Mental Health Respite Services
Request for Proposals
MAY 2013

Grant funding provided by Mental Health Services Act
Sacramento County Innovation funds and managed by
Sierra Health Foundation: Center for Health Program Management
INSTRUCTIONS FOR PROPOSERS

This instruction package includes:

I. Introduction
II. Key Definitions
III. Eligibility Criteria
IV. Selection Criteria
V. Evaluation and Outcomes
VI. Funding Information
VII. Proposal Narrative
VIII. Budget
IX. Proposal Submission Process
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Review all sections carefully and follow all specific instructions. Submit Respite Services proposals, including all supporting documentation, by e-mail in accordance with instructions NO LATER THAN NOON ON MONDAY, JUNE 24, 2013.

PROPOSERS’ CONFERENCE

A proposers’ conference will be held on Wednesday, May 29, 2013, from 10:00 a.m. to 11:30 a.m. Proposers have the option of attending a webinar on Wednesday, May 22, if unable to attend the May 29 proposers’ conference. Participation is encouraged, but not required at either the webinar or the in-person proposers’ conference. Register in advance for either conference online at www.sierrahealth.org/rpc.

Key Dates

Proposers’ Webinar..................................................Wednesday, May 22, 2013
Proposers’ Conference.............................................Wednesday, May 29, 2013
Proposals due to Sierra Health Foundation..............Monday, June 24, 2013
Awards Announced..................................................September 2013
Contracts Executed..................................................Late September 2013

CONTACT

Myel Jenkins
Program Officer
Sierra Health Foundation
mjenkins@sierrahealth.org

Send questions regarding this RFP to Sierra Health Foundation: Center for Health Program Management at rpc@sierrahealth.org. Subject line: Respite Services RFP
I. INTRODUCTION

The Respite Partnership Collaborative is a public-private partnership of the County of Sacramento, Division of Behavioral Health Services and Sierra Health Foundation: Center for Health Program Management (the Center). The Respite Partnership Collaborative (RPC) was officially formed in May 2012 to support the development and provision of a continuum of respite services in Sacramento County. The goal of the RPC is to increase local respite service options that can offer alternatives to hospitalization for community members experiencing a mental health crisis. A mental health crisis can be a critical point in an individual’s life in which one has lost the effective ability to use personal coping skills. A crisis can be a catalyst for an individual to seek psychiatric services from a hospital as their way to stabilize when other local support services are not readily available. Respite services can provide an alternative to psychiatric hospitalization by providing an individual in crisis or at risk of going into crisis a place to stabilize in a safe and supportive environment designed to reduce the need for a higher level of service.

The RPC is announcing the availability of funding within Sacramento County to support the provision of mental health respite services to address unmet need. The RPC will release up to three rounds of funding through 2015 to support the provision of mental health crisis respite services. This RFP funding is part of the second of three rounds. The total amount of funding now available to support the first year of projects to expand mental health respite services for planned and crisis mental health projects is up to $1 million. Second-year funding for this project will be available to successful proposers, contingent on successful first-year performance.

Respite Partnership Collaborative Background

The RPC is funded through the Sacramento County Mental Health Services Act (MHSA) Innovation component. MHSA, also known as Proposition 63, was passed by voters in 2004 to provide funding to help counties transform mental health services across all age groups and address a broad continuum of prevention, early intervention, treatment and recovery needs. Innovation is one of five components within the MHSA and has the sole purpose of allowing counties the opportunity to try new approaches to learn more about what may work to increase access for underserved groups, increase quality of services, promote interagency collaboration and/or increase access to services.

In November 2010, Sacramento County Division of Behavioral Health Services (DBHS) conducted a comprehensive community planning process to design an Innovation project to submit to the state for approval. An Innovation Workgroup comprised of key stakeholders was formed to review numerous ideas from the community. The Innovation Workgroup proposed a project that would use funding to develop respite programs throughout Sacramento County. Funding for the respite programs would be administered through an administrative entity (The Center) and respite programs would be selected through a collaborative community-driven process (RPC). It was also proposed that respite programs would be located in neighborhoods or home-like settings and use the principles of wellness and recovery. Visit www.sierrahealth.org/rpc to reference the Sacramento County MHSA Innovation Plan.

The RPC was established in May 2012 to implement the MHSA Innovation Plan. The RPC addresses mental health crisis by supporting respite options to help reduce the need for hospitalizations that could occur as a result of mental health crisis. RPC members represent diverse community interests and have a commitment to implementing the Sacramento County MHSA Innovation Plan. RPC members review submitted proposals and make funding recommendations to the Center. The Center administers the funds to grantees to expand respite service options in Sacramento County.

In November 2012, the RPC released the first round of grant funding. Four Sacramento County organizations successfully met the criteria for mental health respite services and have been funded.
About Sierra Health Foundation: 
Center for Health Program Management

Sierra Health Foundation: Center for Health Program Management’s mission is to serve a leadership role in expanding health and wellness in California. The Center’s expertise in program management, measurement and communications is designed to elevate the efficiency, reach and impact of the projects and programs it manages. The Center was established in recognition of a need for increased community leadership and engagement in the planning, implementation and assessment of efforts that seek to address health needs of the underserved. The Center is positioned as a catalyst for population health interventions that address health equity, health determinants and health access by providing a broad range of operational support to projects that require effective collaboration among public and private funders, foundations and communities.

The Center was selected by the County of Sacramento to administer the RPC. MHSA Innovation funding supports the RPC recommendations to award respite service grants to community organizations.

About the County of Sacramento 
Division of Behavioral Health Services

DBHS offers behavioral health services to Sacramento County residents by providing alcohol and drug treatment services, specialty mental health services, and assistance for individuals unable to care for their personal needs or financial resources. The mission of DBHS is to provide a culturally competent system of care that promotes holistic recovery, optimum health and resiliency. DBHS recognizes that Sacramento County is one of the most ethnically and racially diverse counties in California and appreciates differences and understands the importance of embedding cultural competence in all areas including operation, policies and structures to be responsive to the changing dynamics of our community and ensure high-quality services.

II. KEY DEFINITIONS

1. Mental Health Crisis: The Sacramento County MHSA Innovation Workgroup defined a Mental Health Crisis as a crucial stage or turning point in a person’s life. It is an individual experience that can be defined by personal and cultural perceptions. A crisis can refer to any situation in which an individual (adult or child) experiences a loss of her/his ability to use, find or access effective problem solving, coping or internal and external resources.

2. Target Populations refers to the five groups identified in the MHSA Innovation Plan that may be considered for RPC-funded respite projects. They are: 1) Children with complex mental health needs who are in crisis – parents need a break; 2) Specialized, cultural or ethnic populations; 3) Teens or transition age youth (TAY); 4) Adults or older adults in crisis; and 5) Adults in crisis who have dependent children.

3. Planned Respite refers to a preventive respite that serves to reduce the risks for mental health crisis through scheduled events or programming by providing limited time outs from the triggers that may lead to a mental health crisis.

4. Crisis Respite refers to a safe and holistic environment where individuals undergoing a mental health crisis can stabilize with professional support and may also include peer support.

5. Peer-Run Respite refers to a safe respite environment facilitated and coordinated by mental health consumers as peers. In this setting, individuals learn to manage crisis in a warm, welcoming, home-like environment that is facilitated by one’s peers.

6. 24/7 Respite Service Projects refers to mental health respite services available at all hours – 24 hours a day, 7 days a week.

7. Collaboration refers to a formal partnership among organizations, such as mental health providers, other service providers, hospitals and crisis hotlines. As an example, the collaboration may define the relationship between parties through linkages and referral to ancillary services or may provide a formal relationship between
parties to ensure the delivery of an array of services to individuals and their families/caregivers in need. Through collaboration, the total resources available to address the needs of individuals experiencing a mental health crisis are increased beyond what is available to a single organization.

8. **Trauma-Informed Care** refers to an approach to engaging individuals with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

9. **Wellness and Recovery Principles** refers to the belief that individuals living with a mental illness can achieve their full potential and ability to live a fulfilling life despite illness and loss.

10. **Cultural Competency** refers to the attainment of knowledge, skills, attitudes and behaviors that enable administrators and practitioners to provide for diverse populations. This includes an understanding of that group’s or member’s language, beliefs, norms and values, as well as socioeconomic and political factors that may have a significant impact on their well-being, and incorporating those variables into programs.

11. **Evidence-Informed** refers to the design of a respite program that is well informed and based on the best available research.

### III. ELIGIBILITY CRITERIA

Proposed projects or activities must serve people living in Sacramento County and services must be located within Sacramento County.

The Center will fund nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are designated as a 509(a)(1) or 509(a)(2) organization. The Center will consider funding public agencies.

The Center will fund groups that are not nonprofit organizations if the group partners with a nonprofit organization, as defined above, to serve in the capacity of fiscal sponsor. For example, a consumer support group or parent neighborhood group that is not a nonprofit organization could submit a proposal by having a tax-exempt organization serve as the group’s fiscal sponsor. If funded, fiscal sponsors are limited to no more than 15% indirect costs.

Only one grant proposal per eligible 501(c)(3) organization or public agency will be considered each funding round. This limitation applies to multiple departments of a university and multiple chapters of an organization using the same tax exempt ID number. If the Center receives more than one proposal per eligible applicant organization, only the first proposal received will be considered.

Current Respite Service grantees as of January 2013 are not eligible to apply for this available funding. Current grantees are those whose grant activities have not been completed and whose final grant report has not been submitted to the Center.

Nonprofit organizations selected will be required to comply with various subcontractor requirements, including, but not limited to, specific indemnification and insurance requirements, compliance with child, family and spousal support reporting obligations, compliance with lobbying and union organization activities, and compliance with nondiscrimination in employment, services, benefits, facilities and housing.

Proposals from organizations working in collaboration are strongly encouraged to apply.

Proposals for new mental health respite services, as well as proposals to expand existing mental health respite programs, will be considered.

Racial and ethnic minority-led community-based organizations are strongly encouraged to apply. These are organizations that: 1) have an explicit mission to serve racial and ethnic minority populations, and 2) are led by staff and boards representative of those racial and ethnic minority populations.
IV. SELECTION CRITERIA

Competitive proposals will address the following:

Organizational Capacity
- Demonstrate an organizational commitment to mental health respite, trauma-informed care and wellness and recovery principles
- Clearly explain why the proposed organization has the capacity to be successful in implementing the proposed project
- Include a reasonable project scope of work that identifies mental health respite activities that create alternatives to hospitalization
- Include a reasonable project budget that supports the activities identified in the scope of work
- Demonstrate an organizational capacity to track progress toward performance measures and have the ability to participate in RPC evaluation activities
- Leverage resources, if applicable, for the sustainability of funded services

Mental Health Respite Approach
- Provide mental health respite services that address mental health crisis with the aim to reduce psychiatric hospitalization for one or more of the five target populations identified in the Sacramento County MHSA Innovation Plan. Refer to the definition of Target Populations in the Key Definitions section of this document and/or the Sacramento County MHSA Innovation Plan located at www.sierrahealth.org/rpc
- Demonstrate approaches to preventing and/or alleviating mental health crisis
- Demonstrate the use of promising practices in the mental health respite program design
- Articulate the ability to integrate a peer component of persons with lived mental health experience in the planning and/or facilitation of mental health services
- Address co-occurring disorders (mental health, substance abuse and primary care) in the program design with a focus on the mental health issues

Cultural Competency
- Make the case for need of mental health respite for the identified population to be served in relation to mental health crisis
- Demonstrate cultural competency, sensitivity and knowledge about cultural issues impacting the Sacramento community, including the target population(s) identified in the Sacramento County MHSA Innovation Plan that you propose to serve
- Include a culturally appropriate communication strategy to promote respite services and successfully outreach to identified population

Collaboration
- Demonstrate experience working effectively in collaborative partnerships
- Demonstrate ability to make effective mental health, substance abuse and primary care referrals and linkages with community partners

V. EVALUATION AND OUTCOMES

Performance measures indicate the extent to which the mental health respite service is achieving its goals. Ideally, these measures are not an added burden to service providers but are designed to provide information that is useful to the respite provider (and, if applicable, collaborative partners) as well as to the Center, Respite Partnership Collaborative and the Division of Behavioral Health Services. An external evaluator has been hired to work with the Center to develop performance measures that can be applied across diverse mental health respite service projects. The external evaluator also will be responsible for gathering information on the challenges and successes of crisis respite care implementation. Demonstration of effective mental health respite services through performance measures may also assist organizations in securing external funding and facilitate sustainability beyond the respite services grant period.
Proposers are asked to provide a preliminary scope of work that is consistent with the direct, intermediate and long-term outcomes identified in the Respite Partnership Collaborative Logic Model. The preliminary scope of work must include targets for the standard performance measures provided by the RPC and for any of the additional measures that are applicable to the proposers’ organizational capacity and preliminary scope of work. If appropriate, proposers should also identify targets for additional performance measures that are specific to their proposed respite service delivery model. Visit www.sierrahealth.org/rpc to reference the RPC Logic Model and Performance Measures.

Grantees will be required to cooperate with the external evaluator and submit three progress reports per contract year. A final report at the end of the grant period and a financial report also will be required.

VI. FUNDING INFORMATION

FUNDING OPPORTUNITY

The RPC is looking to fund a range of respite projects from small to large, which will serve one or more of the five target populations identified in the Sacramento County MHSA Innovation Plan. New mental health respite approaches and the expansion of existing approaches that can offer alternatives to hospitalizations for individuals experiencing or at risk of mental health crisis are being solicited.

The RPC invites proposers to apply for one year of funding, renewable for up to one additional year of funding based on performance. Proposers are required to submit a two-year budget, scope of work and preliminary performance measure target table as part of their proposal. The second year of funding is contingent on successful completion of year-one deliverables and available resources. The size of the funding award for the second year of service may be dependent on the number and size of awards granted in year one. Year-one funding starts with a minimum award of $15,000 and a maximum award up to $300,000. Applicants can apply for any amount within the range of $15,000 and $300,000. The total amount of funding now available to support the first year of projects to expand mental health respite services is $1 million. The number of grant contracts awarded will be dependent on the size of the awards.

All applicants may request less than the maximum grant amount of $300,000.

Final grant awards may be negotiated by the Center as determined by the proposal review and selection process and the resources available.

Funds for capital equipment may be considered up to 20% of the proposed budget. Up to 15% of the budget direct costs may be requested for indirect costs.

Budgets and scopes of work should clearly justify the requested grant amount and state the project timeframe.

Grantees will be required to submit progress reports as scheduled, a final report at the end of the grant period and a financial report at the end of the contract year. Grantees also will be required to attend quarterly RPC contractor meetings.

What We Do Not Fund

Respite Services grant funds may not be used for debt retirement or operational deficits. In addition, the Center does not fund requests to support individuals, activities that exclusively benefit the members of sectarian or religious organizations, nor 509(a)(3) supporting organizations. Requests for funding of insurance premiums will be considered on a limited, case-by-case basis.

VII. PROPOSAL NARRATIVE

Please answer each of the following questions completely and succinctly using the Respite Services Application Form provided. Limit your Proposal Narrative response to a total of 13 pages.

A. Organizational Capacity (two pages)

1. Provide a brief overview of your organization: a) when it was established, b) your organization’s mission, c) whom you serve, and d) the types of relevant programs you provide.

2. Why is your organization interested in providing mental health respite services? Why do you think your organization is suited to implement a mental health respite project?
3. What is your organization’s understanding of mental health crisis and ability to address mental health crisis?

4. Describe your organizational capacity to track performance measures and participate in evaluation activities.

B. Project Design and Rationale (five pages)

Project Design

1. Provide a general overview of the mental health respite service you propose to provide. Explain in your overview if the proposed respite service is a new service or an expansion of an existing mental health respite service. If the proposed service is an expansion, identify in what ways this funding will expand upon the existing service.

2. Describe your respite approach. Describe your experience and rationale for proposing this approach to respite, such as any promising practices researched for the proposed respite program model. Refer to the Sacramento County MHSA Innovation Plan Attachment A page 3 for reference to examples of types of respite.

3. Provide a description of the mental health respite service by describing the project components. Your description of the project components must include, but does not need to be limited to, respite service eligibility, duration of the respite service, referral process, intake process, project location, transportation accessibility, staffing structure, respite approach or approaches and referrals, and, if applicable, triage component, collaboration involvement, contractor(s) role, support services for families and/or caregivers and a peer component. Refer to the Sacramento County MHSA Innovation Plan Attachment A page 3 for reference.

4. Describe your organizational understanding of trauma-informed care and wellness and recovery principles. How would your organization incorporate these approaches into your delivery of respite?

Staffing

1. What staff team is needed to make this project successful? Identify the current staff, their experiences and their direct responsibilities for this project.

2. Identify if there will be a need to hire new staff specifically for this project. What project activities will new staff be responsible for? What new skill sets are needed to achieve these staffing responsibilities?

3. Will a peer component be included in this project? If so, provide a description of how the peer component will inform the planning and/or facilitation of mental health respite services. Describe how people with lived mental health experience will be engaged in staff and/or volunteer roles.

C. Populations to be Served (two pages)

1. Describe the population(s) to be served through the proposed respite service. Provide a clear picture of their circumstances by describing their ages, genders, ethnicities, neighborhood(s) and situations specific to this population. Refer to the Sacramento County MHSA Innovation Plan Attachment A page 1 for reference to target populations.

2. Why has your organization identified this population to receive mental health respite services? Explain why mental health respite services are critical to addressing mental health crisis for this population. Identify your community outreach strategy to promote respite services with this specific population.

3. Describe your organization’s history in providing services to this specific population. Describe your organization’s past successes in outreaching to this population.

4. Define how many total unduplicated clients you project to serve in year one of your project. Please articulate how you developed this projection for year one.

5. If the proposed service will be an expansion of an existing respite project, please describe how you propose to outreach to and serve new clients through this higher level of service.
6. If appropriate, will there be any alternative healing approaches or culturally specific practices integrated into program delivery? Describe your organization's experience and successes in implementing these identified approaches or practices.

D. Risk Assessment, Triage and Linkage (one page)

1. Describe how your project will specifically identify substance abuse and primary care issues and triage to available services as needed.

2. What kind of crisis do you anticipate could occur in your setting? What plans will you have in place to manage such a crisis situation that could occur in your setting?

E. Collaborations and Linkages (two pages)

1. If collaborative relationships are a part of your project, describe what collaborative relationships you have in place or will develop to ensure successful outcomes for users of respite services. Refer to the MHSA Innovation Plan Attachment A, page 3 for reference.

2. If collaborative relationships are a part of your project, describe who the identified partners are for this project. Have relationships already been established? How long have relationships been in place? What skills, resources, etc., do the partners bring to the project?

3. If collaborative relationships are a part of your project, describe the activities within the respite service delivery that each partner will be responsible for. Provide a detailed description of the roles and responsibilities of the collaborative partners.

4. If collaborative relationships are not necessary for your project, please explain.

F. Leveraging, Sustainability (one page)

1. What resources are you able to leverage to strengthen the program? Will you have the ability to leverage any state or federal funding? Please describe.

2. If funded, how might this program be sustained beyond the RPC funding term?

VIII. BUDGET

A. Budget

Please provide an itemized two-year budget that supports the activities identified in the scope of work. Second-year funding is contingent on successful progression of year-one deliverables and availability of funding. The size of the second-year funding awards may be dependent on the number and size of awards granted in year one.

B. Budget Narrative

The budget narrative is a separate section of the application form and not part of the Proposal Narrative and not included in the total page count.

Limit the Budget Narrative to no more than two pages. In the Budget Narrative, describe in detail all expenses itemized on the Project Budget form, including funds requested from the Center and other funding, including the source of funding, committed to the project.

Provide in the Budget Narrative descriptions identifying staff and, if applicable, collaborator(s) and contractor(s) roles and responsibilities.

Describe additional in-kind resources.

Identify any in-kind support (staffing, space, etc.) provided by the proposer and other collaborative partners. If an estimated value of the in-kind contribution is included, describe how the value is determined in this budget narrative.
IX. PROPOSAL SUBMISSION PROCESS

To help us process your proposal, please follow these submission guidelines.

We encourage you to submit your materials before the due date in case you need help with any of the instructions below.

Submit the application by e-mail, attaching all required documents, no later than noon on the due date of Monday, June 24, 2013. There should be no more than three attachments:

1) Application, 2) 501(c)(3) letter (if applicable) and 3) financial statement.

Include the organization name and the telephone number of the person sending the e-mail in the body of the e-mail so we can contact you if we have questions.

Submit all materials listed under “Application Materials Checklist.”

Download, complete and submit the Microsoft Word application form posted at www.sierrahealth.org/rpc as an attachment to the e-mail.

Submit 501(c)(3) letter and financial statement in PDF or Excel format as attachments to the e-mail.

Send all attachments in one e-mail. If the total size of attached files is greater than 8MB or your submission e-mail bounces back to you, contact us at rpc@sierrahealth.org.

Submit materials only once. Be sure your materials are complete and accurate before submitting them. Revised materials will not be accepted.

Do not attach Zip files.

Do not put the application content information in the body of your e-mail message; attach the materials as requested above.

Do not include any materials not requested, such as letters of support, MOUs, photos, etc.

Printed applications will not be accepted. If you need help submitting your materials by e-mail, send an e-mail to rpc@sierrahealth.org with the subject line: E-Mail Help.

Early submission is advised. We may not be able to respond to your requests for help on the due date.

Send materials to rpc@sierrahealth.org no later than noon on Monday, June 24, 2013

Subject line: Respite Services RFP

You will receive an e-mail within three business days acknowledging receipt.

Send questions about this grant program and the application process to rpc@sierrahealth.org with the subject line: RPC Question
Application Materials Checklist

☐ Completed Respite Services Application Form (use the Microsoft Word form), which includes:
  – Application Cover Sheet form
  – Proposal Narrative
  – Proposed Year 1 Project Budget and Budget Narrative
  – Proposed Year 2 Project Budget and Budget Narrative
  – Year 1 Scope of Work
  – Preliminary Performance Measure Targets table

☐ 501(c)(3) determination letter (if a public agency, please note in the space provided on the application cover sheet form) – PDF format

☐ Most recent statement of financial activity that shows revenue and expenses for a full fiscal year – PDF or Excel format (not the entire IRS Form 990)

X. Selection Process

All proposals submitted to the Center will be reviewed according to criteria described in these instructions. Awards will be announced by early September 2013 with contracts anticipated to be executed by late September 2013.