MULTI-CULTURAL WELLNESS CENTER RFP QUESTIONS & ANSWERS

The following are answers to questions that were posed by prospective applicants:

1. **Page 5/Section B. Description of Services p "The contractor will create a safe and supportive environment…" What does safe and supportive environment entail?**

   An environment where members feel physically and emotionally safe to be, where they will receive support from staff and other members. A safe and supportive environment is culturally humble, accepting of each individual; people are always treated as equals, with dignity, compassion, mutual respect, and unconditional high regard; as unique, special individuals, including complete acceptance of diversity with relation to culture, ethnicity, language, religion, race, gender, age, disability, sexual identity, and "readiness" issues.

2. **Page 6/Section B.2.Service Delivery – "…including a minimum of 4 weekend and/or evening hours…" What time to evening hours begin (e.g. 5:00pm, 6:00pm)?**

   Typically evening hours start after 5:00pm; however, it would depend on the kinds of activities and the needs of the members. We would expect the Contractor to survey members to determine the best times to offer evening and weekend hours. It would not be unreasonable to expect some activities to run until 8:00pm if that met the needs of the members.

3. **Page 6/Section B.2.c. "Wellness Recovery Action Planning (WRAP) workshops…and activities…" What are the differences between WRAP workshops and WRAP activities?**

   WRAP workshops are a structural framework for developing a personal WRAP. Recovery Topic activities are additional topics meant to support the development of deeper insights regarding wellness and recovery issues; such as changing negative thoughts to positive thoughts, improving self-esteem, etc. Recovery Topic Activities can be integrated into WRAP workshops. Samples of recovery topics can be found at the Copeland Center website https://copelandcenter.com/resource-type/webinars .

   All WRAP workshops and Recovery Topic activities are to be co-led by two certified co-facilitators. We expect a combination of WRAP workshops and/or WRAP Recovery Topic activities to occur 4 times per month.

After answering this question we realized that there is some confusion in regards to Appendix 2: Required Deliverables Budget. On Table 1 – Required Monthly Activities, item # 4 is solely related to WRAP Workshops and WRAP Recovery Topic activities. As stated above, it is expected that WRAP workshops and/or WRAP recovery activities will occur 4 times per month.

Item #5 on the same table refers to other weekly wellness activities, groups or workshops that are entirely unrelated to the WRAP process. The expectation is that these activities, groups, or workshops will also occur 4 times per month.

The wording on Appendix 2 has been changed to make items 4 and 5 more clear, and is attached to the Q&A for reference.

4. **Page 7/Section B.4. Client/Family Advisory Committee – How many activities is the committee required to do and what kind? Related: Appendix 2/Table 2 – Who determines CFAC selected annual activity for members and how many activities are required?**

It is expected that CFAC meetings will be every month for 9 months of the year. In addition, members can plan up to 12 activities per year including things such as a movie night, field trip, special wellness activity, etc.

As Related to Appendix 2/Table 2, it is expected that CFAC and other members (in collaboration with staff) will select up to 2 larger activities to do in a year. There is an option to combine these activities into one very large event with prior contract monitor approval. Examples might be a multicultural picnic with the intent to invite prospective members, or some other outreach event.

5. **Page 7/Section B.5. Membership – If we currently don't provide specific programming for family members, are we required to create programs specifically for them?**

Yes. Please include specific programming for family members.

6. **Page 8/Section C.2. Service Delivery Tracking and Reporting – "The Contractor will be provided an MHSA reporting template…" Will this template be one document or several documents?**

We have confirmed with the Office of Diversity & Equity that reporting/tracking forms are comprised of 2 documents, 1) Outreach/Engagement Individual Form; and 2) Annual Agency Reporting Form. They are attached to this Q&A as Attachment A and B respectively.

7. **Page 9/Section D. Staff Requirements "Staff must complete twenty hours of training per fiscal year". What kind of training fulfill this requirement?**

   As described in the RFP, training topics may include (but not be limited to) the following:

   a. HIPAA
   b. Cultural Humility
   c. WRAP
   d. Mental Health First Aid
   e. Group facilitation
   f. Peer support roles and responsibilities
   g. NAMI family to family

   In your response to the RFP, you may include other training topics that are relevant for your staff.

8. **If we can answer a question in one paragraph or sentence, does that count as one page of the narrative?**

   If nothing else was on that page except that answer, then yes it counts as one page.

9. **Do the TAB dividers count as a page of the narrative?**

   No, they don't. Only the narrative is included in the page count.

10. **Do you require the pages to be numbered?**

    No, not necessarily, as long as you use the TAB sections/dividers to separate the information.

11. **If we have existing programs for a client's children and/or family, is there a way to integrate those existing programs with WRAP?**

    Wellness Recovery Action Plan (WRAP) ® is easily adaptable and is compatible with any program or as a stand-alone wellness plan. WRAP workbooks are available for families and children.

12. **What does family support look like – how do families in WRAP get support?**

    WRAP is a stand-alone <u>wellness recovery</u> action plan that is compatible with any other program and/or support system plan. WRAP (wellness recovery) is for individuals, but families (adults and children) can work independently and together to develop wellness plans for individual

members and a family (as a unit). Developing a WRAP is a means of developing wellness tools, self-support and empowerment utilizing Five Key Concepts of Recovery: Hope, Personal Responsibility, Education, Self Advocacy and Support.

13. **Is completing a WRAP plan an ongoing activity?**

Using and developing a WRAP plan can be a continuous process.

14. **Can WRAP activities run parallel to WRAP?**

Yes, or they can also be incorporated into a WRAP workshop. See question # 3 for more information.

15. **Are the WRAP activities open to everyone even if they did not attend a WRAP workshop?**

Yes. All WRAP workshops and Recovery Topics activities are open to all members at any time.

16. **Regarding the deliverables on Attachment 2, what do you consider a large event?**

Examples might be a multicultural picnic with the intent to invite prospective members, or some other outreach event. There is an option to combine these activities into one very large event with prior contract monitor approval.

17. **What are you looking for in TAB 6: Cost Analysis and Budget of Primary Services?**

The budget form was designed to capture what you estimate will be your operating expenditures. If you've located a site for the center, you'll need to include the rent for that space. If you've never delivered these services before, you may need to consider adding start-up costs. You will need to determine the amount of staff required and add their cost to the budget. Whatever the items you add, please be sure that they are necessary and realistic for the program. You must stay within the budget provided.

18. **Do we need to submit fingerprints now?**

No, if you're selected we will request proof of fingerprinting at the time of contract.

19. **What does the referral process look like? Is it an open referral process for any adult, will the County be sending referral, or are there any limitations to the population served?**

   There is no formal referral process or form. Referral is done through word of mouth, sharing flyers, self-referral, warm hand-offs, etc.

20. **If we don't currently have a WRAP facilitator, can we reach out to other certified WRAP facilitators to provider the WRAP workshop and activities?**

   Yes, you can sub-contract with others who are certified WRAP facilitators to deliver the WRAP workshops and activities.

21. **What kind of certification training is available?**

   BHRS offers free training which are currently scheduled for: a two-day "Create Your Own" WRAP session November 2018, Facilitator Certification in February 2019, and a three-day, bi-annual refresher course. If you are interested in any of the training courses, contact Lee Harrison at leharrison@smcgov.org. You can also learn more about WRAP trainings by going to the Copeland Center for Wellness site: https://copelandcenter.com/our-services-facilitator-training/wrap-trainings-and-workshops.

22. **How do we deliver the RFP's to you?**

   a) You can mail or FedEx your proposal to the following address:

   Behavioral Health and Recovery Services
   Attn: Susann Reed, Contract Manager
   2000 Alameda de las Pulgas, Suite 280
   San Mateo, CA 94403

   b) Or you can hand deliver them to our address at 2000 Alameda de las Pulgas and drop them off with Ana at the receptionist desk on the second floor (the glass enclosed area just in front of the elevators).

   Please be sure that an electronic version of your proposal is included or emailed to me at: Sreed@smcgov.org .

Individual Outreach Form

Agency

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐

Basic Outreach Information

1. Date: ☐☐ / ☐☐ / ☐☐

2. Length of contact: ☐☐☐ minutes

3. Location (Select <u>ONLY</u> one):
- ☐ Office
- ☐ Field (unspecified)
- ☐ Jail/Hillcrest
- ☐ Hospital/IMD/SNF
- ☐ Homeless/Shelter
- ☐ Faith-based Church/Temple
- ☐ Health/Primary Care Clinic
- ☐ Home
- ☐ Age-specific Community Center
- ☐ Job Site
- ☐ Residential Care – Adult
- ☐ Residential Care – Children
- ☐ Mobile Service
- ☐ Non-traditional Location
- ☐ Phone
- ☐ School
- ☐ Telehealth
- ☐ Other Community Location: _____

4. What was the <u>primary</u> language used during outreach?
(Select <u>ONLY</u> one)
- ☐ English
- ☐ Spanish
- ☐ Mandarin
- ☐ Cantonese
- ☐ Tagalog
- ☐ Russian
- ☐ Samoan
- ☐ Tongan
- ☐ Another language: _____

Individual Information

5. What is the age of the individual? (Select <u>ONLY</u> one)
- ☐ 0-15 years
- ☐ 16-25 years
- ☐ 26-59 years
- ☐ 60+ years
- ☐ Decline to state

6. What is the sex assigned at birth of the individual? (Select <u>ONLY</u> one):
- ☐ Male
- ☐ Female
- ☐ Decline to state

7. Have you been diagnosed with an intersex condition?
(Select <u>ONLY</u> one):
- ☐ Yes
- ☐ No
- ☐ Decline to state

8. What is the gender identity of the individual? (Select <u>ALL</u> that apply)
- ☐ Male/Man/Cisgender Man
- ☐ Female/Woman/Cisgender Woman
- ☐ Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-masculine/Man
- ☐ Male-to-Female (MTF)/Transgender Woman/Trans Woman/Trans-feminine/Woman
- ☐ Questioning or unsure of gender identity
- ☐ Genderqueer/Gender Non-conforming/Neither exclusively male or female
- ☐ Indigenous gender identity
- ☐ Another gender identity: _____
- ☐ Decline to state

9. What is the sexual orientation of the individual? (Select <u>ALL</u> that apply)
- ☐ Gay, Lesbian or Homosexual
- ☐ Straight or Heterosexual
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Asexual
- ☐ Questioning or unsure of sexual orientation
- ☐ Indigenous sexual orientation:
- ☐ Another sexual orientation: _____
- ☐ Decline to state

10. What is the race/ethnicity of the individual? (Select <u>ALL</u> that apply)
- ☐ American Indian, Alaska Native or Indigenous
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Asian Indian/South Asian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Chamorro
- ☐ Fijian
- ☐ Samoan
- ☐ Tongan
- ☐ Caribbean
- ☐ Central American
- ☐ Mexican/Chicano
- ☐ Puerto Rican
- ☐ South American
- ☐ African
- ☐ Eastern European
- ☐ European
- ☐ Middle Eastern
- ☐ Another race/ethnicity: _____
- ☐ Decline to state

11. What is the preferred language of the individual?
(Select ONLY one)
- [ ] English
- [ ] Spanish
- [ ] Mandarin
- [ ] Cantonese
- [ ] Tagalog
- [ ] Russian
- [ ] Samoan
- [ ] Tongan
- [ ] Other: _____

12. Does the individual have any of the following disabilities or learning difficulties? (Select ALL that apply)
- [ ] Difficulty seeing
- [ ] Difficulty hearing or having speech understood
- [ ] Dementia
- [ ] Developmental disability
- [ ] Physical/mobility disability
- [ ] Chronic health condition
- [ ] Learning disability
- [ ] No, the individual does NOT have a disability.
- [ ] Another disability: _____
- [ ] Decline to state

13. Is the individual: (Select ONLY one)
- [ ] Homeless
- [ ] At risk of homelessness
- [ ] Decline to state
- [ ] N/A

14. Is the individual a veteran? (Select ONLY one)
- [ ] Yes
- [ ] No
- [ ] Decline to state

15. Has the individual had a previous outreach contact with this organization? (Select ONLY one)
- [ ] Yes
- [ ] No
- [ ] Unknown

16. What health insurance does the individual have? (Select ALL that apply)
- [ ] Medicare
- [ ] Medi-Cal
- [ ] Healthy Kids
- [ ] Other: _____
- [ ] No insurance
- [ ] Unknown/Decline to state

Type of Contact and Disposition

17. Was the individual referred to Mental Health or System of Care services?
- [ ] Yes (If YES, to whom: _____)
- [ ] No

18. Was the individual referred to Substance Abuse or System of Care services?
- [ ] Yes (If YES, to whom: _____)
- [ ] No

19. Was the individual referred to other services?
(Select ALL that apply)
- [ ] Emergency/Protective Service
- [ ] Financial/Employment
- [ ] Food
- [ ] Form Assistance
- [ ] Housing/Shelter
- [ ] Legal
- [ ] Medical Care
- [ ] Transportation
- [ ] Health Insurance
- [ ] Cultural, Non-traditional Care
- [ ] Other: _____
- [ ] Not referred

Form Verification

20. Outreach Provider Signature:

_____

21. Outreach Provider Printed Name/Licensure (if any):

_____

MHSA Outreach Definitions
Individual and Group Outreach
Outreach encounters captured for MHSA data purposes should be meaningful interactions, which means there needs to be a minimal level of information sharing. Following are some guidelines for capturing individual and group outreach interactions.   **Individual outreach** is a one-on-one interaction (in any setting) that results in individualized information sharing, a referral, specific service recommendation, etc. The interaction would need to be long enough to complete an Individual Outreach Form and have a dialogue about the individual's potential needs.   **Group outreach** can be either a group setting (workshop, group session, class, etc.) or a large event where you hand out information but the information is not personalized to those you are interacting with. Although, you will still need to interact long enough to complete the 9 questions in the Group Outreach Form.

Example #1: handing out a flyer/sheet of information to someone passing by your booth/table at a health fair would NOT count as an outreach encounter.
Example #2: a collaborative event with all partners involved should be reported by each agency following the guidelines above, which means some individuals that attend the event will not be captured in the outreach data set. The overall event will be reported separately as a Collaborative effort in narrative.

Homeless and At-Risk of Homelessness (individual, families, children, youth)

To remain consistent with definitions* being used by other partners and homelessness efforts in East Palo Alto (CSA, EPA Homeless Drop-In Center Subcommittee, Ravenswood School District), the following summary will be used to identify someone as homeless or at-risk of homelessness, which include all unstable living situations due to financial hardships, loss of housing or other reasons.

Homeless

- Living on the streets or abandoned buildings, vehicles, camping grounds or other unstable housing situation
- Staying in a shelter, mission, single room occupancy (motels, hotels)
- "Doubled up" or staying with others (families, friends) because unable to maintain their own housing
- Are to be released from an institution (prison, hospital, etc.) and do not have a stable situation to return to

At Risk of Homelessness

- Are fleeing or attempting to flee domestic violence or other similar situations and lack resources and networks to obtain permanent housing
- Will lose their residence within two weeks and have no resources or supports to obtain permanent housing

*Full definitions from HUD, NHCHC and the US Department of Education

COUNTY OF **SAN MATEO**
HEALTH SYSTEM

Behavioral Health
& Recovery Services
225 37th Avenue
San Mateo, CA 94403
www.smchealth.org
www.facebook.com/smchealth

MHSA FUNDED PROGRAMS
ANNUAL REPORT

Please complete the following report by August 15th of each year for previous fiscal year (July 1– June 30) program services. Email report to mhsa@smcgov.org.

AGENCY INFORMATION

Agency Name: MHSA-Funded Program Name:

Program Manager Name:
Email: Phone Number:

PROGRAM DESCRIPTION

In 300-500 words, please provide a description of your program, include:
1) Program purpose
2) Target population served
3) Primary program activities and/or interventions provided

OUTCOME DATA & PROGRAM IMPACT

Please provide information and any data collected about changes in health outcomes of clients served.

Data: How does your program advance <u>any</u> of the following MHSA Intended Outcomes?

- Reducing the duration of untreated mental illness
- Preventing mental illness from becoming severe and disabling
- Reducing <u>any</u> of the following negative outcomes that may result from untreated mental illness:
  - Suicide
  - Incarcerations
  - School failure or dropout
  - Unemployment
  - Prolonged suffering
  - Homelessness
  - Removal of children from their homes

Narrative: Please describe how your program:
1) Improves timely access & linkage to treatment for underserved populations
2) Reduces stigma and discrimination
3) Increases number of individuals receiving public b health services
4) Reduces disparities in access to care
5) Implements recovery principles

SUCCESSES

Is there a particular intervention your program is especially proud of? We encourage client stories as an example of program success. If a client story is used, with appropriate consent, please include pictures and/or quotes from the client to help us personalize your program and the report.

CHALLENGES

Have there been any challenges in implementing certain program activities and/or interventions? What are some solutions to mitigate these challenges in the future?

UNDUPLICATED CLIENT INFORMATION & DEMOGRAPHICS

Number of unduplicated clients served:
Number of unduplicated families served:

Please provide demographic data of clients served as described in the attached client demographic survey and plans to collect data currently not collected:

APPENDIX 2

REQUIRED DELIVERABLES BUDGET

Table 1 – Required Monthly Activities

	Activity	Frequency	Price per Event	Total per Year
1.	Monthly Multicultural Event	1 per month	$400	$4,800
2.	MCWC/CFAC Meetings – 9 per year	9 per year	$200	$1,800
3.	Monthly informational and educational sessions about non-traditional approaches to mental health care	1 per month	$200	$2,400
4.	Weekly Wellness Recovery Action Plan (WRAP) Workshops and/or WRAP Recovery Topic Activities	4 per month	$150	$7,200
5.	Other weekly wellness related groups/workshops/activities – excluding and unrelated to WRAP plan workshops or activities	4 per month	$100	$4,800
6.	Culturally Responsive Peer Support Groups	4 per month	$100	$4,800
7.	Client Family Advisory Committee Meeting Stipends ($25 per person, per meeting. Minimum of 5 persons, maximum 8 persons per meeting)	9 per year	Min $125 Max $200	Min $1,125 Max $1,800
8.	CFAC selected activity for members – to be determined	1 per month	$300	$3,600
9.				
10.				
	SUBTOTAL			**$31,200**

Table 2 – Required Annual Activities

	Activity	Total per Year
1.	CFAC selected annual activity for members – to be determined	$1,000
2.	CFAC selected annual activity for members – to be determined	$1,000
3.		
	SUBTOTAL	**$2,000**
	TOTAL REQUIRED DELIVERABLES BUDGET PER CONTRACT YEAR	**$33,200**