

TRAUMA-INFORMED CO-OCCURRING PREVENTION SERVICES FOR YOUTH RFP QUESTIONS & ANSWERS

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

1. Is this a renewal RFP for another contractor or is it a new one that anyone can apply to?

This RFP is replacing the Seeking Safety program, which was an evidence-based curriculum that was being offered by three agencies throughout the County. It's the same intent... prevention for at-risk youth using evidence-based and community promising practices to engage youth in group-based interventions with added community engagement and screening/referrals components, based on the findings of focus groups we held with youth that were participating in these group-based interventions. Any agency in San Mateo County is welcome to apply and the RFP has been set up to encourage both smaller/targeted or larger/cross-county efforts.

2. Is there an editable version of Appendix 1: Budget Worksheet that we can use?

Yes. You can request an editable version from Susann Reed at sreed@smcgov.org.

3. With the start date beginning July 1, 2020, will the pilot continue until June 30, 2020?

Yes, current pilot contracts will be extended through June 30, 2020. The BHRS Contracts Team is taking the lead on amending the contracts and will contact pilot participants within the next month.

4. For larger agencies with multiple programs, is it possible to provide the MBSAT services within programs at the agency if they meet the target population?

Yes, if you will be providing services within programs at your agency, we ask that you allocate new staff time. This funding should not be used to pay for existing full-time staff.

5. If the program is unable to fill each cohort with at least 8 youth, can providers offer more groups with fewer participants to ensure we meet the number of youth projected to be served through this RFP?

Yes, best practice is to over enroll with the expectation of attrition.

6. Can projects submit alternatives to the Developmental Assets Profile, or is this a required measurement tool for this project?

No, not at this time.

To meet the latest Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations, we are looking to standardize our measurements across all MHSA Prevention programs focused on reducing risk factors and increasing protective factors of youth.

7. Page 9, item e. iii. Agencies will target at least eight (8) youth per cohort that complete at least (8) intervention/curriculum sessions. The MBSAT curriculum is 12 sessions. How does this affect the # of cohorts proposed and # of youth completing 8 sessions?

It doesn't. The ideal is for youth to complete all 12 MBSAT sessions, and certainly that would be of the greatest benefit to the youth. However, eight is the minimum number of sessions required. If youth complete 8 MBSAT sessions, then the requirement is met.

This provides some flexibility for groups that may not be able to accommodate 12 sessions or for agencies that propose an alternate evidence-based or promising practice intervention/curriculum to MBSAT.

8. Page 10, item 5.a.i. Agencies will coordinate and implement two (2) community trainings per proposed youth cohort. Does this mean that for each youth cohort that goes through the 12 sessions MBSAT training, we are required to provide two TIS101 trainings for parents and community?

Yes. The two trainings target the adults and other members of the community that interact with the youth participants to support broader impact.

9. Page 12, item 3. D. Search Institute DAP assessments will be scanned and submitted monthly. The DAP is used as a pre and post-test assessment. If the cohort is 12 sessions the pre –test would be given during the first session and the post-test during the last session, so it would not be possible to submit them monthly. Is this requirement correctly stated?

No. Search Institute DAP assessments will be scanned and submitted along with the monthly reporting, when completed.

10. Page 13 item E. Funding will be for a total of up to \$180,000 at a rate of \$15,000 per cohort, which includes all direct and indirect costs. Is the \$15,000 per cohort to cover all costs for implementing a 12 session MBSAT training and two TIS 101 trainings as described on page 10?

Yes.

11. Do TIS trainers need to also be licensed or pre-licensed LCSW/MFT, or can they be staff who have been certified to provide the training?

No, any staff can provide the training.

12. Will we be required as part of this grant to enter data through the CalOMS Prevention and Data Collection system?

No.

13. Is the provider required to serve its local community or to serve the entire county? Page 6, background specifically lists Pescadero as community of implementation of the MBSAT pilot but we wanted to be sure.

Yes. A smaller local community can be identified along with the appropriate number of cohorts.

14. Page 8, Section 4.a. Agencies will identify specific youth populations, such as youth in probation, immigrant youth, homeless youth, youth in foster care, etc. What other groups can be considered? or is this up to the agency?

This is up to the agency, as long as the group considered meets the target community for the RFP. (Page 7, item A.3.)

15. Page 9, Section 4. r iii. Agencies will target at least 8 youth per cohort. What are the consequences for a cohort to start with more than 8 youth but end with less than 8?

Best practice is to over enroll with the expectation of attrition. We will look into identifying a base standard for smaller population groups.

16. Page 12, Section B 3. Does SMC already have an independent contractor to analyze reporting data? If so, who?

Yes. We currently contract with American Institutes for Research for MHSA data analysis. We are considering a separate contract for the DAP analysis, to be determined.

17. Page 27. D Tabbing of Sections. There is no Tab 6 on section D. We wanted to get confirmation that this is just a numbering issue and there is no missing Tab 6 section.

Correct, there is no Tab 6 and we mistakenly did not leave in a placeholder or renumber the Tabs.

18. Will only one provider be selected through this RFP, or could it be multiple providers?

It could be multiple providers

19. We have a problem with younger youth being in the same session as older youth (19 or older). How do you envision we manage that?

It is understood that there are risks having minors with adults participate in groups at the same time. Given this, it makes sense to focus cohorts on particular age groups (e.g. 15-17 years old, 18-25 years old).

20. Can youth in one cohort go to other cohorts to make up topic sessions that they may have missed?

Yes. Ideally, all members of a cohort will begin and end the group at the same time to enhance engagement, safety and effectiveness of the group. When not possible, participants may join other cohorts to make up topic sessions previously missed.

21. If we have 14 youth in one cohort and only 2 in another cohort, will that count in our overall requirement to serve 8 youth per cohort as the overall count is still 16 youth?

Yes.

22. The 40 Developmental Assets you provided were for one age group. Do we use that for all of the age groups, or are there other 40 Developmental Assets you can provide that would be more appropriate for the other age groups?

There is a Developmental Assets profile for ages 12-18. We will be working with the Search Institute to adapt the profile for youth over 18.

23. Are we required to do the 3-hour TIS 101 training for staff and public, it's really hard to manage that as it takes so much time?

No, for the Community Engagement component, the intention was a 1-hour awareness/education session for the community. We will be working with our TIS subject matter staff to look into an option for this.

24. Can incentives for cohort participation be included in the budget?

Yes, absolutely you can make that a line item in your budget.

25. Would the ASAM qualify as a screening tool? If not, what other screening tools would you recommend?

We will be developing the SDOH screening tool for all agencies to use. At this time, we are considering the Building Community Resilience, Pair of ACE's (Adverse Community Environment) framework.

26. Will the data that we have to report suffice, or do we still need to do a narrative?

The annual MHS Annual Report Narrative, Successes & Challenges is still required and due by August 30th of each year covering the previous fiscal year.

27. Can we use the Search Institute for data collection and reporting?

Yes, we are looking into contracting with Search Institute to support data collection, analysis and reporting.

28. We're still unclear on how to manage the outside engagement piece of this RFP. Can you explain how you envision this will be accomplished?

Agencies will provide trauma-informed awareness/education opportunities for adults that interact regularly with the youth participants (parents, teachers, probation officers, service providers, broader community, etc.). Two (2) community trainings per cohort.

Additionally, we are asking for your support in encouraging youth to participate in BHRS leadership opportunities. This is up to the youth and not required. We ask that you dedicate a portion of a cohort session for BHRS staff to present the opportunities to the youth.

29. Do we have to be certified to offer the MBSAT curriculum?

You have to have completed at minimum the 1-day MBSAT training. The certification is not required but recommended and we will be offering a certification in the Spring 2020 at no cost. Currently we have a 1-day training scheduled for Monday, November 4, 2019, from 9am – 4pm (location TBD).