



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
 REQUEST FOR PROPOSAL (RFP) # 14-05
 SPECIFICATIONS, TERMS & CONDITIONS
 for
 OUTREACH AND MOBILE CRISIS INTERVENTION TEAM
 FOR MENTAL HEALTH TRANSITIONAL AGED YOUTH (TAY) TRIAGE**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Friday, June 6, 2014	10:00am – 12:00pm	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Oakland <i>Suite 205, 2nd Floor: Wildcat Canyon Conference Room</i>
Friday, June 6, 2014	2:00pm – 4:00pm	Alameda County Public Works Agency 951 Turner Court Hayward, CA <i>Conference Room 230 ABC</i>

**RESPONSE DUE by 2:00 pm Friday July 11, 2014
 to
 RFP #14-05
 1900 Embarcadero Cove Suite 205
 Oakland, CA 94606**

Proposals received after this date/time will NOT be accepted

For complete information regarding this project, see **RFP** posted at
http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp and
<http://www.acbhcs.org/Docs/docs.htm#Procurement>
 or contact the County representative listed below. Thank you for your interest!

Contact Person: Alice Wu-Cardona, Program Specialist
 Phone Number: 510.383.1744
 E-mail Address: awucardona@acbhcs.org



Alameda County is committed to reducing environmental impacts across our entire supply chain.
 If printing this document, please print only what you need, print double-sided, and use recycled-content paper.

1900 Embarcadero Cove Suite 205 ■ Oakland, CA 94606
 Phone: 510-208-9600 ■ Website: <http://www.acbhcs.org/>

**REQUEST FOR PROPOSALS No. 14-05
OUTREACH AND MOBILE CRISIS INTERVENTION TEAM
FOR MENTAL HEALTH TRANSITIONAL AGED YOUTH (TAY) TRIAGE**

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms and conditions to purchase a **Mobile Outreach and Crisis Intensive Case Management Team (TAY Outreach Team)** specifically to serve Transition Aged Youth (TAY), ages 16 – 24, and to link them to services in the TAY System of Care (TAYSOC). This team will be part of a broader **TAY triage personnel** program, coordinated through the BHCS TAYSOC.

The County intends to award a one-year contract with the option to renew for 2 additional years to the bidder(s) whose response conforms most closely to the County’s requirements as detailed in this RFP. Bidders should submit quotes up to the total available amounts as listed in Table 1.

Table 1

Program	FY 2014-2015	FY 2015-2016	FY 2016-2017	Total Available
TAY Outreach Team	\$ 537,592	\$ 546,766	\$ 556,121	\$ 1,640,479 *

*Amounts include a total of \$236,758 (\$78,919 per year) of Medi-Cal FFP Revenue for which the Contractor is expected to bill.

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

B. BACKGROUND

Investment in Mental Health Wellness Act of 2013

The Investment in Mental Health Wellness Act of 2013 established a new grant program to disburse funds to California counties for the purpose of developing mental health crisis support programs, especially for the funding of personnel. Alameda County Behavioral Health Care received this grant in early 2014 to develop the TAY Triage Outreach Team. The intent of this RFP is to fund the personnel cost of a mobile outreach, crisis support and targeted intensive case management linkage team focused on transitional aged youth. These funds will expand and further develop the program capacity of a current BHCS mental health provider. The TAY triage personnel program will be coordinated by BHCS staff who will be the main contact for the TAY Outreach Team.

TAY Population and TAY System of Care

Alameda County has the most racially and ethnically diverse population in the Bay Area, with 34 percent White, 28 percent Asian, 23 percent Latino, 13 percent African American, 4 percent Multi-race, 1 percent Pacific Islander, and 1 percent Native American. The county is equally diverse linguistically: 43 percent of the population speak a language other than English at home. Youth and young adults aged 15-24 make up 14 percent of the county’s population, more than 206,000 individuals.¹ Of these, many are at high risk of trauma, serious mental illness and emotional disturbance, including the approximately 2,500 TAY currently in the County’s child welfare supervised care and the 1,500 TAY who are homeless

¹ US Census Bureau. 2008-2012 American Community Survey 5-Year Estimates, www.census.gov.

over the course of a year.² In addition, out of the thousands of adults who are multiple users of Psychiatric Emergency Services (PES), 15 percent are TAY. Of the TAY accessing services at PES, 65 percent of them reside in Oakland, Hayward, or San Leandro. It is imperative that we gather a group of culturally competent and age-appropriate team members to assess TAY needs and connect them to the available crisis support services to prevent the need for expensive inpatient and/or emergency room care.

Alameda County developed a TAY System of Care (TAYSOC) as part of Alameda County's Mental Health Services Act (MHSA) plan in 2005. The TAY System of Care exists to improve outcomes for youth in making successful and seamless transitions toward self-sufficiency and independent living. The TAYSOC primarily serves youth aged 16-24 who have a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI). As a result of one or more mental disorder, the young person has substantial impairment in self-care, school functioning, family relationships, and/or in their ability to function in the community. The TAYSOC consists of a network of 12 community-based providers located throughout the county, including some which will be key access points for the TAY Triage services. Services include: mental health counseling, case management, medication management, support groups, and housing. The CBOs in the TAYSOC are connected to and work in collaboration with county service systems and providers to improve the services and outcomes for TAY. Some of the crisis/psychiatric emergency services available to TAY in Alameda County include the following:

- The Mobile Response Team Program (MRT) at Willow Rock Center.
- The Willow Rock Crisis Response Unit
- The Psychiatric Emergency Service (PES) at John George Psychiatric Pavilion
- The Crisis Residential Program at Woodroe Place
- Children's Hospital and Research Center Oakland's Behavioral Emergency Response Team (BERT)

Through strong BHCS commitment to this population, the TAYSOC is growing and serving more youth each year; however, Alameda County still has one of the highest 5150 rates in the state, and many more TAY remain unserved and in need of support. Through a needs assessment process, the TAYSOC identified a need to strengthen the TAY crisis support services infrastructure. Increased access and continuity among levels of care was identified as a main priority.

C. SCOPE

The **Mobile Outreach and Crisis Intensive Case Management Team (TAY Outreach Team)** is part of a larger **Mental Health Triage Personnel Program for Transition Age Youth (TAY Triage)**. TAY Triage will strengthen Alameda County's crisis support services available to TAY. The TAY Outreach Team will locate TAY peer outreach staff in places that TAY experiencing mental crisis are likely to be found, including but not limited to: People's Park in Berkeley, the Dream Catcher shelter in downtown Oakland, the Family Education and Resource Center in East Oakland. The peer outreach staff and mental health clinicians will be available to work with TAY in the John George Psychiatric Emergency Services, Willow Rock Crisis Response Unit and the Woodrow Place Crisis Residential Program, and will be a warm hand off as they are discharged into the community. The TAY Outreach team will provide crisis support and linkage services for up to 90 days after discharge, and at that point, refer to other TAYSOC programs. TAY Triage will help to address service gaps, increase access to crisis stabilization services, reduce the need for expensive inpatient and emergency room care, and improve mental health outcomes for TAY in crisis by intervening early and in times where TAY are documented to fall through the cracks of the system.

² Alameda County BHCS. Transition Age Youth Services Strategic Plan. (2007)

D. BIDDER MINIMUM QUALIFICATIONS

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

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

- a. Bidder shall have at least two years of organizational experience providing services to the priority population(s) within the last four years;
- b. Bidder shall possess all permits, licenses and professional credentials necessary to perform the services as specified under this RFP;
- c. Bidder must be a current contractor with BHCS and have at least two years of experience billing for Medi-Cal within the last three years;
- d. Bidder must not have an open Quality Assurance (QA) investigation and/or Plan of Correction with BHCS.

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.

E. SPECIFIC REQUIREMENTS

BHCS is seeking a program to comply with a scope of work as follows::

1. **Responsibilities:** The TAY Outreach Team will be responsible to serve these needed areas:

- a) **Community outreach to target youth not connected to the TAYSOC**, particularly those who are homeless and experiencing symptoms of a first psychotic break. TAY Triage staff should be able to quickly establish rapport with young people in crisis, in the places they congregate. These areas include the following:
 - *People's Park in Berkeley* attracts dozens of homeless youth and adults who come to the park for meals, to use the free public bathrooms, to socialize, and, in many instances to obtain drugs. It is widely known as a first stop for runaway youth from around Northern California.
 - *The Dream Catcher shelter in downtown Oakland* serves homeless and runaway youth aged 12-18, providing meals, laundry, case management, crisis counseling, health education workshops, health clinic, HIV/STD testing and counseling, contraceptives, academic tutoring, computer and job skills training, art activities, peer support, hygiene supplies, family mediation, transportation/bus passes and a safe place for youth to learn, relax, create and make connections.
 - *The Family Education and Resource Center in East Oakland* provides information, education, advocacy, and support services to family/caregivers of children, adolescents, TAY, adults, and older adults with serious emotional disturbance or mental illness living in all regions of Alameda County.

The TAY Outreach Team will deploy triage personnel to these sites from 11 am to 8 pm and will

have staff available 24/7 through an on-call system. Because TAY have a difficult time reaching out to adults, the outreach workers should maintain a consistent presence at these sites in order to focus on seeking out TAY needing mental health care and other support and building rapport with TAY in their environment, eventually working with them to develop an individual treatment plan. The triage staff will work to connect TAY to housing resources, mental health and primary care, services to help them pursue their vocational/ educational goals, public benefits for which the TAY are eligible, and other needed resources in the community. They should be able to travel as needed to spend time with TAY on the street, in the homes of TAY, and accompany TAY to appointments. The TAY Outreach Team staff should stay in contact via phone calls and visits to wherever clients are and make collateral contacts to service personnel working with the TAY and family members or other important people in their life, to support them, monitor their progress and needs, keep them engaged in services, and provide crisis assistance as needed.

- b) **Targeted intensive case management, linkage services, and crisis support:** should be available for TAY at Willow Rock Crisis Response Unit, Woodroe Place (crisis residential program) and John George Psychiatric Pavilion Psychiatric Emergency Service (PES) unit. As TAY leave these places, the TAY Outreach Team's mental health clinicians will monitor and support both the TAY and their families for up to 90 days. Staff will use the ANSA-T assessment tool, a strength based psychosocial assessments tool to develop individual treatment plans. These plans will include short-term goals and steps to achieve them (objectives); placement support (such as identifying housing options); service referrals (such as to a primary care home to pursue vocational/educational goals); assistance to sign up for public benefits such as Medi-Cal and General Assistance; accompaniment to appointments to assist and support TAY; linkage to other support services (such as medication support and counseling) discharge assessments and discharge planning.
- c) **Coordination with TAYSOC for longer term services as needed.** After the 90 days of intensive case management, the Clinical Supervisor will determine with staff the need for additional service referrals and if necessary bring the cases to the BHCS Transition Age Team (TAT) meeting for discussion and decisions regarding the need for ongoing mental health treatment. Up to 1 year of further targeted intensive case management for TAY who need higher level outpatient behavioral health services is available through additional Triage personnel at STARS TAY program and Westcoast Children's Clinic Catch 21 program.

2. **Target Population.** BHCS seeks to serve the TAY population ages 16-24 of all ethnicities, with as much language capacity as possible. In 2012-13, the TAYSOC served 796 TAY, 54 percent African-American, 4 percent Asian, 20 percent Latino, 0.5 percent Native American, 13 percent White, and 9 percent other/multi-racial. Among all TAY served, 8 percent were bilingual English/Spanish speakers. By supplementing our community outreach efforts, BHCS expects to be able to increase the numbers of vulnerable youth contacted, linked to services and/or brought into the TAYSOC for on-going treatment.

3. **Staffing and Caseloads:** The TAY Outreach Team is funded through the Investment in Mental Health Wellness Act grant for a staffing model on which the Bidder may choose, but is not required, to base their proposed staffing structure. This model described below includes one Clinical Supervisor, four Mental Health Clinicians, and two TAY Peer Care Coordinators.

- *The Clinical Supervisor* will supervise triage personnel (mental health clinicians and peer care coordinators). For TAY clients who have received up to 90 days of intensive case management services from the team, the clinical supervisor will make the determination for additional referrals for ongoing services and will bring these cases to the Behavioral Health's Transition Age Team (TAT) meeting for discussion and decision regarding referrals for ongoing mental health treatment. The Clinical Supervisor will have a caseload of up to five TAY and serve a minimum of 12-20 TAY per year.
 - *Mental Health Clinicians* will provide targeted outreach and intensive targeted case management, consisting of: working with family members and other key TAY community contacts; conducting initial and discharge psychosocial strength-based assessments; developing short-term treatment plans on assigned clients; identifying and helping clients and families access necessary resources to implement short-term treatment plans, such as but not limited to housing, primary care, education, employment, basic needs, and signing up for public benefits. These staff persons support the TAY by will accompanying clients to appointments; maintaining regular contact through personal visits and phone calls; working collaboratively within the triage team and with staff at service sites; conducting collateral contacts to support care and monitoring clients' progress; and maintaining all records in accordance with county Quality Assurance standards. Each Mental Health Clinician will have a caseload of up to 15 TAY, serving at least 60 TAY per year; a total of at least 240 TAY.
 - *The Peer Care Coordinators (PCC)* will be former consumers of mental health and/or substance abuse services with experience working with consumers or a close family member of a consumer of these services, or they will have personal lived experience of at least one year as a family member/primary caregiver of a consumer/client who lives with mental health and/or substance use issues. If a consumer, they will have a minimum of one year of demonstrated recovery time. They will be fully integrated members of the triage services team, collaborating with clinical staff to assess TAY for crisis and risk, and assisting to develop effective treatment plans including skill development, budgeting, supporting housing efforts, vocational goals, physical and mental health needs. The PCCs should help to teach and role model the value and feasibility of recovery and provide peer counseling and assist clients to develop self-advocacy, communication and empowerment skills.
4. **Evidence Based and Culturally Competent:** BHCS is seeking proposals that demonstrate the Bidder's capability in providing services that are culturally and linguistically responsive, client-centered, and clearly grounded in well-matched, feasible, evidence-based or promising practice models.
 5. **Revenue Generation:** BHCS expects the awarded Bidder to be able to leverage both Medi-Cal **Federal Financial Participation** (FFP) and Medi-Cal Administrative Activities (MAA) reimbursements to ensure sustainability of services and programs for the proposed services. Bidders must have demonstrated success in documenting for and billing Medi-Cal as a current BHCS provider. A minimum of approximately \$78,000 per year in Medi-Cal FFP revenue from the Outreach Team is built into the allocation for this procurement. MAA documentation and billing is expected from the outset every year as well.
 6. **Ability to Track Data and Outcomes:** Providers must demonstrate the capacity to track data and outcomes for the purpose of reporting and continuous quality improvement of services. Any awarded Contractor shall participate in the evaluation conducted by the Alameda County Public

Health Department. Contractor will be expected to collect and report information including but not limited to:

- Number for each type of triage personnel hired
- Triage service locations/points of access (e.g., hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, other community-based service points)
- Total unduplicated persons served
- Total number of service contacts
- Basic demographic information for each individual client
- Description of specific services that each client was referred, and
- Whether the person receiving triage service is enrolled in any mental health service at the time service is provided, and if so, what service type.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACT

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 are and correct link on 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 Evaluation Panelists during the evaluation process. Attempts by Bidders to contact 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:

Alice Wu-Cardona
 1900 Embarcadero Cove, Suite 205
 Oakland, CA 94606
 Email: awucardona@acbhcs.org

B. CALENDAR OF EVENTS

EVENT	DATE/LOCATION
Request Issued	Thursday, May 22, 2014
Written Questions Due	by 3:00 p.m. on Monday, June 2, 2014
Bidders Conference #1	Friday, June 6, 2014 @ 10:00 am – 12:00 pm Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Oakland Suite 205, 2 nd Floor: Wildcat Canyon Conference Room
Bidders Conference #2	Friday, June 6, 2014 @ 2:00 pm – 4:00 pm Alameda County Public Works Agency 951 Turner Court Hayward, CA Conference Room 230 ABC
Addendum Issued	Friday June 13, 2014

Response Due	Friday July 11, 2014, by 2:00 p.m.
Evaluation Period	July 11– July 25, 2014
Vendor Interviews	July 24-25, 2014
Award Recommendation Letter Issued	Wednesday, August 6, 2014
Board Agenda Award Consideration Date	September 2014
Contract Start Date	September 2014

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 Local Emerging Business (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.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements in order to be considered for the contract award. These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

For purposes of this proposal, applicable industries include, but are not limited to, the following NAICS Code(s): 541990 as having no more than \$14,000,000 in average annual gross receipts over the last three (3) years.

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 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.

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 SEALED and received by BHCS **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. BHCS cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

BHCS shall only accept proposals at the address and by the time indicated on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or date or at a place other than the stated address cannot be considered and shall be returned to the Bidder unread/unopened.

All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery address prior to the time designated. BHCS' timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bidders must submit proposals which clearly state Bidder and RFP 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) who 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.³

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

- Single spaced;
- 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.

³ Inability to comply with this recommendation will have no impact on the evaluation and scoring of 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, according to the sole discretion of BHCS.

The proposal sections, instructions and page maximums are contained in Table 2.

Table 2

Section	Instructions	Page Max.
1. TITLE PAGE	Use the Fillable Forms Template to complete and submit the requested information.	One
2. EXHIBIT A: BIDDER INFORMATION	Use the Fillable Forms Template to complete and submit the requested information.	One
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of proposal.	One
4. BIDDER MINIMUM QUALIFICATIONS	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the following criteria. <ul style="list-style-type: none"> a. Bidder shall have at least two years of organizational experience providing services to the priority population(s) within the last four years; b. Bidder shall possess all permits, licenses and professional credentials necessary to supply product and perform services as specified under this RFP; c. Bidder must be a current contractor with BHCS and have at least two years of experience billing for Medi-Cal within the last three years; d. Bidder must not have an open Quality Assurance (QA) investigation and/or Plan of Correction with BHCS. 	Two
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<i>Supply sections b. and c. in the original proposal only.</i> a. Debarment and Suspension Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov .	N/A
	b. Audited Financial Statements for the past three years and include as ATTACHMENT 1A .	N/A
	c. References Use the Fillable Forms Template to provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.	One
6. BIDDER SPECIFIC	<i>Use the Fillable Forms Template to complete and submit the information below.</i>	6 total

Section	Instructions	Page Max.
REQUIREMENTS	<p>1. Community Outreach to Target Population: Describe, in detail, Bidder’s <i>Experience doing outreach and targeted intensive case management with the Priority Population</i>, including:</p> <ol style="list-style-type: none"> a. Bidder’s understanding and experience of the TAY population including social, emotional and clinical mental health issues. b. Past experience serving TAY who may be experiencing first symptoms of a psychotic break, including homeless TAY. c. Workplan for Triage personnel, including: <ul style="list-style-type: none"> • Describe the working hours and days that will best serve the population; • Describe the locations in which Triage staff will be located; • Describe outreach and engagement strategies and examples, including past examples of organization’s successful outreach efforts. • Experience in collaborating with TAYSOC and other resources for TAY. 	Three
	<p>2. Staffing and Caseload:</p> <ol style="list-style-type: none"> a. Describe steps Bidder will take to recruit and staff culturally competent staff (<i>Suggested but not mandated: 1 Clinical Supervisor, 4 Mental Health Clinicians, and 2 TAY Peer Care Coordinators</i>). b. Describe anticipated caseload c. Describe plan for making services culturally and linguistically accessible. d. Describe Bidder’s Organization Infrastructure and planned staffing structure of TAY Triage Outreach Team, including where in the current organizational infrastructure the Triage team will sit. Include in response the plan for recruiting, training and retaining staff who are culturally and linguistically responsive; Include a one-page copy of Bidder’s current organizational chart as ATTACHMENT 2A 	Two
	<p>3. Service Delivery Approach: Describe the evidence-based model that will work best in dealing with the priority population and the Bidder’s plan for monitoring and maintaining fidelity to this model. Describe how Bidder will ensure that services are culturally and linguistically responsive and client-centered while being grounded in this evidence-based or promising practice model around engaging TAY.</p>	One
	<p>4. Revenue Generation: Describe how the Bidder will generate revenue to make the program financially stable and eventually self-sustaining. Describe the Bidder’s experience with Medi-Cal FFP and MAA billing.</p>	One
	<p>5. Ability to Track Data and Outcomes: BHCS is seeking providers that have the ability to record and track process and output data, and the willingness to be cooperative with an evaluation coordinated by Alameda County Public Health Department. Quarterly reports on data will be expected, including, but not limited to: Location, numbers and types of outreach efforts made, and the number of TAY participating in various parts of the BHCS system. In addition to client-related data, participating TAY Triage organizations will collaborate with and contribute to the TAYSOC</p>	Two

Section	Instructions	Page Max.
	community on lessons learned. Reporting will include challenges faced and work plans developed to address such issues.	
7. COST	Cost-Coefficient – Submit Exhibit B-1, Budget Workbook. <i>The Workbook begins with a sample budget.</i>	Exhibit B-1: Budget Workbook
8. IMPLEMENTATION SCHEDULE AND PLAN	Use the Fillable Forms Template to complete and submit Bidder’s Implementation Schedule and Plan with activities, responsible persons, milestones and due dates . Identify potential barriers and risks and discuss strategies for mitigation of barriers which may hinder implementation.	Two
9. ADDITIONAL EXHIBITS	EXHIBIT C: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS EXHIBIT D: INSURANCE REQUIREMENTS	N/A

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 4, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process will 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. The three Bidders that receive the highest preliminary scores and with at least 200 points shall be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders. The zero to five-point scale range is defined in Table 3:

Table 3

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 is the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee.
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 4.

Table 4

Section	Evaluation Method	Evaluation Criteria	Weight
1. TITLE PAGE	Reviewed for completeness	Pass/Fail	Pass/Fail
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Reviewed to determine whether the Bidder had demonstrated that they meet all Bidder Minimum Qualifications and Bidder Specific Requirements		Pass/Fail
5. ORGANIZATIONAL CAPACITY AND REFERENCE	a. Debarment and Suspension	To be considered for contract award, Bidders, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov .	5
	b. Fiscal Management Capacity Reviewed for completeness and organization’s financial stability.	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.	
	c. 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 	

Section	Evaluation Method	Evaluation Criteria	Weight
		<ul style="list-style-type: none"> • Usefulness of Bidder’s product; • Understanding of the project and need; • References’ overall satisfaction with Bidder; • References’ comfort with recommending the Bidder to Alameda County; • Whether the Bidder would be used again by Reference; • Any other information that would assist in Alameda County’s work with the Bidder. 	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	a. The Evaluation Panel will read and assign a score to the <i>Community Outreach to Target Population</i>	<ul style="list-style-type: none"> • How well does Bidder understand the priority TAY population in terms of mental health issues, the emergence of first break symptoms and any co-occurring medical or substance use issues? • How much experience does the bidder demonstrate with Alameda County’s resources and behavioral health system? • 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 population(s)? • How explicit is Bidder regarding providing culturally and linguistically responsive services? • How clear and well developed is Bidder’s program design? • How well-matched is Bidder’s model 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? ○ Does the proposed model align with BHCS program goals? ○ Will the model address the needs of the priority population(s)? 	15
	b. The Evaluation Panel will read and assign a score to the <i>Staffing and Caseload</i>	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How accessible to clients the proposed service location(s)? • How well does the proposed program fit into Bidder’s organizational structure? • Is there sufficient oversight to ensure success? 	10

Section	Evaluation Method	Evaluation Criteria	Weight
		<ul style="list-style-type: none"> How well has Bidder resourced clinical supervision and quality assurance? 	
	c. The Evaluation Panel will read and assign a score to the <i>Forming Collaboration and Partnerships</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 realistic is Bidder’s plan to collaborate with primary care and adjunct providers? 	10
	d. The Evaluation Panel will read and assign a score to the <i>Service Delivery Approach:</i>	<ul style="list-style-type: none"> How thoughtful and grounded is the evidence-based model that underlies the proposed program? Does the Bidder have a plan for monitoring and maintaining fidelity to this model? Does the Bidder have a plan to ensure that services are culturally and linguistically responsive and client-centered? 	10
	e. The Evaluation Panel will read and assign a score to the <i>Revenue Generation:</i>	<ul style="list-style-type: none"> How realistic and feasible is the Bidder’s experience, plan and capability to adhere to Medi-Cal documentation standards and requirements? Is the Bidder preparing adequately for Medi-Cal MAA and FFP billing? 	10
	f. The Evaluation Panel will read and assign a score to the <i>Ability to Track Data and Outcomes:</i>	Does the Bidder have reasonable experience tracking and reporting data and outcomes? How relevant and appropriate is Bidder’s current use of data? How organized and thoughtful is Bidder’s plan to collect and enter data for this project?	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"> $\circ \quad \\$100,000 / \\$100,000 = 1 \times 5 \times \text{weight} = \text{points}$ Low bid divided by second lowest bid x 5 x weight = points Low bid divided by third lowest bid x 5 x weight = points Low bid divided by fourth lowest bid x 5 x weight = points 	5
	b. The Evaluation Panel will read and assign a score to <i>EXHIBIT B-1: WORKBOOK</i>	<ul style="list-style-type: none"> How thoughtful and well-matched to the RFP requirements is Bidder’s staffing plan to maximize revenue generation? Have sufficient resources been allocated to ensure the quality of care and the prevention of audit findings? How well does the budget capture all activities and staff 	10

Section	Evaluation Method	Evaluation Criteria	Weight
		<p>proposed in the Budget?</p> <ul style="list-style-type: none"> ● How well does the Bidder allocate staff and resources? ● Does the Bidder include a minimum of \$78,919 per year estimated Medi-Cal FFP and additional MAA as sources of revenue ? ● How well-matched are the budgeted staff and supervision times to the RFP requirements? ● How much value does the proposal add considering the cost of the program and expected outcomes and the number of clients 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? ● Does the Bidder describe billing for Medi-Cal revenue? 	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 in managing the high volume of client caseload? ● How well does Bidder account for BHCS ’and other timelines? 	5
	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? 	
EXHIBITS	Exhibit C. SMALL LOCAL EMERGING BUSINESS (SLEB) PARTNERING INFORMATION SHEET EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	Reviewed for completeness: Complete/Incomplete and Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
ORAL INTERVIEW	Criteria are created with the TAYSOC/Evaluation Panel.		10
PREFERENCE POINTS, IF APPLICABLE	SLEB		% of Subtotal of Points 5%

Section	Evaluation Method	Evaluation Criteria	Weight
	Local		5%

H. EVALUATION AND ASSESSMENT

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

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

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

I. AWARD

1. Proposals evaluated by the 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 Bidder(s) recommended for award. Bidders may request a copy of the Master Agreement template from the BHCS contact. The template contains the agreement boilerplate language only.
9. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder’s proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. 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 INTENT TO RECOMMEND AWARD/NON-AWARD

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

The Notice of Intent to Recommend Award/Non-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.

L. BID PROTEST/APPEALS PROCESS

BHCS prides itself on the establishment of fair and competitive contracting procedures and the commitment made to following those procedures. The following is provided in the event that bidders wish to protest the bid process or appeal the recommendation to award a contract for this project once the Notices of Intent to Recommend Award/Non-Award have been issued. Bid protests submitted prior to issuance of the Notices of Intent to Award/Non-Award will not be accepted by the County.

1. Any Bid protest by any Bidder regarding any other Bid must be submitted in writing to the Alameda County Behavioral Health Care Services (BHCS)– Director, located at 2000 Embarcadero Cove, 4th Floor, Oakland, CA 94606, Fax: (510) 567-8180, before 5:00 p.m. of the FIFTH (5th) business day following the date of issuance of the Notice of Intent to Award, not the date received by the Bidder. A Bid protest received after 5:00 p.m. is considered received as of the next business day.
 - a. The Bid protest must contain a complete statement of the reasons and facts for the protest.
 - b. The protest must refer to the specific portions of all documents that form the basis for the protest.
 - c. The protest must include the name, address, email address, fax number and telephone number of the person representing the protesting party.
 - d. The Alameda County Behavioral Health Care Services will transmit a copy of the bid protest to all bidders as soon as possible after receipt of the protest.

2. Upon receipt of written protest, the BHCS Director or designee will review and evaluate the protest and issue a written decision. The BHCS Director may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as appropriate) to discuss the protest. The decision on the bid protest will be issued at least ten (10) business days prior to the Board hearing or BHCS award date.

The decision will be communicated by e-mail or fax, and certified mail, and will inform the bidder whether or not the recommendation to the Board of Supervisors in the Notice of Intent to Award is going to change. A copy of the decision will be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid protest if a decision on the protest could have resulted in the Bidder not being the apparent successful Bidder on the Bid.

3. The decision of the BHCS Director on the bid protest may be appealed to the Auditor-Controller's Office of Contract Compliance (OCC) located at 1221 Oak St., Room 249, Oakland, CA 94612, Fax: (510) 272-6502. The Bidder whose Bid is the subject of the protest, all Bidders affected by the BHCS Director's decision on the protest, and the protestor have the right to appeal if not satisfied with the BHCS Director's decision. All appeals to the Auditor-Controller's OCC shall be in writing and submitted within five (5) business days following the issuance of the decision by the BHCS Director, not the date received by the Bidder. An appeal received after 5:00 p.m. is considered received as of the next business day. An appeal received after the FIFTH (5th) business day following the date of issuance of the decision by the BHCS Director shall not be considered under any circumstances by BHCS or the Auditor-Controller OCC.
 - a. The appeal shall specify the decision being appealed and all the facts and circumstances relied upon in support of the appeal.
 - b. In reviewing protest appeals, the OCC will not re-judge the proposal(s). The appeal to the OCC shall be limited to review of the procurement process to determine if the contracting department materially erred in following the Bid or, where appropriate, County contracting policies or other laws and regulations.
 - c. The appeal to the OCC also shall be limited to the grounds raised in the original protest and the decision by the BHCS Director. As such, a Bidder is prohibited from stating new grounds for a Bid protest in its appeal. The Auditor-Controller (OCC) shall only review the materials and conclusions reached by the Director of BHCS or department designee, and will determine whether to uphold or overturn the protest decision.
 - d. The Auditor's Office may overturn the results of a bid process for ethical violations by BHCS staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
 - e. The decision of the Auditor-Controller's OCC is the final step of the appeal process. A copy of the decision of the Auditor-Controller's OCC will be furnished to the protestor, the Bidder whose Bid is the subject of the Bid protest, and all Bidders affected by the decision.
4. The County will complete the Bid protest/appeal procedures set forth in this paragraph before a recommendation to award the Contract is considered by the Board of Supervisors.
5. The procedures and time limits set forth in this paragraph are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid protest and appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid protest, including filing a Government Code Claim or legal proceedings.

III. APPENDICES

GLOSSARY & ACRONYM LIST

5150	Refers to Section 5150 of the California Welfare and Institutions Code which allows a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes him or her a danger to self, a danger to others, and/or gravely disabled.
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
County Selection Committee (CSC)/Evaluation Panel	Panel of experts chosen and trained to evaluate RFP proposals.
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

Specifications, Terms & Conditions for RFP #14-05:
OUTREACH AND MOBILE CRISIS INTERVENTION TEAM
FOR MENTAL HEALTH TAY TRIAGE

	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
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
Federal Financial Participation (FFP)	Federal Financial Participation (FFP) is a Title XIX (Medicaid) program that allows states to receive partial reimbursement for activities that meet FFP objectives.
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.
Linguistic 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
Medi-Cal Administrative Activities (MAA)	California established its Medi-Cal Administrative Activities Program (MAA) in 1994. MAA claims are reimbursement for indirect administrative activities, including outreach and enrollment, referral to Medi-Cal eligible services, program planning and collaboration of health and Medi-Cal services for the District and certain administrative activities that improve and support Medi-Cal services to children. A quarterly Time Survey methodology is needed in order to claim this revenue.
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

Specifications, Terms & Conditions for RFP #14-05:
 OUTREACH AND MOBILE CRISIS INTERVENTION TEAM
 FOR MENTAL HEALTH TAY TRIAGE

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 Emotional Disturbance (SED)	A diagnosable mental disorder found in persons from birth to age 18 years that is so severe and long lasting that it seriously interferes with functioning in family, school, community, or other major life activities.
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	Administration responsible for administering Alameda County Behavioral Health Care Services (BHCS) for transitional aged youth ages 16 through 24.
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.
Transition Age Youth System Of Care (TAYSOC)	Transitional Aged Youth System of Care, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for transitional aged youth ages 16 through 24.
Unserviced 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.