



CHILDREN ARE OUR BOTTOM LINE

**First 5 Solano Children and Families Commission**

**Request for Proposals #2014-04  
Mental Health Services Act (MHSA/PEI) and  
Early Child Developmental Health**

**2014 Funding Application Packet**

**Issued: April 11, 2014**

**APPLICATIONS DUE: 5:00 PM, MAY 20, 2014**

CONTENTS		SUBMIT FUNDING APPLICATION TO:
Section 1	General Information and Guidelines	<b>Solano County</b> <b>First 5 Solano Children and Families Commission</b> <b>Attn: Chris Shipman, Health Programs Manager</b> <b>601 Texas Street, Suite 210</b> <b>Fairfield, CA 94533</b>  <b>For Questions:</b> <b>Phone: (707) 784-1332</b> <b>FAX: (707) 784-1345</b> <b>E-Mail address: <a href="mailto:cshipman@solanocounty.com">cshipman@solanocounty.com</a></b>
Section 2	Requirements	
Section 3	Proposal Evaluation Process	
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<b>Attachment A: Funding Application Form – 2014-04 First 5 Solano and Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Early Childhood Developmental Health Services.</b>		
<b>Attachment B: Proposed Funding Agreement</b>		
Applicants should carefully review this Application Packet and all attachments, including but not limited to the <i>Proposed Funding Agreement</i> , for comments, questions, defects, objections, or any other matter requiring clarification or correction (collectively called “comments”). Comments made prior to the date of the mandatory Applicant Conference shall be in writing and must be received by the County via FAX (707-784-1345) or e-mail ( <a href="mailto:cshipman@solanocounty.com">cshipman@solanocounty.com</a> ) prior to the Deadline for Submitting Written Comments in Section 1.6.		
MANDATORY APPLICANT CONFERENCE		
<b>April 22, 2014</b>	<b>at</b>	<b>1:30 – 3:00 PM</b> <b>Solano County Events Center</b> <b>601 Texas Street</b> <b>Fairfield, CA 94533</b>

**1.1 A. Overview**

First 5 Solano Children and Families Commission and the Department of Health and Social Services Mental Health Division (together, "County") are seeking services that include coordination and interrelated strategies/programs as outlined in both the Early Childhood Project of Solano County's Mental Health Services Act Prevention and Early Intervention Plan (MHSA/PEI)<sup>1</sup> and First 5 Solano's Early Childhood Mental Health Initiative. These strategies address parent education on child development and mental health, provider education and training on early mental health, screening and assessment, parent coaching, and time-limited treatment services for non-Medi-Cal-eligible children. Medi-Cal eligible children will be linked to services. All strategies must target parents and providers serving children aged 0-5 in "stressed families" (as defined in Section 1.2.C.5 below), including but not limited to those living in high-risk neighborhoods or with Spanish or Tagalog-speaking parents.

This project will be a 34 month, joint effort of the Department of Health and Social Services Mental Health Division and First 5 Solano, with a proposed starting date of September 2014, and will be funded at up to \$1,060,000 for each fiscal year. Specifically, up to \$883,568 will be available for September 2014 - June 2015; and up to \$1,060,000 will be available annually for FY2015-16 and FY2016-17. Although this is a multi-year solicitation, annual funding is contingent on 1) availability of funds and 2) meeting contractually-agreed-upon program outcomes.

Along with providing Mental Health Services Act (MHSA/PEI) and Early Child Developmental Health, the selected applicant(s) will also be expected to actively participate in regular collaborative meetings, provide data and other information and participate in evaluation activities.

Solano County is the twenty-first largest California County (as measured by population) with a total population of over 413,786. The County has seven incorporated cities including Fairfield (the County seat), Benicia, Vallejo, Vacaville, Suisun, Rio Vista and Dixon. The vast majority (over 95%) of residents resides within these cities and the majority of County facilities are currently located in the incorporated areas. Solano County's population is stable and/or growing, particularly in the north portion of the County.

First 5 Solano allocates funds for grants based on a regularly updated strategic plan for the benefit of children ages 0-5. First 5 Solano is funded through revenue generated by Proposition 10, the tax on tobacco-related products approved by the voters in November 1998. These funds are specifically dedicated to enhancing the health and well-being of children ages 0-5 and their families by funding services in areas such as health, parent education, family and provider support, early care and development and early education programs. First 5 Solano currently provides between \$4-5 million annually for programs and services for children ages 0-5 and their families. In addition, First 5 Solano receives matching funds for some grant programs. All services funded by First 5 Solano must be consistent with the Strategic Plan Update adopted in August 2013 and Solano County Mental Health 3-year Integrated Plan as approved by the County Board of Supervisors March 25, 2014.

**B. Prevention and Early Intervention (PEI)**

The Mental Health Division of the Department of Health and Social Services assists over 4,700 children, youth and adults each year who are experiencing a psychiatric crisis or who have significant mental and emotional disabilities. Services include: crisis and brief therapy, case management, psychiatric assessments and medication, outpatient treatment, day treatment, and a range of community support services, including a client-run Self-Help Center. Managed Care mental health services are available through the program.

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<sup>1</sup> It is strongly recommended that applicants review the entire PEI plan, which may be found at <https://admin.solanocounty.com:4433/civicax/filebank/blobdload.aspx?blobid=17648>

The MHSA allocates 20% of the Mental Health Services Fund to counties for PEI as a key strategy to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations. PEI identifies individuals at risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources. PEI programs emphasize strategies to reduce negative outcomes that may result from untreated mental illness such as suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. As referenced by the Welfare and Institutions Code (WIC), it is required that PEI programs:

1. Emphasize improving timely access to services for underserved populations (WIC §5840(a))
2. Provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses (WIC§5840(b)(1))
3. Provide access and linkage to medically necessary care (for children, adults and seniors with severe mental illness) as early in the onset of conditions as is practicable (WIC §5840(b)(2))
4. Reduce stigma associated with being diagnosed with a mental illness or seeking mental health services (WIC §5840(b)(3))
5. Reduce discrimination against people with mental illness (WIC §5840(b)(4))
6. Include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives. (WIC §5840(c))
7. Emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure, unemployment, prolonged suffering, homelessness, and removal of children from their homes (WIC §5840(d))
8. Can be used to broaden the provision of community-based mental health services (WIC §5840(e))

In addition, PEI programs should have the overarching principles of:

1. Cultural competence, including outreach to members of underserved populations
2. Collaboration and support for an integrated client experience
3. Recovery and wellness
4. Linkage to intensive services when needed
5. Accessibility to programs

**Note: regarding geographic areas to be served:** It is the intention of County to fund all of the services outlined in this RFP countywide, i.e., in each city in Solano County and in the unincorporated areas of the County. Although services should be offered countywide as resources permit, the following neighborhoods must be targeted for highest priority for services: Greater Vallejo (94590), North Vallejo (94589), Fairfield (94533), Vacaville (95688), Dixon (95620) and Rio Vista (94571).

## **1.2 Scope of Service**

**A.** The Early Childhood program, operated by community-based organizations, provides home-based or center-based prevention and early intervention services to children ages 0-5 and their families. The program targets families living in low-income and high risk neighborhoods; including Spanish or Tagalog-speaking parents. Children in the child welfare system and those in families struggling with parental mental illness, domestic violence, substance abuse or parental depression are also targeted. The program is funded jointly by MHSA and First 5 Solano.

Mental health treatment for this program focuses on the parent/child dyad and will address evidenced-based practices **child and/or parental trauma, depression, lack of attachment and mood or sensory dysregulation.**

**1. Prevention Strategies (25% of program funds) include:**

- a. **Parent, provider and caregiver education, training, and consultation** on child development, the early identification of children at risk of emotional disturbance, the use of the Ages and Stages Questionnaire (ASQ) and ASQ Social Emotional Questionnaire, and accessing community resources
- b. **Screening and Assessment** that provides parents information about the child's health and developmental status at a single point in time. For those children not meeting milestones, a screening only identifies children who would benefit from further in-depth assessment. Assessment uses multiple sources of information (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people) and tracks the progress over time

**2. Early Intervention Treatment Services (48% of program funds) include:**

- a. **Short term time-limited treatment** for children and their families which address child and/or parental trauma, depression, lack of attachment, and mood or sensory dysregulation.
- b. **Case management** as a collaborative process that plans and assesses, coordinates, monitors, and evaluates the services and evaluates options (risk factors, toxic stress and other services) required to meet the family needs. The purpose is to promote quality and cost-effective interventions and outcomes.
- c. **Inter-disciplinary team evaluation** of children with more challenging issues and recommendations for intervention including public program by combined members of the team (mental health clinician, physical, occupational, speech therapist), all focused on the client's goals.
- d. **Parent coaching:** Nine to fifteen weeks of center- and home-based coaching utilizing evidence-based approaches on coping with difficult behaviors for high needs children and those with significant family stress.
- e. It is anticipated that approximately 60% of the children and families served will be eligible for the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). Children who qualify will be linked to treatment services provided by a Medi-Cal/EPSDT certified provider, and billed to Medi-Cal to maximize funding and serve a greater number of children.

**3. Linkages (25% of program funds) include: Providing referrals and linkage** for children and parents to public and private long-term treatment or community services to support the child's healthy development and/or the parent's /caregiver's mental health. Families with private insurance will also be educated about the importance of early intervention and linked to services covered by their insurance. All proposals should identify how linkages will be measured.

**4. Early Childhood Collaborative (2%):** MHSA Funds the collaboration of 0-5 providers to increase coordination and collaboration of 0-5 services. Another function is to ensure integrated services and linkages to more intensive services.

**B. Target number of children and families to receive services:**

	Estimated number served	Estimated cost per child
Prevention Services	750 (children)	\$400
Early Intervention Treatment Services	400 (children + parents/guardians)	\$750

### C. Strategies/programs:

1. **Parent and Caregiver Education.** This strategy/program will provide workshops or other parent education activities each year to parents or other primary caregivers of children ages 0-5, including teen parents, foster parents and kin/grandparent caregivers. Workshops will be offered in the community where young children and families gather, such as childcare settings, preschools, primary health care clinics, Family Resource Centers and faith communities. They should be conducted by organizations with expertise in early childhood development and mental health and parenting education, and address social and emotional health and development, positive self-esteem and asset building, parent-child relationship building, and the importance of nurturing relationships to both the child's and parent/caregiver's mental health, including maternal depression. Well-researched and evidence-based curricula, with levels of education and support for families with serious challenges; and addressing parenting, child development and mental health needs should be used. Classes should focus on increasing parents' knowledge of typical and atypical development, their ability to recognize "red flags" in their children and themselves indicating a need for early intervention, and how they can improve the parent-child relationships as well as the mental health of their young children and themselves. Activities and socialization for children should be provided during parent workshops

Staff should be trained and highly skilled in child development, early childhood mental health and parenting as well as screening and assessment. Staff will also be trained in high-risk populations. Staff should have public speaking and presentation skills, as well as excellent knowledge of community resources. Such skills should be evaluated at least annually by the supervisor.

Information and outreach to families and providers regarding the program must be conducted, ideally through existing early childhood collaboratives and other groups serving high-risk neighborhoods including First 5 Initiatives Prenatal: Child Health, Child Development Initiative and Family Support Initiative, Help Me Grow Solano and at events such as County health and resource fairs/public awareness campaigns.

2. **Outreach, Provider Education and Training.** The second strategy/program will provide workshops on early mental health prevention, screening and assessment and early intervention to public and private providers of services for children ages 0-5 annually. Providers may include staff from family child care, childcare/early education and preschool centers, recreation programs, primary health care clinics, community-based organizations such as Family Resource Centers, WIC and others. Pre and post tests should be administered. Priority should be given to providers serving high risk children. Workshops should address typical and atypical development and "red flags" in young children indicating a need for early intervention. They should also train providers to use basic social, emotional and developmental screening skills based on evidence-based models.

Workshops should be conducted by professionals and/or community based organizations with expertise in child development, early childhood mental health and early childhood mental health screening and assessment. Trainers should be highly skilled in child development, early childhood mental health, parenting, screening and assessment using the ASQ and ASQ SE, MCHAT, and other best practice instruments. They should also be skilled at public speaking, presentation, and have excellent knowledge of community resources. Information and outreach regarding the workshops must be provided, ideally through existing early childhood collaboratives and local medical/pediatric groups, and at health and resource fairs.

3. **Screening, Assessment, Referral and Time-Limited Treatment.** The third program/strategy will provide screening, assessment and referral for infants and young children and their parents who have been identified as high-risk and underserved populations by home visitors, pediatricians, child care providers, or others at high risk for negative social/emotional outcomes. Infants and children age birth through 36 months who have risk factors for social, emotional and developmental delays should be given the highest priority for screening and assessment. These risk factors include stressors such as: prenatal substance exposure,

premature birth, infants/toddlers who have been exposed to domestic violence, abuse, toxic stress or neglect, infants/toddlers born to teen parents, infants/toddlers involved in the child welfare system, children of parents with issues of substance abuse, mental health conditions, or developmental delays. Infants/children who do not have high risk factors and those aged from three to five years may receive screening services as capacity allows. Referrals to screening and assessment services should be “triaged” by the system-wide “Coordination” function described below.

Screening and assessment should be conducted with the parent-child dyad by qualified staff trained at a minimum of a Bachelor’s level in child development, psychology or related field with at least 3 years direct experience in developmental and social/emotional screening and/or assessment of infants and toddlers in a family support model. Screening and assessment should be conducted either in the child’s home or in preschool, childcare, primary health care, or neighborhood/ community organizations offering family support services. Developmental screening should initially be conducted using the Ages and Stages (ASQ) and Ages and Stages Social Emotional (ASQ-SE) 0-5 tools. ASQ and ASQ-SE will be reported separately. If indicated and appropriate, the child should receive further assessment from skilled and qualified staff with expertise in the use of more specialized assessment instruments such as the AAPI (Adult-Adolescent Parenting Inventory), BITSEA (Brief Infant Toddler Social Emotional Assessment), Carey Temperament Scales, tools included in the DC 0-3R, Dunn Sensory Integration Screening, Edinburgh Depression Scale (for postpartum depression), ITSEA (Infant Toddler Social Emotional Assessment), and M-CHAT (screening for autistic symptoms in toddlers).

Children and their parents showing significant concerns and meeting medical necessity criteria for further intervention must be immediately referred to public or privately funded programs such as: EPSDT mental health, North Bay Regional Center Early Start (age birth-3), school districts (age 3-5) or private health plans as indicated. Infants and young children screened who do not meet the severity needed for further intervention and treatment but show signs of potential concern should be evaluated for possible services and linked to appropriate to the Parent/Caregiver Education and Parent Coaching strategies/programs.

4. **Limited Time-Treatment Services for Non-Medi-Cal-Eligible Children.** This component, funded as part of the First 5 Early Childhood Development Initiative, will cover short-term intervention and treatment for children 0-5 who are not Medi-Cal-eligible and have serious social/emotional health concerns. Information and outreach to providers regarding screening is required. These activities should be provided through the workshops described above as well to existing collaborates such as Help Me Grow Solano.
5. **Parent Coaching.** The fourth program strategy/program provides intensive parent coaching to improve the parent-child relationship for parents and children during the first year. Families referred to the program will be identified by community providers, substance abuse services, others who work with parents in need of intensive coaching and/or Child Welfare Services (CWS) as meeting the criteria for “stressed families” and will include families reported to CWS who are considered “at risk” of child abuse or neglect but who are not receiving services from the child welfare system. Coaching should be offered in neighborhood sites such as childcare centers or homes, preschools, community-based organizations, or in the child’s home. Limited parent coaching may be offered in residential treatment, or with soon to be released incarcerated parents, with the intent to continue parent coaching upon release. It is clear that imprisonment disrupts positive, nurturing relationships between many parents, particularly mothers and their children. Parent coaching for incarcerated parents will be funded only by First 5.

Information and outreach to providers regarding parent coaching must be provided, ideally through the workshops as well as existing early childhood collaboratives and health organizations.

Parent coaches should be from qualified community and/or mental health organizations with experience in providing these services, and have access to mental health professional supervision as appropriate. Staff should have expertise and training as a certified facilitator

e.g. Incredible Years and/or Nurturing Parenting Program. They should also have a minimum of a Bachelor's Degree in Social Work, Psychology, Child Development or related field plus at least 1 year of direct experience in delivering the curriculum in both clinical- and home-based settings, in group and one-on-one models, with stressed parents who have risk factors for child abuse and neglect. One-on-one coaching for the most complex and intensive cases, trained providers of evidence-based tools e.g. PCIT (Parent-Child Interaction Therapy) should be used.

6. **Parent Coordination.** Proposals must also include a coordination function, the overarching element that pulls all the early childhood strategies together. The Coordination function has both clinical and organizational elements. This includes interfacing with staff conducting the contracted services to facilitate county and system-wide integration of early childhood mental health and developmental services across the prevention and early intervention continuum. Coordination includes triaging clients as needed to determine the level of service most appropriate. In addition, it should link these strategies to ongoing publicly- and privately-funded intervention and treatment systems of care. Requests from parents or providers who have been trained in early identification and screening under program/strategies 1 or 2 will be accepted and triaged to the most appropriate service/agency, while avoiding duplication and cross-referral issues when possible. Coordination will also oversee the linkages to more intensive services and appropriate client follow-up.

The coordinator will provide consultation and support to existing early childhood multidisciplinary multiagency collaborative in Solano County, such as the Prenatal, Child Health, Child Development and Family Support Initiatives. The coordinator will also connect children and families "aging out" of the Early Childhood Program, as appropriate, with mental health prevention, early intervention and treatment services for school-aged children. Ideally, the Coordination function would be staffed by a qualified licensed or license-eligible mental health clinician with expertise in early childhood practice and supervision, with administrative support.

7. **Other Services.** Applicants must also agree to a) distribute First 5 Kits for New Parents as appropriate, b) participate in First 5 Outreach Programs, c) conduct community outreach to at-risk populations, and d) implement the First 5 Tobacco Policy (Exhibit D-5).

### 1.3 Contract Duration

The County intends to enter into a contract with an effective period of September 1, 2014 through June 30, 2017

### 1.4 Evaluation

First 5 Solano conducts evaluations of its investments at the program level, the initiative level, and the community level. The evaluation design includes an annual required submission to First 5 California, an interim and annual performance measures report, periodic evaluation reports and various other reports for grantee agency(s) and the public to learn about outcomes achieved as a result of First 5 Solano -funded services. Applicants are required to establish program-level and individual performance measures and identify validated instruments to measure program performance. Those agencies awarded funding will be required to use the First 5 Solano data collection system to collect data, including individual-level data, on services, linkages, outcomes and follow-up. This will require the administration of pre and post test data to measure the effectiveness of strategies implemented. The successful Applicant will be expected to participate in all four levels of evaluation as follows:

A. Conduct program-level data collection, including individual-level data and evaluation activities as set forth in the Contract, including but not limited to: tracking and reporting of service target objectives; demographics of populations served; individual-level data information; and/or collaborative-level evaluation activities. Data will be collected at point of service initiation and at regular intervals and at completion of the program.

**Note:** First 5 Solano grantees operate with "Logic Model" scopes of work and evaluation plans and are expected to report service counts/demographics monthly. Grantees also submit quarterly

performance measures data and narrative progress reports/supporting documentation of activities, successes and challenges.

B. Work closely with First 5 Solano staff and consultants for evaluation and data collection services, and provide information as needed to support the First 5 Solano program-level and overall community-level evaluations.

C. Provide any and all information needed to meet the requirements of First 5 Solano's submission to First 5 California for its annual report to the Governor and the Legislature, and the Department of Health Care Services and or Mental Health Oversight and Accountability Commission.

D. Attend mandatory quarterly First 5 Solano "Help Me Grow Solano" Collaborative and participate in regular collaborative meetings wherein First 5 Solano grantee agencies share information and discuss items such as policy issues, service delivery improvements and efficiencies.

Note: Funded programs will be required to demonstrate faithful execution and adherence to the proposed program model. Demonstration of adherence could include a third-party evaluation of the contractor's compliance with program components.

## 1.5 Applicant Agency and Types of Proposals

"Applicant" is any individual, entity or combination thereof that submits a Proposal in response to this RFP. Applicant(s) may submit either one of the following two types of Proposals:

- 1) **"Single Agency"**, where one Applicant proposes to provide services (total subcontractor(s) may not exceed 15% of the project budget).
- 2) **"Joint Agency"**, where two or more agencies propose to provide project services. In this case, the agencies may submit a joint Proposal showing overall project scope of work/evaluation plan and budget, and individual partner budgets. Each partner agency shall sign the Proposal. Partner agencies may identify a "principal partner" for purposes such as data collection and reporting. Each partner agency must attend the mandatory Applicant Conference (see Section 1.10).

Note: First 5 Solano reserves the right to contract directly with either or each partner agency. First 5 Solano reserves the right to refuse, at its sole discretion, any subcontractors or any personnel proposed by the Applicant.

## 1.6 Schedule of Events

The following Schedule of Events reflects important dates for the selection process; however, the County reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events will be posted on First 5 Solano's website ([www.first5solano.com](http://www.first5solano.com)). Applicants are responsible to view the website continually for any revisions.

EVENT		DATE
1	County Issues Proposal Packet (s)	April 11, 2014
2	Deadline for Proposers with a Disability to Make Accommodation Requests	April 18, 2014
3	Deadline for Submitting Written Comments	April 21, 2014
4	<u>Mandatory</u> Applicant Conference (1:30-3:00 PM)	April 22, 2014



<b>5</b>	County Issues Responses to Comments	April 24, 2014
<b>6</b>	Deadline for Submitting an Application	May 20, 2014 5PM PST
<b>7</b>	Evaluation and Ranking of Accepted Applications	May 27, 2014
<b>8</b>	First 5 Solano and Director of Mental Health's Approval of Awards of Funding	June 3, 2014
<b>9</b>	County Sends Written Notice of Intent to Award	June 6, 2014
<b>10</b>	Contract Development & Negotiations Period	June 9 - July 1, 2014
<b>11</b>	Completed Contract Signed by Contractor	June 9 - July 1, 2014
<b>12</b>	Contract Approved by Board of Supervisors	July 22, 2014
<b>13</b>	<b>Services Begin</b>	<b>September 1, 2014</b>

### **1.7 Eligible Applicants**

Individuals, non-profit organizations, for-profit organizations, and government entities are eligible to apply.

### **1.8 Communications Regarding the Application Packet**

Upon release of this Application Packet, all Applicant communications concerning the Application Packet should be in writing (preferably e-mail) and must be directed to the First 5 Solano Health Programs Manager as per instructions on page 1.

Note: Oral communications shall be considered unofficial and nonbinding on the County. In accordance with Section 1.10, Applicants may request clarification or information, in person, at the mandatory Applicant Conference. The County will respond in writing to all comments to Applicant Conference attendees and by posting the response on the County's website. Such response will constitute an amendment to the Application Packet.

### **1.9 Assistance to Applicants with a Disability**

Applicants with a disability may receive reasonable accommodations regarding the means of communicating the Application Packet and participating in the funding process. Applicants with a disability should contact Chris Shipman at (707) 784-1332 or [cshipman@solanocounty.com](mailto:cshipman@solanocounty.com) to request reasonable accommodation no later than the deadline for accommodation requests detailed in the Schedule of Events.

### **1.10 Mandatory Applicant Conference**

A mandatory Applicant Conference is scheduled at the time and date detailed in the Schedule of Events and shall be held at the Solano County Events Center, 601 Texas Street, Fairfield CA. The purpose of the Applicant Conference is to discuss funding goals and process and to address comments concerning the Application Packet. Preferably, specific comments should be submitted in writing before the Applicant Conference. Comments, both oral and written, will be entertained at the Applicant Conference; however, any oral response is nonbinding on the County. Proposals from Applicants that do not attend the Applicant Conference will not be accepted.

### **1.11 Application Revisions, Alterations, Errors and Incorrect Information**

The County will not accept any revisions or alterations to Applications after the Deadline for Submitting an Application unless revisions or alterations are requested in writing by the County. Applicants are solely responsible for all errors or omissions contained in their Applications. If the County determines that an Applicant has provided incorrect information which the Applicant knew

or should have known was materially incorrect, that Application will be determined non-responsive and the Application will be rejected.

### **1.12 Application Packet Amendment, Cancellation and Right of Rejection**

A. The County reserves the unilateral right to amend this Application Packet in writing at any time by posting the amendment on the County's website. **Applicants are responsible to view the website continually for any amendments to the Application Packet.** Applicants shall respond to the final written Application Packet and any exhibits, attachments, and amendments. The County also reserves the right, at its sole discretion, to reject any and all Applications or to cancel or reissue the Application Packet.

B. The County reserves the right, at its sole discretion, to waive variances in applications provided such action is in the best interest of the County. Where the County waives minor variances in applications, such waiver does not modify the Application Packet requirements or excuse the applicant from full compliance with the Application Packet. Notwithstanding any minor variance, the County may hold any application to strict compliance with the Application Packet.

### **1.13 Rejection or Disqualification of Non-Responsive Applications**

A. Any application received which does not meet the requirements of this Application Packet may be considered to be non-responsive and may be rejected. Applicants must comply with all terms of this Application Packet and all applicable laws and regulations. The County may reject any application that does not comply with all terms and conditions of this Application Packet.

B. Deficiencies for which an application may be considered to be non-responsive and/or where the application may be rejected or disqualified, include, but are not limited to, the following:

1. Applicant fails to submit application by the specified deadline
2. Applicant fails to follow specified format or instructions
3. Applicant fails to fully complete application
4. Applicant submits inaccurate or incorrect information
5. Applicant fails to submit mandatory written verifications
6. Applicants fails to attend mandatory Applicant Conference

### **1.14 Conflict of Interest and Application Restrictions**

Any individual, company, or other entity involved in assisting the County in the development, formulation, or drafting of this Application Packet is disqualified from eligibility for this funding opportunity. Furthermore, no amount shall be paid directly or indirectly to an employee or officials of the County of Solano as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Applicant in connection with the funding under this Application.

### **1.15 Disclosure of Application Contents Including Proprietary Information**

All applications and other materials submitted in response to this Application Packet become the property of the County of Solano. Selection or rejection of an Application does not affect this right. All Application information will be held in confidence during the evaluation process. The original copy of each Application will be retained for official files and will become public record after the award and execution of a funding agreement, to the extent allowed by the California Public Records Act. By submitting an Application, the Applicant acknowledges and accepts that the contents of the Application and associated documents may become open to public inspection.

### **1.16 Severability**

If any provision of this Application Packet is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected; and, the rights and

obligations of the County and Applicants shall be construed and enforced as if the Application Packet did not contain the particular provision held to be invalid.

## 2 REQUIREMENTS

### 2.1 General

Applicant must fully complete the application in the format required by the County (See Application Instructions), responding to every question and attach all necessary requested documents.

One “wet-signed” (in blue ink) original and four copies of the Application, along with supplementary materials referenced in Section 5.2, must be submitted to the County in a sealed package and be clearly marked:

**“Application for First 5 Solano Mental Health Services Act (MHSA/PEI) and Early Child Developmental Health”**

Applications shall be hand-delivered or mailed (hard copies only – no email or faxed Applications will be accepted) to:

**First 5 Solano Children and Families Commission  
Attn: Chris Shipman, Health Programs Manager  
601 Texas Street, Suite 210  
Fairfield, CA 94533**

Note: Postmarking by the due date shall not substitute for actual receipt by the County. **Applications must be actually received no later than the Application Deadline time and date detailed in the Schedule of Events in order to be considered.** The County assumes no responsibility for delays caused by any delivery service. An application is deemed submitted when received.

The County will not pay any costs associated with the preparation, submittal, or presentation of any application. To withdraw an application, the Applicant must submit a written request, signed by an authorized representative, to First 5 Solano, Attention: Chris Shipman, Health Programs Manager. After withdrawing a previously submitted application, the Applicant may submit another application at any time up to the deadline for submitting applications. Applications submitted after the deadline will not be considered.

## 3 PROPOSAL EVALUATION PROCESS

### 3.1 Compliance

The Health Programs Manager will review all applications to certify compliance with basic Application requirements as specified in this Application Packet.

### 3.2 Proposal Evaluation

The evaluation process is designed to recommend award(s) of funding to the Applicant(s) that can best provide Mental Health Services Act (MHSA/PEI) and Early Child Developmental Health to high-risk families in Solano County. Applications are evaluated as set forth in this RFP. A maximum number of points will be assigned, as follows:

<b>Proposal Elements</b>	<b>Maximum Score</b>
Scope of Work/Program Plan	65 Points
Budget	20 Points
Organizational Capacity and Qualifications	15 Points
<b>Total Maximum</b>	<b>100 Points</b>

A. Evaluation Information

1. The set of services outlined in this RFP will be evaluated at the program level, the initiative level, individual level and the community level. Note: All services will be evaluated as per the MHSA/PEI Three-Year Integrated plan specific evaluation elements (see Exhibit 2). Applicants must take these elements into account when designing the proposed programs and services for this solicitation. Note: Successful applicants are responsible for securing appropriate release statements, approved by County, that name First 5 Solano and H&SS Mental Health Division and its employees, agents and evaluators as authorized agents to use and disclose personal information for the purposes of evaluating the services under this RFP.

2. First 5 Solano staff, H&SS Mental Health Division staff and/or their contracted evaluators will conduct the evaluation for these set of services. Applicants are required to establish program-level and individual performance measures and identify validated instruments to measure program performance. Those agencies awarded funding will be required to use the First 5 Solano data collection system to collect data, including individual-level data, on services, linkages, outcomes and follow-up. This will require the administration of pre and post test data to measure the effectiveness of strategies implemented. In addition, service providers will be required to participate in a number of evaluation activities, including but not limited to periodic required reports to Department of Health Care Services and First 5 California, interim and local annual evaluation reports” and other activities for grantee agency(s) and the public to learn about outcomes achieved as a result of funded services.

3. The successful Applicant will be expected to participate in all three levels of evaluation as follows:

a. Conduct program-level data collection, including individual-level data, and evaluation activities as set forth in the Contract Exhibit A (scope of work/evaluation plan), including but not limited to: tracking and reporting of service target objectives; demographics of populations served; individual-level data information; and/or collaborative-level evaluation activities.

**Note:** Programs and services must be set forth using the “Logic Model” scope of work and evaluation plan form included with this solicitation. Individual-level data is collected at the point of services initiation and at regular intervals or at program completion.. Service counts and other aggregate data such as demographics must be reported monthly. Grantees also submit quarterly performance measures data and narrative progress reports/supporting documentation of activities, successes and challenges.

b. Work closely with County and its evaluation consultants for evaluation and data collection services, and provide information as needed to support individual initiative-level and overall community-level evaluations.

c. Provide any and all information needed to meet the requirements of First 5 Solano’s submission to First 5 California for its annual report to the Governor and the Legislature, and the Department of Health Care Services evaluation elements as outlined in Exhibit 2 of this solicitation and including developing materials and presentations for the annual Reports to Commission and Department of Health Care Services

d. Attend and actively participate in mandatory, quarterly Help Me Grow Solano meetings.

e. The First 5 Solano Strategic Plan Update and annual performance reports reference First 5 Solano’s current evaluation design and implementation. These documents are available from the First 5 Solano office (601 Texas St., Ste. 210, Fairfield, CA 94533/707.784.1332); or by accessing First 5 Solano’s web site at [www.first5solano.org](http://www.first5solano.org).

## B. Proposal Review Criteria

Item	Possible Points	Points Total
<b>Organization/Capacity and Qualifications</b>		<b>15</b>
Applicant clearly articulates the capacity of the organization, background; including an organizational history to accomplish the proposed services.	5	
Applicant's (and subcontractors, if applicable) past accomplishments or current projects/efforts relate to the type of work required under this RFP;	5	
Applicant has sufficient staff/and credentialed staff and/or contracted staff to carry out the project. Staff has sufficient levels of education, qualifications, cultural competency and experience to carry out the project. The appropriate levels of staffing and staff time for data collection, reporting and participating in evaluation activities.	5	
<b>Scope of Work – Program Description</b>		<b>65</b>
Applicant clearly identifies the community(s), target at risk population(s) and service needs of that population. Demographics or other data/evidence of the need and rationale for the services are referenced. Evidence-based tools and practices are clearly identified.	5	
Program objectives clearly link to the Mental Health Services Act (MHSA) 3-year Integrated Plan and First 5 Solano strategic plan goals and results for this RFP.	10	
Scope of work clearly describes the project/services. The approach and methodology are clear, feasible and support the aims of the project/services. There is a clear process for referrals/linkages and follow-up.	25	
The service units, time estimated for services, service counts and monitoring tools are reasonable and appropriate to the scope of the project, funding requested and outcomes expected.	10	
The proposed services are justified as evidence-based or promising practices. <b>Evidence-based Program = 10 Pts; Promising Program = 3 Pts; Emerging Program = 0 Pt.</b>	10	
Appropriate performance measures are identified and clearly described. The expected results/outcomes are clearly linked to the services in the scope of work.	5	
<b>Budget</b>		<b>20</b>
Requested funds are appropriate to carry out the program. The funding amounts are clearly related to the level of effort. Any other resources, including in-kind, that will support the proposed project are described. Cost per units of service and Cost per clients are identified and reasonable.	10	
All line items are appropriate, related and responsive to the activities and objectives of the project (If applicable). There is adequate justification for all line items. Subcontractor or partner budget(s) and narrative are justified and appropriate to the proposed project.	10	
The program leverages First 5 Solano and/or other funding. This funding is identified.	5	
<b>Total Possible Points</b>		<b>100</b>

## 4 CONTRACT INFORMATION

### 4.1 Non-negotiable Provisions

Since County contracts are subject to applicable State laws, there are provisions which must be included in County contracts which may not be subject to negotiations as solely determined by County Counsel and Risk Management. A sample of the County's Standard Contract is included in the Application as Attachment B. Applicants are required to review the County's Standard

Contract, Exhibits C and D, and to accept it with or without qualification. (Exhibit A [Scope of Work] and Exhibit B [Budget] will be completed during the contract negotiation process).

Note: The successful Applicant must provide the required verification(s) of insurance prior to the time that services begin.

#### **4.2 Contract Term/Duration**

A contract that results from this RFP may be awarded for up to a 34 (thirty-four) month period beginning September 1, 2014 and ending June 30, 2017.

Note: The timeframe above is estimated. The award of funds does not authorize work to begin. There is significant time estimated between the award of funds and the approval of contract. Contracts must be fully executed before services can begin. In addition, services cannot begin prior to the contracted start date.

#### **4.3 Funding and Payment Structure**

The contract to be negotiated will be a cost reimbursable contract. Funding will be negotiated and allocated based on the proposal submitted, and reimbursement for the program/services will be based on actual costs incurred. All costs such as personnel, subcontractors, operating expenses and indirect costs must be reflected in the proposed budget.

#### **4.4 Contract Award Process**

- A. After the evaluation of applications and final consideration of all pertinent information available, the County will notify the apparent best evaluated Applicant. The notice shall not create rights, interests, or claims of entitlement in the apparent best evaluated Applicant or any Applicant.
- B. This Application Packet and the successful Application shall be incorporated into the final contract.
- C. The County reserves the right, at its sole discretion, to negotiate with the apparent best evaluated Applicant subsequent to the notice.
- D. The apparent best evaluated Applicant shall be prepared to enter into a contract with the County which shall be substantially the same as the Proposed Funding Agreement included in Attachment B. The County reserves the right to add terms and conditions, deemed to be in the best interest of the County, during final contract negotiations. Any such terms and conditions shall be within the scope of the RFP and shall not affect the basis of Application evaluations.
- E. If an applicant fails to sign and return the contract drawn pursuant to this Application Packet and final contract negotiations within 14 days of its delivery to the Applicant, the County may determine, at its sole discretion that the Applicant is non-responsive to the terms of this Application Packet and reject the Application.

## **5 APPLICATION INSTRUCTIONS**

### **5.1 Mandatory Application**

The County has provided a Funding Application in an electronic form. The Application may be downloaded from County's website ([www.first5solano.com](http://www.first5solano.com)), completed and printed for signature(s). Applicant must fully complete the application, responding to every question, and attach all necessary requested documents. Applicant must fill in desired check boxes, adhere to form field character limits where indicated, and be aware of "drop-down" field lists. The Application, as well as any reference material presented, must be written in English. All monetary amounts must be detailed in United States currency and rounded to the nearest whole dollar.

## 5.2 Supplemental Materials

In addition to the above, Applicant must provide only two sets of either: audited financial statements for the last two full fiscal years (including Management Letter(s) if issued); or, if funds requested are less than \$100,000 per fiscal year, unaudited statements of revenue and expenditures (and balance sheet if applicable).

Note: Submit one set with the original of the proposal and one additional set. These are to be provided as a separate attachment, clasped separately, from the sequentially numbered pages of the rest of the Proposal.

## 5.3 Signatures

All signatures must be handwritten, legible and written in BLUE ink. Signature stamps are prohibited. Applications must be signed by a company officer empowered to bind the applicant to the provisions of this Application Packet and any contract awarded pursuant to it; if said individual is not the company president, the application shall include a letter of authorization to bind the company.

## 5.4 Application Submittal

One "wet-signed" (in blue ink) original **and** four copies of the Application, along with supplementary materials referenced in Section 5.2, must be submitted to the County in accordance with Section 2.1. Failure to follow the specified format may, at the County's sole discretion, result in the rejection of the Application.

# 6 DEFINITIONS AND TERMS

## 6.1 Non-Supplantation

Consistent with the intent of the California Children and Families Act of 1998, no monies from this program may be used to supplant state, county or local general fund monies available to the agency for any purpose. Activities funded under this RFP must be new or enhancements to existing activities. Funds are not allocated for capital improvements.

## 6.2 Budget Terminology

- A. Personnel costs must include positions, salary, and "FTE" (actual percentage of time devoted to the project) for each position. Salary and fringe benefits must be pro-rated for non-full-time employees if agency provides fringe benefits to part time employees. Salaries are fixed compensation for services performed by staff that are directly employed by the Applicant and are paid for on a regular basis. Employee benefits and employer payroll taxes include employer's contributions or expenses for social security, employee's life and health insurance plans, unemployment insurance, pension plans, and other similar expenses that are approved by First 5 Solano. These expenses are allowable when they are included in the grant award and are in accordance with the agency's approved written policies.
- B. Salaries and benefits of personnel involved in more than one grant or project must be charged to each grant based on the actual percentage of time spent on each grant or project. The annualized actual percentage charged for a particular position (e.g., Project Director) cannot exceed the annual percentage approved in the grant award. Similarly, the dollar amount charged for a particular position also must not exceed the dollar amount in the approved grant award. Functional timesheets or an allocation plan must be maintained which support the time charged to First 5 Solano grants.
- C. Allowable operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses include specific items directly charged to



the project. The expenses must be grant-related (i.e., to further the program objectives as defined in the grant award) and be incurred (realized) during the grant period. First 5 Solano reserves the right to make the final determination if an operating expense is allowable and necessary.

- D. Indirect costs are shared costs that cannot be directly assigned to a particular activity, but are necessary to the operation of the Agency and the performance of the program. The costs of operating and maintaining facilities, accounting services and administrative salaries are examples of indirect costs. For this program, indirect costs cannot exceed 15% of the total of Salaries and Benefits, and Operating Expenses.

### **6.3 Leveraged Funds**

Consistent with the criterion of First 5 Solano to value leveraging of its resources, “leveraged funds” are utilized to expand services, and include any additional sources of revenue that have been or will be brought in to support the proposed project.

### **6.4 Level of Program Evidence Definitions**

- A. Evidence-Based Programs are supported by strong evidence of effectiveness based on experimental design (i.e. randomized controlled trials) or multiple highly rigorous quasi-experimental designs (i.e. non-randomized trials). Although not required to be considered an evidence-based practice, additional considerations include sustained effect of the program, publication of results in a peer-reviewed journal and multiple site replication. Examples of evidence-based program models include, but are not limited to: Nurturing Parenting Program, Healthy Families America, and Healthy Steps for Young Children.
- B. Promising Programs are supported by a moderate level of evidence for effectiveness. These programs may be based on a quasi-experimental design with a less developed body of evidence than that of evidence based programs. These practices primarily rely on evidence derived from a literature review (i.e. expert opinion) as well as the program’s manual, logic model, and evaluation plan. Examples of promising practice program models include, but are not limited to: Watch Me Grow, Family Support and Parenting Education in the Home Program, and Early Childhood Education and Assistance Program (ECEAP).
- C. Emerging Programs are supported by a low level of evidence for effectiveness. These programs show a small body of evidence that cannot provide a high level of external validity, relying exclusively on evidence derived from a literature review (i.e. expert opinion) as well as the program’s manual, logic model, and evaluation plan.



## ADDENDUM I-A

### PROPOSAL REVIEW PROCESS

#### A. Proposal Review and Ranking Process

##### 1. Staff Review: RFP Compliance

Proposals will be reviewed for completeness and compliance with RFP requirements. County reserves the right to reject incomplete proposals or proposals that do not meet RFP requirements. To be considered compliant with RFP requirements, the Applicant must address and/or include all required Proposal components (if a particular component is not applicable, provide a statement to that effect with appropriate documentation).

##### 2. Individual Proposal Review

Proposals that advance to the next step of the process will be submitted to a Proposal review panel assembled by First 5 Solano/H&SS. Each Proposal will be reviewed and scored based upon the adequacy and thoroughness of the response to the RFP. This is a scoring of the merit of each individual Proposal only.

The weighted proposal evaluation criteria are shown below, along with the maximum number of points possible. Scores may range from 0 to 100 points, as follows:

Proposal Elements	Proposal Criteria	Maximum Score
Scope of Work/Evaluation Plan	Forms and narrative descriptions of the services to be provided and outcome measures to achieve the goals and objectives of the project.	65 Points
Budget	Line-item budgets and narratives that show reasonable and necessary hours and expenses, clearly link costs to services/outcomes expected and documents leveraging of funds, if any	20 Points
Organizational Capacity and Qualifications	Narrative and job descriptions/ resumes of key personnel that document the expertise and experience necessary to successfully carry out prenatal services, along with documentation of fiscal solvency.	15 Points
<b>Total Maximum</b>		<b>100 Points</b>

The Review Panel members will evaluate each Proposal using the specific review criteria guidelines in **Addendum I-B**.

##### 3. Review Panel Recommendations

After the initial review and rating of each Proposal, the review panel will meet to discuss the Proposals and establish final rankings and recommendations.

Finalists will be recommended in rank order (based on the final average scores determined by the review panel for each Proposal) to County for funding consideration, along with suggestions for potential program, budget or other modifications. The next steps are: County (Mental Health Director and First 5 Solano) approval and award of funding, contingent upon successful contract negotiations (which may include a site visit); finalization of service and evaluation plans; finalization of budget; and award of contract which must be approved by the Solano County Board of Supervisors or their designee.

**Note: County's approval of an allocation of funding to one or more Applicants does not create rights, interests or claims of entitlement and does not imply or promise funding by County of**

**Solano/First 5 Solano/H&SS. No Applicant is authorized to begin work until the contracting process is complete and a signed, properly-executed contract is in place. No reimbursement is authorized until and unless a fully-executed contract is established.**

## **ADDENDUM I-B**

The Review Panel will evaluate each Proposal (Single Agency or Joint Agency) using the specific evaluation criteria that will be applied to all Proposals as follows:

### **A. Scope of Work/Evaluation Plan**

#### **1. “Logic Model” Scope of Work/Evaluation Plan Form (up to 10 points)**

Use this form to document that the project goals, services and service targets, results expected and measures link clearly across Sections A, B, C, D and E of the “Logic Model” Scope of Work/Evaluation Plan Form. In other words, does it appear feasible that the services proposed, the amount of services proposed (service targets), in the timeframes proposed, will produce the level of expected result proposed, as measured by the instrument/activity proposed?

#### **2. Program/Services Description Narrative Form (up to 35 points)**

Clearly describe how you will provide the proposed services as outlined in section 1.2 of this solicitation. Describe the key activities as they are targeted to specific populations. Make sure that this service description includes:

- ✓ The research-based and/or best/promising practices on which services are based.
- ✓ Clear linkages between the proposed services and MHSA/PEI Plan and First 5 Solano strategic plan goals and results for early childhood developmental health.
- ✓ A realistic timeline.
- ✓ Staffing that is commensurate with services to be provided.
- ✓ How you will make services accessible – this includes addressing transportation needs of clients, how persons with special needs will be identified/served and how staff will communicate with non-English speakers.
- ✓ As appropriate, clear linkages between the services to be provided and other services funded by First 5/the Division of Mental Health and/or the community for the same/similar populations. Also, appropriate follow-up to ensure that linked services are provided.
- ✓ If collaborative services are proposed, the collaboration plan is realistic and linkages and follow-up oversight is proposed.

#### **3. Service Estimates Form (up to 10 points)**

Use this form to document the proposed service units, time estimated for services, service counts and monitoring tools, and ensure that these appear reasonable and appropriate to the scope of the project, funding requested and outcomes expected.

#### **4. Evaluation Plan Narrative (up to 10 points)**

Use this space to document how you will adhere to the evaluation elements outlined in Section 2.04 of this solicitation, including the evaluation guidelines in Exhibit 2. Ensure that:

- ✓ There is clear differentiation between “process” outcomes (such as service targets) and project results/outcomes. Are the expected results/outcomes measurable? Are the expected results/outcomes clearly linked to the proposed services? Are the services likely to result in outcomes that are consistent with outcomes outlined in the MHSA/PEI plan and achieving First 5 Solano strategic plan goals and results for this RFP?
- ✓ The proposed evaluation and monitoring activities support assessment of the program implementation and results/outcomes.

- ✓ There is organizational capacity to carry out the required data collection and record-keeping systems, and adequate resources, including staff time, have been deployed to perform evaluation and monitoring activities.

**B. Budget/Budget Narrative (up to 20 points)**

Use these forms to ensure:

- ✓ Requested funds are appropriately deployed to successfully carry out the proposed services and activities. Does the funding amount requested relate appropriately to the proposed level of effort? If other resources, including in-kind, are available to support the project are they described?
- ✓ There is adequate justification for all line items and that all line items are appropriate, related and responsive to the activities and objectives of the project?
- ✓ That partner agency and (as appropriate) subcontractor budget(s) and narrative are justifiable and appropriate to the proposed project.
- ✓ The extent to which the requested funding for this project will leverage other funding.
- ✓ There is documentation that the Applicant possesses sufficient management and fiscal systems and controls to carry out the project.

**C. Organizational Capacity and Qualifications (up to 15 points)**

Use this form to ensure:

- ✓ The Applicant has the qualifications to undertake the proposed work.
- ✓ The extent to which the Applicant's past accomplishments or current projects/efforts (and those of its subcontractors, if any) relate to the type of work required under this RFP,
- ✓ There is sufficient staff and/or contracted staff to carry out the project. Do the proposed staff have a sufficient level of education and experience to carry out the project? If not, is the staffing plan timely and realistic?
- ✓ This project fits with the Applicant's mission and goals? Is there evidence of organizational commitment to this project?
- ✓ Adequate facilities are documented, or a timely and feasible plan proposed, to perform work under this RFP.
- ✓ Documentation of management ability and organizational infrastructure adequate to coordinate and monitor the project.
- ✓ A fiscally sound organization, based on the financial statements provided.