



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) # 15-02
SPECIFICATIONS, TERMS & CONDITIONS
for
PARENTING WITH LOVE AND LIMITS (PLL)**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Thursday April 9, 2015	9:30 am – 11:30 am	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Ste 205, Oakland (Wildcat Canyon Room)
Thursday April 9, 2015	1:30 pm – 3:30 pm	Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)

**PROPOSALS DUE
Thursday, May 7, 2015
by 2:00 pm
to**

**RFP #15-02 c/o Edilyn Dumapias
1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

Proposals received after this date/time will NOT be accepted

Contact: Edilyn Dumapias

Email: edumapias@acbhcs.org Phone: 510.383.2873

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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 Services (hereafter BHCS or County) to seek proposals for the provision of an evidence-based program called Parenting with Love and Limits (PLL) for Alameda County youth on probation who are either at risk for out-of-home placement or are transitioning back into the community from congregate care or supported independent living (SIL). PLL's program has two entry points: Alternatives to Placement (ATP) and Re-entry, the goal is to prevent out-of-home placement and to reduce residential lengths of stay, respectively.

BHCS' Children System of Care (CSOC) has partnered with Alameda County Probation Department (ACPD) to implement PLL program to youth ages 12 to 18 years who fit the criteria of the service need. The successful Bidder shall work with PLL team to implement PLL program. BHCS will use this Request for Proposals (RFP) to establish a new contract with a provider who will provide the services.

Any contracts that result from this RFP process will be rate-based and pro-rated for the fiscal year at the contract start date.

Proposals shall form the basis for any subsequent awarded contracts. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. BHCS reserves the right to dissolve a contract if/when Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to renew any awarded contract. Any renewal of an awarded contract shall be contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS and ACPD.

BHCS intends to award one contract for this program with an annual allocation of \$753,580.

B. BACKGROUND

ACPD placement data shows that approximately 175 youth are placed out-of-home care throughout the state of California with a few out of state placements in any given month. The majority of those placed are youth of color and 17 percent represented by girls with frequent runaway history, sexual or physical abuse, substance abuse, self-identity and esteem issues.

Probation Officers (POs) spend the majority of their time responding to and providing crisis management services and making monthly contacts with each youth to ensure their safety and that they are progressing towards their goals. While the department has reduced the overall number of youth in out-of-home placements, half of the remaining youth experienced multiple placements as a result of running away, re-offending, or program termination. Families are too often left to utilize their own resources to visit their child while in placement or lack the resources to do so. Providing services and tools to the family facilitates stronger connections between youth and their families for a more successful transition back to home.

With the enactment of AB12 in 2010, transition-aged youth (TAY) residing in independent living environments who are in need of additional supports to build connections to community, education, employment, and pro-social activities are eligible to receive those services. However, the inaccessibility of supports to assist youth in obtaining legal documents (e.g., driver’s license or social security card), as well as engaging and connecting youth to positive pro-social activities, have become an ongoing challenge.

As part of ACPD’s Title IV-E Waiver Strategy to stabilize and strengthen families and prevent out-of-home placements, ACPD partnered with BHCS to implement PLL as a pilot program to address the behavioral, socio-emotional and mental health needs of the priority population.

Funding for this program is through Early Periodic Screening Diagnosis and Testing (EPSDT) dollars for youth who are eligible for Medi-Cal and Title IV-E Waiver for full cost of services delivered to youth who do not have Medi-Cal as their primary health insurance provider. In addition to the total program allocation, BHCS will pay for the annual PLL licensing cost of \$126,816 which will be included in the Contractor’s contract award. The Contractor shall pay PLL for the licensing costs immediately after the three teams are formed.

Program Component	Number of unique clients per year	Amount
Alternative to Placement	72	\$502,567
Re-entry	30	\$251,383
TOTAL	102	\$753,850

C. SCOPE

The scope of work is to implement PLL as a strategy aimed at keeping youth in the community whenever possible. If congregate care placement is unavoidable, the program’s goal is to reduce the number of days in placement to six months but no more than twelve and to promote positive re-entry back into the community.

Contractor shall connect with youth who are in out-of-home placement, at home or residing in a SIL program. Connections with family shall be made in order to help facilitate and improve youth and family relationships for timely reunification. This may include providing assistance in arranging approved home visits, family visits with youth in placement, and parent/guardian support services.

There are two components to the provision of the program services:

- Alternatives to Placement (ATP) – primarily targeted to avoid congregate care placement with an average length of stay three to four months.
- Re-entry – an average of six to eight months in the program that begins three months prior to release and works with the youth while they are in placement. The program continues post release for another three months.

Because there is a growing body of research that shows that most youth relapse within the first few months after treatment ends, the program has a built-in Strategic Relapse Prevention Plan with each family which includes 30-60-90 day call-backs after treatment ends which Contractor is expected to perform.

Contractor shall deliver services that are outcome-driven aiming to reduce the youth's overall length of stay in placement, improve timely family reunification, reduce recidivistic behaviors, reduce returns to placement, and enhance re-entry services for youth returning home and to their communities or seeking independent living. Contractor shall coordinate with BHCS, ACPD and PLL to provide regular progress reports with specific, measurable outcomes through the PLL dashboard as specified in the later section of this RFP.

D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS

To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal that they have at least three years of organizational experience providing services to the priority population(s) within the last five years.

BHCS shall disqualify proposals submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California.

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 Qualification. BHCS will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualification, 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.

E. SPECIFIC REQUIREMENTS

The scope of work for contracts awarded from this RFP will include conformance with all of the following:

- Plan for and implement continuous training and quality improvement on cultural and linguistic responsiveness;
- Verify Medi-Cal eligibility on a monthly basis;
- Have sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients;
- Have sufficient quality assurance infrastructure;
- Maintain adherence and fidelity to the PLL model described below;
- Maintain up to date record keeping in the PLL Dashboard described below;
- Enter data in a timely manner, as instructed, into the County's electronic information management and claiming system (currently InSYST); and
- Complete Child Assessment of Needs and Strengths (CANS) with new and current clients during treatment plan review and update upon direction from BHCS of an implementation date.

Medi-Cal Billing Requirements

To implement these services successfully, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders that are not currently certified to provide Medi-Cal billable services agree, by submittal of proposal(s) that they will comply with all of the following if awarded any contract(s):

- Independently adhere to all Medi-Cal documentation standards, including Assessment, Treatment Plans and Progress Notes, which are in compliance with the standards set forth by Medi-Cal, as well as the policies of BHCS.
 - The format of the Assessment shall establish medical necessity.
 - It shall also incorporate all of the items of the current QA Regulatory Compliance Tool.
 - Providers must stay current with all changes in Assessment requirements and adopt those changes.
 - The format of the Treatment Plan shall be structured in a manner that allows for client-driven goals, objectives and interventions.
 - It must also incorporate all of the items of the current QA Regulatory Compliance Tool: See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm> and the Memo: http://www.acbhcs.org/providers/QA/docs/2012/Master_Contract_Provider_Memo_Changes_New_Requirements.pdf
 - In addition, Contractor must stay current with all changes in Treatment Plan requirements and adopt those changes.
 - The format of a Progress Note shall provide a structure in compliance with Medi-Cal documentation standards.
 - The format of the Progress Notes must allow for the documentation of services in a manner that meets the criteria to submit claims to Medi-Cal. See Memo for more information: http://www.acbhcs.org/providers/QA/General/Progress_Note_Memo.pdf
- Record services in case notes and in the BHCS data system with the correct procedure codes.
 - A Contractor that is new to Alameda County will be provided with introductory training on the use of these codes. Contractors shall deepen their understanding and use of these codes through outside trainings and/or study.
- Attend all required scope of practice training and documentation activities in order to appropriately and successfully bill to Medi-Cal.
- Demonstrate understanding of the administrative requirements for Medi-Cal funded services and plan for providing them. These activities include, but are not limited to, the following:
 - Obtaining a current and valid fire clearance from the local fire department for the program site address or obtaining a copy of the current and valid fire clearance from the program location's property manager/owner;
 - Meeting the minimum requirements for a program site as set forth in CCR, Title 9. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification: http://www.acbhcs.org/providers/network/docs/2013/MH_Medi-cal_Program_Certification_protocol.pdf;
 - Attending all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements here: [Medi-Cal Requirements](#);
 - Follow all QA policies and procedures: and documentation standards: <http://www.acbhcs.org/providers/QA/QA.htm>;
 - Attending the monthly Clinical Quality Review Team (CQRT) group meetings for the first year of contract. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. Find the updated CQRT manual here: <http://www.acbhcs.org/Docs/docs.htm#RFP>.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding and Experience with Priority Population Needs

A large percentage of the youth in the California juvenile justice system have some mental health disorder or illness, often paired with co-occurring substance abuse disorder. Placement in juvenile justice facilities can trigger memories and reactions to previous traumatic experiences for those with a history of trauma which exacerbates the youth's mental health symptoms. It also impacts the youth's family who may feel increasingly anxious and concerned about the safety and well-being of their children, powerless to help their children or manage their treatment, and resentful and angry over the unavailability of other services that might have prevented the involvement of their child with the juvenile system.

Bidders shall have experience working with probation youth, and their family/guardian/caregiver, who are at high risk for out-of-home placement. Facilitating connections for the youth's family to improve relationships and communication and providing support services that are strength-based, family centered, flexible and accessible in the community are key to placement avoidance.

For youth returning to their home or the community, they need services that will assist them in meeting the obligations of their probation, address their individual criminogenic needs, enhance their independent living skills by connecting them with educational services to improve their school attendance or providing assistance with locating and maintaining employment, and encourage pro-social activities in their community.

The majority of the priority population is African-American male youth; therefore, Bidders must also demonstrate experience in providing services that are culturally responsive to this group.

2. Service Delivery Approach

Typically, parenting groups are based on one treatment approach, but then during aftercare, individual family therapy is based on something completely different which creates confusion in the family and inhibits positive change. PLL consistently employs one highly effective research-based treatment model throughout both parent group and family therapy, with each session building on prior sessions. Parents/caregivers and adolescents attend group together to receive a new skill once each week. That same week, they receive individual family therapy "coaching" to practice this new skill.

The combination of group work and family therapy with wound work/interactional trauma (case management/wraparound services included in re-entry model) reduces isolation, fills in missing skills and quickly reduces parent resistance. Studies show that a majority of juveniles come from single-parent homes, which in itself, creates isolation and can be overwhelming. Support and help from other parents in group work, especially re-entry parents, is what sets PLL apart from other evidenced-based programs. The below table illustrates how the model works from each entry point.

Program Component	Milestone	Activity	Duration
ATP	Engagement	ACPD's Placement Unit staff informs family about PLL	Month 1
		ACPD's Placement Unit staff informs PLL about referral	
		Motivational Interview phone call to family	
		Motivational In-person Intake with family and referral provider	
	Treatment	PLL Groups Week 1-6 with Parents and Teens	Months 2 and 3
		PLL Coaching (Family Therapy)	Months 2 through 4
		PLL Family Wound Work Sessions	
Post-treatment	30-60-90 day Relapse Prevention Call (in-person, if necessary)	Months 5 through 7	
Re-entry	Engagement	ACPD's Placement Unit or Camp Sweeney staff informs family about PLL	Month 1 (or prior to Month 1)
		ACPD's Placement Unit or Camp Sweeney informs PLL about referral	
		Motivational Interview phone call to family	
		Motivational In-person Intake with family and referral provider	
	Treatment	PLL Groups Week 1-6 with Parents Only	Months 2 and 3
		PLL Coaching (Family Therapy)	Months 2 through 7
		PLL Family Wound Work Sessions	
		Case management services	Months 2 through 8
	Post-treatment	30-60-90 day Relapse Prevention Call (in-person, if necessary)	Months 8 through 10

PLL Inclusionary Criteria are as follows:

- Must serve youth ages 10 to 18 years old
- Must exhibit emotional or behavioral problems, such as depression, anxiety disorders, substance abuse, oppositional defiant disorder, conduct disorder, attention deficit hyperactivity disorder, eating disorders, etc.
- Must have a parent or caregiver present (foster parents and kinship care are welcome)
- Youth's IQ is 50 or higher
- Youth having committed a sex offense, as long as the following conditions are met:
 - Referral source must understand that PLL is not the sex offender treatment provider and
 - Youth and caregiver must be in the same home.

Parents participating in both ATP and Re-entry must complete five out of the six parent skill groups. In addition, families must complete a minimum number of coaching sessions – six for ATP and 12 for Re-entry, and receive the full dosage of the model in order to graduate from the program. Contractor shall work with parents and families to obtain signed agreements on participation and graduation.

3. Planned Staffing, Organizational Infrastructure and Capacity to Implement Program Model

In order to implement the program with fidelity to PLL, Bidders must include in their proposal how they plan to meet the following required elements:

- a. Licensing Fee – The initial and annual fee thereafter will be included in the program budget. This fee must be paid directly to PLL according to the required timeline.
- b. Materials – The following costs (price does not include shipping and handling costs) need to be factored in the delivery of services:
 - i. Certification kit - \$375 per therapist
 - ii. Family kit - \$63 per new family¹
- c. Technology – Bidders must have the capability to provide the following equipment:
 - i. Laptop computer with camera
 - ii. LCD projector
 - iii. Video recorded with tripod (minimum of 2 hours recording capability)
 - iv. WebEx (Re-entry only)
 - v. Air Card such as Verizon Hot Spot (for Re-entry program staff only)
 - vi. Cell phone
- d. Training – Bidders shall coordinate with PLL Team in setting up the following required training:
 - i. Five-day onsite training – before implementation consisting of:
 - Live Motivational Intake
 - Live Parent Group Session
 - Live Coaching Session
 - ii. WebEx (video conferencing)
 - iii. Research Assessments
 - Child Behavior Checklist (CBCL)
 - FACES IV
 - Readiness Scale (for Re-entry program staff only)
 - iv. Dashboard and Video Upload
 - v. MI
 - vi. CBAT (Re-entry program staff only)
 - vii. Creating PLL Family Plan

PLL will provide program implementation and certification training for agency staff, mental health professionals, and upon satisfactory completion, certify them to deliver PLL Group and Family Therapy. Any additional training

¹ New family is defined as any individual youth, parent, legal guardian, or caretaker that begins either the PLL Group Therapy or PLL Family Therapy program and completes two or more group or family therapy sessions.

needs or requests from the Contractor due to staffing turnover and other reasons can be provided by PLL at an additional cost to the Contractor.

- e. Staffing – The successful Bidder must work with the PLL team to recruit, hire and maintain the appropriate staff for the effective delivery of services (see Appendix III.A. - PLL Staff Hiring Process).

The following staffing is required for each program component:

	ATP	Re-entry
Number of families per team over 12 months	72	30
Number of Teams	2	1
Average caseload per team (# of families)	10-12	15
FTE Staff (per team)	1.0 FTE Clinician (Masters Level)	1.0 FTE Clinician (Masters Level)
	.50 FTE Case Manager (Bachelor's level)	1.0 FTE Case Manager (Bachelor's level)
	.20 FTE Clinical Supervisor	.20 FTE Clinical Supervisor

The program staff shall have the following responsibilities:

- Clinician
 - Available during non-traditional work hours
 - Adhere to the applicable code of ethics of their professional discipline
 - Submit video recordings in accordance with licensing agreement
 - Consistently meet model adherence standards
 - Complete and submit required PLL supervision forms
 - Treat a minimum of 24 new families per year
 - Administer research assessments at rate consistently above 70 percent
- Case Manager
 - Available during non-traditional work hours
 - Administer research assessments (pre-, mid- and post-tests)
 - Complete Ecomap
 - Co-facilitate PLL Parent Groups (i.e., assist with set-up, transportation, etc.)
 - Facilitate teen break out groups
 - Coordinate monthly Community Base Action Team (CBAT) meetings
 - Complete Risk, Protective Factor and Needs (RPN) document
 - Participate in monthly supervision with PLL Team² using WebEx (Re-entry program staff only)
- Clinical Supervisor
 - Work with PLL Director of Implementation in identifying appropriate program staff by providing resumes and scheduling interviews with top three candidates. The primary intent of this collaborative work is

² PLL Team consists of the PLL President, PLL Vice-President of Clinical Services, and PLL Clinical Supervisor.

- reduction in the amount of staffing turnover by helping the Contactor identify the most suitable clinician who will work under the program.
- o Provide Motivational Interviewing (MI) training via WebEx prior to the start of the onsite training
- o Collaborate with PLL Team in securing referrals for the “live MI, group and coaching demonstration” during the onsite training
- f. Dashboard – Program staff are expected to update the data weekly in order to create an outcome-based decision.
- g. Implementation Task Force – A feature for Re-entry program only which requires creation of a task force with the community and referring stakeholder to ensure program effectiveness.

The successful Bidder(s) will be an organization that demonstrates adequate infrastructure to deliver the proposed program model. Appropriate infrastructure includes:

- Organizational capacity for billing Medi-Cal and for managing operations in a manner that maximizes revenue generation while maintaining quality of care;
- Collaborating with PLL Team in recruiting, hiring and retaining staff who are appropriately skilled, experienced and credentialed for the services being delivered;
- Providing the additional clinical supervision to ensure that each staff and any pre-licensed staff are meeting the appropriate and regular supervision from the PLL Clinical Supervisor;
- Capacity to provide after-hour services, in some instances where a youth experiences crisis outside regular work week hours;
- Monitoring of clinicians’ credentials to the Office of Inspector General’s requirements for delivering Medi-Cal services;
- Maintaining quality assurance of Medi-Cal documentation standards; and
- Developing and maintaining the technology and staff support to collect and analyze data using the PLL dashboard (i.e., family referral engagement, program completion rate, etc.) which is outside the BHCS-approved data collection and claiming system.

4. Forming Partnerships and Collaboration

The Contractor shall work collaboratively with the PLL team, BHCS and ACPD to ensure proper and successful implementation of the PLL program with the highest fidelity possible to the model.

Specifically, it is the expectation of BHCS that Contractor shall collaborate and maintain good communication with ACPD and PLL to efficiently receive and manage client referrals. From there, Contractor shall partner very closely with the PLL team in hiring the appropriate staff, completing the required trainings, delivering the services according to the program model outlined above, providing the necessary video recordings and clinical supervision to meet adherence standards, and updating the data on a regular basis. Data will not only be used to evaluate the effectiveness of the program but will assist the clinicians in interventions that are outcome-driven.

During the first year of implementation, Contractor shall meet with BHCS and ACPD regularly to address implementation barriers and issues that will impact the service delivery. As the program becomes stable, the frequency of the meetings will be adjusted accordingly.

5. Ability to Track Data and Outcomes

The awarded Contractor shall track data and outcomes for the purpose of reporting and continuous quality improvement of services. The Contractor shall collect and enter data in a timely manner using the PLL dashboard to track intervention success and outcomes related to:

- Lengths of stay;
- Graduation rates; and
- Significant changes in the youth and the family's overall functioning.

In addition, ACPD will work with PLL to add and update regularly, placement and arrest data which will measure recidivism rate. This data will be included on the PLL dashboard.

The goal of the PLL program is to collect and track data that will lead to the following outcomes:

- 70 percent increase in parent involvement at discharge;
- 70 percent successful completion of the program at discharge;
- 70 percent of youth shall have no new sustained arrests during the time of treatment to be reviewed at discharge and six months post-discharge;
- Statistically significant reduction in youth's trauma levels as measured by CBCL pre- and post-test ;
- Statistically significant improvement in the youth's mental and behavioral problems as measured by CBCL, FACES and CANS pre- and post-tests; and
- Statistically significant improvement in overall family functioning as a result of PLL treatment as evidenced by changes in the FACES IV pre- and post-test scores.

Additional outcomes for Re-entry

- 70 percent of youth will be living at home or a home-like setting in the community and not in congregate care at discharge.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

All contact during the competitive RFP 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.

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 Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

All questions regarding these specifications, terms and conditions shall be submitted in writing, preferably via e-mail, as specified in the Calendar of Events to:

Edilyn Dumapias
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: edumapias@acbhcs.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Thursday, March 26, 2015	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Thursday April 9, 2015	9:30 am – 11:30 am 1900 Embarcadero Cove, Ste 205, 2 nd flr (Wildcat Canyon Room)
2 nd Bidders' Conference	Thursday April 9, 2015	1:30 pm – 3:30 pm 951 Turner Ct, Hayward (Conference Rm 230 ABC)
Addendum Issued	Wednesday, April 15, 2015	
Proposals Due	Thursday, May 7, 2015 by 2:00 pm	
Review/Evaluation Period	May 8, 2015 through May 22, 2015	
Oral Interviews (as needed)	May 22, 2015	
Award Recommendation Letters Issued	May 29, 2015	
Board Agenda Date	July 2015	
Contract Start Date	September 1, 2015	

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

C. LOCAL AND SLEB PREFERENCE POINTS

1. Preference for Local Products and Bidders:

A five percent (5%) preference shall be granted to Alameda County products or Alameda County Bidders on all sealed bids on contracts except with respect to those contracts which state law requires be granted to the lowest responsible bidder. An Alameda County Bidder is a firm or dealer with fixed offices and having a street address within the County for at least six (6) months prior to the issue date of this RFP; and which holds a valid business license issued by the County or a city within the County. Alameda County products are those which are grown, mined, fabricated, manufactured, processed or produced within the County. Locality must be maintained for the term of the contract. Evidence of locality shall be provided immediately upon request and at any time during the term of any contract that may be awarded to Contractor pursuant to this RFP.

2. Small Local Emerging Business (SLEB)

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 SLEB 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 proposal, applicable industries include, but are not limited to, the following NAICS Code(s): 541990, 624110 and 624190.

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

The following provisions shall apply to this RFP:

- a. 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 that set forth in paragraph 1. above, for a total bid preference of ten percent (10%). However, a bid preference cannot override a State law, which requires the granting of an award to the lowest responsible bidder.
- b. The County reserves the right to waive these small/emerging local business participation requirements in this RFP, if the additional estimated cost to the County, which may result from inclusion of these requirements, exceeds five percent (5%) of the total estimated contract amount or ten thousand dollars (\$10,000), whichever is less.
- c. The following entities are exempt from the SLEB requirements for contracting, but not for procurement, as described above and are not required to subcontract with a SLEB:
 - i. Non-profit community based organizations (CBOs) that are providing services on behalf of the County directly to County clients/residents;
 - ii. Non-profit churches or non-profit religious organizations (NPO);
 - iii. Public schools; and universities; and
 - iv. Government agencies

Non-profits must provide proof of their tax exempt status. These are defined as organizations that are certified by the U.S. Internal Revenue Service as 501(c)3.

If additional information is needed regarding this requirement, please contact the Auditor-Controller's Office of Contract Compliance (OCC) located at 1221 Oak Street, Room 249, Oakland, CA 94612 at Tel: (510) 891-5500, Fax: (510) 272-6502 or via E-mail at ACSLEBcompliance@acgov.org.

D. BIDDERS' CONFERENCES

BHCS strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. BHCS shall hold two Bidders' Conferences. Bidders' Conferences shall:

- Provide an opportunity for Bidders to ask specific questions about the program and request RFP clarification; and
- Provide the County with an opportunity to receive feedback regarding the program and RFP.

BHCS shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders Conferences, whenever possible at the Bidders' Conferences. BHCS shall address all questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

Bidders are not required to attend the Bidders' Conferences. However, attendance at least one Bidders' Conference is strongly encouraged in order to receive information to assist Bidders in formulating proposals.

Failure to participate in a Bidders' Conference shall in no way relieve the Bidder from furnishing program and services requirements in accordance with these specifications, terms and conditions and those released in any Addenda.

E. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be SEALED and received by BHCS **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. BHCS cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

BHCS shall only accept proposals at the address and by the time indicated 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 unread/unopened.

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. Bidders must submit proposals which clearly state Bidder and RFP name. Proposals shall include:
 - a. One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the binder);
 - The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.
 - b. Seven copies of proposal. Copies must be unbound without a three-ring binder.
 - c. Enclosed with the hard copy include, a USB flash drive clearly marked with the Bidder and RFP name with the following saved on it:
 - An electronic copy of the proposal, saved with Bidder's name;
 - An electronic copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

The County requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.³

Bidders shall use the Fillable Forms Template for submittal of proposals to ensure that proposals are:

- Single spaced;
- Use 12-point Times New Roman font and
- Conform to the maximum page limits.

3. The County will not consider telegraphic, electronic or facsimile proposals.
4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
5. Submitted proposals shall be valid for a minimum period of eighteen months.
6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
7. The County shall 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.
8. Proprietary or Confidential Information: No part of any proposal response is to be marked as 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. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of "trade secrets" protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).
9. All other information regarding proposals shall be held as confidential until such time as the County Selection Committee/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to recommend award/non-award notification. The submitted proposals shall be made available upon request no later than five 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, shall receive mailed intent to recommend award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
10. 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 negotiations and award of the order or contract, be open to public inspection.

³ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the **Fillable Forms Template (posted on the BHCS and GSA websites)** to submit proposals. This section provides the point system that the CSC/Evaluation Panel will use to evaluate proposals. BHCS encourages Bidders to reference that section when responding to this RFP.

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 Addenda shall be deemed incomplete and may be rejected.

Proposals shall be complete, substantiated, concise and specific to the information requested. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at BHCS' sole discretion.

The proposal sections, instructions and page maximums are contained in Table 1.

Table 1

Section	Instructions	Page Max.
1. TITLE PAGE	Use the Fillable Forms Template to complete and submit the requested information.	One
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Use the Fillable Forms Template to complete and submit the requested information.	One
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	One
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Use the Fillable Forms Template to describe and demonstrate how Bidder meets the Minimum Qualification . Three years of organizational experience providing services to the priority population within the last five years.	One
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	<u>Debarment and Suspension</u> Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov	N/A
	a. Audited Financial Statements for the past three years and include as ATTACHMENT 1A .	N/A
	b. References 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 that the contact	Two

Section	Instructions	Page Max.
	<p>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>	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Fillable Forms Template to complete and submit the information below.	Eighteen total
	a. Describe, in detail, Bidder's <i>Understanding and Experience with the Priority Population Needs and Understanding of the Service Delivery Approach</i>, including:	Five
	<ul style="list-style-type: none"> i. Bidder's clinical understanding of the priority population including: <ul style="list-style-type: none"> 1. The youth's criminogenic needs; 2. Risk factors that often result in early program termination (i.e., running away, re-offending, etc.); and 3. Cultural needs that interplay with the service delivery. 	
	<ul style="list-style-type: none"> ii. Bidder's clinical experience in leading youth to successful completion of their Probation requirements. 	
	<ul style="list-style-type: none"> iii. Bidder's planned service delivery approach that promotes fidelity to PLL Program. <ul style="list-style-type: none"> 1) Direct or similar experience maintaining adherence and fidelity to an evidence-based practice 2) Experience maintaining up to date record keeping. 	
	<ul style="list-style-type: none"> iv. Bidder's understanding of the service delivery approach and capacity for implementation. <ul style="list-style-type: none"> 1) How does the PLL approach fits with organization's mission and vision; and 2) How do you see it creating positive outcomes for youth? 	
	b. Describe, in detail, Bidder's <i>Planned Staffing, Organization Infrastructure and Capacity to Implement Program Model</i>, including:	Nine
<ul style="list-style-type: none"> i. Bidder's planned staffing structure including: <ul style="list-style-type: none"> 1) Proposed program chart (include as Attachment 2A) and 2) The roles of direct and non-direct service staff, licensed and non-licensed staff, roles 		

Section	Instructions	Page Max.
	<p>and responsibilities of all staff. Include in your response your plan for recruiting, training and retaining staff that is culturally responsive.</p>	
	<p>ii. Bidder's planned organizational infrastructure, including:</p> <ol style="list-style-type: none"> 1) Program implementation; 2) Required program training, staffing, and supervision; 3) How staff will be prepared to provide culturally responsive services; 4) Adherence to documentation standards; <ul style="list-style-type: none"> • What is their experience with Medi-Cal documentation? • How often are charts reviewed and what elements are being reviewed? 5) Program Hours; and <ul style="list-style-type: none"> • How do you plan to respond to the needs of the youth and family that might arise outside normal business hours? 6) Desired outcomes. 	
	<p>iii. Bidder's planned capacity to implement the program model:</p> <ol style="list-style-type: none"> 1) What changes will your organization need to make to accommodate this program model? 2) Has your organization have any experience in the use of video in therapy? Please describe your experience and/or how you envision integrating it into practice. 	
	<p>c. Describe, in detail, Bidder's ability and experience <i>Forming Partnerships and Collaboration</i>, including:</p>	Three
	<p>i. Bidder's experience cultivating relationships that resulted to successful completion of the youth's probation requirements. Include in your response any challenges and the approach you have taken to work with following:</p> <ol style="list-style-type: none"> 1) Probation Officers; 2) Families, caregivers or next of kin; and 3) Other service agencies. 	
	<p>ii. Bidder's experience collaborating with a third party to implement a program that has stringent requirements and specified timelines.</p> <ol style="list-style-type: none"> 1) Describe the challenges that you encountered and how you were able to overcome them. 2) Describe any program success. 	

Section	Instructions	Page Max.
	<p>d. Describe, in detail, Bidder's Experience and Plan to Track Data and Outcomes, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement.</p>	One
7. COST	<p>Budget</p> <p>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</p> <p>b. Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK.</p> <p>See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p> <p>c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK.</p> <p>i. Bidder's narrative on how the proposed program budget is aligned with the requirements of this RFP taking into account how calculations were made on the following and explanation on any variances in costs:</p> <ol style="list-style-type: none"> 1) Required Staffing 2) Salaries and Benefits 3) Operating Expenses 4) Administrative and/or Indirect Costs 5) Revenue 	Two total (in addition to Exhibit B-1: Budget Workbook)
8. IMPLEMENTATION SCHEDULE AND PLAN	Use the Fillable Forms Template to complete and submit the following:	Three total
	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: Staff hiring, Training, Supervision, and Program Evaluation.	Two
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	One
EXHIBITS	<p>Using the Fillable Forms Template complete and submit the following:</p> <p>EXHIBIT C: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS</p> <p>EXHIBIT D: INSURANCE REQUIREMENTS</p>	N/A

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that meet the Bidder 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 who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor 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 in section II. F. 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 listed in II. F. 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 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 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral presentation and interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, oral presentation and interview.

If the two-stage approach is used, the three Bidders that receive the highest preliminary scores and with at least 200 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 2:

Table 2

Score	Label	Description
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 contained in Table 3.

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete Meets/Fails Minimum Qualification	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance			
3. Letter of Transmittal/Executive Summary			
4. Bidder Minimum Qualification	Three Year Experience with Priority Population Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
5. Organizational Capacity and Reference	a. Fiscal Management Capacity Reviewed for completeness and organization's financial stability.	How well does the Bidder's audited financial statements demonstrate the following: <ul style="list-style-type: none"> • Ability to collect within 30 days; • Ability to pay vendors within 45 days; • Reasonable debt to equity ratio; • Ability to pay bills; • Organization's growth and stability; • Operating expense to revenue ratio; • Stable cash flow; • No major findings/issues in Auditor's opinion; and • Other relevant financial information. 	5
	b. Debarment and Suspension	To be considered for contract award, Bidders, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov .	Pass/Fail
	c. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated	How do the Bidder's references rate the following: <ul style="list-style-type: none"> • Bidder's capacity to perform the services as stated; • Areas in which the Bidder did well; 	5

	by the Evaluation Panel.	<ul style="list-style-type: none"> • Areas in which the Bidder could have improved; • Project management, technical ability, availability, training, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Responsiveness to clients • Usefulness of Bidder's product; • Understanding of the project and need; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; • Whether the Bidder would be used again by Reference; • Any other information that would assist in Alameda County's work with the Bidder. 	
6. Bidder Experience, Ability and Plan	a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Understanding and Experience with Priority Population Needs and Understanding of the Service Delivery Approach:		(20)
	i. Understanding of the Priority Population	<ul style="list-style-type: none"> • Does Bidder demonstrate relevant and substantial understanding of Probation youth's needs and risk factors? • How responsive is the Bidder in addressing the cultural needs of the youth? 	5
	ii. Experience with Priority Population Needs	<ul style="list-style-type: none"> • Does Bidder demonstrate clinical experience working with youth who are on probation? 	5
	iii. Understanding of Service Delivery Approach	<ul style="list-style-type: none"> • How well has the Bidder demonstrated an understanding of the PLL model and a capacity to implement it? • How well does the Bidder understand the discipline required to meet fidelity standards? 	10

	<p>b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Planned Staffing, Organizational Infrastructure, and Capacity to Implement Program Model:</p>	(45)	
	<p>i. Planned Staffing</p>	<ul style="list-style-type: none"> • How realistic is Bidder's plan in managing the required staffing level? • How well has Bidder resourced clinical supervision and quality assurance? <ul style="list-style-type: none"> ○ Have sufficient resources been allocated to ensure the quality of care and the prevention of audit findings? • How realistic is the Bidder's plan in ensuring that the staff maintains fidelity to the program model? 	10
	<p>ii. Planned Organizational Infrastructure</p>	<ul style="list-style-type: none"> • How detailed and thoughtful is Bidder's response? • How well does the proposed program fit into Bidder's organizational structure? • Is there sufficient oversight to ensure success? • How well is Bidder's plan for training staff on cultural competency? • How realistic and feasible is the Bidder's experience, plan and capability to adhere to Medi-Cal documentation standards and requirements? • How responsive is Bidder to the crisis needs of the youth and family? 	15
	<p>iii. Capacity to Implement Program Model</p>	<ul style="list-style-type: none"> • How well is Bidder's service aligned with the program model? • How significant are the changes that the Bidder needs to make in order to make the program successful? • How well does the Bidder describe integrating the use of video technology into clinical work? 	10
	<p>c. Forming Partnership and Collaboration</p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How realistic is Bidder's plan to collaborate with the key people involved with the youth? <ul style="list-style-type: none"> ○ Does the Bidder's response highlight the importance of working closely with these people as a resource to help youth complete their 	10

		<ul style="list-style-type: none"> ○ probation requirements? ○ How well has Bidder effectively handled any conflict in the course of providing services to the youth? ● Does the Bidder demonstrate a clear understanding of working closely with the PLL Team, BHCS and ACPD to implement the program according to RFP's expectations? 	
	d. Experience and Plan to Track Data and Outcomes	<ul style="list-style-type: none"> ● How thorough, thoughtful and relevant is Bidder's plan to collect data to monitor the proposed program and desired outcomes? ● How well does Bidder describe experience in the use quantifiable/measurable outcomes? ● How well does the Bidder plan to use data to improve performance and quality? 	5
7. Cost	a. Cost Co-Efficient	<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 	5
	b. Budget and Budget Narrative Review	<ul style="list-style-type: none"> ● How well-matched is Bidder's budget to the proposed program? ● How well does the budget capture all activities and staff proposed in the Budget? ● How well does the Bidder allocate staff and resources? ● How appropriate are the staffing and other costs? ● How well-matched are the budgeted staff and supervision times to the RFP requirements? ● How much value does the proposal add considering the cost of the program and expected outcomes and the number of clients served? ● How well does the narrative detail how Bidder arrived at particular calculations? 	5

		<ul style="list-style-type: none"> • How well does Bidder “show the work”? 	
8. Implementation Schedule and Plan	a. Implementation Plan Review	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How well does Bidder account for the specified timeline for each program component? • How well does Bidder account for program implementation with the PLL Team? • How well does Bidder account for service coordination with ACPD? 	5
	b. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How thorough, thoughtful and realistic is Bidder’s identification of challenges and barrier mitigation strategies? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder’s strategies? 	5
Exhibits	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
Oral Interview	Criteria are created with the CSOC/Evaluation Panel.		
Preference Points, if Applicable			% of Subtotal of Points
	SLEB		5%
	Local		5%

H. EVALUATION AND ASSESSMENT

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

The County reserves the right to determine, in its sole discretion, (a) whether Contractor has complied with all terms of this RFP and (b) whether any problems or potential problems are evidenced which make it unlikely (even with possible modifications) that the proposed program and services will meet the County requirements. If, as a result of such determination the County concludes that it is not satisfied with Contractor, Contractors’ performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

The County also reserves the right to re-bid these programs if it is determined to be in its best interest to do so.

I. AWARD

1. Proposals evaluated by the County Selection Committee/Evaluation Panel (CSC) shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC 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. 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.
4. The County reserves the right to award to a single Contractor.
5. The County has the right to decline to award these contracts in whole or any part thereof for any reason.
6. Board of Supervisors (BOS) approval to award a contract is required.
7. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
8. Final terms and conditions shall be negotiated with the Bidder(s) 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.
9. 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.

J. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty (30) days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County PO number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

K. NOTICE OF AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders shall be notified in writing by e-mail 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:

- The name of the Bidder(s) being recommended for contract award; and
- The names of all other Bidders that submitted proposals.

At the conclusion of the RFP response evaluation process, debriefings for unsuccessful Bidders may be scheduled and shall be restricted to discussion of the unsuccessful Bidder's proposal.

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder;
- Debriefing may include review of the recommended/successful Bidder's proposal with redactions as appropriate.

All submitted proposals shall be made available upon request no later than five (5) calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

III. APPENDICES

A. PLL STAFF HIRING PROCESS: A step-by-step description

Step 1: PLL Director of Implementation schedules a conference call with the Contractor to review the job descriptions for the PLL Therapist and Case manager and discuss tentative dates for the initial training. (This meeting can be done either through WebEx or through a conference call.)

Step 2: PLL Director of Implementation assists the Contractor with language to include in the advertisement for the PLL positions. The Contractor places an ad; internally or through outside venues such as Monster.com, Career builder etc.

Step 3: The Contractor conducts the initial screening as well as the initial interview with all applicants
*Applicants are informed of the possible next steps if selected to move on.

Step 4: The Contractor supplies the resume of the top candidates from the initial screening/interview process to the PLL Director of Implementation.

Step 5: PLL Director of Implementation contacts the candidates through telephone and email correspondence to give the applicant an overview of the interview process while providing the applicant with a script to a Motivational phone call to review prior to the meeting. The PLL Director of Implementation will work simultaneously with the Contractor and the identified candidates to coordinate a time for the second interview to be conducted via WebEx.

Step 6: The PLL Director of Implementation, The assigned PLL Clinical Supervisor as well as the hiring manager from the Contractor conduct a one hour WebEx interview.

- *The first 30 minutes is dedicated to an overview of the PLL model.*
- *The next 15 minutes is dedicated to a series of role plays, using the PLL Motivational Interview Script as well as conducting role plays to assess the clinical aptitude of the candidate*
- *The last 15 minutes is a discussion of the rigors of the position, expectations and assessment of mindshare. The candidate is also asked to sign a non-contractual agreement stating that they would be willing to, if offered a position, stay with the PLL program for a minimum of one year*
- *And lastly provide the applicant with the tentative dates for all upcoming trainings.*

Step 7: The PLL Director of Implementation, the assigned PLL Clinical Supervisor as well as the hiring manager from the Contractor debrief directly after the interview. If all parties are in agreement, an offer is made to the appropriate candidate.

Step 8: The Contractor informs the candidate of the offer; salary, benefits .

Step 9: The PLL Director of Implementation immediately schedules a 1 hour CBAT Training for the Case manager via WebEx.

Step 10: The PLL Clinical Supervisor immediately schedules a 2 hour Motivational Phone call and Motivational Interview training for both the Clinician as well as the Case manager via WebEx.

Step 11: The PLL Clinician and Case manager attend a 5 day on site training conducted by the Vice President of Clinical Services or designee.

B. GLOSSARY & ACRONYM LIST

Assembly Bill (AB) 12	Signed legislation that recognized the importance of family and permanency for youth by extending payment benefits and transitional support services for Adoption Assistance Program (AAP), Kinship Guardianship Payment Assistance (Kin-GAP) Program and Foster Care. Effective January 1, 2014 foster care youth can remain in foster care up to 21 years contingent upon budget appropriation by the state legislature. Youth over age 18 years in foster care are designated as “non-minor dependents.”
ACCESS	Acute Crisis Care and Evaluation for System-wide Services. The point of contact for the Alameda County Behavioral Health Care Services-Behavioral Health Plan (BHP). Members of the BHP, their families and other individuals in the member’s support system contact ACCESS to request referrals for behavioral health services.
ACPD	Alameda County Probation Department
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient’s mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	A Bidders’ response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
California Code of Regulations (CCR)	The official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act (APA).
Case Management/Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; placement services; and plan development.
Child Assessment of Needs and Strengths (CANS)	A multi-purpose communication tool to support decision making, including level of care and service planning that allow for the monitoring of outcomes and goal attainment. It is comprised of seven domains: Life Functioning; Strengths; Caregiver Strengths & Needs; Cultural Factors; Behavioral/Emotional Needs; and Risk Behaviors/Factors; and Trauma Experiences.
Child Behavioral Checklist (CBCL)	An assessment tool administered to youth and parents before PLL begins and upon graduation. It shows specific change within target areas of PLL effectiveness in reducing problem areas in juveniles such as trauma, conduct disorders, depression, and aggression.
Client	The recipient of services; used interchangeably with beneficiary and consumer
Collateral	Contact with one or more significant support persons in the life of the Individual which may include consultation and training to assist in better utilization of services and understanding mental illness. Services include, but are not limited to, helping significant support persons to understand and

	accept the Individual's condition and involving them in service planning and implementation of service plan(s). Family counseling or therapy which is provided on behalf of the Individual is considered collateral.
Community Collaboration	The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility.
Community Base Action Team (CBAT)	Used only for Re-entry youth. The CBAT consists of key personnel in the community who has areas of expertise (i.e., job skills trainer, YMCA director, school counselor, etc.) as it relates to the client's treatment goals.
Community-Based Organization	A non-governmental organization that provides direct services to beneficiaries
Contractor	When capitalized, shall refer to selected bidder that is awarded a contract
County	When capitalized, shall refer to the County of Alameda
Criminogenic needs	Crime producing factors such as attitudes, values, lack of problem solving skills, substance abuse, and employment status that are strongly correlated with risk.
Culturally 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
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
Early Periodic Screening Diagnosis and Treatment (EPSDT)	Settlement of lawsuit against the state in 1995 expanded Medi-Cal services to beneficiaries less than 21 years of age needing specialty mental health services to correct or ameliorate mental illness (Federal Medicaid/California Medi-Cal)
Ecomap	A visual description of the environmental strength and weakness that a given family may have. It identifies natural community supports that are essential for the family to prevent relapse. It also serves as a road map for the PLL Case Manager for the CBAT meetings.
Evidence based practice	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies
Family Adaptability and Cohesion Effective Scales (FACES) IV	An assessment tool administered to youth and parents before PLL begins and upon graduation. It is designed to illustrate changes in the family such as communication, satisfaction and relationships.
Federal	Refers to United States Federal Government, its departments and/or agencies
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law. For example, if the normal schedule for a staff person is 40 hours per week (40*52 weeks-4 weeks for vacation=1,920). Someone working 1,440 hours during the year represents 1,440/1,920=.75 FTE
Inappropriately Served	Groups that exhibit poor outcomes despite receiving a disproportionately high rate of mental health services. The mental health services being received by this group may not be culturally appropriate for addressing their needs.
John George Psychiatric Hospital (JGPH)	A facility that provides psychiatric emergency and acute care services to adults experiencing severe and disabling mental illnesses.

Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
Medi-Cal	California's Medicaid program, which 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
Medical Necessity	A service or treatment which is appropriate for a client's diagnosis, and which if not rendered, would adversely affect the patient's condition; Medi-Cal covers only medically necessary services
Mental Health Services	Individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency
Motivational Interviewing (MI)	A form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.
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
Parenting with Love and Limits (PLL)	An evidence based model with limited relapses through high parent involvement. PLL is designed for youth between 10 and 18 with extreme emotional or behavioral problems.
Plan Development	Any or all of the following: development of coordination plans and/or individual service plans, approval of plans, verification of medical or service necessity, and monitoring of the Individual's progress.
Probation Officer (PO)	Is responsible for meeting with the probationer regularly to gauge progress, assist in obtaining services such as treatment for substance abuse and mental health needs, administering alcohol and drug tests, etc.
Proposal	Shall mean Bidder response to this RFP; used interchangeably with bid
Qualified	Competent by training and experience to be in compliance with specified requirements
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Rate-based	A monthly reimbursement method for the contract period on either a set negotiated rate or provisional rate.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP
Response	Shall refer to Bidder's proposal submitted in reply to RFP

Risk, Protective Factor Needs (RPN)	A document completed by the assigned PLL Case Manager to identify the strength and weakness of the referred client. It helps create the CBAT.
Serious Mental Illness (SMI)	BHCS defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
Serious and Persistent Mental Illness (SPMI)	BHCS defines SPMI as significant functional impairment resulting in an inability to manage activities of daily living and may include high risk for harm to self or others. The sometimes chronic nature of the severe mental illness is often demonstrated by multiple and lengthy hospital stays.
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
System Of Care	For the purposes of this RFP, SOC refers to Children's SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for children age zero to twenty-one.
Title IV-E	Federal funds which are used to provide direct individualized services to children and families without regard to their federal eligibility or placement. The focus is on prevention and family-centered practice with the goal of resulting to better outcomes for children, youth and families by improving the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems.
Transition Aged Youth (TAY)	Refers to youth ages 16 through 24 years old.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
Unserved or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.