



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)  
 ADDENDUM NO. 1  
 To  
 RFP NO. 14-05  
 FOR  
 OUTREACH AND MOBILE CRISIS INTERVENTION TEAM  
 FOR MENTAL HEALTH TRANSITIONAL AGED YOUTH (TAY) TRIAGE**

**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](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~~.

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

1. RFP #14-05: Specifications, Terms & Conditions for Outreach and Mobile Crisis Intervention Team for Mental Health Transitional Aged Youth (TAY) Triage

- Page 11. Section E: SUBMITTAL OF PROPOSALS/BIDS

2b. ~~Seven~~ **Eight (8)** copies of proposal.

- Page 18 Section 6. BIDDER EXPERIENCE, ABILITY AND PLAN

a. The Evaluation Panel will read and assign a score to the Community Outreach to Target Population.	<p>...</p> <ul style="list-style-type: none"> <li>o <del>Does the proposal include an acceptable evidence-based model or promising practice?</del></li> <li>• Does the proposed model align with BHCS program goals?</li> <li>• Will the model address the needs of the priority population(s)?</li> </ul> <p><b>Forming Collaboration and Partnerships</b></p> <ul style="list-style-type: none"> <li>• <b>Are the working hours, days, and locations for Triage staff described clearly?</b></li> <li>• <b>Are outreach and engagement strategies described including examples of organization's successful outreach efforts?</b></li> <li>• <b>Is experience in collaborating with TAYSOC organizations and other resources described?</b></li> </ul>	15          <b>10</b>
b. The Evaluation Panel will read and assign a score to the	<ul style="list-style-type: none"> <li>• <b>Does the staffing structure comply with the grant-approved 7 FTE</b></li> </ul>	10

Staffing and Caseload	<ul style="list-style-type: none"> <li>individual and a minimum of: 1 supervisor and 2 peer staff?</li> <li>...</li> </ul>	
c. The Evaluation Panel will read and assign a score to the <b>Forming Collaboration and Partnerships</b>	<ul style="list-style-type: none"> <li>How detailed and specific is Bidder's response?</li> <li>How specific are Bidder's plans to partner and collaborate?</li> <li>How realistic is Bidder's plan to collaborate with primary care and adjunct providers?</li> </ul>	10
d. The Evaluation Panel will read and assign a score to the <b>Service Delivery Approach:</b>	<ul style="list-style-type: none"> <li>Does the proposal include an acceptable evidence-based model or promising practice?</li> <li>...</li> </ul>	10

2. Fillable Forms Template: The original template has been deleted and replaced with the revised version. Please make sure you use the most updated form and re-read the instructions carefully.
3. Budget Worksheet: The original worksheet has been deleted and replaced with the revised version. Please make sure you use the most updated form found on this webpage.

**BIDDER QUESTIONS and ANSWERS**

1. Page 5, Section D, #b, what is meant by “permits and licenses” for the mobile units?

*The contractor should be able to meet Medi-Cal certification for site requirements and staff should be credentialed according to the level of Medi-Cal billing requirements needed for their level of work. In addition, should the mobile team be serving food or undertaking other activities that may need permits, the program will be responsible to get those permits as needed.*

2. Page 5, Section E, Subsection 1 "The TAY Outreach Team will deploy triage personnel to these sites from 11am - 8pm. How many/which days per week are these locations to be staffed?

*Bidders should propose the best staffing configuration and coverage that would most adequately meet the program objectives and the target population needs, within the allotted budget.*

3. When the RFP describes outreach to those having psychotic outbreaks, who should we target. Park is crowded; most are young; should we focus on Spanish, females, etc.?

*Our target population program is to serve those with severe mental health illnesses, or who are affected by SED. The goal of the project is to reduce hospitalization and the 5150 rate. We want to be mindful with how you are connecting with them and the resources that are going to be available. We want to take into consideration the collaborative efforts that are necessary at Peoples Park, eg, with Meals on Wheels or other programs. We want to know how you will coordinate with them as a mental health program.*

4. Can we expand outreach to other areas such as East Oakland, Hayward, or Juvenile Detention?

*You can provide services in additional areas, but it would have to be in addition to, not in place of, the existing sites in the RFP. We encourage you to collaborate with existing resources such as Juvenile Justice, City of Berkeley but the sites listed in the RFP (eg., John George, Willow Rock, Dreamcatcher) were identified by research as places where those youth who are in need of services/ resources go.*

5. If we have been serving 15-20 year olds, but not 20-22 years olds, does this meet minimum qualifications?

**YES**

6. Is the 2 year experience minimum requirement have to be with mobile outreach experience or is TAY experience adequate.

*To meet minimum qualification we are looking for 2 years experience working with TAY, not mobile outreach experience. But when proposals are scored, an organization's experience with providing mobile outreach would be taken into consideration and would make a stronger proposal.*

7. Does the 5% priority points for SLEB organizations refer to 5 % of the overall score or 5% of the total available points?

*If Bidder is certified by the County as either a small and local or an emerging and local business, the County will provide a five percent (5%) bid preference in addition to a 5% local bid preference for a total bid preference of ten percent (10%). The bid preferences are applied to the total scored points given to that bidder. For example: a Bidder scored 400 out of possible 500 and is a certified SLEB, 40 preference points will be added giving a total score of 440 out of 500. A Bidder scoring 400 out of possible 500 and is not certified SLEB but a Local business (as defined), 20 preference points will be added giving a total score of 420 out of 500. A non-certified, non-local Bidder will not receive preference points.*

8. Each section Evaluation Criteria/Selection Committee, Table 3, seem to refer to specific sections on the Fillable Forms Template #140-5 TAY Triage Outreach Team. Table 3, section 6.c., (page 19) specifically notes that the "Evaluation Panel will read and assign a score to the Forming Collaborations and Partnerships section". In reviewing the Fillable Forms Template #14-05 TAY Triage Outreach Team, I cannot locate any section identified as "Forming Collaborations and Partnerships". Can you direct me to where this is on the Fillable Forms Template?

*This section was combined into the earlier section 'Community Outreach to Target Populations'. The RFP Evaluation Criteria section is revised to include this information*

*and points allocated to this section. See” CLARIFICATIONS & CORRECTIONS/CHANGES in the first part of this addendum.*

## **STAFFING**

9. Page 6, Section E, Subsection 3, “Staffing and Caseloads” How much flexibility in the recommended staffing pattern?

*This staffing pattern was dictated in the grant proposal. The Oversight and Accountability grant is a personnel grant and our county was given the grant for a team of 7 FTE individuals. We can be flexible with the the type of staff making up the team, however, we will require at least one(1) licensed clinical supervisor and a minimum of two (2) peer staff. All staff will need to be supervised and have experience doing outreach and engagement work with homeless youth. Our grant award lists our number of FTE personnel, and we need to be consistent with that.*

*Related to that, mental health clinicians can be Masters level, but they can be interns working towards their MSW/MFT, as long as they are supervised by a licensed person and are able to bill for Medi-Cal. Additionally, the other FTE staff can be bachelor’s level and we encourage those staff to have experience outreaching in the community to homeless individuals with behavioral health needs.*

10. How critical is the inclusion of peer care coordinators. Since the proposed staffing model is not sustainable under the current budget in the RFP, how much room is there to propose an alternative staffing model?

*Please see the response to the question above.*

11. Can you clarify if a FT supervisor is required?

*Yes, the supervisor is expected to carry a caseload, and they have to supervise 6 or more other staff. It is the expectation that the supervisor is a full time position.*

12. On page 6 section 3 The RFP states the bidder may choose the staffing model. The notes that I have seen from today's bidders conference suggest that the staffing model that is proposed is the one that must be used for the RFP. Can you please clarify the expectation.

*The staffing number is more an expectation that a requirement. BHCS is open to proposals that include Master’s level interns, and/or more peer staff/case managers making up the team.*

13. The RFP describes Triage personnel working from 11 – 8pm. Should staff be on site at all 3 sites for all these hours? Please clarify the expectations around the 24/7. Are

Clinicians expected to be available by phone to respond in person 24/7? What's the end goal of 24/7 on call

***The intention is that the team will be available to these sites, not onsite after team hours. The main point of the team is to engage and outreach to TAY, to be available when and where TAY are available. We are suggesting 11-8pm 5 days a week because in our experience providers are better able to access TAY during these hours. It is important to build relationships with referral sites; those are your collaborators.***

***This is only an on-call line – there is not an expectation that staff will be going out in the middle of the night to deal with crisis situations. This is a 24/7 line available to take calls from staff at one of the identified locations to alert the team of a TAY in need of support services at the facility. The team member can make arrangements for someone to visit or call back the next day. It is not a hotline for youth or parents to utilize, however, team members have the latitude to give the number to TAY they come in contact with in People's Park to facilitate reaching difficult to engage TAY that have become interested in services. Our expectation is that the on-call line will be responded to by a live person, and the grantee can decide how staff will cover the system. This is an acknowledgement that when people work in the field they need to be able to reach out and have the support of a live person.***

#### **BILLING/ REVENUE/ BUDGET**

14. Will all youth and all services be entered into Insyst/Clinician's Gateway, or only services for those participants with Medi-Cal?

***All individual services to youth should be entered.***

15. Is there an opportunity to increase the total contract amount if the FFP revenue exceeds the amount included in the RFP?

***Amendments to subsequent year contract amounts are open to discussion but are at the discretion of BHCS, and will be considered in light of the program's long term sustainability. This is a pilot program. We will be considering the implementation of first year when we consider the budget for 2<sup>nd</sup> and 3<sup>rd</sup> year.***

16. Is projected MAA revenue included in the total available amounts in the RFP? If so, what is the amount projected?

***MAA revenue was not included in the Medi-Cal projections. Because it's a pilot we are not sure how much MAA revenue will be generated. We didn't want to make any projections on that. We do anticipate that much of the outreach activity will be billable to MAA. We're asking you to estimate and we'll be in ongoing discussion with the provider about the MAA revenue.***

17. Revenue generation: can we bill more than the \$78K to Medi-Cal; if so do you have an approximate amount?

*Yes, you are encouraged to bill more but it will not necessarily increase the allocation for at least the first year. The successful bidder could raise this as a subject for negotiation in subsequent contract years. There are no other funding sources beyond MAA and Medi-Cal from BHCS at this time.*

18. Is MAA billing included in the \$78K?

*MAA Billing is not counted in the \$78K, but it also will not increase the allocation for the contract at this time.*

19. Are there flexible funds included in the budget?

*No, the grant did not allow for any costs other than personnel, benefits and a little bit of administrative cost. We recommend you be entrepreneurial and creative to add extra funds. There are many organizations with a philanthropic arm, who are anxious to be able to say they helped, eg., Starbucks, CVS, Walgreens, Apple. Sometimes they can offer samples of hygiene products, shampoo, etc.*

20. Since the budget is extremely limited, would it be an option for agencies to reduce the required numbers persons served per year? Can we reduce the number of youth engaged or increase the Medi-Cal to bring on more staff if necessary to meet the large workload?

*The first year is a pilot year; we ask agencies to do their best to meet the numbers communicated in the RFP.*

21. Do the same paper work requirements for MediCal standards apply: eg, 30 days for treatment plans etc.

*For all the services you are billing to Medi-Cal, yes you will be required to meet Alameda County Medi-Cal billing standards.*

22. Rate is based on what?

*The rate is based on Cost and Units of Service.*

23. Is the rate based on gross cost and the unit of service by hour even for the Peer staff?

*Yes, propose the total hours of service for all staff. Salaries for the grant application were based on data from our current contracts.*

*The contractor will be reimbursed on a rate basis for billable and non-billable services. Non-billable and MAA activity will be reimbursed at the case management rate. The Contractor will be provided with a unique procedure code for non-billable services. Medi-Cal billable services will be reimbursed at the appropriate Medi-Cal rate.*

24. With a limited budget, agencies may need limited resources to increase Medi-Cal revenue.

***Do your best effort to meet budget for the 1<sup>st</sup> year and we will confer with the State thereafter.***

25. How do we capture outreach and engagement time?

***It's captured in Clinician's Gatewa/INSYST. Treatment is captured in Insyst services should be entered into Clinician's Gateway as well.***

26. How would the intensive case management be billed if the services are being provided in locked facilities?

***The team can bill MAA for outreach services while youth are still in Woodroe or Willow Rock Cetner as long as the episode has not been opened. Once the episode has been opened, Medi-Cal direct billable services may occur when the youth is within 30 days of discharge and for discharge planning services that are related to placement (housing) only.***

27. How would you envision the program eventually being self-sustaining? Solely through Medi-Cal billing?

***We will just need to see how the pilot goes and what funds may be available in three years after the grant funds are done.***

28. Should we enter the time for the team doing outreach: should we enter their time even if they will not be doing specific outreach at that time?

***We anticipate that all services will be entered electronically.***

29. If you develop a productivity percentage, will you be mindful that this is a pilot.

***Yes, in fact we do not contract for a specific productivity standard.***

30. Do you want a budget submission for each year?

***No. Only submit a budget for FY 14/15 – for the 1<sup>st</sup> year***

## **OTHER**

31. Evidence of Authorization: on page 11 of the Proposal it states that the original proposal must include evidence that the person who signed the proposal is authorized to execute the proposal on behalf of the bidder. The question is does this evidence have to specifically state the Proposal RFP 14-05, or could there be a general evidence used (i.e. Board Resolution giving authority to the CEO to act on behalf of the agency for any contract/proposals)?

***Board Resolution giving authority to the CEO to act on behalf of the agency for any contract/proposals is adequate.***

32. Attachments: When there are references to attachments (i.e. Attachment 1A, 2A) do those attachments get placed at the end of the proposal, or at the section of the proposal where it is indicated.

***Please place attachments at the end of the proposal.***

33. Does BHCS prefer one provider/contractor, or are they willing to entertain targeted services between multiple (two or more) contractors?

***We will only award one contract to one provider in this process.***

34. If there are two agencies that have current BHCS contracts and both bill Medi-Cal, can we subcontract a portion of the work out to another agency?

***BHCS will award one contract, but we are open to subcontracts, depending on for what areas of service. Clinical services/treatment may not be subcontracted, but outreach services can potentially be subcontracted.***

35. Any requirements for Spanish speaking staff?

***Hire staff reflective of the TAY you are serving. It's always good to have someone on the team who speaks Spanish to support families where Spanish is the primary language, although we find that more often the youth speak English and the parents do not.***

36. Is the ultimate role of the program to get the highest number of TAY served?

***No, the role of the program is to get those youth who are not connected to services and resources connected to available services/resources. Our data shows that 15% of those receiving care at John George PES are TAY. They have been using emergency services as their way to manage crises. We want to connect those TAY to services early on and reduce the number of 5150s in the County.***

37. What is the capacity of TAT and related organizations for TAY placements?

***The present BHCS leadership is very interested in building TAY services. At the TAT team table providers work together to provide services to TAY. The TAY SOC was built from 1 to 17 organizations providing clinical services to TAY throughout the county. The TAYSOC will have increased capacity to serve for the increased number of TAY in need of intensive clinical services.***



38. Do you prioritize time spent in geographic regions of Berkeley or Oakland over other areas?

*No, it is up to you to propose, but we expect you to follow service demand that have been already identified.*

39. Is this model based on an evidence based practice ?

*Yes, look up the Street Outreach project in SAMSHA's evidence based practices. The outreach team was very close knit, and young people on the street could identify who they were; they trusted the team. SAHMSA was funding these grants.*

40. Regarding the electronic copy of the proposal – can it be in PDF format?  
and the electronic copy of the completed Exhibit B-1 Program Budget – can it be in PDF format?  
Or does it need to be in Excel format?

*PDF or Excel format is acceptable for the budget.*

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**THE FOLLOWING PARTICIPANTS ATTENDED THE BIDDER'S CONFERENCES:**

**FRIDAY, JUNE 6, 2014**

**10:00 AM – 12:00 PM**

**1900 EMBARCADERO COVE, SUITE 205, OAKLAND (WILDCAT CANYON ROOM)**

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FRIDAY, JUNE 6, 2014

2:00 PM – 4:00 PM

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