

Department of Developmental Services

MENTAL HEALTH SERVICES ACT

Fiscal Years 2020/21 through 2022/23
Guidelines for Applications



WELLNESS • RECOVERY • RESILIENCE

CONTENTS

- ANNOUNCEMENT** 3
- BACKGROUND** 4
- APPLICATION SELECTION**..... 5
 - Selection Requirements** 5
 - Project Priority Areas**..... 6
 - Application Submittal Instructions**..... 8
 - Application Review Process** 9
 - Scoring Guide** 10

ANNOUNCEMENT

The Department of Developmental Services (DDS) distributes Mental Health Services Act (MHSA) funds to regional centers (RC) in three-year cycles, utilizing a competitive application process. Project priorities are established, and project selection is conducted in collaboration with key stakeholders. Projects focus on prevention, early intervention, and treatment for children and families, and adult consumers with mental health diagnoses.

Only regional centers can apply for MHSA funding; however, they may work in partnership via subcontracts with local systems of care such as county mental health, private mental health agencies, alcohol/other drug services, educational entities, and/or other RCs.

The application is due to DDS and shall be emailed by 5:00 p.m. on **Friday, February 14, 2020**. Each RC shall email the completed application **in a PDF format** with signatures to: Catherine.Schulze@dds.ca.gov

DDS will convene a Bidders' Teleconference on **Wednesday, January 22, 2020, from 10:30 a.m. to 12:00 p.m.** Project awards will be announced to recipients by May 15, 2020.

BACKGROUND

In November 2004, voters approved Proposition 63, creating the Mental Health Services Act (MHSA). The MHSA allocates funds to assist state agencies in meeting all responsibilities of the MHSA.

DDS began receiving ongoing MHSA funds in Fiscal Year 2008/09, and to date, 11 RCs have successfully implemented 28 projects. Approximately 14,890 clinicians, service providers, RC staff and other professionals, families, and consumers have benefitted from these projects. Through the hard work, dedication, and commitment of regional centers, in collaboration with local systems of care, projects have promoted interagency collaboration, improved clinical capacity, and enhanced the effectiveness of direct services.

This is the fifth cycle of RC MHSA Projects. Descriptions and details from previous MHSA Cycles are located at <https://www.dds.ca.gov/HealthDevelopment/>.

In accordance with the California Code of Regulations Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14, Mental Health Services Act, Article 3. General Requirements, Section 3320, General Standards, the following fundamental MHSA concepts must be embedded and continuously addressed in local and county collaboration.

Fundamental MHSA Concepts

1. Community Collaboration, as defined in [Section 3200.060](#)
2. Cultural Competence, as defined in [Section 3200.100](#)
3. Consumer Driven, as defined in [Section 3200.050](#)
4. Family Driven, as defined in [Section 3200.120](#)
5. Wellness, Recovery, and Resilience Focused [\[Welfare & Institutions \(W&I\) Code §5813.5\(d\)\]](#)
6. Integrated Service Experiences for consumers and their families, as defined in [Section 3200.190](#)

(Definitions are in the Glossary of Terms, Addendum A)

APPLICATION SELECTION

SELECTION REQUIREMENTS

The Department of Developmental Services (DDS) will only select projects that:

- Are evidence-based and performance-based;
- Include an ongoing, multi-disciplinary, collaborative process to identify local needs and ameliorate system challenges at the local level;
- Include strategies to increase regional partnerships by collaborating with local systems of care including, but not limited to, county mental health, alcohol/drug services, educational entities, and/or other RCs;
- Include approaches to enhance cultural sensitivity and competence; and,
- Include a mechanism to share information and resources statewide (such as webinars, web pages, and databases)

It is strongly encouraged that RCs and their subcontractor(s) make their best effort to include consumers and family members in the composition of any task force, advisory group, etc., developed by way of the MHSA projects.

PROJECT PRIORITY AREAS

DDS has, with input from stakeholders, identified the following project priority areas for funding:

1. Projects that meet the mental health needs of consumers who are at risk for entering emergency rooms, psychiatric hospitals, juvenile detention centers, jails, or prisons by:
 - Creating multi-system collaborations to implement innovative service models;
 - Increasing access to crisis services; and,
 - Implementing new or enhanced services and supports (e.g., step-down, wrap-around services, whole person, follow along, and aftercare options) for consumers. These services and supports shall be created in collaboration with appropriate systems of care, including county mental health agencies.
2. Projects that promote the creation and implementation of innovative, evidence-based strategies to ensure consumers with complex behavioral and mental health needs can successfully and safely access the community.
3. Projects focused on infants and toddlers age zero to three that address early mental health/social and emotional development in coordination with Family Resource Centers and/or other community partners.
4. Projects that develop and/or use technological applications to increase access to services for target populations, (infants and toddlers, children, transitional age youth, and adults) such as:
 - User-friendly software applications, designed to be potentially utilized by all regional centers; and,
 - Applications containing evidence-based practices in mental health, training modules, discussion boards, tools, and other resources to increase access to quality services for consumers.

Such innovations shall be designed so that they are compliant with the Americans with Disabilities Act. For example, websites must meet accessibility requirements.

5. Projects that provide new and enhanced specialized services and supports for transitional age youth with a dual diagnosis. These may focus on any or all of the following:
 - Education (programs to promote high school graduation; enrollment and completion of trade school, community college or university; and vocational skills and career development opportunities);

- Outreach and collaboration with school districts to ensure continuity of mental health services when consumers exit high school;
 - Adaptive and functional skills development; and,
 - Independent living, housing assistance, and community living skills.
6. Projects that enhance collaboration and competency among clinicians, law enforcement, criminal justice systems, providers, and regional center staff to effectively serve a diverse consumer population by:
- Forging partnerships with County Behavioral Health;
 - Training individuals within the numerous systems of care (e.g. law enforcement, criminal justice system, regional center staff, clinicians, and service providers) on evidence-based interventions; and,
 - Supporting and training regional centers to access funding streams to leverage generic and specialized services such as Federally Qualified Health Centers, and Early and Periodic Screening, Diagnosis, and Treatment.
7. Projects that support consumers who are dually diagnosed, assessed as incompetent to stand trial by:
- a. Providing an RC court liaison who is knowledgeable in courtroom practices and procedures, and who will provide education/training to criminal justice systems to foster cultural sensitivity and competency regarding consumers who are dually diagnosed, and the regional center's role; and,
 - b. Identifying and coordinating placement options for individuals involved with the criminal justice system (e.g., short-term crisis beds, and behavioral health units linked to county jails).
8. Projects that replicate previous projects that have demonstrated success. RCs wishing to replicate an existing project shall utilize the tools, resources, and/or materials from past projects. Previous MHSA projects available for replication are detailed on the DDS website. Please visit:
<https://www.dds.ca.gov/HealthDevelopment/cycle4.cfm>

APPLICATION SUBMITTAL INSTRUCTIONS

The Department will accept proposals starting on November 15, 2019. The closing date for proposals is January 10, 2020. Submission procedures are detailed in the Department of Developmental Services Application Guidelines.

This section provides instructions on the proposal submittal process.

Complete Submission Package

A completed proposal must consist of, at minimum, the following required attachments in a Microsoft Word format saved as a PDF:

1. Applicant checklist (Attachment A-1);
2. MHSA, Proposal Cover Sheet (Attachment A-2);
3. MHSA, Application Summary (Attachment A-3);
4. MHSA, Project Information (Attachment B); *
6. Schedule of Development/Activities Worksheet (Attachment C);
7. Budget Worksheet (Attachment D-1);
8. Budget Narrative (Attachment D-2);
9. Letters of Support (Attachment E); and,
10. Assurances (Attachment F).

***Attachment B must not exceed nine (9) pages single-spaced, 12-point Arial font, excluding any supporting documentation.**

Timetable

- January 9, 2020: Cycle V Request for Application opens for proposals.
- January 22, 2020: Question-and-answer Bidder's Teleconference for interested applicants.
- February 14, 2020: Proposals due by 5:00 pm PST.
- February 14, 2020 through May 15, 2020: Proposal review/selection process
- By May 15, 2020: Notification of Department's determination will be made to all applicants.
- By June 22, 2020: List of approved projects will be posted to the Department's website.
- July 1, 2020 RC project(s) begin.

Submission Method

Signed applications must be submitted electronically in PDF format to:

Catherine.Schulze@dds.ca.gov

Proposals must be received by **5:00 p.m. PST on February 14, 2020**. The Department will provide an acknowledgement email upon receipt of proposals.

APPLICATION REVIEW PROCESS

- The Department will use a merit-based review process so that each proposal receives a fair, equitable and objective review. The proposal review process will include:
 - Ensuring that the proposal is complete and timely and meets all minimum requirements set forth in these Guidelines; and,
 - Evaluation of the proposal's content against the established criteria (see page 5-7), Departmental and RC priorities, and community input and needs.

The Department will employ a three-phase review process:

In the first phase, proposals will be reviewed for timeliness. **Proposals that are submitted beyond the deadline will not be considered for further review.**

Proposals that exceed the 9 page-limit requirement for Attachment B will only be reviewed through the 9th page.

During the second phase, a panel of reviewers consisting of Department staff and external reviewers will evaluate proposal content. Each member of the review panel will evaluate applications and assign a score, using the criteria listed on pages 10-12. The scores from all reviewers will be averaged into a final score per proposal. Proposals scoring an average of 35 points or above will be considered for funding. If there is not sufficient funding for all eligible proposals, a third review phase will be utilized.

Proposals meeting an average minimum score of 33 in phase 3 will be evaluated and scored using the criteria listed on page 12. The proposals with the highest average scores during the second (and third phase, if necessary) will be recommended for funding.

Tiebreakers:

In the event there is a tie between applicants, the tie will be broken by awarding the grant to the applicant with the highest score in the highest weighted scoring category. If the tie is not broken with evaluation of the highest weighted category, scores will continue to be compared in the weighted categories, beginning with the highest weighted and then by each subsequently weighted category until the tie is broken.

SCORING GUIDE

Inadequate

- Does not satisfy the minimum requirements and does not adequately describe how and/or what will be accomplished.

Adequate

- Satisfies the minimum requirements and describes generally how and/or what will be accomplished.

Exceptional

- Exceeds the minimum requirements and specifically describes how and/or what will be accomplished

FIRST PHASE				
Scoring Criteria	Score		Comments	
Application was submitted on time.	Pass/Fail			
SECOND PHASE				
Application Section and Scoring Criteria	Score 0 = Inadequate 1 = Adequate 2 = Exceptional	Weight	Weighted Score	Comments
(Attachment B-A.2) Project addresses elimination of barriers and/or gaps in services. (minimum requirement—at least one barrier or gap is identified and at least one solution is proposed)		3		
(Attachment B-A.4.a,b) The proposed project integrates evidence-based and/or performance-based activities and describes how they will be measured. (minimum requirement—at least one evidence-based or performance-based activity is identified with specific measurements of the activity's success)		3		
(Attachment B-A.4.d,e;B-A.5) The proposed project includes collaborative partners that are relevant to the project and includes collaborative processes that will be implemented. (minimum requirement—applicant identified at least one collaborative process)		3		

(Attachment B-A.6) The proposed project addresses one or more of the RFA's identified priority areas. (minimum requirement—at least one project priority area is identified)		3		
(Attachment B-A.7) The proposed project addresses the 6 fundamental MHSa concepts. (minimum requirement—the project incorporates the six different concepts)		7		
(Attachment B-A.8) The project has a high likelihood of being sustainable beyond the funding of this award. (minimum requirement—the proposal demonstrates one or more methods or strategies for long term sustainability)		5		
(Attachment B-B.1,2) The proposed project focuses on improving and enhancing services for a targeted population. The applicant thoroughly explains the need for these specific services for the proposed population and how this project will benefit them. (minimum requirement—the target population and enhancements are identified)		6		
(Attachment B-B.5) The proposed project aims to produce meaningful outcomes that will be demonstrated via the reporting of measurable objectives, baseline data, and outcome data. The applicant states what methods will be used to ensure the intended outcomes are reached. (minimum requirement—at least one method is stated)		3		
(Attachment B-B.6 & 7) Objectives are clear, realistic, and appropriate for reaching identified goal. (minimum requirement—objective(s) are identified)		2		
(Attachment B-B.8) The project can be easily and affordably replicated by another Regional Center (minimum requirement—another regional center could replicate part of this project)		4		
(Attachment B-C.2,3,5) Data methods are clear and reasonable for the project. (minimum requirement--the application identifies how accurate, valid and reliable data will be collected and evaluated)		3		

(Attachment C) Project includes a detailed and reasonable timeline of activities. (minimum requirement—timeline of activities is completed)		2		
(Attachment D-1) The budget reasonably reflects the activities outlined in the proposal. (minimum requirement—the budget is complete and follows instructions)		2		
TOTAL SCORE				

THIRD PHASE				
Additional Factors Scoring Criteria	Score 0 = Inadequate 1 = Adequate 2 = Exceptional	Weight	Weighted Score	Comments
(Attachment A.7) The proposed project addresses the 6 fundamental MHSA concepts. (minimum requirement—the project incorporates the six different concepts)		6		
(Attachment B-A.8) The project has a high likelihood of being sustainable beyond the funding of this award. (minimum requirement—the proposal demonstrates one or more methods or strategies for long term sustainability)		5		
(Attachment B-B.2) The proposed project focuses on improving and enhancing services for a targeted population. The applicant thoroughly explains the need for these specific services for the proposed population and how this project will benefit them. (minimum requirement—the target population is identified)		7		
(Attachment B-B.8) The project can be easily and affordably replicated by another Regional Center (minimum requirement—another regional center could replicate this project)		4		
Total Score				