

**County of Alameda Behavioral Health Care Services
RFP No. 18-04, Addendum No. 1**

**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)
ADDENDUM No. 1
to
RFP No. 18-04**

**Specification Clarification/ Modification and Recap of the Networking/ Bidder's Conferences held on
Tuesday July 10, 2018 and Wednesday, July 11, 2018**

This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

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The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and **highlighted**, and deletions made have a ~~strike through~~.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...

I. RFP

- Section I. C. Scope on page 6 added the following language:

Bidder's proposed scope of work shall address the MHSa category of Prevention under the MHSa Prevention and Early Intervention regulations. Prevention refers to 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 suggesting 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.

The County expects that proposals will focus on creating new programming however, expansion of existing programs will be considered if Bidder can demonstrate that Bidder's program will be a value-add to an existing program that has produced successful, evidence-based outcomes. Existing programs may be implemented within Alameda County departments or in community-based organizations, schools, faith-based environments or other environments.

- Section II.B. Calendar of Events: on Page 12 – Dates Change

Event	Date/Location
Request for Proposals (RFP) Issued	Friday, June 29 th , 2018
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	Tuesday July 10 th , 2018 1:30 pm - 3:30 pm Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)
2 nd Bidders' Conference	Wednesday July 11 th , 2018 9:00 am - 11:00 am 1900 Embarcadero Cove, Suite 101, Oakland (Brooklyn Basin Room)
Addendum Issued	Wednesday, July 18th Thursday, July 19th , 2018
Proposals Due	Friday, August 3rd, 2018 by 2:00 PM
Review/Evaluation Period	August 3 rd , 2018 – September 6 th , 2018
Oral Interviews (as needed)	Thursday, September 6 th , 2018 , 1:00-5:00pm
Award Recommendation Letters Issued	Week of September 17 th , 2018
Board Agenda Date	November 2018
Contract Start Date	November 1 st , 2018

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- Section I. D. 2. Bidder Minimum Qualifications on page 6 updated:

To be eligible to participate in this RFP, bidder must meet the following Bidder Minimum Qualifications:

- **Have a demonstrated understanding of the diversity of the African American experience and needs around mental health and wellness.**
 - **Have at least two years of experience engaging African Americans in ongoing support group activities and in training, preparing and motivating African Americans to begin and to maintain continuous participation in such activities.**
 - **Bidder or subcontractor shall have at least two years of experience developing curriculum on culturally congruent practices and/or appropriate Afrocentric strategies within the last five years.**
 - **Bidder or subcontractor shall be regularly and continuously engaged in the business of providing mental illness prevention and community support and empowerment and/or related services to members of the African American community for at least five (5) years prior to the date of bid submission.**
 - ~~Have a demonstrated understanding of African American experiences around mental health issues on how to engage African Americans in trainings; and~~
 - ~~Have the capacity to conduct trainings at various locations and times, in North, Central and South regions of Alameda County; and~~
 - ~~Have at least two years' experience providing trainings and developing curriculum on culturally congruent practices and/or appropriate Afrocentric strategies within the last five years.~~
- Section I. F. 2. Training **Service** Delivery Approach on pages 8-9 updated:

The awarded Contractor will:

- **1. Develop a new or 2. Adapt an existing or 3. Use an existing curriculum to help participants develop the skills and capacities to join and to sustain ongoing enrollment in the Healing/Empowerment/Support Groups** curriculum or provide a detailed plan of training, content, course materials, curriculum, and timelines (including proposed number of trainings and hours per training);
 - Advertise support groups in at least five widely distributed and easily accessible community-based sources, including newsletters, brochures, directories, newspapers, web-sites, social media, etc. targeted to African American consumers, family members, and caregivers;
 - **Conduct outreach to existing programs serving African Americans to align Healing/Empowerment/Support Groups as a value-added feature; or**
 - **During year one, providers who are developing new or adapting existing curriculum, provide at least five (5) ongoing support groups for a minimum of eight (8) members. For providers using an existing (as is) curriculum, provide at least 10 ongoing support groups for a minimum of eight (8) members. After the first year and, thereafter, provide at least 10 ongoing support groups for a minimum of eight (8) members. Support group content shall be developed with, by and for African Americans. Each support group shall have a separate and distinct content focus, as appropriate.**
 - ~~Provide at least three training sessions during the first year of the contract (training sessions are to be increased during the second and proceeding award year(s)).~~
- Section I. F. 4. Ability to Track Data on page 10 updated:

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The awarded Contractor shall track **and report program** the following data **according to the BHCS PEI Prevention Reporting Template (see Appendix A in this addendum)** and deliverables for the purpose of reporting and ~~for~~ continuous quality improvement of ~~trainings~~:

- ~~Number and content of trainings; and~~
- ~~Number of participants at each training, including number of repeat attendees.~~

- Section II. E. 2. Submittal of Proposal/Bids on page 14 updated:
 - No more than ~~25~~ **30** pages excluding attachments

- Section II. F. Response Format/Proposal Responses on page 16 updated:
 - The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a total page maximum of ~~twenty-five (25)~~ **thirty (30)**

- Section II. F. Table 1 is deleted and replaced with the REVISED Table 1. See Appendix A of this addendum for the revised table.

- Section II. F. Table 3 is deleted and replaced with the REVISED Table 3. See Appendix B of this addendum for the revised table.

II. Budget

- Budget workbook is deleted and replaced with the REVISED version. **Bidders must use the REVISED version.**

RESPONSES TO BIDDERS QUESTIONS

Sub-contractor/Collaborations:

Q1) HIFY has strong experience working with African American youth in Alameda County (and a track record of serving Oakland, San Leandro, and Hayward); we have also specifically developed a mental health curriculum for African American youth that we are eager to pilot. While we have done training of trainers for youth-serving adults, we do not have a track record providing services for adults. We believe youth (ages 12-25) and adults (including parents of small children) have distinct needs in terms of age-appropriate curriculum, and would prefer to have more time to identify an appropriate partner and curriculum for adults. Bearing in mind that at least 51% of MHSA PEI funds must be used to serve individuals age 25 and under, would a proposal to serve youth (ages 12-25) the first half of the grant year, and add adults in the second half be considered responsive? Can we subcontract to provide workshops for adults?

A1) Yes, Bidder can propose to offer support groups to distinct age groups at different times in the program year. Yes, Bidder can subcontract with other service provider to provide trainings. See Section I. F. 3. Planned Staffing and Organization on page 9 of the RFP for more information.

Q2) Are you more in favor of agency collaborations or Individual operations

A2) BHCS has no preference. The awarded Contractor (lead agency) will be responsible for ensuring that all contract deliverables will be met.

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Q3) Is there preferred role/function for the sub-contracted SLEB? What might this look like?

A3) No. Bidders should propose how this will look like in their bid submission. Note: only prime bidder receives preference points.

Q4) Are collaborative proposals favored?

A4) Collaborations and partnerships are allowed where there is one lead agency and a subcontractor, however, for each partnership, BHCS will only allow one bid submission. In other words, the lead agency and subcontractor must put together one complete proposed program. BHCS intends to enter into a contract with only one agency – the lead agency, who is responsible for making sure all of the contract deliverables are met including those that are subcontracted.

Q5) How do we decide whether to bid as the lead agency or a subcontractor?

A5) To be a lead agency you must have a 501(c)(3) tax status from the IRS.

Q6) If we bid as a subcontractor do we need to choose another applicant to apply with as a lead agency?

A6) Yes, there must be a lead agency. See response to Q4.

Q7) If subcontracting, how does The Lead agency capture the cost of subcontractors services in the budget? Additionally, are funds distributed to only the lead agency and the lead agency is responsible for paying the subcontractor directly?

A7) Please use the Professional and Specialized Services section of the Budget Template. Yes, funds will only be distributed to the lead agency and is responsible for paying its subcontractor.

Q8) Can one agency submit multiple proposals (as lead and then as a subcontractor)?

A8) Yes, an agency can submit as a lead and also appear as a subcontractor on a separate bid.

Q9) Can an agency be part of more than 1 application?

A9) See response to Q8.

Location:

Q10) Are bidders required to have physical location in all area of county or just describe approach to serving ppl. From across The County?

A10) Bidders should include in their bid submission how their proposed location and service delivery sites will best serve the priority population and meet the contract deliverables. Please see RFP clarification on Section I. C. Scope above for more information.

Q11) When serving African-American youth, must the program be open to everyone in the community, or could it be targeted at particular sites (e.g., as an after-school program at school-sites or at youth-serving community organizations)? In our experience, the best way to reach youth with a program is to offer it at a site where youth are, rather than requiring travel and competing with other scheduled youth activities. If there must be a program available to all, could site-specific

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programming also be offered in addition to a program at our own site open to all African-American youth in the community?

A11) Yes. See response to Q1 and Q10 for more information.

Incentives/Stipends:

Q12) When serving youth, can we use funds to provide incentives for youth participation to value their time? Can we use funds to provide snacks to participants (of any age)?

A12) Funds may not be used to offer incentives (stipends) for participation. Funds may be used to provide snacks to program participants of any age.

Q13) Since stipends are not funded under this RFP however incentives are under advisement if a potential bidder wishes to provide say a gift card incentive could that be funded with outside grant support?

A13) Yes. This is only allowable with the use of non-BHCS funds.

Q14) Can funds be used for stipends, if yes limit?

A14) No. See response to Q12.

Service Delivery:

Q15) Is it assumed that the workshops should be one-off drop-in, or can they be a series that build on each other?

A15) It can be a series of ongoing support that may or may not build on each other. Please refer to RFP Clarification above regarding Service Delivery Approach.

Q16) Does the County have in mind a particular target # or range to be served?

A16) Please refer to RFP Clarification above regarding Service Delivery Approach.

Q17) What are the specific requirements for deliverables?

A17) See response to Q15 and Q16.

Q18) As this grant requires programming/services across Alameda County, how many sites would be the minimum required to satisfy the grant?

A18) See response to Q10.

Q19) What is the minimum, or number range, of participants reached in our programs?

A19) See response to Q15 and Q165.

Q20) Can you explain "BHCS can add more deliverables at any time"?

A20) BHCS intends to renew awarded contracts annually. Any renewal of an awarded contract shall be based upon availability of funds, awarded Contractor's performance, and continued prioritization of the activities and priority populations as defined and determined by BHCS.

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Q21) Can you clarify what you mean by trainings and support groups?

A21) “Trainings” refer to activities that help support group participants to develop the skills, capacities and supports to begin and to maintain continuous participation in a support group. The training may be delivered at the start of the support group, periodically or throughout the support group series. “Support group” refers to a regularly scheduled meeting activity over a defined period of weeks/months. The support group content is tailored to and designed (with, by and for African American participants) to address the participant’s needs, challenges, navigation requirements, etc.

Q22) When you say train the trainers, are the trainers caregivers and members of the community or professionals?

A22) For this RFP, those being “trained” are support group participants. “Trainers” may be caregivers, members of the community or professionals or others.

Q23) Please specify expectation of # of (BHCS) trainings/meetings lead agency will have to attend during funding cycle.

A23) The lead agency will be expected to attend bi-monthly or quarterly meetings.

Curriculum:

Q24) HIFY’s work with youth often not only includes support and awareness-building, but also involves a peer education or community education youth project at the end of a group. Could such events (e.g., community mental health fairs) be included under this funding?

A24) No. This RFP is meant to purchase curriculum development and support groups.

Q25) With respect to original curriculum/contract developed by the lead agency & partners, does the county assume ownership of the IP? No for newly developed curriculum.

A25) The County currently envisions to own, co-own, or retain the rights to any new, existing or adapted curriculum resulting from this contract. However, the County is open to discussing the specific details with the awarded Contractor during contract negotiations.

Q26) What is the time line that curriculum will need to be developed?

A26) We expect the curriculum to be developed within six months from the contract start date and contractors will only be able to charge BHCS for that activity during that time.

Q27) Does curriculum become property of BHCS or County after development?

A27) See response to Q25.

Position/Role Clarifications:

Q28) “Mental health specialist” is a term that can cover different levels of qualification in different context – what does the County mean by it in this context?

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A28) For purposes of this RFP, the Mental Health Specialist works with the support group leader, can be consulted on curriculum development and helps identify individuals participating in the support groups who may need access and linkage to mental health treatment services.

Q29) Do we choose an evaluator or does the county evaluate? Should we include an external evaluator in our budget?

A29) No. Awarded Contractors are required to evaluate their own program and report to the County, according to the BHCS Prevention Program PEI Data Report Template (see Appendix # of this addendum).

Fiscal/Budget:

Q30) What total allowable admin %?

A30) No maximum unless you have a federally approved indirect rate. Otherwise, it is generally around 15%.

Q31) Is there a op budget vs. grant amounts ratio that potentially exclude an applicant?

A31) No.

Q32) What are your restrictions regarding budget modifications

A32) You will be held to the contract award amount for the contract period. If eligible you will receive a Cost of Living Allowance. You can request to negotiate redistribution between line items after program implementation but is subject to BHCS approval.

Q33) Is the \$ amount listed on the RFP and \$ amount listed on the Budget Workbook explained? \$415,227 - \$334,581, is this meant to represent -20% for SLEB?

A33) No, this is an error the amount should be \$415,227. Please see revised Budget Template.

Q34) Can funds be used for equipment i.e., camera, lights, computer etc.?

A34) Yes, please provide justification in your budget narrative.

Q35) Is this funding on-going? If not, what is the award period?

A35) The funding is on-going, subject to renewal each fiscal year.

Q36) On your budget sheets please clarify where & how to indicate or show funding from additional sources.

A36) Please indicate in the revenue section of the Budget Template and explain in your Budget Justification.

Q37) Does this funding have to be used specifically for TAY of African decent or The AA community as a whole including all ages?

A37) The funding is to be used for the priority population indicated in this RFP which can be both.

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Q38) Is this funding for PEI purposes only?

A38) Yes.

SLEB:

Q39) If you are not SLEB Certified, does that limit your approval?

A39) No.

Q40) Just to clarify, H. indicates that bidders not meeting SLEB are required to subcontract with a SLEB for 20% of total estimated bid amount to be considered for contract award.

A40) That is correct. The following entities are exempt from the Small and Emerging Local Business (SLEB) requirements and are not required to subcontract with a SLEB:

- **non-profit community based organizations (CBO) that are providing services on behalf of the County directly to County clients/residents;**
- **non-profit churches or non-profit religious organizations (NPO);**
- **public schools; and universities; and**
- **government agencies.**

Bidders who meet this exemption should check the second box on the SLEB Partnering Information Sheet (see Appendix H of the RFP) and state their exemption on the text field. If the Bidder is unable to meet the SLEB requirements, please use Exhibit D (see Appendix G of the RFP).

General:

Q41) Clarify or define what is an "Unique Contractor"?

A41) A unique Contractor is a single contractor. There is only one contractor to be awarded under this RFP.

Q42) What led to the development of this particular RFP?

A42) Please see Section I. B. Background of the RFP. The Request for Information referenced can be accessed here: [RFI 17-11](#).

Q43) What programs exactly, are being funded out of the 2 million?

A43) BHCS has already allocated \$376,000 in MHSA PEI funding for existing programs. BHCS recently released RFP #18-03 *Training and TA on Accurate Diagnosis and Appropriate Medication Treatment and Healing Practices for African Americans* allocating \$334,581 in MHSA PEI funding. BHCS will be releasing additional RFPs over the next few months to allocate the remaining MHSA PEI and CSS funding. See response to Q42 for more information.

Q44) Can you speak more about additional & relevant upcoming bids from BHCS – was indicated briefly by Kelly?

A44) Please see BHC <http://www.acbhcs.org/Docs/docs.htm#RFP> & GSA https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

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A44) websites. Also you may send a request to procurement@acgov.org to be added to our distribution list for upcoming RFP's.

Q45) How can we as Program Providers who serve the African American community be made aware of RFP's awarded, programs designed and in operation? And Impact of these programs.

A45) We have forwarded this question to our BHCS PEI and Ethnic Services Operational Leads for future consideration and planning. In the meantime, please check the BHCS and County GSA websites (see page 11 of the RFP for hyperlinks) for contracting opportunities as well as awarded service providers following an RFP process.

Q46) Can African American service providers be update by email or better yet meetings giving updates from African American Steering Committee? More information is needed! To support our communities more Unity! In Thought.

A46) BHCS contact for the African American Steering Committee is Javarre Wilson.

Q47) Is this RFP earmarked (meaning designated to a specific provider)?

A47) No. This is an open competitive bidding process.

BIDDERS CONFERENCES

The following participants attended the Bidders Conferences:

Company Name / Address	Representative	Contact Information
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Kelly Robinson	Phone: (510) 383-2873
		E-Mail: Kelly.Robinson@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Rachel Garcia	Phone: (510) 383-1744
		E-Mail: Rachel.Garcia@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Edilyn Dumapias	Phone: (510) 383-2873
		E-Mail: Edilyn.Dumapias@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205	Majda Jenison	Phone: (510) 383-2871
		E-Mail: Majda.Jenison@acgov.org
		Prime Contractor: N/A

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Company Name / Address	Representative	Contact Information
Oakland, CA 94606		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Fiona Branagh	Phone: (510) 567-8126
		E-Mail: Fiona.Branagh@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Elizabeth Delph	Phone: (510) 777-2146
		E-Mail: Elizabeth.Delph@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Fonda Houston	Phone: (510) 777-2143
		E-Mail: fonda.houston@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB: N/A
Alameda County BHCS 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Michiko Ronné	Phone: (510) 383-2874
		E-Mail: michiko.ronne@acgov.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Alameda County BHCS 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606	Javarré Wilson	Phone: (510) 777-2118
		E-Mail: javarre.wilson@acgov.org
		Prime Contractor: N/A
		Subcontractor: N/A
		Certified SLEB:
Rise Justice 475 14 th St. Oakland, CA	Dr. Odell Joma	Phone: (650) 995-6589
		E-Mail: odell@risejustice.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Unity Care 1400 Parkmoor Ave 115 San Jose, CA 95126	Bridgette Ogne	Phone: (408) 971-9822
		E-Mail: bogne@unitycare.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
	Elizabeth Samayoa	Phone: (510) 703-1420

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Company Name / Address	Representative	Contact Information
Health Initiatives for Youth 540 Market St. San Francisco, CA 94102		E-Mail: samayoa@hi4youth.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Health Initiatives for Youth 540 Market St. San Francisco, CA 94102	Cassie Benton	Phone: (510) 472-6872
		E-Mail: benton@hi4youth.org
		Prime Contractor:
		Subcontractor:
Health Initiatives for Youth 540 Market St. San Francisco, CA 94102	Gladys Reyes	Certified SLEB:
		Phone:
		E-Mail: reyes@hi4youth.org
		Prime Contractor:
Conscious Voices 2700 International Blvd. Oakland, CA94601		Subcontractor:
		Certified SLEB:
		Phone: (510) 689-7982
		E-Mail: cheryl@consciousvoice.org
Healthy Black Families, Inc.	Ayanna Davis	Prime Contractor:
		Subcontractor:
		Certified SLEB:
		Phone: (510) 479-2505
Healthy Black Families, Inc.	Rahwa Neguse, ED	E-Mail: programs@healthyblackfamiliesinc.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Family Support Services 451 Grand Ave. Oakland, CA	N. Bruce Williams	Phone: (415) 861-4060 x3011
		E-Mail: bwilliams@fssba-sf.org
		Prime Contractor:
		Subcontractor:
Family Support Services 401 Grand Ave.	Elizabeth Adeyi	Certified SLEB:
		Phone:
		E-Mail: eadeyi@fssba-sf.org

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Company Name / Address	Representative	Contact Information
Oakland, CA		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Family Support Services	Donna Moore	Phone: (510) 834-2443 x2008
		E-Mail: dmoore@fssba.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Family Support Services	Karen Einbinder	Phone: (510) 834-2443 x3007
		E-Mail: keinbinder@fssba.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB: Yes
Pathfinder Psychological Services, Inc.	Cedric Jackson, Sr.	Phone: (415) 377-6977
		E-Mail: cvjsr@yahoo.com
		Prime Contractor:
		Subcontractor:
		Certified SLEB: Yes
East Bay Agency for Children	Shiloh Kaho	Phone:
		E-Mail: Shiloh.kaho@ebac.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Village-Connect 1572 150 th Ave San Leandro, CA	Gaylon Logan	Phone: (510) 504-0536
		E-Mail: gl@village-connect.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Bay Area Consortium for Quality Health Care, Inc.	Sandra C. Madison	Phone: (510) 472-3743
		E-Mail: madavepr@gmail.com
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Ann Martin Center	Hasse Leonard-Pagel	Phone: (510) 655-7880 x360
		E-Mail: hleonard-pagel@annmartin.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:

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Company Name / Address	Representative	Contact Information
Center of Hope	Regina Guillon	Phone: (510) 467-9787
		E-Mail: cohccministries@yahoo.com
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Sandra L. Smith	Sandra L. Smith	Phone: (510) 798-8113
		E-Mail: sandra7745@comcast.net
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Sister to Sister 2 dba Serenity House	Melissa Hellums	Phone: (510) 891-0464
		E-Mail: melissahellums@gmail.com
		Prime Contractor:
		Subcontractor:
		Certified SLEB: Yes
Alameda County Public Health Department	Rita Lang	Phone: (510) 618-2086
		E-Mail: rita.lang@acgov.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Roots Community Health Center	Jessica Travenci	Phone: (510) 424-1907
		E-Mail: jessica@rootsclinic.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB: Yes
GCEA 4799 Shattuck Avenue Oakland, CA	Almaz Yihdego	Phone: (510)
		E-Mail:
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
Catholic Charities of the East Bay	Emma Jones	Phone: (510)
		E-Mail: emma@emmajonesphd.com
		Prime Contractor:
		Subcontractor:
		Certified SLEB: Yes
Restorative Justice for Oakland Youth (RJOY) 1203 Preservation Park #200	Teiahsha Bankhead	Phone: (510) 599-7774
		E-Mail: teiahsha@rjoyoakland.org
		Prime Contractor:

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Company Name / Address	Representative	Contact Information
Oakland, CA 94612		Subcontractor:
		Certified SLEB:
PEERS 333 Hegenberger Rd Oakland, CA 94621	Ashlee Jemmott	Phone: (510) 832-7337
		E-Mail: ajemmott@peersnet.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:
BOSS	Donna Moore	Phone: (510) 834-2443 x3008
		E-Mail: dmoore@fssba.org
		Prime Contractor:
		Subcontractor:
		Certified SLEB:

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APPENDIX

Appendix A: REVISED Table 1

Table 1

Section	Instructions	Page Max.
1. TITLE PAGE	Use MS Word to complete and submit the following information: <ul style="list-style-type: none"> • Bidder Organization Name; • Bidder Organization’s Headquarter Address; • Name of Executive Director or Equivalent including title, phone number, and email; and • Name of Contact Person including title, phone number, and email. 	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Review, complete, and submit the requested information included as Attachment 1: Exhibit A Bidder Information and Acceptance form with your bid.	N/A
3. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY	Use MS Word to complete and submit a synopsis of the highlights and benefits of each proposal.	1
4. BIDDER MINIMUM QUALIFICATIONS	Use MS Word to describe and demonstrate how Bidder meets all of the criteria.	5
	a. Have a demonstrated understanding of the diversity of the African American experience and needs around mental health and wellness.	
	b. Have at least two years of experience engaging African Americans in ongoing support group activities and in training, preparing and motivating African Americans to begin and to maintain continuous participation in such activities.	

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	<p>c. Bidder or subcontractor shall have at least two years of experience developing curriculum on culturally congruent practices and/or appropriate Afrocentric strategies within the last five years.</p>	
	<p>d. Bidder or subcontractor shall be regularly and continuously engaged in the business of providing mental illness prevention and community support and empowerment and/or related services to members of the African American community for at least five (5) years prior to the date of bid submission.</p>	
<p>5. ORGANIZATIONAL CAPACITY AND REFERENCES</p>	<p>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 the following databases:</p> <ul style="list-style-type: none"> • https://sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/Sandllanding.asp • https://www.ssdmf.com 	N/A
	<p>b. References Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.</p> <p>The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p>	2

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	<p>Do not include BHCS staff as references. Provide a list of <u>six (6)</u> total references – three (3) current and three (3) former, please provide the following;</p> <ul style="list-style-type: none"> • Company Name • Reference Name • Address • Phone number • E-mail address • Services Provided/Date(s) of Service 	
<p>6. BIDDER EXPERIENCE, ABILITY AND PLAN</p>	<p>a. Describe, in detail, Bidder’s Understanding and Experience with the Priority Population Needs, including:</p>	<p>N/A</p>
	<p>i. Demonstrate Bidder’s cultural understanding of the priority population, including:</p> <ol style="list-style-type: none"> 1. Historical and daily stressors, exposure to racism, discrimination and oppression; 2. Strengths and protective factors; 3. Internal and external stigma 4. Challenges with accessing and engaging in mental health prevention and treatment services; 5. The impact of cultural and racial dynamics that might affect the delivery of care to the priority population; and 6. Strategies and demonstrated practice approaches for working with African Americans. 	<p>3</p>
	<p>ii. Describe Bidder’s experience working with the priority population addressed in this RFP, including:</p> <ol style="list-style-type: none"> 1. Demonstrate experience engaging with African American consumers, caregivers and family members; 2. Experience with training consumers, family members and caregivers around mental health and wellness from a strength based perspective which acknowledges and deepens existing protective factors; 	<p>3</p>

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	<ol style="list-style-type: none"> 3. Proposed strategies to identify and build on existing protective factors; 4. Proposed strategies or approaches to build support group engagement; and 5. Letter(s) of Support highlighting experience in this capacity. 	
	b. Describe, in detail, Bidder’s Service Delivery Approach, including:	N/A
	<p>i. Bidder’s plan to develop or adapt existing or use an existing culturally responsive curriculum, including:</p> <ol style="list-style-type: none"> 1. Please list each topic a summary of the content, and length of each training/group sessions <ol style="list-style-type: none"> a. Include in your response how your proposed trainings/group curriculum will enhance the understanding and skills of the African American community and community stakeholders. b. Articulate your sources for developing the curriculum content. c. Of the topics listed, which ones will you be training on the first year and subsequent years? 2. How will you solicit feedback from support group attendees and how will this feedback be incorporated into future trainings? 3. How will you design the curriculum to be accessible for all learning styles? 4. Describe how you will evaluate the effectiveness of the proposed support groups, including a proposed plan for course evaluation. 	4
	<p>ii. Bidder’s plan to provide specific outreach of the training to community members, community-based organizations and other community stakeholders:</p> <ol style="list-style-type: none"> 1. Specific strategies to recruit, enroll and retain African American consumers, family members and caregivers; and 	2

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	<ol style="list-style-type: none"> 2. Promote trainings in at least five widely distributed and easily accessible community-based sources including social media platforms. 3. Conduct outreach to existing programs serving African Americans to align Healing/Empowerment/Support Groups as a value-added feature. 	
	<p>c. Describe, in detail, Bidder’s Planned Staffing and Organization Infrastructure, including:</p>	N/A
	<p>i. Bidder’s Planned Staffing and Organization Infrastructure, including:</p> <ol style="list-style-type: none"> 1. Who will be the lead trainer and what is their background? 2. Describe the roles and responsibilities of the staff involved in this project including plan for training, supervising and supporting staff. <ol style="list-style-type: none"> a. Who will oversee the staff involved in this project and how will staff be supported? 3. Describe how staff will reflect the priority population. 4. Describe organizational chart (include as Attachment 1A) and proposed program chart that illustrates where the program will sit within the organization (include as Attachment 1B). 5. If Bidder intends to partner or sub-contract with other service provider/s, provide rationale and describe how collaboration will enhance this RFP’s goals, including roles and responsibilities of lead agency and partner/sub-contractor. 	2 (not including Attachments)
	<p>d. Describe, in detail, Bidder’s Experience and Plan to Track Data and Deliverables, including:</p>	N/A
	<p>ii. Bidder’s Experience and Plan to Track Data and Deliverables, including Bidder’s plan for collecting data specified in this RFP and tracking deliverables for quality improvement, specific to the following:</p> <ol style="list-style-type: none"> 1. Plan for tracking deliverables, client level data, referrals and successful linkage to services. Include data collection systems to be used and experience with data collection and tracking systems. Include an example of data tracking template/system as Attachment 2A. 	2 (not including Attachments)

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	2. Who will be responsible for overseeing data collection and reporting requirements?	
7. COST	Budget and Budget Narrative	N/A
	Budget a. Cost-Coefficient – Bidder does not need to submit anything additional for this. b. Complete and submit one BUDGET WORKBOOK (saved in MS Excel). See Budget Instructions tab . Complete and submit all worksheets in the Workbook.	
	c. Bidder’s detailed Budget Narrative to explain the costs and calculations in the Budget Instructions tab . 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: 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs	2
8. IMPLEMENTATION SCHEDULE AND PLAN	<ul style="list-style-type: none"> • Bidder’s Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: <ul style="list-style-type: none"> ○ Staff hiring, training, and supervision ○ Curriculum development and/or training plan; ○ Program engagement; ○ Provision of training sessions and support groups; and ○ Program evaluation Describe the first years of implementation and who will oversee the implementation.	2

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	Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation.	1
EXHIBITS AND ATTACHMENTS	EXHIBIT C: INSURANCE REQUIREMENTS	N/A
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	
	SLEB PARTNERING SHEET	

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REVISED Table 3

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete Meets/Does Not Meet Minimum Qualification 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.	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance			
3. Letter of Transmittal/Executive Summary			
4. Bidder Minimum Qualification	a. Have a demonstrated understanding of the diversity of the African American experience and needs around mental health and wellness; and		
	b. Have at least two years of experience engaging African Americans in ongoing support group activities and in training, preparing and motivating African Americans to begin and to maintain continuous participation in such activities; and		
	c. Bidder or subcontractor shall have at least two years of experience developing curriculum on culturally congruent practices and/or appropriate Afrocentric		

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>strategies within the last five years; and</p> <p>d. Bidder or subcontractor shall be regularly and continuously engaged in the business of providing mental illness prevention and community support and empowerment and/or related services to members of the African American community for at least five (5) years prior to the date of bid submission; and</p>		

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
<p>5. ORGANIZATIONAL CAPACITY AND REFERENCES</p>	<p>a. Debarment and Suspension Checked to ensure Bidder, its principal and named subcontractors are not identified on any of the listed databases</p>	<p>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 in the following databases:</p> <ul style="list-style-type: none"> • https://sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/Sandllanding.asp • https://www.ssdmf.com 	<p>Pass/Fail</p>

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>b. BHCS will check <i>references</i> for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<p>How do the Bidder’s references rate the following:</p> <ul style="list-style-type: none"> • Bidder’s capacity to perform Training and TA; • Areas in which the Bidder did well; • Areas in which the Bidder could have improved; • How well did/does Bidder do around: <ul style="list-style-type: none"> ○ Understanding of the African American community; ○ Understanding of the African American experience around mental health; ○ Cultural responsiveness; ○ Cultural humility; ○ Awareness of mental health healing practices; ○ Designing training materials; ○ Awareness and responsiveness to community and family member needs; ○ Overall satisfaction with Bidder on a scale of one to five; • Is/Was Bidder within their budget and meeting deadlines? 	5
<p>6. Bidder Experience, Ability and Plan</p>	<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 Experience with the Priority Population Needs.</p>		(30) Section Subtotal

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>i. Cultural understanding of the priority population</p>	<p>How well does Bidder demonstrate understanding of the priority population including:</p> <ul style="list-style-type: none"> • Historical and daily stressors, exposure to racism, discrimination and oppression; • Strengths and protective factors; • Internal and external stigmas; • Challenges with accessing and engaging in mental health prevention and treatment services; • The impact of cultural and racial dynamics that might affect the delivery of care to the priority population; and • Strategies and demonstrated practice approach for working with African Americans. 	15
	<p>ii. Experience with Priority Population Review</p>	<p>How well does Bidder demonstrate experience working with or knowledge of the priority population including:</p> <ul style="list-style-type: none"> • How well matched is Bidder’s experience engaging with African American consumers, caregivers and family members? • How well does Bidder demonstrate experience with training consumers, family members and caregivers around mental health and wellness from a strength based perspective which acknowledged and deepened existing protective factors? • How well does Bidder demonstrate an understanding of protective factors, and how to identify and build on them? • How well does Bidder demonstrate and understanding of strategies or approaches to build support group engagement? 	15

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • How well do Bidder’s Letter(s) of Support highlight experience in this capacity? 	
	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 Service Delivery Approach .		(20) Section subtotal
	i. Cultural Responsive Curriculum	<ul style="list-style-type: none"> • How well does Bidder demonstrate, in proposed training curriculum, the following: <ul style="list-style-type: none"> ○ Bidder’s knowledge of holistic interventions such as spiritual, family, and community support? ○ How well does Bidder articulate sources for developing the curriculum content? ○ How well does the Bidder demonstrate their understanding of culturally competent and congruent, services? • How well does Bidder demonstrate how they will solicit feedback from support group attendees and how such feedback will incorporate it into future trainings? • How well does Bidder demonstrate how their curriculum will be accessible to all learning styles? • How well does Bidder describe how they will evaluate the effectiveness of the proposed support groups? 	15

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> ○ How well does Bidder describe their proposed plan for course evaluation? 	
	<p>ii. Outreach and Marketing Delivery</p>	<ul style="list-style-type: none"> • How well matched are proposed strategies to recruit, enroll and retain African American consumers, family members and caregivers? • How well matched is Bidder’s plan to provide specific marketing of the training to increase training attendance and participation? • How well does Bidder describe their plan to market in at least five community-based sources including social media platforms? • How well does Bidder describe their plan to conduct outreach to existing programs serving African Americans to align Healing/Empowerment/Support Groups as a value-added feature? 	5
		<p>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 Planned Staffing and Organization Infrastructure:</p>	(9) Section subtotal
	<p>i. Planned Staffing and Organization Infrastructure</p>	<ul style="list-style-type: none"> • Does Bidder meet the staffing requirements of having one (1) of each of the following; <ul style="list-style-type: none"> ○ Peer Group Leader ○ Mental Health Specialist ○ Program Manager ○ Program Assistant • Did the Bidder indicate the background of the lead trainer? 	9

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • Does the Bidder describes roles and responsibilities of the staff involved in this project including plan for training, supervision and supporting staff? • How well does Bidder’s plan demonstrate effective hiring, training, supervising, and retention of all staff, including supervision and oversight of proposed program? • How well does Bidder describe the tasks necessary to provide the trainings detailed in the scope? How well does Bidder describe how they will assign tasks to staff? • How well does Bidder describe how staff will reflect the priority population? • How well does the proposed program integrate into Bidder’s existing organizational structure, business operation, and services per Attachment 1A and 1B? • If Bidder intends to partner or sub-contract with other service provider/s, how well does Bidder describe the collaboration? How well does Bidder describe roles & responsibilities if partnering/sub-contacting? 	
	d. 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 Tracking Data and Outcomes		(5) Section subtotal
	i. Track Data and Deliverables	<ul style="list-style-type: none"> • How appropriate is Bidder’s plan for tracking deliverables, client level data, referrals and successful linkage to services? 	5

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> How well does Bidder demonstrate experience with data collection and electronic data and/or tracking systems per Attachment 2A? 	
7. Cost	<p>The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how 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.</p>		(13) Section subtotal
	<p>a. Cost Co-Efficient</p>	<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 	3
	<p>b. Budget c. Budget Narrative Review</p>	<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 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? How well does the narrative detail how Bidder arrived at particular calculations? How well does Bidder “show the work”? 	10

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RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
8. Implementation Schedule and Plan	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 Implementation Plan and Schedule		(8) Section subtotal
	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 the following milestones: <ul style="list-style-type: none"> ○ Staff hiring, training, and supervision; ○ Curriculum development and/or training plan; ○ Program engagement; ○ Provision of training sessions and support groups; and ○ Program Evaluation? • How well does Bidder describe the first year's implementation? 	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 and assessment of challenges and barrier mitigation strategies? 	3
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%

Appendix C: Prevention Program PEI Date Report Template

Instructions: Please submit this report quarterly via email to your Program Contract Manager. See chart below for due dates. **To avoid payment holds, please advise your Contract Manager as far in advance as possible if you cannot submit your report on time.**

Please read all sections instructions carefully. All sections are required unless noted.

FY 2018-2019	Due Date
Quarter 1	October 31 st
Quarter 2 (includes completion of Section 7)	January 31 st
Quarter 3	April 30 th
Quarter 4/Annual Report (includes completion of Section 7 and Section 8)	July 31 st

Prevention Program PEI Data Report

Please check: Quarter 1 Quarter 2 Quarter 3 Quarter 4/Annual Report

Enter date report submitted: [Click here to enter a date.](#)

SECTION 1. GENERAL INFORMATION & TOTAL NUMBERS SERVED

Program Name/Organization/Short Program Description: [Click here to enter text.](#)

Staff Preparing Report: [Click here to enter text.](#) Phone/Email: [Click here to enter text.](#)

Total Numbers Served through PEI MHSA		
Number of unduplicated individuals your program serves who are at-risk of developing a serious mental illness (SMI) ¹	A	
Number of unduplicated individuals your program serves who show early signs of forming a more severe mental illness	B	
Number of unduplicated individual family members ² served indirectly by your program:	C	
Grand TOTAL of unduplicated individuals served in the Quarter that you are reporting about. [This number (D) should = A+B+C.] Note: For the Quarter 4/Annual Report due in July, this number should be the grand total (= Quarters 1 +2 +3 +4) of individuals served in the previous fiscal year	D	

¹ **Serious mental illness** per PEI regulations is defined as a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders

² **Family Members** refer to family members (e.g. parents, grandparents, siblings, aunts, uncles) of the individual served by the PEI program that received some type of indirect services from your PEI funded program. For example, a parent of a child client who received information on how to follow up with a mental health treatment referral. Or a sibling who accompanied the individual to the service.

SECTION 2. DEMOGRAPHICS

Please provide the total number of **unduplicated** (i.e. actual number of individuals served) individuals served through this funding.

Age Group (Unduplicated)	
Children/Youth (0-15)	
Transition Age Youth (16-25)	
Adult (26-59)	
Older Adult (60+)	
Unknown/ Declined to Answer	

Race (Please mark only one choice)	
<i>If Hispanic or Latino, choose "Another race not listed."</i>	
<i>If bi-racial or multi-racial, choose "Another race not listed."</i>	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Another race not listed	
Unknown/ Declined to Answer	

Gender Identity (Please mark both parts A & B)	
A) Assigned sex at birth: (Please mark only one choice)	
Male	
Female	
Other sex not listed (e.g. Intersex)	
Unknown/Decline to Answer	
B) Current Gender Identity: (Please mark only one choice)	
Male	
Female	
Transgender	
Genderqueer	
Questioning or Unsure of Gender Identity	
Another Gender Identity not listed	
Unknown/Decline to Answer	

Ethnicity /Cultural Heritage (Please mark only one choice)	
<i>If multi-ethnic, choose description that best describes the individual:</i>	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Unknown/Declined to Answer	
If Non-Hispanic or Non-Latino, please specify:	
African	
African American	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic or Non-Latino ethnicity not listed	
Unknown /Declined to Answer	

Primary Language (Please mark only one choice)	
English	
Spanish	
Farsi	
Cantonese	
Mandarin	
Other Chinese Dialects	
Vietnamese	
Korean	
Tagalog	
Other Filipino Dialect	
Japanese	
Laotian	
Cambodian	
Mien	
Hmong	
Samoan	
Thai	
Russian	
Polish	
German	
Italian	
Turkish	
Hebrew	
French	
Portuguese	
Armenian	
Arabic	
Sign ASL	
Other primary language not listed	
Unknown/ Decline to Answer	

Sexual Orientation (Please mark only one choice)	
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation not listed	
Unknown/Decline to Answer	

Disability Status (Please mark all that apply)	
None	
Yes. If yes, please specify (choose from list below):	
Difficulty Seeing	
Difficulty hearing, or having speech understood	
Mental Domain	
Physical/Mobility Domain	
Chronic Health Condition	
Another disability not listed	
Unknown/Decline to Answer	

Veteran Status (Please mark only one choice)	
Yes	
No	
Unknown/Decline to Answer	

Reminder: All PEI programs must involve the following 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 Strategy: Outreach for Increasing Recognition of Early Signs of Mental Illness.

SECTION 3. REQUIRED STRATEGY: INCREASE ACCESS AND LINKAGE TO MENTAL HEALTH TREATMENT

- a. Number of individuals with serious mental illness (SMI) who received a paper referral (i.e. referrals via phone do not apply) from your program to an ACBHCS mental health treatment program: [Click here to enter text.](#)
- b. List type(s) of mental health treatment programs the individual was referred to: [Click here to enter text.](#)
- c. Number of individuals who were successfully referred and linked to an ACBHCS mental health treatment program (i.e. client has been seen at least once in person by a treatment provider): [Click here to enter text.](#)
- d. Average duration in weeks of signs of untreated mental illness (per client self-report): [Click here to enter text.](#)
- e. Average time in weeks between when a paper referral was given to individual by your program and the individual's first in person appointment with a mental health treatment provider: [Click here to enter text.](#)

SECTION 4. REQUIRED STRATEGY: IMPROVE TIMELY ACCESS TO MENTAL HEALTH SERVICES FOR UNDERSERVED POPULATIONS

- a. Who is/are the underserved target population/s your program is serving (e.g. TAY, Southeast Asian, etc.)? [Click here to enter text.](#)
- b. Number of separate paper referrals to an ACBHCS PEI-funded program. (This can be a provider's internal ACBHCS PEI-funded prevention or early intervention program OR an external PEI-funded ACBHCS prevention or early intervention program): [Click here to enter text.](#)
- c. Number of individuals followed through on referral & engaged in an ACBHCS PEI-funded program: [Click here to enter text.](#)
- d. Average time in weeks between when a paper referral was given to individual by your program and the individual's first in person appointment with the ACBHCS PEI-funded provider. [Click here to enter text.](#)
- e. Describe ways your program encouraged access to services and follow-through on the above referrals: [Click here to enter text.](#)

SECTION 5. OPTIONAL STRATEGY: OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL

ILLNESS. *Complete this section only if your program does outreach. No demographic information needs to be collected or reported about potential responders.*

Number of potential responders: [Click here to enter text.](#)

List type of setting(s) in which the potential responders received outreach and the type(s) of potential responders engaged in each setting:

Type of Setting(s) (ex: school)	Type(s) of Potential Responders (ex: principals, teachers, parents, nurses)

SECTION 6. NARRATIVE

MHSA is built upon the following guiding principles:

- Cultural Competence. Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
- Community Collaboration. Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
- Client, Consumer, and Family Involvement. Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.
- Integrated Service Delivery. Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.
- Wellness and Recovery. Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

Note: For Quarterly Reports #1, 2, and 3, a few bullet points in each section will suffice. For Quarterly Report #4/Annual Report, please include a longer narrative since this narrative report acts as your Annual report.

- a. Choose two of the above principles and describe how your program upholds or achieves those principles. Please speak to each principle separately and specifically describe how your program activities align with that corresponding principle.

Principle #1: Choose an item. How does your program align with this principle? [Click here to enter text.](#)

Principle #2: Choose an item. How does your program align with this principle? [Click here to enter text.](#)

- b. Please tell us about the following...

i. Implementation Challenges: [Click here to enter text.](#)

ii. Successes: [Click here to enter text.](#)

iii. Lessons Learned: [Click here to enter text.](#)

iv. Relevant Examples of Success/Impact (e.g. a client success story) Reminder: Please do not use real client names: [Click here to enter text.](#)

Optional: Do you give permission to BHCS to use this success story in a public forum (i.e. MHSA website, BHCS meeting)? Yes No

SECTION 7. EVALUATION PLAN UPDATE. *This section must be completed only for Quarter 2 and Quarter 4/Annual Reports.*

Each PEI program must collect information **on client/participant experience, feedback, or satisfaction** with the programming provided.

- a. Please describe, in 1-2 sentences, your effort to collect feedback from program participants (method used). [Click here to enter text.](#)
- b. Describe the tool used to collect data. [Click here to enter text.](#)
- c. Summarize the results. [Click here to enter text.](#)
- d. What was learned from the participant feedback (**1-2 key points**)? [Click here to enter text.](#)
- e. Describe how the findings were reviewed by staff. [Click here to enter text.](#)
- f. What programmatic change(s) were or will be adopted as a result of the findings? When will changes be made and how will the changes impact programming? [Click here to enter text.](#)
- g. What issues or challenges with the Evaluation Plan are you having? What technical assistance do you need? [Click here to enter text.](#)

SECTION 8. ADDITIONAL INFORMATION. *This section is completed only for Quarter 4/Annual Report.*

Please include the number of clients and/or contacts you estimate to serve in:

FY 19/20: [Click here to enter text.](#)

FY 20/21: [Click here to enter text.](#)

Please tell us about any changes you intend to make to your program over the next two fiscal years and explain your rationale for making these changes: [Click here to enter text.](#)

Thank you for completing and submitting your report!
