



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)
 ADDENDUM NO. 1
 TO
 RFP NO. 15-02
 FOR
 PARENTING WITH LOVE AND LIMITS (PLL)**

NOTICE TO BIDDERS

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

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

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

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...

I. RFP

- Section I.A. Intent, page 3, updated the last paragraph to:

BHCS intends to award one contract for this program with an annual allocation of **\$880,666**.
- Section I.B. Background, page 4, delete "~~pilot~~" on the second paragraph.

II. 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	



Event	Date/Location
Proposals Due	Thursday, May 7, 2015 by 2:00 pm
Review/Evaluation Period	May 8, 2015 through June 3 May 22, 2015
Oral Interviews (as needed)	June 3 May 22, 2015
Award Recommendation Letters Issued	June 12 May 29, 2015
Board Agenda Date	September July 2015
Contract Start Date	September 1, 2015

ADDITIONAL INFORMATION THAT PERTAIN TO...

I. PLL DASHBOARD

For additional information about the PLL Dashboard, you can click on the link to watch a short video about the dashboard in action: <https://vimeo.com/114194420>

BIDDER QUESTIONS THAT PERTAIN TO...

General Questions

- Is "priority population" considered probation youth or youth who meet EPSDT medical necessity?**
 Probation youth.
- Do funded program have to implement all 2 component (ATP, RE) or one?**
 Both.
- Are Bidders allowed to subcontract with other providers to deliver services?**
 No. BHCS shall disqualify proposals submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California. (see page 5 under Vendor Minimum Qualifications).
- Please explain why the county selected PLL. Was there a county process where this model has been implemented and what is the success rate?**
 PLL is a recognized Evidence Based Practice with the SAMHSA National Registry of Evidenced Based Programs and Practices that has shown efficacy in working with this priority population. Alameda County is the first to implement PLL in CA but PLL has been present in 16 other States and in Europe and has conducted multiple research and evaluation on its effectiveness with probation youth from various cultural backgrounds.
- PLL – What are some of the challenges moving from traditional mental health services to the PLL model?**
 PLL is a mental health service delivered through a family therapy model.
- Can an agency use current staff to transition into required positions. (I realize that they would also have to complete PLL hiring process.)?**
 Yes. They have to go through interview process and meet the requirements.
- Is there room in the model for a family partner position given the focus on family work?**
 No. Under the PLL model, the clinician and case manager perform all the family work.

8. **How does the model support the team with challenges with family engagement?**
The clinical supervision and training which are integral to the model addresses that issue.
9. **Does it lead to collaboration with other providers toward the end of treatment? How does the model support youth in staying off probation after its completion?**
There's Community Based Action Team (CBAT) and case management function that works in that part of the process. Youth may or may not have completed their probation at discharge, but that's when the built-in Strategic Relapse Prevention 30-60-90 day call-backs begin.
10. **Can you give an example of how providers currently utilizing the model set up the teams?**
There is a clinician and a case manager per team (see page 10 of the RFP). The families are broken out into cohorts. Re-Entry, for example, serves 30 families per year so you're looking at 5 families per cohort. Every two months, a cohort of five families will begin. There is an overlay from cohort 1 to cohort 2 where the clinician and the case manager will be working with 10 families at once.
11. **Is there also a training for supervisors? Can other staff in the organization participate?**
Yes, supervisors can attend the training but only the direct clinician and the case manager gets certified.
12. **0.20 FTE Clinical Supervisor position (listed on page 10) – supported by PLL team or provided by organization?**
By the organization.
13. **What is the maximum amount of services that can be provided?**
Less than 20 hours per week.
14. **Can services continue if a youth turns 18 while services are still being provided?**
Yes.
15. **What percentage of youth are placed in the Bay Area?**
Not many.
16. **For youth placed out-of-county or out-of-state, how is the clinician and the case manager supposed to deliver the work? Will the provider need to travel?**
No, they do the clinical work with the family through Webex technology.
17. **What is the process to become SLEB certified?**
Please refer to page 14 of the RFP for more details on SLEB. For the SLEB application and instructions, go to <http://www.acgov.org/auditor/sleb/documents.htm>. For further information on SLEB certification, contact: Auditor Controller Agency - SLEB Certification Unit
1106 Madison Street, Room 431
Oakland, CA 94612
Mary Modelski
Telephone: (510) 891-5500
18. **On page 5 of the RFP, Section E mentions a requirement to complete a Child Assessment of Needs and strengths (CANS). Will the County require the PLL measures in addition to the CANS?**
Yes. Once an implementation date has been determined, BHCS will work with the awarded Contractor on completing CANS and with the PLL Team on adding CANS to the PLL Dashboard.

Fillable Forms Template

19. **We recently submitted an RFP to ACBHCS and noticed that the questions listed in the narrative instructions were at times different than the bullet list of questions listed in the evaluation**

section the back. Due to the space limitation, it was difficult to answer both the questions listed in the narrative section and evaluation section. How should applicants approach this?

You only need to answer the questions on the Fillable Forms Template which is what you will need to submit. The evaluation criteria in the RFP are what the Evaluation Panel will be using to review and score the proposals.

20. Font size requirements – the current Fillable Forms automatically revert to Arial and not Times New Roman. How should organizations approach this?

If you are copying and pasting your responses from one document into the Fillable Forms Template, make sure that your source formatting has Times New Roman as the font type so the format carries over to the Fillable Forms Template.

21. Are additional attachments, such as resumes, allowed to be submitted along with proposal?

No. Any superfluous and unrequested material will be removed.

Referrals

22. Referrals – how likely is it that there will be enough referrals especially during start-up to support the cost of the program?

BHCS, Probation and PLL have already started to work together even to make sure that there is enough referrals even before the contract start date.

Fiscal and Billing

23. Which box should I check in the Salaries and Wages section of the budget if a staff person does Direct Services with clients, but also performs and Administrative role in the program?

On the budget template, you should check the Direct Services box only for that staff person. In addition, you should include their position title in the Budget Narrative, explain that they do perform both kinds of services, and give the percentage of their time devoted to Direct Services, as well as the percentage of their time devoted to Administrative functions.

24. How do I record Annualized Salaries in the Salaries and Wages section of the budget if staff work a 37.5 hour workweek so that the FTE is calculated correctly?

Multiply the Annualized Salary for each staff that works 37.5 hours per week by the multiplier **1.067**. The resulting amount would be the equivalent to the staff person working a 40-hour workweek and would enable Alameda County to fairly compare budgets from different organizations.

25. Will the PLL licensing fee be an annual cost in each year of the contract? If so, does ACBHCS intend to cover this cost in each year of the contract?

Yes. It will be included in the awarded Contractor's allocation every year.

PLL Frequently Asked Questions

26. What is the level of education needed to run a PLL team?

A team is comprised of one full time Masters level clinician and one part time bachelor's co-facilitator for Alternative to Placement or one fulltime Masters level clinician and full time bachelor's level case manager for Re-entry. (See page 10 of the RFP)

27. Some evidence based models are required to have at least two more clinicians, is this the same as the others?

No, the provider just needs to have one team. We always support and whenever possible it is best to have two clinicians.

28. How many families on average can one PLL team serve per year?

Alternative to Placement (ATP) can serve up to 36 families per year; Reentry can serve up to 30 families per year: a PLL team that serves both populations at the same time can serve up to 33 families per year. (See page 10 of the RFP)

29. *This model requires videos of group, family and motivational interview sessions, are all sessions recorded?*

No, only select sessions will be recorded. The PLL clinical supervisor will inform the PLL team which sessions need to be recorded.

30. *What are the training requirements?*

The PLL start up training is 5 days on site. The first two days are devoted to the 6 multi-family group sessions. The second two days focus on family therapy and the last day is completely dedicated to family interactional trauma therapy. All PLL clinicians and case managers must attend all five days to be certified to deliver the PLL model. The PLL co-facilitators are required to attend the first two days only. (See page 9 of the RFP)

31. *What if there are not enough families to start a PLL Group, what happens then?*

The clinician can begin PLL family therapy coaching while waiting for three or more families to start group. The benefit for the parent or caregiver is to say that when group begins you will be an expert in the group. You can help other parents in a mentor type role and the tools in group will reinforce and greatly enhance what you will be doing in individual family coaching together.

32. *What are the requirements for a family to complete the full dosage of treatment?*

Alternative to Placement (ATP) requires that a family attends 5 out of 6 groups and a minimum of 6 family therapy (coaching sessions). Reentry requires 5 out of 6 parent only groups and a minimum of 12 family therapy (coaching) sessions. (See page 9 of the RFP)

33. *How do you define a PLL "team"?*

One PLL team is defined in two different ways. For Alternative to Placement (ATP), a PLL team consists of one full-time Masters level clinician and one part time co-facilitator that can serve up to 36 families per year. A Reentry team consists of one full Masters level clinician and one full time bachelor's level case manager that can serve up to 30 families per year.

34. *How does PLL handle staff attrition training?*

On average, PLL schedules approximately 10 trainings annually across the country. When there is an attrition need, the new clinician will be required to attend the training in the state the training is being conducted.

35. *How does PLL Supervision work and how many times does it meet?*

Videotaped sessions are required for supervision. The video tapes are uploaded to a secure server and reviewed by the PLL clinical supervisor for both content and process. Supervision takes place 2x monthly for two hours each time. The reviewed clips are broken down to 5-6 minutes and shown during the supervision time. Because this is such a critical part of the model, if sessions are not recorded may result in the clinician being decertified.

BIDDER'S CONFERENCES ATTENDEES

The following participants attended the Bidders' Conferences:

Organization Name	Representative	Contact Information
Family Paths	Juli Rositas	Phone: (510) 893-9230 ext. 234
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Seneca Center	Easa Camorongan	Phone: (510) 295-3183
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	Andrea Schiavoni	Phone: (714) 322-6110
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Parenting with Love and Limits	Rich Berry	Phone: (267) 210-6232
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Family Support Services of the Bay Area	Pat Chambers	Phone: (415) 861-4060 ext. 3024
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The Refuge	Dorothy Henderson	Phone: (510) 301-5809
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Fred Finch Youth Center	Susanna Marshland	Phone: (510) 485-5275
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East Bay Agency for Children	Josh Leonard	Phone: (510) 844-6710
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Alameda County Fund Development	Karman V. Wright	Phone: (510) 334-0507
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STARS	Karly Wiley	Phone: (510) 352-9200 x210
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