



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) # 13-04
SPECIFICATIONS, TERMS & CONDITIONS
For
SUBSTANCE USE DISORDER TREATMENT OF BAY AREA SERVICE NETWORK
(BASN) AND AB 109 PARTICIPANTS**

For complete information regarding this project, see RFP posted at http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp and <http://www.acbhcs.org/Docs/docs.htm#RFP> or contact the County representative listed below.
Thank you for your interest!

Contact Person: Nermina Terovic
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Email: nterovic@acbhcs.org

**RESPONSES DUE
By
Tuesday January 29, 2013 by 2:00 pm¹
To
BHCS
Attn: RFP #13-04
c/o Nermina Terovic
1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

**Please read VI. REQUIRED FILLABLE FORMS TEMPLATE AND DOCUMENTATION SUBMITTAL FOR PROPOSALS carefully.
INCOMPLETE PROPOSALS WILL BE REJECTED.**

¹ Alameda County will not accept submissions or documentation after the proposal due date.

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms and conditions for Alameda County Behavioral Health Care Service (hereafter BHCS or County) to award contracts for the provision of a continuum of substance use disorder (SUD) treatment and recovery services to adult male and female parolees and probationers.

BHCS will use this Request for Proposals (RFP) to allocate approximately \$1,691,389, which includes both the Bay Area Service Network (BASN) and Assembly Bill (AB)109 funds. BHCS' allocation of BASN funds for fiscal year (FY) 12-13 is approximately \$1,467,904. If funding amounts remain similar, BHCS expects approximately \$1,173,789 to be available for FY 13-14 through this RFP. The remainder of BHCS' BASN allocation is used to provide level of care assessments and placement, care coordination and administrative support for the BASN program.

BHCS' FY 12-13 allocation of AB 109 funds for out-of-custody (community-based) SUD treatment is \$517,600.

At this time, BHCS anticipates that funding amounts for subsequent years will be similar, but are dependent upon allocations from the State (for BASN) and County (for AB 109). Bidders acknowledge the uncertainty of the funding resources supporting this RFP, which may impact BHCS' dollar allocation for services in this RFP contract period and subsequent contract years. BHCS shall notify the awarded providers should it be necessary to adjust the amount of the funding available.

At this time, BHCS anticipates that any contracts that result from this RFP process will begin on July 1, 2013. Contract funding shall be prorated, if appropriate, based on the effective start date of any contracts that result from this RFP.

BHCS will not accept subcontractors in proposals for this RFP.

BHCS reserves the right to distribute funding between the proposals within a particular treatment modality or to allocate all of the funds to a single Bidder, as recommended by the County Selection Committee (CSC)/Evaluation Panel. The County is not obligated to award any contracts as a result of this RFP. Any renewal, maintenance and/or continuation of funding of awarded contracts shall be contingent on any of the following: the availability of funds, Contractor's performance, Contractor's compliance with the policies and procedures set forth by the California Department of Alcohol and Drug Programs (ADP) and the continued prioritization of program activities and priority populations by BHCS.

B. BACKGROUND

1. ***About the Funding***

BASN is part of a larger statewide network called Parolee Service Network (PSN). BASN funding has been provided by an interagency agreement between the California Department of Corrections and Rehabilitation (CDCR) and ADP since 1991. BASN was designed to provide a continuum of SUD treatment and recovery services to eligible adult male and female parolees in nine Bay Area counties (Alameda, Contra Costa, Marin, San Francisco, Santa Clara, San Mateo, Napa, Solano and Sonoma) whose substance use issues are related to their involvement in the criminal justice system and recidivism, which tend to increase their criminogenic risk level. The State requires each County to select all eligible BASN treatment providers through a competitive bid process once every 36 months.

Public Safety Realignment Assembly Bill (AB) 109 was signed into law on April 4, 2011 and represents realignment of responsibility for many individuals, formerly incarcerated in State prisons, from the State to local Probation and Sheriff's Departments. Funding for AB 109 originates from vehicle license fees and a portion of the State sales tax allocated to each County. In Alameda County, funds are disbursed by the Probation Department at the direction of the Community Corrections Partnership (CCP).

BHCS views the AB 109 eligible population as having similar service needs as that of the BASN population. Combining these two funding streams into this RFP is the most effective way of identifying the most qualified agencies to provide effective treatment to both populations. However, these two funding streams must be tracked separately through financial and programmatic reporting. Though BASN parolees and AB 109 probationers have a similar needs profile, the individuals that are eligible under AB 109 no longer qualify for services under BASN.

2. *Level of Care Screening, Assessment and Placement (Care Coordination) System*

BHCS is working to create a system-wide approach to SUD treatment and recovery services in which individuals are matched to the level of care that best meets their needs. In 2011, BHCS began to structure both BASN and AB 109 services in accordance with the guidelines of the American Society of Addiction Medicine Patient Placement Criteria Second Revision, Revised 2001 (ASAM PPC-2R). The ASAM PPC-2R is used to determine an individual's appropriate level of care for initial placements, subsequent discharge or more intensive ("step-up) or less intensive ("step-down") levels of care as the individual's treatment need change over time.

a. BASN

BHCS currently contracts with a provider (Center Point, Inc.) to provide initial screening, level of care assessments and referral to BASN treatment providers. Eligible parolees are referred by their Parole Agent to Center Point, which uses the ASAM PPC-2CR criteria to assess and place participants into the most appropriate SUD treatment modality or combination of modalities.

b. AB 109

AB 109 eligible individuals will be referred by their Probation Officer to BHCS' Acute Crisis Care and Evaluation for System-Wide Services (ACCESS). In turn, ACCESS will use the ASAM PPC-2R criteria to screen, assess for level of care need and refer participants into the most appropriate SUD treatment modalities.

3. *SUD Treatment and Health Care Reform*

Because funding for BASN and AB 109 may eventually be replaced by funding through the Affordable Care Act (ACA), also known as Health Care Reform, BHCS regards it as important that those who are awarded these service contracts are able to demonstrate a plan to meet the performance expectations of Health Care Reform that are outlined in this RFP.

BHCS is interested in funding agencies and programs that are preparing for changes in behavioral health care delivery that will result from full implementation of Health Care Reform anticipated for the year 2014. This preparation can be

done by each Bidder singly, or by one or more Bidder organizations in emerging partnerships to share costs.

C. SCOPE

1. Funding Distribution

Funding awarded through this RFP shall be used to provide a continuum of SUD treatment and recovery services that are client-centered, recovery focused, based on evidence-based or promising practice models and culturally responsive to the characteristics and needs of parolees and probationers. Services will need to be sustainable as implementation of Health Care Reform moves forward. Services funded with BASN funds must comply with all elements of the PSN Guidelines as promulgated by CDCR and ADP (see PSN [State Guidelines.](#))

For the purposes of this RFP, Alameda County regions are split into four areas: North, Central, South and East. Table 1 describes the cities and unincorporated areas in each region.

Table 1

County Region	Defined as
North County	Alameda, Albany, Berkeley, Emeryville, Oakland and Piedmont
Central County	Unincorporated areas of Ashland, Castro Valley, Cherryland and Cities of Hayward, San Leandro and San Lorenzo
South County	Fremont, Newark and Union City
East County	Dublin, Livermore, Pleasanton, Sunol and surrounding unincorporated areas

At this time BHCS anticipates funding for FY 13-14 to be distributed in the categories listed in Table 2. BHCS intends to award up to \$1,691,389, in up to 21 contracts, at a maximum amount per region or treatment modality as specified in Table 2.

Bidders may apply to serve one or more treatment modalities within one or more regions as listed in Table 2. Each proposal will be considered individually, however, BHCS encourages the development of proposals that offer multiple, well-coordinated treatment modalities.

Proposals that successfully demonstrate a Bidder’s capacity to provide multiple levels of care within their own agency; and/or work in partnerships with other BASN and AB 109 agencies to facilitate warm hand-offs and effectively coordinate a participant’s care across treatment modalities needed to address all of the participant’s evolving needs may receive additional points as described in III. A. Evaluation Criteria/County Selection Committee (CSC) (Evaluation Panel) section of this RFP.

Proposals may not exceed the maximum contract amount per sub-modality/region, as listed in Table 2. Proposals with budgets that exceed the contract maximum shall be disqualified from the evaluation process and will not be scored by the CSC/Evaluation Panel.

Table 2

Treatment Modality ²	Maximum Number of Contracts BHCS Intends to Award	Maximum Bid Amount per Sub-Modality/Region	Maximum Amount per Sub-Modality/Region
1. Residential Treatment ³	4	Male: \$275,388	\$550,776
	1	Female, Non-Perinatal: \$64,797	\$64,797
	1	Female, Perinatal: \$32,398	\$32,398
2. Non-Residential Outpatient Treatment (Relapse Prevention, Non-Intensive Treatment, Intensive Treatment and Day Treatment)	4	North: \$148,634	\$297,268
	2	Central: \$99,454	\$99,454
	1	South: \$69,454	\$69,454
	1	East: \$31,093	\$31,093
3. Sober-Living Environment (SLE) ⁴	3	North Male Only: \$139,268	\$278,536
	2	Central Male Only: \$118,345	\$118,345
	1	South Male only: \$67,345	\$67,345
	1	Female Only ⁵ : \$81,923	\$81,923
Total			\$1,691,389.00

2. Referrals to the Program

Primary responsibility for decisions regarding referrals placements and periodic level of care changes will be centralized with Center Point, the current contracted provider for BASN. BHCS' ACCESS and Authorizations units will manage this function for AB 109. BHCS does not guarantee a minimum number of referrals for any treatment modality.

i. BASN Care Coordination

Center Point will work with awarded Contractors to place BASN participants into treatment; monitor participant treatment progress; connect participants with ancillary services; provide periodic reassessments and possible transitions to other treatment modalities as participant's needs change; and provide support and encouragement to participants throughout the process.

For BASN, care coordination is a shared responsibility between the treatment provider and Center Point, with the treatment provider documenting all care coordination activities in the participant's treatment plan and/or case notes.

For the purposes of this RFP, care coordination is defined as:

- Documenting placement into the appropriate level of care;

² See Scope section of this RFP for treatment modality definitions.

³ BHCS is not distributing Residential Treatment by County Region.

⁴ Of the total for SLE, \$546,149, no more than fifteen percent should be funded for female or female perinatal. There is no regulatory distinction between the two, and the populations can be mixed.

⁵ County region is not specified for this sub-modality.

- Planning for post-treatment transition support;
 - Making formal referrals for services outside the scope of comprehensive SUD treatment, but identified as necessary to the participant's attainment of treatment goals, including, but not limited to: education, vocational training, medical and dental treatment, pre and post-counseling and testing for infectious diseases, legal assistance, job search assistance, financial assistance, housing, childcare, post-treatment recovery support, such as 12 step and other self-help programs; and
 - Providing support, encouragement and information throughout the entire treatment process.
- ii. AB 109 Care Coordination
BHCS' Authorization unit will conduct periodic utilization reviews using the ASAM PPC-2R and may determine that the participant's needs have changed and require a different treatment modality. The treating program will provide care coordination, as defined above, including transition to a different level of treatment as per BHCS' Authorization unit's review. The treatment provider will document all care coordination activities in the participant's treatment plan and/or case notes.

Contracted providers will be responsible for developing a treatment plan and implementing changes in the placement or level of care in ways that assure a smooth transition for the participant from one agency to another. Treatment providers will encourage participants to contribute to their own treatment planning and care coordination and will help them avoid becoming dependent on any single program to which they have been referred. The goal will be to prepare participants for post-treatment recovery support services. At a minimum, the treatment plan must include the participant's interpersonal issues related to their SUD and the treatment and ancillary services the participant needs to successfully resolve those issues.

Participants will be served by a system of services rather than one treatment provider. Providers should orient new participants to how the system of services works. For example, treatment providers should describe how BHCS, Center Point and the treatment program agencies work together to match participants to the level of care that is appropriate to their needs.

Participants shall be retained within the treatment program to which they were referred for the time or number of visits recommended by Center Point for BASN or ACCESS and Authorizations for AB 109. If a participant's needs change over time, the participant will be transitioned to a more appropriate treatment modality. The maximum length of stay for all modalities combined is 180 days. Awarded providers and their participants may request brief extensions under exceptional circumstances, in which case they must follow the protocols outlined by BHCS.

BHCS is seeking proposals that successfully demonstrate Bidders' ability to provide the treatment modalities described below. BHCS is seeking contracted providers that provide individualized, flexible services within a broader continuum of care that is responsive to each participant's unique circumstances, criminogenic risk and treatment needs. For more detailed information on minimum duration and intensity, preclusions and requirements and exceptions, please see BHCS' summary of State guidelines located here: [State Guidelines](#) and the Glossary in this RFP.

3. Residential Treatment

Contracts awarded for Residential Treatment will provide food and shelter in a community based facility in conjunction with intensive and structured activities on a 24 hour a day, seven day per week schedule. The activities involve face-to-face interaction with designated program staff and participant attendance according to a planned and specified schedule.

Residential Treatment activities include:

- Habilitative Services
- Individual/Family/Group Counseling
- Collateral Services
- Treatment Planning
- Care Coordination
- Recreation
- Food
- Shelter
- Cooperative Childcare (for female perinatal services only).

Residential Treatment requires a minimum of twenty hours of face-to-face individual and group activity for each participant scheduled from Monday through Friday and a minimum of six hours of face-to-face individual and group activity scheduled on Saturday and/or Sunday.

SUD Treatment Program Counselors to participant ratios in Residential Treatment for group activities shall not be greater than 18:1.

BHCS is seeking up to four providers that can provide male-only Residential Treatment services; one female-only provider and one female perinatal in Alameda County.

4. *Non-Residential Outpatient Treatment (Relapse Prevention, Non-Intensive Treatment, Intensive Treatment and Day Treatment)*

Contracts awarded for Non-Residential Outpatient Treatment will provide services to participants through face-to-face interaction with program staff outside of the participant's residence.

Activities included in Non-Residential Outpatient Treatment include:

- Habilitative Services
- Individual/Family/Group Counseling
- Collateral Services
- Care Coordination
- Treatment Planning
- Recreation

A unit of service for Non-Residential Outpatient Treatment will be a minimum of one hour and a maximum of three hours. Services are scheduled at three units per week, excluding referral services. Contracted services are only authorized to bill for one unit of service per day, per participant.

The Contractor shall conduct an initial assessment to inform the participant's treatment plan within 30 days of admission. The Contractor shall conduct re-assessment for the participant's treatment plan no later than 90 days thereafter.

BHCS differentiates the four sub-modalities of Non-Residential Outpatient Treatment as follows:

Relapse Prevention

Three one-hour sessions per week.

Non-Intensive Treatment

Three sessions per week with some longer than one hour, with a total number of face-to-face sessions of five hours.

Intensive Treatment

Three sessions per week, each three hours in duration, so the total number of face-to-face sessions is nine hours.

Day Treatment

This is the most intensive and structured of the Non-Residential Outpatient Treatment sub-modalities. It still involves face-to-face interaction with designated program staff in which participants attend according to a planned and specific schedule. Day Treatment requires a minimum of three and maximum of nine hours of service per day, at least five days per week, with one of the days being a Saturday or Sunday, with a minimum of fifteen hours of face-to-face hours per week.

Day Treatment activities include:

- Rehabilitative Services
- Individual/Family/Group Counseling
- Collateral Services
- Care Coordination
- Treatment Planning
- Recreation

SUD Program Counselors to participant ratios in all sub-modalities of Non-Residential Outpatient Day shall not be greater than 18:1.

BHCS is seeking up to four providers that can provide Non-Residential Outpatient Treatment, (including Relapse Prevention, Treatment, Non-Intensive Treatment, Intensive Treatment and Day Treatment) in North County; up to two providers in Central County, one in South County and one in East County. BHCS encourages Bidders to submit proposals that can successfully provide Non-Residential Outpatient Services in the same region as the SLE.

5. Sober-Living Environment (SLE)

Contracts awarded for SLE will provide food and shelter in a residence, which is self-governed by the participants and where no services or activities are led by program staff on-site. Participants pledge total abstinence from alcohol and illicit drugs as a non-negotiable condition of their residence.

SLE may only be provided in combination with Non-Residential Outpatient Treatment. The SLE shall be the participant's primary residence while enrolled in this modality.

SLE services include:

- Food
- Shelter

The scope of work does not include any structured SUD treatment activities at the SLE facility, except house meetings to discuss operation and house management

issues. If Contractor operates a Residential Treatment facility, it must be in a different building than the SLE.

BHCS is seeking up to three providers that can provide male only SLE services in North County; two male only in Central County and one male only in South County. BHCS is seeking a provider that can successfully provide a female only SLE. BHCS encourages Bidders to submit proposals that locate SLEs in the same region as Non-Residential Outpatient Services.

D. VENDOR MINIMUM QUALIFICATIONS

To be eligible to bid on this RFP, Bidders must successfully demonstrate, in their proposal, how they meet the following Vendor Minimum Qualifications:

- a. Be regularly and continuously engaged in the business of providing SUD treatment and recovery services to adults involved in the criminal justice system for at least three consecutive years within the last ten years.

BHCS will disqualify proposals that do not successfully demonstrate that Bidder meets the specified Vendor Minimum Qualifications, and these disqualified proposals will not be evaluated by the CSC/Evaluation Panel and will not be eligible for funding under this RFP.

E. SPECIFIC REQUIREMENTS

BHCS is seeking providers that successfully demonstrate their ability to achieve the objectives below. The service objectives are to:

- Provide a continuum of SUD treatment and recovery services;
- Reduce problematic substance use and related criminal activity;
- Reintegrate individuals into society and encourage a clean and sober lifestyle; and
- Provide appropriate placement in community treatment and recovery programs.

BHCS expects awarded providers to plan for and implement continuous staff training and quality improvement. BHCS will work with awarded providers to establish measurable outcomes and performance measures.

a. *Priority Population and Service Delivery Approach*

Individuals eligible for these services have a history of SUD and involvement in the criminal justice system. Specifically, the priority populations can be described in two major categories:

- Adult male and female parolees of CDCR who have been paroled to Alameda County and are eligible for services through the BASN program; and
- Adult males and females returning to the community from incarceration, whose non-violent, non-serious, and non-sex offenses make them eligible for County-level probation supervision as a result of AB 109.

Perinatal programs may serve pregnant or parenting females with children up to five years of age who are either BASN or AB 109 eligible.

Programs may serve registered sex offenders as long as the program's facility meets the statutory requirements for housing and treatment of sex offenders. To be eligible to participate in treatment, participants must be absent of arson arrests/convictions for the past five years. Individuals with serious mental illnesses must be sufficiently free of active mental or emotional symptoms to be able to effectively participate in treatment.

BHCS expects awarded providers to deliver individualized, participant-centered treatment activities that promote recovery and address each participant's unique strengths. BHCS expects awarded providers to implement an evidence-based practice (EBP) or promising practice (PP) model that matches the needs of the priority population and treatment modality.

b. Experience with Priority Population Needs and Service Delivery Approach

BHCS expects awarded providers to demonstrate their experience and knowledge of the priority population. Awarded providers shall also demonstrate their success in implementing well-matched, thoughtful service delivery approaches and measurable outcomes.

BHCS expects providers to be knowledgeable about the priority population in terms of race/ethnicity; age, County region, and criminogenic risks and needs. BHCS expects providers to have the ability to address the specific cultural needs of the priority population. BHCS expects providers to be knowledgeable about the gender-specific issues, such as, but not limited to, shame, stigma and risky behaviors that impact successful SUD treatment services.

c. Planned Organizational Infrastructure and Staffing

Services shall be provided by an organization that demonstrates readiness or significant progress towards a plan for readiness for Health Care Reform. Services shall be provided by an organization that demonstrates thoughtful operations in terms of infrastructure, staffing and hiring. BHCS expects providers to have a clear understanding of staff roles and responsibilities.

BHCS is seeking providers that can demonstrate successful planning for Health Care Reform. This planning may occur in partnership with another organization to share costs. Specifically, BHCS expects providers to demonstrate:

- Implementation of or plans for how to obtain and implement an electronic health records (EHR) for documentation of the following:
 - Participant treatment plan;
 - Interventions to support services delivered to the participant and participant's response to services;
 - Produce data elements from clinical entries that can be used to measure staff productivity, performance, outcomes and billing multiple funders;
 - Evidence of sustainable organizational infrastructure, including:
 - Diverse funding sources;
 - Sound fiscal management;
 - Succession planning for key staff;
 - Annual training plan for agency and staff;
 - Longevity of the agency;
 - Technological and organizational readiness to produce electronic billing that is compatible with most third-party, insurance-based systems; and
 - The ability to participate in care coordination across SUD, mental health and primary care service delivery systems.

Providers must demonstrate their ability to maximize efficiency and productivity in the proposed treatment modality. Additionally, providers must demonstrate their ability to seek and maintain diverse funding sources.

d. Licensure and Certification

Residential Treatment providers must successfully demonstrate they have and are able to maintain appropriate combined license and certification from ADP. Non-Residential Outpatient Services must obtain and maintain alcohol and drug

certification from ADP that is effective on the first day of service delivery as specified in the contract.

SLE Providers must successfully demonstrate that they have and are able to maintain California Association of Addiction Recovery Resources (CAARR) Sober Living Registration. All SLE sites must be inspected and approved by the local fire authority with jurisdiction for the area. SLE sites with more than six beds must obtain and maintain a Conditional Use Permit from the City or County.

Providers must ensure that all staff hold professional credentials and experience necessary to perform services as specified under this RFP.

e. *Partnerships and Coordination*

Evidence indicates that the parolee and probation populations have better outcomes when services are provided in a continuum. Therefore, BHCS encourages proposals that successfully demonstrate that Non-Residential Outpatient Treatment and SLE services will be in close proximity, to clients in the same County region. The provision of these services may be by the same provider or in collaboration with another provider, as evidenced by a memorandum of understanding, between providers, clearly stating roles and responsibilities.

Awarded providers should form and maintain partnerships with other community resources for referrals and linkages to ancillary services beyond the scope of treatment modalities listed in this RFP, including, but not limited to education, vocational training, medical and dental treatment, pre and post-counseling and testing for infectious diseases, legal assistance, job search assistance, financial assistance, housing, childcare, post-treatment recovery support, such as 12-step and other self-help programs.

Awarded providers must have the capacity to participate in a system of care as evidenced by either directly providing a range of service modalities and care levels to a participant or working in partnerships with other treatment programs to facilitate care coordination across a range of service modalities and care levels.

It is especially important for awarded providers to provide seamless services to participants living in an SLE and attending Non-Residential Outpatient Services. Therefore, BHCS is seeking providers that are able to demonstrate their ability to work in partnership with agencies by:

- Sharing data for care coordination, including attendance records;
- Transporting participants, if possible;
- Sharing critical incident and relapse reports;
- Providing consistent support to the participant in achieving his or her individual treatment plan goals and objectives.

BHCS expects awarded providers to participate in BHCS facilitated meetings, including, but not limited to, monthly AOD provider meetings, BASN network provider meetings and relevant training events as directed by BHCS.

f. *Ability to Track Data and Outcomes*

Providers must demonstrate the capacity to track process data and outcomes for the purpose of reporting. BHCS expects awarded providers to document and verify all participant activities. BHCS expects awarded providers to track process measures per treatment modality, such as the ones listed below:

- Number of unique clients;
- Number of slots;

- Number of individual visits;
- Number of group visits;
- Number of group sessions; and
- Number of bed days.

Providers must demonstrate the ability to track outcomes for the purpose of continuous quality improvement. BHCS expects awarded providers to track outcomes per treatment modality, such as the ones listed below:

- Substance Use Stabilization: Reduction or elimination of use of alcohol or other drugs, including misuse of prescription medication.
- Mental Health Stabilization (if applicable): Reduction or cessation of mental health symptoms improved daily functioning and improved living skills.
- Employment Status: Securing part or full-time employment, or volunteer work for those too disabled for paid employment.
- Income Level: Increase in salary or wages for those employed at the start of treatment or obtaining or extending benefits for those too disabled to work.
- Housing Status: Obtaining stable, affordable safe, drug and alcohol-free supportive housing that is available upon discharge from treatment.
- Criminal Justice Status: Absence of parole or probation violations or new charges; compliance with all conditions of parole or probation; compliance with other pre-existing legal requirements, such as: completion of DUI, domestic violence, and/or anger management classes; completion of community service hours; and/or other requirements related to any previous convictions.

II. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Friday December 7, 2012	
Bidder's Written Questions Due	Friday January 4, 2013 by 2:00 pm	
1 st Bidders' Conference	Tuesday January 8, 2013 10:00 am to 12:00 pm	1900 Embarcadero Cove, Suite 205 Wildcat Canyon Room Oakland
2 nd Bidders' Conference	Thursday January 10, 2013 9:30 am to 11:30 am	Livermore Public Library, Board Room 1188 South Livermore Avenue Livermore
Addendum Issued	Tuesday January 15, 2013	
Proposals Due	Tuesday January 29, 2013 by 2:00 pm	
Review/Evaluation Period	Tuesday January 29 to Monday February 23, 2013	
Oral Interview	Friday February 22, 2013	
Award Recommendation Letters Issued	Week of February 25, 2013	
Board Agenda Date	June 4, 2013	
Contract Start Date	July 1, 2013	

Note: Award Recommendation, Board Agenda and Contract Start dates are approximate. Other dates are subject to change. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, the Bidder

certifies that if awarded a contract, Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

A. NETWORKING/BIDDERS' CONFERENCES

Networking/Bidders' Conferences will be held to

1. Provide an opportunity for Small Local Emerging Businesses (SLEBs) and large firms to network.
2. Provide an opportunity for Bidders to ask specific questions about the program and request RFP clarification.
3. Provide the County with an opportunity to receive feedback regarding the program and RFP.

All questions will be addressed and the list of attendees will be included, in an RFP Addendum following the Networking/Bidders Conferences.

Potential Bidders are strongly encouraged to attend Networking/Bidders Conferences. Bidders who attend a Networking/Bidders Conference will be added to the Bidder List. Failure to participate in a Networking/Bidders Conference will in no way relieve the Contractor from furnishing services required in accordance with these specifications, terms and conditions. Attendance at a networking/bidders conference is highly recommended but is not mandatory.

III. COUNTY PROCEDURES, TERMS AND CONDITIONS

A. EVALUATION CRITERIA/COUNTY SELECTION COMMITTEE (EVALUATION PANEL)

All proposals that meet the Vendor Minimum Qualifications shall be evaluated by a County Selection Committee (CSC)/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals that may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall recommend Bidders for contract award in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the BHCS contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

As a result of this RFP, the County intends to award a contract to the responsible Bidder(s) whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidder(s) that demonstrates the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified below. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections below. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of Bidder’s proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a five-point scale shown in Table 3. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 5, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred-fifty (550) points, including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum ten percent of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and scoring to develop a short list of Bidders that will continue to the final stage, which may include an oral interview and reference checks.

If the two-stage approach is used, Bidders that receive the highest preliminary scores and with at least 250 points shall be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in Table 3:

Table 3

0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score shall result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This shall be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/ Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent/ Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

The evaluation criteria and respective weights for this RFP are as defined in Tables 4 and 5:

Table 4

Completeness of Response		
Copies, Page Length & Format	Check for one original in a binder and seven unbound copies of the proposal.	Complete/Incomplete and Meets Minimum Requirements/ Fails to Meet Minimum Requirements
1. TITLE PAGE	Reviewed to ensure Bidders are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov .	
EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE		
2. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY		
3. VENDOR MINIMUM QUALIFICATIONS	Reviewed to determine whether the Bidder had demonstrated that they meet all Vendor Minimum Qualifications.	
4. ORGANIZATIONAL CAPACITY & REFERENCE	Reviewed for completeness, Dunn and Bradstreet rating and organization's financial stability.	

Table 5

Section	Evaluation Criteria	Weight
5. Bidder Experience, Ability and Plan	a. Priority Population and Service Delivery Approach⁶ For each treatment modality, Bidder must have a separate tab labeled as: "Priority Population and Service Delivery Approach for X treatment modality" and must respond to the following: <ul style="list-style-type: none"> How thoughtful, thorough and realistic is Bidder's proposed treatment modality design? How well does the Bidder understand the priority population characteristics and needs? How well developed is Bidder's program design? How thoughtful, thorough and realistic is Bidder's plan to use EBP or PP models? How likely is Bidder to maintain fidelity to EBP or PP models? 	16
	a. Optional Priority Population and Service Delivery Approach* <ul style="list-style-type: none"> If applicable, how thorough, thoughtful and realistic is Bidder's plan to provide multiple treatment modalities that will make it easier to transition clients to other levels of care when their treatment needs change? 	5
	b. Experience with Priority Population Needs and Service Delivery Approach <ul style="list-style-type: none"> How well matched and relevant is Bidder's experience with the priority population? How well matched and relevant is Bidder's experience with the treatment modalities? How well does Bidder use learning from experiences to modify service delivery? 	15

⁶ Note if Bidder did not include all required components, full points cannot be allocated. Bidder must submit a separate labeled tab for each proposed treatment modality.

Section	Evaluation Criteria	Weight
	<p>c. Planned Organizational Structure and Staffing</p> <ul style="list-style-type: none"> • How well does Bidder demonstrate ability to obtain and maintain diverse funding sources? • How thoughtfully, thoroughly and realistically does Bidder’s proposed treatment modality (or modalities) fit into the current organizational structure? • How well matched and relevant are Bidder’s staff roles and supervisory infrastructure to the RFP requirements? • How well matched are current staff and job descriptions to the proposed treatment modalities? 	7
	<p>c. Optional Planned Organizational Structure and Setting*</p> <ul style="list-style-type: none"> • How thoughtful, thorough and realistic is Bidder’s plan to prepare for Health Care Reform? If applicable, how thorough, thoughtful and realistic is the Bidder’s plan to develop a billing and reporting infrastructure that can be responsive to the requirements of multiple funders? • If applicable, how well has Bidder diversified their funding sources to ensure their financial sustainability? • How comprehensive is the Bidder’s plan for implementation of an EHR? • How much progress has the Bidder made in actualizing their plan? 	3
	<p>d. Licensure and Certification⁷ For each treatment modality, Bidder must have a separate tab labeled as: “Priority Population and Service Delivery Approach for X treatment modality” and must respond to the following:</p> <ul style="list-style-type: none"> • How thoughtful, thorough and realistic is Bidder’s plan to maintain required licensure and certification per treatment modality?⁸ • How thoughtful, thorough and realistic is Bidder’s staffing and supervisory infrastructure to manage each treatment modality? 	6
	<p>e. Partnerships and Coordination</p> <ul style="list-style-type: none"> • How well matched and relevant is Bidder’s experience in forming partnerships and/or collaborations to the RFP requirements? • How organized and thoughtful is Bidder’s experience in identifying challenges and solutions in forming and sustaining partnerships? • How well matched, relevant and realistic are the partners that Bidder plans to collaborate with the RFP requirements? 	8
	<p>e. Optional Partnerships and Coordination*</p> <ul style="list-style-type: none"> • If applicable, how thorough, thoughtful and realistic is Bidder’s plan to collaborate/partner with more than one treatment modality?⁹ 	2
	<p>f. Ability to Track Data and Outcomes</p> <ul style="list-style-type: none"> • How well matched is Bidder’s current data systems to the provision of SUD treatment services to the criminal justice population? 	5

⁷ Bidder must provide a response for each treatment modality.

⁸ Bidder must include a copy of each certification and licensure per treatment modality to receive points.

⁹ Bidder must provide MOUs with clear descriptions of roles and responsibilities, data sharing and hand off processes if they are proposing collaboration/partnerships to provide more than one treatment modality.

*Indicates that Bidder may provide responses to this section and the Evaluation Panel may award additional points as allocated.

Section	Evaluation Criteria	Weight
	<ul style="list-style-type: none"> • How well does Bidder use data to improve performance and quality? • How thorough, thoughtful and relevant is Bidder's plan to collect data to track the outcomes in this RFP? 	
6. Cost	<p>Cost Coefficient will use the following formula:</p> <ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <ul style="list-style-type: none"> ○ $\\$100,000 / \\$100,000 = 1 \times 5 \times \text{weight} = \text{points}$ • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points • Low bid divided by fourth lowest bid x 5 x weight = points 	10
	<p>b. Budget Narrative (based on 7. a. B-1)</p> <ul style="list-style-type: none"> • How accurately does the proposed budget (B-1) reflect the proposal (e.g. staffing, services and activities)? • How appropriate and realistic are the costs of the program? • How clear does the budget narrative explain the budget? 	
7. Implementation Plan and Schedule	<p>a. Implementation Schedule and Plan</p> <ul style="list-style-type: none"> • How thorough, thoughtful and realistic is Bidder's plan? 	2
	<p>b. Challenges and Risks</p> <ul style="list-style-type: none"> • How thorough, thoughtful and realistic is Bidder's identification of challenges and barrier mitigation strategies? 	2
References		4
Oral Interview, if applicable	Criteria are created with the CSC/Evaluation Panel.	10
Preference Points, if applicable		% of Subtotal of Points
	SLEB	5%
	Local	5%

B. CONTRACT EVALUATION AND ASSESSMENT

During the initial sixty (60) day period of any contract, which may be awarded to Contractor, the CSC and/or other persons designated by the County will meet with the Contractor to evaluate performance and to identify any issues or potential problems.

The County reserves the right to determine, at its sole discretion, whether:

1. Contractor has complied with all terms of this RFP; and
2. Any problems or potential problems, which make it unlikely (even with possible modifications) that Contractor has met the County requirements.

If, as a result of such determination, County concludes that it is not satisfied with Contractor, Contractor's performance under any awarded contract and/or Contractor's services as contracted for therein, the Contractor will be notified of contract termination effective forty-five (45) days following notice. The County will have the right to invite the next highest ranked Bidder to enter into a contract. The County also reserves the right to re-bid this project if it is determined to be in its best interest to do so.

C. NOTICE OF INTENT TO AWARD

1. At the conclusion of the RFP process ("Evaluation Process"), all Bidders shall be notified in writing by e-mail or fax, and certified mail, of the contract award recommendation(s), if any, by BHCS. The document providing this notification is the Notice of Intent to Recommend Award.

The Notice of Intent to Recommend Award shall provide the following information:

- a. The name of the Bidder(s) being recommended for contract award; and
 - b. The names of all other Bidders that submitted proposals.
2. At the conclusion of the RFP process, debriefings for unsuccessful Bidders may be requested in writing and will be restricted to discussion of the unsuccessful Bidder's proposal. .
 - a. Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder.
 - b. Debriefing may include review of the successful Bidder's proposal with redactions as appropriate.
 3. Submitted proposals shall be made available upon request no later than five (5) business days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

D. AWARD

1. Proposals will be evaluated by the CSC/Evaluation Committee and will be ranked in accordance with the RFP section entitled Evaluation Criteria/Selection Committee.
2. The CSC/Evaluation Committee shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.

3. Small and Emerging Locally Owned Business: The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's Small and Emerging Locally Owned Business requirements in order to be considered for the contract award. These requirements can be found online at:
<http://acgov.org/auditor/sleb/overview.htm>.

For purposes of this RFP, applicable industries include, but are not limited to, the following NAICS Code(s): 623220 and 621420as having no more than \$14 million in average annual gross receipts over the last three (3) years.

An emerging business, as defined by the County, is one that has less than one-half (1/2) of the preceding amount and has been in business less than five (5) years.

4. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
5. The County reserves the right to award to a single or multiple Contractors.
6. The County has the right to decline to award these contracts in whole or any part thereof for any reason.
7. Board of Supervisors (BOS) approval to award a contract is required.
8. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
9. Final terms and conditions shall be negotiated with the Bidders recommended for award. Bidders may request a copy of the Master Agreement template from the BHCS contact. The template contains the agreement boilerplate language only.
10. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

IV. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby CSC/Evaluation panelists during the evaluation process. Attempts by Bidder to contact CSC/Evaluation panelists may result in disqualification of Bidder.

All questions regarding these specifications, terms and conditions are to be submitted in writing, preferably via email by 5:00 p.m. on the date of the second Bidder's Conference to:

BHCS
RFP: No. 13-04
Attn: Nermina Terovic
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
E-Mail: nterovic@acbhcs.org
Phone: 510.3832766

All contact during the competitive process shall be through the RFP contact, only. The BHCS website <http://www.acbhcs.org/Docs/docs.htm#RFP> and the General Services Agency (GSA) website http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp#goods are the official notification and posting places for this RFP and any Addenda.

B. SUBMITTAL OF PROPOSALS

1. All proposals must be received by BHCS **no later than 2:00 pm on the due date specified on the RFP cover and Calendar of Events**. BHCS cannot accept late proposals.

NOTE: LATE AND/OR UNSEALED BIDS CANNOT BE ACCEPTED. IF HAND DELIVERING BIDS PLEASE ALLOW TIME FOR METERED STREET PARKING OR PARKING IN AREA PUBLIC PARKING LOTS AND ENTRY INTO SECURE BUILDING.

BHCS shall only accept proposals at the address and by the time indicated in on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or date or at a place other than the stated address cannot be considered and shall be returned to the Bidder un-read.

All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery address prior to the time designated. BHCS' timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Proposals are to be addressed and delivered as follows:

BHCS
RFP No. 13-04
Attn: Nermina Terovic
1900 Embarcadero Cove Suite 205
Oakland, CA 94606

Bidder's name, return address, and the RFP number and title must also appear on any mailing package.

3. **BIDDERS SHALL NOT MODIFY FORM(S) OR QUALIFY THEIR BIDS. BIDDERS SHALL NOT SUBMIT TO THE COUNTY A SCANNED, RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF THE FORM(S) OR ANY OTHER COUNTY-PROVIDED DOCUMENT.**
4. The County will not consider telegraphic, electronic or facsimile proposals.
5. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
6. The County will only accept one proposal from any one person, partnership, corporation or other entity; however, several alternatives may be included in one response. For purposes of this requirement, "partnership" shall mean and is limited to, a legal partnership formed under one or more of the provisions of the California or other state's Corporations Code or an equivalent statute.
7. All other information regarding the proposal responses will be held as confidential until such time as the CSC/Evaluation Panel has completed its evaluation, an intended award has been made by the CSC/Evaluation Panel, and the contract has been fully negotiated with the intended awardee named in the intent to award/non-award notification(s). The submitted proposals shall be made available upon request no later than five (5) business days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, will receive mailed intent to award/non-award notification(s), which will include the name of the Bidder to be recommended for award of this project. In addition, award information will be posted on the County's "Contracting Opportunities" website, mentioned above.
8. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the award of the order or contract, be open to public inspection.
9. California Government Code Section 4552: In submitting a proposal to a public purchasing body, the Bidder offers and agrees that if the proposal is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of services by the Bidder for sale to the purchasing body pursuant to the proposal. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the Bidder.
10. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
11. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the

type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.

12. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
13. It is understood that County reserves the right to reject this proposal and that the proposal shall remain open to acceptance and is irrevocable for a period of twelve months, unless otherwise specified in the proposal documents.

C. RESPONSE FORMAT/PROPOSAL RESPONSES

1. Proposal responses are to be straightforward, clear, concise and specific to the information requested.
2. In order for proposals to be considered complete, Bidder **must** provide responses to all information requested. See [Fillable Forms Template](#) for detailed questions/required responses.
3. Proposal responses, in whole or in part, are NOT to be marked confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Please refer to the County's website at: <http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm> for more information regarding Proprietary and Confidential Information policies.

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addendum will be deemed incomplete and may be rejected.

V. APPENDICES

A. GLOSSARY & ACRONYM LIST

AB 109	Assembly Bill 109, also known as Public Safety Realignment
ACCESS	Acute Crisis Care and Evaluation for System-Wide Services, which provides individuals eligible for Alameda County BHCS programs referrals to appropriate services.
ADP	California Department of Alcohol and Drug Programs
Adults	Individuals between the ages of 18 and 59.
Agreement	The formal contract between BHCS and the Contractor
ASAM PPC-2R	American Society of Addiction Medicine Patient Placement Criteria Second Revision, Revised 2001. For the purposes of this RFP, this will be used as a tool to place eligible individuals into SUD treatment services.
BASN	Bay Area Service Network
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	The bidders' response to this Request; used interchangeable with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
Care Coordination	Documenting placement into the appropriate level of care; planning for post-treatment transition support; making formal referrals for services outside the scope of comprehensive SUD treatment, but identified as necessary to the participant's attainment of treatment goals, including: education, vocational training, medical and dental treatment, pre- and post-counseling and testing for infectious diseases, legal assistance, job search assistance, financial assistance, childcare, post-treatment recovery support such as 12 step and other self-help programs; and providing support, encouragement and information throughout the entire treatment process. These resources and activities are documented in the client's treatment plan and/or case notes.
CDCR	California Department of Corrections and Rehabilitation, which is responsible for individuals who are released on parole from State prisons.
Client	The recipient of services
Collateral Services	Collateral Services are services provided to persons who are significant in the emotional life of the participant by virtue of their relation to the participant through family affiliation, as a significant other, or as a member of an extended therapeutic community. Services are reimbursable if they are oriented to the treatment and personal recovery needs of the participant and included in the treatment plan. Contacts with individuals who are related to the participant by virtue of their office or profession, such as teachers, social workers, clergy, sponsors, correctional officers, and parole agents are not collateral services. Such contacts would instead be categorized as Treatment Coordination or Case Management.
Community-Based Organization	A non-governmental organization that provides direct services to participants.
Contractor	When capitalized, shall refer to selected bidder that is awarded a contract
Co-occurring conditions	For the purposes of this RFP, co-occurring refers to mental health and substance use issues simultaneously experienced by a client
County	When capitalized, shall refer to the County of Alameda
Criminogenic	Producing or tending to produce crime or criminals. Criminogenic risk factors are those aspects of a parolee or probationer's life that make it more likely that he or she will commit a crime.
Cultural Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support

	systems relative to their care
Evidence based practice	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies.
Federal	Refers to United States Federal Government, its departments and/or agencies
Fidelity	Strict observance to fact or detail; adherence, accuracy, exactness
Food and Shelter	Food and shelter is the provision of meals and sleeping arrangements in a 24-hour residential facility.
Habilitative Services	Habilitative Services are structured and planned activities involving program staff and participants in traditional classroom or experiential learning regarding practical life and social skills. Subjects shall include, but are not limited to, the following: job preparation, application, interview and retention skills; managing finances; maintaining health, personal hygiene, and appearance; obtaining educational and vocational training; building and maintaining socially supportive relationships; obtaining housing and social services; recognizing and preventing substance use relapse; avoiding violence and criminal activities; recognizing and changing self-defeating thinking and behavior patterns; nutrition, meal planning and food preparation; parenting skills, and obtaining child care.
Individual Treatment Plan	A document that contains treatment goals, progress notes, and specific services and activities needed, based on an assessment of the client's addiction severity and life situation relative to their SUD. The treatment plan must contain overall goals, as well as objectives to achieve those goals, and specific activities that the client and treatment program will take to achieve those objectives. The objectives and activities must be specific, achievable, relevant, and time-limited. For each service and/or activity the beginning and ending dates including frequency are required. The Treatment Plan must meet all of the criteria, and include all of the data elements, that are specified in the Alcohol and Other Drug Program Certification Standards promulgated by ADP.
Individual/Group/Family Counseling	Counseling is face-to-face interaction involving one or more substance use treatment counselors and one or more participants and/or significant others focusing on the personal recovery of the participant(s). Individual counseling is a private meeting of a participant with one or more staff. Group counseling is a meeting involving more than one participant and one or more staff. Family counseling is a private meeting of a participant, one or more program staff, and one or more persons related to the participant through family affiliation or as a significant other. Interaction in individual, group, and family counseling, shall involve processing of individual or common group issues and themes, which may include anger management, criminal thinking and thinking errors, sexual abuse, domestic violence, death and grief, relapse prevention, or co-dependence.
Medi-Cal	California's Medicaid program. It provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services. People enroll in Medi-Cal through their county social services department.
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.
Parolee Services Network	The larger statewide network of substance use disorder and case management treatment services for California parolees.
Perinatal Services	SUD services provided to pregnant or parenting females with children up to age five years.
Promising Practice	Practices that were developed based on theory or research, but for which an insufficient amount of original data have been collected to determine the effectiveness of the practice. If a study uses a weak design (e.g., one-group pretest posttest) resulting evidence will be categorized as promising.

Proposal	Shall mean bidder/contractor response to this RFP; used interchangeable with bid.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Recreation	Activities are provided at the program, organized and led by program staff, or by program participants with staff supervision. Activities are intended to teach social interaction skills and productive use of leisure time without engaging in substance use or criminal behaviors.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the goods and/or services being solicited herein. Also referred herein as RFP.
Response	Shall refer to bidder's proposal submitted in reply to RFP.
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to participants and patients under an agreement or contract with BHCS.
State	Refers to State of California, its departments and/or agencies
SUD	Substance Use Disorder
System Of Care	A multi-disciplinary, multi-agency delivery system of services that supports a consumer through a continuum of care and that uses a "person-centered" approach that includes periodic reassessments of client needs, customizing treatment for each client to match those needs, and coordinating care between providers as needed in a manner that the client experiences to be efficient and effective. For the purposes of this RFP, System of Care refers to Adults.
Technical Assistance	Operational or management assistance given to an organization. It can include fundraising assistance, budgeting and financial planning, program planning, legal advice, marketing and other aids to improve the organization's functions, processes and/or outcomes.

B. BHCS' SUMMARY OF STATE GUIDELINES

Treatment Modality ¹⁰	Defined as...	Activities Included	Staffing Ratio	Minimum Duration & Intensity	Preclusions & Requirements	Exceptions
Residential Treatment	The provision of food and shelter in a community based facility in conjunction with intensive and structured activities on a 24 hour a day, seven days per week schedule. The activities involve face-to-face interaction with designated program staff and participant attendance according to a planned and specified schedule.	<ul style="list-style-type: none"> • Habilitative Services • Individual/Family/Group Counseling • Collateral Services • Case Management • Treatment Planning • Recreation • Food • Shelter 	For group activities, the ratio of clients to Substance Abuse Treatment Program Counselors shall not be greater than 18:1.	<p>A minimum of twenty hours of face-to-face individual and group activity for each participant scheduled from Monday through Friday.</p> <p>A minimum of six hours of face-to-face individual and group activity scheduled on Saturday and/or Sunday.</p>	Participants shall not be admitted to more than one program or modality at any given time.	<p>Participants in SLE require concurrent participation in a Non-Residential Treatment or Non-Residential Day Treatment program.</p> <p>Participants may enroll in Non-Residential Day Treatment, Residential Treatment or who have completed in-prison substance abuse treatment are precluded unless Substance Abuse Services Coordination Agencies (SASCA) eligibility has</p>
Non-Residential Outpatient Treatment	The provision of services to participants though face-to-face interaction with program staff outside of the participant's residence. There are three	<ul style="list-style-type: none"> • Rehabilitative Services • Individual/Group/Family Counseling • Collateral Services • Treatment Planning • Recreation 	For group activities, the ration of clients to Substance Use Treatment Program Counselors shall not be greater than 18:1	<p>A unit of services shall be at a minimum of one hour and a maximum of three hours.</p> <p>Services are scheduled at</p>		

¹⁰ Per State work plan, all BASN providers must be compliant with provisions of the Americans with Disabilities Act.

Treatment Modality ¹⁰	Defined as...	Activities Included	Staffing Ratio	Minimum Duration & Intensity	Preclusions & Requirements	Exceptions
	sub-modalities within Non-Residential Outpatient Treatment: <ul style="list-style-type: none"> • Relapse Prevention • Treatment; and • Intensive Treatment 			three units per week, excluding referral services. If a participant receives more than one Outpatient unit of service per day, Contract is only authorized to bill for one unit of service per day.		expired or SASCA beds are unavailable. Participants shall not be admitted to programs offering these modalities until the participant is discharged from Non-Residential Treatment.
Non-Residential Outpatient Treatment Day Treatment	Intensive and structured nonresidential activities involving face-to-face interaction with designated program staff in which participants attend according to a planned and specific schedule.	<ul style="list-style-type: none"> • Rehabilitative Services • Individual/Group/Family Counseling • Collateral Services • Treatment Planning • Recreation 	For group activities, the ration of clients to Substance Use Treatment Program Counselors shall not be greater than 18:1	A unit of service shall be at a minimum of one hour and a maximum of three hours. Services are scheduled at three units of service per day, five days per week, excluding referral services. If a participant receives more than three Outpatient units of service per day, five days		

Treatment Modality ¹⁰	Defined as...	Activities Included	Staffing Ratio	Minimum Duration & Intensity	Preclusions & Requirements	Exceptions
				<p>per week, Contractors are only authorized to bill for three units of service per day, five days per week.</p> <p>Participants shall be scheduled to participate at least five days per week, one of which shall be a Saturday or Sunday.</p>		
Sober-Living Environment (SLE)	<p>Consists of food and shelter in a residence, which is self-governed by the participants and where no services or activities are led by program staff on-site on a 24 hour per day, seven days per week schedule. Participants pledge abstinence from alcohol and illicit drugs</p>	<ul style="list-style-type: none"> • Food • Shelter 	None	The SLE shall be the participant's primary residence while enrolled in this modality.		Participation in SLE is precluded while the participant is in Residential Treatment.

Treatment Modality ¹⁰	Defined as...	Activities Included	Staffing Ratio	Minimum Duration & Intensity	Preclusions & Requirements	Exceptions
	as a condition of their residence. SLE can only be provided in combination with Non-Residential Outpatient Treatment.					

INSTRUCTIONS TO BIDDERS

- *As described in the submittal of proposals section of this RFP, bidders are to submit one (1) original hardcopy proposal (using Fillable Forms Template), in a binder, including additional required documentation, with original ink signatures, plus seven copies bound with a clip (not in a binder) and one (1) electronic copy of the bid in PDF.*
- *Bidders shall not modify the Fillable Forms Template in any way or qualify their proposals.*
- *Bidders shall not submit to the County a scanned, re-typed, word-processed, or otherwise recreated version of Fillable Forms Template or any other County-provided document.*
- *The Fillable Forms Template must be submitted in total with all required documents attached thereto; all information requested must be supplied.*
- *Bidders that do not comply with the requirements, and/or submit incomplete proposals, shall be subject to disqualification and their bids rejected in total.*
- *If bidders are making any clarifications and/or amendments, or taking exception to policies or specifications of this RFP, including those to the county SLEB policy, these must be submitted in the exceptions, clarifications, amendments section of this Exhibit A in order for the proposal to be considered complete.*

VI. REQUIRED FILLABLE FORMS TEMPLATE & DOCUMENTATION SUBMITTAL FOR PROPOSALS

1. TITLE PAGE

Complete form and submit one in each proposal in no more than one page.

Bidder Organization Name			
Applying for (check all that apply)	Treatment Modality	Number of Programs	Proposed Location
	<input type="checkbox"/> Residential Male		
	<input type="checkbox"/> Residential Female, Non-Perinatal		
	<input type="checkbox"/> Residential Female, Perinatal		
	<input type="checkbox"/> Non-Residential Outpatient, North		
	<input type="checkbox"/> Non-Residential Outpatient, Central		
	<input type="checkbox"/> Non-Residential Outpatient, South		
	<input type="checkbox"/> Non-Residential Outpatient, East		
	<input type="checkbox"/> SLE North, Male Only		
	<input type="checkbox"/> SLE Central Male Only		
	<input type="checkbox"/> SLE South Male Only		
<input type="checkbox"/> SLE Female Only			
Bidder Organization's Headquarter Address			
City/State/Zip			
Name of Contact Person		Title	
Phone		Email	
Proposal Date			

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

Complete and submit one form in each proposal.

1. The undersigned declares that the proposal documents, including, without limitation, the RFP, Addenda, and Exhibits have been read and accepted.
2. The undersigned declares that he/she is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the RFP's specifications, terms & conditions.
3. The undersigned has reviewed the proposal documents and fully understands the requirements in this proposal including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime contractor, not a subcontractor, to the County, and agrees that its proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the proposal.
4. The undersigned also agrees to the following terms, conditions, certifications, and requirements:

- **Bid Protests / Appeals Process**

Alameda County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that Bidders wish to protest the proposal process or the recommendation to award a contract for these programs once the Notices of Intent to Recommend Award/Non-Award letters have been issued or appeal thereafter.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Recommend Award/Non-Award letters shall not be accepted by the County.

- i. Bid Protests from any Bidder related to this RFP must be submitted in writing to the BHCS Director located at 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 Fax: 510.567.8180, before 5:00 p.m. of the **fifth (5th)** business day **following the date of issuance of the Notice of Intent to Recommend Award/Non-Award letter, not the date it is received by the Bidder**. Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.
 - a. The Bid Protest must contain a complete statement of the reasons and facts for the protest. The Bid Protest shall be limited to the procurement process or, where appropriate, County contracting policies or other laws and regulations.
 - b. The Bid Protest must refer to the specific portions of documents that form the basis for the protest.
 - c. The Bid Protest must include the name, address, email address, fax number and telephone number of the person representing the protesting party.
 - d. BHCS shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.
- ii. Upon receipt of written Bid Protest, the BHCS Director, or designee shall review and evaluate the protest and issue a written decision. The BHCS Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as determined appropriate by the BHCS Director) to discuss the Bid Protest. The decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

The decision on the Bid Protest shall be communicated by e-mail or fax, and certified mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Recommend Award is going to change. A copy of the decision shall be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid Protest if a decision on the Bid Protest could have resulted in the Bidder not being the recommended successful Bidder on the RFP.

- iii. The decision of the BHCS Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance (OCC) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax: 510.272.6502. The Bidder whose proposal is the subject of the Bid Protest, all Bidders affected by the BHCS Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the BHCS Director's Bid Protest decision. **All Appeals to the Auditor-Controller's OCC shall be in writing and submitted within five (5) business days following the issuance of the decision by the BHCS Director, not the date received by the Bidder.** Appeals received after 5:00 p.m. is considered received as of the next business day.
 - a. The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
 - b. In reviewing Appeals, the OCC shall not re-judge the proposals. The appeal to the OCC shall be limited to review of the procurement process to determine if the contracting department materially erred in following the RFP or, where appropriate, County contracting policies or other laws and regulations.
 - c. The Appeal to the OCC also shall be limited to the grounds raised in the original Bid Protest and the decision by the BHCS Director. As such, a Bidder is prohibited from stating new grounds for a Bid Protest in its Appeal.
 - d. The decision of the Auditor-Controller's OCC is the final step of the Appeal process. A copy of the decision of the Auditor-Controller's OCC shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.
- iv. The County shall complete the Bid Protest/Appeal procedures set forth in this before a recommendation to award the contract is considered by the Board of Supervisors.
- v. The procedures and time limits set forth in this section are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid Protest and Appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid Protest, including filing a Government Code Claim or legal proceedings.

- **Debarment / Suspension Policy** located at:
<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>
- **Iran Contracting Act (ICA) of 2010** located at:
<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>
- **Small Local Emerging Business Program** located at:
[\[http://acgov.org/auditor/sleb/overview.htm\]](http://acgov.org/auditor/sleb/overview.htm)
- **First Source** located at:

<http://acgov.org/auditor/sleb/sourceprogram.htm>

- **Online Contract Compliance System** located at:
<http://acgov.org/auditor/sleb/elation.htm>
 - **General Requirements** located at:
<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>
 - **Proprietary and Confidential Information** located at:
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>
5. The undersigned also acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated proposal documents.
 6. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a proposal, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
 7. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
 8. The undersigned also acknowledges **ONE** of the following. Please check only one box.
 - Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
 - Bidder is a certified SLEB and is requesting 10% bid preference (Bidder must check the first box in Item 4 above and provide its SLEB Certification Number); **OR**
 - Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
 - Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
 - Proof of six (6) months business residency, identifying the name of the vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

Exhibit A: Bidder Information & Acceptance		
Official Name of Bidder		
Street Address Line 1		
Street Address Line 2		
City	State	Zip
Webpage		
Type of Entity/Organizational Structure	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture
	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Other	<input type="checkbox"/> Non-Profit / Church

Date of Organizational Structure	Federal Tax ID Number	
Primary Contact Information		
Name	Title	
Phone Number	Fax Number	
Email		
Signature	Title	
Date this	day of	20

2. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY

**Complete and submit one in each proposal.
Describe Bidder's capabilities and approach in providing its services to the County, and provide a brief synopsis of the highlights of the proposal (including all treatment modalities) and overall benefits to the County in no more than one page.**

3. VENDOR MINIMUM QUALIFICATIONS

*Complete and submit one in each proposal.
Describe how Bidder has regularly and continuously engaged in the business of providing SUD treatment and recovery services to adults involved in the criminal justice system for at least three consecutive years within the last ten years in no more than one page.*

Empty response area for vendor qualifications.

4. ORGANIZATIONAL CAPACITY AND REFERENCE

Complete and submit one in the original proposal only.

4. a. Fiscal Management Capacity: Include a recent copy (within the last twelve months) of Bidder's Dun & Bradstreet Qualifier Report and include as **ATTACHMENT 1A**.

- Bidder's Dun & Bradstreet Supplier Qualifier Report must be ranked a six or lower for BHCS to consider Bidder for contract award.
- For information on how to obtain a Supplier Evaluation Report, contact Dun & Bradstreet at 1.866.719.7158 or visit www.dnb.com.

Complete and submit one copy.

4. b. Insurance: Go to: <http://www.acbhcs.org/providers/network/docs.htm> to locate the appropriate insurance form and include Bidder's current and appropriate insurance documents as **EXHIBIT C: INSURANCE REQUIREMENTS**.

Complete and submit in the original proposal only.

4. c. References: Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.

The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.

Current References

Bidder Name

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Former References

Company Name:	Contact Person:
---------------	-----------------

Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Start Date of Service:	End Date of Service:
Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Start Date of Service:	End Date of Service:
Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Start Date of Service:	End Date of Service:

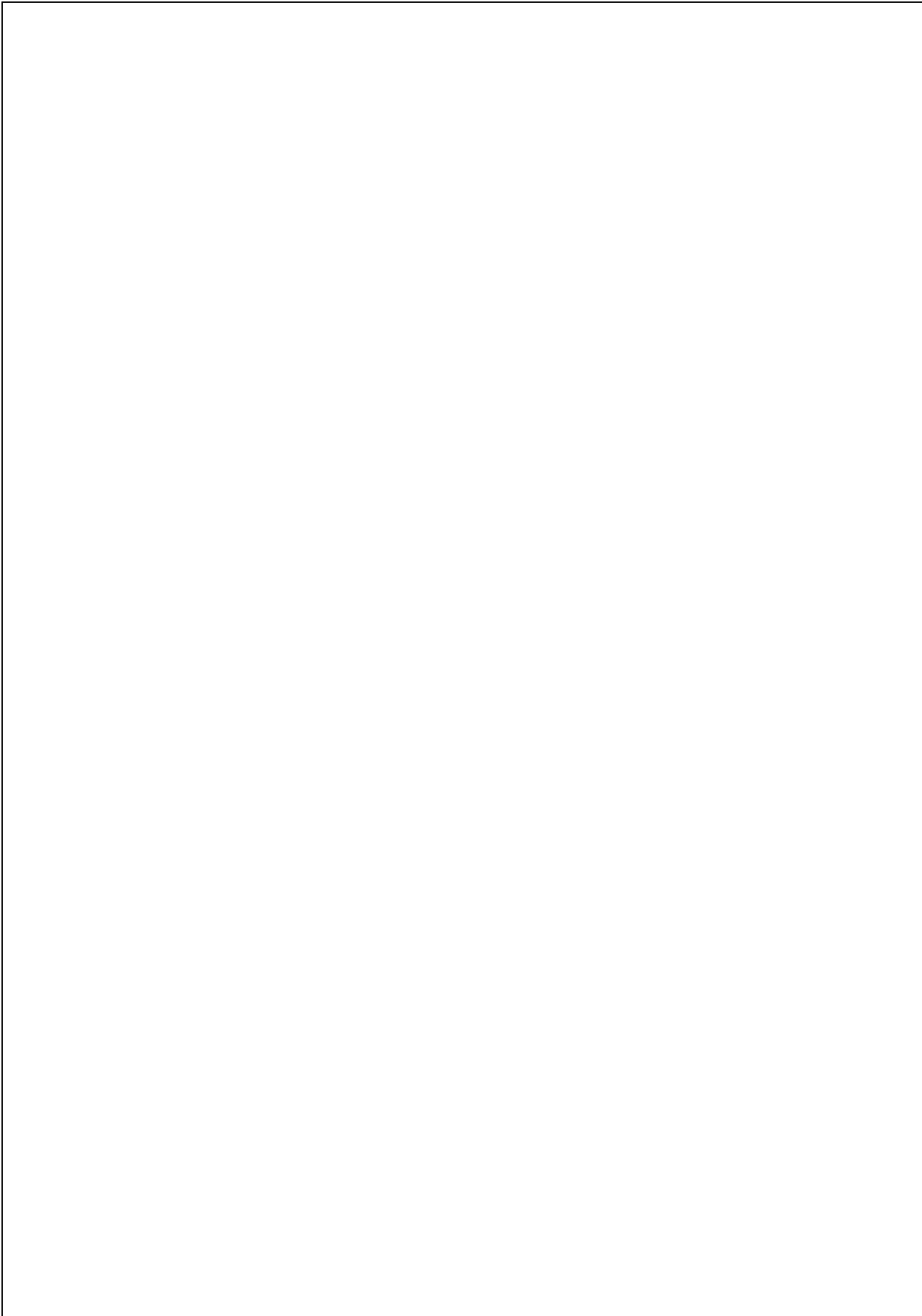
5. BIDDER EXPERIENCE, ABILITY AND PLAN

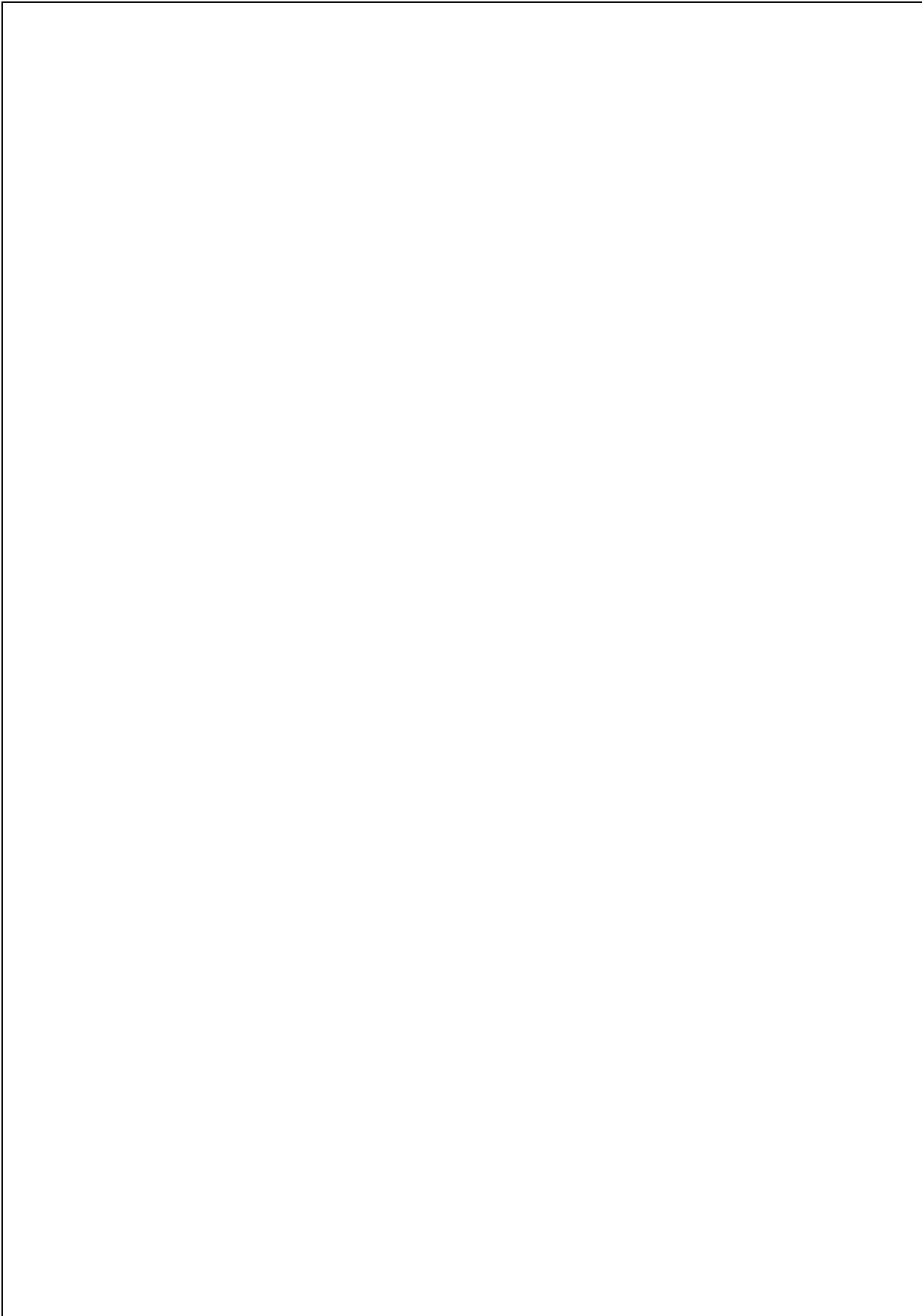
For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than three and a half pages per treatment modality:

5. a. Priority Population and Service Delivery Approach Design: Provide an overview of the proposed treatment modality design in the region Bidder is proposing to serve, including the following components:

- *List all of the treatment modalities Bidder is proposing to provide and how they will be coordinated;*
- *The characteristics of the priority population(s) per treatment modality;*
- *Bidder's plan to provide culturally responsive services to the priority population.*
- *The proposed treatment modality design including:*
 - *Identification of the use of an EBP or PP model(s) including the following:*
 - *Key characteristics of the model(s) and a brief discussion of the model's effectiveness with populations similar to the priority population;*
 - *Any adaptations to the model(s);*
 - *Why this model was chosen above others;*
 - *Description of how Bidder's staff implements the model(s); and*
 - *How Bidder maintains and monitor's fidelity to the model(s).*
 - *The proposed service delivery process and engagement from intake to discharge;*
 - *The number of unique clients that will be served per year and at any given time;*
 - *The staffing configuration; and*
 - *Where service site(s) will be located.*



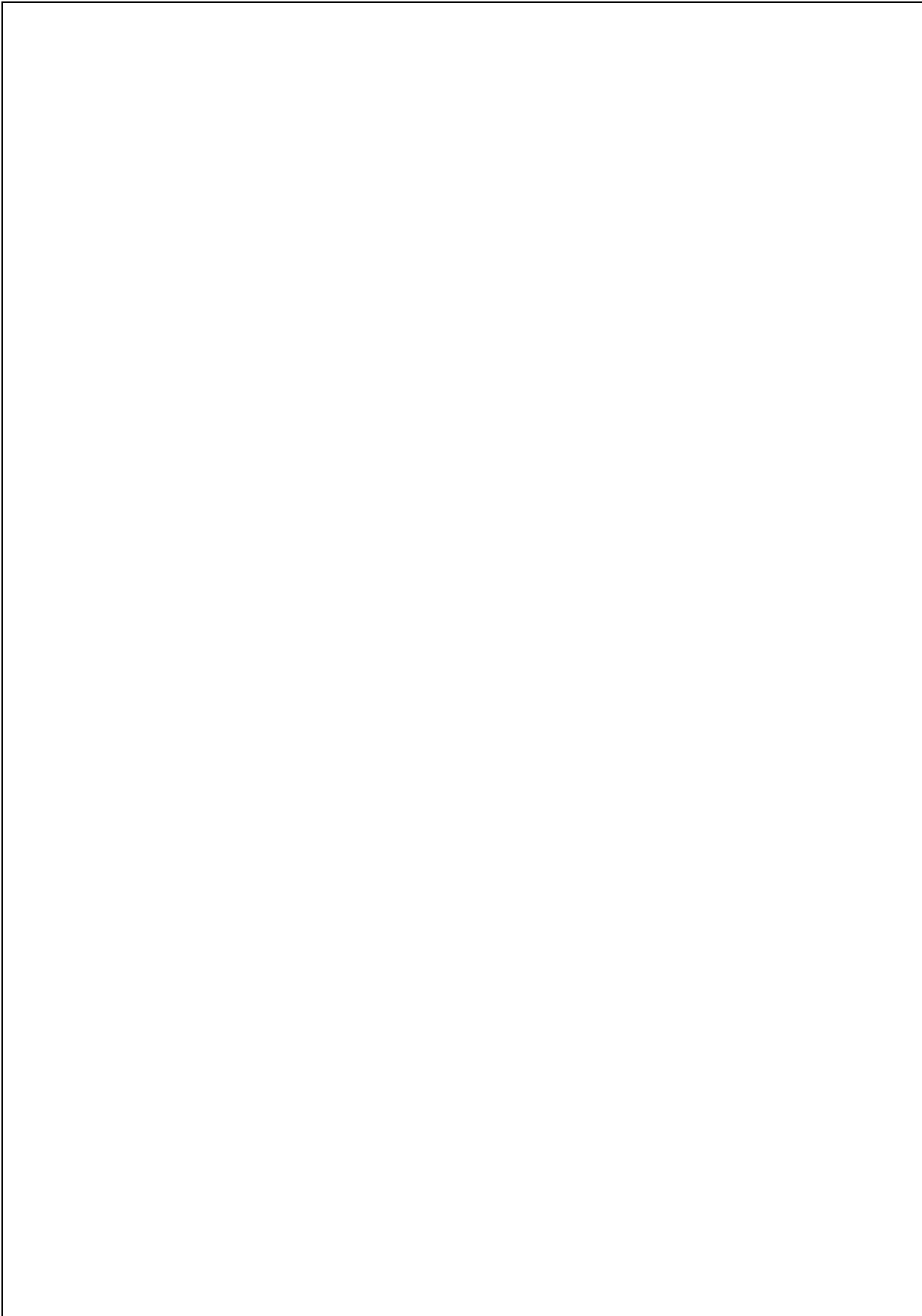




Complete and submit one in each proposal.

5. b. Experience with Priority Population Needs and Service Delivery Approach: In no more than two pages:

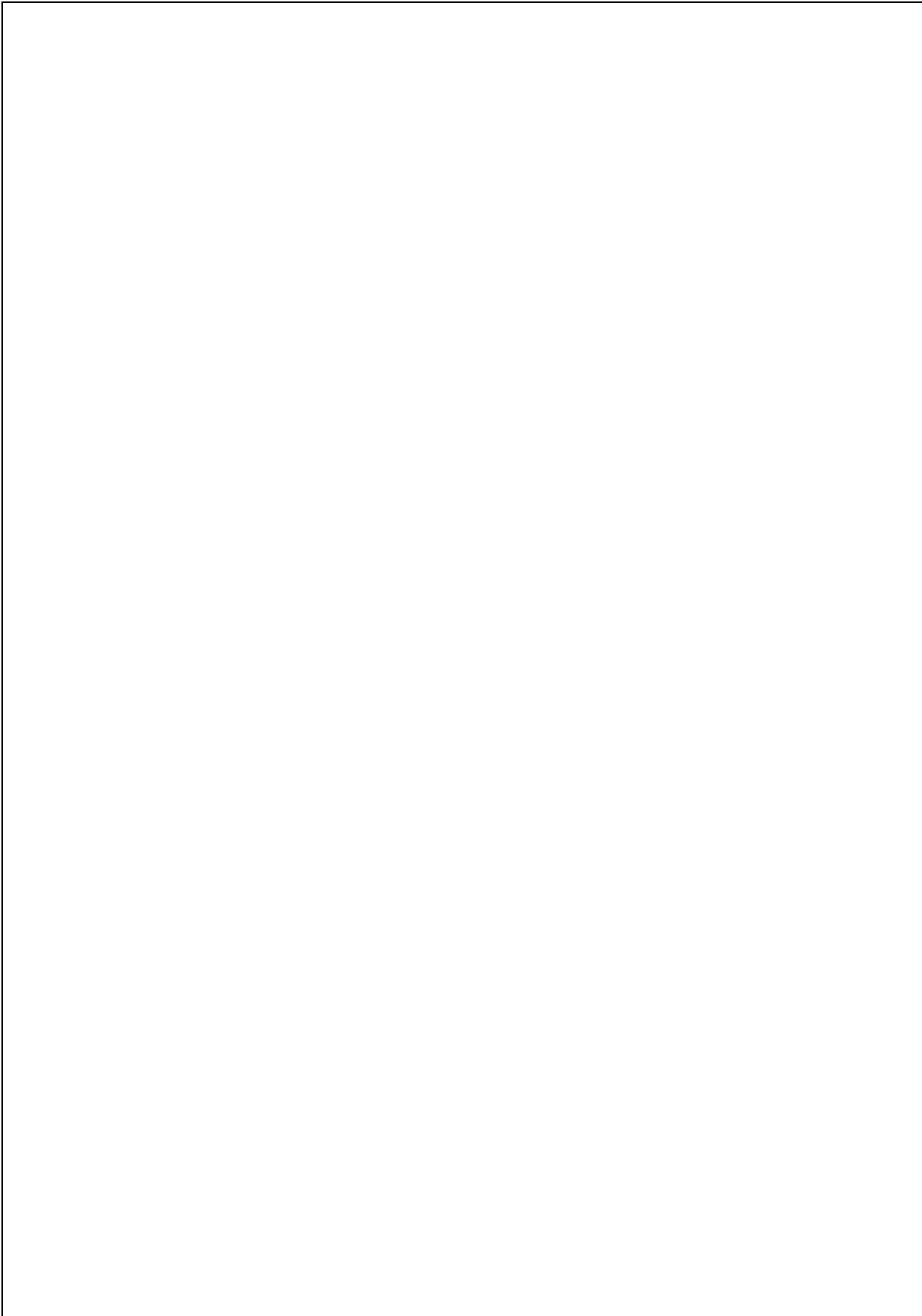
- i. **Describe Bidder's experience with the priority population.**
- ii. **Describe Bidder's experience with all of the treatment modalities Bidder is proposing.**
- iii. **Describe what Bidder has learned from prior experience with the priority population and treatment modalities.**
- iv. **Describe how Bidder has changed service delivery as a result of learned experience.**



Complete and submit in each proposal.

5. c. Planned Organizational Structure and Staffing Include the following in no more than two pages:

- i. Optional: Describe Bidder's ability and plan to prepare for Health Care Reform as described in this RFP.**
- ii. Optional: Describe how Bidder obtains and maintains diverse funding sources.**



Complete and submit in each proposal.

5. c.

- iii. Describe Bidder's current organizational chart, describing an overview of Bidder's current organizational structure. Insert where all proposed treatment modalities would fit as ATTACHMENT 2A in one page.**
- iv. A second chart, describing staff and supervision linkages for each proposed treatment modality ATTACHMENT 2B in one page each.**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs per treatment modality:

- v. Bidder's staff roles and responsibilities who will work in each proposed treatment modality and sub-modality and:**
 - One-page resumes for each currently employed staff, which will fill each treatment modality roles as ATTACHMENT 3A.**
 - One-page job descriptions for each yet-to-be hired staff, which describe the necessary roles for each treatment modality, responsibilities and qualification requirements for each position as ATTACHMENT 3B.**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

5. d. i. Licensure and Certification: Describe Bidder's plan to maintain the required licensure and certification as required in this RFP as ATTACHMENT 4.

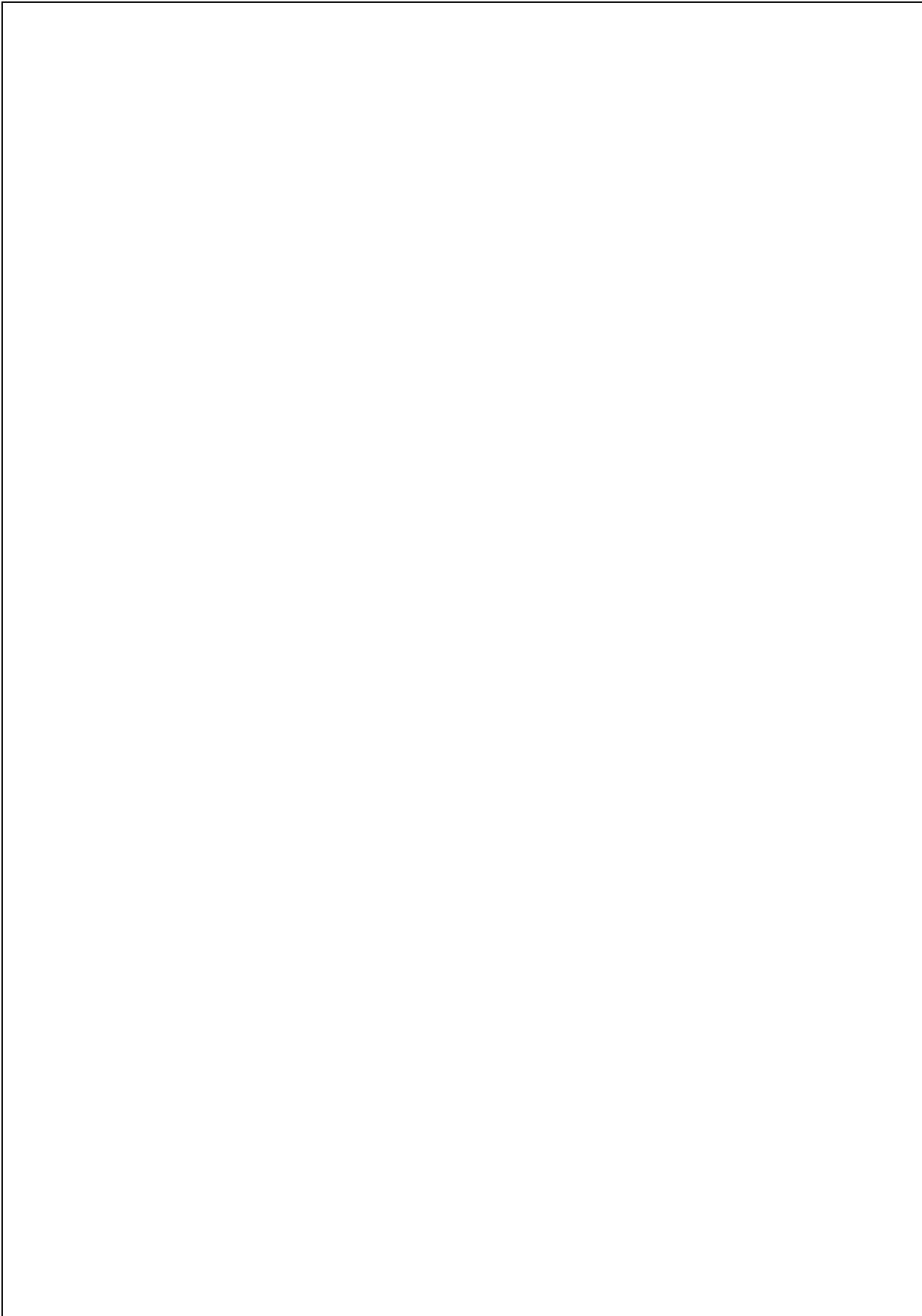
For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

5. d. ii. Describe Bidder's staffing and supervisory infrastructure to manage and deliver the proposed modality.

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

5. e. Partnerships and Coordination:

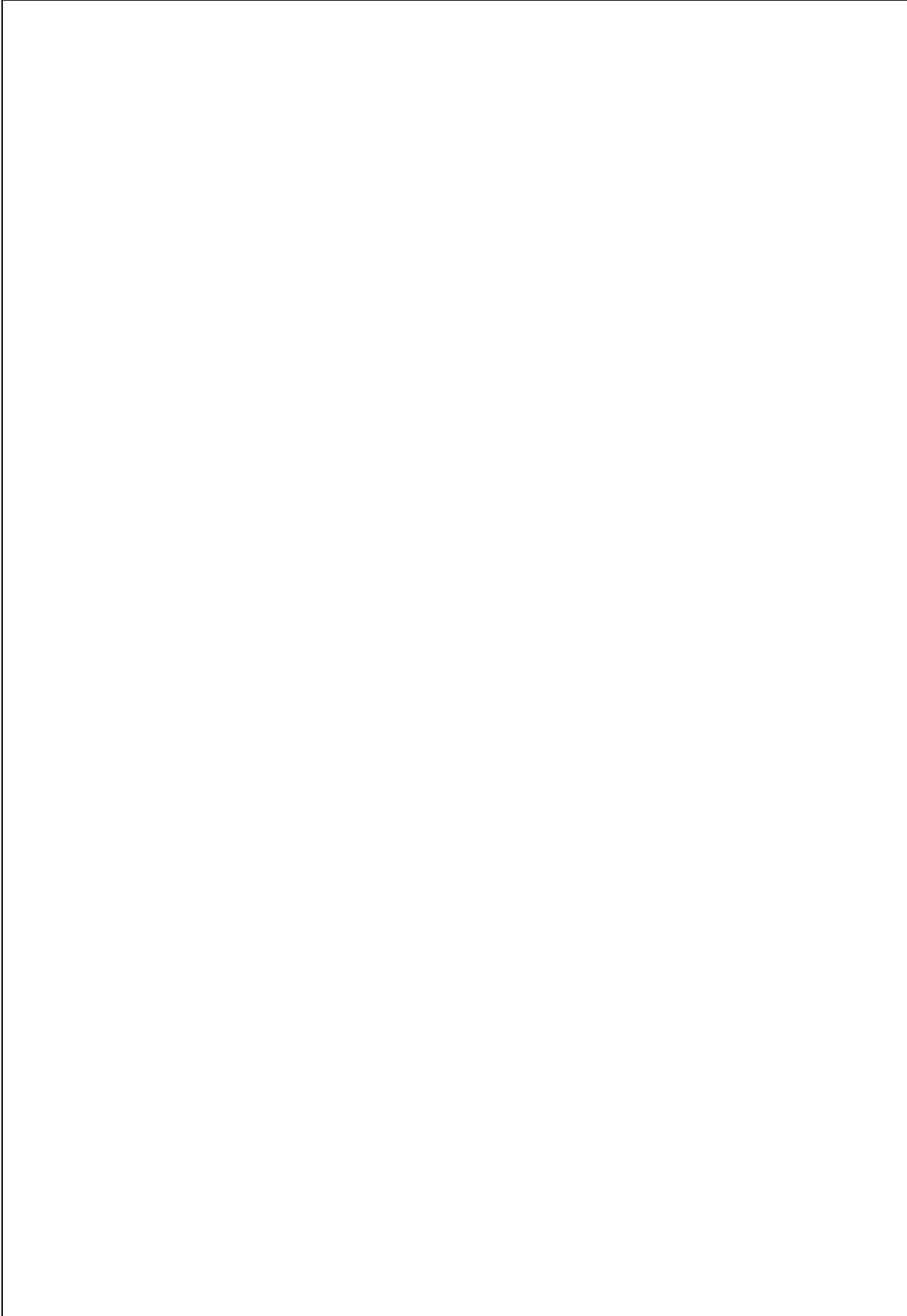
- i. Describe Bidder's experience forming partnerships and/or collaborations, including challenges and solutions in forming and sustaining partnerships.*
- ii. Describe Bidder's plan to collaborate with other agencies and specific purpose of collaboration. Include names of any collaborating agencies.*
- iii. Optional: If Bidder is planning to collaborate/partner to provide more than one treatment modality, describe Bidder's plan, including the following:*
 - Names, specific roles and locations of collaborating agencies;*
 - Hand off process from one provider to another;*
 - Data sharing process; and*
 - Treatment update process.*
- If applicable, include a Memorandum of Understanding as ATTACHMENT 5.*



Complete and submit one copy in each proposal.

5. f. Ability to Track Data and Outcomes: In no more than two pages:

- i. Describe Bidder's current data systems, including capacity and procedures for collecting, analyzing and reporting data.**
 - Describe any specific outcomes that are tracked for programs similar to the proposed treatment modalities in this RFP; and
 - Describe how data is used to improve performance and Bidder's approach to quality improvement.
- ii. Describe what data will be collected for each proposed treatment modality, and how it will be used to track outcomes listed in this RFP.**



6. COST

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs per treatment modality:

6. a. Using the BHCS provided template, provide a 2012-13 budget as EXHIBIT B-1: FUNDED PROGRAM and B-2: AGENCY COMPOSITE BUDGET. The budget must match the proposal and Implementation Schedule and Plan. See instructions below.

BUDGET WORKBOOK INSTRUCTIONS

DIRECTIONS

- All amounts are rounded to the nearest whole dollar
- Submit one Budget Workbook for each proposed treatment modality.
- **Fill in areas highlighted in yellow**
- Start-up costs do not apply to this RFP
 - Do not include start-up costs
- Complete all four worksheets (B-1; Prof & Spec Sv Detail; Misc. Detail; & Admin Detail)
- Print all five worksheets(B-1; Prof & Spec Sv Detail; Misc. Detail; Admin Detail; Billable Staff Hours)

B-1 LINE ITEM DETAIL

- Fill in all the information pertaining to your organization that is required at the top of the page.
 - Insert Bidder Name
 - Insert Prepared by Name
 - Insert Telephone Number
 - Insert Date Prepared
 - Insert Program Name
 - Select treatment modality from the drop down menu

EXPENSES

- On Lines 3 through 23, under **Other Than Personnel Expenses**, enter the amount for each line item.
 - If any type of operational expense is not listed on any line item, it should be entered on **Miscellaneous** line item.
- Line 24 automatically adds Lines 3 through 23 for the **Total - Other Than Personnel Expenses**.
- Line 25 automatically adds Lines 1 and 24 for the total **GROSS COST**.
- All line items with an asterisk (*) Recreational Supplies (including Activities), Travel, Training, Medical and Pharmaceutical Supplies, Professional and Specialized Services, Equipment, Measure A Capital Costs, Interest and Miscellaneous require submission of an **Explanation/Justification of Line-Items** form. Use the **Miscellaneous** line item for explanation/justification of any Equipment (except depreciable Equipment) needed to be purchased for each program
- An expenditure on the **Indirect Costs** (Line 23) line item requires submission of an Indirect Cost Rate Proposal (ICRP). **Create your own Excel Worksheet for listing indirect cost detail. Indirect cost should be less than 21% (County's department rate cap) of direct cost of the program.**

REVENUE

- Enter revenues on the appropriate line item for each program.
- **NOTE: Prior Year Excess Fees** (Line 31, if applicable): This figure should agree with the Total Excess Fees amount in the prior year cost report. If the budget is prepared prior to the year-end cost report, and the figure in the budget differs from that in the final cost report, the

budget figure must be adjusted either prior to approval of the budget or in a subsequent budget modification.

TOTAL REVENUE

- *Line 35 automatically adds Lines 27 through 34 for **TOTAL REVENUE**.*

NET COST

- *Line 36 automatically totals Line 25 less Line 35 for **NET COST**.*

In no instance can the NET COST exceed the amount you are requesting for funding in RFP.

B-1: PERSONNEL EXPENSES

POSITION/INCUMBENT

- *List all staff titles and names of incumbents for your agency. Use a separate line for each staff member.*
- *If a position is unoccupied, list the incumbent as vacant. If there are more than fifty-six (56) staff members, use additional pages.*

ANNUAL BUDGETED SALARY

- *This salary should reflect the annualized cost of the position.*
- *This reflects what the position would earn working **40 hours per week** for a year.*
- *If a full time equivalent is less than 40 hours at your agency, your full time salaries should be extrapolated to a 40 hour a week base.*
 - *Example: Your staff member works 37.5 hours a week for full time with an annual salary of \$30,000. If this individual were working 40 hours a week, the annualized salary would be \$32,000. This is the salary to use on this form. This individual would be .9375 FTE.*

STATUS

- *Enter for each position as applicable. Use the following designations:
A = Administrative **S** = Supervisorial **D** = Direct Program Staff*
- *If a staff person qualifies for more than one status, enter each one and in subsequent columns indicate the breakdown in percent FTE and salary.*

NUMBER OF MONTHS

- *Enter the number of months that each position will be funded for the contract period.*

PERCENT (%) FTE

- *This is automatically calculated.*
- *The % FTE should be reflective of the amount of time each position will be working in each program using a 40 hour week as base.*
 - *Examples: (a) if a person works 20 hours a week in a program, this is 50% FTE. (b) if a person works a total of 20 hours a week for the agency, but is projected to work in two programs for 10 hours each, then each program would be 25% FTE. (c) if a person works 37.5 hours per week in one program and this is considered full time, then this would be 93.75% FTE using a 40 hour per week base). In no instance should one individual staff member exceed 100% FTE on a 40 hour per week base. The total for each program is automatically calculated.*

SALARY

- *Determine the salary for each position by the following formula: annualized salary divided by 12 times the number of months the position is funded times the percent FTE.*

- The total for each program is automatically calculated. If an individual has mixed status, the FTE and salary should be shown separately for each status.

EMPLOYEE FRINGE BENEFITS

- Enter the amounts to be allocated for the appropriate line items.
- The total for each program is automatically calculated.

TOTAL PERSONNEL EXPENSES:

- The sum of Total Salaries/FTEs and Total Fringe Benefits is automatically calculated.

B-1 EXPLANATION / JUSTIFICATION OF LINE ITEMS
--

- **One (1) separate form should be completed for each asterisk * Line Item.**

Note: This form is to be used to describe in detail all expenditures allocated to any of the following line items:

- Recreational Supplies (including Activities)
- Travel
- Training
- Professional and Specialized Services
- Interest
- Measure A Capital Costs
- Miscellaneous

DESCRIPTION OF EXPENDITURE

- List each expenditure within the line item account separately, and include a complete description of the expenditure (e.g., subcontractor, description of services provided, dates of service, cost of service, etc.).

AMOUNT

Enter the actual total expenditure for the service for the 12-month period.

TOTAL LINE ITEM AMOUNT

- The total of all the itemized expenditures for this line item is automatically calculated.
- **This total must be identical to the amount shown on the corresponding line item amount under Other Than Personnel Expenses (ExB Budg1).**

B-2 AGENCY COMPOSITE BUDGET

- Complete an agency composite budget to reflect the agency's total budget.

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

6. b. Include a budget narrative to describe the budget.

A large, empty rectangular box with a thin black border, occupying the central portion of the page. This box is intended for a fillable form template.

7. IMPLEMENTATION SCHEDULE AND PLAN

*For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:
7. a. Include Bidder's Implementation Schedule and Plan.*

Activity	Responsible Persons	Milestone/Measurement	Due Date

--	--	--	--

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

7. b. Identify and describe Bidder's strategies for mitigation of risks and barriers, which may adversely affect the program's implementation.

Barriers	Mitigation Strategies

**SMALL LOCAL EMERGING BUSINESS (SLEB)
PARTNERING INFORMATION SHEET**

**Complete and submit one copy in each proposal.
Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet, indicating their SLEB certification status and, if not certified, the name, identification information, and services to be provided by the SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement. If a SLEB subcontractor(s) is named, the Exhibit must be signed by the SLEB(s) according to the instructions. In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all Bidders must complete this form as required below.**

Bidders not meeting the [definition of a SLEB \(http://acgov.org/auditor/sleb/overview.htm\)](http://acgov.org/auditor/sleb/overview.htm) are required to subcontract with a SLEB for at least twenty percent (20%) of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance (OCC).

County departments and the OCC will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/index.htm>).

BIDDER IS A CERTIFIED SLEB (sign at bottom of page)

SLEB BIDDER Business Name: _____

SLEB Certification #: _____ SLEB Certification Expiration Date: _____

NAICS Codes Included in Certification: _____

BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT _____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____

SLEB BIDDER Business Name: _____

SLEB Certification #: _____ SLEB Certification Expiration Date: _____

SLEB Certification Status: Small / Emerging

NAICS Codes Included in Certification: _____

SLEB Subcontractor Principal Name: _____

SLEB Subcontractor Principal Signature: _____ Date: _____

Upon award, prime contractor and all SLEB subcontractors that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Signature: _____ Date: _____

