



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 16-01
SPECIFICATIONS, TERMS & CONDITIONS
for
IN-HOME OUTREACH TEAMS (IHOT)
(a) Transition Age Youth IHOT and (b) Adult IHOT**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Friday March 18, 2016	9:30 am – 11:30 am	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cover, Suite 205, Oakland (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)

**PROPOSALS DUE
by 2:00 pm on Thursday April 7, 2016
to
RFP 16-01 c/o Rachel Garcia
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date/time will NOT be accepted
Contact: Rachel Garcia
Email: ragarcia@acbhcs.org Phone: 510.383.1744**

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter BHCS or County) to seek proposals for the provision of In-Home Outreach Teams (IHOT) to provide in-home outreach and engagement services to Transitional Age Youth (TAY) and adults with serious mental illness (SMI) in Alameda County.

BHCS will use this Request for Proposals (RFP) to establish contract providers to provide region specific IHOT mobile teams. The table below details the breakdown of location and population IHOTs will serve.

Service Group	Number of Teams	County Region	Cities/ Unincorporated areas in region
(a) TAY Ages 18 – 24	1	County wide	All Alameda County cities and unincorporated areas
(b) Adults Ages 25 and older	2	Central and North County	Central: Unincorporated areas of Ashland, Castro Valley, Cherryland and cities of Hayward, San Leandro, and San Lorenzo North: Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont
	1	East and South County	East: Dublin, Livermore, Pleasanton, and Sunol South: Fremont, Newark, and Union City

Bidders may submit a separate proposal for each Service Group - (a) TAY IHOT or (b) Adult IHOT.

BHCS intends to award up to four unique community based organizations (CBO) contracts for each IHOT. It is possible that a CBO may be considered for a contract award for one IHOT under service group (a) TAY and (b) Adult but each team under service group (b) Adult will be awarded to three unique CBOs.

Each IHOT mobile team will be awarded up to \$400,000 which will be funded with Mental Health Services Act (MHSA) funds. It is anticipated that at least 65 percent of services provided through IHOT will bill for Medi-Cal Administrative Activities (MAA).

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.

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to renew any awarded contract. Any renewal of an awarded contract shall be contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS. The County reserves the right to include performance based payments in any future contract renewal.

B. BACKGROUND

In 2002, the California State Assembly passed the Assisted Outpatient Treatment Demonstration Project Act (AB1421) which is also known as "Laura's Law." It was developed in response to the 2001 Nevada County shooting of a mental health worker by a man who was not participating in psychiatric treatment.

AB1421 provides court-ordered intensive outpatient services for individuals with a recent history of recurrent psychiatric emergency room visits and hospitalizations who are significantly deteriorating and unwilling/unable to engage in voluntary services to support their recovery. AB1421 outlines the target population and eligibility criteria in Welfare and Institutions Code (WIC) Section 5346, and the service goals and requirements of AB1421 programs. These programs, known as Assisted Outpatient Treatment (AOT), attempt to address a gap in the continuum of treatment for these individuals.

Alameda County Board of Supervisors (BOS) charged BHCS to engage community stakeholders for their input and come up with more compassionate alternatives to AB1421. At the conclusion of the stakeholder planning process, BHCS presented nine recommendations that focused on voluntary programs and services aimed at reducing unnecessary hospitalizations and increasing engagement with individuals who would otherwise be resistant to mental health treatment all while also protecting public safety. The IHOT model, first piloted in San Diego, was one of the recommendations approved and adopted by the BOS.

IHOT's overarching purpose is to provide successful linkage to natural community supports for people with untreated moderate to severe mental illness in order to help them avoid acute care settings as a means of getting behavioral health treatment and reduce interaction with the criminal justice system. Although it titled "in-home" outreach team, home is defined as where the person is currently located; is streets, jail, with family, or other places in the community. Additionally, IHOT will serve as a significant resource for family members and loved ones of these difficult to engage individuals.

A recent BHCS twelve month retrospective utilization report of high-need clients revealed that 670 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. Within this group, 122 individuals have not connected to any other services after discharge from acute services. Therefore, this program places a heavy emphasis on providing outreach, engagement and linkage services to reach these individuals who are not connected to services, as well as receiving referrals from family members and the community.

C. SCOPE

The scope of work requires IHOTs to provide in-home outreach and engagement services to individuals with SMI who are reluctant or resistant to seeking mental health services and their family members or care takers, in order to connect with outpatient mental health services.

The IHOT mobile teams should be designed to accomplish the following goals:

- Increase access to care through strategic outreach and engagement with the priority populations;
- Provide outreach and engagement services that help clients identify goals and improve connections. Including referrals, education, support services to the priority population and to individuals who identify as family members/ care takers;
- Increase understanding of mental health disorders while reducing the effects of untreated mental illness in TAY and adults with SMI, and their families;
- Provide linkage to appropriate and ongoing services through timely warm hand-offs to mental health and treatment services; and
- Increase family member satisfaction with the mental health system of care.

BHCS expects each team to provide services to 15-20 individual clients and their families at any given time. The IHOT will provide the use of flex funding for incentives to encourage engagement (i.e., gift cards, food, etc.)

The IHOT program model is a short-term intervention to reach populations that do not engage in ongoing services or treatment. The model focuses on referrals, outreach, engagement, and linkage to longer term mental health, rehabilitation services, recovery and peer support services, and other services as needed. The program shall utilize wellness and recovery practices to link clients with a variety of services to identify and pursue goals that will improve quality of life, self-sufficiency and independence by helping the client identify ways to manage their symptoms, their health and their recovery. IHOTs will support participants in accessing appropriate services and navigating care settings.

IHOT is not a treatment service and does not provide physical or mental health treatment. Although IHOT team members may provide assistance and support during a crisis, IHOT is not a crisis response or an emergency service.

D. BIDDER MINIMUM QUALIFICATIONS

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

- a. Have at least five years of organizational experience providing outreach services to unserved or underserved individuals with SMI and their family members/ caregivers;
- b. Have at least five years of experience employing staff with lived experience; and
- c. Have no current open Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted services provider.

Proposals that exceed the contract maximum amounts 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 CSC and will not be eligible for contract award under this RFP.

E. SPECIFIC REQUIREMENTS

Contracts awarded from this RFP will include conformance with all of the following:

- An approved MAA claim plan through the State;
- Provide culturally relevant services to diverse populations which include services offered in client's/family's preferred language;
- Utilize community best practices in outreach and engagement services;
- Provide outreach and engagement services in client's home, jail, community, clinical settings, or locations identified as convenient by the client;
- Data entry in a timely manner, as instructed, into County approved electronic system;
- Capacity to identify and provide referrals to clients with mental health and substance use;
- Experience providing developmentally appropriate support and education to family members/ caregivers;
- Utilization of a community advisory board composed of consumers and family members to support TAY IHOT members (if submitting a proposal for TAY IHOT only);
- Develop and provide a TAY family support group; and
- Administer client satisfaction surveys to individuals in the priority population and their family members/ caretakers.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding and Experience with Priority Population Needs

Contractor shall provide IHOT services to TAY 18 to 24 or adults over 25 residing in Alameda County with SMI who are reluctant to seek outpatient mental health services, and to their family members/caretakers/supports. This population may have had sporadic contact with an outpatient program but has not engaged in ongoing treatment or has discontinued recommended treatment. TAY and adults in the priority populations have experienced mental health symptoms that contribute to serious functional impairment in activities of daily living, social relations and/or ability to sustain housing. Individuals in the priority populations may have had one or more previous episodes in the last year consisting of psychiatric hospitalization, emergency room visit, police involvement and/or incarceration. Those in the priority populations may have a history of co-occurring substance use/abuse and mental illness. People with SMI who are left untreated are frequently estranged from their families, end up homeless or in acute care settings and can pose a danger to the general public. Family members, caretakers,

and/or support people of these priority populations are often left grappling with obtaining help and finding appropriate resources; therefore, they are included in the service population for purposes of this RFP.

The following table provides demographic information of the 669 highest need individuals in Alameda County. Bidders must demonstrate experience in providing services that are culturally responsive to the individuals in the priority populations.

Demographic Data on Highest Need Individuals	
Location	
North County	52%
Gender	
Male	57%
Race/ Ethnicity	
African American	54%
Caucasian	24%
Latino	15%
API	5%
Native American	1%
Unknown	1%

Successful Bidders will demonstrate comprehensive knowledge and experience providing outreach services to the priority population in their natural environments including homes, clinical settings such as emergency rooms or hospitals, and community settings. Bidders will need to demonstrate capacity to and experience with conducting outreach in various settings using stage-matched engagement strategies. Bidders must demonstrate understanding in working with the priority populations, as well as their experience in successfully engaging these individuals, and their family members, caretakers, and/or supports.

2. Service Delivery Approach

An effective delivery approach will offer a service array that reflects BHCS' values on consumer and family empowerment, best practices, health and wellness and cultural responsiveness. The IHOT model places equal emphasis on serving TAY and adults with SMI as well as their family members/care givers to reduce the effects of untreated mental illness on the system.

The IHOT model consists of five phases: referrals, outreach, engagement, linkage via warm hand off, and follow up

The first phase, referral, is the process in which IHOT members receive referrals of potential clients. BHCS will provide the awarded Contractors an ongoing list of high need clients who have not engaged in services. In addition, BHCS Acute Crisis Care and Evaluation for System-wide Services (ACCESS) will provide referrals to the IHOT. Sources of referrals to ACCESS include BHCS, family members or caretakers who request an in-home intervention, Psychiatric Emergency Services (PES), law

enforcement, jail or juvenile justice facilities, hospitals, hospital emergency departments, mental health programs, Adult Protective Services, IHOT staff and advocacy agencies. Clients are contacted within three business days of initial referral. If the client is in a community crisis setting (e.g. crisis stabilization, PES, hospitals), clients are contacted within 24 hours of initial referral.

IHOT members will outreach to the priority population to engage individuals in ongoing outpatient services. Outreach will be done in natural environments including client homes, community settings, acute settings, shelters, and jails.

Engagement takes place when the participant actively participates in IHOT services. The primary purpose of engagement is to collaboratively establish and help the clients identify life goals and improve connections with relevant community supports. These supports include mental health and substance abuse treatment, supported housing and other relevant services. IHOT members will screen clients to determine the need for referrals to additional services as appropriate. Clients will receive assistance based on identified needs including but not limited to making appointments and getting to their appointments. Clients will be considered linked once they agree to accept services in the community and have successfully engaged in the service. IHOT members will follow up with clients to support transitions to providers and ensure clients have remained linked to services.

IHOT services shall be provided in accordance with community best practices that are culturally responsive and focused on providing quality services to individuals with SMI. Bidders will be evaluated based on their description of implementing the five phases of the program, how well the chosen practices meet the needs of the priority populations and Bidders' experience in implementing such practices to the highest fidelity.

3. *Planned Staffing and Organizational Infrastructure*

At a minimum, bidders shall provide staffing to fulfill the following four full time employees (FTE) for each IHOT:

a.) Adult IHOT Staffing Model:

- Licensed LPHA Team Lead (1)
- Case Manager (1)
- Peer Support Specialist with lived experience (1)
- Family Coach (1)

b.) TAY IHOT Staffing Model:

- Licensed LPHA Team Lead (1)
- Peer Support Specialists with lived experiences (2)
- Family Coach (1)

BHCS prefers the staffing model above, however Bidders may propose an alternative staffing structure that reflects their delivery of services, including a description of how the proposed staffing structure is effective in reaching this population.

Bidders shall include in their proposal a staffing plan structure that integrates consumers with lived experience and family members as part of the IHOT team who will be primarily

doing most of the field work. They are integral in promoting engagement and the provision of peer and family support services in the service delivery.

Even though IHOT services are not a treatment intervention, the field teams will need clinical support in dealing with the challenges that comes with serving a difficult population. The clinical staff will also assist in tailoring outreach and engagement strategies that will lead to the desired outcomes. In addition, there shall be staff whose main role is to provide administrative and clinical leadership, total oversight and coordination of day-to-day activities, and tracking and reporting the required outcomes by the County and to ensure overall program success.

The successful bidders will be organizations that demonstrate adequate infrastructure to deliver the proposed program model. Appropriate infrastructure includes:

- Organizational capacity to conduct and adhere to MAA claim plan requirements including regular time-studying;
- Organizational capacity for supporting Peer Support staff with lived experience and Family Specialists, including a plan for training, supervision and ongoing support;
- Implementing community best practices that are strengths-based;
- Capacity to provide services in client's natural environment including homes, hospitals, emergency rooms, community settings, etc.;
- Capacity to provide services outside regular work week and weekend hours to offer more availability to clients; and
- Developing and maintaining the technology and staff support to collect and analyze the data outside a BHCS-approved data collection system.

4. *Forming Partnerships and Collaboration*

In order to meet the needs of the priority population and others served by the public mental health system in Alameda County, energy should be invested in strengthening the linkages across programs and services, as well as increasing coordination across systems. At the conclusion of the AB1421 stakeholder process, there was a strong hope that the recommended programs would create more timely “warm handoffs” to those transitioning from the hospital or acute setting as well as those in treatment.

Although BHCS will initiate the program referrals by providing awarded Contractors with a list of highest need individuals who are not engaged in treatment, Bidders must include in their proposal how they plan to market their services in the community in a way that will effectively generate referrals for the priority population and incentivize engagement.

The IHOT mobile teams will serve as a conduit to provide warm handoffs to appropriate services as determined by participant's clinical needs. Bidders will describe their perceived role in providing warm handoffs and referrals to appropriate services including experience with and capacity to.

5. Ability to Track Data and Outcomes

The awarded contractors shall track data and outcomes for the purpose of reporting continuous quality improvement of services. The goal of the IHOT model is to collect and track data that will lead to the following outcomes:

- 90 percent of participants will receive weekly face to face services from IHOT members;
- 80 percent of participants will receive their first face-to-face visit from IHOT members within three days of referral;
- 50 percent of clients will successfully link to outpatient mental health services or rehabilitation and recovery services within the first twelve months of referral;
- Clients will have a 25 percent reduction in the number of psychiatric hospitalization days within first twelve months of referral;
- Clients will have a 25 percent reduction in the number of PES visits within the first twelve months of referral; and
- 90 percent of engaged participants and family members will complete a satisfaction survey within the first twelve months of referral.

BHCS reserves the right to collect data and evaluate the outcomes in the first year of program implementation and work with the awarded Contractors to alter the outcome measures for subsequent contract FY.

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

Rachel Garcia
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: ragarcia@acbhcs.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Thursday March 10, 2016	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Friday March 18, 2016	9:30-11:30 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Canyon Room)
2 nd Bidders' Conference	Friday March 18, 2016	1:30-3:30 Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)
Addendum Issued	Thursday March 24, 2016	
Proposals Due	Thursday April 7, 2016 by 2:00 PM	
Review/Evaluation Period	April 8, 2016 – May 12, 2016	
Oral Interviews (as needed)	May 11, 2016 (b) Adult IHOT May 12, 2016 (a) TAY IHOT	
Award Recommendation Letters Issued	May 19, 2016	
Board Agenda Date	July 2016	
Contract Start Date	July 1, 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. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

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 North American Industry Classification System (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. Bidders must complete and submit the correct Fillable Forms Template that corresponds to the Service Group they are applying for. Bidders who wish to bid for both Service Group (a) TAY and (b) Adult must submit two separate bids with separate budgets. Bids for service group (b) Adult IHOT must indicate whether it is for North/Central or South/East County Region or both. 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 Excel 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.¹

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

- Single spaced;
- Use 11-point Arial 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.
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

¹ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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 CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to recommend award/non-award notification. The submitted proposals shall be made available upon request no later than five business days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to recommend award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
10. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.
11. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.
12. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
13. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the **Fillable Forms Templates (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 and ensure that responses conform with the page maximum for each section and sub-section indicated in Table 1. 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. TITLE PAGE	Use the Fillable Forms Template to complete and submit the requested information.	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Use the Fillable Forms Template to complete and submit the requested information.	1
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	1
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the criteria.	2
	a. Have at least five years of organizational experience providing services to the priority population;	
	b. Have at least five years of experience employing staff with lived experience;	
	c. Have no current open Quality Assurance (QA) Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted service provider.	
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	a. Debarment and Suspension Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov	N/A
	b. References Use the Fillable Forms Template to provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.	2

Section	Instructions	Page Max.
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Fillable Forms Template to complete and submit the information below.	N/A
	a. Describe, in detail, Bidder's <i>Understanding and Experience with the Priority Population Needs and Understanding of the Service Delivery Approach</i> , including:	(8)
	i. Bidder's understanding of the priority population including: <ol style="list-style-type: none"> 1. TAY or adults with SMI who are reluctant to seek outpatient mental health services 2. Family members or caretakers of TAY or adults with SMI 3. Barriers or issues impacting priority populations from seeking and accessing ongoing services including social determinants, culture, language, etc. 4. Older adult, adult and TAY specific: age-related issues 	1
	ii. Bidder's experience working with the priority population that takes into account: <ol style="list-style-type: none"> 1. Experience in providing outreach and engagement services to the priority populations; 2. Experience in providing services in priority population's natural environments using stage matched approaches; 3. Experience with successfully linking individuals resistant to treatment in ongoing services; 4. Experience with programming that is culturally responsive to the priority populations. 	1
iii. Bidder's IHOT program design that demonstrates the following: <ol style="list-style-type: none"> 1. How services will be marketed to receive referrals? Include in your response the type and number of outreach activities you are proposing to deliver in a fiscal year. 2. How referrals will be prioritized? 3. Strategies for outreaching to and reaching individuals, including potential outreach locations. Give an example of outreach you have done to engage unserved/underserved populations (e.g. TAY, SMI, chronically homeless or difficult to engage populations). What strategies will you employ? What barriers do you anticipate and how will you address them? 4. How will IHOT manage participants who do not respond? 5. Proposed locations to conduct IHOT services; 	1	

Section	Instructions	Page Max.
	<p>6. How will clients be screened for services?</p> <p>7. How will clients be incentivized to engage? What resources will be utilized to engage clients?</p> <p>8. How will support services and assistance be provided to clients?</p> <p>9. How will clients be engaged in ongoing services and what happens after engagement? How and who will assist clients in linking to that service? How will follow up take place to determine the client was successfully engaged?</p>	1
	<p>10. How will Bidder support clients in navigating ongoing treatment services?</p> <p>11. How will follow up support be provided? What do you envision follow up support will include?</p> <p>12. How will IHOT maintain a caseload of at least 15-20 clients? How will client flow in and out of the program be managed to ensure outreach is maximized?</p>	1
	<p>13. How cultural and/or linguistic needs will be supported within IHOT? How will the program provide a welcoming environment to diverse cultural populations in the community and to individuals with co-occurring substance use/abuse and mental health conditions?</p>	1
	<p>14. How will family members or caretakers be engaged throughout the process?</p> <p>15. What are the challenges with engaging family members or caretakers? How will they be addressed?</p> <p>16. TAY specific: How will community advisory board be developed? Give an example of a youth/TAY advisory board your agency developed? What were the challenges, barriers and accomplishments?</p> <p>17. TAY specific: How will family group be developed? Who will run it? How often? What will the content focus be?</p>	1
	<p>iv. Identify any community based practices, evidence based practices, or proposed best practices that address client needs. Explain how your proposed practice aligns with and has been successful in addressing the needs of the priority population. Include in your response the plan for monitoring and implementing fidelity to the program model.</p>	1
	<p>v. Describe proposed programming by attaching one month schedule (include in proposal as Attachment 1A). Include the following:</p>	N/A

Section	Instructions	Page Max.
	<ol style="list-style-type: none"> 1. Services/Activities 2. List staff who will deliver each curricula/service 3. Hours and days 4. Any additional/relevant information 	
	b. Describe, in detail, Bidder's <i>Planned Staffing and Organization Infrastructure</i>, including:	(5)
	i. Bidder's planned staffing structure including: <ol style="list-style-type: none"> 1. Proposed program chart that illustrates where the program will sit within the organization (include as Attachment 2A) 	N/A
	<ol style="list-style-type: none"> 2. The roles licensed and non-licensed staff, roles and responsibilities of all staff. Including staff with lived experiences. 	2
	<ol style="list-style-type: none"> 3. Plan for hiring/recruiting, training, supporting and maintaining the following staff: <ul style="list-style-type: none"> • Licensed Team Lead • Case Manager (Adult only) • Peer Specialist/s • Family Coach • Advisory Board (TAY only) • Family Group 	1
	ii. Bidder's planned organizational infrastructure, including: <ol style="list-style-type: none"> 1. How staff will be prepared to provide culturally responsive services; 2. How staff will reflect priority populations; 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) 	1
	<ol style="list-style-type: none"> 4. How does the program fit into the bidder's organization? 5. What is the capacity to conduct and adhering to MAA claim plan? 6. Describe your capacity to provide services in client's natural environment and outside of regular work week hours and days 7. Capacity to support peer staff within the organization; 8. How will supervision be provided? 	1
	c. Describe, in detail, Bidder's ability and experience <i>Forming Partnerships and Collaboration</i>, including:	
	i. Describe the Bidder's experience in cultivating relationships to integrate social services, physical health, mental health, support services, etc. in program services including: <ol style="list-style-type: none"> 1. Describe existing public and community partners and plan for cultivating new relationships that will facilitate timely warm 	1

Section	Instructions	Page Max.
	<p>hand-offs;</p> <p>2. Process for providing warm hand-offs and the roles of staff in facilitating these hand-offs? Describe how this process will happen for participants transitioning from hospitals and acute care settings.</p>	
	<p>d. Describe, in detail, Bidder's Experience and Plan to Track Data and Outcomes, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specifically the following:</p> <ul style="list-style-type: none"> • Who will track the data? • How will the data be used for quality improvement? • How will clients and family members' opinions be integrated in the program evaluation and/or quality improvement? 	2
7. COST	<p>Budget</p> <p>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</p> <p>b. Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK (saved in MS Excel). See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p> <p>c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK.</p> <p>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:</p> <ol style="list-style-type: none"> 1) Required Staffing 2) Salaries and Benefits 3) Operating Expenses 4) Administrative and/or Indirect Costs 5) Revenue (if applicable) 	2 (in addition to the Exhibit B-1: Budget Workbook)
8. IMPLEMENTATION SCHEDULE AND PLAN	<p>Use the Fillable Forms Template to complete and submit the following:</p> <p>a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: Staff hiring, Training, Supervision, Program Fill-up and Program Evaluation.</p> <p>b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation</p>	<p style="text-align: center;">N/A</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p>

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

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment and Suspension) shall be evaluated by the 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.

BHCS intends to award up to four unique community based organizations (CBO) contracts for each IHOT. It is possible that a CBO may be considered for a contract award for one IHOT under service group (a) TAY and (b) Adult but each team under service group (b) Adult will be awarded to three unique CBOs.

BHCS will hold two separate County Selection Committee (CSC)/Evaluation Panel for each service group (a) and (b). BHCS will award the TAY IHOT contract to the top bidder in service group (a). All bids under service group (b) Adult IHOT will be evaluated at once but since Bidders can submit a proposal for one or both county region, the contract award will be determined as follows:

- North/Central (2 Adult IHOT) – top two Bidders that applied for this county region will be awarded and
- South/East (1 Adult IHOT) – top Bidder that applied for this county region, as long as it is not the same CBO recommended for North/Central, will be awarded.

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 2. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 3, 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 for each service group (and county region for service group (b) Adult IHOT) 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

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

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

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	<p>Complete/Incomplete Meets/Does Not Meet Minimum Qualification</p> <p>Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete. Additionally, bid responses that do not conform to the page limitations in Table 1, will be rated a Fail in the Evaluation Criteria and will receive no further consideration.</p>	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance			
3. Letter of Transmittal/Executive Summary			
4. Bidder Minimum Qualification	a. Five Year Experience with Priority Population Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	b. Five Year Experience Employing staff with lived experience. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	c. No Open QA Investigation. Confirmed with BHCS QA that Bidder meets this requirement		
5. ORGANIZATIONAL CAPACITY AND REFERENCES	a. Debarment and Suspension	<ul style="list-style-type: none"> To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov. 	Pass/Fail
	b. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.	<p>How do the Bidder's references rate the following:</p> <ul style="list-style-type: none"> Bidder's capacity to perform the services as stated; Areas in which the Bidder did well; Areas in which the Bidder could have improved; Project management, technical ability, 	5

		<p>availability, training, documentation and reliability on a scale of one to five;</p> <ul style="list-style-type: none"> • Whether the project was completed on time and on budget; • Responsiveness to clients • Usefulness of Bidder's product; • Understanding of the project and need; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; • Whether the Bidder would be used again by Reference; • Any other information that would assist in Alameda County's work with the Bidder. 	
6. Bidder Experience, Ability and Plan	<p>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 the Service Delivery Approach.</p>		(37) Section Subtotal
	<p>i. Understanding of the Priority Population</p>	<ul style="list-style-type: none"> • How well does Bidder demonstrate understanding of the following: <ul style="list-style-type: none"> ○ TAY or adults with SMI who are reluctant to seek outpatient mental health services ○ Family members or care takers of priority population ○ Barriers and/or issues that impact accessing services including social determinants, cultural, language, etc. ○ Age related issues: older adult, adult, TAY 	5
	<p>ii. Experience with Priority Population</p>	<ul style="list-style-type: none"> • How well does Bidder demonstrate experience in providing outreach and engagement services to priority population? • How well does the Bidder demonstrate experience providing outreach in priority population's natural environments including stage matched approaches? 	7

		<ul style="list-style-type: none"> • How well does Bidder demonstrate experience with successfully linking individuals resistant to treatment in ongoing services? • How well does the Bidder demonstrate experience addressing the cultural needs of the priority population? 	
	<p>iii. IHOT Program Design: Referrals, Outreach, Engagement, Linkage and Follow up</p>	<ul style="list-style-type: none"> • How well does Bidder describe how services will be marketed to receive referrals? Including number of outreach activities proposed, sources of referrals, prioritization of referrals, etc. • How well matched are Bidder’s strategies for outreaching to individuals to the priority population? Including outreach locations, outreach strategies, and addressing barriers. • How well does Bidder describe how clients will be engaged in ongoing services? Including how Bidder will address participants that are non-responsive, how clients will be screened for services, how clients will be incentivized, and how support services and assistance will be provided. • How well does the Bidder describe how clients will be linked to services? Including how and who will assist clients in linking to services and determining if client was successfully engaged. • How well does Bidder describe how follow up support will be provided? Including how Bidder will support clients in navigating ongoing treatment. • How well does Bidder describe how client caseloads and client flow will be maintained? Including how this (caseloads and flow) will maximize outreach. 	9
	<p>iv. IHOT Program Design: Client Needs</p>	<ul style="list-style-type: none"> • How well does Bidder describe how cultural and/or linguistic needs will be supported? Including how Bidder will provide welcoming environments. • How well will the proposed IHOT design reflect client needs and outcomes? 	7

		<ul style="list-style-type: none"> • How well does Bidder describe how family members or caretakers will be engaged throughout the process? • How well will the proposed IHOT design reflect client needs and outcomes? • How well does Bidder describe how family members or caretakers will be engaged throughout the process? • TAY specific: How well does Bidder describe how community advisory board will be developed? • TAY specific: How well does Bidder describe how family groups will be developed? 	
	v. Community Based Practices	<ul style="list-style-type: none"> • What community based practices, evidence based or promising practices will be implemented? • How well-matched are proposed practices to the priority population(s) needs? • How well does the Bidder describe the plan for implementing, monitoring and ensuring fidelity to the program model? 	5
	vi. Program Schedule	<ul style="list-style-type: none"> • How well does the Bidder's proposed program schedule reflect the goals of IHOT? • How well does the schedule fit the needs of the priority population? • How responsive is Bidder to the crisis needs of the clients? 	4
	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.		(12) Section subtotal
	i. Planned Staffing Structure	<ul style="list-style-type: none"> • How well does proposed staffing match proposed practices? • How well has Bidder planned for hiring, training supporting, and maintaining staff? • How well has Bidder resourced supervision and quality assurance? • How realistic is the Bidder's plan in ensuring that 	5

		the staff maintain fidelity to the proposed program model?	
	ii. Organization Infrastructure	<ul style="list-style-type: none"> • How well does staffing reflect priority populations? • How well does the Bidder's plan for training staff on cultural responsiveness meet the needs of the priority population? • How well does Bidder's Board of Directors reflect the priority population? • How well does the proposed program fit into Bidder's organizational structure? • How well does Bidder demonstrate experience with and capacity to bill MAA and adhere to MAA claim plan? • How well does Bidder demonstrate capacity to provide services in client's natural environments? • How well does Bidder demonstrate capacity to support Peer staff? • How well does Bidder describe supervision will be to support staff and IHOT program? 	7
	c. 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 Partnerships and Collaboration and Applying Experience:		(6) Section subtotal
	i. Partnerships and Collaboration	<ul style="list-style-type: none"> • How well does Bidder describe their experience in cultivating relationships to integrate multi-disciplinary services in program services? • How well matched does Bidder's proposed partnerships match priority population? • How well does Bidder describe existing and proposed new partnerships to facilitate timely warm hand-offs? • How well does Bidder describe process for providing warm hand-offs? 	6
	d. Track Data and Outcomes	<ul style="list-style-type: none"> • How thorough, thoughtful and relevant is Bidder's plan to collect data to monitor the proposed program and desired outcomes? 	5

		<ul style="list-style-type: none"> • How well does Bidder identify systems for tracking data? • How well does Bidder describe how client and family members' opinion will be integrated in the program evaluation and/or quality improvement? 	
7. Cost	a. Cost Co-Efficient	<ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <ul style="list-style-type: none"> ◦ $\\$100,000 / \\$100,000 = 1 \times 5 \times \text{weight} = \text{points}$ • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points • Low bid divided by fourth lowest bid x 5 x weight = points 	5
	b. Budget and Budget Narrative Review	<ul style="list-style-type: none"> • How well-matched is Bidder's budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does the Bidder allocate staff and resources? • How appropriate are the staffing, start-up, and other costs? • How much value does the proposal add considering the cost of the program and expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder "show the work"? 	10
8. Implementation Schedule and Plan	a. Implementation Plan Review	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How well does Bidder account for timeline for each program component? 	5
	b. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How thorough, thoughtful and realistic is Bidder's identification of challenges and barrier mitigation strategies? 	5

		<ul style="list-style-type: none"> • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder's strategies? 	
Exhibits	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
Oral Interview, if Applicable	Criteria are created with the CSC/Evaluation Panel.		10
Preference Points, if Applicable	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, Contractors’ performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

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

I. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel 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 up to four unique Contractors.
5. The County has the right to decline to award these contracts in whole or any part thereof for any reason.
6. 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. PRICING

Federal and State minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

K. 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 purchase order (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.

L. NOTICE OF AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process") for each service group (a) TAY and (b) Adult, 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

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.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
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
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
CSC	County Selection Committee or Evaluation Panel
CRP	Crisis Response Program
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
Engagement	Participant actively participates in services. Includes providing support in linking and coordinating individuals with ongoing outpatient and transitional services.
Evidence based practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies
Family member	A person, who has provided primary support for, is a primary caregiver of, or whose daily life is impacted by, being a family member (by personal or biological definition) of a person who is living with symptoms of mental illness. Family members may be the biological parents, foster parents, siblings, spouses, children, aunts, uncles,

	cousins, friends, or anyone else whom the client defines as “their family members.”
Federal	Refers to United States Federal Government, its departments and/or agencies
Follow Up	Refers to IHOT team members ensuring that participants have successfully linked to and engaged in new programs or services. Follow up phase lasts 30 days after client has received a warm hand off linkage.
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
Linkage	Refers to a client agreeing to accept referral from IHOT member for ongoing mental health services and successfully engaging in the service.
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
Medi-Cal Administrative Activities (MAA)	Administrative activities necessary for the proper and efficient administration of the Medi-Cal program.
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
Mental Health Services Act (MHSA)	Proposition 63, also known as the Mental Health Services Act was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved.
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes
Outreach	The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to come forth to seek it.
Peer Support Specialist	Partners in the multidisciplinary team who have lived experiences/ experience as consumers in the public mental health system and whose duties include a peer support role, contributing significantly to the recovery culture and client orientation of the team.
Proposal	Shall mean Bidder’s response to this RFP; used interchangeably with bid
Qualified	Competent by training and experience to be in compliance with specified requirements

Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Referral	When used in a contract, it means to a process by which an individual and/or organization must follow before receiving/ providing services.
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
Service Team	Provide services to individuals with serious mental illness who need case and management psychiatry services. All the service teams include case managers and a psychiatrist. Only clients with primary mental health diagnosis are accepted.
State	Refers to State of California, its departments and/or agencies
System Of Care	For the purposes of this RFP, SOC refers to Adult SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for adults age 18 and up.
Transition Aged Youth (TAY)	Refers to youth ages 16 through 24 years old.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
Unserviced or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.
Warm hand off	Refers to IHOT members providing a face-to-face introduction of a client to a mental health service provider to which they are being referred.