



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 16-02
SPECIFICATIONS, TERMS & CONDITIONS
For
TAY 24-Hour Residential Program**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Thursday April 21, 2016	10:00 am - 11:30 am	Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)
Friday April 22, 2016	9:30 am - 11:00 am	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Canyon Room)

**PROPOSALS DUE
by 2:00 pm on Thursday, May 19, 2016
to
RFP 16-02 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 a 24 hour Residential Program with a Day Rehabilitation component for Alameda County Transition Age Youth (TAY), ages 18 through 24, who are experiencing serious mental illness (SMI) and who meet eligibility requirements for Medi-Cal.

BHCS will use this Request for Proposals (RFP) to establish a new contract with one provider who will provide the services in the specified areas. One proposal per Community Based Organization (CBO) may be submitted in response to this RFP.

Any contract that results 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 contract. 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.

BHCS intends to award one contract for a total annual allocation of \$1,201,820

B. BACKGROUND

Through Alameda County's Mental Health Services Act (MHSA) community planning stakeholder process in 2004, TAY have been identified as an underserved population and has, therefore, made MHSA funds available to develop and implement age appropriate specialized services. This same process led to the development of a TAY System of Care (SOC) whose responsibility is to ensure improved outcomes for youth, primarily ages 16 through 24 years old who have a Serious Emotional Disturbance (SED) or SMI, in making successful and seamless transitions toward self-sufficiency and independent living. These youth have substantial impairment in self-care, maintaining stable housing, school functioning, family relationships, and/or lack the ability to function in the community due to one or more mental health disorders.

Within the TAY SOC, BHCS contracts with fourteen community-based agencies located throughout the county to provide services such as crisis support, mental health counseling, case management, medication management, support groups, and housing. The goal of the TAY SOC is to keep youth in the community, reduce the need for expensive inpatient and psychiatric emergency services (PES) and increase/sustain self-sufficiency among this population.

Residential program, currently provided through a BHCS-contracted provider, provides TAY with short-term rehabilitative housing while they stabilize from acute episodes or settings. Out of the thousands of adults in Alameda County who are multiple users of PES, 15 percent are TAY and 65 percent of them reside in Oakland, Hayward, or San Leandro.

Recent and significant changes in health care policy and in response to a renewed commitment to reassess community needs, BHCS instituted an internal planning and review of its existing residential program to determine where service gaps exist to better meet the changing needs of TAY clients and the community while identifying opportunities to maximize revenue to promote sustainability. To further support the TAY's integration back into the community, this residential program RFP will also include a full-day rehabilitation which will focus on enhancing the youth's life skills and promote their educational and/or vocational goals.

In order to have a sustainable program model, BHCS expects the awarded Contractor to generate Medi-Cal revenue supported through billing of reimbursable services such as adult residential and day rehabilitation services. The projected revenue through Medi-Cal billing is included in the allocated program funding. Additional sources of funding for this program include Mental Health Block Grant First Episode Psychosis Set-Aside, which is used to support evidence-based programs that address the needs of individuals with early serious mental illness including psychotic disorders, and MHSA EveryOne Home Fund, a revolving fund used to provide a source of financial assistance to help BHCS consumers and their families move out of homelessness into stable housing and prevent them from becoming homeless. The fund is intended to help individual consumers obtain and maintain long-term, stable housing.

C. SCOPE

For purposes of this RFP, the TAY residential program shall serve Alameda County youth ages 18-24 of all genders who are diagnosed with SMI and who are Medi-Cal eligible. The short-term rehabilitative housing will have a minimum of thirteen beds and must be supervised 24-hours. The scope of work also includes delivering a full-day day rehabilitation for all TAY that are admitted into the residential program. Day rehabilitation will focus on providing case management and teaching life skills needed for TAY to become self-sufficient. The program will teach some of these skills on their own as well as partner with other programs for some life skill development issues (i.e., money management, meal planning and preparation, acquiring employment, etc.).

It is BHCS' expectation that the TAY Residential Program be designed to accomplish the following goals:

- Provide a welcoming environment for TAY who are stepping down from a psychiatric hospital, sub-acute, or crisis residential setting; TAY being referred by other TAY providers; and non-minor dependent TAY who are coming out of residential care;
- Provide services in an environment of inclusion and acceptance;
- Teach TAY life skills needed to become self-sufficient to assist them in making a successful transition to adulthood and achieving their goals in the domains of education, employment, housing, and community life;
- Assist TAY in developing lives in which they can achieve their treatment goals, build self-esteem, foster independence and thrive;

- Enable TAY to utilize the lowest level of mental health supports needed to progress toward developmental milestones;
- Assist TAY in identifying and building support systems with their family and/or community; and
- Provide transportation to and from appointments.

Admittance into the residential program is limited to the priority population who are ambulatory and are free of communicable diseases.

BHCS is seeking proposals that demonstrate Bidders' capability in providing services that are culturally and linguistically responsive and are clearly grounded with well-matched, feasible, evidence-based or promising practice models.

BHCS will allow for a startup period of a maximum of six months from the contract start date. The annual funding allocation is inclusive of startup funding. Bidders must include in their proposals a reasonable and realistic startup plan with timeline and justification of costs.

D. BIDDER MINIMUM QUALIFICATIONS

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

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

- a. Have at least two years of organizational experience providing services to adolescents and/or adults with SMI within the last four years;
- b. Have an established housing facility with capacity to provide 24-hour supervised 13 bed minimum housing program within Alameda County;
- c. Currently employ at least one Licensed Practitioner of the Healing Arts (LPHA); and
- d. Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last five years.

BHCS shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP. Proposals that exceed the contract maximum amounts and the County maximum rate or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, may be disqualified from moving forward in the evaluation process.

E. SPECIFIC REQUIREMENTS

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

- Obtaining mandatory licensure and certification prior to starting service delivery:
 - Social Rehabilitation Facility License from the California Department of Social Services, Licensing Division (see <http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/srfman.PDF> for regulations regarding Social Rehabilitation Facility licensing)
 - Certification for a Transitional Residential Treatment Program from the California Department of Health Care Services, Program Oversight, and Compliance branch
- Obtaining Medi-Cal Site Certification;
- Verifying Medi-Cal eligibility on a monthly basis;
- Assess client's ability to pay using the Uniform Method of Determining Ability to Pay (UMDAP) Schedule (for explanation of UMDAP, see link below <http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice98-13.pdf>);
- 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;
- Completion of the Adult Needs and Strengths Assessment for Transition Age Youth (ANSA-T) during the treatment plan review and update within 30 days upon direction from BHCS of an implementation date; and
- Data entry in a timely manner, as instructed, into the County's electronic information management and claiming system (currently InSYST).

Medi-Cal Billing, Clinical and Quality Assurance 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, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBHCS some of which are summarized here:
 - The Assessment shall establish medical necessity.
 - The Assessment shall incorporate all of the items included on the most current ACBHCS QA Regulatory Compliance Tool, in the most current ACBHCS Clinical Documentation Standards Manual, and per any changes as directed in ACBHCS QA memos.
 - Contractor 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.
 - The Treatment Plan shall incorporate all of the items included on the most current ACBHCS QA Regulatory Compliance Tool, in the most current ACBHCS Clinical Documentation Standards Manual, and per any changes as directed in ACBHCS QA memos.

- 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 and meet criteria for claiming for Medi-Cal.
 - The Progress Note shall incorporate all items included on the most current ACBHCS QA Regulatory Compliance Tool, in the most current ACBHCS Clinical Documentation Standards Manual, and per any changes as directed in ACBHCS QA memos.
 - Contractor shall record services in progress notes and in the BHCS data system with the correct procedure codes. Contractors shall deepen their understanding and use of these codes through outside trainings and/or study.
 - The current ACBHCS “Clinical Documentation Standards” manual may be found here: http://www.acbhcs.org/providers/QA/docs/qa_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf
 - Contractor shall be familiar with Federal, State and ACBHCS regulations and standards pertaining to claiming to Medi-Cal.
- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
 - Obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location’s property manager/owner. Upon expiration of a fire clearance, contractor shall send a copy of a new fire clearance certificate to the ACBHCS QA Office. Contractor understands that they may not operate at a site without a valid fire clearance.
 - Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. 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
 - Attend all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements;
 - Follow all ACBHCS policies and procedures in the ACBHCS Quality Assurance Manual: http://www.acbhcs.org/providers/QA/qa_manual.htm
 - Attend the monthly ACBHCS 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/providers/QA/docs/qa_manual/9-1_CQRT_MANUAL.pdf

See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm>

Bidders shall demonstrate their capability to fulfill the above requirements and ability to adhere and comply with all standards to implement these programs.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. *Clinical Understanding and Experience with Priority Population Needs*

The priority population for this RFP includes TAY of all genders and cultural, racial, and ethnicities who are either known to the BHCS or TAY SOC. These individuals will most likely be stepping down from acute settings such as PES, sub-acute, or crisis residential settings; referred by other providers; or are non-minor dependent TAY. Based on a recent BHCS data on service usage, the following table represents the ethnic breakdown and Medi-Cal eligibility of TAY who are receiving services.

FY 14-15 BHCS TAY Utilization Data			
Ethnic Summary		Client Insurance Summary	
African American	42%	Medi-Cal	72%
Latino	20%	Uninsured*	27%
Caucasian	20%	Medi-Medi	1%
Asian/Pacific Islander	9%	Medicare	0%
Native American	1%		
Other	5%		
Unknown	3%		

**Uninsured includes individuals who are Medi-Cal eligible but need application referrals or assistance, HealthPAC, pending SSI, Medi-Cal fall off, or Medi-Cal discontinued.*

These youth face multiple risk factors that become exacerbated when they become diagnosed with a SMI which, more often than not, is a recent diagnosis as this is a common period when psychosis first develops. The youth, as well as their family members, are grappling with how to adjust to changed circumstances, new demands, and uncertainties of what the future holds. Additionally, many struggle to become independent and self-sufficient after a psychiatric crisis.

This program will support TAY as they experience wellness and recovery by providing a place where they can increase independence, learn life skills, and promote self-sufficiency. Some clients will also be working with a case management team in the TAY SOC to assist them with their continued stabilization.

Bidders shall possess experience in working with clients stepping down from psychiatric hospitals, sub-acute, or crisis residential settings. They must also demonstrate experience with the race/ethnicity, culture and language characteristics of adolescents or adults needing intense case management and life-skills support to become self-sufficient. Through submittal of proposals, Bidders shall demonstrate experience with implementing similar programs with the priority population.

2. *Service Delivery Approach*

The program shall provide a 24-hour supervised housing program that is centered on intensive case management and skills development. The program shall be a short-term residential and day rehabilitation (full-day) placement with a maximum stay of six months.

In rare circumstances when a client needs to stay longer, the program will need approval from the TAY SOC Director.

Intensive case management shall include the following:

- Linkage and coordination with outside services that address the client needs such as housing, educational and/or vocational goals, physical health, etc.;
- Scheduling and transportation to and from appointments as needed; and
- Referring clients for benefits advocacy through the BHCS-contracted providers who will provide assistance with enrolling in and accessing benefits including Supplemental Security Income (SSI), Medi-Cal and/or other health insurance, nutrition/food programs, and other supplemental financial supports.

Bidders' day rehabilitation program shall teach TAY with life skills to become self-sufficient including utilizing public transportation, cooking, shopping, planning healthy meals, housekeeping, laundry, money management, registering for school or preparing to take the GED test, and organizing. The program shall also partner with other agencies to teach vocational and/or employment skills such as job search and workforce development skills. As required, it should clearly include the following service components: Daily Community Meetings, Therapeutic Milieu (Process Groups and Skill Building Groups), and Adjunctive Therapies.

Key program components shall include, but are not limited, to the following:

- Coordination to community-directed engagement activities and services for successful transition into the community;
- Use of the Integrated evidenced based practices, including but not limited to, Wellness Recovery Action Plan (WRAP), Cognitive Behavioral Treatment for Psychosis (CBTp), and Seeking Safety;
- Cultural sensitivity, which involves provider self-awareness of one's beliefs and attitudes about culture and acceptance of differences outside of one's culture;
- Inclusion of families and loved ones of those who utilize the residential program to support a care model that takes into account their needs;
- Use of trauma informed care to ensure the understanding of the neurological, biological, psychological and social effects of trauma, as well as the prevalence of these experiences in persons who receive mental health services; and
- Utilizing a community advisory board composed of consumers and family members to contribute to peer leadership and transforming the mental health system.

Services shall address trauma, stress and medication regimen adherence. Individual and/or group therapy should focus on developing new skills in these areas. For example, CBTp helps clients gain a better understanding of the triggers and maintaining factors associated with their symptoms by developing an individualized formulation that aids in treatment planning. Through CBTp, clients acquire new and helpful cognitive and behavioral skills, increasing their ability to manage their symptoms and improving their quality of life. Psycho-education groups covering the effects of behavior health symptoms are additional examples of group topics that may be considered.

The use of well-matched, feasible, evidence-based practices specifically designed for TAY/adults who live with mental illness are encouraged. Other models will be accepted if Bidder can demonstrate the applicability for the population and the evidence supporting its effectiveness.

The following resources may be used when formulating specific program models:

- WRAP: www.mentalhealthrecovery.com
- CBTp: www.feltonresearch.org
- Seeking Safety: www.seekingsafety.org
- Promising Practices Network: A Clearinghouse of promising practices and evidenced based programs for children and youth programs and service strategies www.promisingpractices.net

The awarded Contractor shall coordinate discharge planning among program case manager and client in collaboration with BHCS TAY SOC. The discharge process shall include:

- Discharge planning that begins within 21 days after intake and shall include discharge plans within the client's records and
- Collaborating with clients, on a minimum of bi-weekly basis, to assess functioning, attainment of treatment goals, level of treatment needs, discharge criteria, and discharge plan.

Bidders shall include in their proposal the provision of post-discharge services.

MHSA Everyone Home funds shall only be used to offset room and board fee obligations for clients who have limited income and are unable to pay the set rate. Bidders shall include in their proposal how they plan to determine and collect client participant fees to offset operating costs.

3. Planned Staffing and Organizational Infrastructure

Bidders should include in their proposal a staffing pattern that will provide residential services and meet the requirements for the delivery of full-day day rehabilitation that will allow for Medi-Cal billing. Residential staffing must be provided 24 hours a day, seven days a week with at least two staff on-site during the day and evening shifts and at least one staff person overnight who must stay awake and an additional staff person on-call. Bidder should include in their plan, how they plan to assign staff to cover admissions, day services, night services, screenings, assessments, client orientation, paperwork, client transitions, etc. It is BHCS' expectation that services be provided by a team that includes, at a minimum, one full-time equivalent (FTE) LPHA and sufficient staff assigned to the Day Rehabilitation component and Mental Health Rehabilitation Specialist, at least two of whom should have lived experience as a peer or family member. BHCS does not expect the program to include its own nursing or medical staff, but it expected that the successful Bidder will include in their plan how they will assist with coordinating the clients' medical care.

Services shall be provided by an organization with thoughtful operations in terms of infrastructure, staffing and hiring.

Through submittal of proposals, Bidders shall demonstrate their current and planned organizational infrastructure and staffing to successfully implement this program. Proposals must address the infrastructure and staffing needed to manage this program.

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;
- Capacity to provide 24-hour residential program services
- 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;
- Provider shall have the capacity to hire and retain staff in accordance with the needs of their 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;
- Conformance to regulations for Day Rehabilitation billing including lockouts (for regulations click the following links:
 - [https://govt.westlaw.com/calregs/Document/IFAD8E590DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IFAD8E590DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))
 - http://www.dhcs.ca.gov/services/MH/Documents/L03-03_MainLetter.pdf
 - http://www.dhcs.ca.gov/services/MH/Documents/IN_02-06_En1_DayTx.pdf.)
- Implementing EBPs with the highest fidelity to the program model;
- Bidder shall ensure staff are trained and certified to use specific tools such as ANSA-T and trained to enter data into BHCS data collection and reporting systems; and
- Bidder shall use Clinician's Gateway or their own Electronic Health Record system to enter client data. If bidder does not use Clinician's Gateway, bidder must develop and maintain 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

Should this RFP process result in a change of Contractor for this service, BHCS will assign a Project Manager to work with the contract awardee on the transition of client care, which includes but not limited to the following:

- Assessing for clients whose needs can be best met through more intensive and higher levels of care and facilitating referrals to those services;
- Evaluating clients who are ready to transition into the community, Wellness Centers or independent living situations; and
- Transfer of client files for those clients who will continue to receive residential services.

At this time, BHCS anticipates that any such transition of clients will be staged in a manner that appropriately address the clinical needs of current and newly referred consumers.

The Contractor shall work collaboratively with the BHCS Transition Age Team (TAT) who will be the sole source for residential referrals and shall participate in regular meetings to coordinate and share resources that best serve the individual needs of the TAY. In order to achieve program goals, Bidders are expected to have the ability to cultivate strong relationships with outside agencies, build off of current collaborations, and establish partnerships with new agencies or organizations.

The awarded Contractor shall work collaboratively with the following:

- Homeless Action Center or Bay Area Legal Aid to assist clients in enrolling into benefits including Supplemental Security Income (SSI), Medi-Cal and or other health insurance, nutrition/ food programs, and other supplemental financial supports;
- WRAP service providers participating in the client's treatment team consisting of Bidder's staff, educational and vocational counselors, and nursing and medical staff;
- TAY SOC TAT which includes participating in weekly TAT meetings at BHCS.

Bidders shall identify additional organizations, including nutrition/food programs and other supplemental financial supports, to partner or collaborate with to support clients in self-sufficient and achieving program goals. Bidders shall submit letters of support from all organizations they plan to partner with.

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 track data to ensure that client driven goals, objectives, and interventions in the treatment plan are achieved.

BHCS' TAY SOC is the first effort in the BHCS System to pilot the Results-Based Accountability (RBA)¹ framework to strengthen and increase data collection and improve contract performance. The RBA framework establishes performance measures which will allow BHCS to track the positive impact and benefits of services for the priority population by focusing on three critical questions: 1) How much work was done?; 2) How well was it done?; and 3) Is anyone better off?

Under the last critical question, Is Anyone Better Off, BHCS is asking that the awarded Contractor meet the following outcomes:

- 80 percent of clients shall be discharged to a place they call home² as tracked in ANSA-T and/or InSyst.
- As measured by the ANSA-T at discharge, 75 percent of clients shall have access to placement in a vocational or educational³ program at discharge.
- As tracked in the ANSA-T discharge summary, 90 percent of clients shall be successfully awarded financial benefits⁴ such as student Financial Aid, SSI, General Assistance, food/nutrition, and/or other supplemental financial supports before discharge.
- Within 12 months of enrollment in the program, 80 percent of clients shall have a medical home and have a last visit date with a primary care provider⁵ as tracked in the ANSA-T discharge summary.

¹ <http://resultsaccountability.com/about/what-is-results-based-accountability/>

² Residential Independence: shall be defined as any place or facility that the client considers home and is suitable for residence

³ Educational/Vocational Independence: shall be defined as client participation or completion of HS diploma, GED, college program or Vocational program

⁴ Financial Independence: shall be defined as the client having access and linkages to a stable source of income and money management skills to support living

⁵ Health and Wellness: shall be defined as clients being connected to primary care, mental health and social support programs

- As tracked in InSyst, 50 percent decrease in client use of psychiatric hospitalization and psychiatric emergency services (episodes and total number of days) six months post discharge compared to six months prior to program participation.

Contractor shall administer a client satisfaction survey at discharge using a BHCS-approved instrument.

Bidders need to describe in their proposal and their submitted budget:

- What the proposed program will achieve under the 1st and 2nd Critical Questions, and
- How they would ensure that the awarded program meet the above outcomes related to the 3rd Critical Question.

If required, County will provide technical training and support to the awarded Contractor around the RBA framework. BHCS reserves the right to set and negotiate number and percentage performance measure target levels after bids are submitted.

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 https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp 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	Wednesday April 13, 2016	
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 21, 2016	10:0 am - 11:30 am Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)
2 nd Bidders' Conference	Friday April 22, 2016	9:30 am - 11:00 am 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Canyon Room)
Addendum Issued	Thursday April 28, 2016	
Proposals Due	Thursday May 19, 2016 by 2:00 PM	
Review/Evaluation Period	May 20, 2016 – June 22, 2016	
Oral Interviews (as needed)	June 22, 2016	
Award Recommendation Letters Issued	June 29, 2016	
Board Agenda Date	September 2016	
Contract Start Date	September 1, 2016	

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 North American Industry Classification System (NAICS) Code: 623220 and 624310.

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. Bidders must complete and submit their proposal using the Fillable Forms Template⁶. 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 Excel 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.⁷

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

- Single spaced;
- Use 11-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. 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

⁶ The Fillable Forms Template was created using Adobe Acrobat Pro which is not compatible with Google Chrome. In order for the fillable fields to work properly, open the Template using other web browser such as Internet Explorer, Safari, etc.

⁷ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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.).

8. 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 calendar 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.
9. 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.
10. 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.
11. 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.
12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. 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 Templates (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 and ensure that responses conform to the page maximum for each section and sub-section indicated in Table 1. 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 adolescents and adults (with SMI);	
	b. Own, lease or have a long term rental agreement on the facility property. If the facility is leased or rented, the agreement must include that the owner acknowledges that the property will be used for a residential facility. The Bidder is required to maintain control of property at all times;	
	c. Currently employ, or include in planned staffing, at least one LPHA; and	
	d. Experience in billing Medi-Cal services through the County at least two years within the last five years.	
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	2

Section	Instructions	Page Max.
	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.	
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>Clinical Understanding and Experience with the Priority Population Needs and Service Delivery Approach</i> , including:	(8)
	i. Bidder's understanding of the priority population including: <ol style="list-style-type: none"> 1. Adolescents and adults with SMI; 2. Risk factors and challenges faced; 3. Age-related issues; and 4. Cultural issues that affect the service delivery. 	1
	ii. Bidder's experience working with the priority population that takes into account: <ol style="list-style-type: none"> 1. Working with adolescents and adults stepping down from a psychiatric hospital, sub-acute, or crisis residential setting; and non-minor dependent adolescents and adults; 2. Implementing and providing short term residential rehabilitative services to adolescents and adults; 3. Using evidence based practices and trauma informed care; and 4. Programming that is culturally responsive to the priority populations. 	1
	iii. Bidder's program design for the 24-hour residential that will address the following: <ol style="list-style-type: none"> 1. How will case management services, including linkage and coordination to outside services, transportation to appointments and referrals, be provided? 2. How will services be provided in a welcoming environment of inclusion and acceptance? 3. How will cultural and/or linguistic needs of the clients be supported within the services? 4. How will the crisis needs of the clients be addressed? 	1

Section	Instructions	Page Max.
	5. How will the services engage clients in: <ul style="list-style-type: none"> • Obtaining housing post discharge • Accessing educational and/or vocational programs • Supporting themselves financially • Maintaining a lifestyle that promotes physical and mental health while utilizing the lowest level of mental health supports 6. How will linkage to primary care be addressed in the program design?	1
	7. How will services support TAY in successful transition into the community? Include how they will apply rehabilitation services and acquired life skills to become self-sufficient. 8. Describe discharge planning process. Include when and how this will take place.	1
	9. How will services assist adolescents/adults in identifying and building support systems with their family and/or community? 10. 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? 11. How will weekly schedules be made available to family, caregiver or significant support person?	1
	iv. Identify any proposed evidence-based practices that address trauma, stress and medication regimen adherence. Include in your response the plan for monitoring and implementing fidelity to the program model.	1
	v. Describe proposed programming by attaching four weekly schedules that meet Residential and Day Rehabilitation requirements (include in proposal as Attachment 1A). Include the following: <ol style="list-style-type: none"> 1. Curricula/service 2. Group types 3. Adjunctive Therapies as appropriate 4. List staff who will deliver each curricula/service 5. Hours and days 6. Extra Curricula Activities 7. Written Program Descriptions 	N/A
	vi. Describe your plan for determining and collecting client participant fees for room and board costs. Include in your response how you will use the MHSA Everyone Home funds to subsidize clients that cannot pay full room and board fee. <i>(Program cannot charge</i>	1

Section	Instructions	Page Max.
	<i>clients more than \$700 per month in room and board fees.)</i>	
	b. Describe, in detail, Bidder's Planned Staffing and Organization Infrastructure , including:	(9)
	i. Bidder's planned staffing structure that meets the requirements and guidelines of residential and rehabilitation services including: <ol style="list-style-type: none"> 1. The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff. (Use the Fillable Forms Template to complete and submit this information.) 	4
	<ol style="list-style-type: none"> 2. Staffing chart (include in proposal as Attachment 2A). 	N/A
	<ol style="list-style-type: none"> 3. Plan for hiring/recruiting, training, supporting and maintaining the following staff: <ul style="list-style-type: none"> • LPHA • Mental Health Rehabilitation Specialists • Advisory Board 	1
	ii. Bidder's planned organizational infrastructure, including: <ol style="list-style-type: none"> 1. How staff will be prepared to provide culturally responsive services; 2. Capacity to provide access to continuous training and support to staff within the organization; 	1
	<ol style="list-style-type: none"> 3. Adherence to documentation standards; <ul style="list-style-type: none"> • What is your experience with Medi-Cal documentation? • How often are charts reviewed and what elements are being reviewed? 	1
	<ol style="list-style-type: none"> 4. Ability to provide residential services (i.e., kitchen facility, how food will be sourced, etc.); and 	1
	<ol style="list-style-type: none"> 5. Proposed site for the 24-hour residential program that address the following: <ul style="list-style-type: none"> • Identify location of proposed site; • Describe how proposed site meets State residential and rehabilitation requirements, including size, rooms, facilities, and accessibility to public transportation. • Compliance with American Disability Act (ADA) requirements • Include a simple scaled floor plan of the facility (include in proposal as Attachment 2B). 	1

Section	Instructions	Page Max.
	<p>c. Describe, in detail, Bidder’s ability and experience <i>Forming Partnerships and Collaboration</i>, including:</p> <p>i. Describe the Bidder’s experience in cultivating relationships with the following groups to integrate services into the client plan:</p> <ol style="list-style-type: none"> 1. WRAP service providers; 2. Housing service providers; 3. BHCS; 4. Employment/Vocational service providers; 5. Mental health and primary care; 6. Adolescent and adult support service providers; and 7. Other service agencies. <p>ii. How does the Bidder plan to apply the experience described in 6.C.i. in the context of running a 24-hour residential program?</p> <p>iii. Describe existence of established partnership/s or ability to cultivate strong relationships with community-based providers by attaching letters of support. Letters should be provided on agency letterhead and include authorized signature/s. See Appendix C for sample format. (Include in proposal as Attachments 3A).</p>	2
	<p>d. Describe, in detail, Bidder’s Experience and Plan to <i>Track Data and Outcomes</i>, including Bidder’s plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specific to the following:</p> <ul style="list-style-type: none"> • Who will track the data? • Using the RBA framework, describe the following: <ul style="list-style-type: none"> ○ What the proposed program will achieve under the 1st and 2nd Critical Questions? ○ How you would ensure that the awarded program meet the specified outcomes related to the 3rd Critical Question? • How will client-driven input and opinions be integrated in the program evaluation and planned outcomes? 	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 <i>EXHIBIT B-1: BUDGET WORKBOOK</i> (saved in MS Excel).</p> <p>See <i>EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS</i> in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p>	3 (in addition to the Exhibit B-1: Budget Workbook)
	<p>c. Bidder’s detailed <i>Budget Narrative</i> to explain the costs and calculations in the <i>B-1: BUDGET WORKBOOK</i>.</p>	2

Section	Instructions	Page Max.
	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: <ol style="list-style-type: none"> 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs 5. Revenue 	
	ii. Describe in detail your costs and calculations during the Start-up Period.	1
8. IMPLEMENTATION SCHEDULE AND PLAN	Use the Fillable Forms Template to complete and submit the following:	N/A
	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: Site Build out; Staff hiring, Training, Supervision, Program Fill-up and Program Evaluation.	3
	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
	EXHIBIT C: INSURANCE REQUIREMENTS	
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment and Suspension) 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 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 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

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete Meets/Does Not Meet Minimum Qualification Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete. Additionally, bid responses that do not conform to the page limitations in Table 1, will be rated a Fail in the Evaluation Criteria and will receive no further consideration.	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. Own, Lease or Have Long Term Rental Agreement on the Facility Property. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	c. Currently Employ or Plan to Employ at least one LPHA. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	d. Two Year Experience in Medi-Cal Billing through the County within the last five years. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		

5. ORGANIZATIONAL CAPACITY AND REFERENCES	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
	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>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 services; 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. 	3
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 Clinical Understanding, Experience with Priority Population Needs and the Service Delivery Approach.		(32) Section Subtotal
	i. Clinical Understanding of the Priority Population	<ul style="list-style-type: none"> How well does Bidder demonstrate clinical understanding of the following: <ul style="list-style-type: none"> Adolescents and adults with SMI (or SED); Challenges and barriers faced by the population; Age-related needs; and Cultural issues that impact treatment plan. 	3

	<p>ii. Experience with Priority Population</p>	<ul style="list-style-type: none"> • How well does Bidder demonstrate experience working with adolescents and adults stepping down from a psychiatric hospital, sub-acute, or crisis residential setting, and non-minor dependents? • How well does the Bidder demonstrate experience implementing and providing short term residential rehabilitative services to adolescents and adults? • How well does the Bidder demonstrate experience using evidence based practices and trauma informed care? • How well does the Bidder demonstrate experience programming that is culturally responsive to the priority populations? 	4
	<p>iii. 24-Hour Residential Program Design</p>	<ul style="list-style-type: none"> • How well does Bidder explain case management services to be provided that includes linkage and coordination to outside services, transportation to appointments, and referrals? • How well does Bidder describe their plan for providing a welcoming environment of inclusion and acceptance? • How well does Bidder take into consideration the cultural and/or linguistic needs of the clients be supported within services? • How responsive is Bidder to the crisis needs of the clients? 	4
		<ul style="list-style-type: none"> • How well does the proposed model keep the clients engaged in: <ul style="list-style-type: none"> ○ Obtaining housing post discharge ○ Accessing educational and/or vocational programs ○ Supporting themselves financially ○ Maintaining a healthy lifestyle that promotes physical and mental health while utilizing the lowest level of mental health supports 	4

		<ul style="list-style-type: none"> • How well does Bidder plan address linkage to primary care? 	
		<ul style="list-style-type: none"> • How well does Bidder describe services that will support TAY in successful transition into the community? • How well does Bidder describe their discharge planning process? 	3
		<ul style="list-style-type: none"> • How well does the Bidder's proposed program assist adolescents/adults in identifying and building support systems with their family and/or community? • How well does Bidder include family members or loved ones in creating a support care model while acknowledging and addressing the challenges that go along with it? 	3
	iv. Evidence Based Practices	<ul style="list-style-type: none"> • How well-matched are proposed practices 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 24-hour residential program? • How well does the Bidder integrate rehabilitative services within its residential program? • How well does the proposed schedule conform with full-day rehabilitation requirements including: <ul style="list-style-type: none"> ○ Meeting the minimum four hours a day of services? ○ Service components such as Daily Community Meetings, Therapeutic Milieu (Process Groups and Skill Building Groups), and Adjunctive Therapies? • How well does the Bidder assign the appropriate staff to deliver the required services? 	5

		<ul style="list-style-type: none"> How well does the schedule for the needs of the priority population? 	
vi.	Client Participant Fees	<ul style="list-style-type: none"> How well does the Bidder describe their plan for determining and collecting client participant fees? How well does the Bidder utilize the MHS/EAHSA Everyone Home funds to offset room and board costs for clients who have limited income? 	3
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 and Organizational Infrastructure.		(21) Section subtotal
i.	Planned Staffing Structure	<ul style="list-style-type: none"> How well does the Bidder plan for staffing to meet the State requirements for Day Rehabilitation and residential program? How appropriate does the Bidder assign the roles and responsibilities of all staff? 	4
		<ul style="list-style-type: none"> How clearly does the Bidder explain their planned structure in the attached staffing chart? 	2
		<ul style="list-style-type: none"> How well and realistic is Bidder's plan for hiring, training supporting, and maintaining the following staff: <ul style="list-style-type: none"> LPHA MHRS Advisory Board 	2
ii.	Organizational Infrastructure	<ul style="list-style-type: none"> How well does the Bidder's plan for training staff on cultural responsiveness meet the needs of the priority population? How well does Bidder demonstrate capacity to provide access to continuous training and support for staff within the organization? 	3
		<ul style="list-style-type: none"> How realistic and feasible is the Bidder's experience, plan and capability to adhere to Medical documentations standards and requirements? How well does the Bidder allocate sufficient resources to ensure the quality of care and the prevention of audit findings? 	3

		<ul style="list-style-type: none"> • How well does the Bidder demonstrate resourcefulness in providing residential services? 	2
		<ul style="list-style-type: none"> • How well-matched is the Bidder's identified location with the service area included in the RFP? • How well does Bidder explain planned conformance to the State residential and rehabilitation requirements including size, rooms, facilities, and accessibility to public transportation? • How well does the Bidder describe compliance with ADA requirements? • How well does Bidder's proposed floor plan meet the requirements of the RFP? 	5
	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, Applying Experience, and Letters of Support:		(8) Section subtotal
	i. Partnerships and Collaboration	<ul style="list-style-type: none"> • How well does Bidder describe their experience in cultivating relationships with the following groups to integrate social service, physical health, legal services, etc., into the client plan: <ul style="list-style-type: none"> ○ WRAP service providers; ○ Housing service providers; ○ BHCS; ○ Employment/vocation and educational service providers; ○ Mental health and primary care; ○ Adolescent and adult support service providers; and ○ Other service agencies? 	3
	ii. Applying Experience	<ul style="list-style-type: none"> • How well does Bidder apply prior experience partnering and collaborating with agencies in the context of a residential program? 	2
	iii. Letters of Support	<ul style="list-style-type: none"> • How well do the letter(s) of support demonstrate established relationship(s) or Bidder's ability to cultivate strong relationships with community-based provider(s)? 	3

		<ul style="list-style-type: none"> How well do the letter(s) of support describe referrals and/or coordination of services? 	
	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 the Bidder's proposed outcomes meet the RBA framework around: <ul style="list-style-type: none"> What the proposed program will achieve under the 1st and 2nd Critical Questions? How well Bidder would ensure that the awarded program meet the specified outcomes related to the 3rd Critical Question How well does Bidder describe how client-driven input and opinions be integrated in the program evaluation and planned outcomes? 	4
	<p>The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how the Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.</p>		(14) Section subtotal
7. Cost	a. Cost Co-Efficient	<ul style="list-style-type: none"> Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \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 c. 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? 	6

		<ul style="list-style-type: none"> • How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder “show the work”? 	
		<ul style="list-style-type: none"> • How reasonable and realistic is Bidder’s justification of their Start-up Period costs? 	3
8. Implementation Schedule and Plan	a. Implementation Plan Review	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How realistic does Bidder account for timeline to complete each specified milestone? 	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? 	3
Exhibits	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
Oral Interview, if Applicable	Criteria are created with the CSC/Evaluation Panel.		10
Preference Points, if Applicable	SLEB		5%
	Local (not SLEB certified)		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 Contractor.
5. The County has the right to decline to award a contract 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 recommended for award. The successful Bidder may request a copy of the Master Agreement template from the BHCS RFP 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 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 upon written request 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.

M. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, will be one year and may be renewed thereafter, contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS.

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) T	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.
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
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
Cognitive Behavioral Treatment for Psychosis (CBTp)	A type of time-limited talking therapy that aims to help people look at the way they think and behave in order to better manage symptoms, problems and difficulties they are experiencing. The approach focuses on reducing distress and functional deficits associated with psychotic symptoms and helps individuals appraise their experiences in new, and more helpful, ways.
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
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
Cultural Sensitivity	Is a set of skills that enables one to learn about and get to know people who are different from them, thereby coming to understand how to serve them better within their own communities
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
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.
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
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
Results Based Accountability (RBA)	Also known as Outcomes-Based Accountability™ (OBA), is a disciplined way of thinking and taking action that communities can use to improve the lives of children, youth, families, adults and the community as a whole. RBA is also used by organizations to improve the performance of their programs or services. Developed by Mark Friedman and described in his book <i>Trying Hard is Not Good Enough</i> , RBA is being used throughout the United States, and in countries around the world, to produce measurable change in people’s lives.
Seeking Safety	An evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.
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
System Of Care	For the purposes of this RFP, SOC refers to Transition Age Youth (TAY) SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for 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
Transition Aged Youth (TAY)	For purposes of this RFP, refers to youth ages 18 through 24 years old.
Trauma Informed Care	An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

<p>Unserved Underserved</p>	<p>or</p>	<p>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.</p>
<p>Wellness Action (WRAP)</p>	<p>Recovery Planning</p>	<p>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</p>

B. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from you agency
<p>Data Collection Provider Relations (800) 878-1313</p> <p>Training Available upon Request and as needed</p>	<p>This is the first training that individuals and organizational representatives should attend to learn the flow of InSyst client service data. Data Collection training provides guidelines for client data collection and data entry. It is a critical component of a provider's contract with ACBHCS.</p>	<ul style="list-style-type: none"> • InSyst System-Overview • Client Referrals • Verifying Client Eligibility- Overview • Client Registration • Client Episodes • Service Entry-Direct, Indirect, MAA, FSP etc. • Disallowed Claims System • CSI Information • Invoicing and Deadlines • InSyst Reports • Reference Information/Terms and Definitions 	<p>Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>Medi-Cal Eligibility Verification Provider Relations (800) 878-1313</p> <p>Training Available upon request and as needed</p>	<p>This training teaches the methods and process of verifying client's eligibility. It is the responsibility of the provider to determine Medi-Cal eligibility for all clients on a monthly basis.</p>	<ul style="list-style-type: none"> • Terminology • How to Verify Medi-Cal Eligibility- Internet • How to Verify Medi-Cal Eligibility- AEVS • MMEF Process • Medi-Cal Claim Process • Error Correction Report • SOC Procedures • Provider Responsibilities and Expectations 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>InSyst Training Information Systems (510) 567-8181</p> <p>Training is scheduled on an as needed basis</p> <p>To enroll in training complete a User Authorization Form available online at:</p>	<p>This is a hands on training for learning how to navigate and input client information into the InSyst system.</p>	<ul style="list-style-type: none"> • Navigating through InSyst • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from you agency
www.acbhcs.org/providers/Insyst/Insyst.htm			
<p>Medi-Medi Documentation Trainings Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides information on required clinical documentation and assists providers in their Compliance efforts.</p>	<ul style="list-style-type: none"> • Clinical documentation • Coding • Timelines • Staffing 	<p>Management/ QA Staff, direct service staff, as determined by the Mental Health Plan</p>
<p>Clinical Quality Review Team (CQRT) Ongoing Training Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides a year-long commitment for providers. The group meets once per month for three hours, to review charts for compliance with Medi-Medi Documentation Standards, best clinical practices, and to authorize services.</p>	<ul style="list-style-type: none"> • Medical Necessity • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes 	<p>Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.</p>

C. SAMPLE LETTER OF SUPPORT

DATE

RFP #16-02 c/o Edilyn Dumapias
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Re: *[Bidder Name]* & *[RFP Name]*

To the members of the Evaluation Panel (also known as County Selection Committee):

It is my pleasure to write a letter in support of the proposal that *[Bidder Name]* submitted to Alameda County Behavioral Health Care Service in response to Request for Proposal for TAY 24-hour Residential Program.

[Include information about your relationship/knowledge of need and how the proposed program will address it.]

[As a partner/collaborator, include information about your organization's role in the project as a supporter.]

[Include relevant organization history and demonstrated examples that you have personally experienced of why this Bidder is the best candidate for this RFP and how you feel they can impact positive TAY outcomes if awarded the contract.]

[Conclude with any summary thoughts and final statements of support including why this program is important and needed.]

Sincerely,

[Signature]
[Name]
[Title]
[Organization Name]