July 1, 2025. Contract renewal is contingent upon the demonstration of progress in achieving measurable benchmarks to the County’s satisfaction, compliance with the contract, policies and procedures set forth by CCBHS, the Mental Health Services Act (MHSA), and the availability of funding. The final contract is anticipated to run from July 1, 2025, through June 30, 2026.

**2.2 Available Funding and Maximum Award**

This funding opportunity has been authorized as part of the CCBHS Mental Health Services Act (MHSA) Innovation component. Agencies/individuals may apply for up to $125,000 in funding per fiscal year and a maximum of $375,000 for the duration of this project. For purposes of this project, a fiscal year period is between July 1 of one year through June 30th of the following year. No more than $6,119,182 shall be awarded during this project. Actual award amounts may vary. Applicants must justify requested amounts in proposed budget and budget narrative as part of the application process. Supplemental documentation may be required to support request. CCBHS reserves the right to make final determinations about award amount. The budget shall be negotiated and finalized prior to a contract being established between CCBHS and awardee.

**2.3 Populations to be Served**

This funding opportunity is for people or agencies who will use funds to serve BIPOC communities of any age. The following groups will be prioritized:

- Asian and Pacific Islander
- Black/African American/African ancestry
- Latina/o/e/x/Hispanic
- Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex (LGBTQI+)

Within these marginalized populations we’d expect to see a diversity of lived experiences such as families with young children, homelessness, monolingual communities, refugees, and people with lived experience with mental health, substance use challenges, justice involvement, and foster care.

**2.4 Who Can Apply for Funding?**

Eligible applicants may include:

- Community based organizations
- Non-profit organizations
- Early learning and care providers (e.g., childcare, and preschool settings not connected to a school district)
- Family resource centers
- Faith-based organizations
- Tribal entities
- Grassroots organizations
- Organized groups or individuals – although a group may apply for funding, any resulting award and contract may only be established with one agency/individual.

The intent is for services to be provided by people from the communities being served. Government agencies or hospital systems may not apply for funding through this project. Grassroot community applicants that 1) propose to serve a priority population, 2) agencies which have not received County funding, and/or 3) were formed by individuals from the population to be served are strongly encouraged to apply.

**Funding Eligibility Criteria:**
1. At least half of your existing board and staff (including leadership) must represent the target population you propose to serve. Organizations cannot plan to ‘hire’ staff to meet these criteria. If you do not have a board at least half of your staff must meet this requirement.
2. You must have experience serving the target population in a culturally appropriate way. Serving the target population solely in a traditional mental health setting (e.g., solely a clinical setting) does not meet this criterion unless there are clear examples of culturally responsive, nontraditional approaches.

**2.5 Community Defined Practices to Improve Mental Health and Wellness**
While BIPOC and LGBTQI+ communities have long-standing established practices to support their mental health and wellbeing, in more recent years, these practices are becoming recognized and formalized as culturally responsive mental health interventions. Statewide efforts like the California Reducing Disparities Project built the evidence base for these community defined practices, more formally called, community defined evidence practices (CDEPs).

Community defined evidence practices are born from what a community considers healing, as well as their cultural, linguistic, or traditional practices. CDEPs offer culturally rooted interventions that reflect the values, practices, histories, and lived experiences of the communities served. Additionally, these culturally rooted interventions are developed specifically to address the unmet needs and strengths of a cultural group; they are rooted in the community’s worldview and its historical and social contexts (Community Defined Evidence Project [CDEP] Preliminary Quantitative and Qualitative Findings, 2009).

A common definition of community defined practices describes “a set of practices that communities have used and determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.” (Martinez, 2008). Mental Health and wellness services must be delivered through a community defined practice.

Some examples of community defined practices/community defined evidence practices that promote healing and wellness include but are not limited to: (1) healing or prayer circles, affinity spaces, spiritual, and/or faith-based practices; (2) ancestral/heritage practices to healing via traditional healers, practitioners, coaches, mentors, and peers (3) healing through arts and expression via poetry, spoken word, storytelling, singing, and performing. Below are different types of community defined practices/community defined evidence practices. This is not an exhaustive list.

- **Cultural Interventions and Treatments.** Specific interventions to support mental health and wellness of BIPOC communities through a cultural lens (e.g., partnering with traditional healers,
incorporating indigenous practices like drumming or regalia making, African-centered curricula, affinity groups/healing circles, traditional storytelling, poetry/spoken word, dance, singing, and music).

- **Capacity Building and Consciousness Raising Activities.** Interventions to educate and address the mental health effects of specific problems, (e.g. over-incarceration of Black youth and adults, high rates of suicide among LGBTQI+ population, positive youth development programs, mentorship, or educational programs for young families, victims of domestic violence, etc.).

- **Raising Community Awareness of Mental Health.** Public campaigns such as media campaigns using language and specific mental health experiences. Outreach and education about topical mental health needs in the community through trusted members (e.g., Spanish language radio, Promotores, community health workers, and peers).

- **Cultural Adaptation of Evidence Based Practices.** Integrating culturally and/or linguistically specific adaptations of an Evidence-Based Practices (EBPs) (e.g. delivering EBP in non-English language or incorporating CDP into EBP).

Services may be provided by qualified practitioners, such as, but not limited to peers, promotores, community health workers, trained facilitators, traditional healers, or trusted community members. Other Statewide efforts and examples include the California Reducing Disparities Project set out to improve mental health access and outcomes and implement and validate CDEPs to address mental health disparities for BIPOC and LGBTQI+ communities. Please see the table below for additional examples of community defined evidence practices that are being implemented across California counties. If you have questions about whether your programming may be considered a CDP, please email to inquire. Please reference Administrative Inquiries section.

### California Reducing Disparities Project Phase 2, Statewide Evaluation Report, December 2022

<table>
<thead>
<tr>
<th>County</th>
<th>Project Name &amp; Population Served</th>
<th>Community Defined Evidence Practice Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County</td>
<td>Living with Love</td>
<td>Addresses depression, anxiety, domestic violence, socio-cultural and linguistic isolation among Mexican immigrants, primarily of indigenous origin (Mixtec), using a culturally responsive framework. Trained Program Promotores (health educators) who are fluent in Spanish and Mixteco, knowledgeable about indigenous, collectivist culture and traditions, educate participants using a four-week structured curriculum on mental health stressors and positive coping strategies. Living with Love participants gain information about how to better manage their daily life stressors and have increased knowledge, awareness, and access to mental health services and supports. All Promotores participate in an 80-hour training focused on mental health, domestic violence, responding to emotional crises, and how to teach Living with Love.</td>
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<tr>
<td>Fresno County</td>
<td>The Sweet Potato Project</td>
<td>Works directly with African American youth ages 12-15 to reduce and prevent school dropout, gang involvement, and substance use initiation. This culturally responsive program stems from the historical and cultural roots of Black farmers. By teaching youth how to plant</td>
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<tr>
<td>Butte County</td>
<td>Zoosiab</td>
<td>Zoosiab or “happy” in Hmong works with Hmong elders to improve their mental health and address trauma by facilitating social group interactions within the community, connecting elders with health and mental health services, and implementing culturally based wellness practices in efforts to educate elders on ways to improve their wellness, address mental illness, and provide access to new community spaces. Staff facilitate individualized services in the Hmong language to reduce stigma and improve mental wellbeing for this community.</td>
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<tr>
<td>San Francisco County</td>
<td>The Community Engagement Program</td>
<td>The Community Engagement Program (CEP) is a holistic and comprehensive program that addresses social isolation and loneliness, as well as depression, anxiety, and long trauma for LGBTQ+ older adults. It increases social connectedness and access in LGBTQ+ older adults, and engagement by providing social support activities to connect elder LGBTQ+ residents with each other and to needed services and supports. The CDEP hosts social activities and implements both one-on-one and group support services. It is designed to reduce harm from discrimination, shame, rejection, inequality, and other prejudices, and work within the specific themes of directly and indirectly providing cultural and linguistic competence and responding to the social and environmental determinants of health.</td>
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<tr>
<td>Los Angeles County</td>
<td>The Native American Drum, Dance and Regalia (NADDAR)</td>
<td>The Native American Drum, Dance and Regalia (NADDAR) program recognizes the need to reduce mental health disparities among urban American Indian/Alaskan Native Families by incorporating culturally sensitive and community-based methods to address mental health issues (e.g., depression, anxiety, isolation, and substance use), and strengthen community/cultural connectedness, spirituality, cultural identity, and family cohesion. The workshops are centered around important healing practices of AI/AN culture and history (e.g., drumming, dancing, regalia making) that have been utilized for many centuries among indigenous populations to promote wellness and self-expression.</td>
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### 2.6 Project Goals and Intended Outcomes

The goal of this project is to increase access to culturally appropriate mental health services for BIPOC communities by funding agencies or individuals who will provide community defined practices that are not currently offered in existing behavioral health care settings. CCBHS seeks to support the mental health and wellness of BIPOC communities and to bolster equity within the behavioral health care system by increasing the number of available community-based and culturally defined mental health and wellness services and ultimately, increase engagement in culturally appropriate behavioral health services by underserved groups.

Based on the County’s proposal to the Mental Health Services Oversight and Accountability Agency
(MHSOAC) that was awarded MHSA Innovation funding, the following questions and project goals will be considered for data collection and reporting purposes.

**Research Questions**
- Does offering grants to applicants increase engagement in behavioral health services by underserved groups?
- Can providing culturally and community defined practices through this project increase a sense of belonging and wellness in underserved community groups?

**Project Goals**
- Applicants must aim to serve at least 50 community members per year.
- Increase access, quality, and range of culturally appropriate, mental health and wellness services for underserved populations
- Determine barriers for accessing mental health services among underserved groups
- Increase awareness of existing mental health and wellness supports and services

2.7 **Timeline**
Below is the tentative timeline for this Request for Proposal (RFP). CCBHS may need to alter the timeline; if so; an addendum will be issued announcing the alternate timelines. Applications will be accepted beginning September 12, 2023. This RFP, along with accompanying Cover Page, Appendices and supporting information can be found at the CCBHS Homepage under Latest Information.

The deadline for applications will be Monday, October 16, 2023 by 4pm PST. It is the applicant’s responsibility to ensure that the submitted application is accurate and complete. Reviewers may request additional clarifying information from the applicant.

<table>
<thead>
<tr>
<th>Tentative Timeline</th>
<th>Dates</th>
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<tbody>
<tr>
<td>RFP release and application open</td>
<td>Wednesday, August 29th, 2023</td>
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<tr>
<td>Bidder’s Conference - public webinar to review RFP and answer questions from potential applicants.</td>
<td>Monday, September 11th, 2023, from 11am to 12pm</td>
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<tr>
<td>RFP application due date</td>
<td>Monday, October 16th, 2023, by 4pm</td>
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<tr>
<td>Convene RFP Review Panel and score proposals</td>
<td>Tuesday, October 17th – Tuesday, November 7th, 2023</td>
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<tr>
<td>Award announcements</td>
<td>Monday, November 13th, 2023</td>
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<tr>
<td>Gather contract documents</td>
<td>Thursday, November 16th – Friday, December 15th, 2023</td>
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<tr>
<td>Establish and execute contracts</td>
<td>Monday, January 1, 2024</td>
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**Part 3. Funding Requirements**

3.1 **Eligible Service Settings**
Awardees must deliver services in Contra Costa County to Contra Costa residents in a community setting. Services may not be delivered in locked settings, such as a jail, juvenile hall or psychiatric hospital. Services may be delivered in various settings including, but not limited to:
- Homes
- Schools
- Clinics
• Community-based settings
• Virtual or in-person settings

3.2 Eligible Expenditures
Eligible expenditures must be reasonable and allocated to the activities proposed in the application. Examples of eligible expenditures may include; but are not limited to.
• Program materials (e.g., manuals, books, etc.);
• Specialized training (e.g., disability training, cultural competence, anti-racism);
• Staffing (e.g., wages and benefits);
• Supplies;
• Technology;
• Training costs;
• Travel; and,
• Other (applicants must define)

Indirect costs; such as administrative or overhead costs are allowable expenses up to 15% of the total budget.

Expenses below are not eligible expenditures through this RFP.
• Equipment or capital improvement, such as modifications to a physical space or capital facility
• Fundraising expenses
• Tax/debt payments
• Contingency funds
• Political campaigns or lobbying activities

3.3 Data Reporting Requirements and Technical Assistance
As a condition of funding, all awardees are required to participate in mandatory monitoring and technical assistance activities conducted by CCBHS and the technical assistance contractors from the Indigo Project. The Indigo Project will work with the CCBHS to develop a survey tool and reporting template to support annual Innovation reporting requirements. The reporting template will ask awardees to collect annual information on the number of people served by age, race, ethnicity, primary language, sexual orientation, disability, veteran status; as well as the number and type of engagement or service activities conducted over the course of the year; and program outcomes as specified per California Code of Regulations, Title 9, Section 3580 and 3580.010.

The technical assistance provider will support awardees who do not have established data collection mechanisms in place to develop a tool and determine culturally appropriate qualitative data collection methods so that they can report on this information on an ongoing basis. In addition, the Indigo Project will support the development of a HIPAA compliant, online survey tool to measure changes in social isolation, mental health stigma, connectedness, likelihood of seeking future care, and overall satisfaction to measure the effectiveness of programs to reach these project learning goals and objectives. The Indigo Project will work with each awardee to ensure that the survey is culturally appropriate.

All awardees shall work with the Indigo Project and submit annual reports to CCBHS based on the reporting template that is developed. Annual reporting due dates to be indicated by CCBHS. The
Indigo Project will also provide support to awardees to participate in the Community Closing Summit, where awardees will share lessons learned from implementing community defined practices.

3.4 Funding Parameters
Additional parameters for eligible applicants include, but are not limited to the following:
- Must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN), California Tax ID or be willing to provide your social security number if services are proposed by a single individual or organization with no employees.
- Must not be debarred or suspended by either the State of California or the Federal Government.
- Must have a bank account and maintain bank records that can be made available for review, upon request.
- May need to register business with the California Secretary of State at the link here: [https://bizfileonline.sos.ca.gov/](https://bizfileonline.sos.ca.gov/)
- Must work with CCBHS and Technical Assistance Contractor, Indigo Project to gather and report outcomes data, as indicated in contract.
- Provide evidence of insurance requirements, as identified by Contra Costa County. Some insurance requirements may be waived and are subject to approval.
- Participate in any additional training offered by CCBHS, as appropriate, to build or strengthen competencies for serving populations of focus.
- Achieve and maintain specific benchmarks (e.g. number of clients served per year, ensure that data is submitted) within specified timeframe.
- Attend and participate in meetings with CCBHS and/or Indigo Project, as needed (may be virtual or in person).
- Applicants must be able to ensure program participants’ confidentiality, anonymity, and provide measures to respect sensitive information.

3.5 Award Process
Successful applicants will receive a conditional award email notification from the CCBHS designee. Requirements for contracting with CCBHS must be met, documentation must be collected, agreement must be signed, returned, and fully executed before any funding is awarded. Any expenses incurred before the contract start date shall not be reimbursed. Depending on the applications received, CCBHS may choose to award eligible applicants partially or fully. In those cases, CCBHS will reach out to the potential awardee to inform them of the determination and coordinate further. Applicants are intended to be funded until June 30, 2026; however should CCBHS identify awardees not meeting goals and compliance detailed in this RFP and contract, CCBHS has the right to cancel the agreement with contractor and consider other applicants. Awardee must submit a budget for each contract period and meet all contracting requirements. Continued funding of the project will be determined by availability of funding and approval of CCBHS.

3.6 CCBHS Disclosure
CCBHS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. CCBHS will advise the applicant orally over the phone, by email, or in writing of any documentation that is required along with the submission timeline. Failure to submit the required documentation by the date and time indicated may cause CCBHS to deem an applicant as unresponsive and eliminate the applicant from further consideration.
The submission of a response to this RFP does not obligate CCBHS to make a contract award. CCBHS reserves the right to deem incomplete responses as non-responsive to the RFP requirements. CCBHS reserves the right to modify or cancel the RFP process at any time. The following occurrences may cause CCBHS to reject a response from further consideration:

- Failure to submit a complete application by the submission deadline
- Failure to comply with a request to submit additional documents in a timely manner, if applicable
- Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract
- Failure to submit reporting requirements

3.7 Appeals
Applicants who are not selected as awardees may appeal CCBHS’s selection of awardees within two business days of notification. Appeals must be addressed to the CCBHS Director and must be submitted in writing to the email indicated in this RFP. Appeals shall be considered for the following grounds (a) the County failed to follow the RFP procedures, which affected the proposal scoring; and/or (b) the RFP evaluation criteria were not appropriately applied to the proposal. CCBHS will respond to the appeal within two business days and the decision will be final and not subject to further review.

Part 4: Application Components and Evaluation Criteria
4.1 Application and Submission Format
The application must follow the below formatting guidelines.

- Typed legible font (Calibri, Times New Roman, Arial)
- Font size must be 12-point font
- Double spaced pages
- Page numbers at the bottom of each page
- Recommend a 15-page limit not including the Cover Page, Table of Contents (if applicable), Service Plan Template, Budget, Budget Narrative, and Letter(s) of Recommendation

4.2 Application Overview
Applicants responding to this RFP should submit a complete application following clearly titled sections in the order listed in this section, titled Application Overview. It is strongly recommended to stay within the 15-page limit. Applicants may use their discretion in structuring the length of each section. The cost of developing and submitting a proposal in response to this RFP is the responsibility of the applicant and will not be reimbursed through any contracts resulting from this RFP process.

Cover Page
1. The Cover Page should be the first page of the application. Please use the Cover Page found at CCBHS Homepage under Latest Information. All accompanying Appendices and supporting information can be found there. The Cover Page is not counted in the number of pages submitted.

Population to be Served
2. Please tell us about the people that you/your organization will serve through this proposal. Please include information about their cultural and other affiliations, including race/ethnicity,
age, gender identity, sexual orientation, languages spoken, region of the County where they reside, or anything else that describes the population you intend to serve.

3. Have you ever received county funding to serve the target population you are proposing to serve? If yes, have you received funding within the last 5 years?

4. Please describe some of the historical factors (e.g., trauma, over incarceration, structural racism, immigration) that negatively impact the community’s mental health and wellbeing that you are proposing to provide an intervention for? This could include a description of different experiences that community members have been subjected to, such as over-incarceration or over-representation in the foster care system. Please also describe the impact that these experiences may have had on the community you intend to support, such as how these experiences may have affected mental health including stress and trauma responses or other issues related to school or job performance, recreation and socialization, or hopefulness.

Qualifications

5. What type of organization best describes you (e.g., person, group of people, 501C3, church, other)? When [estimated date] and how did your service/organization get started? Please describe the role that the target population had in the formation of your organization, or the program/project being proposed, if any.

Ex: Designed and implemented by and for Black women, California Black Women’s Health Project developed Sisters Mentally Mobilized as a community defined evidenced practice (CDEP) and trains Black women to become mental health advocates and launch Sister Circles in the communities where Black women live, work, play, and pray. Their aim is to reduce mental health stigma, anxiety, and isolation among Black women.

6. Describe your organization’s experience working with the population you are proposing to serve. Please include how you/your organization’s practices continue to be informed by the community you are serving and their ongoing needs.

7. Detail any specific cultural and/or language capacity that you or your organization has utilized to support the population you will serve (and will continue to be used to support delivery of the proposed services).

8. Describe the person or people who will be providing the direct services. For each person(s) describe:
   a. What their role is in the organization/services
   b. How long have they been serving in this role
   c. Their knowledge, skills, attributes, and experience
   d. Their race/ethnicity, lived experience, languages spoken, other relevant demographics

9. Provide the race/ethnicity, lived experience, languages spoken, and other relevant demographic characteristics of your Board and key administrative staff (if applicable).

Approach to Community Defined Practice

10. Through this opportunity, CCBHS is seeking to fund people or organizations that center cultural humility, emotional intelligence, diversity, equity, and inclusion in their work. Please describe the community-defined practice or practices you plan on implementing with the target population. How does it honor the values, beliefs, language, and/or ideas of the population you will serve?

11. How is what you are doing going to help the mental health and wellbeing of participants? Please share your lived experiences, including prior outcomes or successes you have achieved.
using the proposed approach (or similar approach) previously. If this is a new approach you are planning on using, please explain what makes you think it will work for the community you are serving.

12. How, if at all, will the community defined practice or practices you are proposing increase a sense of belonging and wellness to the population being served?

Service Plan and Timeline

13. Please use the Service Plan and Timeline Template (Appendix A) found at CCBHS Homepage under Latest Information. All accompanying Appendices and supporting information can be found there. Share steps you will take to:
   a. Complete program/service startup activities
   b. Conduct outreach and engagement (ensure you’ve shown how you will serve at least 50 people with your proposed CDP in Year 1), and
   c. Implement the community defined evidence practice or practices you are proposing

Budget and Budget Narrative

14. Please complete the Budget and Budget Narrative Template (Appendix B) found at CCBHS Homepage under Latest Information. All accompanying Appendices and supporting information can be found there. The budget should reflect first year of programming, include the total of funds requested and should not list any other funding sources. You will be asked to submit an updated budget template yearly as needed. Please separate your budget category into three separate sections including: 1) Personnel Salaries and Benefits, 2) Operational (Direct) Costs, and 3) Indirect Costs.

Letters of Recommendation

15. Provide two Letters of Recommendation from individuals (including individuals who have received services from the applicant), agencies, institutions, or organizations familiar with the work of the applicant that can speak to their demonstrated ability to engage with the community or communities they are proposing to serve and (1) provide culturally appropriate services through existing programs, or (2) their capacity to develop a strong program. Letters may not be provided by a current employee, intern, or any person receiving any type of financial compensation from the applicant. Each letter should be no more than two pages in length. Letters do not count in number of pages submitted.

4.3 Applicant Scoring and Evaluation

Proposals will be screened and must meet the minimum qualifications listed in the RFP, be complete, within page limit, and be submitted on time. Failure to meet minimum criterion is subject to the proposal being disqualified. Disqualified submissions will not be scored or considered. CCBHS will only fund proposals from applicants that are in good standing with all local, county, state and federal laws and requirements.

A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Each application will be evaluated based on the strengths of the proposal and the responsiveness to application criterion. An RFP Evaluation Panel will score each proposal. A maximum of 200 points is possible. The RFP will be comprised of CCBHS staff and other eligible stakeholders; including, but not limited to appointed members of the Mental Health Services Act (MHSA) Advisory Council, Mental Health Commission, and community stakeholders. None of the RFP Evaluation Panel
members may receive any form of financial gain from applicants; such as being an employee, paid contractor, or be an intern with the agency.

Each area is detailed in the following scoring criteria:

A. Cover Page - Although no points given, this is required (0 Points)

B. Population to be Served (0 - 30 pts)
   1. Is the applicant planning on serving one of the priority populations? (7 pts)
   2. Has the applicant received county funding to serve the target population they are proposing to serve within the last 5 years? (7 pts)
   3. The applicant clearly articulates who they are serving and includes their cultural and other affiliations. (4 pts)
   4. The applicant provides a detailed description of the population beyond typical label. (4 pts)
   5. The applicant clearly demonstrates how historical factors have impacted the mental health of the communities they intend to support. (4 pts)
   6. Does the applicant provide their reasoning and/or methods that are informed by data on why they are providing this intervention? (4 pts)

C. Qualifications (0 - 60 pts)
   1. Did the target population to be served form the organization? (7 pts)
   2. The applicant clearly demonstrates their connection to the target population and their experience working with them in a community setting. (5 pts)
   3. The applicant demonstrates experience providing culturally responsive and/or linguistically appropriate services with the target population. (7 pts)
   4. How does the organization continue to be informed by the community it is serving and their ongoing needs? (7 pts)
   5. Do the staff providing the direct services have the background, experience, and skills to effectively deliver the proposed services? (15 pts)
   6. Do staff providing direct services speak the languages of the community they are proposing to serve? (5 pts)
   7. Do staff providing direct services have lived experience reflective of program participants? (7 pts)
   8. Do the staff (including leadership) and board reflect the community being served (e.g., race/ethnicity lived experience, languages spoken, and other relevant demographic characteristics)? (7 pts)

D. Approach to Community Defined Practice (0 – 40 pts)
   1. The proposed practice(s) to be implemented are clearly articulated (4 pts)
   2. The proposed practice(s) to be implemented are culturally and linguistically appropriate. (8 pts)
   3. The applicant describes how the traditions and culture of the population to be served will be honored (8 pts)
   4. Applicant describes how and why the approach will benefit the population to be served by supporting their mental health and wellbeing and shares prior outcomes or successes they have achieved using the proposed approach (or similar approach), if applicable. (10 pts)
   5. Applicant described how, if at all, their approach will increase a sense of wellness and belonging. (10 pts)

E. Service Plan and Timeline (0 – 30 pts)

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2 If applicant does not have board or leadership separate from staff providing services, scorers will include these points based on responses scoring criteria 5 – 7 in the Qualifications section.
1. Does the service plan look feasible? (6 points)
2. Does the timeline look feasible? (6 points)
3. Do they have an articulated plan for engaging at least 50 participants in the first year? (6 points)
4. Do the phases of the work appropriately build off one another? (6 points)
5. Are the staff accountable for delivering specific services and or reaching certain targets and/or goals clearly specified? (6 points)

F. Budget and Budget Narrative (0 – 30 pts)
   1. Is the proposed budget an appropriate amount (i.e., proposed budget is feasible, and not too high or too low to fund proposed services)? (10 pts)
   2. Does the budget narrative clearly describe how the funds will be used? (10 pts)
   3. Does the budget sound like a good use of county dollars likely to result in a well-funded program? (10 pts)

G. Letters of recommendation (0 – 10 pts)
   1. Does the applicant have two or more letters of recommendation (3 pts)
   2. Does the letter of recommendation provide meaningful information that provides you with confidence that the applicant can successfully engage with the population to be served and support their mental health and wellbeing through the implementation of a community defined practice? (7 pts)

4.4 Submission and Delivery
To facilitate submission, it is only necessary to submit one electronic copy via email. This is the recommended submission method; however, an applicant may submit one printed copy, if preferred. If the applicant is unable to submit via email, please contact CCBHS in advance to arrange delivery. Printed applications may be dropped off in person or submitted via mail. CCBHS will not consider late submissions. It is imperative that applicants connect and coordinate well in advance with the CCBHS designee listed below if you intend to deliver a printed copy in person.

Electronic submissions should be emailed to: Genoveva.Zesati@CCHealth.org

Printed applications should be mailed:
Contra Costa Behavioral Health Services
Attn: Genoveva Zesati
1340 Arnold Drive, Suite 200
Martinez, CA 94553

Part 5: Administrative Inquiries
Direct all inquiries to email listed below. CCBHS will respond directly to each applicant submitting an inquiry.

Please include the following in an inquiry:
- Subject Line: RFP CDP Project
- Applicant name (individual or organization), email address, complete telephone number including area code.
- Provide a brief description or identify specific issue in question. If referring to RFP, please identify section, and page number (if applicable).

Applicant Inquiries: MHSA@cchealth.org