Hospital-Linked Violence Intervention Program
Request for Qualifications
To operate a Sacramento-based HVIP
APPLICATIONS DUE OCTOBER 31, 2016

I. RFQ TIMELINE
To apply for funds in response to this Request for Qualifications (RFQ), please send your proposal to Youth ALIVE! via email to: lashley@youthalive.org by 5:00 pm, Monday, October 31, 2016. Any proposal that is received after 5:00 p.m., fails to meet eligibility requirements, or fails to follow submission instructions WILL NOT be considered.

<table>
<thead>
<tr>
<th>RFQ AND CONTRACT TIMELINE</th>
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<tbody>
<tr>
<td>RFQ issue Date</td>
<td>October 5, 2016</td>
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<tr>
<td>Optional Technical Assistance Call</td>
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<tr>
<td>Call-in number: 1-877-594-8353</td>
<td>October 13, 2016, 2:00pm-3:00pm</td>
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<tr>
<td>Access code: 78842269#</td>
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<tr>
<td>Proposals due to Youth ALIVE!</td>
<td>October 31, 2016, 5:00 pm</td>
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<tr>
<td>Recommendation announced</td>
<td>November 15, 2016</td>
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<tr>
<td>Negotiation, preparation, submission of formal application to Kaiser Permanente</td>
<td>November 15, 2016 - December 9, 2016</td>
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<tr>
<td>Grant Begins/Ends</td>
<td>April 1, 2017 - March 31, 2018</td>
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<tr>
<td>Onboarding, Hiring, Training</td>
<td>April 1, 2017 – May 31, 2017</td>
</tr>
<tr>
<td>Services to clients begin</td>
<td>April 1, 2017</td>
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For further information, contact Linnea Ashley by email at lashley@youthalive.org.

II. RFQ TEAM
For the past seven years, Kaiser Permanente has supported the development and implementation of a Hospital Based Violence Intervention Program (HVIP) linked to the South Sacramento Kaiser Foundation Hospital and Trauma Center, in partnership with Youth ALIVE! And WellSpace Health. The Sacramento Violence Intervention Program (SVIP) was created to help youth injured by violence, not only heal from their physical and emotional wounds, but also to find and pursue a new life path with the help of a mentor and guide. Hospital-based/linked violence intervention programs are effective because they recognize and act on an important opportunity for intervention — the teachable moment — at the hospital bedside when a person is most open to addressing the risk factors associated with intentional injury. Founded in 1945, Kaiser Permanente is a not-for-profit health care system dedicated to improving the health of its members and the communities they serve, which includes as a high priority, working to reduce violence and its traumatic effects among young people and their families.

This Request For Qualifications (RFQ) is being disseminated to identify a new community partner with experience in violence prevention/intervention, and trauma-informed care, to manage the youth intervention staff and direct services program components. The grant award for the first year of implementation is $200,000, with the goal that over time, program funding will be diversified.

The selected community partner will work in close collaboration with Kaiser Permanente South Sacramento Medical Center for client referrals and follow-up, case conferencing/development, and periodic reporting. The community agency will hire and manage the Intervention Specialists who meet with youth at bedside and provide case management for months afterwards, as well as provide youth with connections to related social and health services, and track progress over time. Shared data includes, but is not limited to, client updates, demographics, goal attainment, and troubleshooting. Kaiser Permanente and the selected program will be in contact multiple times a week, including frequent check-ins and case management.

Youth ALIVE!, a violence prevention and intervention program which houses the first HVIP, and the headquarters for the National Network of Hospital-based Violence Intervention Programs (NNHVIP) NNHVIP is a network of more than two dozen programs around the world that work with violently injured people. It brings together the best and most exciting HVIPs to share knowledge, develop best practices, collaborate on research, and affect policy change. Youth ALIVE! will provide technical assistance for the SVIP new program development and ongoing through the course of the program.

III. OVERVIEW OF HVIP

Violence prevention and intervention programs are a powerful way to stop the revolving door of violent injury in our hospitals. Engaging patients in the hospital, during their recovery, is a golden opportunity to change their lives and reduce retaliation and recidivism.

A 1989 study found hospital readmission rates for youth for recurrent violent injuries are as high as 44% due to assault and 20% due to homicide over a 5-year follow up. Without intervention, hospitals discharge violently injured patients to the same violent environments where they were injured, without a prescription for how to stay safe and with community pressure to seek revenge. Too often this results in a revolving door of violence causing even more injuries, arrests, incarcerations, and, sadly, deaths.

HVIPs reach those caught in the cycle of violence immediately after they have been hospitalized. At this critical moment, this vulnerable population is at a crossroads: they can either encourage retaliation for the violence committed against them, or they can turn their traumatic experience into a reason to take themselves out of “the game.” Breaking the cycle of violence means that each patient can begin working with a highly trained “Intervention Specialist” – a paraprofessional from the community – who provides crisis intervention, long-term case management, linkages to community-based services, mentoring, home visits, and follow-up assistance designed to promote health, including mental and physical recovery from trauma.
The HVIP model is inspired by “Jason,” a Wisconsin youth. In 1988, when he was just 9 years old, Jason was treated in the Children’s Hospital Emergency Department in Milwaukee for an “accidental” injury. Two years later, the hospital treated him again for multiple contusions and abrasions resulting from an assault. In 1992, at 13 years of age, he was treated for multiple stab wounds. Then, in early 1994, at age 15, the hospital treated him for a bullet wound in his leg. By the end of that year, he was dead, shot in the chest and killed at the age of 16. While medical staff expertly cared for his physical wounds each time, not once were his community health needs and risk factors addressed post-discharge. Tragically, every community across the country that has started a hospital-based violence intervention program knows many victims of violence like “Jason.”

The HVIP model enhances the *teachable moment* by engaging Intervention Specialists who can quickly gain the trust of traumatized patients and their family members at the bedside. All have good people skills, *street smarts*, and cultural sensitivity; reflect the racial and ethnic diversity of their clients; and many have a history of exposure to violence and/or have family members with similar histories.

The average HVIP patient/client receives services for six to twelve months. HVIP Intervention Specialists develop these discharge and ongoing service plans with patients and their family members based on formal assessments of individual, family, and community risk factors for re-injury. HVIP Intervention Specialists help clients do what they need to do to stay healthy and safe, which usually includes physical and mental health services; substance abuse treatment; academic support; vocational and recreational programs; and housing assistance. HVIP Intervention Specialists generally carry caseloads of 15-20 patients/clients, regularly conduct home visits, and take clients to appointments as needed.

The combination of brief intervention at the hospital bedside followed by community-based case management has been shown to significantly reduce reinjury and criminal justice contact and to significantly improve health and morbidity outcomes among patients. For the Sacramento HVIP, referrals will come directly from the Trauma Injury Prevention Coordinator at Kaiser Permanente South Sacramento via phone call or email. Part of the initial training provided to the awardee will be to streamline the referral protocol. Additionally, referrals can also come from social services, schools, probation, police departments and community organizations in Sacramento County.

### IV. PROGRAM OBJECTIVES

- Reduce subsequent violence
  - Identify and address client safety concerns, including potential relocation needs
  - Explicitly discuss and dissuade potential retaliation
  - Address client risk factors for involvement in violence, including substance use, gang affiliation, probation/parole status, etc.
- Improve health outcomes
Connect clients and families with mental health support (ex: counseling for PTSD, anger management, general mental health, substance abuse, church-based counseling). Recognize the importance of culturally competent mental health services to the healing of traumatized young people, and the stigma to receiving counseling that exists,

Ensure that clients are linked with medical provider(s) to provide follow-up treatment of violent injury and ongoing health care, including providing transportation to appointments.

- Improve educational attainment
  - Any client who does not already have a High School Diploma or GED should be enrolled in an educational program leading to a High School Diploma or GED
  - Any client who has a High School Diploma or GED should be encouraged to enroll in college

- Improve employability
  - Link all clients identifying employment as a need with a job training program
  - Assist all clients identifying employment as a need with job seeking & job readiness
  - Stabilize client’s housing and legal situation in order to support employment and education goals, including addressing immigration status, Driver’s license/ID, probation or parole mandates, etc.

More information on launching a new hospital-based program can be found on the National Network of Hospital-based Violence Intervention Programs web site, www.nnhvip.org. There are also downloadable resources – Violence is Preventable: A Best Practices Guide for Launching & Sustaining a Hospital-based Program to Break the Cycle of Violence and Youth ALIVE!’s Caught in the Crossfire Program Manual – available for download on Youth ALIVE!’s website at www.youthalive.org/publications.

### V. REQUIRED PROGRAM DESIGN ELEMENTS

For the purpose of this model, “Intervention Specialist” refers to a specially trained mentor/case manager with a strong background in understanding community violence, a trauma-informed approach to providing high-frequency, non-traditional case management services, as described below. All Intervention Specialists will be trained by Youth ALIVE!.

Program Requirements include:

**Staffing**

- A minimum of 2 (two) FTE of frontline Intervention Specialist staff must be assigned to this program to maintain a full caseload of clients and respond to calls for service from Kaiser Permanente serving Sacramento victims, provide initial bedside visits and intakes, and carry a full caseload of clients; additionally, at least a part-time supervisory position
and a strategy to provide services to Kaiser Permanente South Sacramento Medical Center Monday through Friday 8am – 5pm and on call as needed after hours.

- Respond within one (1) hour of notification by hospital staff from Kaiser Permanente South Sacramento Medical Center to the hospital bedside of the patient. In order to respond and engage with patients at KP, Intervention Specialists will go through the standard procedures for new employees and volunteers to receive hospital identification badges that will give them immediate access to injured patients.

- The community agency must also make available counseling and support services for the Intervention Specialists and other program staff, to help process and heal from vicarious trauma and effects.

**Program Management**

- Target population: Violently injured (gunshot, stabbing, or physical assault) patients, ages range between 15-26 years, although exceptions may be made on a case-by-case basis, treated at Kaiser Permanente South Sacramento Medical Center.

- Program will serve 60-80 young people per year. **It is also essential that the program has a plan to fill the caseload if there are not enough referrals from Kaiser Permanente South Sacramento Medical Center. Patients must reside in, or have been injured in Sacramento.**

- Provide intensive services, with caseloads no larger than 17 clients. In the first 1-2 months of service, provide a minimum of 3 contacts per week with clients.

- Maintain a client fund to use discretionarily to meet client needs for food, driver’s license fees, application fees, etc.

- Provide a minimum of 10% matching funds to this grant award, and what these sources of funding are.

**Client Care**

- Conduct home, hospital, and school visits with clients.

- Provide transportation for clients to medical and other appointments.

- Mental health services should be available within your organization or through a formal agreement with a sub-grantee or partner agency with a clear plan to attach clients to services they need.

**Monitoring and Evaluation**
- Track client outcomes by maintaining a detailed reporting template that is submitted periodically to Kaiser Permanente South Sacramento Medical Center for evaluation purposes.

**Community Involvement**

- Participate in National Network of Hospital-based Violence Prevention Programs (NNHVIP) and Northern California NNHVIP events, including monthly Working Group meetings (by phone), twice annual convenings of the Northern California Programs, and the annual NNHVIP conference.

- Support community programs focusing on violence prevention (ie. Mayor’s Task Force on Gang Violence, Resilient Sac, Sacramento Minority Youth Violence Program).

*Programs proposing to work together should submit only one proposal with information about the proposed sub-grantees and should include any Memoranda of Understanding related to their planned partnerships.*

Program design and staff training are essential for the success of a new program and are required throughout the contract. Youth ALIVE! staff must be on the hiring committee for the new program. A two-day introduction training is mandatory in addition to regular case-conferencing calls and other training throughout the year. The new HVIP will begin work on, with technical assistance from Oakland-based Youth ALIVE!’s Caught in the Crossfire program. Current clients in the service area will be transitioned to the new agency in a manner that will be influenced in part by suggestions from applicants.

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**VI. PROPOSAL DETAILS**

**Narrative (total not to exceed 7 pages):**

At the top of each page of the narrative, put your agency name, Employer ID number (EIN) and the page number. Use a minimum 12 point font throughout.

Please address the following three topics and sub-questions in the narrative section:

1) **Qualifications (Narrative)**

Describe your organization’s qualifications in approximately two to three (2-3) pages, including:

- Number of years active in Sacramento
- How operating an HVIP fits with the core mission of your organization
- Established partnerships that can support clients and services related to HVIP (Victims of Crime, police, schools, probation, hospitals, community based organizations)
- Examples of your investment in Sacramento, including
o How your staff reflects the community
o Balance of staff with formal education and life experience
o Example of training non-credentialed community members, or proposed ideas for such training, to employment opportunities for community members with the talent and commitment to do this work but who lack formal training/education in the field

- Experience providing services for and working with both victims and perpetrators (including access to behavioral health services, career counseling, etc.)
- How your organization currently works on larger issues of violence in the community in Sacramento, the leadership roles you have taken (and will take) in those efforts
- The unique characteristics of your organization that provide opportunities for enhancement of HVIP

2) **Design (Narrative)**

Describe your anticipated program implementation strategy, approximately two to three (2-3) pages that address:

- How you would identify, hire, train and support Intervention Specialists, including clinical support for staff exposed to vicarious trauma
- Response to the hospital for referrals, including staffing and expected response time
- Your model of case management, including documentation and supervision of staff
- How clients will be screened for symptoms of trauma and other mental health needs, and connected directly to mental health services
- Transportation expectation (for personal vehicles, company vehicles, other), as staff will be required to conduct home visits, drive clients to appointments, etc.
- How you will enter and track client data for reporting
- How you will provide continuity of service for existing HVIP clients

3) **Sustainability (Narrative)**

Describe your organization’s financial and administrative capacity, staffing and procedures to ensure sufficient financial control of Kaiser Permanente funding and to develop future support to expand this program, including (1-2 pages):

- How your organization will provide a minimum of 10% matching funds to this grant award, and what these sources of funding are. **Additional credit will be given for additional leverage of dollars toward this program.**
- How your fiscal department is staffed and what your accounting and oversight procedures are
- Who your largest funders are as an agency
- What is your vision to grow and enhance the HVIP program and violence prevention/intervention programming generally? How and from whom will you seek funding?
- Your plan for accessing reimbursable funding, such as from California Victim’s Compensation Board (Victim of Crime) and/or Medicaid
Other Required Attachments (exempt from page restriction):

<table>
<thead>
<tr>
<th>Financial information</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>▪ Most recent audited financial statements and any management letters</td>
<td>▪ Organizational chart</td>
</tr>
<tr>
<td>▪ Current agency budget</td>
<td>▪ Staff biographies or qualifications</td>
</tr>
<tr>
<td>▪ Project Budget, including a minimum 10% match of funds (Kaiser Permanente template provided)</td>
<td>▪ List of board members and affiliations</td>
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<td>▪ Workplan and Timeline (Kaiser Permanente template provided)</td>
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<td>▪ MOUs of partners (if applying with the intent to subcontract)</td>
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</table>

The complete application is **due on or before Monday, October 31, 2016 by 5:00 p.m.**
Electronic copies are acceptable.

If you have any questions please contact Linnea Ashley by email at lashley@youthalive.org.