



**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR INTEREST (RFI) # 14 01
SPECIFICATIONS, TERMS & CONDITIONS
LEVEL II SERVICES**

Any Request for Request for Proposal (RFP) issued as a result of this Request for Interest (RFI) will be issued electronically. Please immediately update the County Contact noted below with any e-mail address changes. This RFI and any RFP issued as a result of this RFI will be posted on the BHCS

<http://www.acbhcs.org/Docs/docs.htm#Procurement> and General Services Agency Current Contracting Opportunities website located at:

http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp.

Please visit the website for further information regarding this project, or contact the person listed below.

To providers registered or certified in the Small Local Emerging Business (SLEB) vendor database: Please maintain correct and accurate e-mail address information to ensure receipt of future RFIs.

**Responses due by 2:00 pm November 1, 2013
to**

**RFI# 14-01 c/o Alexandra Arroyo. MPA
1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

Proposals received after this date/time will NOT be accepted

Contact: Alexandra Arroyo

Email: aarroyo2@acbhcs.org

Phone: 510.383.2764

I. INTENT

The intent of this Request for Interest (RFI) for Alameda County Behavioral Health Care Services (hereafter BHCS or County) is to seek letters of interest from service providers wishing to participate in a process to provide feedback on a program model for adults with Limited English Proficiency (LEP), Transition Age Youth (TAY) and adults living with co-occurring substance use and mental health disorders.

After receiving provider feedback through this RFI process, BHCS intends to release a Request for Proposals (RFP) and award a one-year contract, with option to renew annually to the most capable Bidder(s) whose response conforms to the RFP and meets the County's requirements. Any renewal of awarded contracts as a result of the RFP shall be contingent on the availability of funds, Contractor performance, continued prioritization of the activities and target populations, as defined and determined by BHCS.

BHCS does not guarantee that a subsequent RFP will be issued. Should an RFP be issued, the terms and conditions described in this RFI are not guaranteed to remain the same.

II. SCOPE

BHCS is seeking service providers with the capability to provide Level II services to five distinct priority populations living with co-occurring, moderate to severe mental illness and substance use disorders (SUD). For the purposes of this RFI, Level II services are defined as time-limited, intensive outpatient services that are subject to BHCS authorization.

Specifically, BHCS is seeking providers who can provide insights on client and programmatic needs for the following populations:

1. TAY age 18 to 24 in north and central Alameda County;
2. Adults age 18 to 60 in north and central Alameda County;
3. Adults age 18 to 60 in south and east Alameda County;
4. Spanish speaking adults age 18 to 60 with LEP; and
5. Cantonese and/or Mandarin and Vietnamese speaking adults age 18 to 60 with LEP.

Mental illness diagnoses for the Level II populations include, but are not limited to: Bipolar II, Major Depressive Disorder moderate-severe without psychosis, severe Obsessive Compulsive Disorder, severe Post-traumatic Stress Disorder, Psychosis not otherwise specified, and severe Personality Disorder (except Anti-Social).

Profiles of the priority populations suggest that adults and TAY may face additional barriers to wellness. Clients may:

- Have frequent use of acute psychiatric hospitalization and crisis services;
- Have high rates of homelessness; difficulty in maintaining and sustaining housing; legal and financial issues;
- Be transitioning from a higher level of mental health treatment to Level II (for TAY population only);
- Have not been appropriately engaged or treated (traditional engagement strategies have not been effective);
- Need psychotropic medications;
- Be socially isolated from the community;
- Have difficulty maintaining social relationships; and/or

- Have physical health issues.

For the purposes of this RFP, County regions are defined as follows:

County Region	Defined as
North County ¹	Alameda, Emeryville, Oakland and Piedmont
Central County	Unincorporated areas of Ashland, Castro Valley, Cherryland and Cities of Hayward, San Leandro and San Lorenzo
South County	Fremont, Newark and Union City
East County	Dublin, Livermore, Pleasanton, Sunol and surrounding unincorporated areas

Level II mental health services must be provided in the least restrictive and clinically appropriate setting. Clinical staff shall provide time-limited, systemic treatment. For the purposes of this RFI, time-limited is defined as eighteen months or less.

In addition to Medication Support, Level II services shall be culturally and linguistically responsive, individualized and provided through a multi-disciplinary team. The program shall include self-help and peer support for both mental health and SUD. Services are to be delivered in the field and office. Providers are expected to provide billable services, such as, but not limited to:

- Case Management and Brokerage to assist clients in accessing needed medical/primary care, educational, social, vocational, rehabilitative or other community resources;
- Crisis intervention; and
- Mental Health Services, including individual therapy, rehabilitation and co-occurring SUD services.

Providers must be knowledgeable about both mental health and SUD issues and be capable of successfully serving at least one of the priority populations listed above. Standards for staffing co-occurring programs include expertise in meeting the emotional, social, psychological, biological, vocational and recreational needs of the client. Providers should participate in cross-training to bridge gaps between clinicians and services from different fields.

Providers that meet the requirements of this RFI process shall attend the applicable Provider Input Meetings, where BHCS will solicit feedback regarding client and programmatic needs based on providers' data and experience working with the priority population(s). BHCS expects participating providers to substantiate needs with clinical evidence. Providers' program managers and/or clinical supervisors must be able to attend the applicable RFI Provider Input Meetings listed in the [Calendar of Events](#) section.

III. **BIDDER/PROVIDER QUALIFICATION CRITERIA**

In order to participate in this RFI process, providers must meet the criteria **one through five below**:

¹ For the purposes of this RFI, Albany and Berkeley have been intentionally removed from this list.

1. Employ experienced, licensed clinicians with the ability to bill to Medi-Cal and Medi-Care;
2. Have at least three years' experience documenting services to Medi-Cal standards;
3. Have demonstrated experience with co-occurring conditions;
4. Have demonstrated experience providing field-based services; and
5. Have demonstrated experience with at least one of the priority populations.

Additionally, if providers wish to serve one or more of the LEP populations, provider shall also meet the criteria six through seven:

6. Have the capability to provide language proficient services in Spanish, Cantonese, Vietnamese and/or Mandarin without reliance on interpreters; and
7. Have the capability to provide bilingual/language appropriate psychiatry services (basic physical evaluation and medication support).

IV. COUNTY PROVISIONS

Should a RFP be released as a result of this RFI, BHCS will follow County policy regarding competitive process preference points.

1. [Small Local Emerging Business Program \(SLEB\)](#): The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

The SLEB requirements can be found online at <http://acgov.org/auditor/sleb/overview.htm>.

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 years. An emerging business, as defined by the County, is one that has less than one-half of the preceding amounts and has been in business less than five years.

The County encourages any new providers that are local to Alameda County to register and be added to the County SLEB database. More information on how to register can be found on the County's website at: <http://acgov.org/auditor/sleb/newvendor.htm>.

2. [First Source Program](#): Information regarding the County's First Source Program may be found online at <http://acgov.org/auditor/sleb/sourceprogram.htm>.
3. Both local and non-local can subscribe to any or all Contracting Opportunities Categories and/or Calendar of Events for automatic updates. Subscribers will receive an e-mail announcing when the latest information has been updated on our website. More information on how to  [Subscribe](#) can be found on the County's website at: <http://acgov.org/gsa/purchasing/esubscribe.htm>.

V. COUNTY CONTACTS

Questions regarding this RFI must be submitted in writing, by the date specified in the [Calendar of Events](#) section to:

Alexandra Arroyo, MPA Program Contract Manager
BHCS Network Office
1900 Embarcadero Cove, Suite 205

Oakland, CA 94606
 Phone: 510.383.2764
 Fax: 510.567.8290
 E-mail: aarroyo2@acbhcs.org

VI. CALENDAR OF EVENTS

Event	Date
Request for Interest (RFI) Issued	October 18, 2013
Last Date for Written Questions	October 25, 2013
RFI Response Due	November 1, 2013 by 2:00 pm
Request for Proposal (RFP) Issued	February 2014

Provider Input Meetings		
Priority Population	Date and Time	Location
TAY age 18 to 24	Tuesday, November 12, 2013 3:00 PM to 5:00 PM	BHCS Office 2000 Embarcadero Cove, Gail Steele Oakland, CA 94606
Adults age 18 to 60	Tuesday, November 19, 2013 1:00 PM to 2:30	
LEP Spanish speaking adults; and Cantonese and/or Mandarin <u>and</u> Vietnamese speaking	Tuesday, November 19, 2013 3:00 PM to 5:00 PM	

Note: All Calendar of Event dates are approximate and are subject change.

VII. REQUEST FOR INTEREST RESPONSE FORMAT

In order to participate in this RFI process, providers must respond to how the [Bidder/Provider Qualification Criteria](#) are met using the Fillable Forms Template provided by BHCS. See below for the [Fillable Forms Template](#).

FILLABLE FORMS TEMPLATE FOR RFI #14-1**INSTRUCTIONS**

- *Providers must use the Fillable Forms Template to submit proposals.*
- *Providers must to submit one original hardcopy response, with original ink signatures, plus two copies bound with a clip (not in a binder) and one (1) electronic copy of the response in PDF. BHCS prefers that providers email a copy of the proposal to aarroyo2@acbhcs.org.*
- *Bidders shall not modify the Fillable Forms Template in any way or qualify responses.*
- *Bidders shall not submit to the County a scanned, re-typed, word-processed, or otherwise recreated version of Fillable Forms Template or any other County-provided document.*
- *The Fillable Forms Template must be submitted in total with all required documents attached thereto; all information requested must be supplied.*
- *Providers that do not comply with the requirements, and/or submit incomplete responses, shall be subject to disqualification.*
- ***If provider wishes to serve one or more of the LEP populations, provider shall respond to questions one through seven.***

FILLABLE FORMS TEMPLATE FOR RFI #14-1
1. TITLE PAGE – LETTER OF INTEREST

Bidder Organization Name	
Priority Population (select all that provider will address)	<input type="checkbox"/> TAY in north and central Alameda County <input type="checkbox"/> Adults in north and central Alameda County <input type="checkbox"/> Adults in south and east Alameda County <input type="checkbox"/> Spanish speaking adults with LEP <input type="checkbox"/> Cantonese and/or Mandarin <u>and</u> Vietnamese speaking adults with LEP
Address where services will take place	
Bidder Organization's Headquarter Address	
Name of Executive Director or Equivalent	Title
Phone	Email
City/State/Zip	
Name of Contact Person	Title
Phone	Email
Provider Agreements (check to agree)	<input type="checkbox"/> Provider agrees to participate in all Provider Input Meetings <input type="checkbox"/> Provider agrees that the appropriate program managers and/or clinical staff will participate in the Provider Input Meetings
Date	
Statement	

FILLABLE FORMS TEMPLATE FOR RFI #14-1

1. Describe how provider employs experienced, licensed clinicians with the ability to bill to Medi-Cal and Medi-Care, include: Number of licensed staff, licensure types and experience; Years of experience billing to Medi-Cal (if not for Alameda County, name County; Years of experience billing to Medicare; Medicare provider number

2. Describe how provider has at least three years' experience documenting services to Medi-Cal standards, include: Quality assurance processes; Quality assurance staff; Applicable Medi-Cal trainings; Denial/acceptance rates

FILLABLE FORMS TEMPLATE FOR RFI #14-1

3. Describe agency's clinical experience with difficulty to engage population with co-occurring conditions, include: Outreach Strategies and Methodologies; Evidence Based Models (Assessments, performance measures, evaluation etc.); Community Needs Assessment Data

4. Describe provider's experience with field based services, such as: Assertive Community Treatment; Field-Based Interventions; Agency's field based protocols

FILLABLE FORMS TEMPLATE FOR RFI #14-1

5. Describe provider's experience with one or more priority populations (provide one answer per population: TAY age 18 to 24; Adults age 18 to 60 in North/Central or South/East; Adults age 18 to 60 Spanish speaking adults age 18 to 60 with Limited English Proficiency (LEP); and/or; Adults age 18 to 60 Cantonese and/or Mandarin and Vietnamese speaking adults age 18 to 60 with LEP.

6. Describe provider's capability with language proficient services in Spanish, Vietnamese, Cantonese, and/or Mandarin without reliance on interpreters.

FILLABLE FORMS TEMPLATE FOR RFI #14-1

7. Describe provider's capability to provide bilingual/language appropriate psychiatry services, including:
Basic Physical Evaluation; Medication Support