Respite Partnership Collaborative

Respite Services Request for Proposals

AUGUST 2012

Funding provided by the County of Sacramento, Mental Health Services Act Innovation Component
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
X. Selection Process

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 TUESDAY, SEPTEMBER 18, 2012.**

PROPOSERS’ CONFERENCE

A proposers’ conference will be held on Thursday, August 30, 2012, from 9 a.m. to 12 p.m. Registration information is available online at www.sierrahealth.org/rpc. Participation is encouraged, but not required.

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**Key Dates**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Proposers’ Conference</td>
<td>Thursday, August 30, 2012</td>
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<tr>
<td>Proposals due to Sierra Health Foundation</td>
<td>Tuesday, September 18, 2012</td>
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<tr>
<td>Awards Announced</td>
<td>November 2012</td>
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**Contact:**

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Send questions regarding this RFP to Sierra Health Foundation at grants@sierrahealth.org.
I. INTRODUCTION

The Respite Partnership Collaborative is a public-private partnership of the County of Sacramento Division of Behavioral Health Services, Sierra Health Foundation: Center for Health Program Management (the Center) and selected stakeholders and community members. The Respite Partnership Collaborative (RPC) was officially formed in April 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. Respite services will 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. This funding round is the first of three the RPC will release over the next three years to support the provision of mental health respite services. The total amount of funding for this first year is $1,350,000.

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. The goal of the RPC is to help reduce the need for psychiatric hospitalizations that could occur as a result of a mental health crisis. The collaborative will review submitted proposals for respite services and make funding recommendations to the Center. The Center will administer funds to successful proposers to expand respite service options in Sacramento County.

In November 2010, Sacramento County Division of Behavioral Health Services (DBHS) conducted a comprehensive community planning process to design an Innovation project. An Innovation Workgroup comprised of key stakeholders was formed to review numerous ideas from the community. The focus of the workgroup was on mental health crisis and ways to develop alternatives to hospitalization. The Innovation Workgroup proposed that funding be used to develop respite programs throughout Sacramento County and be located in neighborhoods or home-like settings.

Visit www.sierrahealth.org/rpc to reference the Sacramento County MHSA Innovation Plan.

About Sierra Health Foundation: Center for Health Program Management

Sierra Health Foundation launched the Center for Health Program Management, a California nonprofit public benefit corporation, in 2012 to serve in a leadership role to improve health and wellness in California. The Center secures resources from multiple funding sources and offers expertise in program management, evaluation and communications to support the efficacy and impact of projects and programs. The Center enables stakeholders, organizations and larger funders to collaboratively improve health and wellness for all, while leveraging the expertise offered by Sierra Health Foundation.

The County of Sacramento awarded the Center a contract to administer the RPC. The Center will employ MHSA Innovation funding to support the RPC recommendations to fund 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) Seriously emotionally disturbed children in crisis when the parents need a break; 2) Specialized, cultural or ethnic populations; 3) Teens or transitional age youth (TAY); 4) Adults or older adults in crisis; and 5) Adults in crisis who have dependent children.

3. **Planned Respite** refers to scheduled events or programming that reduces the risk of mental health crisis for individuals and their families/caregivers.

4. **Crisis Respite** refers to emergency care for individuals during their mental health crisis so they may stabilize in a safe environment.

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. In this case, the collaboration can deliver an array of services to individuals and their families/caregivers in need and leverage more resources than 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, acknowledges the role that trauma has played in their lives and seeks to address it.

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.

The Center will fund nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Services.
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.

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.

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:

- Support projects that address mental health crisis to reduce psychiatric hospitalization
- Provide mental health respite services to one or more of the five target populations identified in the Sacramento County Innovation Plan
- Clearly explain why the proposed organization is best suited to be successful with the proposed project
- Demonstrate an organizational understanding of respite, trauma-informed care and wellness and recovery principles
- Demonstrate approaches to preventing and/or alleviating mental health crisis
- Provide evidence-informed methodology for project approach and implementation or, when using an innovative (previously untested) approach, explain the rationale for the approach and implementation
- Make the case for need related to the population to be served
- Demonstrate cultural competency relevant to the proposed project and population to be served
- Include a communication strategy to promote respite services and successfully outreach to identified populations
- Demonstrate collaborative partnerships, which support referrals and linkages that strengthen and expand proposed mental health respite services
- Include a referral strategy with identified partners, if applicable
- Leverage resources, if applicable
- Include a reasonable project scope and budget based on RPC parameters
V. EVALUATIONS 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. Proposers are asked to provide a preliminary list of potential performance measures in their proposal in the Performance Measures Table/Scope of Work section.

Evaluation is a major component of the MHSA Innovation Plan. The Center’s evaluation director will lead the evaluation and provide oversight to an external evaluator, who will be responsible for gathering information about the implementation process and assisting with the development of performance measures. The evaluators will work with grantees to minimize the burden and maximize the utility of the evaluation activities.

Grantees will be required to cooperate with the external evaluator, submit a final report at the end of the grant period reporting on the performance measures determined by the proposer and the RPC-selected evaluator, and submit a financial report.

VI. FUNDING INFORMATION

Funding Opportunity

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

The RPC is interested in multi-year projects and will fund two-year proposals. If applying for a multi-year project, proposers are required to submit a two-year budget and Performance Measures Table/Scope of Work. Successful grantees will be awarded the first year of funds. The second year of funding is contingent on successful completion of year-one deliverables and available resources.

Year-one funding starts with a minimum award of $15,000 and a maximum award up to $1,000,000. Applicants may apply for any amount within the range of $15,000 and $1,000,000. The total amount of funding available for year one is $1,350,000. The number of grant contracts awarded will be dependent on the size of the awards.

The RPC seeks to fund one project to address crisis on a 24 hour/7 day a week basis. Given that this type of project may require a large amount of resources, up to $1,000,000 has been set aside to meet this critical community need. In year one, the successful grantee(s) will be awarded half of the total amount of their budget. If the total budget is $1,000,000, then $500,000 will be available to implement a 24/7 mental health respite project. The successful grantee for this specific 24/7 mental health respite project will be eligible to receive the full budget amount, up to $1,000,000, in funding in year two upon successful completion of year-one deliverables and available resources.

All applicants may request less than the maximum grant amount.

Final grant awards may be negotiated by the Center as determined by the proposal review and the resources available. Awards are determined by the merit of proposals accepted. In the case of no proposals being found acceptable, funding awards will not be distributed.

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

Budgets and Scopes of Work can reflect up to six months of planning time to launch the proposed project. Budgets and Scopes of Work should clearly justify the requested grant amount and state the project timeframe.

Grantees will be required to submit a final report at the end of the grant period, reporting on the performance measures determined by the proposer and the RPC selected evaluator, as well as a financial report. Grantees also will be required to attend RPC Contractor meetings.
What We Do Not Fund

Respite Service Grant funds may not be used for insurance premiums, 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.

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 Background (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 programs you provide. Include examples of ways your organization has been successful in its work; for example, what has changed as a result.

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 and how do these services align with your mission?

B. Project Design and Rationale (four pages)

Project Design

1. Describe the proposed project. What respite services will your organization or collaboration provide? What approach will you use to administer respite? Describe your experience and reasons for proposing this approach, e.g., evidence-based approach. Describe the following project components: duration of the respite service, staffing structure, the intake or referral process and project location. Please provide any additional information that will help to explain your proposed project, for example, transportation accessibility. Refer to the Innovation Plan Attachment A, page 3.

2. 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?

3. What, if any, respite services will be provided for peer/youth/family and/or caregivers?

Staffing

4. Identify the project leaders and other key staff and describe their qualifications. What skills/individuals (if any) need to be added for the project to be successful?

5. Will this be a peer-run project? If not, will peer/youth and/or caregivers be included as staff and/or volunteers? Are there other ways you will engage peer/youth/families and caregivers beyond solely being recipients of services?

Anticipated Outcomes

6. Identify the specific outcomes you expect the proposed services to produce. Describe how these outcomes contribute to the overall goal of reducing hospitalizations that result from mental health crisis.

C. Populations to be Served (three 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. Define how many people you will serve. Please refer to the Innovation Plan Attachment A, page 1.

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

3. Describe your organizational history in providing services to this specific population. Describe your past successes in outreaching to this population.

4. 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.

5. What will be the anticipated outcome of respite for the individual and/or the family and/or caregivers?

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

1. Describe how this project will assess for need and, when necessary, link or triage with other needed services.
2. What plans do you have in place or will put in place to manage crisis situations that could occur in your setting?

E. Collaborations and Linkages (one page)

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 Innovation Plan Attachment A, page 3.
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 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?
3. What technical assistance do you need in identifying, leveraging and sustaining resources?

G. Technical Assistance Needs (one page)

1. What, if any, technical assistance do you need to help your project be successful?

VIII. BUDGET

A. Budget

Please provide an itemized budget. If applying for a multi-year project, proposers are required to submit a two-year budget. Second-year funding is contingent on successful completion of year-one deliverables and availability of funding. Year one of funding may include up to six months of planning time and should be articulated in the budget and Performance Measures Table/Scope of Work.

B. Budget Narrative

The budget narrative is a separate section of the application form and not part of the Application 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 committed to the project.

Describe additional in-kind resources.

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

IX. PROPOSAL SUBMISSION PROCESS

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

We encourage you to submit your application 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 Tuesday, September 18. There should be no more than three attachments: 1) Application, 2) 501(c)(3) letter (if applicable), and 3) financial statement.

Include the applicant organization name and the telephone number of the person sending the application e-mail in the body of the e-mail so we can contact you if we have questions.
Submit all materials listed below 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 grants@sierrahealth.org.
- Submit application materials only once. Be sure your materials are complete and accurate before submitting them. Revised application 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 application 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 application materials by e-mail, send an e-mail to grants@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 application materials to grants@sierrahealth.org
no later than noon on Tuesday, September 18, 2012
Subject line: Respite Services RFP
You will receive an e-mail within five business days acknowledging receipt.

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

Application Materials Checklist
The application form can be downloaded online at www.sierrahealth.org/rpc.

☐ Completed Respite Services Application Form (use the Microsoft Word form), which includes:
  - Application Cover Sheet form
  - Proposal Narrative
  - Proposed Project Budget and Budget Narrative
  - Performance Measures Table/Scope of Work

☐ 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 late November 2012.