

 Mental Health Services

Oversight and Accountability Commission

**YOUTH DROP-IN CENTERS**

**Request for Applications**

RFA YDC\_001

Addendum 1

Mental Health Services

Oversight and Accountability Commission

1325 J Street, Suite 1700

Sacramento, CA 95814

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# BACKGROUND

The Budget Act of 2019 provided the Commission $14,589,000 to support the establishment or expansion of integrated mental health youth drop-in centers which provide mental health and wellness services for individuals between 12-25 years of age and their families. These programs will be equipped to meet the needs of youth, including mental and behavioral health needs, housing, education and employment support, and linkage to other services. The Budget Act called for a focus on vulnerable and marginalized youth and populations of youth with known disparities e.g., LGBTQ, homeless, and indigenous youth.

The availability of these funds builds upon the internationally recognized *headspace* model of Australia and the work of Santa Clara County to adapt that model using Mental Health Services Act Innovation funding through the development of the *allcove* program. (Appendix 1 – Core Implementation Components) Santa Clara County’s *allcove* program is in its planning and early implementation phase and aims to increase access to mental health and wellness services for individuals between the ages of 12-25. Services include:

* Behavioral health (mental health and substance use treatment)
* Physical health/Primary care
* Educational support
* Employment support

In December 2019 the Commission held a Focus Group to gather information about how youth access mental health services through a community drop-in center and in January 2020, the Commission held a Youth Drop-In Center Informational meeting to provide information about this funding opportunity and gauge the level of interest in expanding youth drop-in centers to areas of need. The meeting was well-attended, and the input received was considered in developing this procurement.

The Commission at its January 23, 2020 meeting allocated $10,000,000 to directly fund grants to expand the youth drop-In centers and $4,589,000 to provide a Technical Assistance (TA) contractor who will support the grantees, ensure program quality, and assist the expansion of youth drop-in centers across the state by:

* Assisting the program grant recipients with implementation, training, data collection coordination, and youth-driven design strategies.
* Assisting all interested counties or program providers, including those who applied but were not awarded through this grant, to explore opportunities for the implementation of youth drop-in centers in their communities.

If demand for TA services exceeds the TA capacity, services provided by the TA contractor shall be prioritized with grant awardees being top priority.

# PURPOSE AND GOALS

The purpose of this grant is to support an *allcove* model Youth Drop-In Centers (YDC) that provides integrated mental health services for individuals between 12 and 25 years of age and their families, with a focus on vulnerable and marginalized youth and disparity populations including, but not limited to, LGBTQ, homeless, and indigenous youth.

The MHSOAC will award grants to county, city, or multi-county mental health or behavioral health departments, including multi-county partnerships. Not-for-profit organizations, educational entities, or health care districts may apply for a grant if designated by the county, city, or multi-county behavioral health department. Funds may be used to supplement but not supplant local funding for youth drop-in centers. The Applicant will determine the use of funds in order to meet the RFA requirements for the youth drop-in center.

Incentives will be given to applicants who can show support for and a sustainability plan for their program, through efforts such as the ability to obtain Medicaid reimbursement and leverage local government and private funding.

The MHSOAC will provide a TA contractor to support grantees with implementation, training, data collection coordination, and youth driven design strategies to assist the expansion of youth drop-in centers across the state.

# KEY ACTION DATES

Table 3.1, Key Action Dates provides the key action dates and times by which actions must be taken or completed. If the MHSOAC finds it necessary to change these dates or times, it will be accomplished via an addendum to this solicitation. All times listed are for Pacific Standard Time.

Table 3.1 – Key Action Dates

|  |  |
| --- | --- |
| **Action** | **Date & Time** |
| RFA Release | February 12, 2020 |
| Written Questions Due Date | February 24, 2020 |
| Distribute Questions/Answers | February 28, 2020 |
| Final Application Due Date  | ~~March 27~~ April 24, 2020, by 4:00 pm |
| Notice of Intent to Award\* | ~~April 23~~ May 28, 2020 |

*\* Dates after Final Application Due Date are estimates and may be changed by the MHSOAC without the issuance of an addendum.*

# SCOPE OF WORK (SOW)

1. Grantee Responsibilities
	1. The Grantee will be responsible for and agree to:
		1. Implement an *allcove* model with all core components and be open to fidelity monitoring and improvement. The Core Implementation Components are listed in APPENDIX 1.
		2. Collaboratively work with and take direction from the MHSOAC TA contractor
		3. Maintain a Youth Advisory Group to guide the planning, implementation, and on-going service delivery strategy
		4. Engage community stakeholders in the program, including the planning process
		5. Collaborate with local entities to ensure appropriate linkage to services in order to connect youth and their families to ongoing mental health and behavioral health services
		6. Provide data to both the MHSOAC and the TA contractor, including, but not limited to key program outcomes, as requested
		7. Provide the matching funds listed in the grant application
		8. Continue to provide services under this program through matching funds, after grant funding is expended
		9. Provide resources to implement, sustain, and expand the *allcove* model. An Optimal Staffing Plan is listed at APPENDIX 1, CORE IMPLEMENTATION COMPONENTS
		10. Provide continued community support through the contract term
		11. Participate in a learning and training collaborative of grantees and/or counties in implementing/expanding the *allcove* model
	2. In addition, the Grantee agrees to the following program goals:
		1. Increase accessibility to affordable services which provide mental and physical health care of youth 12 to 25, with a focus on vulnerable and marginalized youth and disparity populations including, but not limited to, LGBTQ, homeless, and indigenous youth.
		2. Create a youth driven design with ongoing participation from youth
		3. Reduce suicide and suicide ideation
		4. Reduce homelessness
		5. Reduce unemployment through linkage to vocational training
		6. Reduce school failure through linkage to educational support services
		7. Provide peer support services
		8. Provide treatment for substance use disorders
		9. Provide culturally competent and relevant services for vulnerable and marginalized youth populations

# GRANT APPLICATION AND FUNDING

1. Eligibility Criteria
	1. Applicants are limited to:
		1. County, city, or multi-county mental health or behavioral health departments, including multi-county partnerships are eligible to apply. Not-for-profit organizations, educational entities, or health care districts may apply for a grant if designated by the county, city, or multi-county behavioral health department. Funds may be used to supplement but not supplant local funding for youth drop-in centers.
2. Funding
	1. A total of $10 million is available for this procurement. Applicants may request up to $2 million with their application. Based on the $10 million available, grant awards may not exceed $2 million each. If additional funds become available during this procurement, they may be allocated at the discretion of the Commission to award additional grants to applicants who submitted an application and were not awarded a grant, or to support the objectives of the procurement such as providing additional technical assistance. Awards will be based on the criteria stated in this procurement.
		1. Incentive points will be awarded for matching funds.
	2. Funds awarded to a grantee that are unspent within the grant term and unspent accumulated interest at the end of the four-year grant (grant term) shall be returned to the MHSOAC within 30 days of the end of the grant.
	3. Funds may be used to supplement but not supplant local funding for youth drop-in centers.
3. Grant Term
	1. Grants will be awarded for a four-year grant term with funds disbursed in quarterly installments each year. Grant disbursements will be subject to the Grantee’s compliance with the RFA requirements as submitted through Grantee’s application, which will be incorporated into the contract.
	2. In order to assist Grantees in managing their contract and provide the MHSOAC with an understanding of the program status, there will be monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the Grantee to provide a status on their program including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues. In addition, the MHSOAC will check-in with the TA contractor to verify the program status.
	3. The MHSOAC may withhold funds from a Grantee who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If a Grantee finds itself in this position, the Grantee shall immediately contact the MHSOAC and provide a mitigation plan to address the contractual program deficiency. The MHSOAC may withhold funds until an agreed upon mitigation plan is presented and accepted by the MHSOAC.
4. Allowable Costs
	1. Grant funds must be used as proposed in the grant Application approved by the MHSOAC as follows:
		1. Allowable costs include:
			1. Personnel and/or peer support.
			2. Program costs, which include, but are not limited to services, training, technology, facilities, and facilities improvements.
			3. Administration.
			4. All costs must be directly related to supporting the Youth Drop-in Center.
		2. Grant funds may be used to supplement, but not supplant existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or their designee entities.
		3. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

# INFORMATION REQUIRED IN THE GRANT APPLICATION

1. GRANT APPLICATION COVER SHEET

This paragraph provides information as to who must sign **ATTACHMENT 1** (Grant Application Cover Sheet). If the applicant is a county, city, or multi-county mental health or behavioral health department the Mental Health or Behavioral Health Director or other official must sign the Grant Application Cover Sheet. If the applicant is not a county, city, or multi-county mental health or behavioral health department, a person who has authority to legally bind the Applicant must sign the Grant Application Cover Sheet. In addition, if the applicant is not a county, city, or multi-county mental health or behavioral health department, there must also be a signature on the Grant Application Cover Sheet from a county, city, or multi-county Mental Health or Behavioral Health Director or other official authorizing that the Applicant is the designee approved by the county, city, or multi-county mental health or behavioral health department to submit an application. An unsigned or signature stamped Proposal may be rejected.

1. MINIMUM REQUIREMENTS

Each of the minimum qualifications below must be met by the Applicant. The Applicant shall include documentation and reference the documentation within the application that verifies each qualification (**ATTACHMENT 2**).

The purpose of establishing these minimum qualifications is to ensure that the entities applying for funding have adequate experience and capacity to perform the duties as outlined in the RFA.

* 1. At least two (2) years of experience providing mental health services to youth ages 12 – 25.
	2. At least one (1) year of experience partnering with youth on projects related to mental health and wellness.
	3. If an Applicant is not a county, city, or multi-county behavioral health department, the Applicant must be a non-profit organization, an educational entity, or health care district and be designated by the county, city, or multi-county behavioral health department to apply.
		1. If the Applicant is not a government entity (e.g., non-profit organization), the Applicant must provide evidence that the Applicant is registered and has a current active status with the California Secretary of State.
1. APPLICANT BACKGROUND

Applicants must respond (Responding N/A is acceptable, but requires an explanation) to the following requirements on **ATTACHMENT 3**:

1. Current youth drop-in center or similar mental health programs for individuals age 12-25
	1. Describe your current youth drop-in center or similar program. In addition, respond to the following questions:
		1. Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded.
		2. What services are provided?
		3. How many staff do you employ?
		4. What are their roles and responsibilities?
		5. What needs are being addressed?
		6. How were the needs that are being addressed determined?
		7. What other needs were determined that are not being addressed by this program?
		8. How many individuals were served in the previous 12-month period?
		9. Is the program Medi-Cal certified already? Explain.
2. Youth Advisory Board
	1. Describe your current youth advisory board. In addition, respond to the following questions:
		1. How many individuals make up your youth advisory board?
		2. What are their roles and responsibilities?
		3. How do you ensure that the youth who are selected are representative of the youth in your community?
		4. Do any of the youth advisory board members hold positions of leadership within the county? Explain.
3. Community Collaborative Partners
	1. Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the youth drop-in center or similar program.
		1. Entity/Individual Name
		2. Contact Name, Title, Email address
		3. Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc.)
		4. Note – If an entity/individual only donates money, do not include them in this section
4. Describe the sources of funds currently supporting the youth drop-in center or similar program
	1. Medi-Cal
		1. How much is provided annually?
	2. Local (County, School, etc.)
		1. What are the sources of the local funds?
		2. How much is provided annually?
		3. Is this permanent, one-time, or temporary funding? Explain.
	3. State
		1. What are the sources of the State funds?
			1. State funds include but are not limited to MHSA funds (PEI, Innovation, etc)
		2. How much is provided annually?
		3. Is this permanent, one-time, or temporary funding? Explain.
	4. Other sources (e.g. Private donors, insurance, etc.)?
		1. What are the sources of the Other funds?
		2. How much is provided annually?
		3. Is this permanent, one-time, or temporary funding? Explain.
		4. Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance)? Explain.
5. IMPLEMENTATION STRATEGY (**ATTACHMENT 4**)
	1. Describe how your *allcove* model youth drop-in center will operate within the county’s continuum of mental health and behavioral health care for youth.
	2. Describe your strategy for implementing an *allcove* model youth drop-in center.
	3. Describe your status of implementing each of the *allcove* Core Implementation Components (See APPENDIX 1):
		1. Clinical Components
		2. Learning Community
		3. Branding & Communication
		4. Common Evaluation
		5. Youth Development Components
		6. School/Supported Employment
		7. Coordination of Peer & Family Support
		8. Billing and Funding
		9. Informed Consent & Confidentiality
		10. Environmental Design/Facilities
		11. Health Record & Evaluation Linkages
		12. Community Partnerships
	4. Describe your capacity to collect data for evaluation purposes.
6. SUSTAINABILITY PLAN (**ATTACHMENT 5**)
	1. The purpose of requiring Applicants to write a Sustainability Plan is to ensure that any system improvements created by the grants are sustainable after the grant ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity.
	2. The Sustainability Plan shall include the following:
		1. The plan to ensure the continuation of the Youth Drop-in Center program after the grant ends.
		2. The plan to maintain current funding and/or acquire additional/new funding to sustain the program during/after the grant ends.
			1. Medi-Cal reimbursements
				1. Plan to obtain Medi-Cal reimbursements
				2. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
			2. Local funds (County, School, etc.).
				1. Plan to obtain local funds
				2. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
				3. Identify the source of the funding.
			3. State funds (e.g. Mental Health Services Act Fund, etc.). (This does not include the grant funds that you are applying for with this application.)
				1. Plan to obtain the State funds
				2. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
				3. Identify the source of the funding.
			4. Private or other funds (e.g. Community Collaborative Partners).
				1. Plan to obtain private or other funds
				2. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
				3. Identify, individually (entities/individuals), the source and funding amounts of the funding.
7. COMMUNICATIONS PLAN (**ATTACHMENT 6**)
	1. Describe your communication plan which will increase awareness of the youth drop-in center program services in the community or region where they exist. The plan must outline how vulnerable and marginalized youth, and populations of youth with known disparities e.g., LGBTQ, homeless, and indigenous youth families, providers, educational entities and other community-based organizations will be made aware of the Youth Drop-in Center and the services provided.
		1. The Commission will require that the grantee maintain up to date youth drop-in center information on the grantee’s website(s)
	2. Explain how you will measure success of your communication plan.
	3. List what you want to accomplish with this plan, on a quarterly basis, over the contract term.
8. BUDGET REQUIREMENTS
	1. Complete the Budget Worksheet (Attachment 7)
	2. This is the proposed budget for evaluation purposes. If awarded a grant, the Grantee will work with the TA contractor to develop a more accurate budget to implement the *allcove* model youth drop-in center. The updated budget is due within 60 days of grant contract execution or within 60 days of execution of the MHSOAC’s contract with the TA contractor, whichever is later. The updated budget is subject to the review and approval of the MHSOAC. The updated budget worksheet will be used to manage the grant over the grant term.
	3. If you will be using personnel services during the grant term, you must include a cost in your application, and include the appropriate support.
	4. The total of the updated budget worksheet must equal the amount of the grant approved. Only the individual component of the budget worksheet can be changed.
	5. Grant funds will not be released, until the updated budget worksheet is approved by the MHSOAC.
	6. Budget Requirements
		1. Budget Worksheet (ATTACHMENT 7) – The budget worksheet is to include all the costs budgeted to be funded by the Youth Drop-in Center grant. See ATTACHMENT 7- 1 for the Budget Worksheet Instructions on filling out the Budget Worksheet (ATTACHMENT 7.)
			1. Complete Budget Worksheet with the following information, on an annual basis:
				1. List the costs per staff, peer, personnel, etc.
				2. List the costs per contractor, if applicable
				3. List all other budgeted costs
				4. List the Administration cost

Total administration cost cannot exceed 15% of the total grant request

* + - * 1. The total amount of the budget over the 4 years, must agree with the grant amount requested in the application.
	1. Budget Narrative (ATTACHMENT 8)

The Budget Narrative (ATTACHMENT 8) must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 7).

1. Hire Staff
	1. For each “Hire Staff” listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification;
	2. Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.
2. Personnel Services Benefits
	1. Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.;
3. Hire Contractors or other non-staff
	1. For each “Hire Contractors or other non-staff” listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year;
	2. Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.
4. Other Costs (non-staff and non-contracted services)
	1. For each “Other Costs (non-staff and non-contracted services)” listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost. For example, training could be supported through a published catalog of classes and rates.
	2. If facilities are being funded with resources other than the Youth Drop-in Center grant (e.g., in-kind), describe the facilities. State that facilities are provided on the Budget Worksheet (Attachment 7), but do not include a dollar value.
5. COMMUNITY COLLABORATION PARTNERS (ATTACHMENT 9)
	1. One Attachment 9 must be completed for each Community Collaboration Partner that will be providing services, funding, goods, capital outlay (e.g. facilities), etc. This does not include donations from individual people, if not directly involved with the program in some capacity. Provide the following information:
		1. Individual/Entity Name and contact information
		2. Description of roles/responsibilities, goods/services and/or other statement which describes their involvement with the Youth Drop-In Center.
		3. Value of the goods/services that will be provided to the Youth Drop-In Center, if applicable.
			1. Volunteer services should not be valued, whereas commitment to provide staffing at no cost, can be valued.
			2. Facilities must be described; but does not need to be valued.
		4. Statement of support for the youth drop-in center.
		5. Signed and dated by the individual or entity authorized representative of the Community Collaboration Partner.

# EVALUATION

In order to determine program success, Grantees are required to collect and provide client, provider, program and county-level data on the specific measures as will be outlined by the MHSOAC and the TA contractor.

# REPORTING

* 1. Grantees will be required to submit an updated budget worksheet within 60 days of the contract or within 60 days of execution of the MHSOAC’s contract with the TA contractor, whichever is later.
		1. Grantee will work with the TA contractor to develop the updated Budget worksheet
		2. Updated budget worksheet must comply with all of the requirements in this RFA
		3. The updated budget worksheet is subject to the review and approval of the MHSOAC before grant funds will be released.

b. Grantees will be required to provide implementation status information to the MHSOAC on a quarterly basis within 30 days after the end of each reporting period. The MHSOAC may modify the reporting date to better fit in with a Grantee’s normal month-end financial cycle. The Grantee, in calibration with the TA contractor, shall complete a quarterly Implementation status report that shall include the following:

* + - 1. Status of implementing each of the components listed in the Implementation Strategy submitted with the application.
			2. List each type of personnel hired by the Grantee and/or hired as a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are Grantees staff and which are contractors.
			3. List all costs associated with implmentation including but not limited to outreach and communication.
			4. The Implementation Status Report template that will be used during this grant term will be provided to the Grantee at the start of the contract.

c. Grantees will be required to report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Grantees showing unexpended grant funds at the end of the contract term will be required to remit those unexpended grants funds back to the MHSOAC.

# APPLICATION INSTRUCTIONS

* 1. APPLICANT ADMONISHMENT

This procurement will follow an approach designed to increase the likelihood that Applicants have a full understanding of the requirements before attempting to develop their Applications.

It is the Applicant’s responsibility to:

1. Carefully read the entire solicitation.
2. Ask appropriate questions in a timely manner, if clarification is necessary.
3. Submit all required responses by the required dates and times.
4. Make sure that all procedures and requirements of the solicitation are accurately followed and appropriately addressed.
5. Carefully re-read the entire solicitation before submitting an Application.
	1. WRITTEN QUESTIONS

The MHSOAC website ([www.MHSOAC.ca.gov](http://www.MHSOAC.ca.gov)) and Cal eProcure ([www.caleprocure.ca.gov](http://www.caleprocure.ca.gov)) will be used to communicate with prospective Applicants. Information and ongoing communications for this solicitation will be posted at each location.

Only questions submitted in writing and answered in writing by the Procurement Official shall be binding and official. Written questions must be submitted by email to the Procurement Official identified in section 8.C, Procurement Official, in the format provided for in ATTACHMENT 13, Questions Template. All written questions submitted by the deadline, specified in the Key Action Dates (Table 3.1), will be responded to by the MHSOAC. At its discretion, MHSOAC reserves the right to contact an Applicant to seek clarification of any inquiry received.

Any changes to the RFA will be made in the form of an addendum. Please note that no verbal information given will be binding upon the MHSOAC unless such information is confirmed in writing as an official addendum.

* 1. PROCUREMENT OFFICIAL

The Procurement Official is the MHSOAC’s designated authorized representative regarding this procurement.

Applicants are directed to communicate, submit questions, deliver bids, and submit all correspondence regarding this procurement to the Procurement Official.

Tom Orrock, Procurement Official
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
E-mail: mhsoac@mhsoac.ca.gov

* 1. SOLICITATION DOCUMENT

This solicitation document includes, in addition to an explanation of the MHSOAC requirements which must be met, instructions which prescribe the format and content of bids to be submitted and the model of the Contract to be executed between the MHSOAC and the successful Applicant.

If an Applicant discovers any ambiguity, conflict, discrepancy, omission, or other error in this solicitation document, the Applicant shall immediately notify the Procurement Official identified in section 8.C., of such error in writing and request clarification or modification of the document.

If the solicitation document contains an error known to the Applicant, or an error that reasonably should have been known, the Applicant shall bid at its own risk. If the Applicant fails to notify the MHSOAC of the error prior to the date fixed for submission of bids, and is awarded the Contract, the Applicant shall not be entitled to additional compensation or time by reason of the error or its later correction.

* 1. CONFIDENTIALITY

Applicant material becomes public only after the notice of Intent to Award is released. If material marked “confidential,” “proprietary,” or “trade secret” is requested pursuant to the California Public Records Act, Government Code Section 6250 et seq., the MHSOAC will make an independent assessment whether it is exempt from disclosure. If the MHSOAC disagrees with the Applicant, the MHSOAC will notify the Applicant and give them a reasonable opportunity to justify their position or obtain a court order protecting the material from disclosure.

The Applicant should be aware that marking a document “confidential” or “proprietary” in an Application may exclude it from consideration for award and will not keep that document from being released after notice of award as part of the public record, unless a court has ordered the MHSOAC not to release the document.

Any disclosure of confidential information by the Applicant is a basis for rejecting the Applicant’s bid and ruling the Applicant ineligible to further participate. Any disclosure of confidential information by a MHSOAC employee is a basis for disciplinary action, including dismissal from State employment, as provided by Government Code Section 19570 et seq.

* 1. ADDENDA

The MHSOAC may modify the solicitation prior to Contract award by issuance of an addendum to all Applicants who are participating in the bidding process at the time the addendum is issued. Addenda will be numbered consecutively.

Applicants are allowed five (5) business days to submit written questions related solely to the changes made in the addendum.

* 1. APPLICANT’S COST

Costs for developing the Application are the responsibility entirely of the Applicant and shall not be chargeable to the MHSOAC.

* 1. SIGNATURE OF BID (APPLICATION)

A Grant Application Cover Sheet is considered an integral part of the Application. Any application form requiring signature, must be signed by an individual who is authorized to bind the Applicant contractually. The signature block must indicate the title or position that the individual holds. An unsigned Application may be rejected.

* 1. FALSE OR MISLEADING STATEMENTS

Applications which contain false or misleading statements may be rejected. If, in the opinion of the MHSOAC, such information was intended to mislead the MHSOAC in its evaluation of the bid, and the attribute, condition, or capability is a requirement of this solicitation document, it will be the basis for rejection of the Application.

* 1. DISPOSITION OF APPLICATIONS

All materials submitted in response to this solicitation will become the property of the State of California and will be returned only at the MHSOAC’s option and at the Applicant’s expense. At a minimum, the master copy of the Application shall be retained for official files and will become a public record after the Notification of Intent to Award is posted. However, materials the MHSOAC considers as confidential information will be returned upon request of the Applicant.

* 1. APPEALS

Although not required by law, the MHSOAC will have an appeals process for the awarding of the grants under this RFA. The provisions for the process are as follows:

1. An Intent to Appeal letter from an Applicant must be received at the following address no later than 5:00pm (Pacific Time) five (5) working days from the date of the posting of Notice of Intent to Award.
2. The only acceptable delivery method for Intent to Appeal letter is by a postal service (United States Post Office, Federal Express, etc.). The Intent to Appeal letter cannot be hand delivered by the Applicant, faxed, or sent by electronic mail. Any Intent to Appeal letter received without an original signature and/or by a delivery method other than a postal service will not be considered.
3. Include the following label information and deliver the Intent to Appeal and the Letter of Appeal in a sealed envelope:

Applicant Name

Street Address

City, State, Zip Code

 APPEAL LETTER: RFA YDC \_001 Grant Award

Tom Orrock, Procurement Official

Mental Health Services Oversight and Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

1. Within five (5) working days from the date the MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC at the above address a Letter of Appeal detailing the grounds for the appeal. The only acceptable delivery method for the Letter of Appeal is by a postal service (United States Post Office, Federal Express, etc.). The Letter of Appeal cannot be hand delivered by the Applicant, faxed or sent by electronic mail. Any Letter of Appeal received without an original signature and/or by a delivery method other than a postal service will not be considered.
2. The Letter of Appeal must describe the factors that support the Applicant’s claim that the appealing Applicant would have been awarded the contract had the MHSOAC correctly applied the prescribed evaluation rating standards in the RFA or if the MHSOAC had followed the evaluation and scoring methods in the RFA. The Letter of Appeal must identify specific information in the Application that the Applicant believes was overlooked or misinterpreted. The Letter of Appeal may not provide any additional information that was not included in the original Application.
3. If a Letter of Appeal is filed, the contract shall not be awarded until the MHSOAC has reviewed and resolved the appeal.

The Executive Director of the MHSOAC will render a decision in writing to the appeal and the decision will be considered final. The written decision will be sent to the appealing Applicant via a postal service.

# APPLICATION SUBMISSION INSTRUCTIONS

This section contains the format requirements and instructions on how to submit an Application. The format is prescribed to assist the Applicant in meeting State bidding requirements and to enable the MHSOAC to evaluate each Application uniformly and fairly. Applicants must follow all Application format instructions, answer all questions, and supply all required documents.

* 1. REQUIRED DOCUMENTS

Applications shall include all required attachments and be organized in the following order:

1. Attachment 1: Application Cover Sheet
2. Attachment 2: Minimum Requirements
3. Attachment 3: Applicant Background
4. Attachment 4: Implementation Strategy
5. Attachment 5: Sustainability Plan
6. Attachment 6: Communications Plan
7. Attachment 7: Budget Worksheet
8. Attachment 8: Budget Narrative
9. Attachment 9: Community Collaboration Partner
10. Attachment 10: Final Submission Checklist
11. Attachment 11: Payee Data Record (Std 204)

Applications not including all of the above listed items, with proper signatures when required, shall be deemed non-compliant. ***A non-compliant Application is one that does not meet the basic Application requirements and may be rejected***.

* 1. REQUIRED FORMAT FOR AN APPLICATION

Applications shall be submitted in three-ring binders with tabs between each section. A Table of Contents shall be included, and all pages shall be numbered. An electronic copy of the Application on a USB drive must be submitted to the MHSOAC with the physical copies. Applications must comply with all RFA requirements. Before submitting a response to this RFA, Applicants should review the Application, correct all errors, and confirm compliance with the RFA requirements. Not complying with all of the RFA requirements is cause for an Application to be rejected.

* 1. NUMBER OF COPIES

Applicants must submit one (1) original Application plus four (4) paper copies of the Application. All hard copy submittals must use clearly marked tabs, page numbers and table of contents for effective access to the Applicant’s material. The original Application must be marked “MASTER.” All documents contained in the original Application package must have wet signatures and must be signed by a person who is authorized to bind the proposing Applicant. All additional Application sets may contain photocopies of the original package. If discrepancies exist between two (2) or more copies of the Application, the Application may be rejected. However, if not rejected, the Master Copy will provide the basis for resolving such discrepancies

The original Application package, all required copies, and the electronic copy of the Application must be submitted together by the due date. If they are not submitted together by the due date the Application will be considered non-compliant.

* 1. PACKAGING AND LABELING

Applications must be received by ~~March 27~~ April 24, 2020 no later than 4:00 p.m. Pacific Time. Applications must be in a sealed package and must be delivered in person, by a postal service (United States Post Office, Federal Express, etc.), or by overnight delivery. Faxed and emailed Applications will not be accepted. It is not sufficient to postmark Applications by this date or to leave the Applications at the MHSOAC office without a MHSOAC staff member confirming delivery. The MHSOAC office is open 8:00 a.m. to 5:00 p.m., Monday-Friday except state holidays.

Please mail or deliver the Application to the address listed below. Include the following label information and deliver your Application in a sealed package:

Applicant Name

Street Address

City, State, Zip Code

 DO NOT OPEN

RFA YDC\_001

Tom Orrock, Procurement Official

Mental Health Services Oversight and Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

All Applications must be submitted under sealed cover and received by the MHSOAC by the date and time shown above. Late Applications will not be accepted regardless of the method sent. Applicant assumes all risk of late delivery by any method. Applications received after the deadline will be rejected without review. Incomplete submissions may be rejected without review.

* 1. OTHER ATTACHMENTS

There are many attachments included in this RFA. Many of them are described within the body of this RFA in their appropriate sections. The remaining attachments will be explained here.

**ATTACHMENT 11**, Payee Data Record (Std 204), is required to receive a payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made. In addition, the information is used for California state agencies to prepare Information Returns (Form1099).

**ATTACHMENT 12**, Sample Contract, provides an example of the resulting contract that will be awarded. Nothing is required to be done at this time in responding to the RFA:

EXHIBIT A – Scope of Work, includes the scope of work to be performed under this contact, contact information for the duration of the contract, contract term, deliverables, termination and amendment clauses. The Application will be included by reference in this Exhibit. This is only a sample of Exhibit A and does not represent the actual exhibit to be included in the contract.

EXHIBIT B – Budget Detail and Payment Provisions include the invoicing and payment process and budget contingency clause, which states that the contract is in force as long as the budget is appropriated to cover this contract. Since the contract covers multiple fiscal years, funds need to be approved as part of the Governor’s annual budget at the start of each fiscal year. This is only a sample of Exhibit B and the actual exhibit may differ.

EXHIBIT C – General Terms and Conditions are the rules covering this contract and are standard language on all non-information technology contracts. This document is the actual document to be included in the contract.

EXHIBIT D – Special Terms and Conditions are the rules specific to the MHSOAC for this contract and covers areas not addressed in the General Terms and Conditions. This document is the actual document to be included in the contract.

# APPLICATION SCORING

This section explains how the Applications will be scored.

* 1. APPLICATION SCORING

Applications will be reviewed and scored based on the Applicant’s response to each requirement. Points will be awarded to responses meeting the requirement.

Evaluation will be conducted in the following areas:

1. Mandatory Requirements
2. Scored Requirements
3. Budget Worksheet

Each of these areas are described below.

* 1. MANDATORY REQUIREMENTS

All requirements are considered mandatory, in that they all require a response. Responding “Not Applicable” (N/A) is appropriate if true. Not responding to all of the requirements, or providing false information are grounds for disqualification.

* 1. SCORED REQUIREMENTS

Requirements as stated in Section 5. Information Required in the Grant Application (ATTACHMENT 1 through ATTACHMENT 8) will be scored.

Scoring criteria is listed below.

|  |
| --- |
| **SCORING CRITERIA APPLICATION** |
| Response does not address the requirement | Response is partially complete (less than 50%) | Response is partially complete (50% or more) | Response is fully complete |
| 0% of available points | 25% of available points | 50% of available points | 100% of available points |

Total points available

|  |  |  |
| --- | --- | --- |
|  | **Requirement** |  |
|  | **Points Available** |
|  | ADMINISTRATIVE REQUIREMENTS |  |
| 1 | GRANT APPLICATION COVER SHEET (ATTACHMENT 1) | Pass/Fail |
| 2 | MINIMUM REQUIREMENTS (ATTACHMENT 2) | Pass/Fail |
|  | SCORED REQUIREMENTS |  |
| 3 | APPLICANT BACKGROUND (ATTACHMENT 3) | 1,150 |
| 4 | IMPLEMENTATION STRATEGY (ATTACHMENT 4) | 1,300 |
| 5 | SUSTAINABILITY PLAN (ATTACHMENT 5) | 6,950 |
| 6 | COMMUNICATIONS PLAN (ATTACHMENT 6) | 500 |
| 7 | BUDGET REQUIREMENTS (ATTACHMENTS 7-8) | 700 |
| 8 | COMMUNITY COLLABORATION PARTNERS (ATTACHMENT 9) | 1,400 |
|  | TOTAL POINTS AVAILABLE | 12,000 |

Detailed scoring is listed below. Scores will be applied based on the completeness of the response, which includes the quality of listed items asked for in the requirements and readiness to implement an *allcove* model youth drop-in center. The more complete the response, the more points will be awarded up to the total point designated for each requirement.

|  |  |  |
| --- | --- | --- |
| **No.** | **Requirement** | **Points Available** |
| **6. INFORMATION REQUIRED IN THE GRANT APPLICATION** |  |
| A | GRANT APPLICATIONS COVER SHEET (ATTACHMENT 1) |  |
| A. | Complete Application Cover Sheet. The Mental Health or Behavioral Health Director or other official must sign the Grant Application Cover Sheet. If the applicant is not a county, city, or multi-county mental health or behavioral health department, a person who has authority to legally bind the Applicant must sign the Grant Application  | Pass / Fail |
| B. | MINIMUM REQUIREMENTS (ATTACHMENT 2) |  |
| B.1. | At least two (2) years of experience providing mental health services to youth ages 12 – 25. | Pass / Fail |
| B.2. | At least one (1) year of experience partnering with youth on projects related to mental health and wellness. | Pass / Fail |
| B.3. | If an Applicant is not a county, city, or multi-county behavioral health department, the Applicant must be a non-profit organization, an educational entity, or health care district and be designated by the county, city, or multi-county behavioral health department to apply. | Pass / Fail |
| B.3.a. | If the Applicant is not a government entity (e.g., non-profit organization), the Applicant must provide evidence that the Applicant is registered and has a current active status with the California Secretary of State. | Pass / Fail |
| C. | APPLICANT BACKGROUND (ATTACHMENT 3) |  |
| C.1. | Current youth drop-in center or similar mental health programs for individuals age 12-25 |  |
| C.1.a. | Describe your current youth drop-in center or similar program. | 100 |
| C.1.a.1. | Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded | 20 |
| C.1.a.2. | What services are provided? | 40 |
| C.1.a.3. | How many staff do you employ? | 20 |
| C.1.a.4. | What are their roles and responsibilities? | 40 |
| C.1.a.5. | What needs are being addressed? | 40 |
| C.1.a.6. | How were the needs that are being addressed determined? | 40 |
| C.1.a.7. | What other needs were determined that are not being addressed by this program? | 40 |
| C.1.a.8. | How many individuals were served in the previous 12-month period? | 20 |
| C.1.a.9. | Is the program Medi-Cal certified already? Explain. | 50 |
| C.2. | Youth Advisory Board |  |
| C.2.a. | Describe your current youth advisory board. | 100 |
| C.2.1. | How many individuals make up your youth advisory board? | 40 |
| C.2.2. | What are their roles and responsibilities? | 40 |
| C.2.3. | How do you ensure that the youth who are selected are representative of the youth in your community? | 40 |
| C.2.4. | Do any of the youth advisory board members hold positions of leadership within the county? Explain | 40 |
| C.3. | Community Collaborative Partners |  |
| C.3.a. | Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the youth drop-in center or similar program. |  |
| C.3.a.1. | Entity/Individual Name | 20 |
| C.3.a.2. | Contact Name, Title, Email  | 40 |
| C.3.a.3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc.) | 40 |
| C.4. | Describe the sources of funds currently supporting the youth drop-in center or similar program. |  |
| C.4.a. | Medi-Cal |  |
| C.4.a.1. | How much is provided annually? | 40 |
| C.4.b. | Local (County, School, etc.) |  |
| C.4.b.1. | What are the sources of the local funds? | 40 |
| C.4.b.2. | How much is provided annually? | 40 |
| C.4.b.3. | Is this permanent, one-time, or temporary funding? Explain. | 20 |
| C.4.c. | State |  |
| C.4.c.1. | What are the sources of the State funds?a. State funds include MHSA funds (PEI, Innovation, etc) | 40 |
| C.4.c.2. | How much is provided annually? | 40 |
| C.4.c.3. | Is this permanent, one-time, or temporary funding? Explain. | 20 |
| C.4.d. | Other sources (e.g. Private donors, insurance, etc.)? |  |
| C.4.d.1. | What are the sources of the Other funds? | 40 |
| C.4.d.2. | How much is provided annually? | 40 |
| C.4.d.3. | Is this permanent, one-time, or temporary funding? Explain. | 20 |
| C.4.d.4. | Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance)? Explain. | 40 |
| D. | IMPLEMENTATION STRATEGY (ATTACHMENT 4) |  |
| D.1. | Describe how your *allcove* model youth drop-in center will operate within the county’s continuum of mental health and behavioral health care for youth. | 150 |
| D.2. | Describe your strategy for implementing an *allcove* model youth drop-in center. | 150 |
| D.3. | Describe your status of implementing each of the *allcove* Core Implementation Components (Appendix 1): |  |
| D.3.a. | Clinical Components | 75 |
| D.3.b. | Learning Community | 75 |
| D.3.c. | Branding & Communication | 75 |
| D.3.d. | Common Evaluation | 75 |
| D.3.e. | Youth Development Components | 75 |
| D.3.f. | School/Supported Employment | 75 |
| D.3.g. | Coordination of Peer & Family Support | 75 |
| D.3.h. | Billing and Funding | 75 |
| D.3.i. | Informed Consent & Confidentiality | 75 |
| D.3.j. | Environmental Design/Facilities | 75 |
| D.3.k. | Health Record & Evaluation Linkages | 75 |
| D.3.l. | Community Partnerships | 75 |
| D.4. | Describe your capacity to collect data for evaluation purposes. | 100 |
| E. | SUSTAINABILITY PLAN (ATTACHMENT 5) |  |
| E.1. | The purpose of requiring Applicants to write a Sustainability Plan is to ensure that any system improvements created by the grants are sustainable after the grant ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity. |  |
| E.2. | The Sustainability Plan shall include the following: |  |
| E.2.a. | The plan to ensure the continuation of the Youth Drop-in Center program after the grant ends. | 200 |
| E.2.b. | The plan to maintain current funding and/or acquire additional/new funding to sustain the program during/after the grant ends. |  |
| E.2.b.1. | Medi-Cal reimbursements |  |
| E.2.b.1.a. | Plan to obtain Medi-Cal reimbursements | 100 |
| E.2.b.1.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) | 50 |
| Other | Ratio of Medi-Cal reimbursements **/** Total Youth Drop-in Center Grant request **x** 2,000 points*(2,000 max points. Ratio cannot exceed 100%)* | 2,000 |
| E.2.b.2. | Local funds (County, School, etc.). |  |
| E.2.b.2.a. | Plan to obtain local funds | 100 |
| E.2.b.2.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) | 50 |
| E.2.b.2.c. | Identify the source of the funding | 50 |
| Other | Ratio of Local funds (County, School, etc.) **/** Total Youth Drop-in Center Grant request **x** 1,000 points*(1,000 max points. Ratio cannot exceed 100%)* | 1,000 |
| E.2.b.3. | State funds (e.g. Mental Health Services Act Fund, etc.). (This does not include the grant funds that you are applying for with this application.) |  |
| E.2.b.3.a. | Plan to obtain the State funds | 100 |
| E.2.b.3.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) | 50 |
| E.2.b.3.c. | Identify the source of the funding | 50 |
| Other | Ratio of State/Local funds (e.g. Mental Health Services Fund, etc.) **/** Total Youth Drop-in Center Grant request **x** 1,000 points*(1,000 max points. Ratio cannot exceed 100%)* | 1,000 |
| E.2.b.4. | Private or other funds (e.g. Community Collaborative Partners). |  |
| E.2.b.4.a. | Plan to obtain private or other funds | 100 |
| E.2.b.4.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) | 50 |
| E.2.b.4.c. | Identify, individually (entities/individuals), the source and funding amounts of the funding. | 50 |
| Other | Ratio of Private or other funds (supported by submission of Attachment 9 - Community Collaboration Partners forms submitted with the Application) **/** Total Youth Drop-in Center Grant request **x** 1,000 points*(2,000 max points. Ratio can be greater than 100%)* | 2,000 |
| F. | COMMUNICATIONS PLAN (ATTACHMENT 6) |  |
| F.1. | Describe your communication plan which will increase awareness of the youth drop-in center program services in the community or region where they exist. The plan must outline how vulnerable and marginalized youth, and populations of youth with known disparities e.g. LGBTQ, homeless, and indigenous youth, families, providers, educational entities and other community-based organizations will be made aware of the Youth Drop-in Center and the services provided. | 300 |
| F.2. | Explain how you will measure success of your communication plan. | 100 |
| F.3. | List what you want to accomplish with this plan, on a quarterly basis, over the contract term. | 100 |
| G. | BUDGET REQUIREMENTS (ATTACHMENTS 7 and 8) |  |
| G.1. | Budget | 700 |
| H. | COMMUNITY COLLABORATION PARTNERS (ATTACHMENT 9) |  |
|  | One Attachment 9 must be completed for each Community Collaboration Partner that will be providing services, funding, goods, capital outlay (e.g. facilities), etc. This does not include donations from individual people, if not directly involved with the program in some capacity. Provide the following information:1. Individual/Entity Name and contact information
2. Description of roles/responsibilities, goods/services and/or other statement which describes their involvement with the Youth Drop-In Center.
3. Value of the goods/services that will be provided to the Youth Drop-In Center, if applicable.
	* + 1. Volunteer services should not be valued, whereas commitment to provide staffing at no cost, can be valued.
			2. Facilities must be described; but does not need to be valued. (Points will be awarded for having a facility, but the value will not be used in any calculation.)
4. Statement of support for the youth drop-in center.
5. Signed and dated by the individual or entity authorized representative of the Community Collaboration Partner.

(*Scoring criteria: Number of completed forms submitted meeting all of the requirements. 1-5 = 400 points, 6-10 = 800 points, 11+ = 1,200 points) Additional 200 points for having existing facilities*) | 1,400 |
| TOTAL POINTS | 12,000 |

1. BUDGET WORKSHEET

The Budget will be scored based on the reasonableness of the information provided, as determined by the amounts and support for the information provided.

1. GRANT AWARD DETERMINATION
	1. Awards will be based on the criteria stated in this procurement. Applications will be ranked, based on score, with the top five (5) applications receiving a grant of up to $2,000,000 each.
	2. If additional funds become available during this procurement, they may be allocated at the discretion of the Commission to award additional grants to applicants who submitted an application and were not awarded a grant, or to support the objectives of the procurement such as providing additional technical assistance. Any funds available that are not issued as a grant, will be left to the MHSOAC to decide the appropriate use to meet the objectives of the procurement (e.g. additional Technical Assistance)
	3. The Notice of Intent to Award Funds will be posted on the Commission Web page located at <http://www.mhsoac.ca.gov>

# ATTACHMENT 1: APPLICATION COVER SHEET

**Grant Application Cover Sheet**

Provide the name of the entity (county, city or designee) submitting the Application in the table below.

|  |  |
| --- | --- |
| Name of the County and/or City Mental Health/Behavioral Health Department, or Designee | Director or Lead Name and Title |
|  |  |
| Director or Lead Signature | Date |
|  |  |

*I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of community mental health services in and for the above listed county or city; that I have the authority to apply for this grant and/or designate another entity to apply for this grant; and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application.*

If the entity submitting the application is not a County and/or City Mental Health/Behavioral Health Department, check the box below and complete the table below providing the required information for the entity designated to submit an application in lieu of the county/city.

[ ]  County and/or City Mental Health/Behavioral Health Department designates the entity listed below to submit an Application for this grant.

County/City Designated Grant Applicant

|  |  |
| --- | --- |
| Name of the Designated Entity | Name and Title of Authorized Representative |
|  |  |
| Authorized Representative Signature | Date |
|  |  |

*I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application.*

Applicant Grant Coordinator Contact Information:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |

# ATTACHMENT 2: MINIMUM REQUIREMENTS

|  |  |  |
| --- | --- | --- |
| Qualification | Yes/No | Documentation Provided: |
| 1. At least two (2) years of experience providing mental health services to youth ages 12 – 25;
 | [ ]  Yes[ ]  No |  |
| 1. At least one (1) year of experience partnering with youth on projects related to mental health and wellness;
 | [ ]  Yes[ ]  No |  |
| 1. If an Applicant is not a county, city, or multi-county behavioral health department, the Applicant must be a non-profit organization, an educational entity, or health care district and be designated by the county, city, or multi-county behavioral health department to apply;
 | [ ]  Yes[ ]  No |  |
| * 1. If the Applicant is not a government entity (e.g., non-profit organization), the Applicant must provide evidence that the Applicant is registered and has a current active status with the California Secretary of State.
 | [ ]  Yes[ ]  No |  |

# ATTACHMENT 3: APPLICANT BACKGROUND

|  |
| --- |
| **6.C. APPLICANT BACKGROUND** |
| C.1. | Current youth drop-in center or similar mental health programs for individuals age 12-25 |
| C.1.a. | Describe your current youth drop-in center or similar program: |
| C.1.a.1. | Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded.  |
| C.1.a.2. | What services are provided? |
| C.1.a.3. | How many staff do you employ? |
| C.1.a.4. | What are their roles and responsibilities? |
| C.1.a.5. | What needs are being addressed? |
| C.1.a.6. | How were the needs that are being addressed determined? |
| C.1.a.7. | What other needs were determined that are not being addressed by this program? |
| C.1.a.8. | How many individuals did you serve in the previous 12-months? |
| C.1.a.9. | Is the program Medi-Cal certified already? Explain. |
| C.2. | Youth Advisory Board |
| C.2.a. | Describe your current youth advisory board. |
| C.2.a.1. | How many individuals make up your youth advisory board? |
| C.2.a.2. | What are their roles and responsibilities? |
| C.2.a.3. | How do you ensure that the youth who are selected are representative of the youth in your community? |
| C.2.a.4. | Do any of the youth advisory board members hold positions of leadership within the county? Explain. |
| C.3. | Community Collaborative Partners |
| C.3.a. | Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the youth drop-in center or similar program.(*Add lines or pages as needed to complete this requirement*) |
| C.3.a. | 1. | Entity/Individual Name: |
| 2. | Contact Name, Title, Email: |
| 3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc): |
| 1. | Entity/Individual Name: |
| 2. | Contact Name, Title, Email: |
| 3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc): |
| 1. | Entity/Individual Name: |
| 2. | Contact Name, Title, Email: |
| 3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc): |
| 1. | Entity/Individual Name: |
| 2. | Contact Name, Title, Email: |
| 3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc): |
| 1. | Entity/Individual Name: |
| 2. | Contact Name, Title, Email: |
| 3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc): |
| 1. | Entity/Individual Name: |
| 2. | Contact Name, Title, Email: |
| 3. | Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc): |
| C.4. | Describe the sources of funds currently supporting the youth drop-in center or similar program |
| C.4.a. | Medi-Cal |
| C.4.a.1. | How much is provided annually? |
| C.4.b. | Local (County, School, etc.) |
| C.4.b.1. | What are the sources of the local funds? |
| C.4.b.2. | How much is provided annually? |
| C.4.b.3. | Is this permanent, one-time, or temporary funding? Explain. |
| C.4.c. | State |
| C.4.c.1 | What are the sources of the State funds?* + 1. State funds include MHSA funds (PEI, Innovation, etc)
 |
| C.4.c.2. | How much is provided annually? |
| C.4.c.3. | Is this permanent, one-time, or temporary funding? Explain. |
| C.4.d. | Other sources (e.g. Private donors, insurance, etc.)? |
| C.4.d.1. | What are the sources of the Other funds? |
| C.4.d.2. | How much is provided annually? |
| C.4.d.3. | Is this permanent, one-time, or temporary funding? Explain. |
| C.4.d.4. | Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance? Explain. |

# ATTACHMENT 4: IMPLEMENTATION STRATEGY

|  |
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| **6.D. Implementation Strategy** |
| D.1. | Describe how your *allcove* model youth drop-in center will operate within the County’s continuum of Mental Health and Behavioral Health care for youth. |
| D.2. | Describe your strategy for implementing an *allcove* model youth drop-in center. |
| D.3. | Describe your status of implementing each of the *allcove* Core Implementation Components (Appendix 1): |
| D.3.a. | Clinical Components |
| D.3.b. | Learning Community |
| D.3.c. | Branding & Communication |
| D.3.d. | Common Evaluation |
| D.3.e. | Youth Development Components |
| D.3.f. | School/Supported Employment |
| D.3.g. | Coordination of Peer & Family Support |
| D.3.h. | Billing and Funding |
| D.3.i. | Informed Consent & Confidentiality |
| D.3.j. | Environmental Design/Facilities |
| D.3.k. | Health Record & Evaluation Linkages |
| D.3.l. | Community Partnerships |
| D.4. | Describe your capacity to collect data for evaluation purposes |

# ATTACHMENT 5: SUSTAINABILITY PLAN

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| **6.E. Sustainability Plan** |
| E.1. | The purpose of requiring Applicants to write a Sustainability Plan is to ensure that any system improvements created by the grants are sustainable after the grant ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity. |
| E.2. | The Sustainability Plan shall include the following: |
| E.2.a. | The plan to ensure the continuation of the Youth Drop-in Center program after the grant term ends. |
| E.2.b. | The plan to maintain current funding and/or acquire additional/new funding to sustain the program during/after the grant term ends. |
| E.2.b.1. | Medi-Cal reimbursements |
| E.2.b.1.a. | Plan to obtain Medi-Cal reimbursements |
| E.2.b.1.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) |
| E.2.b.2. | Local funds (County, School, etc.) |
| E.2.b.2.a. | Plan to obtain local funds  |
| E.2.b.2.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) |
| E.2.b.2.c. | Identify the source of the funding |
| E.2.b.3. | State funds (e.g. Mental Health Services Act Fund, etc.). (This does not include the grant funds that you are applying for with this application.) |
| E.2.b.3.a. | Plan to obtain the State funds  |
| E.2.b.3.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) |
| E.2.b.3.c. | Identify the source of the funding |
| E.2.b.4. | Private or other funds (e.g. Community Collaborative Partners) |
| E.2.b.4.a. | Plan to obtain private or other funds  |
| E.2.b.4.b. | Amount committed for Grant Year 1, 2, 3, and 4 (contract term) |
| E.2.b.4.c. | Identify, individually (entities/individuals), the source and funding amounts of the funding  |

# ATTACHMENT 6: communications plan

|  |
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| **6.F. Communications Plan** |
| F.1. | Describe your communication plan which will increase awareness of the youth drop-in center program services in the community or region where they exist. The plan must outline how vulnerable and marginalized youth and populations of youth with known disparities e.g., LGBTQ, homeless, and indigenous youth, families, providers, educational entities and other community-based organizations will be made aware of the Youth Drop-in Center and the services provided. |
| F.2. | Explain how you will measure success of your communication plan. |
| F.3. | List what you want to accomplish with this plan, on a quarterly basis, over the contract term. |

# ATTACHMENT 7: budget worksheet

**The Budget Worksheet (ATTACHMENT 7) must be prepared according to the Budget Worksheet Instructions found in ATTACHMENT 7-1. The total cost on the Budget Worksheet must equal the total amount of the Grant.**

File name is: MHSOAC RFA\_MHSSA\_001 - ATTACHMENT 7 – Budget Worksheet

Complete the Budget Worksheet Excel workbook and attach to the Application.

# ATTACHMENT 7-1: budget worksheet instructions

**Budget Worksheet Instructions**

Information provided in the **Budget Worksheet** (**Attachment 7**) should reflect the Applicant’s plans to implement the Youth Drop-in grant. The staff and contractors to be hired shall be itemized and be comprised of personnel related to providing the services in the proposed program, including staff devoted to data collection, county evaluation, and administrative staff. Costs include personnel (salary and benefits), administration, and other. The information entered into the Budget Worksheet should correspond with the information provided in the **Budget Narrative**.

The Applicant should provide its best estimate in terms of types of staff being sought for positions and anticipated expenditures.

This is the proposed budget for evaluation purposes. If awarded a grant, the Grantee will work with the TA contractor to develop a more accurate budget to implement the *allcove* model youth drop-in center. The updated budget is due within 60 days of grant contract execution or within 60 days of execution of the MHSOAC’s contract with the TA contractor, whichever is later. The updated budget is subject to the review and approval of the MHSOAC. The updated budget worksheet will be used to manage the grant over the grant term.

The following instructions are in worksheet order, and the numbers pertain to each line item identified on the Budget Worksheet. All amounts shall be entered using whole dollars only.

A. PERSONNEL EXPENDITURES

* + 1. Hire Staff (Employees)
			1. List each staff position /classification proposed to be hired for this program
		2. Hiring Month
			1. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48.
		3. GY 1
			1. Enter the cost (salary) of the staff for the first Grant year (i.e. months 1-12 from the contract execution date)
		4. GY 2
			1. Enter the cost (salary) of the staff for the second Grant year (i.e. months 13 -24 from the contract execution date)
		5. GY 3
			1. Enter the cost (salary) of the staff for the third fiscal year (i.e. months 25-36 from the contract execution date)
		6. GY 4
			1. Enter the cost (salary) of the staff for the fourth fiscal year (i.e. months 37-48 from the contract execution date)
		7. Total of All GYs
			1. Summation of all Grant years for each line items on the Cost Worksheet
		8. Personnel Services Salaries
			1. Summation, by Grant year, of personnel service salaries for staff hired
		9. Personnel Services Benefits
			1. Enter the total amount for personnel services/employee benefits for all the positions listed above.
		10. Total Personnel Services
			1. Summation, by Grant year, of Personnel Services Salaries and Personnel Services Benefits.
		11. Hire Contractors or other non-staff
			1. List each role/classification that will be hired as a contractor for this program
		12. Hiring Month
			1. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48.
		13. GY 1
			1. Enter the cost for each role/classification listed for the first Grant year (i.e. months 1-12 from the contract execution date)
		14. GY 2
			1. Enter the cost for each role/classification listed for the second Grant year (i.e. months 13-24 from the contract execution date)
		15. GY 3
			1. Enter the cost for each role/classification listed for the third Grant year (i.e. months 25-36 from the contract execution date)
		16. GY 4
			1. Enter the cost for each role/classification listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)
		17. Total of All GYs
			1. Summation of all Grant years for each line items on the Cost Worksheet
		18. Total Contracted Services
			1. Summation, by Grant year, of Contracted role/classifications cost
		19. Total Personnel/Contracted Services
			1. Summation, by Grant year, of Total Personnel Services and Total Contracted Services
		20. Other Costs (non-staff and non-contracted services)
			1. List each Other Costs that will be incurred by the Applicant as part of the operating the Program. Costs may be grouped into categories (e.g. training)
		21. Exp Month
			1. List the month in which the expenditure will occur. For instance, entering a "1" means that the Other Costs will be incurred within the first 30 days of the contract execution. Entering a "2" means that Other Costs will be incurred within 31-60 days of contract execution. Enter a number between 1 and 48.
		22. GY 1
			1. Enter the cost for each Other Costs listed for the first Grant year (i.e. months 1-12 from the contract execution date)
		23. GY 2
			1. Enter the cost for each Other Costs listed for the second Grant year (i.e. months 13-24 from the contract execution date)
		24. GY 3
			1. Enter the cost for each Other Costs listed for the third Grant year (i.e. months 25-36 from the contract execution date)
		25. GY 4
			1. Enter the cost for each Other Costs listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)
		26. Total of All GYs
			1. Summation of all Grant years for each line items on the Cost Worksheet
		27. Total Other Costs
			1. Summation, by Grant year, of Other Costs
		28. Total Program Costs before Administration
			1. Summation, by Grant year, of Total Personnel/Contracted Services and Total Other Costs
		29. Administration (includes indirect costs, overhead)
			1. Include costs for Administration of the program, not to exceed 15% of the total program cost (YDC Grant Only). This includes any Administration Cost incurred by collaborators, contractors, or anyone else. The total amount of all Administration Cost may not exceed 15% of the total program cost for the YDC Grant only.
			2. The 15% maximum Administration Cost can be calculated as follows: multiply line 28 (Total Program Costs before Administration) by 17.647%. Total Program Costs before Administration shall not include any Administration Costs. All Administration Costs shall be entered onto this line item.
			3. Total Administration costs cannot exceed $300,000 for the 4-year contract term (YDC Grant only).
		30. Total Proposed Program Costs
			1. Summation of all costs proposed by Grant year
			2. The total of all 4 years shall equal the total amount of the Grant.

See Budget Worksheet Examples on the next page.

EXAMPLE BUDGET WORKSHEET A

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |

|  |  |
| --- | --- |
|   | **ATTACHMENT 7-1** |
|   | **BUDGET WORKSHEET A – Youth Drop-in Center GRANT** |
|   | (Whole Dollars) |
|   | **Applicant: Youth Drop-in Center Program** |  |  |  |  |  |  |
| **Funded by the YDC Grant:** |  |  |  |  |  |   |
| (1) Hire Staff (list individual role/classification) (add rows as needed) | (2) Hiring Month | (3) GY 1 | (4) GY 2 | (5) GY 3 | (6) GY 4 | (7) Total All GYs |
|   | Licensed Clinical Manager | 7 |  40,000  |  80,000  |  80,000  |  80,000  |  280,000  |
|   | Health Services Rep (Clerical) | 7 |  30,000  |  60,000  |  60,000  |  60,000  |  210,000  |
|   | Licensed Masters Clinician | 7 |  50,000  |  100,000  |  100,000  |  100,000  |  350,000  |
|   | Admin Associate | 4 |  30,000  |  40,000  |  40,000  |  40,000  |  150,000  |
|   | Youth Outreach Specialist | 1 |  40,000  |  40,000  |  40,000  |  40,000  |  160,000  |
|   |   |   |   |   |   |   |   |
|   | Subtotal - (8) Personnel Services Salaries |  |  190,000  |  320,000  |  320,000  |  320,000  |  1,150,000  |
|   |  |  |   |   |   |   |   |
|   | Add: (9) Personnel Services Benefits |  |  62,370  |  105,043  |  105,043  |  105,043  |  377,500  |
|   |  |  |   |   |   |   |   |
|   | (10) Total Personnel Services |  |  252,370  |  425,043  |  425,043  |  425,043  |  1,527,500  |
|   |  |  |  |  |  |  |   |
| (11) Hire Contractors or other non-staff (If applicable, list individual role/classification) (Add rows as needed) | (12) Hiring Month | (13) GY 1 | (14) GY 2 | (15) GY 3 | (16) GY 4 | (17) Total All GYs |
|   |  |   |   |   |   |   |  -  |
|   | PEER Provider 1 | 1 |  10,000  |  10,000  |  10,000  |  10,000  |  40,000  |
|   | PEER Provider 1 | 4 |  7,500  |  10,000  |  10,000  |  10,000  |  37,500  |
|   | PEER Provider 1 | 7 |  5,000  |  10,000  |  10,000  |  10,000  |  35,000  |
|   |   |   |   |   |   |   |   |
|   | (18) Total Contracted Services |  |  22,500  |  30,000  |  30,000  |  30,000  |  112,500  |
|   |  |  |   |   |   |   |   |
|   | (19) Total Personnel/Contracted Services |  |  274,870  |  455,043  |  455,043  |  455,043  |  1,640,000  |
|   |  |  |   |   |   |   |   |
| (20) Other Costs (non-staff and non-contracted services) | (21) Exp Month | (22) GY 1 | (23) GY 2 | (24) GY 3 | (25) GY 4 | (26) Total All GYs |
|   |  |   |   |   |   |   |  -  |
|   | Training | 7 |  5,000  |  5,000  |  5,000  |  5,000  |  20,000  |
|   | Technology | 7 |  10,000  |  10,000  |  10,000  |  10,000  |  40,000  |
|   |   |   |   |   |   |   |   |
|   | (27) Total Other Costs |  |  15,000  |  15,000  |  15,000  |  15,000  |  60,000  |
|   |  |  |   |   |   |   |   |
|   | (28) Total Program Costs before Administration |  |  289,870  |  470,043  |  470,043  |  470,043  |  1,700,000  |
|   |  |  |   |   |   |   |   |
|   | (29) Administration (includes indirect costs and overhead, limited to 15%) |  |  51,153  |  82,949  |  82,949  |  82,949  |  300,000  |
|   |  |  |   |   |   |   |   |
|   | (30) Total Proposed Program Costs |  |  341,024  |  552,992  |  552,992  |  552,992  |  2,000,000  |

 |

# ATTACHMENT 8: BUDGET NARRATIVE

|  |
| --- |
| **6.G.7. Budget Narrative** |
| G.7.a. | Hire Staff  |
| G.7.a.1. | For each “Hire Staff” listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification. |
| G.7.a.2. | Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4. |
| G.7.b. | Personnel Services Benefits |
| G.7.b.1. | Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc. |
| G.7.c. | Hire Contractors or other non-staff |
| G.7.c.1. | For each “Hire Contractors or other non-staff” listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year. |
| G.7.c.2. | Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4. |
| G.7.d. | Other Costs (non-staff and non-contracted services) |
| G.7.d.1. | For each “Other Costs (non-staff and non-contracted services)” listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost. For example, training could be supported through a published catalog of classes and rates. |
| G.7.d.2. | If facilities are being provided, other than the Youth Drop-in Center grant, describe the facilities. State that facilities are provided on the Budget Worksheet (Attachment 7), but do not include a dollar value |

# ATTACHMENT 9: COMMUNITY COLLABORATION PARTNERS

**APPLICANT NAME:**

|  |
| --- |
| **6.H. Community Collaboration Partners** |
| H.1. | One Attachment 9 must be completed for each Community Collaboration Partner that will be providing services, funding, goods, capital outlay (e.g. facilities), etc. This does not include donations from individual people, if not directly involved with the program in some capacity. Provide the following information:(*Submit one (1) form per partner*) |
| H.1.a. | Individual/Entity Name and contact information: |
| H.1.b. | Description of roles/responsibilities, goods/services and/or other statement which describes their involvement with the Youth Drop-In Center. |
| H.1.c. | Value of the goods/services that will be provided to the Youth Drop-In Center, if applicable.1. Volunteer services should not be valued, whereas commitment to provide staffing at no cost, can be valued.
2. Facilities must be described; but does not need to be valued. (Points will be awarded for having a facility, but the value will not be used in any calculation.)
 |
| H.1.d. | Statement of support for the youth drop-in center. |
| H.1.e. | Signed and dated by the individual or entity authorized representative of the Community Collaboration Partner.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name |  | Title |
|  |  |  |
| Signature |  | Date |

 |

# ATTACHMENT 10: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

|  |  |
| --- | --- |
| **Check** | **DESCRIPTION** |
|  | Attachment 1: Application Cover Sheet |
|  | Attachment 2: Minimum Qualifications |
|  | Attachment 3: Applicant Background |
|  | Attachment 4: Implementation Strategy |
|  | Attachment 5: Sustainability Plan |
|  | Attachment 6: Communications Plan |
|  | Attachment 7: Budget Worksheet |
|  | Attachment 8: Budget Narrative |
|  | Attachment 9: Community Collaboration Partners |
|  | Attachment 10: Final Submission Checklist |
|  | Attachment 11: Payee Data Record (Std 204) |

# ATTACHMENT 11 Payee Data Record (STD 204)

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf

# ATTACHMENT 12: Sample Contract

### EXHIBIT A – SCOPE OF WORK

1. **GENERAL**

The scope of work for this contract is contained in the proposal submitted by Grantee in response to RFA YDC\_001 and is incorporated by reference and made part of this contract as if attached hereto.

1. **CONTACTS**

|  |  |
| --- | --- |
| State Agency: MHSOAC | Grantee:  |
| Name: | Name: |
| Phone: | Phone: |
| E-Mail: | E-Mail: |

Direct all administrative inquiries to:

|  |  |
| --- | --- |
| State Agency: MHSOAC | Grantee:  |
| Section/Unit: | Section/Unit: |
| Attention: | Attention: |
| Address: 1325 J Street, Suite 1700, Sacramento, CA 95814 | Address:  |
| Phone:  | Phone: |
| Fax: (916) 445-4927 | Fax:  |
| E-Mail: | E-Mail:  |

1. **CONTRACT TERM**

The term of this contract is for four (4) years, with all funds disbursed on a quarterly basis.

Grant funding is based on the Grantee’s compliance with the RFA requirements as submitted through the Grantee’s application, which is incorporated by reference and made part of this contract as if attached hereto.

The MHSOAC may withhold funds from the Grantee if the Grantee fails to meet the reporting requirements, falls behind schedule, or modifies the scope of the work performed.

1. **DELIVERABLES**

Deliverables shall be submitted in an electronic format, to be agreed upon prior to start of work, which are easily posted on the MHSOAC website, pursuant to Government Code §11135, and in compliance with accessibility requirements of §508 of the Rehabilitation Act of 1973, as amended and implemented through regulations.

All deliverables shall be developed in consultation with the MHSOAC Project Representative.

The Grantee may seek advice from subject matter experts, form an advisory group, seek technical assistance from the MHSOAC and/or pursue other strategies to support the development and completion of all deliverables. Subject to resources, the MHSOAC shall strive to provide consultation and technical assistance to support the implementation of this agreement.

The Grantee may submit deliverables prior to due dates. If Grantee experiences reasonable delays with regard to a deliverable, Grantee shall notify the MHSOAC Project Representative, prior to the deliverable due date for which a delay is anticipated. In no instance shall a delay exceed 30 calendar days. For any deliverable in which the delay is anticipated to exceed 30 calendar days, the MHSOAC Deputy Director, or designee, may grant the Grantee additional time to complete the deliverable. Such additional time must be confirmed by the MHSOAC in writing.

1. **TERMINATION**

Either party may terminate this agreement by giving 30-days written notice to the other party. The notice of termination shall specify the effective date of termination. In the event of such termination, MHSOAC agrees to pay the pro rata share of the contract based upon the actual services provided.

1. **AMENDMENTS**

This agreement may be amended as necessary for project completion.

### Exhibit B - Budget Detail and Payment Provisions

1. **Invoicing and Payment**
2. Grants funds will be allocated in quarterly installments each year. Grant disbursements will be subject to the Grantee’s compliance with the RFA requirements as submitted through Grantee’s application, which is incorporated into the contract.
3. For activities/tasks satisfactorily rendered (i.e., upon receipt and approval of agreed upon deliverables), and upon receipt and approval of the invoices, the MHSOAC agrees to compensate the Grantee in accordance with the rates specified in this contract.
4. Invoices shall include the Contract Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

MHSOAC
Attention: Accounting Office
1325 J Street, Suite 1700
Sacramento, CA, 95814

1. **Budget Contingency Clause**
	1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Contract does not appropriate sufficient funds for the program, this Contract shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Contract and Grantee shall not be obligated to perform any provisions of this Contract.
	2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Contract with no liability occurring to the State or offer an agreement amendment to Grantee to reflect the reduced amount.
	3. If this Contract overlaps Federal and State fiscal years, should funds not be appropriated by Congress and approved by the Legislature for the fiscal year(s) following that during which this Contract was executed, the State may exercise its option to cancel this Contract.
	4. In addition, this Contract is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this contract in any manner.
2. **Cost**

The total amount of this Agreement shall not exceed: $2,000,000

1. **Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all of the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable not just the report itself.

### EXHIBIT C – GENERAL TERMS AND CONDITIONS *(GTC 610)*

1. APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. Grantee may not commence performance until such approval has been obtained.
2. AMENDMENT: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
3. ASSIGNMENT: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
4. AUDIT: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records andsupportingdocumentationpertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) yearsafter final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).
5. INDEMNIFICATION: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
6. DISPUTES: Grantee shall continue with the responsibilities under this Agreement during any dispute.
7. TERMINATION FOR CAUSE: The State may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Grantee under this Agreement and the balance, if any, shall be paid to the Grantee upon demand.
8. INDEPENDENT CONTRACTOR*:* Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
9. RECYCLING CERTIFICATION: The Grantee shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).
10. NON-DISCRIMINATION CLAUSE: During the performance of this Agreement, Grantee and its subcontractors shall not deny the contract’s benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Grantee and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Grantee shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours’ notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

1. CERTIFICATION CLAUSES: The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 307 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.
2. TIMELINESS: Time is of the essence in this Agreement.
3. COMPENSATION: The consideration to be paid Grantee, as provided herein, shall be in compensation for all of Grantee's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.
4. GOVERNING LAW: This contract is governed by and shall be interpreted in accordance with the laws of the State of California.
5. ANTITRUST CLAIMS:The Grantee by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Grantee shall comply with the requirements of the Government Codes Sections set out below.
	1. The Government Code Chapter on Antitrust claims contains the following definitions:
		1. "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.
		2. "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.
	2. In submitting a bid to a public purchasing body, the Applicant offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.
	3. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.
	4. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.
6. CHILD SUPPORT COMPLIANCE ACT:For any Agreement in excess of $100,000, the grantee acknowledges in accordance with Public Contract Code 7110, that:
	1. The grantee recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
	2. The grantee, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.
7. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
8. PRIORITY HIRING CONSIDERATIONS: If this Contract includes services in excess of $200,000, the Grantee shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.
9. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS**:**
	1. If for this Contract Grantee made a commitment to achieve small business participation, then Grantee must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved.  (Govt. Code § 14841.)
	2. If for this Contract Grantee made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Grantee must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Grantee received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved.  A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation.  (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)
10. LOSS LEADER: If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a “loss leader” as defined in Section 17030 of the Business and Professions Code.  (PCC 10344(e).)

### EXHIBIT D *–* SPECIAL TERMS AND CONDITIONS *(SAC 1216)*

1. SUBCONTRACTS: Except for subcontracts identified in the Application in accordance with the Request for Application, Grantee shall submit any subcontracts which are proposed to be entered into in connection with this Contract to the State Agency (State) for its prior written approval before entering into the same. No work shall be subcontracted without the prior written approval of the State. Upon the termination of any subcontract, State shall be notified immediately. Any subcontract shall include all the terms and conditions of this Contract and its attachments.
2. PUBLICATIONS AND REPORTS:
3. The State reserves the right to use and reproduce all publications, reports, and data produced and delivered pursuant to this Contract. State further reserves the right to authorize others to use or reproduce such materials, provided the author of the report is acknowledged in any such use or reproduction.
4. If the publication and/or report are prepared by non-employees of the State, and the total cost for such preparation exceeds $5,000, the publication and/or report shall contain the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of the publication and report in a separate section of the report (Government Code Section 7550).
5. PROGRESS REPORTS: Unless otherwise specified in Exhibit A, if progress reports are required by the Contract, Grantee shall provide a progress report in writing, or orally if approved by the State Contract Manager, at least once a month to the State Contract Manager. This progress report shall include, but not limited to, a statement that the Grantee is or is not on schedule, any pertinent reports, or interim findings. Grantee shall cooperate with and shall be available to meet with the State to discuss any difficulties, or special problems, so that solutions or remedies can be developed as soon as possible.
6. PRESENTATION: Upon request, Grantee shall meet with the State to present any findings, conclusions, and recommendations required by the Contract for approval. If set forth in the Contract, Grantee shall submit a comprehensive final report for approval. Both the final meeting and the final report shall be completed on or before the date indicated in the Contract.
7. MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION STAFF: Mental Health Services Oversight and Accountability Commission staff shall be permitted to work side by side with Grantee’s staff to the extent and under conditions as directed by the State Contract Manager. In this connection, Mental Health Services Oversight and Accountability Commission staff shall be given access to all data, working papers, etc., which Grantee seeks to utilize.
8. CONFIDENTIALITY OF DATA AND DOCUMENTS:
9. Grantee shall not disclose data or documents or disseminate the contents of the final or any preliminary report without written permission of the State Contract Manager. However, all public entities shall comply with California Public Records Act (Government Code Sections 6250 et seq.) and the Freedom of Information Act (Title 5 of the United States Code Section 552), as applicable.
10. Permission to disclose information or documents on one occasion shall not authorize Grantee to further disclose such information or documents on any other occasions except as otherwise provided in the Contract or required by law.
11. Grantee shall not comment publicly to the press or any other media regarding the data or documents generated, collected, or produced in connection with this contract, or the State’s actions on the same, except to the Mental Health Services Oversight and Accountability Commission staff, Grantee’s own personnel involved in the performance of this Contract, or as required by law.
12. If requested by State, Grantee shall require each of its employees or officers who will be involved in the performance of this Contract to agree to the above terms in a form to be approved by State and shall supply State with evidence thereof.
13. Each subcontract shall contain the foregoing provisions related to the confidentiality of data and nondisclosure.
14. After any data or documents submitted has become a part of the public records of the State, Grantee may at its own expense and upon written approval by the State Contract Manager, publish or utilize the same data or documents but shall include the following Notice:

LEGAL NOTICE

This report was prepared as an account of work sponsored by the Mental Health Services Oversight and Accountability Commission (MHSOAC), but does not necessarily represent the views of the MHSOAC or any of its employees except to the extent, if any, that it has formally been approved by the MHSOAC. For information regarding any such action, communicate directly with the MHSOAC at 1325 J Street, Suite 1700, Sacramento, CA 95814. Neither the MHSOAC nor the State of California, nor any officer or employee thereof, or any of its contractors or subcontractors makes any warranty, express or implied, or assumes any legal liability whatsoever for the contents of this document. Nor does any party represent that use of the data contained herein, would not infringe upon privately owned rights without obtaining permission or authorization from any party who has any rights in connection with the data.

1. PROVISIONS RELATING TO DATA:
2. “Data” as used in this Contract means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Contract. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
3. “Generated data” is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Contract. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Contract at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.
4. “Deliverable data” is that data which under terms of this Contract is required to be delivered to the State. Such data shall be property of the State.
5. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within 30 days of said notification determine whether or not this data shall be further preserved. The State shall pay the expense of further preserving this data. State shall have unrestricted reasonable access to the data that is preserved in accordance with this Contract.
6. Grantee shall use best efforts to furnish competent witnesses or to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Contract.
7. APPROVAL OF PRODUCT: Unless otherwise specified in Exhibit A, each product to be approved under this Contract shall be approved by the Contract Manager. The State’s determination as to satisfactory work shall be final absent fraud or mistake.
8. SUBSTITUTIONS: Grantee’s key personnel as indicated in its Proposal may not be substituted without Contract Manager’s prior written approval.
9. NOTICE: Notice to either party shall be given by first class mail properly addressed, postage fully prepaid, to the address listed in Exhibit A for each respective party. Such notice shall be effective when received as indicated by post office records or if deemed undeliverable by post office, such notice shall be effective nevertheless 15 days after mailing. Alternatively, notice may be given by personal delivery by any means whatsoever to the party, and such notice shall be deemed effective when delivered.
10. WAIVER: No waiver of any breach of this Contract shall be held to be a waiver of any other or subsequent breach. All remedies afforded in this Contract shall be taken and construed as cumulative; that is, in addition to every other remedy provided therein or by law. The failure of State to enforce at any time the provisions of this Contract, or to require at any time performance by the Grantee of any of the provisions, shall in no way be construed to be a waiver of such provisions not to affect the validity of this Contract or the right of State to enforce said provisions.
11. GRATUITIES AND CONTINGENCY FEES: The State, by written notice to the Grantee, may terminate the right of Grantee to proceed under this Contract if it is found, after notice and hearing by the State, that gratuities were offered or given by the Grantee or any agent or representative of the Grantee to any officer or employee of the State with a view toward securing a contract or securing favorable treatment with respect to the awarding, amending, or performing of such contract.

In the event this Contract is terminated as provided in the paragraph above, State shall be entitled (a) to pursue the same remedies against Grantee as it could pursue in the event of the breach of the Contract by the Grantee, and (b) as a predetermined amount of liquidated damages, to exemplary damages in an amount which shall not be less than three times the cost incurred by the Grantee in providing any such gratuities to any such officer or employee.

The rights and remedies of the State provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

The Grantee warrants by execution of this Contract that no person or selling agency has been employed or retained to solicit or secure this Contract for a commission, percentage, brokerage or contingent fee, excepting bona fide employees of Grantee, for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul this Contract without liability, paying only for the values of the work actually returned, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

1. WORKERS’ COMPENSATION: Grantee hereby warrants that it carries and shall maintain in full force and effect during the full term of this contract and any extensions to said term, sufficient and adequate Worker’s Compensation Insurance for all of its employees who shall be engaged in the performance of this Contract and agrees to furnish to State satisfactory evidence thereof at any time the State may request the same.
2. CONTRACT IS COMPLETE: Other than as specified herein, no document or communication passing between the parties hereto shall be deemed a part of this Contract.
3. CAPTIONS: The clause headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They do not purport to and shall not be deemed to define, limit or extend the scope or intent of the clauses to which they pertain.
4. PUBLIC HEARINGS: If public hearings on the subject matter dealt with in this Contract are held within one year from the contract expiration date, Grantee shall make available to testify the personnel assigned to this Contract at the hourly rates specified in the Contractor’s proposed budget. State shall reimburse Grantee for travel of said personnel at the contract rates for such testimony as may be requested by State.
5. FORCE MAJEURE: Neither the State nor the Grantee shall be deemed to be in default in the performance of the terms of this Contract if either party is prevented from performing the terms of this Contract by causes beyond its control, including without being limited to: acts of God; interference, rulings or decision by municipal, Federal, State or other governmental agencies, boards or commissions; any laws and/or regulations of such municipal, State, Federal, or other governmental bodies; or any catastrophe resulting from flood, fire, explosion, or other causes beyond the control of the defaulting party. If any of the stated contingencies occur, the party delayed by force majeure shall immediately give the other party written notice of the cause of delay. The party delayed by force majeure shall use reasonable diligence to correct the cause of the delay, if correctable.
6. PERMITS AND LICENSES: The Grantee shall procure and keep in full force and effect during the term of this Contract all permits, registrations and licenses necessary to accomplish the work specified in this Contract, and give all notices necessary and incident to the lawful prosecution of the work.

The Grantee shall keep informed of, observe, comply with, and cause all of its agents and employees to observe and to comply with all prevailing Federal, State, and local laws, and rules and regulations made pursuant to said Federal, State, and local laws, which in any way affect the conduct of the work of this Contract. If any conflict arises between provisions of the plans and specifications of this Contract and any such law above referred to, then the Grantee shall immediately notify the State in writing.

1. LITIGATION: The State, promptly after receiving notice thereof, shall notify the Grantee in writing of the commencement of any claim, suit, or action against the State or its officers or employees for which the Grantee must provide indemnification under this Contract. The failure of the State to give such notice, information, authorization or assistance shall not relieve the Grantee of its indemnification obligations. The Grantee shall immediately notify the State of any claim or action against it which affects, or may affect, this Contract, the terms and conditions hereunder, or the State, and shall take such action with respect to said claim or action which is consistent with the terms of this Contract and the interest of the State.
2. DISPUTES: Grantee shall first discuss and attempt to resolve any dispute arising under or relating to the performance of this Contract, which is not disposed of by the Contract, informally with the State Contract Manager. If the dispute cannot be disposed of at this level, then the dispute shall be decided by the MHSOAC’s Executive Director. All issues pertaining to this dispute shall be submitted in written statements and addressed to the Executive Director, MHSOAC, 1325 J Street, Suite 1700, Sacramento, California 95814. Such written notice must contain the Contract Number. The decision of the Executive Director of the MHSOAC shall be final and binding to all parties. Within ten days of receipt of the written grievance report from the Grantee, the Executive Director, or his/her designee, shall meet with the Grantee and Project Manager for the purposes of resolving the dispute. The decision of the Executive Director shall be final. During the dispute process the Grantee shall proceed diligently with the performance of the Contract. Neither the pendency of a dispute, nor its consideration by the Executive Director, shall excuse the Grantee from full and timely performance of the services required in accordance with the terms of the contract.

Notwithstanding any other provisions of this Contract, after recourse to the procedure set forth in the paragraph above, any controversy or claim arising out of or relating to this Contract or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award rendered by the arbitration may be entered in any court having jurisdiction thereof.

1. EVALUATION OF CONTRACTOR’S PERFORMANCE: The Grantee’s performance under this Contract shall be evaluated by the State after completion of the contract. A copy of the written evaluation shall be maintained in the contract file and may be submitted to the Office of Legal Services, Department of General Services.
2. CONFIDENTIALITY AND INFORMATION SECURITY PROVISIONS:
3. The Grantee shall comply with applicable laws and regulations, including but not limited to Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code, Section 431.300 et seq. of Title 42, Code of Federal Regulations, and the Health Insurance Portability and Accountability Act (HIPAA), and it’s implementing regulations (including but not limited to Title 45, CFR, Parts 160, 162 and 164) regarding the confidentiality and security of individually identifiable health information (IIHI).
4. Nondisclosure. Grantee shall not use or disclose confidential, individually identifiable, or sensitive information other than as permitted or required by the Contract and as permitted or required by law.
5. INSPECTION AND ENFORCEMENT:
6. From time to time, the State may inspect the facilities, systems, books and records of Grantee to monitor compliance with the Contract.
7. Grantee shall promptly remedy any violation of any provision of the Contract and shall certify the same to the MHSOAC in writing.
8. The fact that the State inspects, or fails to inspect, or has the right to inspect Grantee’s facilities, systems, and procedures does not relieve Grantee of its responsibility to comply with the Contract.
9. The State’s failure to detect or the State’s detection of any unsatisfactory practices, but failure to notify Grantee or require Grantee’s remediation of the unsatisfactory practices does not constitute acceptance of such practice or a waiver of the State’s enforcement rights under the Contract.
10. USE OF STATE FUNDS: Grantee, including its officers and members, shall not use funds received from the MHSOAC pursuant to this contract to support or pay for costs or expenses related to the following:
11. Campaigning or other partisan activities to advocate for either the election or defeat of any candidate for elective office, or for or against the passage of any proposition or ballot measure; or,
12. Lobbying for either the passage or defeat of any legislation.

This provision is not intended and shall not be construed to limit any activities specified in this Contract that are intended to inform, educate, and support advocacy before local and state administrative and legislative bodies regarding policies and issue-based legislation consistent with the Mental Health Services Act.

This provision is not intended and shall not be construed to limit any expression of a view, opinion, or position of any member of Grantee as an individual or private citizens, as long as state funds are not used; nor does this provision limit Grantee from merely reporting the results of a poll or survey of its membership.

# ATTACHMENT 13: QUESTIONS TEMPLATE

Use this template for submitting questions in relation to this procurement. Add rows as needed. Follow Key Action Dates in Table 3-1 and submit to the procurement official identified in Section 8.C.

|  |
| --- |
| **Youth Drop-in Center RFA** |
|  | **RFA Section Reference** | **Question** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

# APPENDIX 1 – CORE IMPLEMENTATION COMPONENTS



Clinical Components

Learning Community

Branding & Communication

Common Evaluation

Youth Development Components

School/Supported Employment

Coordination of Peer & Family Support

Billing and Funding

Informed Consent & Confidentiality

Environmental Design/Facilities

Health Record & Evaluation Linkages

Community Partnerships

**Clinical Components** – At the core of the *allcove* model are mental health, primary medical care and early addiction clinical services offered to meet the mental and physical care needs of young people ages 12-25. The services are provided in an integrated fashion and service providers, who may be from a range of organizations, work as a team to support the client and family. Service providers work collaboratively within shared pathways for care, matching the intensity of care to the individual needs of young people. Services may range from individual to group to family supports.

**Learning Community** – The *allcove* central office team fosters and manages a statewide learning community, a network of individuals implementing *allcove* centers in their communities, which also infuses the expertise of international partners doing similar work. The learning community communications infrastructure includes a list-serve, website, webinars, conferences and site consultation, allowing for ongoing knowledge transfer and support, which enables integrity and promotes success with the *allcove* model.

**Branding & Communication** - The essence of *allcove* is expressed through its brand, co-designed through a year-long, iterative engagement with youth from around the United States. Maintaining brand integrity is fundamental to consistently reaching youth with the messaging and touchpoints that resonate with and matter to them. The *allcove* brand has the flexibility to be adapted to individual communities to reflect local context and culture. Brand expression guidelines offer centers direction on implementing the brand with both integrity and a local theme. The centers will also benefit from a centrally developed website architecture, outreach campaigns, and range of communication materials that can be adopted for local use.

**Common Evaluation** - The integrated youth mental health model that *allcove* is based upon is being evaluated for both clinical value and cost effectiveness internationally. It is critical to link site evaluation efforts across California as *allcove* sites develop statewide. The *allcove* central office team will be working with local site partners to link state qualitative and quantitative evaluation efforts to better understand the services utilized, demographics, outcomes, and benefits of *allcove* sites across the state, while also working to enhance fidelity to the *allcove* core model.

**Youth Development Components** – Every center must be guided by an active Youth Advisory Group (YAG), composed of young people from the local community who represent diversity in race, ethnicity, gender, sexual orientation, lived experience, ability, and socioeconomic status. The *allcove* Youth Advisory Group’s (YAG) goal is to ensure that youth voice and experience is included in the development and services of each *allcove* center. YAG members also serve as community ambassadors for the program, conducting outreach and education through schools, community events, conferences, social media and within their own peer groups. *allcove* YAG participation also presents opportunities for youth skill and leadership development through individual and group advocacy, outreach projects, and training across a range of relevant topics such as mental health first aid, developing healthy relationships, and public speaking.

**School/Supported Employment -** A supported education and employment specialist will be part of the service team at every *allcove* center to offer young people assistance in navigating their school and work lives. *allcove* participants will be offered opportunities to participate in a range of individual supports, groups and workshops focused on developing skills to support transitions and progress through school or career. These opportunities will include resume development, career planning, job searching, interview preparation and job placement referrals; as well as school applications, studying or test preparation, financial support and course-load management.

**Coordination of Peer & Family Support** - Youth and family peer support are seen as essential *allcove* services that assist young people and families to navigate and connect with a range of services. With a Peer or Family support specialist on the team, young people and families will have the opportunity to connect with another person who has personal experiences navigating mental health or substance use challenges who can assist them in accessing *allcove* and/or other services and supports. Both Peer and Family support staff offer non-judgmental support, understanding, and can help navigate the system and find the right services and resources.

**Billing and Funding -** The creation of *allcove* centers in California is the first international effort to create integrated youth mental health supports in a country without a national health insurance program. As *allcove* centers emerge across the state, it will be important for the sites to collaborate on the development of reimbursement strategies for services for uninsured, Medi-Cal, and commercially covered young people and families in order to jointly develop reimbursement models that will support *allcove* site sustainability and expansion statewide.

Furthermore, collaborative efforts will continue to expand opportunities for *allcove* site funding through public-private partnerships.

**Informed Consent & Confidentiality -** The autonomy and flexibility to reach out for support on one’s own terms is a fundamental value that *allcove* youth and sites share. *allcove* center intake procedures, data policies, billing structures, and design choices are made to protect privacy, while at the same time complying with state and federal laws governing informed consent and confidentiality for minors and adults. Through statewide coordination, the *allcove* central team supports local *allcove* centers in navigating this complexity and ensuring laws and policies are implemented consistently and appropriately.

**Environmental Design and Facilities** - The design of *allcove* sites has been informed by a rigorous youth and stakeholder consultation process and is based on the service model components and flow. As a result, all *allcove* sites are asked to comply with a basic set of requirements including layout, size, look, and feel. The requirements take into consideration many factors including accessibility, safety, infection control, privacy and confidentiality, information technology requirements, youth engagement, and cultural and therapeutic expression.

**Health Record & Evaluation Linkages** – A minimum data set capture will be expected of *allcove* sites in order to gather necessary data to serve young people in the centers, to evaluate the impact of their experience with *allcove* and to link to international data sets in order to better understand and meet the needs of young people globally. This will require integration between the *allcove* secondary data collection system and the electronic health records of the agencies providing services in the centers.

**Community Partnerships** – The voice of community partners, including linkages to schools, community-based agencies, social service providers, advocacy organizations, and others are critical to ensuring that *allcove* sites are supporting the needs of youth and families in each community in a collaborative manner. In addition, these community partnerships allow for the creation of referral loops and pathways to additional onsite services and warm handoffs to develop a seamless range of services to meet the presenting needs of youth who come to *allcove* centers.

**OPTIMAL STAFFING PLAN**

This is only an example to provide guidance on the staffing needed. Each applicant will make their own determination based on their need and size of program.

|  |  |
| --- | --- |
| Licensed Clinical Manager (0.5) | Psychologist (0.2) |
| Health Services Rep (Clerical) (1.0) | Peer Specialist (2.0) |
| Licensed Masters Clinician (2.0) | Community Coordinator (1.0) |
| Licensed Masters Clinician Addiction (1.0) | Admin Associate (1.0) |
| Adolescent Medicine Specialist (.5) | Supported Ed/Employment Specialist (1.0) |
| Psychiatrist (0.2) | Youth Outreach Specialist (1.0) |