



COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)
ADDENDUM NO. 1

FOR
RFP NO. 13-07
FOR

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) EXPANSION (II.B.)

NOTICE TO BIDDERS

This county of alameda, BHCS RFP Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the county's small local emerging business (SLEB) vendor database or from other sources. If you have registered or are certified as a SLEB please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB vendor database. This RFP Addendum will also be posted on the BHCS website located at http://www.acbhcs.org/Docs/docs.htm#Procurement and the general services agency (GSA) contracting opportunities website located at & http://www.acgov.org/gsa/purchasing/bid\_content/contractopportunities.jsp.

This document includes points that may not have been sufficiently emphasized in either the Bidders' Conferences or the Request for Proposals (RFP). The Addendum is the final word and response from the County.

Changes are noted in yellow highlight and bold while deletions are noted in yellow highlight and strikethrough.

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**CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...**

**All Four RFP Processes**

- BHCS expects awarded Contractors to begin the hiring process after receipt of the award letter to ensure prompt service delivery to clients.
- **Fillable Forms Template**  
The Fillable Forms Template has been updated – please use the new version posted on the BHCS website.
- **EXHIBIT B-1: BUDGET WORKBOOK**  
The **EXHIBIT B-1: BUDGET WORKBOOK** has been updated – please use the new version posted on the BHCS website. Please make sure all minimum staffing requirements are included in Bidder proposals.
- Bidders may not include current BHCS staff as references.
- **County Maximum Rate**  
As stated under section **I. D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS** of the RFPs, Proposals that exceed the contract maximum amounts and the County maximum rate or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, shall be disqualified from moving forward in the evaluation process. The County maximum rate is the same as what was formerly known as the State Maximum Allowance. To see these rates visit: [http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-08\\_Enclosure1.pdf](http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-08_Enclosure1.pdf).
- Section **II. B. CALENDAR OF EVENTS** of the RFPs should read:

Event	Date/Location
Addendum Issued	<del>Friday July 26, 2013</del> No later than end of business day Tuesday July 30, 2013
Request for Proposals (RFP) Issued	<del>Wednesday July 3, 2013</del> Monday July 8, 2013
Contract Start Date	<del>January 1, 2013</del> February 1, 2014

- Section **II. F. RESPONSE FORMAT/PROPOSAL RESPONSES** instructions and page maximums of the RFPs should read:

Section	Instructions	Page Max.
<b>1. TITLE PAGE</b>	Use the Fillable Forms Template to complete and submit the requested information.  Bidders must include one separate Title Page for each Priority Program Category for which they are proposing to serve.	One
<b>2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE</b>	Use the Fillable Forms Template to complete and submit the requested information.  Bidders must include one separate <b>EXHIBIT A: BID ACKNOWLEDGEMENT</b> for each proposal.	One
<b>3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY</b>	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	One
<b>4. BIDDER MINIMUM QUALIFICATIONS</b>	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the following criteria.  Bidders must include one separate Bidder Minimum Qualification sheet for each Priority Program Category (proposal). Bidder must specify experience with each different type of priority population. <b>See this Addendum on how to respond for each Priority</b>	Three total

Section	Instructions	Page Max.
	<p><b>Program Category.</b></p> <p><b>a.</b> Have at least two years' experience providing services to the priority population(s) within the last five years;</p> <ul style="list-style-type: none"> <li>• <b>For Culturally And Linguistically: <u>Cultural and Linguistic Minimum Qualifications.</u></b></li> <li>• <b>For TAY Santa Rita: See <u>TAY Minimum Qualifications</u></b></li> </ul> <p><b>b.</b> Currently employ at least one Licensed Practitioner of the Healing Arts (LPHA); and</p> <p><b>c.</b> Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS.</p>	<p>One</p> <p>One</p> <p>One</p>
<p><b>5. ORGANIZATIONAL CAPACITY AND REFERENCE</b></p>	<p><b><u>Supply Organizational Capacity and Reference sections a. and b. in each Priority Program Category (proposal) Bidder is proposing to serve in the original proposal only.</u></b></p>	<p>N/A</p>
	<p><b>a. Fiscal Management Capacity</b> Include a recent copy (within the last twelve months) of Bidder's Dun &amp; Bradstreet Qualifier Report;</p> <p><b>OR</b></p> <p>Audited Financial Statements for the past three years and include as <b>ATTACHMENT 1A.</b></p> <p>For information on how to obtain a Supplier Evaluation Report, contact Dun &amp; Bradstreet at 1.866.719.7158 or visit <a href="http://www.dnb.com">www.dnb.com</a>.</p>	<p>N/A</p>
	<p><b>b. References</b> Use the Fillable Forms Template to 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.</p> <p>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.</p> <p><b>Do not include BHCS staff as references. See section I. A. INTENT of the RFPs and this Addendum for additional guidelines.</b></p>	<p>Two</p>
<p><b>6. BIDDER EXPERIENCE, ABILITY AND PLAN</b></p>	<p>Use the Fillable Forms Template to complete and submit the information below. Include Bidder Experience, Ability and Plan for each Priority Program Category <b>and each priority population (School site or Language Population) that Bidder is proposing to serve.</b></p>	<p>Fifteen total</p>
	<p><b>a.</b> Describe, in detail, Bidder's proposed <b>Priority Population and Program Design</b>, including:</p> <p><b>i.</b> Bidder's proposed program design (how Bidder will provide services) including: <b>include details on the priority populations' similarities and differences including:</b></p> <ul style="list-style-type: none"> <li>• The service delivery process and engagement from intake to discharge, including: <ul style="list-style-type: none"> <li>○ How and when Group Therapy will be provided in</li> </ul> </li> </ul>	<p>Four</p>

Section	Instructions	Page Max.
	<p>the program;</p> <ul style="list-style-type: none"> <li>• The number of unique clients that will be served per year and at any given time using the RFP funds;</li> <li>• Identification of the use of evidence-based model(s) or promising practice(s); <ul style="list-style-type: none"> <li>○ If Bidder is adapting model, describe how it will be adapted and how fidelity will be maintained;</li> </ul> </li> <li>• Justification of why the model(s) is/are well-matched to the priority population(s);</li> </ul> <p>ii. Bidder’s understanding of the priority population(s) including racial/ethnic, cultural and linguistic characteristics and anticipated mental health issues (beyond what is already stated in the RFP), <b>include details on the priority populations’ similarities and differences, including.</b></p> <ul style="list-style-type: none"> <li>• Bidder’s capability to provide culturally and if appropriate, linguistically responsive services to the priority population;</li> </ul> <p>iii. Bidder’s outreach and engagement capability, strategies and the expected outcomes of strategies <b>include details on how Bidder will tailor to distinct priority populations.</b></p>	
	<p><b>b. Describe, in detail, Bidder’s <i>Experience with Priority Population Needs and Service Delivery Approach</i> including:</b></p> <p>i. Bidder’s prior experience with the priority population(s), including:</p> <ul style="list-style-type: none"> <li>• Details of any achieved outcomes/learning;</li> </ul> <p>ii. Bidder’s prior experience with the service delivery approach and/or models, including:</p> <ul style="list-style-type: none"> <li>• Details of any achieved outcomes/learning;</li> </ul> <p>iii. Bidder’s learning from prior experience with the priority population(s) and/or service delivery approaches and if/how that has modified the organization’s practices.</p>	Three
	<p><b>c. Describe, in detail, Bidder’s <i>Planned Organizational Infrastructure and Staffing</i>, including:</b></p> <p>i. Using the Fillable Forms Template, specify the roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff for each Priority Program Category (proposal) <b>and each priority population (school site/language);</b></p> <p>ii. Include a one-page copy of Bidder’s current organizational chart with the proposed Priority Program, as <b>ATTACHMENT 2A;</b></p> <p>iii. Include a one-page copy of Bidder’s proposed program chart, including staff names and lines of supervision, as <b>ATTACHMENT 2B;</b></p> <p>iv. Bidder’s capabilities, resources, policies, procedures and how clinical supervision is used to adhere to Medi-Cal documentation standards and requirements;</p> <p>v. A sample of each, which conform to the CQRT and Medi-Cal Documentation Standards <b>with client identifier information blacked out of each</b>, as <b>ATTACHMENTS 3A, 3B, 3C</b>, respectively</p> <ul style="list-style-type: none"> <li>• Assessment;</li> </ul>	Three not including Attachments

Section	Instructions	Page Max.
	<ul style="list-style-type: none"> <li>• Treatment Plan; and</li> <li>• Progress Note.</li> </ul> <p><b>d.</b> Describe, in detail, Bidder's ability and experience <b><i>Forming Partnerships and Collaboration</i></b>, including:</p> <p>i. Bidder's capability and plan to connect with and/or engage parents, families/ caregivers, <b>include details on how Bidder will tailor to distinct priority populations.</b></p> <p>ii. Bidder's capability and plan to collaborate with, receive referrals from (if appropriate) and build relationships with other relevant partners, including</p> <ul style="list-style-type: none"> <li>• Names, responsibilities and purpose of organizations;</li> <li>• How the collaboration will be developed and maintained;</li> <li>• How problems will be resolved when they arise.</li> </ul> <p><b>e.</b> Describe, in detail, <b><i>Bidder's Ability to Track Data and Outcomes</i></b>, including:</p> <p>i. Bidder's current data systems, including staff capacity, capability and procedures for collecting, analyzing and reporting data, including:</p> <ul style="list-style-type: none"> <li>• What resources are used/required for such systems; and</li> <li>• Examples of measurable outcomes and data currently in use by Bidder;</li> </ul> <p>ii. At least two specific outcomes Bidder will track and which data will be used, including:</p> <ul style="list-style-type: none"> <li>• What other data will be collected for the proposed program, and how it will be used to monitor and improve performance;</li> </ul> <p>iii. How Bidder currently uses data to improve performance and the organization's approach to quality improvement.</p> <p><b>a.</b> Bidder's detailed <b><i>Budget Narrative</i></b> to explain the costs and calculations in the <b><i>B-1: BUDGET WORKBOOK</i></b>.</p>	<p></p> <p>Two</p> <p>Three</p> <p>Two</p>
<p><b>7. COST</b></p>	<p>Use the <b><i>EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template</i></b> and the <b><i>EXHIBIT B-1: BUDGET WORKBOOK</i></b> to complete and submit an <b><i>EXHIBIT B-1: BUDGET WORKBOOK</i></b> for each Priority Program Category (proposal) and each priority population (school site) that Bidder is proposing to serve to complete and submit all of the following:</p> <p><b>b. Cost-Coefficient</b> – Bidder does not need to submit anything additional for this.</p> <p><b>c.</b> Complete and submit one <b><i>EXHIBIT B-1: BUDGET WORKBOOK</i></b> for each school site for up to three <b><i>EXHIBIT B-1: BUDGET WORKBOOKS</i></b>  <b>OR</b>  Submit one <b><i>B-1: BUDGET WORKBOOK</i></b> for each Priority Program Category Bidder is proposing to serve.</p> <p>See <b><i>EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS</i></b> in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p> <p><b>d.</b> Bidder's detailed <b><i>Budget Narrative</i></b> to explain the costs and calculations in the <b><i>B-1: BUDGET WORKBOOK</i></b>.</p>	<p>Two total not including Exhibit B-1: Budget Workbook</p> <p>N/A</p> <p>Two</p>
<p><b>8. IMPLEMENTATION SCHEDULE AND PLAN</b></p>	<p>Use the Fillable Forms Template to complete and submit the following:</p>	<p>Three total</p>

	<b>a.</b> Bidder's Implementation Schedule and Plan with activities, responsible persons, milestones and due dates	Two
	<b>b.</b> Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	One
<b>EXHIBITS</b>	Using the Fillable Forms Template complete and submit the following:	N/A
	<b>EXHIBIT I: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS</b>	

- Section **II. G EVALUATION CRITERIA/SELECTION COMMITTEE**, evaluation criteria and respective weights of the RFPs should read:

Section	Evaluation Method	Evaluation Criteria	Weight
	<b>b.</b> Bidder's detailed <b>Budget Narrative</b> to explain the costs and calculations in the <b>B-1: BUDGET WORKBOOK</b>	<ul style="list-style-type: none"> <li>How detailed and specific is Bidder's response?</li> <li>How clear is the narrative?</li> <li>How well does the narrative detail how Bidder arrived at particular calculations?</li> <li>How well does Bidder "show the work"?</li> </ul>	5

- Section **III. APPENDICES A. GLOSSARY & ACRONYM LIST** of the RFPs should read:

<b>Collateral Family Groups</b>	Defined as a service activity provided in a group setting composed of two or more; family members, caretakers or significant support persons in the life of a client in treatment. It includes, but is not limited to, developing the skills of family members/significant support persons to understand and accept the client's condition (mental illness), support the beneficiary in achieving the goals of the beneficiary's client plan and appropriately respond to the client's needs. It may include, but is not limited to, the consultation and training of the family/significant support person(s) to assist in better utilization of the specialty mental health services by the client and to support their wellness plan. The client need not be present for this activity.
<b>LPHA</b>	Licensed Practitioner of the Healing Arts includes psychiatrists, psychologists, social workers, marriage and family therapists.

### School-Based Services

- Pages three and four of the School-Based Services RFP should read:
 

**Bidders that propose to provide school-based services shall adhere to all of the following:**

  - Bidders may not approach, lobby or contact any school staff or district-level staff for which they are applying to provide services.**
  - Bidders may not submit letters of support in proposals from any school staff or district-level staff for which they are applying to provide services.**
  - Bidders may not list school staff as current or former references for any school or district-level staff for which they are applying to provide services.**
- Pages seven and eight **a. Priority Population and Program Design**, Table 2 of the School-Based RFP should read:

School	Grades Served	Population <sup>1</sup>	Notes
Vincent Academy Charter School (West Oakland)	Transitional Kindergarten through 3 <sup>rd</sup> Grades	101 enrollments; 97% students of color	
Oakland Technical High School (North Oakland)	9 <sup>th</sup> through 12 <sup>th</sup> Grades	1,858 enrollments; 80% students of color	Bi-lingual Spanish and/or Asian language clinician

<sup>1</sup> Enrollments are estimates.

School	Grades Served	Population <sup>1</sup>	Notes
			<del>preferred</del>
Academy of Alameda Charter School (West Alameda)	6 <sup>th</sup> through 8 <sup>th</sup> Grades	502 enrollments; 76% students of color	
Oakland High School (Central Oakland)	9 <sup>th</sup> through 12 <sup>th</sup> Grades	1,700 enrollments; 95% students of color	
Fremont Federation School (Central Oakland)	9 <sup>th</sup> through 12 <sup>th</sup> Grades	140 795 enrollments; 99% students of color	<b>Bi-lingual Spanish clinician required</b>
Aspire Millsmont Charter School (Central East Oakland)	Transitional Kindergarten through 12 <sup>th</sup> Grades	274 enrollments; 95% students of color	Bi-lingual Spanish clinician preferred
100 Black Men Community Charter School (East Oakland)	Currently Kindergarten through 2 <sup>nd</sup> and 5 <sup>th</sup> through 7 <sup>th</sup> Grades	Projected enrollment of 175 in FY 13-14 100% male students of color	Culturally competent and male specific programming required
Lighthouse Community Charter School (East Oakland)	Kindergarten through 12 <sup>th</sup> Grades	Grades K-8 <sup>th</sup> : 492 enrollments; 98% students of color  Grades 9 <sup>th</sup> -12 <sup>th</sup> : 223 enrollments; 98% students of color	
Education for Change Learning Without Limits Charter Academy (East Oakland)	Kindergarten through 5 <sup>th</sup> Grades	380 enrollments; 96% students of color	Bi-lingual Spanish clinician preferred

- Page ten of the School-Based Services RFP should read:  
*Most services will be provided in the school(s). As part of the agreement to provide mental health services in school sites, the schools will provide adequate and designated office space to service providers. Therefore, **if these costs are should not be included in Bidder budgets, they should be strongly justified, calculated and appropriate.***
- Pages eighteen of the School-Based Services RFP should read:  
*The proposal sections, instructions and page maximums are contained in **Table 5 3** below. **Bidders must respond to the prompts in Table 3.***
- Page twenty-five of the School-Based Services RFP should read:  
*The evaluation criteria and respective weights for this RFP are contained in **Table 7 5**. **Bidders will be evaluated based on criteria in Table 5.***

### Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County

- BHCS will only accept proposals to serve both Cantonese and Vietnamese speaking Children and Families in Central County.
- Page two and three of the Culturally And Linguistically RFP should read:  
*BHCS intends to award a maximum of **two one** contracts among a maximum of **one two** contractors for culturally and linguistically responsive services to full-scope Medi-Cal/EPSDT eligible Cantonese and Vietnamese speaking children ages zero to twenty-one and their families in Central County. For the purposes of this RFP, Central County is defined as unincorporated areas of Ashland, Castro Valley, Cherryland and the*

cities of Hayward, San Leandro and San Lorenzo. The maximum funding for this **priority program category per priority language population** is **\$320,000** ~~\$160,000~~, as shown in Table 2.

Bidders ~~may~~ **must** apply to serve ~~one or both~~ priority language population(s). Bidders ~~must proposing to serve both priority language populations~~ may submit one proposal with tailored sections for each language and one **EXHIBIT B-1: BUDGET WORKBOOK**. ~~Bidders who wish to serve both priority language populations must carefully read submittal instructions. Proposals may not exceed the maximum contract amount per priority language group, as listed in Table 2.~~

**Table 1**

<b>Priority Language Group in Central County</b>	<b>Maximum Contract Amount per Group</b>
<del>Cantonese Speaking Youth and Families</del>	<del>\$160,000</del>
<del>Vietnamese Speaking Youth and Families</del>	<del>\$160,000</del>
<b>Cantonese and Vietnamese Speaking Youth and Families Total (Both)</b>	<b>\$320,000.00</b>

- Page four of the Culturally And Linguistically RFP should read:  
**The** contracts awarded through this RFP shall be used to provide EPSDT billable services in the priority program categories to the described priority populations.

- Page five of the Culturally And Linguistically RFP should read:  
**D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS**  
 To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal how they meet the following Bidder Minimum Qualifications:
  - Have at least two years of organizational experience providing services to **underserved ethnic and language populations** within the last five years;
  - Currently employ at least one Licensed Practitioner of the Healing Arts (LPHA); and
  - Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS.

BHCS shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP.

Proposals that exceed the contract maximum amounts and the County maximum rate or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, shall be disqualified from moving forward in the evaluation process.

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. BHCS will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications, and these disqualified proposals will not be evaluated by the County Selection Committee (CSC)/Evaluation Panel and will not be eligible for contract award under this RFP.

- Page six of the Culturally And Linguistically RFP should read:  
 The program design must include the capacity to provide services to **40 a combined 80** unduplicated clients over the course of twelve months.
- Page nine of the Culturally And Linguistically RFP should read:  
 The scope of work requires that ~~each the language~~ program have, at minimum, ~~one three-quarter time two full-tie equivalent (-.75 FTE)~~ **clinicians. One of the clinicians must be licensed. The other may be licensed or licensed eligible within two years. The clinicians must have enough language proficiency to provide services in Cantonese and Vietnamese clinician** and at least one half-time bilingual cultural broker or experienced paraprofessional to act as a community liaison (to match the priority language population). Services may include pre-licensed staff, in addition, but not in lieu of, paid staff with language capacity. These positions represent minimum requirements and may include more time and may be comprised of one or more person.



- Page seventeen of the Culturally And Linguistically RFP should read:  
*The proposal sections, instructions and page maximums are contained in Table 5 3. Bidders must respond to the prompts in Table 3.*
- Page 24 of the Culturally And Linguistically RFP should read:  
*The evaluation criteria and respective weights for this RFP are contained in Table 7 5. Bidders will be evaluated based on criteria in Table 5.*

## Recreation, Education, Arts, Career and Health (REACH) Ashland Youth Center Behavioral Health Partnership Program

- The REACH Center RFP no longer includes the \$100,000 MHSAs funding amount.
- Page three of the REACH Center RFP should read:  
*BHCS intends to award one contract to one contractor for the REACH Ashland Youth Center Behavioral Health Partnership Program to provide comprehensive mental health services to full-scope Medi-Cal/EPSDT eligible youth between the ages of twelve and ~~twenty-four~~ **twenty-one**. Youth not covered by EPSDT, aged ~~twelve to twenty-four~~ may receive mental health services funded through Mental Health Services Act (MHSA). MHSA funds shall provide EPSDT covered services to youth not covered by Medi-Cal. The MHSA funds shall not supplement EPSDT services to EPSDT beneficiaries. The maximum funding for this program is ~~\$190,000~~ **\$290,000**; this amount is inclusive of EPSDT (\$190,000) and MHSA (\$100,000).*
- Page four of the REACH Center RFP should read:  
***Bidders who propose to provide this service must adhere to all of the following:***
  - ***Bidders may not approach, lobby or contact REACH or Health Care Services Agency (HCSA) staff;***
  - ***Bidders may not submit letters of support in proposals from REACH or Health Care Services Agency (HCSA) or Health Care Services Agency (HCSA);***
  - ***Bidders may not list REACH or Health Care Services Agency (HCSA) staff as current or former references.***
- Page seven of the REACH Center RFP should read:  
*The program design must include the capacity to provide services to ~~126~~ **70** unduplicated clients during a twelve month period.*
- Page eight of the REACH Center RFP should read:  
*The following Medi-Cal billable activities shall be provided to clients ~~(even if the client is being funded through MHSA):~~*
  - *Brokerage/Case Management to each client as needed;*
  - *Collateral to each client as needed;*
  - *Collateral Family Groups to each client/family, as needed;*
  - *Evaluation to each client as needed;*
  - *Initial Assessment and continual re-assessment to each client;*
  - *Plan Development and monitoring to each client as needed;*
  - *Individual Therapy to each client, with a focus on rehabilitation;*
  - *Family Therapy to each client and family, as needed, with a focus on rehabilitation;*
  - *Group Therapy offered weekly on specific recurring topics; and*
  - *Crisis Intervention to clients as needed.*
- Page eight of the REACH Center RFP should read:  
*Most services shall occur in the REACH Center during the REACH Center hours of operation. The REACH Center will provide office space, furniture and utilities for the service provider, including computers and phones. Therefore, if these costs are ~~should not be~~ included in Bidder budgets, they should be strongly justified, calculated and appropriate.*

- Page sixteen of the REACH Center RFP should read:  
*The proposal sections, instructions and page maximums are contained in Table 5 1. Bidders must respond to the prompts in Table 1.*
- Page 25 of the REACH Center RFP should read:  
*The evaluation criteria and respective weights for this RFP are contained in Table 7 3. Bidders will be evaluated based on criteria in Table 3.*
- **III. APPENDICES A. GLOSSARY & ACRONYM LIST** in the REACH RFP should read:

<b>Family Partner</b>	Are defined as staff who have personal experience in the child welfare, mental health, and/or juvenile justice systems as a consumer and/or as a parent/caregiver. Family Partners use personal and professional life experiences to increase awareness and improve the effectiveness of mental health services. Family Partners work with clients, families, and clinical staff to best meet the treatment and/or recovery needs of clients and their families. Family partners also participate in program and community meetings throughout the service delivery process.
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**Transition Age Youth (TAY) Santa Rita Mental Health Program**

- Pages five through six of the TAY RFP should read:  
**D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS**  
*To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal how they meet the following Bidder Minimum Qualifications:*
  - Have at least two years of organizational experience providing behavioral health care services to the priority population(s) youth ages eighteen through twenty-one OR experience providing case management brokerage and strengths based skills building to adults coming out of Santa Rita Jail within the last five years;*
  - Currently employ at least one Licensed Practitioner of the Healing Arts (LPHA); and*
  - Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS.*

*BHCS shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP.*

*Proposals that exceed the contract maximum amounts and the County maximum rate or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, shall be disqualified from moving forward in the evaluation process.*

*Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. BHCS will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications, and these disqualified proposals will not be evaluated by the County Selection Committee (CSC)/Evaluation Panel and will not be eligible for contract award under this RFP.*
- Page seven of the TAY RFP should read:  
*The scope of work requires that services include time-limited mental health treatment and intensive case management services for duration of six months to TAY being released from Santa Rita Jail for a non-violent misdemeanor or a non-serious felony, which have been referred by Alameda County CAP. Sex offenders may be referred to this program, depending on the nature of the crime.*
- Page eight of the TAY RFP should read:  
*The following Medi-Cal billable activities shall be provided to clients:*
  - Brokerage/Intensive Case Management to each client as needed to reintegrate clients into the community;*
  - Collateral to each client as needed;*
  - Evaluation to each client as needed;*
  - Assessment and continual re-assessment to each client as needed;*
  - Plan Development and monitoring to each client as needed;*

- Individual Therapy to each client, with a focus on rehabilitation;
- Collateral Family Groups to each client/family, as needed;
- Family Therapy to each client and family, as needed, with a focus on rehabilitation;
- Group Therapy for skill development; **and**
- ~~Outreach to ensure youth engagement;~~
- ~~Benefits advocacy; and~~
- Crisis Intervention to clients as needed.

**Services shall also include Outreach to ensure youth engagement and Benefits advocacy.**

- Page nine of the TAY RFP should read:  
*The scope of work requires that services be provided by two teams, including, at minimum, two full-time equivalent (FTE), **one of which must be a licensed clinician, the second clinician may be licensed or be a license eligible master's level clinician;** three FTE peer case advocates, who may be experienced paraprofessional and/or consumers of mental health services; and one FTE benefits specialist. **All staff must be under the supervision of a seasoned licensed clinician.***
- Page eighteen of the TAY RFP should read:  
*The proposal sections, instructions and page maximums are contained in Table **5 1. Bidders must respond to the prompts in Table 1.***
- Page 25 of the TAY RFP should read:  
*The evaluation criteria and respective weights for this RFP are contained in Table **7 3. Bidders will be evaluated based on criteria in Table 3.***

#### BIDDER QUESTIONS THAT PERTAIN TO...

#### All Four RFP Processes

- Q. 1. Is billing to Medi-Cal Administrative Activities (MAA) an option for these programs?**  
 Billing MAA is not an option at this time.
- Q. 2. Are the positions that auto-populate in the EXHIBIT B-1: BUDGET WORKBOOK set or negotiable?**  
 All positions listed in the RFPs (and updated in this Addendum) are minimums and are non-negotiable. See section **I. D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS** and **I. E. c. Planned Organizational Infrastructure and Staffing** sections of the RFPs and this Addendum. Bidders should not rely on the **EXHIBIT B-1: BUDGET WORKBOOK** to auto-populate all minimum positions.
- Q. 3. Are awarded contracts for a one-year term and subject to annual renewal?**  
 Any awarded contract term will begin from the date approved by the Alameda County Board of Supervisors until the end of the fiscal year (June 30, 2013). Please see section **I. INTENT** of the RFPs regarding renewal, which states that *any renewal of awarded contracts shall be contingent on the availability of funds, Contractor performance, continued prioritization of the activities and target populations, as defined and determined by BHCS.*
- Q. 4. Can Bidders receive detailed results from prior EPSDT Expansion procurement processes?**  
 Yes. BHCS will treat such requests as Public Information Requests and process them within the Public Information Act (PRA).
- Q. 5. Who within BHCS should be contacted with a Public Records Act (PRA) request?**  
 Those who wish to obtain public information should contact the assigned RFP contact person listed on the first page of the applicable RFP.
- Q. 6. Can Bidders record Bidders' Conferences using a tape recorder or a laptop (or a phone, etc.)?**  
 Recording is not permissible, as the Addenda are the final word of the County.

- Q. 7. If a Bidder is planning to submit proposals for multiple priority program categories (for example School-based Services and REACH mental health services), must Bidders submit separate proposals following proposal instructions listed in the table of each RFP?**  
Yes. Please read sections **I. INTENT** and **II. F. RESPONSE FORMAT/PROPOSAL RESPONSES** of the RFPs.
- Q. 8. What are the page lengths for the proposals?**  
See the table in section **I. F. RESPONSE FORMAT/PROPOSAL RESPONSES** of the RFPs and use the **Fillable Forms Template**.
- Q. 9. For ATTACHMENTS 3A, 3B, AND 3C, should Bidders submit templates or a sample with all client identifying information blacked out?**  
Please submit samples with all client identifier information blacked out.
- Q. 10. How do Bidders demonstrate that they currently employ a Licensed Practitioner of the Healing Arts (LPHA)?**  
Bidders must include the LPHA's license number and information in their proposal response to **4. b. Bidder Minimum Qualifications** in the **Fillable Forms Template**.
- Q. 11. If a Bidder is moving to a new location within Alameda County within the next two weeks, can the Bidder use six months of utilities to become SLEB certified?**  
Please check with the SLEB compliance office. See section **II. C. LOCAL AND SLEB PREFERENCE POINTS** of the RFP for information.
- Q. 12. Where in the proposal should the SLEB Partnering Information Sheet be submitted for each proposal?**  
See section **I. D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS** of the RFP. Subcontractors are not allowed in this RFP process.

### School-Based Services

- Q. 13. Aspire Millsmont Charter School (Central East Oakland) does not have a check box next to it on the Fillable Forms Template, how can Bidders select this school?**  
BHCS has updated the **Fillable Forms Template** to correct this issue.
- Q. 14. Please clarify: If a Bidder is proposing to serve one or three school site(s), should the proposal response to section 6. BIDDER EXPERIENCE, ABILITY AND PLAN be kept within the fifteen page limit or are fifteen pages allowed for each or school site?**  
See page four of the School-Based Services RFP. Bidders should use the fifteen page limit for section **6. BIDDER EXPERIENCE, ABILITY AND PLAN** whether they are proposing to serve one, two or three schools. Bidders should include what is similar across the schools and make distinctions of what is different and how the population and program will differ, as necessary.
- Q. 15. Page eight of the RFP mentions serving 80 unduplicated clients; is this for each school site over twelve months?**  
This number is for each school site. This number is inclusive of unique clients served in groups.
- Q. 16. Are the funding maximums listed under section I. INTENT of the RFPs annual figures?**  
Yes. Bidders must submit a twelve-month budget, which will be prorated at time of award, if awarded.
- Q. 17. Are these school-based programs new?**  
The Oakland Unified School District (OUSD) schools currently have service providers on-site, but these services will be replaced with the awarded Contractors. The charter schools do not have on-site mental health services through Alameda County Behavioral Health Care Services.
- Q. 18. Are separate proposals required for each school site?**

No. Submit one proposal that includes up to three schools and separate **EXHIBIT B: BUDGET WORKBOOKS** if for each school. See the response to Q. 14. of this Addendum.

**Q. 19. Can Bidders supply references from schools they are not proposing to serve?**

Yes. As long as Bidders do not include district-level staff or school personnel from the school(s) in which they are proposing to serve, they may submit references from schools. See page four of the School-Based Services RFP.

**Q. 20. Why does the County delegate the collection of fire clearances to contracted service providers in schools?**

This is a complex issue. However, since the contracted service provider is providing Medi-Cal billable services, it is the Contractor's responsibility to meet the Medi-Cal Site Certification standards. One of these standards is having a current fire clearance. In an attempt to streamline this process, BHCS staff has collected fire clearances from six of the nine schools listed in the School-Based Services RFP. BHCS expects that the awarded Contractor(s) to work with the school/district to obtain a copy of the annual fire clearance to ensure that Contractor's Medi-Cal Site Certification is renewed prior to expiration.

**Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County**

**Q. 21. For the clinician positions, would it be possible to include staff close to licensure, (e.g. 75% of hours completed)?**

Yes. See the **Clarifications & Corrections/Changes Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County** in this Addendum. One clinician must be licensed at the time of program start up and the other must obtain their license within two years of date of hire.

**Q. 22. Is there consideration of the level of language proficiency for the clinician(s) given the use of the bilingual cultural broker?**

BHCS is no longer requiring a Cultural Broker. See the **Clarifications & Corrections/Changes Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County** in this Addendum. The clinicians will be the primary direct service providers. Clinicians must be proficient in the languages. One clinician MUST be licensed and the other may be license eligible and obtain a license within two years of hiring for this position.

**Q. 23. Should Bidders submit one EXHIBIT B-1: BUDGET WORKBOOK for each language?**

Bidders must submit one **EXHIBIT B-1: BUDGET WORKBOOK**. Bidders MUST propose to serve both languages. See **Clarifications & Corrections/Changes Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County** in this Addendum.

**Q. 24. Should Bidders submit separate proposals for each language or combine the proposals for both?**

Bidders must submit one proposal and must propose to serve both languages.

**Recreation, Education, Arts, Career and Health (REACH) Ashland Youth Center Behavioral Health Partnership Program**

**Q. 25. What is the vision for how the services described in the REACH Center RFP will fit into the other services located within the REACH Center?**

Bidders must include this in their proposals as part of their design and collaboration.

**Q. 26. Is there a summary of the services provided at REACH?**

See page four of the REACH RFP.

**Q. 27. Given that there are several providers delivering mental health services within the REACH Center, how will it be decided which provider is delivering which service?**

The awarded Contractor will provide services as described in the REACH Center RFP.

**Q. 28. What is the distinction between the integrated medical services and those provided through this RFP?**

The services described in this RFP are billable to EPSDT/Medi-Cal. The integrated medical services currently provided within the REACH Center are billed through a Federally Qualified Health Center (FQHC). The services differ in scope, duration and intensity. The FQHC services are limited in their scope, less intensive and are a shorter duration (about six sessions).

**Q. 29. Can Bidders contact organizations within the REACH Center that are not REACH staff (i.e. other contracted service providers)?**

No.

**Q. 30. Is it expected that services be provided after school hours?**

See the last full paragraph on page eight of the REACH Center RFP.

**Q. 31. Is there a period of start-up to build a caseload sufficient for the FTE licensed clinician? Or does the FTE need to be available from the first day even if there may not be enough revenue to fund their position?**

The one FTE is expected to be on site at the start date regardless of caseload size. Bidders should address start-up and caseload building strategies in their implementation plan.

**Q. 32. Can the Licensed Practitioner of the Healing Arts (LPHA) provide services or can they supervise pre-licensed interns?**

Having an LPHA is part of the minimum qualifications to propose services. Bidders must prove that they currently employ a LPHA in order to participate in the RFP process. BHCS expects that a full-time, dedicated, licensed clinician is assigned to the REACH Center. This position must be supervised and may be filled by the existing LPHA if he or she can fulfill the full time requirement.

**Q. 33. For proposal response 5. ORGANIZATIONAL CAPACITY AND REFERENCE b. References, address a different aspect of the proposal?**

References should be able to respond to the questions listed in the evaluation criteria on pages 22 to 23 of the REACH Center RFP.

**Q. 34. What percentage of REACH members are Medi-Cal eligible?**

While BHCS estimates that the Medi-cal eligibility for the REACH program is about fifty percent, the exact Medi-cal percentage for the REACH Center cannot be confirmed at this time as the Center recently opened in May, 2013. Thus far, 1,460 members have joined the REACH Center and it is expected that the number will grow to 2,000 by the end of the calendar year. The 2010 US Census Data shows that the Ashland and Cherryland's combined population is 36,653 and thirty percent of these residents are ages eighteen and under. Additionally, eighteen percent of these the total residents have incomes below the Federal Poverty Level

**Q. 35. Which communities will be included in the REACH priority population?**

See pages four and seven of the REACH Center RFP.

**Q. 36. Are psychiatry services required for this program?**

No.

**Q. 37. What caseload would be appropriate for the REACH Center program?**

Bidders must include this in their proposals as part of their design considering the unique number of clients to be served per year and duration of services.

**Q. 38. How does BHCS select its Evaluation Panel?**

Please see section **II. G. EVALUATION CRITERIA/SELECTION COMMITTEE** of the RFPs.

**Q. 39. Will a youth be included on the Evaluation Panel?**

BHCS is planning to ask a youth representative to participate on the Evaluation Panel.

**Q. 40. Does Bidder's staff have to be exclusively located at the REACH Center?**

Yes. This is a designated position for the REACH Center.

**Q. 41. Can Bidders propose to provide some services in the community and/or at a school?**

There shall be a designated staff for the REACH Center. Any services conducted outside of the REACH Center must be to serve REACH Center members.

**Q. 42. Can the REACH clinician hold a caseload of REACH and community-based clients?**

BHCS assumes community-based to be defined as non-REACH members. In this case, the answer is no. The staff must be designated REACH Center.

**Q. 43. How will youth be referred to the EPSDT billable services in the REACH Center?**

See page nine, section **I. E. d. Forming Partnerships and Collaboration** of the REACH Center RFP.

**Q. 44. Are there current mental health providers funded through EPSDT in the REACH Center?**

Yes. The Sheriff's Youth and Family Services Bureau (YFSB) is currently providing services EPSDT billable services.

**Q. 45. Since there are current mental health providers in the REACH Center, how do all of the mental health providers fit together?**

See page nine of the REACH RFP section **I. E. d. Forming Partnerships and Collaboration**.

**Q. 46. Are brokerage services currently being provided to REACH members?**

BHCS assumes brokerage means case management. Currently, there is limited case management offered to REACH members. However, using the Coordination of Service Team (COST) meetings to screen and triage clients, there will be no duplication of services. BHCS expects the awarded Contractor to ensure that Medi-Cal rules and regulations are being followed.

**Q. 47. Does BHCS expect the awarded Contractor to provide family groups at the REACH Center?**

Yes.

**Q. 48. Does BHCS have a unit of service requirement?**

Yes. Please see **Clarifications & Corrections/Changes Recreation, Education, Arts, Career and Health (Reach) Ashland Youth Center Behavioral Health Partnership Program** of this Addendum.

**Q. 49. Are parents counted as part of the number of clients served?**

No. The child/youth is the client. Inclusion of parents/caregivers and family members is encouraged, but they are not counted toward the number of clients served.

**Q. 50. The RFP states that Bidders may not approach REACH Center staff, but can Bidders list other Alameda County Health Care Services Agency (HCSA) staff as current or former references? (e.g. staff who are part of School Health Services Coalition?)**

No. See **Clarifications & Corrections/Changes Recreation, Education, Arts, Career and Health (Reach) Ashland Youth Center Behavioral Health Partnership Program** of this Addendum.

**Q. 51. How are uninsured REACH Center members served?**

The Sheriff's Youth and Family Services Bureau (YFSB) is currently providing services to uninsured REACH Center members.

**Q. 52. Does BHCS consider Board size and make up?**

Bidders must submit their current organizational chart as **ATTACHMENT 2A** in their proposals.

**Transition Age Youth (TAY) Santa Rita Mental Health Program**

**Q. 53. Regarding the Minimum Qualifications: How does BHCS define experience serving the priority population – Is it TAY or individuals involved in the criminal justice system or TAY involved in the criminal justice system?**

Bidders for the TAY program must have, at a minimum, either experience working with youth ages eighteen through twenty-one providing behavioral health services **OR** experience providing case management brokerage and strengths based skills building to adults coming out of Santa Rita Jail. See **Clarifications & Corrections/Changes for Transition Age Youth (TAY) Santa Rita Mental Health Program** in this Addendum.

**Q. 54. Where can Bidders find information on Santa Rita Jail census information?**

BHCS expects that Bidders will conduct research using the internet and other appropriate means.

**Q. 55. How will Peer Advocate time bill and be paid?**

BHCS expects Bidders to design a program that generates enough revenue to cover positions/services that are not billable through EPSDT/Medi-Cal.

**Q. 56. Are the staffing requirements listed on page nine for one or both teams?**

The two full-time equivalent (FTE) clinicians; three FTE peer case advocates; and one FTE benefits specialist are the combined staff for both teams. See **Clarifications & Corrections/Changes for Transition Age Youth (TAY) Santa Rita Mental Health Program** in this Addendum.

**Q. 57. Can the Peer Advocate and Benefits Specialist bill to Medi-Cal?**

Both positions may bill Medi-Cal Rehabilitation codes depending on the activity. See the responses to Q. 55. and Q. 58. in this Addendum.

**Q. 58. What are the minimum qualifications for the Peer Advocate and Benefits Specialist positions to be able to bill to Medi-Cal?**

The ability to bill to EPSDT/Medi-Cal is dependent on the services/activities provided. These positions must be under the supervision of a licensed clinician and must follow all Medi-Cal and Quality Assurance rules and regulations.

**Q. 59. How many individuals does BHCS expect to be served in this program?**

See page seven of the TAY RFP.

**Q. 60. How does Medi-Cal funding work if a client's Medi-Cal has been "turned off" while incarcerated?**

Bidders must consider this possibility and provide a program design and budget to plan accordingly.

**Q. 61. What is the average length of stay for the TAY program?**

See **CORRECTIONS/CHANGES: TRANSITION AGE YOUTH (TAY) SANTA RITA MENTAL HEALTH PROGRAM** of this Addendum. BHCS expects that clients will be served for duration of six months. If it is determined that a client requires a longer length of stay in the program, the awarded Contractor may request a longer stay from BHCS' Transition Age Team (TAT), which will be subject to BHCS approval.

**Q. 62. Are the group models mentioned in the TAY RFP preferred or required?**

Bidders must offer groups as part of their menu of services. Groups must address trauma, stress and medication regimen adherence. However, other group topics may be considered. See page eight of the RFP.

**Q. 63. Do both teams have to be able to specific treat co-occurring disorders/substance abuse?**

Yes. See pages seven and eight of the TAY RFP.

**Q. 64. How will the "hand off" work from the Court Advocacy Program team to the awarded contractor work?**

See pages four through five and seven of the TAY RFP and the response to Q. 65. in this Addendum.

**Q. 65. Is there any additional funding to begin the relationship with a client while he or she is incarcerated?**

No. There is only EPSDT/Medi-Cal funding at this time. See pages four and five of the TAY RFP. Some of the case management, housing placement and engagement may begin with the Court Advocacy Program (CAP) team while the client is still incarcerated and "locked out" of EPSDT/ Medi-Cal funding.

**Q. 66. Are these youth currently being referred to the Transition Age Team (TAT)?**



No. This program was designed to serve youth not currently accessing services.

**Q. 67. Is the TAY program a partnership with Probation?**

Not at this time.