



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 16-03
SPECIFICATIONS, TERMS & CONDITIONS
for
Older Adult (OA) LGBTIQ2S Peer Support**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Wednesday June 22, 2016	2:00 – 3:30	1900 Embarcadero Cove, Oakland Wildcat Canyon Room, 2 nd Floor Suite 205
Thursday June 23, 2016	2:00 – 3:30	39155 Liberty St, Fremont Fremont Family Resource Center Pacific Room, H800

PROPOSALS DUE
by 2:00 pm on Wednesday July 13, 2016
to
RFP 16-03 c/o Rachel Garcia
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this time and date 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 services to Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning and Two Spirit (LGBTIQQ2S) older adults with serious mental illness (SMI), age 60 and over, in North and Central Alameda County¹ by Peer Specialists.

BHCS intends to award one community based organization (CBO) contract for up to \$250,000 as a result of this RFP.

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

B. BACKGROUND

BHCS values peer-led, person-centered services that reach a greater diversity of individuals living with mental health issues. Peer Support is a non-stigmatizing approach for providing support to LGBTIQQ2S older adults (OA) with SMI in Alameda County.

In 2006, utilization of an older adult Peer Support model was identified as a need through the Mental Health Services Act (MHSA) community stakeholder and input process. The process identified the use of strategic Peer Support as a meaningful and cost effective approach in meeting the needs of the growing older adult population with a range of behavioral health care needs. Until recently, wellness and recovery oriented services have been absent from the menu of older adult services. The MHSA Prevention and Early Intervention (PEI) funding has allowed BHCS' OASOC to review and implement best practices for older adults.

The population of individuals age 60 and over is the fastest growing demographic in the County. LGBTIQQ2S seniors may have grown up in periods of significantly less social acceptance and may harbor greater fears of stigma and discrimination.² Limited studies and widespread experiential evidence suggest that older adult services provide little or no services to LGBTIQQ2S individuals. Developing culturally responsive outreach and

¹ Cities include: Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont, Hayward, San Leandro, San Lorenzo and unincorporated areas of Ashland, Castro Valley, and Cherryland.

² Safe & Map, 2010

services to ensure access and ongoing support for LGBTIQ2S elders, a vulnerable population with specific needs and concerns has not been a priority for most agencies in the aging network. This program will support LGBTIQ2S older adults through filling an unmet need by providing Peer Support services delivered by older adults around the same age and with similar lived experiences.

Use of Peer Support models has demonstrated positive outcomes and impact for individuals experiencing behavioral health challenges. Senior Peer Specialists are employed in many California counties. However, very few of these counties, including Alameda County, provide Peer Supports to the LGBTIQ2S community.

1. SCOPE

For purposes of this RFP, the Peer Support program shall serve LGBTIQ2S older adults aged 60 and above. The program will fill an unmet need by making available Peer Specialists who are of the same age group and have similar life experiences. The Peer Support program will complement existing OA services.

It is BHCS' expectation that the OA Peer Support Program be designed to accomplish the following goals:

- Provide a welcoming environment for LGBTIQ2S OA with SMI in Alameda County;
- Provide services in an environment of inclusion and acceptance;
- Assist LGBTIQ2S OA in achieving their treatment goals;
- Provide transportation assistance to and from appointments as needed; and
- Provide socialization, engagement, education, and support services to LGBTIQ2S OA.

C. 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 existing programs and/or services serving Older Adult (OA) populations; and
- b. Have an existing clinical team providing assessments, treatment, and referrals.

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

BHCS shall disqualify proposals submitted with subcontractors performing any portion of the proposed clinical services described in this RFP.

1. SPECIFIC REQUIREMENTS

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

- Provide culturally relevant services including services; offered in the client's preferred language;
- Provide Peer Support services by trained Peer Specialists;
- Peer Specialist supervisors complete Peer Supervision training;
- Provide services in both clinical settings and client's natural environments;
- For any proposed clinical service:
 - An appropriate infrastructure to support and experience with Medi-Cal and Medi-Cal Administrative Activities (MAA) billing;
 - A quality assurance infrastructure to oversee compliance with Medi-Cal regulations;
 - Sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients; and
- Data entry in a timely manner, as instructed in an approved electronic information management and claiming system.

2. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding and Experience with Priority Population Needs

The priority population for this RFP includes older adults who identify as LGBTIQ2S with a history of severe and persistent mental illness; or who are at risk of developing more serious behavioral health issues due to depression, anxiety, grief, loss, isolation and/or trauma. The older adult population faces risk for exacerbation of mental health symptoms due to significant life changes that occur later in life. These changes may include isolation, change in health status and/ or loss of a loved one/s. There is an increased likelihood to hide sexual orientation as older adults enter assisted living facilities, which exacerbates mental health programs. The risk of suicide is increased by more than 50% in depressed individuals. Older adults have rates of suicide close to 50% higher than that of the nation as a whole. Studies over the last four decades suggest that LGBTIQ2S individuals may have an elevated risk for suicide ideation and suicide attempts.

Successful bidders will demonstrate knowledge and understanding of the OA LGBTIQ2S population including age related issues, risk factors, challenges, and ways to promote healthy aging. They must demonstrate knowledge of and/or experience with the racial/ethnic, cultural, and physical and language characteristics of LGBTIQ2S older adults. Bidders must demonstrate understanding in working with the priority population including creating a welcoming environment, issues that exist within the community and propose ways to respond to these issues. Bidders shall possess experience providing Peer Support services to adults with SMI and/or LGBTIQ2S populations.

2. Service Delivery Approach

An effective program model will provide Peer Support services that reflect BHCS' values on consumer empowerment, best practices, health and wellness and cultural

responsiveness. The program shall provide Peer Support services to LGBTIQQ2S older adults with SMI residing in Alameda County. Peer Support programs are based on social support, experiential knowledge and social learning theories, combined, these concepts assume that individuals with similar experiences can positively affect one another through mutual trust and sharing.

Clients can receive Peer Support services based on clinical needs as defined in their treatment plan.

Key program components shall include, but are not limited, to the following:

- Services shall be provided to the priority population in their natural settings include homes, social settings such as senior centers, clinical settings, and community settings;
- Services shall utilize an identified and well-documented psycho education model;
- Services shall be delivered in one-on-one support sessions. Group sessions may also be organized and offered;
- Incorporate practical support in the program model including accompanying clients to appointments and providing transportation assistance;
- Contractor shall utilize evidence-based practice (EBP) tools such as Wellness Recovery Action Plan (WRAP), as well as other community defined practices, trauma informed best practices, and/or emerging practices; and
- Peer Support staff will be integrated into existing service delivery model.

Peer Support services shall be culturally responsive and focused on providing quality services to LGBTIQQ2S OA with SMI.

Bidders will describe the use of well-matched, feasible, best practices. Best practices may include community defined practices and/or evidence based practices targeting OA populations.

Bidders will be evaluated based on their description of their Peer Support program model, how well chosen practices meet the needs of the priority population, and Bidders' experience in implementing such practices to the highest fidelity.

3. *Planned Staffing and Organizational Infrastructure*

Bidders shall include in their proposal a staffing plan structure that integrates consumers with lived experiences as Peer Support staff. The contractor shall recruit and train diverse Peer Support staff that reflects the priority population, LGBTIQQ2S ages 60 and over with lived experiences. They are integral in providing support services to the clinical team and supporting clients in meeting their treatment goals. At a minimum, bidders shall include at least 2.0 FTE in Peer Support staff for the program and Peer Support staff supervision. Peer Support staff will be integrated as part of the clinical treatment team.

Through submittal of proposals, Bidders shall demonstrate their current and planned organizational infrastructure and staffing to successfully implement this program. Proposals must address the infrastructure and staffing needed to manage this program.

Services shall be provided by an organization with thoughtful operations in terms of infrastructure, staffing and hiring. The successful Bidder will be an organization that demonstrates adequate infrastructure to deliver the proposed program model. Appropriate infrastructure includes:

- Capacity to hire and retain staff in accordance with the needs of their clients;
- Interest and capacity to expand current OA services to also serve LGBTIQQ2S;
- Plan for training, supervising and providing ongoing support to Peer Support staff with lived experience;
- Peer Support Supervisor who will be familiar with the Peer model and complete a training in order to provide support to Peer staff;
- Sufficient quality assurance to ensure compliance to Medi-Cal documentation standards for any proposed clinical service.

4. Forming Partnerships and Collaboration

In order to meet the needs of the priority population, energy should be invested in strengthening the linkages across programs and services. Bidders must include in their proposal how they plan to market their services among their clients and the larger community.

Bidders will collaborate with BHCS' service teams and other behavioral health programs that provide services to older adults. Contractors shall form collaborative relationships to create mutually agreed upon referral processes into the program. Bidders shall identify additional organizations to partner or collaborate with to support clients.

5. Ability to Track Data and Outcomes

The awarded contractor shall track data and outcomes for the purpose of reporting and continuous quality improvement of services. As this is a pilot program in the first year, the Contractor will work with BHCS to successfully implement the program, collect and track data on outcomes.

Bidders will propose the number of clients they anticipate to serve during the program period. BHCS expects that at least 75% of a 40 client caseload are LGBTIQQ2S OA. The Contractor will report on the following data at the end of each FY:

- Number of clients served;
- Demographic data on clients served;
- Types of service provided including referrals and number of clients served for each type;
- Percent of clients that receive WRAP plans; and/or other wellness tools
- Percent of clients that receive case management from Peer Support staff using InSyst or BHCS agreed upon tracking tool.

Additional information on reporting requirements is included in the Appendix. MHPA PEI reporting requirements can be found here http://www.cbhda.org/wp-content/uploads/2014/12/Final-PEI-Regs_Adopted_Oct_2015-3.pdf

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

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

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	Tuesday June 14, 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Wednesday June 22, 2016</td> <td style="width: 67%;">2:00 pm – 3:30 pm 1900 Embarcadero Cove, Suite 205, Oakland Wildcat Canyon Room</td> </tr> </table>	Wednesday June 22, 2016	2:00 pm – 3:30 pm 1900 Embarcadero Cove, Suite 205, Oakland Wildcat Canyon Room
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Addendum Issued	Thursday June 30		
Proposals Due	Wednesday July 13, 2016 by 2:00 PM		
Review/Evaluation Period	July 14, 2016 – August 11, 2016		
Oral Interviews (as needed)	August 11, 2016		
Award Recommendation Letters Issued	August 18, 2016		
Board Agenda Date	November 2016		
Contract Start Date	January 1, 2017		

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: 624120.

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 their proposal using the Fillable Forms Template³. 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.⁴

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. 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

³ The Fillable Forms Template was created using Adobe Acrobat Pro which is not compatible with Google Chrome. In order for the fillable fields to work properly, open the Template using other web browser such as Internet Explorer, Safari, etc.

⁴ 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.).

8. 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 calendar 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.
9. 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.
10. 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.
11. 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.
12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. 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 to 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 existing programs and/or services serving Older Adult (OA) populations;	
	b. Have an existing clinical team providing assessments, treatment, and referrals; and c. Have experience providing services to LGBTIQQ2S OA and/or have interest in expanding current OA services to also serve LGBTIQQ2S OA. If the latter, explain.	
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	2

Section	Instructions	Page Max.
	contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.	
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>Clinical Understanding and Experience with the Priority Population Needs and Service Delivery Approach</i> , including:	(6)
	i. Bidder's understanding of the priority population including: <ol style="list-style-type: none"> 1. Older adults that identify as LGBTIQQ2S; 2. Older adults with SMI; 3. Risk factors and challenges faced; 4. Age related issues; and 5. Cultural issues that impact treatment plan. 	1
	ii. Bidder's experience working with the priority population that takes into account: <ol style="list-style-type: none"> 1. Working with older adults with SMI and LGBTIQQ2S populations; 2. Providing Peer Support services as defined by the proposing agency; 3. Programming that is culturally responsive to the priority populations; and 4. Programming that responds to client issues. 	1
	iii. Bidder's Peers program design that will address the following: <ol style="list-style-type: none"> 1. What services and support will be provided to the priority population? 2. How will Peer Support services be integrated into the existing clinical team? 3. How will the agency introduce the program to the larger community? 4. How will potential clients be identified? 	1
	5. How will the priority population be linked to and engaged in program services?	1
	6. How will the Peer Support staff engage, advocate, and support clients?	
	7. How will referrals, linkage and coordination to outside services take place?	1
	8. How will clients be assisted and supported in meeting their treatment goals?	
	9. How will the agency create a welcoming and accommodating environment to the priority population? Including the ways in which the agency may be already welcoming to OA and LGBTIQQ2S populations.	1
10. How will cultural and/or linguistic needs of the clients be supported within the services?		

Section	Instructions	Page Max.
	iv. Identify any best practices including community defined, or evidence-based practices that will be incorporated into the program model. Include in your response the plan for monitoring and implementing fidelity to the program model.	1
	v. Describe proposed programming by attaching four weekly schedules (include in proposal as Attachment 1A). Include the following: <ol style="list-style-type: none"> 1. Curricula/service 2. Brief service type description 3. Hours and days 4. Extra Curricula Activities 	N/A
	b. Describe, in detail, Bidder's Planned Staffing and Organization Infrastructure , including:	(6)
	i. Bidder's planned staffing structure including: <ol style="list-style-type: none"> 1. The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff. (Use the Fillable Forms Template to complete and submit this information.) 	2
	2. Staffing chart (include in proposal as Attachment 2A).	N/A
	3. Plan for hiring/recruiting, training, supporting and maintaining the Peer Support Staff. Include in your response how the Peer Support Supervisor will be prepared to provide ongoing support.	1
	ii. Bidder's planned organizational infrastructure, including: <ol style="list-style-type: none"> 1. What is the plan for introducing the program to agency staff; 2. Interest and capacity to expand current OA services to also serve LGBTIQQ2S; 3. Capacity to support peer staff and provide access to continuous training and support to staff within the organization; 4. How staff will reflect priority populations; 5. How staff will be prepared to provide culturally responsive and age appropriate services; 	1
	c. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration , including:	
	i. Describe the Bidder's experience in cultivating relationships in program services including: <ol style="list-style-type: none"> 1. Existing public and community partners; 2. Plan for cultivating new relationships to support clients; 	1

Section	Instructions	Page Max.
	<p>3. Ability to cultivate strong relationships with community based providers.</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, specific to 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 client opinions be integrated in the program evaluation and/or quality improvement? 	1
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).</p> <p>See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p>	(in addition to the Exhibit B-1: Budget Workbook)
	<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 	2
8. IMPLEMENTATION SCHEDULE AND PLAN	Use the Fillable Forms Template to complete and submit the following:	N/A
	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.	2
	b. Bidder’s identification and strategies for mitigation of risks and barriers, which may adversely affect the program’s implementation	1
EXHIBITS	Using the Fillable Forms Template complete and submit the following:	N/A

Section	Instructions	Page Max.
	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.

As a result of this RFP, the County intends to award a contract to the responsible Bidder 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 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 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	<p>a. Existing programs and/or services service OA populations. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification.</p>		
	<p>b. Existing clinical team providing assessments, treatment, and referrals. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification.</p>		
	<p>c. Experience providing services to LGBTIQQ2S OA and/or interested in expanding current OA services to also serve LGBTIQQ2S OA. Reviewed to determine whether the Bidder had demonstrated that</p>		

	they meet Bidder Minimum Qualification.		
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 Bidder did well; Areas in which Bidder could have improved; Project management, technical ability, availability, training, documentation and reliability on a scale of one to five; Whether the project was completed on time and on budget; Responsiveness to clients; Usefulness of Bidder's services; Understanding of the project and need; References' overall satisfaction with Bidder; References' comfort with recommending the Bidder to Alameda County; Whether Bidder would be used again by Reference; Any other information that would assist in Alameda County's' work with the Bidder. 	5
6. BIDDER EXPERIENCE, ABILITY AND PLAN	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 Clinical Understanding, Experience with Priority Population Needs and the Service Delivery Approach.		(35) Section Subtotal
	i. Clinical Understanding of the Priority Population	<p>How well does Bidder demonstrate clinical understanding of the following:</p> <ul style="list-style-type: none"> LGBTIQQ2S Older Adults; Older adults with SMI; 	5

		<ul style="list-style-type: none"> • Risk factors and challenges faced by the priority population; • Age related issues; and • Cultural issues that impact treatment plan 	
	ii. Experience with Priority Population	<ul style="list-style-type: none"> • How well does Bidder demonstrate experience working with OA with SMI and LGBTIQQ2S populations? • How well has Bidder defined Peer Support in current or prior services? • How well does Bidder demonstrate experience providing Peer Support services? • How well does Bidder demonstrate experience with programming that is culturally responsive to priority populations? • How well does the program respond to client issues? 	5
	iii. OA LGBTIQQ2S Peer Support Program Design	<ul style="list-style-type: none"> • How well does Bidder demonstrate how services and support will be provided to the priority population? • How well does Bidder demonstrate how Peer Support services will be integrated into the existing clinical team? • How well matched are the agency strategies in introducing the program to the larger community? • How well does Bidder describe how potential clients will be identified? 	5
		<ul style="list-style-type: none"> • How well matched are Bidder's strategies in engaging and linking the priority population into program services? • How well does Bidder demonstrate how well the Peer Support staff will engage, advocate for and support clients? • How well does Bidder demonstrate how referrals, linkage and coordination to outside services will take place? 	5

		<ul style="list-style-type: none"> • How well does Bidder demonstrate how clients will be assisted and supported in meeting their treatment goals? 	
		<ul style="list-style-type: none"> • How well does Bidder demonstrate how the agency will create a welcoming and accommodating environment to the priority population? • Is Bidder already welcoming to OA and LGBTIQQ2S populations? If so, how well does Bidder demonstrate how the agency may be already welcoming to OA and LGBTIQQ2S populations? • How well does the agency demonstrate how cultural and/or linguistic needs of the clients will be supported? 	5
	iv. Best Practices	<ul style="list-style-type: none"> • What best practices, community informed practices and/or evidence based practices will be implemented? • How well-matched are proposed practices to the priority population needs? • How well does Bidder describe the plan for implementing, monitoring and ensuring fidelity to the program model? 	5
	v. Program Schedule	<ul style="list-style-type: none"> • How well does Bidder's proposed program schedule reflect the goals of Peer Support program? • How well does Bidder assign the appropriate staff to deliver the required services? • How well does the schedule for the needs of the priority population? 	5
	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.		(20) Section subtotal
	i. Planned Staffing Structure	<ul style="list-style-type: none"> • How well does proposed staffing match proposed practices? • How well has Bidder resourced supervision and 	5

		<p>quality assurance?</p> <ul style="list-style-type: none"> • How realistic is Bidder’s plan in ensuring that staff maintain fidelity to the proposed program model/s? 	
		<ul style="list-style-type: none"> • How clearly does Bidder explain their planned structure in the attached staffing chart? 	5
		<ul style="list-style-type: none"> • How well and realistic is Bidder’s plan for hiring, training supporting, and maintaining the following staff: <ul style="list-style-type: none"> ○ Peer Support staff ○ Supervision 	5
	ii. Organizational Infrastructure	<ul style="list-style-type: none"> • How well does Bidder plan for introducing the program to the agency? • How well does the program fit in the Bidder’s organization? • How well does the Bidder demonstrate interest and capacity to expand current OA services to also serve LGBTIQQ2S? • How well does Bidder demonstrate capacity to provide access to continuous training and support for staff within the organization? • How well does Bidder demonstrate how staff will reflect priority populations? • How well does Bidder demonstrate how staff will be prepared to provide culturally responsive and age appropriate services? 	5
	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 Tracking Data and Outcomes:		(9) Section subtotal
	i. Partnerships and Collaboration	<ul style="list-style-type: none"> • How well does Bidder describe their experience in cultivating relationships to provide Peer Support services? • How well matched does Bidder’s existing public and community partners match priority population? • How well does Bidder demonstrate their plan for 	4

		<ul style="list-style-type: none"> cultivating new relationships to support clients? How well does Bidder demonstrate their ability to cultivate strong relationships with community based providers? 	
	ii. 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? How well does Bidder identify systems for tracking data? How well does Bidder describe how client opinion will be integrated in the program evaluation and/or quality improvement? 	5
7. COST	The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how the Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.		(11) Section subtotal
	a. Cost Co-Efficient	<ul style="list-style-type: none"> Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \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 and other costs? How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? 	6

		<ul style="list-style-type: none"> • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder “show the work”? 	
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Implementation Plan Review	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How realistic does Bidder account for timeline to complete each specified milestone? 	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? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder’s strategies? 	5
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 (not SLEB certified)		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 one Contractor.
5. The County has the right to decline to award a contract 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 recommended for award. The successful Bidder may request a copy of the Master Agreement template from the BHCS RFP 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

- a. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
- b. Payment will be made within thirty (30) days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
- c. County shall notify Contractor of any adjustments required to invoice.
- d. 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.
- e. Contractor shall utilize standardized invoice upon request.
- f. Invoices shall only be issued by the Contractor who is awarded a contract.
- g. 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"), 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 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 upon written request 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.

M. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, will be one year and may be renewed thereafter, contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS.

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
Ageism	Refers to stereotyping and discrimination against individuals or groups on the basis of their age.
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
Case Management/Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.
Client	The recipient of services; used interchangeably with beneficiary and consumer
Community-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
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
Cultural Sensitivity	Is a set of skills that enables one to learn about and get to know people who are different from them, thereby coming to understand how to serve them better within their own communities
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
Evidence based practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies
Federal	Refers to United States Federal Government, its departments and/or agencies
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law. For example, if the normal schedule for a staff person is 40 hours per week (40*52 weeks-4 weeks for vacation=1,920). Someone working 1,440 hours during the year represents 1,440/1,920=.75 FTE

LGBTIQQ2S	The acronym stands for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning, and Two Spirits.
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 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.
OA	The acronym stands for older adults, adults 60 years of age and older.
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.
Peer Support staff	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.
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
Referral	When used in a contract, it means to a process by which an individual and/or organization must follow before receiving/ providing services.
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 Older Adult System of Care (OA SOC), which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for youth ages 16 through 24 years old.

Trauma Informed Care	An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.
Unserved or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.
Wellness Recovery Action Planning (WRAP)	A personalized wellness and recovery system borne out of and rooted in the principle of self-determination. It helps people to decrease and prevent intrusive feelings and behaviors, increase personal empowerment, improve quality of life, and achieve their own life goals and dreams

B. PREVENTION AND EARLY INTERVENTION INFORMATION

Below is a summary of the new regulations that went into effect on October 6, 2015. To see the full text of the actual regulations click or type in the following link: http://www.cbhda.org/wp-content/uploads/2014/12/Final-PEI-Regs_Adopted_Oct_2015-3.pdf

Prevention: A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Services may include relapse prevention for individuals in recovery from a serious mental illness. Programs may include universal prevention if there is evidence to suggest that it is an effective method for those whose risk of developing a serious mental illness is greater than average. A Prevention program can be combined with an Early Intervention program.

Tracking Requirements

Each Prevention program will need to **annually** report the following information:

- Description of the target population (including participant's risk level for developing a potentially serious mental illness);
- Criteria for establishing and identifying those at risk;
- Description of the type(s) of problems and need(s) the program will address and the strategies and activities used to address these need(s)
- Unduplication # of individuals served in the preceding year
- Types of evidence based or promising practices used and methods for high fidelity to practice;
- All demographic variables on the clients served, see list on back page, and
- Description of significant challenges, successes, lessons learned and relevant examples

Evaluation Requirements

In addition to the annual reporting requirements each Prevention program will need to report **every three years** in the County's three year MHSA Plan the following **evaluation data** and information:

- Measurement of impact to 1 or more of the negative outcomes listed in the Act *including prolonged suffering* (suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes). This will also include:
 - A description of the outcomes and indicators selected for each program;
 - Data on the identified indicators;
 - The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each program, and
 - How often the data were collected for the evaluation of each program.

Even though the evaluation data is only to be reported every three years, ALL programs within the MHSA PEI component should be continually evaluating their services on an annual basis

Required Strategies

- Be designed and implemented to help create Access and Linkage to Treatment.
- Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
- Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.

Optional Strategies

- Outreach for Increasing Recognition of Early Signs of Mental Illness (see Section 3560.020).

C. DEMOGRAPHIC REPORTING REQUIREMENTS

The Program Name:

Data Requirements:	Description:
<ul style="list-style-type: none"> # of unduplicated individuals served in the preceding fiscal year 	<p>If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.</p> <p>If a Program served families the County shall report the number of individual family members served.</p>

As required for Access and Linkage to Treatment Strategy:

The Program Name:

Data Requirements:	Description:
<ul style="list-style-type: none"> # of individuals with SMI referred to treatment 	
<ul style="list-style-type: none"> Type of treatment referred to 	
<ul style="list-style-type: none"> # of individuals followed through on referral & engaged in treatment 	Defined as participating at least once in the treatment to which referred.
<ul style="list-style-type: none"> Avg duration of untreated mental illness (measured in standard deviation) 	Duration of untreated mental illness shall be measured for persons who are referred to treatment and who have not previously received treatment as follows: 1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
<ul style="list-style-type: none"> Avg time between referral and participation in treatment 	Defined as participating at least once in the treatment to which referred, and standard deviation.

*Note: For Measures in this section, the County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

As required for Improve Timely Access to Services for Underserved Populations Strategy:

The program Name:

Data Requirements:	Description:
<ul style="list-style-type: none"> Identify target population 	
<ul style="list-style-type: none"> # of referrals to a Prevention program 	
<ul style="list-style-type: none"> # of individuals followed through on referral & engaged in treatment 	Defined as participating at least once in the treatment to which referred.
<ul style="list-style-type: none"> Avg time between referral and participation in 	Defined as participating at least once in the treatment to which referred, and standard deviation.

treatment	
<ul style="list-style-type: none"> • # of referrals to a Early Intervention program 	
<ul style="list-style-type: none"> • # of individuals followed through on referral & engaged in treatment 	Defined as participating at least once in the treatment to which referred.
<ul style="list-style-type: none"> • Avg time between referral and participation in treatment 	Defined as participating at least once in the treatment to which referred, and standard deviation.
And/Or	
<ul style="list-style-type: none"> • # of referrals to treatment beyond early onset 	
<ul style="list-style-type: none"> • # of individuals followed through on referral & engaged in treatment 	Defined as participating at least once in the treatment to which referred.
<ul style="list-style-type: none"> • Avg time between referral and participation in treatment 	Defined as participating at least once in the treatment to which referred, and standard deviation.
<ul style="list-style-type: none"> • Description of ways the County encouraged access to services and follow-through on referrals 	

*Note: For Measures in this section, the County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

As required for each Prevention Program:

Report disaggregate numbers served, and number of referrals for treatment and other services by:

Demographics:

- Age Groups
- Race
- Ethnicity
 - Hispanic or Latino
 - Non-Hispanic or Non-Latino
- Primary Threshold Language
- Sexual Orientation
- Disabilities
- Veterans Status
- Gender
 - Assigned at birth
 - Current gender identity