



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)**

**ADDENDUM NO. 1**

**TO**

**RFP NO. 16-01**

**FOR**

**IN-HOME OUTREACH TEAMS**

**Specification Clarification/ Modification and Recap of the Networking/ Bidder's Conferences held on  
 Friday March 18, 2016**

**NOTICE TO BIDDERS**

This county of Alameda, BHCS RFP Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the county's small local emerging business (SLEB) vendor database or from other sources. If you have registered or are certified as a SLEB please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB vendor database. This RFP Addendum will also be posted on the BHCS website located at <http://www.acbhcs.org/Docs/docs.htm#Procurement> and the General Services Agency (GSA) contracting opportunities website located at [https://www.acgov.org/gsa\\_app/gsa/purchasing/bid\\_content/contractopportunities.jsp](https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp)

This document includes points that may not have been sufficiently emphasized in either the Bidders' Conferences or the Request for Proposals (RFP). **The Addendum is the final word and response from the County.**

Changes are noted in **yellow highlight and bold** while deletions are noted in ~~strikethrough~~.

**CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...**

**I. RFP**

- The Informational Meeting/Bidders' Conferences on page one has been updated:

Date	Time	Location
Friday March 18, 2016	9:30 am – 11:30 am	Alameda County Behavioral Health Care Services Agency <b>1900 Embarcadero Cove, Suite 205, Oakland</b> <del>1900 Embarcadero Cove, Suite 205, Oakland</del> (Wildcat Canyon Room)
Friday March 18, 2016	1:30 pm – 3:30 pm	Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)

- Section I. B. Background on page 4:
  - Revised: 5<sup>th</sup> paragraph 1<sup>st</sup> sentence: A recent BHCS twelve month retrospective utilization report of high-need clients revealed that 670 **669** people, which represents three percent of the BHCS total adult population, ended up in highest cost services such as subacute, in-patient hospital and crisis stabilization, that totaled to \$64.7 million which is 37 percent of BHCS' overall adult system of care budget.
- Section E. Specific Requirements on page 6:
  - Revised 9<sup>th</sup> bullet to apply to both TAY and adult: Develop and provide **a TAY** family support group/s;
- Section I. F. 4. Forming Partnerships and Collaboration on page 9:
  - Revised last sentence: **Bidders will describe their perceived role in providing warm handoffs and referrals to appropriate services including their experience with and capacity to do so.**
- Section I. F. 5. Ability to Track Data and Outcomes on page 10.
  - Revised the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> bullets:
    - 50 percent of **engaged** clients will successfully link to outpatient mental health services or rehabilitation and recovery services within the first twelve months of referral;
    - **Engaged clients** will have a 25 percent reduction in the number of psychiatric hospitalization days within first twelve months of referral;
    - **Engaged clients** will have a 25 percent reduction in the number of PES visits within the first twelve months of referral;
  - Revised first sentence of last paragraph to include the additional information: **Awarded contractors will be issued an approved tool to administer to participants and family to collect consumer satisfaction information.**
- Section II. F. Response Format/ Proposal Responses. Table 1: Section 6. Iii. Bidder Experience Ability and Plan on page 19:
  - Revised Questions 16:
    - 16. TAY specific:** How will family group be developed? Who will run it? How often? What will the content focus be?
- Section II. G. Evaluation Criteria/ Selection Committee. Table 3: RFP Section 6. iv. IHOT Program Design: Client Needs on page 28:
  - Revised last bullet in the section. Question applies to both TAY and adults:
    - **TAY specific:** How well does Bidder describe how family groups will be developed?
- Section III. Appendices A. Glossary & Acronym List:
  - Added: **Stage-matched engagement: Connecting with clients based on "stage of change" model. The transtheoretical model includes 5 stages of change: precontemplation, contemplation, preparation, action, and maintenance.**
  - Revised the definition of TAY: Refers to youth ages ~~16~~ **18 through 24 years old.**

## II. FILLABLE FORMS TEMPLATE

- **The IHOT Adult Fillable Forms Template is deleted and replaced with the Revised IHOT Adult Fillable Forms Template. The revised version includes an additional question regarding family groups that Bidders need to respond to.**

**III. BUDGET TEMPLATE**

- **The Exhibit B-1 Workbook is deleted and replaced with the Revised Exhibit B-1 Workbook. The revised version includes updates to the Professional & Specialized Services line.**

**BIDDERS QUESTIONS**

General Questions

1. *Can a bidder bid on both North/Central Adult teams? If so, would ONE budget be submitted for \$800,000? Or do you submit one budget per team?*

**No. Per Section II. G. on page 23, “each team under service group (b) Adult will be awarded to three unique CBO’s. Bidders can bid for both the North/Central county area and East/South area. The two Adult IHOT team for North/Central country region will be awarded to the top two bidders (two unique CBOs) for that region. Bidders can only submit one proposal with an accompanying budget for one team in the North/Central region.**

2. *Is the county awarding extra points to those who come in UNDER \$400,000 per team (per page 30), or has the county determined that \$400,000 per team is the cost it takes to adequately provide 15-20 individuals with all of the supports they need?*

**The points that a Bidder can receive under 7.a. Cost Coefficient is based on the standard cost co-efficient formula provided by Alameda County General Services Agency. Please see response to #3 below for more detailed explanation. The County determined that it costs contractors up to \$400,000 to adequately provide IHOT services based on the San Diego County model.**

3. *Table I 7.a. provides extra scoring points for cost savings but seems to indicate that at least a \$100,000 cost savings is required to earn points. Is that the case and, if so, is the County open to receiving proposals at only \$300,000 in funding or less?*

**The standard cost co-efficient formula provided by Alameda County General Services Agency, on page 29, may provide additional points to the lowest bidder (if applicable). However, there is no specific costs savings required. The number provided ( $\$100,000/\$100,000 = 1 \times 5 \times \text{weight} = \text{points}$ ) is an example only.**

**Based on a 5% weighted score for 7.a. (Table 1), each Bidder will receive the following points for that section as follows (for illustration only):**

BIDDER	Bidder A	Bidder B	Bidder C	Bidder D
Bid Cost	\$400,000	\$399,990	\$398,000	\$397,950
Cost-Coefficient Formula	Low bid/fourth lowest bid x 5 x 5 (weight) = points	Low bid/third lowest bid x 5 x 5 (weight) = points	Low bid/second lowest bid x 5 x 5 (weight) = points	Low bid/low bid x 5 x 5 (weight) = points
Calculation	$\$397,950 / \$400,000 \times 5 \times 5$	$\$397,950 / \$399,990 \times 5 \times 5$	$\$397,950 / \$398,000 \times 5 \times 5$	$\$397,950 / \$397,950 \times 5 \times 5$
Bidder Score	24.87	24.87	24.99	25.00

4. Which is the age group for TAY? Page 3 says 18-24, but glossary (page 37) says 16-24. TAY refers to youth ages 18-24. Please see Corrections above.

5. Page 5, Section C of the RFP says this is a short-term service. Can you define short-term? IHOT is designed as an intervention to link high need individuals with SMI to ongoing services. IHOT is not designed as a treatment service or long term service. Clients should be engaged and linked with services within a reasonable amount of time as deemed by the Contractor and BHCS. Short term is defined as the shortest amount of time to successfully engage and link clients to services.

6. Please define "stage-matched" as referenced on page 6 of the RFP: "Bidders will need to demonstrate capacity to and experience with conducting outreach in various settings using stage-matched engagement strategies."

**Stage-matched engagement: Connecting with clients based on "stage of change" model. The transtheoretical model includes 5 stages of change: precontemplation, contemplation, preparation, action, and maintenance. Please see Changes above.**

7. Do sites at which services are provided all need to be Medi-Cal certified?

**No. IHOT services are not treatment services. There is no Short Doyle Medi-Cal billing expectations therefore Medi-Cal site certification is not required.**

8. On page 12, Section C of the RFP it says that bidders must meet the County's SLEB requirements in order to be considered while on page 31 the RFP indicates that preference points will be awarded for qualified SLEB's. Which of these terms will be in effect?

**For purposes of participating in a competitive RFP, the preference points on page 31 only apply to SLEB certified Prime bidders. However, Bidders must meet the County's SLEB requirements which you can review by clicking the link on page 12 of the RFP or reviewing the SLEB Partnering Information Sheet found on page 39 of the Fillable Forms Template. If the awarded Bidder is unable to meet the SLEB requirements, please provide a reason for not being able to meet the requirements. Upon review, the County may issue a waiver.**

9. Per page 20 of the RFP, 3. Describe composition of organization, including Board of Directors and staff. Include race/ethnicity, gender, and staff with lived experience and their family members. (Include as Attachment 3A) - can you clarify the desired format or structure for an Attachment 3A? Should this be placed at the back of the proposal?

**There is not a specific format to provide the information. Bidders may provide the information in a format that is clear and will allow the evaluation panel to understand the composition of the Board of Directors and staff. Attachment 3A should be labeled and included at the end of the proposal or as an attachment to the appropriate section.**

10. Page 20 in section (b) asks for a proposed program chart that illustrates where the program will sit within the organization. Do you also want a staff org chart?

**Bidders can submit information they feel would be useful for the evaluation panel to understand where the program will sit within the organization.**

11. Will these awarded contracts be renewed annually? Is this the plan?

**Yes. Please refer to Section II. M. Term/Termination/Renewal of the RFP.**

12. May an Alameda BHCS employee be used as a reference?

**No.**

13. *If during the process of filling in the fillable form, it is discovered that the form is not functioning correctly, what should be done? Who can we contact?*

**Please contact Rachel Garcia at [ragarcia@acbhcs.org](mailto:ragarcia@acbhcs.org) or 510-383-1744**

IHOT Program Model and Staffing related questions:

14. *Page 8 – is street outreach (for the homeless) part of the service expectation?*

**IHOTs will conduct outreach in participant’s natural environments. These environments may include areas where clients live and feel comfortable.**

15. *Is there a proposed length of services? i.e., is the amount of families to be served in a year MORE than 15-20?*

**There is no proposed length of services to link clients to treatment and ongoing services. Per section I. C. Scope, BHCS expects each team to provide services to 15-20 individual clients and their families at any given time.**

16. *Can IHOT clients continue in IHOT while in outpatient treatment?*

**No.**

17. *What will designate when an individual will be closed to IHOT (when should we close an individual)?*

**Bidders can propose how long their follow up period will be. It should be a period of reasonable time to ensure successful linkage has been made.**

18. *Can IHOT clients also be clients in FSP or other programs serving SMI clients, such as the Stars Community Services TAY program?*

**IHOT services can be provided to any unlinked clients. This may include those who have been assigned to a program ( P code) but have not been opened to team (T code), indicating that linkage has not occurred.**

19. *If services the IHOT provider is trying to link the participant to are full then how long does the IHOT provider hold the case (esp. since these programs are not considered treatment providers)?*

**BHCS would like for bidders to outline in their proposal how they will address this issue/ they think it will work out. It is our expectation that the IHOT provider supports the consumer and family until the warm hand off occurs with the treatment provider.**

20. *Relationships with service teams:*

a. *Might some of the high-need clients already be assigned to service teams of FSP’s?*

b. *If they are not on service teams or FSPs, could they be referred to them?*

**Yes, participants can be linked to any available service that matches the appropriate level of care. Yes, if a participant is not on a service team or FSP, they can be referred to them.**

21. *If there are 15-20 members per team, then new people will be assigned once teams is at what number?*

**The IHOT model does not include a co-hort. IHOTs will be working with an average of 15-20 individuals at any given time.**

22. *What if a person has exited from the team and needs at a future time to receive these services again, can they be re-entered?*

a. *What if you are already maxed in numbers enrolled?*

**Yes, if a person has exited the team and needs to receive services again, they can be re-entered. IHOT teams on average will be working with 15-20 participants at any given time. IHOT does not have a “fixed” caseload model so the number may fluctuate and go above 20 or below 15. IHOTs should, however, be doing continuous outreach to engage high need individuals with SMI.**

*23. For TAY: how will co-occurring referrals to other providers be handled (I can say more about this at the conference)?*

**Co-occurring treatment referrals should be handled the same as outpatient mental health providers.**

*24. Will TAY be referred to contractor or how will contract identify SMI TAY?*

**Per page 7, section I.f.2 – ACCESS will provide referrals for TAY and adults.**

*25. How many TAY are identified with SMI that require outreach and engagement under this RFP? How many TAY youth does this RFP expect to serve?*

**BHCS only has data on the 669 high need clients. Of those, 109 are TAY. In addition, there is expectation to outreach and engage to TAY in the community who can benefit from linkage to services. Each team is expected to have the capacity to serve 15-20 individuals at any given point.**

*26. Why is the TAY IHOT not funded at a higher level since it has the additional requirements of covering the entire county, a community advisory board, and family support groups?*

**The TAY IHOT funding level, geographic area and other requirements takes into consideration the proportion of the TAY high need clients versus the adults and recommendations from BHCS’ AB1421 Planning Committee. Family support groups are now also required from the Adult IHOTs (see Correction section above).**

*27. How should TAY clients be handled who are within 18-24 age range when they come into the program but age out when they cycle back?*

**Clients should be referred to the appropriate IHOT as designated by BHCS. Clients that are on the cusp of aging out of TAY may remain in TAY but if they return and are over the age of 24, they should be handled by the appropriate Adult IHOT.**

*28. Does the licensed LHPA staff person need to be licensed?*

**Yes, the LPHA has to be licensed in the preferred staffing model.**

*29. What are the education/experiential qualifications for the case manager position (page 8)?*

**Bidders are asked to describe their planned staffing structure including roles and responsibilities of staff in section II. F. Table 1 section 6.b.i on page 20.**

*30. In Table I, 6.3.b., it identifies Advisory Board and Family Group staff. Are these to be employees? If so, they are not identified in section I.F.3.*

**Bidders are asked to propose how they will structure and staff family groups and the advisory board.**

*31. Will staff, in addition to providing linkage, also need to be knowledgeable about testifying or petitioning the court for involuntary services if a participant is unwilling to engage in services?*

**No. Testifying or petitioning the court is not included in the scope of work for this RFP.**

32. *What will the documentation requirements be given that this is a brief program and is not considered to be treatment oriented but more focused on outreach, engagement and linkage (i.e. will Assessments, Treatment Plans, CANS etc. be required)?*

**BHCS assessments and treatment plans are not required. However, the awarded Contractors will be expected to document services provided as required by state regulations. BHCS will provide training and technical assistance related to documentation prior to program start.**

33. *Since connections by the IHOT team with clients when hospitalized and upon discharge from hospital is key to success of the warm hand-off: Is John George PP being involved in planning and implementation of IHOT to ensure they let IHOT team know when client is hospitalized and when being discharged? They do not currently communicate this way with providers.*

**No specific program or service provider was involved during the IHOT planning process. However, all relevant providers will be expected to participate in the full implementation of the program.**

34. *Can crisis therapy be provided and therefore budgeted?*

**No. Crisis therapy is not part of the IHOT model.**

35. *Is psychiatry an expectation of this contract?*

**No. The IHOT model is not a treatment program.**

MAA related questions:

36. *Does provider need to estimate MAA revenues for the proposal response budget or will those be discussed at time of negotiations?*

**No. MAA estimates do not need to be included in proposal budget.**

37. *What services are to be provided and claimed in the 35% of funding that is not MAA?*

**Any services that cannot be billed to MAA.**

38. *Does the Provider need to have a MAA claim plan with the state or does this I.E. requirement refer to the County's MAA plan: An approved MAA claim plan through the State;*

a. *If it is the County's plan, please provide a copy.*

b. *If the Provider is to have a plan, does it need to be in place at the time of responding to this RFP or at the time of contracting for the IHOT program?*

**The Provider does not need to have a MAA claim plan with the state in place when submitting a proposal. BHCS MAA Coordinator will provide training and technical assistance to the awarded Contractor(s) in order to obtain and get an approved MAA plan through the State. The MAA Coordinator will also assist awarded Contractor(s) who already have an approved MAA plan with the State to complete an amendment, as needed.**

39. *How long does the MAA approval process take?*

**The MAA approval process varies. On average, the approval timeline is one to two months depending on any follow up needed from the State. Providers can start claiming MAA during the quarter the claim plan is submitted to the State. Programs will not be penalized if the MAA approval process takes longer than anticipated.**

40. *I am not sure I understand how the funding will pay for services and staffing level identified. We have a MAA plan and are reimbursed at a rate that does not cover 65% of start/admin costs.*

*Particularly given the lockouts on MAA billing (incarceration hospitalization) – that will also be the best time to connect with and serve clients ( while they are in a stable place).*

**The program is funded using MHSA dollars. Any expected revenue through MAA billing will be an offset against that and will support the ongoing sustainability of the program.**

41. *The billing that will occur in the IHOT team is MAA billing, which are indirect services, which are not billed to a specific client. Will there be the ability in Clinician's Gateway to write progress notes for individual clients served by the IHOT team?*

**Yes. Progress notes can be written in Clinician's Gateway for any service including unbillable services.**

42. *Is there a lock out to claiming MAA or non-MAA funding while clients are incarcerated or hospitalized?*

**Outreach in jail and hospital can only be billed to MAA if the client will be released/ discharged within 30 days and if the MAA services will assist them in obtaining Medi-Cal benefits.**

43. *Will the contractor have to bill for MAA outside of invoicing BHCS?*

**Contractors should not have to bill for MHMAA. They should only have to fill out the Individual Staff Log (ISL) which will be entered into Insyst or Clinicians Gateway. BHCS will prepare the MHMAA invoice based on MAA services entered into Insyst and/or Clinicians Gateway.**

**Bidders Conferences**

The following participants attended the Bidders Conferences:

	<b>Organization Name</b>	<b>Representative</b>	<b>Contact Information</b>
1	<b>Stars</b>	<b>Karly Wiley</b>	Phone: (510) 924-0230
E-Mail: kwiley@starsinc.com			
Certified SLEB: No			
2	<b>La Familia</b>	<b>Pedro Felix</b>	Phone: (510) 881-5921
E-Mail: pfelix@lafamiliacounseling.org			
Certified SLEB:			
3	<b>Fred Finch Child Center</b>	<b>Roger Daniels</b>	Phone: (510) 485-5243
E-Mail: rogerdaniels@fredfinch.org			
Certified SLEB: No			
4	<b>Abode Services</b>	<b>Kara Carnahan</b>	Phone: (510) 270-1190
E-Mail: kcarnahan@abodeservices.org			
Certified:			
5			Phone: (510) 777-9909



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	Organization Name	Representative	Contact Information
	<b>Youth Uprising</b>	<b>Samantha Sandoval</b>	E-Mail: <a href="mailto:ssandoval@youthuprising.org">ssandoval@youthuprising.org</a> Certified SLEB: Yes
6	<b>BAYC – Sunny Hills Services</b>	<b>Eric Lofchie</b>	Phone: (707) 364-5430 E-Mail: <a href="mailto:elofchie@sunnyhillsservices.org">elofchie@sunnyhillsservices.org</a> Certified SLEB:
7	<b>BACS</b>	<b>Ben Blake</b>	Phone: (510) 827-2097 E-Mail: <a href="mailto:bblake@bayareacs.org">bblake@bayareacs.org</a> Certified SLEB: Yes
8	<b>LFCS</b>	<b>Tim Tabernik</b>	Phone: (510) 559-3193 E-Mail: <a href="mailto:ttabernik@htaconsulting.com">ttabernik@htaconsulting.com</a> Certified SLEB:
9	<b>Asian Community MH Services</b>	<b>Catherine Powell</b>	Phone: (510) 869-6090 E-Mail: <a href="mailto:catherinep@acmhs.org">catherinep@acmhs.org</a> Certified:
10	<b>BHI</b>	<b>Cherry Molinari</b>	Phone: (510) 932-1099 E-Mail: <a href="mailto:cherry@bonitahouse.org">cherry@bonitahouse.org</a> Certified SLEB: Yes
11	<b>ACMHS</b>	<b>Pollie Bith-Melander</b>	Phone: (510) 499-6925 E-Mail: <a href="mailto:pollieb@acmhs.org">pollieb@acmhs.org</a> Certified SLEB:
12	<b>Hume Center</b>	<b>Brian Newton</b>	Phone: (925) 825-1793 E-Mail: <a href="mailto:bnewton@humecenter.org">bnewton@humecenter.org</a> Certified SLEB:
13	<b>Youth In Mind</b>	<b>Susan Manzi</b>	Phone: (510) 506-2903 E-Mail: <a href="mailto:susan@yimcal.org">susan@yimcal.org</a> Certified SLEB:
14			Phone: (510) 506-2903

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	Organization Name	Representative	Contact Information
	Youth In Mind	Nguyen Weeks	E-Mail: <a href="mailto:nguyen@yimcal.org">nguyen@yimcal.org</a>
			Certified:
15			Telecare Corporation
	E-Mail: <a href="mailto:sfitzsimmons@telecarecorp.com">sfitzsimmons@telecarecorp.com</a>		
	Certified SLEB: No		
16	Caminar for Mental Health	Tara Beckman	Phone: (707) 652-7301
			E-Mail: <a href="mailto:tarab@caminar.org">tarab@caminar.org</a>
			Certified SLEB: No
17	Mental Health Systems	Crystal Luna	Phone: (760) 994-8734
			E-Mail: <a href="mailto:cluna@mhsinc.org">cluna@mhsinc.org</a>
			Certified SLEB:
18	Abode Services	Kaia Carnahan	Phone: (510) 270-1190
			E-Mail: <a href="mailto:kcarnahan@abodeservices.org">kcarnahan@abodeservices.org</a>
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19	Bay C – Sunny Hills Services	Alex Volpe	Phone: (510) 727-9401 x132
			E-Mail: <a href="mailto:alex@baycyouth.org">alex@baycyouth.org</a>
			Certified SLEB: Yes
20	Alameda County BHCS	Rachel Garcia	Phone: (510) 383-1744
			E-Mail: <a href="mailto:RGarcia@acbhcs.org">RGarcia@acbhcs.org</a>
			Certified SLEB: n/a
21	Alameda County BHCS	Edilyn Dumapias	Phone: (510) 383-2873
			E-Mail: <a href="mailto:EDumapias@acbhcs.org">EDumapias@acbhcs.org</a>
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22	Alameda County BHCS	Michiko Ronne	Phone: (510) 383-2874
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			Certified SLEB: n/a
23			Phone: (510) 777-2114

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	Organization Name	Representative	Contact Information
	<b>Alameda County BHCS</b>	<b>Julie Johnson</b>	E-Mail: JJohnson@acbhcs.org Certified:n/a
24	<b>Alameda County BHCS</b>	<b>Jennifer Mullane</b>	Phone: (510) 383-1778 E-Mail: JMullane@acbhcs.org Certified SLEB: n/a
25	<b>Bonita House, Inc</b>	<b>Terry Rubin-Ortiz</b>	Phone: cell (510) 393-3542 office (510) 809-1780 E-Mail: terry@bonitahouse.org Certified SLEB: Yes
26	<b>Stars</b>	<b>Vanessa Garcia</b>	Phone: (510) 352-9200 x238 E-Mail: vgarcia@starsinc.com Certified SLEB: No
27	<b>Bonita House, Inc</b>	<b>Lorna Jones</b>	Phone: (510) 923-1099 E-Mail: lorna@bonitahouse.org Certified SLEB: Yes
28	<b>Bonita House, Inc</b>	<b>Mark Shotwell</b>	Phone: (510) 809-1780 E-Mail: mark@bonitahouse.org Certified: Yes
29	<b>Bonita House, Inc</b>	<b>Lori Mercedes Magistrado</b>	Phone: (510) 923-1099 E-Mail: Lori@bonitahouse.org Certified SLEB: Yes