



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) # 13-07
SPECIFICATIONS, TERMS & CONDITIONS
for
EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) EXPANSION
(II.B.)**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Time	Covering Priority Program	Location
Monday July 22, 2013		
9:00 to 11:00 am	School-Based Services	BHCS 1900 Embarcadero Cove Suite 205 Wildcat Canyon Room Oakland, CA 94606
11:15 am to 1:15 pm	Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County	
1:30 to 3:30 pm	Recreation, Education, Arts, Career and Health (REACH) Ashland Youth Center Behavioral Health Partnership Program	
3:45 to 5:45 pm	Transition Age Youth (TAY) Santa Rita Mental Health Program	
Tuesday July 23, 2013		
9:00 to 11:00 am	School-Based Services	Public Works 951 Turner Court Room 230 ABC Hayward, CA 94545
11:15 am to 1:15 pm	Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County	
1:30 to 3:30 pm	Recreation, Education, Arts, Career and Health (REACH) Ashland Youth Center Behavioral Health Partnership Program	
3:45 to 5:45 pm	Transition Age Youth (TAY) Santa Rita Mental Health Program	

PROPOSALS DUE by 2:00 pm August 29, 2013

to

**RFP #13-07 c/o Zandra Washington
1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

Proposals received after this date/time will NOT be accepted

Contact: Zandra Washington

Email: zwashingt@acbhcs.org Phone: 510.383.2872

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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 mental health services for Alameda County children and youth who meet eligibility requirements for full-scope Medi-Cal and who meet medical necessity criteria for Early Periodic Screening Diagnosis Treatment (EPSDT) for the Transition Age Youth (TAY) Santa Rita Jail Mental Health Program.

BHCS will use this Request for Proposals (RFP) to expand EPSDT Medi-Cal services address existing gaps in services, expand services to meet the needs of Alameda County's diverse populations and improve the quality of services.

BHCS is also concurrently issuing RFPs for School-Based Services; Culturally and Linguistically Responsive Services to Asian and Southeast Asian Children in Central County; Recreation, Education, Arts, Career and Health (REACH) Ashland Youth Center Behavioral Health Partnership Program.

Though Bidders may submit separate proposals within each of the priority program categories, BHCS strongly urges Bidders to carefully consider their organization's capacity to fulfill the contractual requirements if awarded more than one contract.

BHCS shall notify contract awardees should it be necessary to adjust the amount of the funding available for contract. Any contracts that result from this RFP process will be rate-based and pro-rated for the fiscal year at contract start date.

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

In the event that one Bidder is recommended for multiple awards in this process, BHCS will evaluate Bidder's capacity to substantially expand its infrastructure to meet the program timelines and contract deliverables.

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

Priority Program Category: TAY Santa Rita Jail Mental Health Program

BHCS intends to award one contract to one contractor for the TAY Santa Rita Jail Mental Health Program for full-scope Medi-Cal/EPSDT eligible youth between the ages eighteen and twenty-one years who are transitioning from Santa Rita Jail to the community. The maximum contract amount for this program is \$500,000.

Bidders that propose to provide this service must adhere to all of the following:

- **Bidders may not approach, lobby or contact Santa Rita or Court Advocate Program (CAP) staff;**

- **Bidders may not submit letters of support in proposals from Santa Rita or CAP staff;**
- **Bidders may not list Santa Rita or CAP staff as current or former references.**

B. BACKGROUND

The EPDST Medi-Cal benefit has been a requirement of the federal Medicaid program since its inception in 1966. EPSDT provides a range of specialty mental health services for children and youth, ages zero through twenty-one who meet medical necessity and income criteria.

The majority of funding for the priority program categories described in this RFP is provided through trailer bill language associated with Local Revenue Fund 2011 (Realignment) dollars, which provides \$6.3 billion to local governments, primarily counties, to fund criminal justice, mental health and social services programs.

BHCS determined population needs by analyzing data from BHCS' Children's System of Care (SOC), BHCS' Acute Crisis Care and Evaluation for System-Wide Services (ACCESS) and BHCS' Decision Support unit. Based on data, BHCS designated a portion of the funding to expand services that address the unmet needs of Alameda County's diverse populations, specifically services to children and youth in under or un-served schools and geographic areas, children and families that require linguistically specific services and youth who are at-risk for involvement with, or who are already involved in the criminal justice system.

Santa Rita Jail is located in Dublin and holds about 4,000 inmates at any given time. It is estimated that sixteen percent of persons who have been incarcerated live with serious mental illnesses (SMI). Of those inmates, many are between the ages of eighteen to twenty-one; an estimated 80% of those inmates are eligible for Medi-Cal.

To help address the number of individuals who are incarcerated and living with SMI, the County developed the Court Advocacy Program (CAP)¹. CAP works to offer services to and refer persons living with SMI who are involved with Alameda County's criminal justice system to appropriate community-based mental health, substance abuse and social services programs to promote wellness and recovery and reduce incarceration and recidivism.

CAP provides community-based mental health services, which include mental health assessment, medication management, crisis intervention and after-care planning. CAP's clinicians work with courts to set early release or reduce sentences and help to prescribe provisions of services as an incentive for offenders who are mentally ill to obtain mental health treatment.

The TAY SOC is composed of fourteen programs throughout Alameda County. Many of the programs provide case management, mental health services, such as individual and group therapy, medication support, crisis intervention and housing support. The TAY SOC utilizes the Transition Age Team (TAT) to support a seamless integration of service by reviewing referrals to best serve individual need. TAY service providers meet, coordinate and share resources during TAT meetings on a weekly basis.

¹ Visit http://www.askferc.org/uploads/docs/resources/alameda_cty-court_advocacy_project_guide-2008.pdf for more information.

Incarceration causes a disruption in the lives of TAY and while there are programs to which CAP may refer adults post-release, there are fewer resources for TAY. BHCS is developing this program to extend the Santa Rita Jail Mental Health Unit and CAP services beyond incarceration to address the specific needs of TAY being released from Santa Rita Jail.

C. SCOPE

Contracts awarded through this RFP shall be used to provide EPSDT billable services in the priority program categories to the described priority populations.

Any awarded contract must be self-sustaining, meaning that each program must bill for enough services to cover the costs of the program. BHCS prefers that Bidders have experience documenting and billing to Short-Doyle Medi-Cal² standards. Providers must demonstrate the capability to document and bill to Short-Doyle Medi-Cal standards.

BHCS is seeking proposals that demonstrate Bidders' capability in providing services that are culturally and linguistically responsive, child and youth-centered, family focused, empowering to children, youth and families and clearly grounded in well-matched, feasible, evidence-based or promising practice models.

BHCS is seeking proposals that demonstrate the Bidder's capability to provide time limited mental health and case management services to TAY exiting Santa Rita Jail that reduce recidivism and criminogenic risk factors; increase education and/or employment readiness/attainment; and decrease behavioral health symptoms. The program shall include peer-led services and benefits advocacy to ensure TAY are re/enrolled in Medi-Cal.

D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS

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 the priority population(s) within the last five years;
- b.** Currently employ at least one Licensed Practitioner of the Healing Arts (LPHA); and
- c.** Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS.

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, shall be disqualified from moving forward in the evaluation process.

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. BHCS will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications, and these disqualified proposals will not be

² Short-Doyle billing experience is defined as meeting all of the following:

- At least two years' experience settling to cost;
- Subject to State EPSDT audits;
- Direct entry of provider data into INSYST or alternative system; and
- Demonstrated experience following/complying with Medi-Cal Quality Assurance guidelines

evaluated by the County Selection Committee (CSC)/Evaluation Panel and will not be eligible for contract award under this RFP.

E. SPECIFIC REQUIREMENTS

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

- Plan for and implement for continuous training and quality improvement on cultural and linguistic responsiveness;
- Verify Medi-Cal eligibility on a monthly basis;
- Have sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients;
- Have sufficient quality assurance infrastructure;
- Enter data in a timely manner, as instructed, into an information management system (currently InSYST);and
- Administer the Community Functioning Evaluation (CFE) form via Clinician's Gateway for each client at case opening, at six-month review of the treatment plan and at case closing. School-based providers are required to administer the CFE at the end of the school year.

Medi-Cal Billing Requirements

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

- Independently adhere to all Medi-Cal documentations standards, including Assessment, Treatment Plans and Progress Notes, which are in compliance with the standards set forth by Medicare and Medi-Cal, as well as the policies of BHCS.
 - The format of the Assessment shall establish medical necessity.
 - It shall also incorporate all of the items of the current QA Regulatory Compliance Tool.
 - Providers must stay current with all changes in Assessment requirements and adopt those changes.
 - The format of the Treatment Plan shall be structured in a manner that allows for client-driven goals, objectives and interventions.
 - It must also incorporate all of the items of the current QA Regulatory Compliance Tool: See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm> and the Memo: http://www.acbhcs.org/providers/QA/docs/2012/Master_Contract_Provider_Memo_Changes_New_Requirements.pdf
 - In addition, providers must stay current with all changes in Treatment Plan requirements and adopt those changes.
 - The format of a Progress Note shall provide a structure in compliance with Medi-Cal documentation standards.
 - The format of the Progress Notes must allow for the documentation of services in a manner that meets the criteria to submit claims to Medicare and Medi-Cal. See Memo for more information: http://www.acbhcs.org/providers/QA/General/Progress_Note_Memo.pdf
- Services must be recorded in case notes and in the BHCS data system with the correct procedure codes.
 - All new providers will be provided with introductory training on the use of these codes. Providers shall to deepen their understanding and use of these codes through outside trainings and/or study.

- Bidders shall attend all required training and documentation activities in order to appropriately and successfully bill to Medi-Cal.
- Bidders shall demonstrate their understanding of and plan for providing Medi-Cal funded services. These activities include, but are not limited to, the following:
 - Obtaining a current and valid fire clearance from the local fire department for the program site address or obtaining a copy of the current and valid fire clearance from the program location's property manager/owner;
 - Program sites that meet the minimum requirements as set forth in CCR, Title 9 and the DHCS contract, Exhibit A, Attachment 1, Section k and Exhibit E. All contracted and County-operated program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Providers must 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;
 - Attendance of all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements here: [Medi-Cal Requirements](#);
 - Follow all QA policies and procedures: and documentation standards: <http://www.acbhcs.org/providers/QA/QA.htm>;
 - Attend the monthly Clinical Quality Review Team (CQRT) group meetings for the first year of contract. CQRT requires one LPHA to attend per seven charts that are reviewed. Find the updated CQRT manual here: <http://www.acbhcs.org/Docs/docs.htm#RFP>.

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

a. Priority Population and Program Design

The scope of work requires that services include time-limited mental health treatment and intensive case management services to TAY being released from Santa Rita Jail for a non-violent misdemeanor or a non-serious felony, which have been referred by Alameda County CAP. Sex offenders may be referred to this program, depending on the nature of the crime.

Services shall include benefits advocacy to assist clients in obtaining and re/enrolling in Medi-Cal benefits, which may have been “switched off” during incarceration. Benefits advocacy shall also include assistance with other public benefits for which clients are eligible.

The program design must include the two teams with the capacity to provide services to a minimum of twenty clients for a total program capacity of forty clients at any given time. CAP staff shall conduct initial assessments and share information with the service provider to facilitate coordinated individualized services.

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

- An initial assessment, using a reputable tool, such as the Adult Needs and Strengths Assessment (ANSA). The ANSA is a tool used to help structure the treatment planning and review process;
- Community-directed engagement activities and services for successful reentry into the community;
- Use of the Integrated Co-Occurring Disorder Treatment continuum (ICDT), which utilizes evidence based practice to treat co-occurring disorders;

- Cultural sensitivity, which involves provider self-awareness of one's beliefs and attitudes about culture and acceptance of differences outside of one's culture;
- 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.

Successful strategies have shown that multiple treatments addressing trauma, stress, medication adherence and building new skills have been effective in decreasing criminal justice involvement and behavioral issues³. Best practices indicate the use of timely screening, comprehensive assessment and specific clinical interventions, such as Motivational Interviewing (MI) and Cognitive Behavioral Treatment (CBT). CBT is a psychotherapeutic approach, which addresses dysfunctional emotions, maladaptive behaviors and cognitive processes through a number of goal-oriented, systematic procedures. Motivational interviewing is a semi-directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence.

Services shall address trauma, stress and medication regimen adherence. Individual and/or group therapy should focus on developing new skills in these areas. Psycho-education groups covering the effects of substance use and other behavior health symptoms are additional examples of group topic that may be considered. Some examples of group skill development include mindfulness training to reduce stress and anxiety, problem solving skills using the Activating, Beliefs Consequences (ABC)⁴ model from CBT. The ABC Model is one of the most famous cognitive behavioral therapy techniques for analyzing thoughts, behavior and emotions. The ABC Model asks clients to record a sequence of events in terms of: Activating Event (also sometimes described as a "Trigger"); Beliefs (for example, the thoughts that occur to one when the Activating Event happens) and Consequences (how one feels and behaves when particular beliefs are held).

The use of well-matched, feasible, evidence-based practices specifically designed for TAY/adults who live with mental illness and are involved in the criminal justice system are encouraged. One example of a trauma-focused treatment model that may be incorporated into services is the Trauma Affect Regulation: Guide for Education and Therapy (TARGET). TARGET is a concurrent treatment of posttraumatic stress disorder (PTSD) and substance use disorders (SUD). In brief therapy form, clients receive weekly sessions for twelve weeks. 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:

- National Registry of Evidence Based Programs: Substance Abuse Mental Health Services Administration www.nrepp.samhsa.gov
- Promising Practices Network: A Clearinghouse of promising practices and evidenced based programs for children and youth programs and service strategies www.promisingpractices.net
- Reclaiming Futures Model: <http://reclaimingfutures.org/>

The following Medi-Cal billable activities shall be provided to clients:

³ Morgan, R. D., Flora, D. B., Droner, D. G., Miles, J. F., Varghese, F., & Steffan, J.S. (2011). Treating offenders with mental illness: A research synthesis. Law and Human Behavior.

⁴ <http://www.davidbonham-carter.com/cbt-techniques.html>

- Brokerage/Intensive Case Management to each client as needed to reintegrate clients into the community;
- Collateral to each client as needed;
- Evaluation to each client as needed;
- Assessment and continual re-assessment to each client as needed;
- Plan Development and monitoring to each client as needed;
- Individual Therapy to each client, with a focus on rehabilitation;
- Collateral Family Groups to each client/family, as needed;
- Family Therapy to each client and family, as needed, with a focus on rehabilitation;
- Group Therapy for skill development;
- Outreach to ensure youth engagement;
- Benefits advocacy; and
- Crisis Intervention to clients as needed.

Through submittal of proposals, Bidders shall demonstrate their understanding of the priority population(s) and capability to utilize well-matched model(s) to implement this program.

b. *Experience with Priority Population Needs and Service Delivery Approach*

The scope of work requires that the service provider have knowledge of and experience with TAY and the impact of involvement in the criminal justice system at this life stage.

Through submittal of proposals, Bidders shall demonstrate experience with implementing similar programs with similar priority population(s). Bidders must also demonstrate experience with the race/ethnicity, culture and language characteristics of the TAY population at Santa Rita jail.

c. *Planned Organizational Infrastructure and Staffing*

The scope of work requires that services be provided by two teams, including, at minimum, two full-time equivalent (FTE) licensed clinicians; three FTE peer case advocates, who may be experienced paraprofessional and/or consumers of mental health services; and one FTE benefits specialist.

Peer case advocates shall meet with the youth to facilitate community connections and provide peer support or skill development groups. The benefits specialist shall help clients re/enroll in benefits. Services may include pre-licensed individuals, in addition, but not in lieu of, paid staff minimums. These positions represent the minimum requirements.

Services shall be provided by an organization with thoughtful operations in terms of infrastructure, staffing and hiring. Services shall be provided by an organization that has the appropriate infrastructure for clinical supervision, authorization of services, quality assurance of Medi-Cal documentation standards, as well as technology and support to collect and analyze data. The provider shall have the capacity to hire and retain staff in accordance with the needs of their clients. Providers shall ensure that each staff and any pre-licensed staff have appropriate and regular supervision with a seasoned licensed supervisor.

Services shall be community-based, meaning the provider shall offer flexible service hours and appointments based on client need. Services shall be provided in the community, as needed, with the ability to literally meet the client “*where they are at*”, meaning that services may occur outside of the service provider’s office (e.g. in client’s home). However, the service provider shall have office space within Alameda County in a public transportation accessible area.

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.

d. *Forming Partnerships and Collaboration*

The scope of work includes a requirement that the provider identifies and collaborates with organizations that currently serve TAY and/or criminal justice involved TAY. Additionally, providers shall form partnerships with existing agencies to supplement the program, such as, but not limited to the Family Education Resource Center (FERC) and housing agencies.

The service provider shall participate in weekly TAT meetings to review the individual strengths and needs of each client. In addition, the service provider may work with TAT to request further treatment beyond the expected treatment duration.

Through submittal of proposals, Bidders shall demonstrate their experience with and plan to form partnerships and collaborations to successfully implement this program.

e. *Ability to Track Data and Outcomes*

The scope of work requires the provider to track data and outcomes for the purpose of reporting and continuous quality improvement of services. Specifically, providers shall have the capability to identify and address barriers to service delivery and track intervention success.

To reduce incarceration, reduce recidivism, increase community connections and housing stability and decrease mental health symptoms, providers shall track data to determine outcomes. Specifically, providers shall track the following at baseline and over the course of the treatment, at regular intervals:

- Incarceration;
- Housing status, retention and stability;
- Impact and intensity of mental health symptoms.

Administrative time to interface and partner with the BHCS TAY SOC Director, the CAP Team and the TAT to refine outcomes and performance measures is required.

Through submittal of proposals, Bidders shall demonstrate their experience with tracking data and outcomes and their capability to track data and measure outcomes for this program.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

All contact during the competitive RFP process shall be through the RFP contact, only.

The BHCS website <http://www.acbhcs.org/Docs/docs.htm#RFP> and the General Services Agency (GSA) website http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp#goods are the official notification and posting places for this RFP and any Addenda.

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby CSC/Evaluation Panelists during the evaluation process. Attempts by Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

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

Zandra Washington
 1900 Embarcadero Cove, Suite 205
 Oakland, CA 94606
 Email: zwashington@acbhcs.org

B. CALENDAR OF EVENTS

Event	Date/Location												
Request for Proposals (RFP) Issued	Wednesday July 3, 2013												
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.												
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Event	Date/Location	
		Southeast Asian Children in Central County
	1:30 to 3:30 pm	Recreation, Education, Arts, Career and Health (REACH) Ashland Youth Center Behavioral Health Partnership Program
	3:45 to 5:45 pm	Transition Age Youth (TAY) Santa Rita Mental Health Program
Addendum Issued	Friday July 26, 2013	
Proposals Due	Thursday August 29, 2013 by 2:00 pm	
Review/Evaluation Period	Friday August 30 to October 7, 2013	
Oral Interviews/Visits	Wednesday October 2 and Friday October 4, 2013 – times to be determined	
Award Recommendation Letters Issued	Week of October 14, 2013	
Board Agenda Date	December, 2013	
Contract Start Date	January 1, 2013	

Note: Award Recommendation, Board Agenda and Contract Start dates are approximate. Other dates are subject to change. Bidders will be notified of any changes via email. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, Bidder certifies that if awarded a contract Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

C. LOCAL AND SLEB PREFERENCE POINTS

1. Preference for Local Products and Bidders:

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

2. Small and Emerging Locally Owned Business

A small business is as defined by the United States Small Business Administration. For this RFP, applicable industries include, but are not limited to, the following NAICS Code(s): 541990 as having no more than \$14,000,000 over the last three (3) years. An emerging business, as defined by the County, is one that has less than one-half

(1/2) of the preceding amount and has been in business less than five (5) years. In order to participate herein, the small or emerging business must also satisfy the locality requirements and be certified by the County as a Small or Emerging, local business. A certification application package (consisting of Instructions and Application) has been attached hereto as Exhibit E and must be completed and returned by a qualifying contractor. To access the online (PDF) version of this application please go to: <http://www.acgov.org/auditor/sleb/forms/commonapp.pdf>.

A locally owned business, for purposes of satisfying the locality requirements of this provision, is a firm or dealer with fixed offices and having a street address within the County for at least six (6) months prior to the issue date of this RFP; and which holds a valid business license issued by the County or a city within the County.

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 the following provisions shall apply to this RFP:

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

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

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

3. Subject to the requirements of the SLEB program and the criteria of each procurement process, the maximum bid evaluation preference points for being certified is ten percent (10%) five percent (5%) for local and five percent (5%) for certified. Compliance with the SLEB program is required for architectural, landscape architectural, engineering, environmental, land surveying, and construction project management services projects, but no preference points are applied.

4. First Source Program:

The First Source Program has been developed to create a public/private partnership that links CalWORKs job seekers, unemployed and under employed County residents to sustainable employment through the County's relationships/connections with business, including contracts that have been awarded through the competitive process, and economic development activity in the County. Welfare reform policies and the new Workforce Investment Act require that the County do a better job of connecting historically disconnected potential workers to employers. The First Source program will allow the County to create and sustain these connections.

Bidders awarded contracts for goods and services in excess of one hundred thousand dollars (\$100,000) as a result of any subsequently issued RFP are to allow Alameda County ten (10) working days to refer potential candidates to bidder to be considered by Bidder to fill any new or vacant positions that are necessary to fulfill their contractual obligations to the County, that Bidder has available during the life of the contract before advertising to the general public. Potential candidates referred by County to Bidder will be pre-screened, qualified applicants based on bidder specifications. Bidder agrees to use its best efforts to fill its employment vacancies with candidates referred by County, but the final decision of whether or not to offer employment, and the terms and conditions thereof, rest solely within the discretion of the Bidder.

Bidders are required to complete, sign and submit in their bid response, the First Source Agreement that has been attached hereto as Exhibit H, whereby they agree to notify the First Source Program of job openings prior to advertising elsewhere (ten day window) in the event that they are awarded a contract as a result of this RFP. Exhibit H will be completed and signed by County upon contract award and made a part of the final contract document.

If compliance with the First Source Program will interfere with Contractor's pre-existing labor agreements, recruiting practices, or will otherwise obstruct the Contractor's ability to carry out the terms of the contract, the Contractor will provide to the County a written justification of non-compliance.

If additional information is needed regarding this requirement, please contact the Auditor-Controller's Office of Contract Compliance (OCC) located at 1221 Oak Street, Room 249, Oakland, CA 94612 at Phone: 510. 891.5500, Fax: 510. 272.6502 or via E-mail at ACSLEBcompliance@acgov.org.

D. BIDDERS' CONFERENCES

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

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

BHCS shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders' Conferences, whenever possible at the Bidders' Conferences. BHCS shall address all

questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

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

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

E. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be 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 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 names, specifying the priority program category for which Bidder applying on the first page of the proposal. 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 and to which priority program category for which Bidder is proposing to serve on the front of the binder);
 - The original proposal must include evidence that the person(s) that signed the proposal is/are authorized to execute the proposal on behalf of the Bidder.
 - 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 names, specifying the priority program category for which Bidder is applying with the following saved on it:
 - An electronic copy of the proposal, saved with Bidder's name;
 - An electronic copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

The County requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.⁵

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

- Single spaced;

⁵ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

- Use 12-point Times New Roman font and
 - Conform to the maximum page limits.
3. The County will not consider telegraphic, electronic or facsimile proposals.
 4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
 5. Submitted proposals shall be valid for a minimum period of eighteen months.
 6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
 7. The County shall only accept one proposal from any one person, partnership, corporation or other entity; however, several alternatives may be included in one response. For purposes of this requirement, "partnership" shall mean and is limited to, a legal partnership formed under one or more of the provisions of the California or other state's Corporations Code or an equivalent statute.
 8. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of "trade secrets" protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).
 9. All other information regarding proposals shall be held as confidential until such time as the County Selection Committee/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to recommend award/non-award notification. The submitted proposals shall be made available upon request no later than five business days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to recommend award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
 10. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

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

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

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

The proposal sections, instructions and page maximums are contained in Table 5.

Table 1

Section	Instructions	Page Max.
<p>1. TITLE PAGE</p>	<p>Use the Fillable Forms Template to complete and submit the requested information.</p> <p>Bidders must include one separate Title Page for each Priority Program Category for which they are proposing to serve.</p>	<p>One</p>
<p>2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE</p>	<p>Use the Fillable Forms Template to complete and submit the requested information.</p> <p>Bidders must include one separate EXHIBIT A: BID ACKNOWLEDGEMENT for each proposal.</p>	<p>One</p>
<p>3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY</p>	<p>Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.</p>	<p>One</p>
<p>4. BIDDER MINIMUM QUALIFICATIONS</p>	<p>Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the following criteria.</p> <p>Bidders must include one separate Bidder Minimum Qualification sheet for each Priority Program Category (proposal). Bidder must specify experience with each different type of priority population.</p>	<p>Three total</p>
	<p>a. Have at least two years’ experience providing services to the priority population(s) within the last five years;</p>	<p>One</p>
	<p>b. Currently employ at least one Licensed Practitioner of the Healing Arts (LPHA); and</p>	<p>One</p>
	<p>c. Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS.</p>	<p>One</p>
<p>5. ORGANIZATIONAL CAPACITY AND REFERENCE</p>	<p><u>Supply Organizational Capacity and Reference sections a. and b. in each Priority Program Category (proposal) Bidder is proposing to serve in the original proposal only.</u></p>	<p>N/A</p>
	<p>a. Fiscal Management Capacity Include a recent copy (within the last twelve months) of Bidder’s Dun & Bradstreet Qualifier Report; OR Audited Financial Statements for the past three years and include as ATTACHMENT 1A.</p> <p>For information on how to obtain a Supplier Evaluation Report, contact Dun &</p>	<p>N/A</p>

Section	Instructions	Page Max.
	<p>Bradstreet at 1.866.719.7158 or visit www.dnb.com.</p> <p>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 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.</p> <p>The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p>	Two
<p>6. BIDDER EXPERIENCE, ABILITY AND PLAN</p>	<p>Use the Fillable Forms Template to complete and submit the information below. Include Bidder Experience, Ability and Plan for each Priority Program Category and each priority population (School site or Language Population) that Bidder is proposing to serve.</p>	Fifteen total
	<p>a. Describe, in detail, Bidder’s proposed Priority Population and Program Design, including:</p>	Four
	<p>i. Bidder’s proposed program design (how Bidder will provide services) including:</p> <ul style="list-style-type: none"> • The service delivery process and engagement from intake to discharge, including: <ul style="list-style-type: none"> ○ How and when Group Therapy will be provided in the program; • The number of unique clients that will be served per year and at any given time using the RFP funds; • Identification of the use of evidence-based model(s) or promising practice(s); <ul style="list-style-type: none"> ○ If Bidder is adapting model, describe how it will be adapted and how fidelity will be maintained; • Justification of why the model(s) is/are well-matched to the priority population(s); <p>ii. Bidder’s understanding of the priority population(s) including racial/ethnic, cultural and linguistic characteristics and anticipated mental health issues (beyond what is already stated in the RFP), including:</p>	

Section	Instructions	Page Max.
	<ul style="list-style-type: none"> • Bidder’s capability to provide culturally and if appropriate, linguistically responsive services to the priority population; 	
	iii. Bidder’s outreach and engagement capability, strategies and the expected outcomes of strategies.	
	<p>b. Describe, in detail, Bidder’s Experience with Priority Population Needs and Service Delivery Approach including:</p> <p>i. Bidder’s prior experience with the priority population(s), including:</p> <ul style="list-style-type: none"> • Details of any achieved outcomes/learning; <p>ii. Bidder’s prior experience with the service delivery approach and/or models, including:</p> <ul style="list-style-type: none"> • Details of any achieved outcomes/learning; <p>iii. Bidder’s learning from prior experience with the priority population(s) and/or service delivery approaches and if/how that has modified the organization’s practices.</p>	Three
	<p>c. Describe, in detail, Bidder’s Planned Organizational Infrastructure and Staffing, including:</p> <p>i. Using the Fillable Forms Template, specify the roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff for each Priority Program Category (proposal) and each priority population (school site/language);</p> <p>ii. Include a one-page copy of Bidder’s current organizational chart with the proposed Priority Program, as ATTACHMENT 2A;</p> <p>iii. Include a one-page copy of Bidder’s proposed program chart, including staff names and lines of supervision, as ATTACHMENT 2B;</p> <p>iv. Bidder’s capabilities, resources, policies, procedures and how clinical supervision is used to adhere to Medi-Cal documentation standards and requirements;</p> <p>v. A sample of each, which conform to the CQRT and Medi-Cal Documentation Standards as ATTACHMENTS 3A, 3B, 3C, respectively</p> <ul style="list-style-type: none"> • Assessment; • Treatment Plan; and • Progress Note. 	Three not including Attachments
	d. Describe, in detail, Bidder’s ability and experience Forming Partnerships and Collaboration , including:	Two

Section	Instructions	Page Max.
	i. Bidder’s capability and plan to connect with and/or engage parents, families/ caregivers; ii. Bidder’s capability and plan to collaborate with, receive referrals from (if appropriate) and build relationships with other relevant partners, including <ul style="list-style-type: none"> • Names, responsibilities and purpose of organizations; • How the collaboration will be developed and maintained; • How problems will be resolved when they arise. e. Describe, in detail, Bidder’s Ability to Track Data and Outcomes , including: <ul style="list-style-type: none"> i. Bidder’s current data systems, including staff capacity, capability and procedures for collecting, analyzing and reporting data, including: <ul style="list-style-type: none"> • What resources are used/required for such systems; and • Examples of measurable outcomes and data currently in use by Bidder; ii. At least two specific outcomes Bidder will track and which data will be used, including: <ul style="list-style-type: none"> • What other data will be collected for the proposed program, and how it will be used to monitor and improve performance; iii. How Bidder currently uses data to improve performance and the organization’s approach to quality improvement. 	Three
7. COST	Use the EXHIBIT B-1: BUDGET WORKBOOK and the EXHIBIT B-1: BUDGET WORKBOOK to complete and submit an EXHIBIT B-1: BUDGET WORKBOOK for each Priority Program Category (proposal) and each priority population (school site) that Bidder is proposing to serve to complete and submit all of the following: <ul style="list-style-type: none"> a. Cost-Coefficient – Bidder does not need to submit anything additional for this. b. Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK for each school site for up to three EXHIBIT B-1: BUDGET WORKBOOKS OR Submit one B-1: BUDGET WORKBOOK for each Priority Program Category Bidder is proposing to serve. See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook. c. Bidder’s detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK. 	Two total not including Exhibit B-1: Budget Workbook N/A Two
8. IMPLEMENTATION SCHEDULE	Use the Fillable Forms Template to complete and submit the following:	Three total

Section	Instructions	Page Max.
AND PLAN	a. Bidder's Implementation Schedule and Plan with activities, responsible persons, milestones and due dates	Two
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	One
EXHIBITS	Using the Fillable Forms Template complete and submit the following:	N/A
	EXHIBIT I: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that meet the Bidder Minimum Qualifications shall be evaluated by a County Selection Committee (CSC)/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the BHCS contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

As a result of this RFP, the County intends to award a contract to the responsible Bidder(s) whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidder(s) that demonstrates the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified in section II. F. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed in II. F. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a five-point scale shown in Table 3. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 5, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred (500) points.

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, 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 6:

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 7.

Table 3

Section	Evaluation Method	Evaluation Criteria	Weight
1. TITLE PAGE	Reviewed for completeness	Complete/Incomplete and Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS	Reviewed to determine whether the Bidder had demonstrated that they meet all Bidder Minimum Qualifications		
5. ORGANIZATIONAL CAPACITY AND REFERENCE	a. Fiscal Management Capacity Reviewed for completeness, Dunn and Bradstreet rating and organization's financial stability.	Bidder's Dun & Bradstreet Supplier Qualifier Report must be ranked a six or lower for BHCS to consider Bidder for contract award. To be considered for contract award, Bidder's audited financial statements must be satisfactory, as deemed solely by the County. BHCS reserves the right to disqualify proposals with unsatisfactory audited financial statements.	
	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.	How well does the Bidder's references demonstrate the following: <ul style="list-style-type: none"> • Performed the services as stated; • Highlight areas in which the Bidder did well; • Highlight areas in which the Bidder could have improved; • Rate project management, technical ability, availability, training, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Responsiveness to clients • Usefulness of Bidder's product; • Understanding of the project and need; 	2

Section	Evaluation Method	Evaluation Criteria	Weight
		<ul style="list-style-type: none"> • 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. 	
<p>6. BIDDER EXPERIENCE, ABILITY AND PLAN</p>	<p>a. The Evaluation Panel will read and assign a score to the <i>Priority Population and Program Design</i></p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How well does Bidder understand the priority population in terms of racial/ethnic, cultural, linguistic characteristics and mental health needs? • How clear and well developed is Bidder's program design from intake to discharge? • How well developed, realistic and well-matched to the RFP requirements are Bidder's plan to provide groups? • How much value does the Bidder add to the system in terms of the number of unique children served considering the population? • How well-matched is Bidder's program design to the RFP requirements? • How well-matched is Bidder's model(s) to the priority population(s) and RFP requirements? <ul style="list-style-type: none"> ○ Does the proposal include an acceptable evidence-based model or promising practice? ○ How well does the proposal demonstrate the model's implementation in this specific community/context? ○ If Bidder is proposing an adaptation of a model, is the adaptation appropriate and feasible? ○ Does the proposed model align with the BHCS program goals? ○ Will the model address the needs of the priority population(s)? • How responsive is the program design to the priority population(s) in terms of race/ethnicity, culture and language and the specific needs of the priority 	<p>20</p>

Section	Evaluation Method	Evaluation Criteria	Weight
		population(s)? <ul style="list-style-type: none"> • How explicit is Bidder regarding providing culturally responsive services? • How thoughtful, appropriate and realistic are Bidder's proposed outreach and engagement strategies? 	
	b. The Evaluation Panel will read and assign a score to the <i>Experience with Priority Population Needs and Service Delivery Approach</i>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • Does Bidder demonstrate relevant and substantial experience working with the priority population(s)? • How well does the Bidder understand the priority population(s)? • How relevant is Bidder's experience with the services and model(s)? • How well does the Bidder understand the services and model(s)? • How well has Bidder used learning from experiences to modify service delivery? 	10
	c. The Evaluation Panel will read and assign a score to the <i>Planned Organizational Infrastructure and Staffing,</i>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How thoughtful and well-matched to the RFP requirements is Bidder's staffing plan? • How well does the proposed program fit into Bidder's organizational structure? • Is there sufficient oversight to ensure success? • How well has Bidder resourced clinical supervision and quality assurance? <ul style="list-style-type: none"> ○ Have sufficient resources been allocated to ensure the quality of care and the prevention of audit findings? • How realistic and feasible is the Bidder's experience, plan and capability to adhere to Medi-Cal documentation standards and requirements? • How well-does Bidder's samples meet the CQRT and Medi-Cal Documentation Standards? 	18
	d. The Evaluation Panel will read and assign a score to <i>Forming Partnerships and</i>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How specific are Bidder's plans to partner and collaborate? • How appropriate and realistic is Bidder's plan to connect 	5

Section	Evaluation Method	Evaluation Criteria	Weight
	Collaboration	with and/or engage parents, family/caregivers? <ul style="list-style-type: none"> • How realistic is Bidder’s plan to collaborate with additional organizational partners? • How detailed and relevant are the listed organizational partners that Bidder plans to collaborate with to the RFP requirements? • How clear is Bidder’s purpose for collaborating with such partners? 	
	e. The Evaluation Panel will read and assign a score to Ability to Track Data and Outcomes	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How well resourced is Bidder’s current data system? • How clear are Bidder’s measurable outcomes? • How well-matched are Bidder’s outcomes to the RFP requirements? • How well does Bidder use quantifiable/measurable outcomes? • How well does Bidder use data to improve performance and quality? • How often does Bidder include a detailed practice or examples? • How thorough, thoughtful and relevant is Bidder’s plan to collect data to monitor the proposed program? 	5
7. COST	a. Cost Co-efficient	<ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <ul style="list-style-type: none"> ◦ $\\$100,000 / \\$100,000 = 1 \times 5 \times \text{weight} = \text{points}$ • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points • Low bid divided by fourth lowest bid x 5 x weight = points 	15
	b. The Evaluation Panel will read and assign a score to EXHIBIT B-1: WORKBOOK	<ul style="list-style-type: none"> • How well-matched is Bidder’s budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does the Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How well-matched are the budgeted staff and supervision times to the RFP requirements? 	16

Section	Evaluation Method	Evaluation Criteria	Weight
		<ul style="list-style-type: none"> How much value does the proposal add considering the cost of the program and proposed expected outcomes and the number served? 	
	c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK	<ul style="list-style-type: none"> How detailed and specific is Bidder's response? How clear is the narrative? How well does the narrative detail how Bidder arrived at particular calculations? How well does Bidder "show the work"? 	5
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Bidder's Implementation Schedule and Plan with activities, milestones, responsible persons and due dates.	<ul style="list-style-type: none"> How detailed and specific is Bidder's response? How thorough, thoughtful and realistic is Bidder's plan? How well does Bidder account for BHCS 'and other timelines (i.e. school calendar)? 	2
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation.	<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? 	2
EXHIBITS	EXHIBIT I: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	Reviewed for completeness: Complete/Incomplete and 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		% of Subtotal of Points	
	SLEB		5%
	Local		5%

H. EVALUATION AND ASSESSMENT

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

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

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

I. AWARD

1. Proposals evaluated by the County Selection Committee/Evaluation Panel (CSC) shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. The County reserves the right to award to a single or multiple Contractors.
5. The County has the right to decline to award these contracts in whole or any part thereof for any reason.
6. Board of Supervisors (BOS) approval to award a contract is required.
7. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
8. Final terms and conditions shall be negotiated with the Bidders recommended for award. Bidders may request a copy of the Master Agreement template from the BHCS contact. The template contains the agreement boilerplate language only.
9. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder’s proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. INVOICING

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

K. NOTICE OF AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders shall be notified in writing by e-mail or fax, and certified mail, of the contract award recommendation(s), if any, by BHCS. The document providing this notification is the Notice of Intent to Recommend Award.

The Notice of Intent to Recommend Award shall provide the following information:

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

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

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

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

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
ANSA Assessment	Adult Needs and Strengths Assessment (ANSA) is a tool that is used by providers to help structure the treatment planning and review process. The ANSA provides a framework for clinicians to work collaboratively with consumers and their caregivers to assess mental health problems, life functioning, risk behaviors and strengths. For more information check out the www.praedfoundation.org .
Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	A Bidders' response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
Children and Youth	Individuals age zero to twenty-one
Client	The recipient of services; used interchangeably with beneficiary and consumer
Cognitive Behavioral Therapy (CBT)	CBT is a psychotherapeutic approach which addresses dysfunctional emotions, maladaptive behaviors and cognitive processes, and contents through a number of goal-oriented, explicit systematic procedures. The name refers to behavior therapy, cognitive therapy, and to therapy based upon a combination of basic behavioral and cognitive principles and research. Most therapists working with patients dealing with anxiety and depression use a blend of cognitive and behavioral therapy.
Collateral Contacts	A service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary
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
Co-Occurring Disorder Treatment Continuum	Co-occurring disorders may include any combination of two or more substance abuse disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) (or latest authorized and required version of the DSM).
County	When capitalized, shall refer to the County of Alameda
Criminogenic	Producing or tending to produce crime or criminals. Criminogenic risk factors are those aspects of a parolee or probationer's life that make it

	more likely that he or she will commit a crime.
Crisis Intervention	A service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit
Cultural Broker	A cultural broker builds community and trust among people of different backgrounds - helping them better work together and build enterprises and ventures cooperatively - visions that will benefit both groups.
Culturally Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
EPSDT	Early Periodic Screening Diagnosis Treatment (EPSDT); a combination of state and federal funding for services to children and youth on Medi-Cal.
Evidence based practice	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
Inappropriately Served	Groups that exhibit poor outcomes despite receiving a disproportionately high rate of mental health services. The mental health services being received by this group may not be culturally appropriate for addressing their needs.
LEP	Limited English Proficiency
LGBTQQI	Refers to lesbian, gay, bisexual, transgender, queer, questioning and intersexed populations.
Linguistically Responsiveness	Providing readily available, culturally appropriate oral and written language to Limited English Proficiency individuals through such means as bilingual, bicultural staff, trained medical interpreters and qualified translators
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 Assessment	A service activity, which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures
Mental Health Services	Individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency
Motivational Interviewing	Motivational interviewing (MI) refers to a counseling approach. Motivational interviewing is a semi-directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.
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
Outreach	The acts of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to, come forth to seek it.
Proposal	Shall mean Bidder response to this RFP; used interchangeably with bid
Qualified	Competent by training and experience to be in compliance with specified requirements
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP
Response	Shall refer to Bidder's proposal submitted in reply to RFP
Serious Mental Illness (SMI)	BHCS defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to participants and patients under an agreement or contract with BHCS
State	Refers to State of California, its departments and/or agencies
System Of Care	For the purposes of this RFP, SOC refers to Children's SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for children age zero to twenty-one. The TAY SOC will oversee the program at Santa Rita Jail.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
Transition Age Youth	Refers to transition aged youth from ages 16 to 24. In terms of service delivery, this is the age when young adults begin to age-out of the Children's System of Care and move into the Adult System of Care.
Unserved or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.

B. PROVISION OF MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Table 4

Training Session	Given By	Overview	Covered Topics	Who should attend from you agency	When
Data Collection	Provider Relations 1 800 878-1313	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.	<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 	Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical	Training Available On Request, as needed Call Provider Relations 1900 Embarcadero Suite 101 Contact Provider Relations to schedule training 1 800 878-1313

Training Session	Given By	Overview	Covered Topics	Who should attend from you agency	When
Medi-Cal Eligibility Verification	Provider Relations 1 800 878-1313	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.	<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 	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical	Contact Provider Relations to schedule training.
InSYST Training	Information Systems 510 567-8181 Barry Hall 510-567-8174	This is a hands on training for learning how to navigate and input client information into the InSYST system.	<ul style="list-style-type: none"> • Navigating through InSYST • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical	<ul style="list-style-type: none"> • To enroll in training complete • a User Authorization Form available online at www.acbhcs.org/providers/Insyst/Insyst.htm • Training is scheduled on an as needed basis • call IS or Barry Hall to schedule.

Training Session	Given By	Overview	Covered Topics	Who should attend from you agency	When
Medi-Medi Documentation Trainings	Quality Assurance 510 567-8105	This training provides information on required clinical documentation and assists providers in their Compliance efforts.	<ul style="list-style-type: none"> • Clinical documentation • Coding • Timelines • Staffing 	Management/QA Staff, direct service staff, as determined by the Mental Health Plan	Contact QA regarding training dates and times.
Clinical Quality Review Team (CQRT) Ongoing Training	Quality Assurance 510 567-8105	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.	<ul style="list-style-type: none"> • Medical Necessity, • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes 	Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.	Contact QA to identify regular QA session to join.