



OFFICE OF THE AGENCY DIRECTOR
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TEL (510) 618-3452
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December 28, 2021

The Honorable Board of Supervisors
Administration Building
1221 Oak Street
Oakland, CA 94612

SUBJECT: APPROVE FISCAL YEAR 2022 HOUSING SUPPORT PROGRAM SERVICES-AS-NEEDED CONTRACTS WITH ARK ANGEL II, LLC, JUANA CARE FACILITY, LLC AND GENTLE HEART CARE SERVICES INC

Dear Board Members:

RECOMMENDATIONS

- A. Approve three new Services-as-Needed contracts to be added to the existing pool of 16 Housing Support Program providers (Master Contract No. 000002) to provide residential care mental health services, for the period 1/1/2022 - 6/30/2022 with no change in the pooled amount of \$4,866,606:
1. Ark Angel II, LLC (Principal: Haidie Bautista; Location: Hayward; Procurement Contract No. 23064);
 2. Juana Care Facility, LLC (Principal: Jene' Levine Snipes; Location: Oakland; Procurement Contract No. 23063);
 3. Gentle Heart Care Services Inc (Principal: Alanna Spencer; Location: Hayward; Procurement Contract No. 23071); and
- B. Delegate authority to the Agency Director, or designee, to negotiate and execute the agreements through the Community-Based Organization (CBO) master contract process subject to review and approval as to form by County Counsel and submit an executed copy to the Clerk of the Board for filing.

DISCUSSION/SUMMARY

Since 1987, the Housing Support Program (HSP) has provided funding for non-clinical patient care for individuals with serious mental illness (SMI) living in licensed board and care/residential care homes (licensed homes). Through the annual renewal of Services-as-Needed contracts for the HSP, these programs will continue to augment the impact of other programs identified in the County Homelessness Action Plan 2018 – 2021 by supporting individuals with SMI in maintaining their housing and helping to prevent homelessness.

Under the HSP, licensed homes receive additional reimbursement for providing supplemental services to individuals with SMI. HSP providers assist Alameda County Behavioral Health Care Services (ACBH) clients meet their treatment plan goals by providing or arranging transportation to support the client's mental health needs; encouraging the client to take increasing responsibility for managing their own treatment; encouraging the client's use of public transportation and leisure time in a constructive manner; assisting the client to learn social

relationship skills, such as communication with others and the appropriate expression of feelings; helping the client to develop budgeting, personal shopping, menu planning, and basic meal preparation skills; assisting the client in becoming responsible for self-medication as prescribed by the treating physician; and providing close supervision of clients who require the management of difficult behavioral issues.

ACBH has identified an increased need for bed availability and multiple levels of care. To meet this need, the Request for Pre-Qualification (RFPQ) #21-03 Housing Support Program was released on August 3, 2021. Your Board's approval of these HSP Services-as-Needed contracts will allow ACBH to enter into additional agreements for HSP services in Fiscal Year 2022. These contracts do not have fixed allocations as providers are reimbursed on the actual number of ACBH clients they serve; therefore, ACBH contracts on a Services-as-Needed basis. Delegation of authority was previously requested and approved by your Board on May 25, 2021 (Item No. 7) when your Board approved the Fiscal Year 22 pool of 16 contracts to provide housing support services for ACBH clients.

SELECTION CRITERIA

ACBH released the Request for Pre-Qualifications (RFPQ) No. 21-03 on August 3, 2021 to meet the increased need for bed availability and multiple levels of acute care. The RFPQ was advertised for 35 days using the General Services Agency (GSA) advertising guidelines by posting on the ACBH and GSA websites. In addition, a courtesy email was sent to ACBH's contracted providers and other ACBH contracts via existing email distribution lists. ACBH hosted a question and answer session with interested bidders on August 12, 2021 with attendance from six agencies and subsequently posted the responses to questions asked on September 9, 2021 on ACBH and GSA websites.

ACBH received three bids for board and care facilities to provide HSP services. Per GSA guidelines for a RFPQ, ACBH staff conducted a review of the bidder minimum qualifications, which all of the bidders met. The table below summarizes the results of this competitive bidding process and the recommendation to award SAN contracts to the three bidders.

Bidders	Certified Small, Local, or Emerging
Ark Angel II, LLC	No
Juana Care Facility, LLC	No
Gentle Heart Care Services Inc	Yes

On October 7, 2021, Bidders were notified via email and certified mail of the recommendation for award. No bid protests were received. The bidders recommended to be included in the HSP SAN contract pool are small, local corporations and limited liability providers. HSP providers are selected based on the need for services in board and care settings. One of the providers is a Certified Small, Local and Emerging Businesses (SLEB): Gentle Heart Care Services Inc (Certification No. 21-00071; Expiration: 8/31/2022). The other two providers received SLEB waivers (Ark Angel II, LLC SLEB Waiver No. 21714 and Juana Care Facility, LLC SLEB Waiver No. 21715) that expire on 6/30/2022.

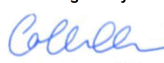
FINANCING

Appropriations for these contracts are fully offset by the Mental Health Services Act (MHSA) funding already included in the FY 2021-22 ACBH Budget and included in the Homelessness Action Plan. There is no increase in net county cost as a result of your approval.

VISION 2026 GOAL

Housing subsidy payments, care coordination, and other housing support services related to board, and care facilities meet the 10X goal pathways of **Eliminating Homelessness** and **Healthcare for All** in support of the shared vision of a **Thriving and Resilient Population.**

Sincerely,

DocuSigned by:

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Colleen Chawla, Director
Health Care Services Agency

CC/EDV/nc/bc



REQUEST FOR AUTHORIZATION TO WAIVE SLEB PROGRAM

For Federal grant funds:

Procurements using Federal grant funds which prohibit geographical preferences require the Federal Grant Funds SLEB Waiver Request form to be completed and submitted for approval to the Auditor-Controller Office of Contract Compliance & Reporting (OCCR) prior to soliciting bids/proposals and awarding contracts. For further information contact OCCR at ACSLEBcompliance@acgov.org.

For ALL Requests over \$3,000 and for Non-Federal SLEB waivers:

Requests must be completed and submitted online. The automated SLEB waiver requests can be found under the "For Work" section. See "Online SLEB Waiver Request". Complete #1-#9 below, complete #10 if over \$100,000 (First Source applies). Attach supporting documentation including 2 quotes or approved Sole Source/Piggybacks (must have both the Questionnaire and Finding Memo).

For questions, or if you are unable to access/log in to the automated system, you can contact OAP at gsa-oapslebwaivers@acgov.org.

NOTE: A SLEB waiver is NOT required for the following:

- * Approved Sole Source Exceptions for goods and services with a cumulative fiscal year total upto \$25,000.
* P.O. Change Order (POC) with a cumulative fiscal year total upto \$25,000 and no changes in vendor, product or fiscal year.

For Requests over \$25,000, a SLEB Waiver Number will be issued as required to enter a Procurement Contract in ALCOLINK. OAP will email signed approvals (with Waiver Number if appropriate) and denials to Requesting Departments and GSA Procurement.

NOTE: All questions require a complete response. Enter "N/A" or "None", etc., as applicable. Do not leave blank lines.

1. Please check appropriate box and complete department/contact information below.

Form with checkboxes for 'Requesting Department' and 'GSA Procurement managing the competitive process'. Includes fields for Department (Behavioral Health Care Services), Primary Requestor (Rachel Garcia), Secondary Requestor, GSA Procurement/Auditor (GSA-Buyer), and Telephone numbers.

2. Recommended Vendor: Ark Angel II LLC dba Bella Vista, PO# N/A, REQ#: []

Street: 1641-1659 D Street, City: Hayward, State: CA, Zip: 94541

3. Procurement Type (check all appropriate boxes below):

Form with checkboxes for 'New Contract', 'Renewal Contract', 'Contract Amendment-Term', 'Contract Amendment-Value', and 'Other' (checked). Other includes 'New Service as Needed Contract'.

4. Total PO/Contract Value (including increase, if \$0.00; Increase Value (if any) \$0.00. Contract Term Start 01/01/2022, End 06/30/2022, OR One-Time []

5. Goods/Services Procurement Description:

Alameda County Behavioral Health Care (ACBH) released a Request for Pre-Qualification (RFPQ) No. 21-03 Housing Support Program (HSP) to establish a pool of Services as Needed (SAN) contracts with eligible licensed adult residential facilities (ARF) and residential facilities for the elderly (RCFE) operators to provide HSP services to adults 18 and older with a Serious Mental Illness in Alameda County.

6. Brief explanation of why goods/services are required:

The RFPQ seeks to expand the ACBH pool of HSP SAN contracts and extend eligibility to providers that meet minimum qualifications. HSPs help to address the US Supreme Court Olmstead decision mandating that public agencies work to ensure that people with disabilities live in the most integrated, community-based settings appropriate to meet their needs and that clients should not be help in institutional settings in the absence of defined clinical needs for this level of care. HSPs provide housing services subsidy payments, service coordination and consultation.

7. Date Goods/Services Needed:

01/01/2022

a. What are the consequences if the date goods/services needed is not

Delays in contracting may result in delays in program services. Clients HSP services may be threatened.

8. Explanation of why the non-SLEB contractor/subcontractor (in #2 above) is being recommended and, if procurement over \$25,000, why they are unable to subcontract with a SLEB(s) for a minimum of 20%:

ACBH is requesting to waive the SLEB contracting requirements for the following reasons (1) Services are as needed and utilization cannot be predicted as this time. There is no set contract allocation which makes 20% subcontracting challenging; (2) No SLEB bid preference points were applied in this procurement process; and (3) The scope of work is limited to the Contractor providing board and care with some supportive services.

9. IF APPLICABLE: New Sole Source submitted to Procurement

Existing Approved Exception on

Not

10. Explain what attempts were made to locate a SLEB prime or, if procurement over \$25,000, SLEB subcontractor(s), including:

Copies of bids received and/or detailed statement of efforts made to contact and negotiate with certified businesses, including list of SLEBs contacted, names of individuals, addresses, phone numbers, dates contacted and bid prices attached. In the section below, list the documents that have been attached:

a. GSA sent out the RFPQ announcement to their contacts. ACBH sent out a courtesy notification of RFPQ release to our list of over 700 individuals including CBOs, providers, contractors, etc to notify the public of services. ACBH hosted a Question and Answer to review the RFPQ and application process.

b. Attached are the RFPQ, a copy of the Courtesy Notification that was sent to the ACBH procurement list, Question and Answers and a copy of Bella Vista's bid.

c. The RFPQ includes a calendar of events as well as info on the SLEB process.

Supporting Documents:

RFPQ #21-03 HSP.pdf

RFPQ #21-03 HSP Q&A.pdf

RFPQ #21-03 HSP - Ark Angel II dba
Bell Vista.pdf

New Contracting Opportunities RFPQ
#21-03 HSP.msg

11. If the contract is over \$100,000, is the recommended vendor able to comply with the First Source

Yes: No: If No,

Expedit (Check this box to expedite processing)

12. Department Certification: I certify to the accuracy of the preceding statements,

DUMAPIAS2

Edilyn Dumapias

12/06/2021

Signature of Agency/Department Head
or Designee or GSA Procurement Manager (if GSA Procurement managed the

Print Name

Date

OAP to complete below:

A. Request Approved: Waiver Valid Through: SLEB Waiver Number:

Reason:

B. Request Denied:

Reason:

C. Disregard:

Reason:

D. Other:

Reason:

RCHUON

12/08/2021

Signed by GSA-Office of Acquisition Policy (Required)

Date

*Primary Requestor - Main Contact **Secondary Requestor - Backup Contact



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1. Please check appropriate box and complete department/contact information below.

Form with checkboxes for 'Requesting Department' and 'GSA Procurement managing the competitive process'. Includes fields for Department (Behavioral Health Care Services), Primary Requestor (Rachel Garcia), Email (rachel.garcia2@acgov.org), Telephone ((510)383-1744), Secondary Requestor, GSA Procurement/Auditor (GSA-Buyer), Contact Name, Email (GSA-Buyer@acgov.org), Telephone ((510)208-9600).

2. Recommended Vendor: Juana Care Facility, PO# N/A, REQ#: []

Country: United States
Street: 4487 Mountain View Ave., City: Oakland, State: CA, Zip: 94605

3. Procurement Type (check all appropriate boxes below):
[] New Contract, [] Renewal Contract, [] Contract Amendment-Term, [] Contract Amendment-Value, [X] Other, [] New Service as Needed Contract

4. Total PO/Contract Value (including increase, if \$0.00; Increase Value (if any) \$0.00
Contract Term Start 01/01/2022 End 06/30/2022 OR One-Time []

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01/01/2022

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Supporting Documents:

RFPQ #21-03 HSP.pdf

RFPQ #21-03 HSP Q&A.pdf

New Contracting Opportunities RFPQ

#21-03 HSP.msg

RFPQ 21-03 HSP Juana Care

Facility.pdf

Juana Care Updated SLEB form.pdf

11. If the contract is over \$100,000, is the recommended vendor able to comply with the First Source

Yes: No: If No,

Expedit (Check this box to expedite processing)

12. Department Certification: I certify to the accuracy of the preceding statements,

DUMAPIAS2

Edilyn Dumapias

12/06/2021

Signature of Agency/Department Head
or Designee or GSA Procurement Manager (if GSA Procurement managed the

Print Name

Date

OAP to complete below:

A. Request Approved: Waiver Valid Through: SLEB Waiver Number:

Reason:

B. Request Denied:

Reason:

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Reason:

D. Other:

Reason:

RCHUON

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