



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)  
REQUEST FOR PROPOSAL (RFP) # 15-07  
SPECIFICATIONS, TERMS & CONDITIONS  
for  
AB109 Reentry and SSI Advocacy Population Case and Care Management Services**

**INFORMATIONAL MEETING/ BIDDERS' CONFERENCES**

Date	Time	Location
Tuesday September 8, 2015	9:00 am – 10:30 am	Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)
Tuesday September 8, 2015	3:30 pm – 5:00 pm	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Ste 205, Oakland (Wildcat Canyon Room)

**PROPOSALS DUE**

**Friday, September 25, 2015  
by 2:00 pm**

**to**

**RFP #15-07 c/o Edilyn Dumapias  
1900 Embarcadero Cove Suite 205  
Oakland, CA 94606**

**Proposals received after this date/time will NOT be accepted**

**Contact: Edilyn Dumapias**

**Email: [edumapias@acbhcs.org](mailto:edumapias@acbhcs.org) Phone: 510.383.2873**

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## I. STATEMENT OF WORK

### A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter BHCS or County) to award contracts for the provision of case and care management services for individuals with severe mental illness (SMI) reentering the community from jail or prison (Reentry) and Supplemental Security Income (SSI) Advocacy populations. Case and care managers will provide transitional support services for a time-limited duration in order to link clients with longer term support services as needed. The Reentry population includes individuals with documented severe mental illness who are being released from Alameda County's Santa Rita Jail or State prison (prison). The SSI advocacy population consists of individuals with severe mental illness who are likely to be eligible for SSI benefits but have been unsuccessful in their attempts to receive SSI support. As this is a pilot program, the County intends to award a contract(s), with an option to renew, to the most capable bidder(s) whose response best conforms to the Request for Proposal (RFP) and meets the County's requirements.

BHCS will use this RFP to allocate up to \$1,653,916, with Assembly Bill (AB) 109 funds to provide case and care management services to the Reentry population. Additionally, BHCS will allocate a total of approximately \$826,958 with Mental Health Services Act (MHSA) funds to provide case and care management to the SSI advocacy population. The awarded bidder(s) will also be required to generate revenue to support ongoing case and care management for clients by billing Medi-Cal for Specialty Mental Health services provided. Bidders may apply to serve one or more of the client populations and may be awarded contracts to operate multiple pods.

The awarded contractor(s) will be funded to operate replicable and scalable case and care management program modules (pods). Each pod will maintain a maximum caseload of 80 clients. The contractor(s) shall begin with no more than two pods for each population type. When pods are 75 percent full and achieve billing targets (to be negotiated upon contract award and to be reviewed after the first year of implementation), additional Reentry pods may be launched subject to funding and approval by BHCS.

Initial funding will be provided to support up to two reentry pods and one SSI pod. For each priority population the program is designed to be implemented one pod at a time per awardee. Funds for additional pods for each priority population may be allocated to the successful bidder(s) as revenue is realized and funds become available.

Proposals with budgets that exceed initial funding available shall be disqualified from the evaluation process and will not be scored by the CSC/Evaluation Panel.

Any contracts that result from this RFP process will be pro-rated for the fiscal year at the contract start date.

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

At this time, BHCS anticipates that funding amounts for subsequent years will be similar but are dependent upon actions from the State and the County. Bidders acknowledge the uncertainty of the funding sources supporting this RFP, which may impact the BHCS dollar allocation for services in this RFP contract year and subsequent years.

Bids for the Reentry population and the SSI population will be evaluated in separate processes. Bidders may bid for both populations. The County is not obligated to award any contracts to Bidders as a result of this RFP. Any renewal, maintenance and/or continuation of funding of awarded contracts shall be contingent on any of the following: the availability of funds, contractors' performance, and the continued prioritization of program activities and priority populations by BHCS.

## **B. BACKGROUND**

Case and care management is a proven evidence based model that reduce fragmentation in the service delivery system by assisting clients to navigate transitions of care, expanding the interdisciplinary team in planning care for individuals, and improving client outcomes especially for the populations targeted in this RFP.

Too often, parolees are released from the State prison to the county for post release community supervision (PRCS), either to Probation or the Sheriff's Department, without care coordination and services in place to help them reenter the community with minimal risk for recidivism. An example of how case and care management services work with this population can be accessed by viewing this best practice program in San Antonio, Texas: <http://home.bexar.org/reentry/videos/BexarReentry22min.mp4>.

BHCS, through its contracted SSI Advocacy programs, has collected data that shows approval for SSI benefits have resulted in positive outcomes in the year following approval as follows:

- 79% of clients experienced fewer Psychiatric Emergency Events;
- 80% of clients experienced fewer Hospitalizations; and
- 75% of clients experienced fewer incarcerations.

In order to further promote these positive outcomes, two distinct funding streams will be used to pilot case and care management services for the Reentry and SSI Advocacy populations. Public Safety Realignment, also known as AB 109, funding will be used to support case and care management services for Reentry clients while MHSA will fund the SSI Advocacy pod.

## **C. SCOPE**

The goal of time-limited case and care management will be to provide clients with information, encouragement, and the necessary support to connect with long-term support services. Time-limited case and care management is expected to support the integration of the priority populations into the community, assisting them in identifying and securing resources that will continue after this transition is completed. Case and care management providers will be responsible for:

- Outreach/Inreach to clients at Santa Rita Jail or in the community (reentry only);
- Assessing client needs;
- Assisting clients with housing and other basic needs;
- Applying for public benefits (CalFresh, General Assistance, CalWORKs, Medi-Cal, WIC, etc.);
- Referring to legal services as needed;
- Maintaining attorney-client contact for SSI clients;
- Referring to employment support services;
- Connecting to mental health, substance use disorder, and anger management services;

- Linkage to primary care services;
- Connecting to or providing support services to maintain compliance (court, treatment, benefits, etc.); and
- Assisting clients with transportation.

Additionally, the program must provide client supportive services such as housing, in the form of motel vouchers, and other discretionary items such as public transportation passes, emergency food gift cards, and personal grooming and hygiene products, all of which are intended to bridge the services while linkage through case and care management takes place. It is estimated that half of the clients will need one or more of these supportive services.

#### **D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS**

To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal that they have at least three years of organizational experience providing case and care management services to populations with similar characteristics as the Priority Populations described in this RFP.

BHCS shall disqualify proposals submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California.

Proposals that exceed the funding allocation and the County maximum rate or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, shall be disqualified from moving forward in the evaluation process.

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

#### **E. SPECIFIC REQUIREMENTS**

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

- Submit and obtain an approved Medi-Cal Administrative Activities (MAA) claim plan through the State in order to generate revenue through MAA billing;
- 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 the County's electronic information management and claiming system (currently InSYST);
- Ability to obtain jail clearance for sufficient staff to do inreach at the jail (Re-entry pods); and
- Meet Medi-Cal billing requirements for specialty mental health targeted case management/brokerage.

## Medi-Cal Billing Requirements

To implement these services successfully, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders 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 documentation standards, including Assessment, Treatment Plans and Progress Notes, which are in compliance with the standards set forth by Medi-Cal, as well as the policies of BHCS.
  - The format of the Assessment shall establish medical necessity.
    - It shall also incorporate all of the items of the current QA Regulatory Compliance Tool.
    - Providers must stay current with all changes in Assessment requirements and adopt those changes.
  - The format of the Treatment Plan shall be structured in a manner that allows for client-driven goals, objectives and interventions.
    - It must also incorporate all of the items of the current QA Regulatory Compliance Tool: See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm> and the Memo: [http://www.acbhcs.org/providers/QA/docs/2012/Master\\_Contract\\_Provider\\_Memo\\_Changes\\_New\\_Requirements.pdf](http://www.acbhcs.org/providers/QA/docs/2012/Master_Contract_Provider_Memo_Changes_New_Requirements.pdf)
    - In addition, Contractor must stay current with all changes in Treatment Plan requirements and adopt those changes.
  - The format of a Progress Note shall provide a structure in compliance with Medi-Cal documentation standards.
    - The format of the Progress Notes must allow for the documentation of services in a manner that meets the criteria to submit claims to Medi-Cal information:  
[http://www.acbhcs.org/providers/QA/General/Progress\\_Note\\_Memo.pdf](http://www.acbhcs.org/providers/QA/General/Progress_Note_Memo.pdf)
- Record services in case notes and in the BHCS data system with the correct procedure codes.
  - A Contractor that is new to Alameda County will be provided with introductory training on the use of these codes. Contractors shall deepen their understanding and use of these codes through outside trainings and/or study.
- Attend all required scope of practice training and documentation activities in order to appropriately and successfully bill to Medi-Cal.
- Demonstrate understanding of the administrative requirements for Medi-Cal funded services and plan for providing them. These activities include, but are not limited to, the following:
  - Obtaining a current and valid fire clearance from the local fire department for the program site address or obtaining a copy of the current and valid fire clearance from the program location's property manager/owner;
  - Meeting the minimum requirements for a program site as set forth in CCR, Title 9. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification: [http://www.acbhcs.org/providers/network/docs/2013/MH\\_Medi-Cal\\_Program\\_Certification\\_protocol.pdf](http://www.acbhcs.org/providers/network/docs/2013/MH_Medi-Cal_Program_Certification_protocol.pdf);
  - Attending all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements here: [Medi-Cal Requirements](#);
  - Follow all QA policies and procedures: and documentation standards: <http://www.acbhcs.org/providers/QA/QA.htm>;
  - Attending the monthly Clinical Quality Review Team (CQRT) group meetings for the first year of program. CQRT requires one Licensed Practitioner of the Healing

Arts (LPHA) to attend for every seven charts that are reviewed. Find the updated CQRT manual here: <http://www.acbhcs.org/Docs/docs.htm#RFP>.

## **F. BIDDER EXPERIENCE, ABILITY AND PLAN**

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

There are two priority populations for the case and care management pods:

#### **a) AB109 Reentry**

These are predominantly clients released from Santa Rita Jail who were identified by the BHCS Criminal Justice Mental Health (CJMH) Program as having SMI. There will be a small population of clients who are released to Probation's Transition Day Reporting Center (TDRC) from the State prison who meet medical necessity and need case and care management services. Individuals in this population may have a variety of past criminal convictions including felony convictions that create barriers to obtaining employment and finding housing. Individuals in this population may lack transportation and the ability to navigate County and community-based service systems. The awarded case and care management provider must have experience providing support to individuals with a history of mental illness and criminal convictions.

#### **b) SSI Advocacy**

These are individuals with County-funded SSI legal advocates who may have co-occurring disorders, limited treatment history, food insecurity and who are homeless. It is often difficult to maintain contact with this population through traditional means, such as phone, mail, email as well as through office based services. Individuals in this population commonly have extensive barriers which make finding stable housing difficult. Individuals may also lack adequate transportation and the ability to navigate County and community-based services systems. The successful bidder will have extensive knowledge and experience supporting populations with characteristics similar to those of the SSI population.

Linkage to primary care is a need shared by both populations. Often, these clients do not have primary care providers and/or need assistance with care coordination and keeping up with their medical appointments.

Awarded providers will demonstrate in their proposal that they have comprehensive knowledge and experience in providing case and care management to the priority population.

### ***2. Service Delivery Approach***

BHCS has an SSI waiting list and will refer clients who need services and refer those who can benefit from case and care management services to the awarded provider for the SSI pod.

Reentry clients will be screened for SMI and referred by the CJMH Program at Santa Rita Jail. Clients referred through the Probation TDRC will need to be screened by the BHCS ACCESS service. The contracted provider(s) will need to establish strong systems of collaboration with the client referring agencies to ensure clients receive services soon after they are referred. Additional outreach may be required in order to meet caseload expectations.

Contracted providers will be responsible for developing a case and care management plan for each client. Case and care management providers will encourage participants to contribute to their own planning and service coordination. The goal will be to prepare participants for post-case and care management support services. As this is a time-limited service, clients may need support and coaching on how to access the services and programs they will need when they leave the program.

At a minimum, case and care management plans must include:

- Plans to establish benefits for which a client may be eligible and a plan to help the client complete the benefit application process;
- Plans for finding and maintaining stable housing;
- Plans for obtaining income to support clients basic needs; and
- Plans to provide client with access to health care services.

The expected duration of case and care management services will be four months for Reentry clients with some limited exceptions possible within overall annual targets. For SSI clients, services should last no longer than one month following the approval of their SSI claim.

Case and care management services shall be provided in accordance with evidence-based, culturally responsive practices and be focused on providing quality care to individuals with SMI. Bidders will be evaluated based on how well the chosen practices meet the needs of the priority population and Bidders' experience in implementing such practices to the highest fidelity.

### **3. Planned Staffing and Organizational Infrastructure**

Bidders shall provide the following seven full-time employees (FTE) for each proposed pod:

- Licensed LPHA Supervising Case Manager (1)
- Unlicensed LPHA<sup>1</sup> Case Managers (3)
- Peer Support<sup>2</sup> Case Managers with lived experience (3)

The successful Bidder(s) will be an organization that demonstrates adequate infrastructure to deliver the proposed program model. Appropriate infrastructure includes:

- Organizational capacity for billing Medi-Cal and for managing operations in a manner that maximizes revenue generation while maintaining quality of care;
- Providing the additional clinical supervision to ensure that each staff and any pre-licensed staff are receiving the appropriate and regular supervision from the Clinical Supervisor;
- Capacity to provide outside regular work week and weekend hours to offer more availability to clients;
- Monitoring of clinicians' credentials to the Office of Inspector General's requirements for delivering Medi-Cal services;
- Maintaining quality assurance of Medi-Cal documentation standards;
- Experience implementing EBP(s) with the highest fidelity to the program model; and

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<sup>1</sup> Refers to interns registered with the Board of Behavioral Sciences.

<sup>2</sup> Must meet definition of Adjunct Mental Health Staff.

- Developing and maintaining the technology and staff support to collect and analyze the data outside a BHCS-approved data collection and claiming system.

#### **4. Forming Partnerships and Collaboration**

The Contractor shall work collaboratively with the following groups to properly receive referrals and maintain the necessary caseload size per pod for each population type:

- CJMH – AB109 Reentry pod
- Probation TDRC – AB109 Reentry pod
- BHCS – SSI Advocacy pod

AB109 Reentry clients who are determined as having mild to moderate mental health conditions and do not meet medical necessity shall continue to receive services through Probation's TDRC.

Cultivating relationships with primary care is also an important partnership for clients whose behavioral health needs can be managed in a primary care setting. In addition, benefits advocacy through a joint effort with legal, housing and social service groups who specialize in assisting clients apply for, obtain or get reinstated for benefits they are entitled to receive.

#### **5. Ability to Track Data and Outcomes**

The- awarded Contractors must demonstrate the capacity to track process data and outcome data for the purpose of reporting. Awardees must be collecting the following data using the indicated data source:

- Connection to Primary Care – initial primary care visit through Clinician's Gateway as entered by the Contractor
- Connection to Behavioral Health Services – service events recorded in BHCS database
- Enrollment in Medi-Cal – eligibility as recorded in Medi-cal Eligibility Data System (MEDS) through the California State Department of Social Services
- Connection to Legal Services – first service event as recorded by the BHCS-contracted legal services provider
- Improved Food Security
  - CalFresh enrollment – eligibility as recorded in CalWIN<sup>3</sup>
  - WIC enrollment - eligibility as recorded in CalWIN
- Increased Income
  - GA enrollment – eligibility as recorded in CalWIN
  - SSI enrollment - eligibility as recorded in SSI database and MEDS
  - CalWORKs enrollment - eligibility as recorded in MEDS and CalWIN
- Employment and other income – income information in Clinician's Gateway as entered by the Contractor
- Increased Housing Stability – housing status in Clinician's Gateway as entered by the Contractor

The first year of implementation shall include a focus on data collection in order to establish baselines which will form the benchmarks for subsequent years for the above outcomes.

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<sup>3</sup> California Work Opportunity and Responsibility to Kids Information Network (CalWIN) – is a technological solution for efficiently administering public assistance programs and providing quality service to the communities.

Awardees shall track client referrals and engagement in the services to which they are referred. BHCS will provide an electronic tracking system for case and care management that awardees will be expected to use.

## **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](http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp#goods) are the official notification and posting places for this RFP and any Addenda.

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

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

Edilyn Dumapias  
1900 Embarcadero Cove, Suite 205  
Oakland, CA 94606  
Email: [edumapias@acbhcs.org](mailto:edumapias@acbhcs.org)

**B. CALENDAR OF EVENTS**

Event	Date/Location	
Request for Proposals (RFP) Issued	Friday, August 28, 2015	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 <sup>nd</sup> Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 <sup>st</sup> Bidders' Conference	Tuesday September 8, 2015	9:00 am – 10:30 am 951 Turner Ct, Hayward (Conference Rm 230 ABC)
2 <sup>nd</sup> Bidders' Conference	Tuesday September 8, 2015	3:30 pm – 5:00 pm 1900 Embarcadero Cove, Ste. 205, 2 <sup>nd</sup> flr. (Wildcat Canyon Room)
Addendum Issued	Monday, September 14, 2015	
<b>Proposals Due</b>	<b>Friday, September 25, 2015 by 2:00 pm</b>	
Review/Evaluation Period	September 28, 2015 through October 23, 2015	
Oral Interviews (as needed)	October 23, 2015	
Award Recommendation Letters Issued	October 30, 2015	
Board Agenda Date	January 2016	
Contract Start Date	January 2016	

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

**C. LOCAL AND SLEB PREFERENCE POINTS**

1. 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: 624190.

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over

the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

#### **D. BIDDERS' CONFERENCES**

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

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

BHCS shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders' Conferences, whenever possible at the Bidders' Conferences. BHCS shall address all questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders' Conferences in accordance with the Calendar of Events section of this RFP.

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

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

#### **E. SUBMITTAL OF PROPOSALS/BIDS**

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

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

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

2. Bidders must submit proposals which clearly state Bidder and RFP name. Proposals shall include:

- a. One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the binder);
  - The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.
- b. Seven copies of proposal. Copies must be unbound **without** a three-ring binder.
- c. Enclosed with the hard copy include, a USB flash drive clearly marked with the Bidder and RFP name with the following saved on it:
  - An electronic copy of the proposal, saved with Bidder's name;
  - An electronic copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

The County requests that all proposals submitted shall be **printed double-sided** and on minimum thirty percent post-consumer recycled content paper.<sup>4</sup>

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.
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. 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 its 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

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<sup>4</sup> Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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 1.

Table 1

Section	Instructions	Page Max.
1. <b>TITLE PAGE</b>	Use the Fillable Forms Template to complete and submit the requested information.	One
2. <b>EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE</b>	Use the Fillable Forms Template to complete and submit the requested information.	One
3. <b>LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY</b>	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	One
4. <b>BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS</b>	Use the Fillable Forms Template to describe and demonstrate how Bidder meets the following criteria: <ul style="list-style-type: none"> <li>Have at least three years of organizational experience providing case and care management services to populations with similar characteristics as the priority populations.</li> </ul>	One

Section	Instructions	Page Max.
<b>5. ORGANIZATIONAL CAPACITY AND REFERENCE</b>	<b><u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u></b>	Two pages total
	<p><b>a. Debarment and Suspension</b>                      Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at <a href="http://www.sam.gov">www.sam.gov</a></p>	N/A
	<p><b>a. References</b> 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.</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
<b>6. BIDDER EXPERIENCE, ABILITY AND PLAN</b>	Use the Fillable Forms Template to complete and submit the information below.	Sixteen pages total
	<b>a. Describe, in detail, Bidder's <i>Understanding and Experience with the Priority Population Needs and Understanding of the Service Delivery Approach</i>, including:</b>	Six
	<p>i. Bidder's understanding of the priority population including:</p> <ol style="list-style-type: none"> <li>1. Challenges to engagement in services;</li> <li>2. Risk factors that often result in recidivism to incarceration (for Reentry population), unstable livings situations, and difficulty maintaining contact via traditional means</li> <li>3. Cultural needs that interplay with the service delivery.</li> <li>4. Barriers to community involvement</li> </ol>	
	<p>ii. Bidder's experience in providing services detailed in the "Scope" section including:</p> <ul style="list-style-type: none"> <li>• Population served</li> <li>• Length of time providing service</li> <li>• Scale of operation</li> <li>• Time-limited services with transition planning</li> </ul>	

Section	Instructions	Page Max.
	iii. Describe Bidder's approach to implementing the case and care management model including: <ol style="list-style-type: none"> <li>1. Identification of the key characteristics of case and care management strategies that are supported by Evidence Based Practices. Discuss how these characteristics of case and care management will be implemented including:                             <ul style="list-style-type: none"> <li>• How clients will be engaged and</li> <li>• How they will exit the program.</li> </ul> </li> <li>2. Describe how the bidder has changed service delivery as a result of learned experience.</li> </ol>	
	<b>b. Describe, in detail, Bidder's <i>Planned Staffing and Organization Infrastructure</i>, including:</b>	Seven
	i. Bidder's planned staffing structure including: <ol style="list-style-type: none"> <li>1) Bidder's organizational chart showing where the proposed program will fit within the organization (include as Attachment 1A);</li> <li>2) The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff;</li> <li>3) Bidder's experience using peer provider staff, particularly from the standpoints of recruitment, training, and supervision; and</li> <li>4) Any challenges faced in the employment of peer providers and bidder's strategies used in addressing those challenges.</li> </ol>	
	ii. Bidder's planned organizational infrastructure, including: <ol style="list-style-type: none"> <li>1) How the proposed services fit within Bidder's current business operations, service capacity and infrastructure;</li> <li>2) What changes will your organization need to make to accommodate the proposed service;</li> <li>3) Adherence to documentation standards;                             <ul style="list-style-type: none"> <li>• What is their experience with Medi-Cal documentation?</li> <li>• How often are charts reviewed and what elements are being reviewed?</li> </ul> </li> <li>4) Program Hours</li> </ol>	
	<b>c. Describe, in detail, Bidder's ability and experience <i>Forming Partnerships and Collaboration</i>, including:</b>	Two
	i. Bidder's experience cultivating relationships with other organizations and service	

Section	Instructions	Page Max.
	<p>providers. Include in your response any challenges and the approach you have taken to work with the following:</p> <ol style="list-style-type: none"> <li>1) Probation Officers;</li> <li>2) Law Enforcement;</li> <li>3) Social Service Agency;</li> <li>4) Legal Service Attorneys;</li> <li>5) Other behavioral health providers; and</li> <li>6) Primary care providers.</li> </ol>	
	<p>d. Describe, in detail, Bidder's <b>Experience and Plan to Track Data and Outcomes</b>, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement.</p>	One
7. <b>COST</b>	<p>Budget</p> <ol style="list-style-type: none"> <li>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</li> <li>b. Complete and submit one <b>EXHIBIT B-1: BUDGET WORKBOOK</b>.</li> </ol> <p>See <b>EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS</b> in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p> <ol style="list-style-type: none"> <li>c. Bidder's detailed <b>Budget Narrative</b> to explain the costs and calculations in the <b>B-1: BUDGET WORKBOOK</b>. <ol style="list-style-type: none"> <li>i. Bidder's narrative on how the proposed program budget is aligned with the requirements of this RFP taking into account how calculations were made on the following and explanation on any variances in costs: <ol style="list-style-type: none"> <li>1) Required Staffing</li> <li>2) Salaries and Benefits</li> <li>3) Client Supportive Expenditures</li> <li>4) Operating Expenses</li> <li>5) Administrative and/or Indirect Costs</li> <li>6) Revenue</li> <li>7) Start-up Budget</li> </ol> </li> </ol> </li> </ol>	Three pages total (in addition to Exhibit B-1: Budget Workbook)
8. <b>IMPLEMENTATION SCHEDULE AND PLAN</b>	<p>Use the Fillable Forms Template to complete and submit the following:</p>	Four pages total
	<p>a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: Secure Service Location, Staff hiring, Training, Service Start, and Program Fill-up.</p>	Three
	<p>b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation</p>	One

Section	Instructions	Page Max.	
<b>EXHIBITS</b>	Using the Fillable Forms Template complete and submit the following:	N/A	
	<b>EXHIBIT C: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS</b>		
	<b>EXHIBIT D: INSURANCE REQUIREMENTS</b>		

**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 fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral presentation and interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, oral presentation and interview.

If the two-stage approach is used, the three Bidders that receive the highest preliminary scores and with at least 200 points shall be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list

participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in Table 2:

**Table 2**

<b>Score</b>	<b>Label</b>	<b>Description</b>
0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score shall result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This shall be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/ Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent/ Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

The evaluation criteria and respective weights for this RFP are contained in Table 3.

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete Meets/Fails Minimum Qualification	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance			
3. Letter of Transmittal/Executive Summary			
4. Bidder Minimum Qualification	<b>Three Year Experience with Priority Population</b> Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
5. Organizational Capacity and Reference	<b>a. Debarment and Suspension</b>	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 <a href="http://www.sam.gov">www.sam.gov</a> .	Pass/Fail
	<b>b.</b> BHCS will check <b>references</b> for and ask the references standard questions, which will be evaluated by the Evaluation Panel.	How do the Bidder's references rate the following on a scale of one to five: <ul style="list-style-type: none"> <li>• Bidder's capacity to perform the services as stated;</li> <li>• Areas in which the Bidder did well;</li> <li>• Areas in which the Bidder could have improved;</li> <li>• Program/Project management, fiscal management, availability, Medi-Cal documentation and providing linkage to services;</li> <li>• Responsiveness to clients</li> <li>• Understanding of the program and need;</li> <li>• References' overall satisfaction with Bidder;</li> <li>• References' comfort with recommending the Bidder to Alameda County;</li> </ul>	5

		<ul style="list-style-type: none"> <li>• Whether the Bidder would be used again by Reference;</li> <li>• Any other information that would assist in Alameda County's work with the Bidder.</li> </ul>	
<b>6. Bidder Experience, Ability and Plan</b>	a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Understanding and Experience with Priority Population Needs and Understanding of the Service Delivery Approach:		Total Points for this Section (23)
	i. Understanding of the Priority Population	<ul style="list-style-type: none"> <li>• How well does Bidder demonstrate relevant and substantial understanding of priority population's cultural needs, barriers and risk factors?</li> </ul>	4
	ii. Experience with Priority Population Needs	<ul style="list-style-type: none"> <li>• How well does Bidder demonstrate experience delivering the required services to the priority population or a similar group?</li> <li>• How well do they implement EBPs and maintain adherence to fidelity?</li> <li>• How well does Bidder understand time-limited services including transition planning?</li> </ul>	6
	iii. Understanding of Service Delivery Approach	<ul style="list-style-type: none"> <li>• How well-matched is Bidder's model(s) to the priority population(s) and RFP requirements? <ul style="list-style-type: none"> <li>○ How well and specifically does the bidder describe the implementation of this evidence-based program model?</li> <li>○ How well does the proposed model align with the BHCS program goals?</li> </ul> </li> <li>• How well does bidder describe the tasks necessary to provide the services detailed in the scope and does the bidder assign them to staff appropriately?</li> <li>• How well does Bidder describe a viable change management strategy?</li> </ul>	5
			5
			3
b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Planned Staffing and Organizational Infrastructure:		Total Points for this Section (29)	

	i. Planned Staffing	<ul style="list-style-type: none"> <li>• How well does the bidder present clear lines of authority and responsibility for proposed program components?</li> <li>• How well does organizational chart meet reasonable management and oversight requirements?</li> <li>• How well does bidder describe the tasks necessary to provide the services detailed in the scope and does the bidder assign them to staff appropriately?</li> <li>• How well does bidder demonstrate sufficient experience and capability for effective use of peer providers?</li> <li>• How realistically does bidder describe any challenges that have arisen with peer providers and how effectively do bidder's strategies address those challenges?</li> </ul>	8
	ii. Planned Organizational Infrastructure	<ul style="list-style-type: none"> <li>• How well does the proposed program fit into Bidder's organizational structure?</li> <li>• Is there sufficient oversight to ensure success?</li> <li>• How realistic and effective does Bidder's plan for training staff on cultural competency appear to be?</li> <li>• How substantial is bidder's capacity to adhere to specialty mental health Medi-Cal documentation standards?</li> <li>• How well are the proposed services aligned with their current business operation, service capacity, and infrastructure?</li> <li>• How well does bidder demonstrate their understanding of any changes needed to implement the program model?</li> </ul>	5
	c. Forming Partnership and Collaboration	<ul style="list-style-type: none"> <li>• How detailed and specific is Bidder's response?</li> <li>• How realistic is Bidder's plan to collaborate with the key people involved with the priority population? <ul style="list-style-type: none"> <li>○ Does the Bidder's response highlight the importance of working closely with these people as a resource in meeting client needs??</li> </ul> </li> </ul>	5
			8
			5
			3

	d. Experience and Plan to Track Data and Outcomes	<ul style="list-style-type: none"> <li>How well does the Bidder demonstrate the use of data to improve performance and quality?</li> </ul>	5
<b>7. Cost</b>	a. Cost Co-Efficient	<ul style="list-style-type: none"> <li>Low bid divided by low bid x 5 x weight = points <ul style="list-style-type: none"> <li><math>\\$100,000 / \\$100,000 = 1 \times 5 \times \text{weight} = \text{points}</math></li> </ul> </li> <li>Low bid divided by second lowest bid x 5 x weight = points</li> <li>Low bid divided by third lowest bid x 5 x weight = points</li> <li>Low bid divided by fourth lowest bid x 5 x weight = points</li> </ul>	5
	b. Budget and Budget Narrative Review	<ul style="list-style-type: none"> <li>How well-matched is Bidder's budget to the proposed program?</li> <li>How well does the budget capture all activities and staff proposed in the Budget?</li> <li>How well does the Bidder allocate staff and resources?</li> <li>How appropriate are the staffing and other costs?</li> <li>How well-matched are the budgeted staff and supervision times to the RFP requirements?</li> <li>How much value does the proposal add considering the cost of the program and expected outcomes and the number of clients served?</li> <li>How well does the narrative detail how Bidder arrived at particular calculations?</li> <li>How well does Bidder "show the work"?</li> </ul>	10
<b>8. Implementation Schedule and Plan</b>	a. Implementation Plan Review	<ul style="list-style-type: none"> <li>How detailed and specific is Bidder's response?</li> <li>How well does Bidder account for the specified timeline to implement the program?</li> <li>How well does the Bidder identify, describe and plan for start-up and fill-up milestones?</li> </ul>	5
	b. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> <li>How detailed and specific is Bidder's response?</li> <li>How thorough, thoughtful and realistic is Bidder's identification of challenges and barrier mitigation strategies?</li> <li>How well does Bidder assess barriers?</li> </ul>	3

		<ul style="list-style-type: none"> <li>How creative and solution-oriented are Bidder's strategies?</li> </ul>	
<b>Exhibits</b>	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
<b>Oral Interview</b>	Criteria are created with the CSOC/Evaluation Panel.		10
<b>Preference Points, if Applicable</b>			% 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 Contractor.
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 AWARD**

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

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

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

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

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

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

### III. APPENDICES

#### A. GLOSSARY & ACRONYM LIST

Assembly Bill (AB) 109	Signed legislation that realigned responsibility for specified non-violent, non-serious, non-sex offenders from state to local probation and sheriff departments.
ACCESS	Acute Crisis Care and Evaluation for System-wide Services. The point of contact for the Alameda County Behavioral Health Care Services-Behavioral Health Plan (BHP). Members of the BHP, their families and other individuals in the member's support system contact ACCESS to request referrals for behavioral health services.
ACPD	Alameda County Probation Department
Adjunct Mental Health Staff	Refers to an unlicensed staff such as a Peer Support Specialist or a Family Partner. The Agency or Program must document qualifications, provide supervision, and ensure staff works within scope of ability. Co-signatures from a licensed LPHA is highly recommended.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract.
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
California Code of Regulations (CCR)	The official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act (APA).
Case (and Care) Management/Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; providing linkage to primary care; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.
Client	The recipient of services; used interchangeably with beneficiary and consumer
Community Collaboration	The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility.
Community-Based Organization	A non-governmental organization that provides direct services to beneficiaries
Contractor	When capitalized, shall refer to selected bidder that is awarded a contract
County	When capitalized, shall refer to the County of Alameda

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
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law. For example, if the normal schedule for a staff person is 40 hours per week (40*52 weeks–4 weeks for vacation=1,920). Someone working 1,440 hours during the year represents 1,440/1,920=.75 FTE
Inappropriately Served	Groups that exhibit poor outcomes despite receiving a disproportionately high rate of mental health services. The mental health services being received by this group may not be culturally appropriate for addressing their needs.
Jail	Short for Santa Rita Jail
John George Psychiatric Hospital (JGPH)	A facility that provides psychiatric emergency and acute care services to adults experiencing severe and disabling mental illnesses.
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
Medi-Cal	California's Medicaid program, which provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services
Medical Necessity	A service or treatment which is appropriate for a client's diagnosis, and which if not rendered, would adversely affect the patient's condition; Medi-Cal covers only medically necessary services
Mental Health Services	Individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency
Motivational Interviewing (MI)	A form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.
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
Pods	Also refers to a team comprised of specified staffing level per a caseload of 80 clients.
Proposal	Shall mean Bidder response to this RFP; used interchangeably with bid

Transition Day Reporting Center (TDRC)	A comprehensive program with coordinated wrap-around support services that serve the comprehensive needs of post-release community supervision (PRCS) clients under Alameda County probation supervision. The program is in partnerships between ACPD and Leaders in Community Alternatives, Inc.
Qualified	Competent by training and experience to be in compliance with specified requirements
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Rate-based	A monthly reimbursement method for the contract period on either a set negotiated rate or provisional rate.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP
Response	Shall refer to Bidder's proposal submitted in reply to RFP
Serious Mental Illness (SMI)	BHCS defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to participants and patients under an agreement or contract with BHCS
State	Refers to State of California, its departments and/or agencies
State Prison	Refers to the California Department of Corrections and Rehabilitation
System Of Care (SOC)	For the purposes of this RFP, SOC refers to Adult SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) services for adults age 18 to 64.
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.