



**REQUEST FOR PROPOSALS:
Children's Mental Health Services in Houston/Harris County**

Deadline: June 22, 2009

This request for proposals (RFP) describes a Hogg Foundation for Mental Health initiative to fund child and family mental health services in Houston/Harris County and provides instructions for submitting proposals.

Please read the following information carefully before submitting your proposal. Any additional information about the RFP will be posted on the foundation's Web site at www.hogg.utexas.edu. It is the respondent's responsibility to refer to the Web site for the most current information.

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A. DEADLINES AND SUBMISSION INFORMATION

1. Proposal Deadline

Proposals are due by 1 p.m. Central Daylight Time (CDT) on Monday, June 22, 2009.

2. Submission Process

All proposals must be submitted online via the foundation's Web site at www.hogg.utexas.edu by the proposal deadline. Instructions for submission are provided on the Web site. See Section F. Instructions for Grant Proposals for a list of required documents and information.

During the online application process, respondents will be instructed to upload the required documents as separate files. The system will notify respondents if their documents were not successfully uploaded.

Respondents will receive an email notification within three working days that the proposal was received and is complete. If the proposal is incomplete, the respondent will be notified and will have one business day following notification to complete the proposal.

For technical assistance, please contact Grants Management staff at (512) 471-5041 or Hogg-grants@austin.utexas.edu.

3. Teleconference for Potential Respondents

The foundation will host an informational teleconference for potential respondents at 10 a.m. CDT on Thursday, May 21, 2009. **As the number of call- in lines is limited, respondents must register for the call [online](http://www.hogg.utexas.edu) no later than 5 p.m. CDT on Tuesday, May 19, 2009.** The registration link also is available at www.hogg.utexas.edu. Dial-in instructions for the teleconference will be provided to those who have registered.

IMPORTANT NOTE: Due to the anticipated high number of callers, each organization is encouraged to call in using one phone line. Only one registration per phone line is required.

Please email questions for the teleconference to the foundation at Hogg-Grants@austin.utexas.edu by 5 p.m. CDT on Tuesday, May 19, 2009. Information provided during the teleconference will be available on the foundation's Web site at www.hogg.utexas.edu by Friday, May 29, 2009.

4. Inquiries

The foundation's communications with potential respondents will be limited to the informational teleconference, email correspondence and the Web site. The foundation will not accept phone calls regarding the RFP.

After the teleconference, questions may be emailed to Hogg-grants@austin.utexas.edu. Responses that may be relevant to other respondents will be posted on the foundation's Web site, so potential respondents are encouraged to check the Web site often for updates.

5. Notification and Release of Funds

Notice of awards will be made by early August 2009. Funding generally is released within three weeks of notification.

B. PROPOSAL CHECKLIST

The following documents must be submitted electronically in the online proposal:

1. Proposal Cover Letter (Word document; no page limit)
2. Program Summary (Word document; 250-word maximum)
3. Program Narrative (Word document; 5-page maximum)
 - a. Statement of Need
 - b. Program Plan
 - c. Program Evaluation
4. Program Timeline (Word document; no page limit)
5. Program Budget (Excel template; no page limit)
6. Budget Narrative (Word document; no page limit)
7. Letters of Support from Partner Organizations (If applicable)
8. Resumes of Key Program Staff and Potential Contractors
9. IRS Form 990 (If applicable)

C. BACKGROUND

1. Introduction

Since its founding in 1940, the Hogg Foundation for Mental Health (www.hogg.utexas.edu) has worked to improve the mental health of all Texans through the support of effective mental health services, research, policy and public education. The foundation is part of the Division of Diversity and Community Engagement at The University of Texas at Austin.

A component of the foundation's endowment, the Ima Hogg fund, is dedicated to mental health services for children, youth and their families in Houston/Harris County. For more than 30 years, the fund has supported prevention, early intervention and treatment for children, youth and their families in a variety of settings.

The purpose of this RFP is to develop and strengthen the provision of quality mental health services and supports for the children and families of Houston/Harris County, with a specific focus on the geographic areas of highest need. The scope and areas of focus for this RFP are built upon the recommendations obtained during a community-wide strategic planning process described in the next section.

The foundation will invest up to \$3 million a year for up to three years through this RFP. The foundation intends to provide multiple grants for one-, two- and three- year proposals to provide children's mental health services in Houston/Harris County. The number and size of grants awarded will be determined based on the quality of proposals, respondents and communities' ability to implement the program, and the demonstrated level of need for mental health resources in the community to be served.

2. Rationale

In June 2007, the Hogg Foundation provided funding to the Harris County Joint City/County Commission on Children (JC4) to facilitate a community strategic planning process to promote child and family mental health in Houston/Harris County. JC4 solicited input from a wide variety of community stakeholders and reviewed relevant data to develop a long-range strategic plan. To be responsive to the Houston/Harris County community's self-

assessment of their most significant needs, the foundation has built this RFP on the JC4 plan.

A key recommendation from the JC4 plan involves increasing access to quality mental health promotion, prevention, early identification (e.g., through screening) and intervention, and treatment services. Such services may be provided to older children and youth in school settings and to very young children in a variety of settings, such as pediatric offices and social service agencies.

Early childhood is a key time to identify and address budding difficulties in young children's social and emotional development. Sometimes these challenges reach the point of diagnosable mental health conditions. In other cases, the challenges are more mild to moderate, but should be addressed in order to prevent their growth into more severe problems and to optimize children's development.

Effective interventions in early childhood are not limited to treatment, but also include prevention and promotion strategies that foster all children's resilience. To intervene with children at such an early age, interventions can occur in any setting in which young children and their families are encountered, including social service programs, pediatric offices, public health clinics, day care centers and other child- and family-serving agencies. Depending on the intervention, such strategies may be provided by family member peers or staff.

For school-aged children, the school setting presents a critical opportunity to identify and intervene with children experiencing mental health challenges and to continue promoting children's healthy development and resilience. The mental health interventions that can appropriately be provided on school campuses include the full range of approaches – mental health promotion, prevention, early identification and intervention, and treatment. Effective strategies have been developed for elementary school, middle school and high school students and their families. Depending on the intervention, services may be provided by student peers, family member peers, or staff.

The JC4 planning process emphasized the need to provide effective services for children and their families. Decades of research and practice have yielded a wide range of evidence-based and promising mental health interventions that have demonstrated positive outcomes for preschool and school-aged children and their families.

A recent report of the National Research Council and Institute of Medicine of the National Academies, "Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities," provides a thorough review of the range of effective promotion, prevention, and treatment interventions in early childhood and for school-aged children. The report can be found online at www.nap.edu/catalog.php?record_id=12480#toc.

Other key resources on best practices for addressing mental health in early childhood include the Georgetown University Center for Child and Human Development's National Technical Assistance Center on Children's Mental Health (gucchd.georgetown.edu/programs/ta_center/topics/early_childhood.html) and the nonprofit organization Zero to Three (www.zerotothree.org/site/PageServer).

Useful resources for evidence-based mental health interventions in schools include the Center for School Mental Health at the University of Maryland (csmh.umaryland.edu/) and the Center for Mental Health in Schools at the University of California at Los Angeles (smhp.psych.ucla.edu/).

Additional information on evidence-based and promising practices for children's mental health is available through the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based and Promising Practices (www.nrepp.samhsa.gov/).

The plan also recommends incorporating three core values in services to children and families. These values are from the federal “systems of care” service approach (www.systemsofcare.samhsa.gov/):

- Child-focused and family-driven: The child, youth and family should be full participants in all aspects of the planning and delivery of services.
- Community-based: Services and supports should be provided in the least restrictive manner within the child and family’s community.
- Culturally competent: Care should be responsive to the cultural, racial and ethnic context of the family.

While the systems of care model originally was developed to treat children with serious emotional disturbances, the same values may be applied to mental health care for all children.

Finally, the JC4 process underscored the need to focus the limited available resources on supporting geographic areas of Houston/Harris County with the highest levels of need for mental health resources. There is no one definition or standard of need. It can be defined through a variety of statistics and indicators, such as school dropout rates, referrals to juvenile justice or child welfare, and poverty statistics. The Houston Department of Health and Human Services’ Web site (www.houstontx.gov/health/Epidemiology/Indicators/Epidemiology/page10.html) includes a host of useful data resources, including St. Luke’s Episcopal Charities’ Community Health Information System (www.slehc.org/CHI/CHIS/Index.cfm, which can be used to document a community’s level of need for mental health resources.

D. PROPOSAL GUIDELINES

1. Eligible Organizations

Texas-based nonprofit 501(c)(3) organizations and governmental entities are eligible to apply. Examples of eligible organizations include schools and school districts, nonprofit day care centers, mental health consumer organizations, mental health service providers, health care providers, social service providers, other community organizations, colleges and universities, and relevant departments of regional and local governmental agencies.

Proposals may be developed by multiple organizations. For example, a school may choose to partner with a mental health service provider for this initiative. In the case of collaborative proposals, a single, Texas-based organization must serve as lead and fiscal agent for a collaborative proposal.

2. Use of Grant Funds

Grant funds must be used for costs directly attributable to the provision of services and supports for children, youth and families. Costs may include staff salaries, contractors, travel for the provision of care, materials, supplies, overhead related to the program or services funded by the grant, and other expenses tied to service provision (e.g., costs associated with training and supervision of those who will provide services).

Foundation funds cannot be used to supplant existing funding. Funding through this RFP can only be used for services that cannot be billed otherwise to payers. Grantees will be expected to maximize billing to third parties (e.g., Medicaid, CHIP, Medicare, private insurance) and to fully utilize available financing strategies and local or other funding sources.

3. Ability to Withdraw or Reissue RFP

The foundation retains the right to withdraw the RFP at any time during the procurement process or to reissue the RFP in the future.

4. Review and Selection Process

Foundation staff will use a standardized rating instrument to review the proposals and select finalists. The foundation also may use external reviewers to evaluate proposals.

If all required information and documents are not included in the proposal, it will be considered ineligible for review.

Proposals will be selected on the basis of the quality of the proposed program, the respondent's and community's ability to implement the program, and the community's demonstrated level of need for mental health resources. Although all proposal sections will be considered in the review process, the program narrative section will be weighed most heavily.

5. Grant Period

Grants may be for one, two, or three years. Multi-year funding is contingent upon the grantee's progress in meeting program goals and objectives, timely submission of required materials, and adherence to all terms and conditions of the grant.

6. Deliverables

Grantees will participate in periodic calls with the foundation's program officer to assess progress toward program goals. They will submit written progress reports to the foundation as specified in the statement of agreement, as well as a final fiscal and narrative report.

Grantees will perform an evaluation of their program that is appropriate to the scope and goals of the proposed program. Grantees may contract with a consultant to perform all or part of the evaluation. The final report will include results of the program's evaluation.

E. PROGRAM ACTIVITIES

The foundation will provide funding for two types of service programs. Grantees may provide effective mental health promotion, prevention, early identification and intervention, and/or treatment services for children and their families (1) in early childhood in a range of settings (e.g., pediatric offices or social service agencies) or (2) for school-aged children on school campuses.

Mental health promotion, prevention, and early identification (i.e., screening) strategies may focus on children and their families with or without identified mental health challenges. Early intervention and treatment services may center on children with mild, moderate or severe mental health challenges, including co-occurring mental health and substance use disorders or developmental disorders. Single diagnosis substance abuse, mental retardation and developmental disorder diagnoses cannot be the program focus due to the interests of the foundation's benefactor.

Preference will be given to proposals that provide evidence-based or promising mental health practices as outlined in Section C2: Rationale.

Regardless of which types of services are to be provided, successful respondents will propose to offer such services in a child-focused, family-driven, community-based and culturally competent manner.

Successful proposals will make a strong case for their community's high level of need for mental health resources, citing relevant data.

F. INSTRUCTIONS FOR GRANT PROPOSALS

The proposal should be prepared using 12-point Times New Roman font and a one-inch page margin on all four sides of the page. Completed proposals must include the documents listed below. Respondents must put required information in the designated sections or the proposal will not be considered.

1. Proposal Cover Letter
2. Program Summary
3. Program Narrative
 - a. Statement of Need
 - b. Program Plan
 - c. Program Evaluation
4. Program Timeline
5. Program Budget
6. Budget Narrative
7. Letters of Support from Partner Organizations
8. Resumes of Key Program Staff and Potential Contractors
9. IRS Form 990

1. Proposal Cover Letter

The proposal cover letter should be submitted on the lead respondent organization's letterhead and should include the amount and number of years of funding requested, the name and address of the head of the organization, and the signatures of the board chair and the chief executive officer. If the respondent is a governmental entity, the letter must be signed by the appropriate administrative head or board authority. The name and contact information of any partnering organizations must be included in the body of the cover letter.

2. Program Summary

The summary should provide a brief overview of the proposed program, not to exceed 250 words. The summary may be used in some form in the foundation's publications, news releases and Web site if the program is funded.

3. Program Narrative

Please describe the proposed program in full in the program narrative section. Sections a, b, and c of the program narrative may not exceed a total of 5 pages. The narrative must be organized as follows:

a. Statement of Need

Location. Describe the specific geographic areas of Houston/Harris County in which services are to be provided. Specify the zip codes, school catchment areas (if school-based services are proposed) and neighborhoods to be served.

Demographics. Describe the populations of children in the geographic service area that will be addressed by the program. Include the age range of the children served and the ethnic/racial composition and languages spoken for the service area.

Community needs. Provide statistics to demonstrate the level of need for mental health resources in the community of focus, citing relevant data. Identify the gaps that the proposed program will fill.

Current resources. Describe the community's ability to support the program. Identify strengths and resources within the community of focus upon which the program will build.

b. Program Plan

Indicate whether a one-, two- or three-year program is proposed.

Indicate whether strategies for early childhood or school-aged children and their families are proposed. If the focus will be on school-aged children, indicate whether the intervention will focus on elementary school, middle school and/or high school.

Describe in detail the intervention to be implemented. Specify whether the intervention constitutes mental health promotion, prevention, early identification and intervention, and/or treatment. Indicate whether the proposed intervention is an evidence-based or promising practice. Explain the research or practice evidence, if any, for the intervention. Identify the process by which children will be identified as eligible for the intervention. Explain where and how the services will be provided. Identify the mental health outcomes expected as a result of the services.

In addition, if a screening strategy is proposed, indicate whether a universal or risk factor-based approach will be used. If a screening instrument is to be used, provide references for the instrument and describe it, including the languages in which the instrument is available and has been validated. Indicate the reading level of the tool.

Explain how the intervention will be provided using systems of care values. Describe child and family involvement in the development and implementation of the program. Indicate how youth input, if applicable, and family input will be incorporated. Describe the process by which youth and families can file a grievance regarding or commend the services they receive. Describe the steps to be taken to ensure that the services will be provided in a culturally and linguistically competent manner. Describe any cultural adaptations that will be made to the proposed intervention to improve service delivery.

Describe the respondent's ability to implement the program. Address the respondent's organizational capacity, including the organization's infrastructure and the relevant experience of key program staff.

Describe the level of support in the relevant community. If the proposal represents collaboration between organizations, identify each organization's role and responsibility in implementing the plan. Identify the key individuals who will be responsible for program implementation, including program oversight. Describe the use of consultants, if any, in developing and implementing the program.

Explain the plan for sustaining the program following the end of Hogg Foundation funding.

c. Program Evaluation

Describe a plan for conducting an evaluation of the program that is consistent with the scope and goals of the program. Assign responsibility for completing the evaluation and

preparing the final evaluation report for the foundation. Specify the use of consultants, if any, in the design or implementation of the evaluation.

4. Program Timeline

Identify important program milestones and due dates. Milestones could include, for example, hiring contractors, training staff or completing the evaluation. Assign responsibility for carrying out program tasks. Note that this section is not included in the 5-page limit for the program narrative.

5. Program Budget

Respondents must submit a budget for the entire grant period using the provided budget template (Excel spreadsheet). If the respondent is proposing a multi-year program, a budget template should be filled out for each year proposed. Note that this section is not included in the 5-page limit for the program narrative.

a. Personnel

Identify staff members who will work on the program and the percent employment dedicated to Hogg grant activities. If the program includes more than one organization, include personnel costs for each partner entity.

b. Contractor(s)

For each contractor, specify the name of the individual or organization and the funding request for each contract.

c. Travel

If the scope of the program requires travel for the provision of care, include mileage costs.

d. Supplies

Include costs for telephone, postage, office supplies, photocopying, printing and mailing that are directly attributable to the program.

e. Overhead

Indicate the amount of program overhead requested, if any. Respondents, excluding academic institutions, may request up to 10 percent of the total program expenses for the Hogg grant to cover program overhead. Overhead funds must be associated directly with the implementation of the program and cannot be used for general operating costs. Examples of overhead include rent, utilities and technology. Please note that as with any budget request, the foundation reserves the right to deny requests for overhead costs.

6. Budget Narrative

Provide a description of each line item included in the budget. Identify the funding source(s) of the "other funds" category. Examples of other funds include funds contributed by the lead organization, partner organization(s), other foundations or other in-kind contributions. Note that this section is not included in the 5-page limit for the program narrative.

a. Personnel

Identify each staff member who will perform program-related activities, percent employment assigned to the grant, salary and fringe. Include a brief description of each

staff member's role or responsibilities for the program. If a program manager is proposed, justify the need for one and describe the person's job responsibilities and percent employment assigned to the program. If the program includes partner organizations, include personnel costs for each entity.

b. Contractor(s)

Describe the use of consultants and their scope of work. List each contractor and the method used to calculate payment (e.g., hourly or by task).

c. Travel

If the scope of the program requires travel for the provision of care, justify the need for travel and program travel expenses for each individual to be covered in the travel category.

d. Supplies

Justify costs for supplies that are directly attributable to the program.

e. Overhead

Justify the need for overhead costs. Specify how overhead will be used. Examples of overhead include rent, utilities and technology. Please note that as with any budget request, the foundation reserves the right to deny requests for overhead costs.

7. Letters of Support from Partner Organization(s)

If the respondent proposes to partner with any other organizations for this program, letters of support from those organizations must be provided.

The signed letters of support, if applicable, must be submitted as part of the proposal. Respondents who are unable to scan the signed letters for online submission may upload the unsigned letters and fax the signed letters prior to the deadline to:

Hogg Foundation for Mental Health
Attention: Grants Management
Fax: (512) 471-9608

8. Resumes of Key Program Staff and Potential Contractors

Include resumes for all key program staff, including personnel and contractors.

9. IRS Form 990

If applicable, the respondent's IRS Form 990 should be submitted as part of the proposal. Respondents who are unable to scan the document for online submission may fax it prior to the deadline to:

Hogg Foundation for Mental Health
Attention: Grants Management
Fax: (512) 471-9608