



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) # 15-03
SPECIFICATIONS, TERMS & CONDITIONS
for
WELLNESS CENTERS**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Thursday November 5, 2015	9:30 am – 11:00 am	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Ste 205, Oakland (Wildcat Canyon Room)
Thursday November 5, 2015	1:30 pm – 3:00 pm	Fremont Family Resource Center 39155 Liberty St, Ste A120, Fremont (Millennium Room)

PROPOSALS DUE

Tuesday, December 8, 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 two Mental Health Wellness Centers (Wellness Centers or Centers) for Alameda County adults, age 18 and over, who are experiencing mental health issues and are either new or already receiving mental health services within BHCS or City of Berkeley's Mental Health (BMH) Division.

BHCS' Adult System of Care (ASOC) has partnered with BMH to open a new Wellness Center to meet the service demand of residents in the Berkeley/Albany area. There will also be a new Wellness Center in East Oakland. These two new Wellness Centers will supplement the four existing Wellness Centers located throughout the county.

BHCS will use this Request for Proposals (RFP) to establish a new contract with one or two contractors who will provide the services in the specified areas. Bidders must submit a separate proposal and budget for each location if applying for both. The proposals for each location will be judged separately.

Any contracts that result from this RFP process will be 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 BMH.

BHCS intends to award \$600,000 for each Wellness Center to one or two Contractors for a total annual allocation of \$1,200,000.

B. BACKGROUND

Proposition 63, also known as the Mental Health Services Act (MHSA) was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved. The County engaged multiple stakeholder groups to participate in a variety of planning processes that addressed the early phases of MHSA funding. During the early planning phases, staff and stakeholders identified capital facility and technology needs that were linked to MHSA programs.

Funding new Wellness Centers was one of the priorities for the use of the County Capital Facilities funds. Since the State and Board of Supervisor's (BOS) approval of the use of funds, BHCS currently has four Wellness Centers that are geographically spread throughout the county.

In the past year, BHCS re-designed the service utilization of its Wellness Centers to act as a touchstone for Alameda County behavioral health consumers and for those who are

currently not known to the behavioral health care system but in need of services. The Centers have also adopted a philosophy to create a community that is driven and determined by the participants' needs where they are welcomed to attend and partake in recovery skill building regardless of where they are at with their own recovery. The goal is for the Wellness Centers to reduce the utilization of high-end emergency services

BMH, through its own MHSAs community planning stakeholder process, has advocated for MHSAs funds to be utilized in creating a Wellness Recovery Center for mental health consumers in Berkeley or Albany. BMH management toured a few of ACBHCS' Wellness Center and agreed to partner with the County to jointly fund a Wellness Center in the Berkeley/Albany area using Berkeley's Client Supportive Services System Development MHSAs funding. In the BMH MHSAs stakeholder process, there has been significant input that the Berkeley/Albany center be particularly focused on creating a welcoming, consumer driven atmosphere, with specific capacity to serve transitional aged youth (TAY). There has also been an emphasis for siting the Center in a location that is geographically placed where consumers can walk to the Center.

These additional Wellness Centers will be funded through MHSAs and Medi-Cal funds.

C. SCOPE

The scope of work includes delivering an array of wellness and recovery skill building tools that are offered through peer support and clinical services (i.e., peer-run support groups, social/recreational activities, mental health services, case management/brokerage, crisis intervention and medication support). The awarded Contractor(s) shall also perform MHSAs outreach and engagement and client and program support.

It is BHCS' and BMH's expectations that the Wellness Centers have three distinct levels of service:

1. Universal peer driven recovery based services. The Centers will be open to all individuals who desire recovery based mental health services, regardless of whether they are open to either the ACBHCS or BMH systems of care. This level of care should be welcoming and peer driven. Examples of services offered at this level are:
 - a) Peer-Led support groups
 - b) Social/Recreational activities
 - c) Employment supports
 - d) Educational supports
 - e) Spiritual support
 - f) Physical Health supports (such as walking groups, healthy eating, etc.)
 - g) Field trips
 - h) Resource referrals
 - i) Individual Peer supports
 - j) Housing Supports
 - k) Peer Leadership activities

There is no expectation that these services will be Medi-Cal billable.

2. Time Limited case management for up to 30 individuals. The Centers will have the capacity to provide time limited case management, billable to Medi-cal, for individuals who need short-term additional supports and meet criteria for specialty mental health services. Centers will allocate 1.0 FTE for a case manager to provide these services.

3. Medication Management services for up to 40 unduplicated clients per year. The Centers will have the capacity to provide medication management services for individuals who meet criteria for specialty mental health services and are either in time-limited case management or are unable to access this service elsewhere. Medication management services will be available at least eight hours per week.

Bidders can allocate up to \$200,000 for case management and medication management services. It is BHCS' expectation that these services will be rate-based and billed to Medi-Cal.

The Centers should be designed to accomplish the following goals:

- Provide a welcoming entry-point to outpatient services for individuals who are unserved or underserved by the mental health system, or be a step-down service for individuals transitioning from BHCS/BMH specialty mental health services, or a support for those who are no longer receiving specialty mental health services but who may be relapsing;
- Provide services in an environment of inclusion and acceptance and, more often than not, managed and staffed by consumers who provide or arrange peer-support wellness and recovery-oriented education;
- Contribute to peer leadership and transforming the mental health system by utilizing a community advisory board composed of consumers and family members;
- Use proven curricula that shall support the acquisition of the knowledge and skills required for clients to reach their recovery goals, which may include:
 - Obtaining and retaining employment;
 - Attending and completing school;
 - Improving personal wellness/physical health;
 - Community building;
 - Obtaining and retaining housing;
 - Establishing a mutual support network;
 - Participating in recreational activities;
 - Sustaining living in the community, rather than institutional settings.
- Include the families and loved ones of those who utilize the Centers to support a care model that is inclusive of family/loved one needs.

D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS

To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal that they meet all of the following Bidder Minimum Qualifications:

- a.** Have at least two years of organizational experience providing services to the priority population(s) within the last five years;
- b.** Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years;
- c.** Have at least two years of experience employing staff with lived experience; and
- d.** Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted service provider.

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

Contracts awarded from this RFP will include conformance with all of the following:

- A plan to implement continuous training and quality improvement on cultural and linguistic responsiveness;
- Verification of Medi-Cal eligibility on a monthly basis;
- Obtaining an approved Medi-Cal Administrative Activities (MAA) claim plan through the State;
- Sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients;
- A quality assurance infrastructure to oversee compliance with Medi-Cal regulations;
- Data entry in a timely manner, as instructed, into the County's electronic information management and claiming system (currently InSYST);
- Completion of the Adult Needs and Strengths Assessment (ANSA) during treatment plan review and an update within 30 days upon direction from BHCS of the implementation date;
- Delivery of intensive case management and/or medication support as part of the program model;
- Provision of information about consumer rights and the Patients' Rights Advocate; and
- Utilization of a community advisory board composed of consumers and family members to support the center in the direction of wellness/recovery.

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 agree by submittal of proposal(s) that they will comply with all of the following if awarded a contract(s):

- Independently adhere to all Medi-Cal documentation standards, including Assessment, Treatment Plans and Progress Notes, 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*

Many of the priority population to be served at these two new Centers have co-occurring conditions – either substance use disorder or physical health concurrent with their serious mental health illness. Therefore, a service model that is recovery oriented, trauma informed and provides linkage to primary care will serve this population well. BHCS through SAMHSA funding has embarked on a project that integrates behavioral health with primary care.

The East Oakland Wellness Center

The majority of the priority population that will use the East Oakland Center will be African-American and Latino/a adults; therefore, Bidders must demonstrate experience in providing services that are culturally responsive to this group. Bidders can access the recommendations from the African American Utilization Study conducted by BHCS in winter of 2011 by clicking on the below link:

http://www.acbhcs.org/providers/QI/docs/Alameda_African_American_Utilization_Report.pdf

The Berkeley/Albany Wellness Center

Bidders for the Berkeley/Albany Wellness Center must demonstrate experience providing services that are culturally responsive to Asian Pacific Islander, Latino and African-American adults. These populations have been identified as being either underserved or inappropriately served according to City of Berkeley's MHSA plan <http://www.ci.berkeley.ca.us/ContentDisplay.aspx?id=15648>.

The age range of the priority population encompasses three of the four BHCS systems of care - TAY, Adults and Older Adults. Bidders must describe how they will provide distinctive services to each age group. For the Berkeley/Albany Center, there is a particular focus on services that cater to TAY.

Linkage to benefits is another core need for individuals who will use the Wellness Centers. Assisting clients to apply and obtain benefits that they are entitled to receive or helping them get their benefits reinstated must be delivered through the intensive case management component of the program or through linkage to existing BHCS advocacy programs.

2. *Service Delivery Approach*

An effective delivery approach will offer a service array that reflects BHCS' values on consumer and family empowerment, best practices, health & wellness and cultural responsiveness. Understanding the history of consumer and family movements and the importance of the client taking the lead in the provision of services is an integral part of planning for services.

Experience with co-occurring conditions is not only embodied through the clinical provision of services but one that is provided in a welcoming, hopeful, recovery-oriented and culturally responsive environment. This means that an individual or family will be welcomed and assisted to obtain services best suited to meet their specific needs. BHCS, through its Co-Occurring Conditions Initiative, has developed the Welcoming Tool Kit. Find out more on zero to low-cost welcoming practices that you can incorporate in your service plan by clicking on the below link:

http://www.acbhcs.org/providers/QI/docs/Welcoming_Toolkit.pdf

The Centers shall include evidence based practice (EBPs), with a priority placed on the following:

- a. Wellness Recovery Action Planning (WRAP) - is a personalized wellness and recovery system borne out of and rooted in the principle of self-determination. It helps people to decrease and prevent intrusive feelings and behaviors, increase personal empowerment, improve quality of life, and achieve their own life goals and dreams.

Individuals learn to use WRAP, which can be a lifetime personal tool, through a peer-led and peer-engaged group process which is voluntary. It is long-term peer support resource for building a healthy and successful life in the community.

- b. Individual Placement and Support (IPS) Supported Employment – an evidence-based approach to supported employment for people who have SMI and have expressed interest in working. The mental health treatment team works with clients’ vocational and clinical needs concurrently. There are eight guiding principles to the delivery of this service:
 - Zero exclusion criteria;
 - Client preference;
 - Benefits planning;
 - Focus on competitive jobs;
 - Integrated supported employment and mental health service;
 - Rapid job search; and
 - Building relationships with employers.

The Employment Specialist is responsible for providing clients with a vocational profile, job development, job placement, and follow-along support. The awarded Contractor will partner with the BHCS IPS Trainer to receive training and technical assistance at least twice per month to help improve services and achieve high fidelity in the Supported Employment Fidelity Scale. This entails formal training, caseload review, case consultation, field mentoring, and other informal training.

Bidders shall include in their proposals other evidence based practices that support the utilization of peer staff in the service delivery and other practices relevant to addressing the needs of the priority population.

The medication service component will be available to individuals who are participating in the case management program, as well as those clients who are only seeking medication support services. Clients may choose to receive their medication support either through the psychiatrist on their Service Team or at their medical home while attending the Center.

Case Management services shall be no more than 12 months and the discharge process shall be client-driven based on clinical needs.

3. *Planned Staffing and Organizational Infrastructure*

Bidders shall propose a staffing model that is adequate in meeting the clinical, vocational, housing and social service needs of clients coming in and out of the Center. There must be appropriate psychiatric staffing whose primary task is to prescribe and evaluate medications.

Wellness Centers must be easily accessible to the priority population and maximize access to the greatest number of participants. The location of the Center shall be accessible by public transportation. Bidders should indicate whether they have site control of a location for the Center. If there is no current site control, Bidders shall describe plan for gaining site control within six months of project award. If bidder is not able to obtain site control within six months of contract award and begin services within nine months of contract award, the contract may be terminated.

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;
- Organizational capacity for supporting peer providers, including a plan for training, supervision and support of peer staff;
- Providing the additional clinical supervision to ensure that each staff and any pre-licensed staff are meeting the appropriate and regular supervision from the Clinical Supervisor;
- Capacity to provide outside regular work week and weekend hours to offer more availability to clients;
- 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;
- Implementing EBPs with the highest fidelity to the program model;
- Updating ANSA; and
- Developing and maintaining the technology and staff support to collect and analyze the data outside a BHCS-approved data collection and claiming system.

4. Forming Partnerships and Collaboration

The Contractor shall work collaboratively with the following:

- BHCS Vocational Rehabilitation Unit – to receive training and technical assistance for the implementation of IPS for clients who have expressed an interest in vocational goals;
- BHCS contracted providers, BMH (for the Berkeley/Albany Center), community and family members - for receiving referrals;
- WRAP certified organizations – to participate in Train-the-Trainer training opportunities, make referrals in behalf of their clients who could benefit from developing their own WRAP plans;
- BHCS Acute Crisis Care and Evaluation for System-wide Services (ACCESS) or Crisis Response Program (CRP) – for providing referrals in behalf of the clients who have not yet enrolled in mental health services;
- BHCS contracted Substance Use Disorder (SUD) providers - for providing referral and coordination of services in behalf of clients who have dual-diagnosis;
- Peer-Run organizations to provide referral options and encourage client empowerment; and
- For Berkeley/Albany Center, it is expected the provider will work closely with BMH and the City of Berkeley to ensure treatment coordination.

Cultivating relationships with primary care is also an important partnership for clients whose behavioral health needs can be managed in a primary care setting. In addition, it is BHCS and BMH's expectations that the successful Bidder(s) provide benefits advocacy through a joint effort with legal, housing and social service groups

who specialize in assisting clients apply for, obtain or get reinstated for benefits they are entitled to receive.

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 goal of the Center is to collect and track data that will lead to the following outcomes:

- 80 percent of clients shall report an increased in daily life functioning as measured by Partners in Change Outcomes Management Systems (PCOMS) or equivalent;
- 50 percent of clients shall have a reduction of patient hospitalization, sub-acute facilities and/or Psychiatry Emergency Services (PES) within 12 months of regular support;
- 50 percent of clients shall not have a psychiatric inpatient episode six months post-discharge;
- 80 percent of clients shall be meaningfully connected with a natural community support as defined by them within six months of receiving case management services; and
- Contractor shall achieve high fidelity as defined in the Supported Employment Fidelity Scale¹.
 - Once high fidelity to the Supported Employment Scale has been achieved, Contractor shall make at least one competitive employment placement per month.

¹ Defined as anything above a score of 99. For more information, visit <http://www.dartmouth.edu/~ips/page19/page21/files/se-fidelity-scale002c-2008.pdf>.

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	Friday, October 23, 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	November 5, 2015	9:30 am – 11:00 am 1900 Embarcadero Cove, Ste 205, 2 nd flr (Wildcat Canyon Room)
2 nd Bidders' Conference	November 5, 2015	1:30 pm – 3:00 pm 39155 Liberty St., Ste A120 (Millennium Room)
Addendum Issued	November 12, 2015	
Proposals Due	Tuesday, December 8, 2015 by 2:00 pm	
Review/Evaluation Period	December 9, 2015 through January 15, 2016	
Oral Interviews (as needed)	January 15, 2016	
Award Recommendation Letters Issued	January 22, 2016	
Board Agenda Date	April 2016	
Contract Start Date	Any time after April 2016 BOS approval	

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. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

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: 621420.

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.

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 to 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. Bids must indicate whether they are for the East Oakland or Albany/Berkeley Center. Bidders who wish to bid for both Centers must submit two separate bids with separate budgets. 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.²

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

- Single spaced;
- Use 12-point Arial 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.
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 CSC/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,

² Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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.
11. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.
12. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
13. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

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.	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Use the Fillable Forms Template to complete and submit the requested information.	1
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.	1
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the criteria.	2
	a. Have at least two years' experience providing services to the priority population;	
	b. Experience in billing Medi-Cal services through the County at least two years within the last three years;	
	c. Have at least two years of experience employing staff with lived experience;	
	d. Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted service provider.	
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	a. Debarment and Suspension 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
	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 information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those	2

Section	Instructions	Page Max.
	provided in the proposal and to use the information gained from them in the evaluation process.	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Fillable Forms Template to complete and submit the information below.	N/A
	a. Describe, in detail, Bidder's <i>Understanding and Experience with the Priority Population Needs and Understanding of the Service Delivery Approach</i> , including:	(8)
	i. Bidder's clinical understanding of the priority population including: <ol style="list-style-type: none"> 1. Mental health issues that are concurrent with physical needs and/or substance abuse 2. Age-related issues 3. Cultural issues for the priority populations 	1
	ii. Bidder's clinical experience working with the priority population that takes into account: <ol style="list-style-type: none"> 1. Experience using peer-led services in promoting wellness and recovery 2. Experience with programming that is culturally responsive to the priority populations 	1
	iii. Bidder's program design for the Wellness Center that demonstrates the following: <ol style="list-style-type: none"> 1. How cultural and/or linguistic needs will be supported within the Wellness Center 2. How developmental needs that are specific to the age grouping will be addressed: <ul style="list-style-type: none"> • Adult and Older Adults (East Oakland) • TAY (Berkeley/Albany) 	1
	3. How will time-limited services be implemented? 4. How will clients who need to step-up or step-down their level of care be identified and transitioned?	1
	5. How will clients' vocational goals be addressed? Describe what you see as a realistic number of participants who will receive IPS? 6. How will clients be involved in identifying and accessing housing? What are the challenges and how will they be addressed?	1
	7. How will the Wellness Center engage clients in obtaining and applying for benefits? 8. How will linkage to primary care be addressed in the program design?	1
	9. How will family members or loved ones be engaged in creating a support care model. What are the challenges involved and how will they be addressed?	1

Section	Instructions	Page Max.
	iv. Identify any proposed evidence-based practices that address peer support and other client needs. Include in your response the plan for monitoring and implementing fidelity to the program model.	1
	v. Describe proposed programming by attaching one month schedule (include in proposal as Attachment 1A). Include the following: 1. Curricula/Service 2. List staff who will deliver each curricula/service 3. Hours and days	N/A
	b. Describe, in detail, Bidder's Planned Staffing and Organization Infrastructure , including:	(7)
	i. Bidder's planned staffing structure including: 1. Proposed program chart (include as Attachment 2A)	N/A
	2. The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff.	3
	3. Plan for hiring/recruiting, training, supporting and maintaining the following staff: • Peer Support • Medication Support • Advisory Board 4. Hiring and retention of psychiatry staff.	1
	ii. Bidder's planned organizational infrastructure, including: 1. How staff will be prepared to provide culturally responsive services; 2. Adherence to documentation standards; • What is their experience with Medi-Cal documentation? • How often are charts reviewed and what elements are being reviewed?	1
	3. Capacity to support peer staff within the organization; 4. Ability to provide food (i.e., kitchen facility, how food will be sourced, etc.); and	1
	5. Proposed site for the Wellness Center that address the following: • Location where Bidder has site control; or • Obtaining site control of service location; and • Description of proposed site whether it is in walking distance for proposed priority population.	1
	c. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration ,	1

Section	Instructions	Page Max.
	<p>including:</p> <p>i. Describe the Bidder’s experience in cultivating relationships to integrate social service, physical health, legal services, etc., into the client plan:</p> <ol style="list-style-type: none"> 1. Primary Care; 2. Local advocacy groups; 3. Partnering with BMH and/or City of Berkeley if bidding for the Berkeley/Albany Center; and 4. Other service agencies. <p>ii. How does the Bidder plan to apply that experience in the context of the Wellness Center?</p>	
	<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, specifically the following:</p> <ul style="list-style-type: none"> • Who will track the data? • How will the data be used for quality improvement? • How clients and family members’ opinion are integrated in the program evaluation? 	2
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 6) Start-up Budget 	2 (in addition to the Exhibit B-1: Budget Workbook)
	<p>Use the Fillable Forms Template to complete and submit the following:</p>	N/A
8. IMPLEMENTATION SCHEDULE AND PLAN	<p>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.</p>	2

Section	Instructions	Page Max.
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	1
EXHIBITS	Using the Fillable Forms Template complete and submit the following:	N/A
	<i>EXHIBIT C: INSURANCE REQUIREMENTS</i>	
	<i>EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS</i>	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that meet the Bidder Minimum Qualifications shall be evaluated by the 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 2. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 3, 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
Evaluation Criteria**

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	a. Two Year Experience with Priority Population Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	b. Medi-Cal Billing Reviewed to determine whether the Bidder had demonstrated that they meet all Bidder Specific Requirements		
	c. Two Year Experience Employing staff with lived experience. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	d. No Open QA Investigation or Plan of Correction Confirmed with BHCS QA that Bidder meets this requirement		
5.	a. Debarment and Suspension	<ul style="list-style-type: none"> To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov. 	Pass/Fail

	<p>b. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<p>How do the Bidder's references rate the following:</p> <ul style="list-style-type: none"> • Bidder's capacity to perform the services as stated; • Areas in which the Bidder did well; • 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. 	5
<p>6. Bidder Experience, Ability and Plan</p>	<p>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 the Service Delivery Approach.</p>		(28) Section Subtotal
	<p>i. Clinical Understanding of the Priority Population</p>	<ul style="list-style-type: none"> • How well does Bidder demonstrate clinical understanding of populations experiencing mental health issues or transitioning from specialty mental health services taking into account: <ul style="list-style-type: none"> ○ Concurrent physical and/or substance use disorders; ○ Age-related needs; and ○ Cultural issues that impact treatment plan. 	5
	<p>ii. Experience with Priority Population Needs</p>	<ul style="list-style-type: none"> • Does Bidder demonstrate clinical experience working with the priority population and using 	7

		<p>peer-led services?</p> <ul style="list-style-type: none"> • How well does the Bidder demonstrate its experience addressing the cultural needs of the priority population? 	
	iii. Wellness Center Program Design	<ul style="list-style-type: none"> • How well will the proposed Wellness Center design reflect client needs and outcomes? • How well-matched is Bidder's program design to the RFP requirements? • Does the proposed model align with the BHCS program goals in meeting the following needs: <ul style="list-style-type: none"> ○ Cultural/linguistic ○ Developmental/age-related ○ Vocational/Employment ○ Housing ○ Obtaining or reinstating benefits ○ Time-limited case management ○ Assessing for appropriate levels of care ○ Engaging client's family and loved ones in creating support system • How well integrated are the medication support and case management into the Wellness Center program design? 	10
	iv. Evidence Based Practices	<ul style="list-style-type: none"> • What evidence based or promising practices will be implemented? • How well-matched are chosen EBPs to the priority population(s) needs? • How well does the Bidder describe the plan for implementing, monitoring and ensuring fidelity to the program model? 	3
	v. Program Schedule	<ul style="list-style-type: none"> • How well does the Bidder's proposed program schedule reflect the goals of the Wellness Center? • How well does the schedule fit the needs of the priority population? • How responsive is Bidder to the crisis needs of the clients? 	3
	b. The Evaluation Panel will read and assign a score based on how detailed and specific		(19)

	the Bidder's response to following questions which will become the total score under the Planned Staffing and Organizational Infrastructure.	Section subtotal
i. Planned Staffing Structure	<ul style="list-style-type: none"> • How well has Bidder planned for hiring, training supporting, and maintaining staff? • How well does the Bidder's plan for training staff on cultural sensitivity/ responsiveness meet the needs of the priority population? • How well has Bidder resourced clinical supervision and quality assurance? • How realistic is the Bidder's plan in ensuring that the staff maintains fidelity to the proposed program model? 	7
ii. Organization Infrastructure	<ul style="list-style-type: none"> • How well does the proposed program fit into Bidder's organizational structure? • How realistic and feasible is the Bidder's experience, plan and capability to adhere to Medi-Cal documentation standards and requirements? • Does the Bidder have sufficient resources been allocated to ensure the quality of care and the prevention of audit findings? • How resourceful is the Bidder in providing food and/or a kitchen facility? 	5
iii. Location	<ul style="list-style-type: none"> • Does Bidder have site control of location? If not, how well thought out and realistic is plan to obtain site control? How accessible is proposed site to priority populations? For Berkeley/Albany, was there focus on ability of priority populations to walk to location? 	7
c. 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 Partnerships and Collaboration and Applying Experience:		(8) Section subtotal
i. Partnerships and Collaboration	<ul style="list-style-type: none"> • How well does Bidder describe their experience in cultivating relationships to integrate multi-disciplinary services into the client plan? <ul style="list-style-type: none"> ○ Does the Bidder demonstrate a clear understanding of working closely with 	3

		<p>BHCS, BMH, BHCS-contracted providers, primary care and local advocacy entities according to RFP's expectations?</p> <ul style="list-style-type: none"> • How will Bidder partner with BMH and/or City of Berkeley (if bidding for Berkeley/ Albany area)? • How will Bidder link patients to primary care and advocacy services as needed? 	
	ii. Applying Experience	<ul style="list-style-type: none"> • How well does Bidder describe how to apply previous experience in the context of the Wellness Center? 	5
	d. 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 identify systems for tracking data? • How well does Bidder integrate client and family feedback into program integration? 	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 much value does the proposal add considering the cost of the program and expected 	10

		<p>outcomes and the number of clients served?</p> <ul style="list-style-type: none"> • How well does the narrative detail how Bidder arrived at particular calculations? • 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 timeline for each program component? 	7
	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? 	3
Exhibits	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
Oral Interview	Criteria are created with the CSC/Evaluation Panel.		10
Preference Points, if Applicable	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 CSC/Evaluation Panel 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 one or two Contractors.
5. The County has the right to decline to award these contracts in whole or any part thereof for any reason.
6. 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. PRICING

Federal and State minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

K. 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 purchase order (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.

L. 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. GLOSSARY & ACRONYM LIST

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.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
Adult Needs and Strengths Assessment (ANSA)	A multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
ASOC	BHCS' Adult System of Care
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
BMH	City of Berkeley's Mental Health Division
Board	Shall refer to the County of Alameda Board of Supervisors
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.
Client	The recipient of services; used interchangeably with beneficiary and consumer
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-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
CSC	County Selection Committee or Evaluation Panel
CRP	Crisis Response Program
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
Evidence based practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies

Federal	Refers to United States Federal Government, its departments and/or agencies
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.
Individual Placement Services (IPS) Supported Employment	An evidence-based approach to supported employment for people who have SMI and have expressed interest in working. The mental health treatment team works with clients' vocational and clinical needs concurrently.
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
Mental Health Services Act (MHSA)	Proposition 63, also known as the Mental Health Services Act was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved.
Older Adults	Individuals age 60 years or older
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
Partners in Change Outcomes Management Systems (PCOMS)	A client feedback program for improving the treatment outcomes of adults and children participating in a behavioral health care intervention. It is designated to improve the retention of participants in treatment and to assist them in reaching reliable and clinically significant change.
Proposal	Shall mean Bidder's 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
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.
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
Service Team	Provide services to individuals with serious mental illness who need case and management psychiatry services. All the service teams include case managers and a psychiatrist. Only clients with primary mental health diagnosis are accepted.
State	Refers to State of California, its departments and/or agencies
SUD	Substance Use Disorder
System Of Care	For the purposes of this RFP, SOC refers to Adult SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for adults age 18 and up.
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.
Wellness Recovery Action Planning (WRAP)	A personalized wellness and recovery system borne out of and rooted in the principle of self-determination. It helps people to decrease and prevent intrusive feelings and behaviors, increase personal empowerment, improve quality of life, and achieve their own life goals and dreams