



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 17-09
SPECIFICATIONS, TERMS & CONDITIONS
FOR
UNSERVED AND UNDERSERVED ETHNIC AND LANGUAGE POPULATIONS
PREVENTIVE EARLY INTERVENTION SERVICES**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Monday October 16, 2017	9:30 am – 11:00 am	Alameda County Behavioral Health Care Services 2000 Embarcadero Cove, Oakland Gail Steele Room
Tuesday October 17, 2017	2:00 pm – 3:30 pm	Alameda County Public Works Agency 951 Turner Court, Hayward Conference Room 230ABC

PROPOSALS DUE
by 2:00 pm on Wednesday November 8, 2017
to
RFP# 17-09 c/o Rachel Garcia
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date/time will NOT be accepted
Contact: Rachel Garcia
Email: Rachel.Garcia2@acgov.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 Prevention and Early Intervention (PEI) outreach and education, mental health consultation, and preventive counseling to families and individuals of all age groups. Services will be offered to members of identified Unserved or Underserved Ethnic and Language Populations (UERP) in Alameda County.

The table below details the priority populations, service areas, and funding amounts:

Priority Population	Service Area	Number of Contracts	Maximum Annual Amount Per Contract
Afghan	North and South ¹	1 for North and 1 for South	\$280,000
African	North and South	1	\$290,000
Asian	Countywide	2	\$290,000
Middle Eastern and Arabic	North and Central	1	\$290,000
Native American	North and Central	1	\$290,000
Native Hawaiians, other Pacific Islanders and Filipino	Countywide	1	\$580,000
South Asian	County Wide	1	\$580,000
Southeast Asian	County Wide	1	\$580,000

BHCS will use this Request for Proposals (RFP) to establish ten contracts to provide UERP PEI services. Bidders may only apply to serve one priority population.

Any contract/s that results from this RFP process will be prorated for the fiscal year at the contract start date.

Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. BHCS reserves the right to dissolve a contract if/when awarded 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

¹ South County includes Fremont, Newark and Union City.
Central County includes unincorporated areas of Ashland, Castro Valley, Cherryland and cities of Hayward, San Leandro and San Lorenzo
North County includes Alameda, Albany, Berkeley, Emeryville, Oakland and Piedmont
East County includes Dublin, Livermore, Pleasanton and Sunol

shall be contingent on the availability of funds, awarded Contractor's performance, and continued prioritization of the activities and priority populations as defined and determined by BHCS.

BHCS intends to award ten contracts totaling \$3,750,000 per contract year in Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds to support UELP PEI programs per contract year.

B. BACKGROUND

The Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General (DHHS, 2001) and The President's New Freedom Commission on Mental Health's Report *Achieving the Promise: Transforming Mental Health Care in America*. (DHHS, July 2003) identified mental health disparities among racial/ethnic population groups as a national problem.² These communities are unserved and underserved and often undercounted compared with the general population in the current public mental health system. The most common barriers to mental health services in these communities include language differences for those with limited English proficiency, existing programs that may not provide well-matched or culturally-appropriate services, stigma and discrimination associated with mental health symptoms and treatment, and fear of seeking help from the public mental health system.

Prior to launching the Mental Health Services Act (MHSA) PEI Community Planning Process in Fiscal Year 2008/2009, BHCS developed an Ethnic/Language Disparities workgroup that included community-based providers who identified with unserved and underserved populations in Alameda County - Afghan, South Asian, Asian/Pacific Islander (API), Latino and Native American, as defined by the State of California. Members of that group also participated in the PEI Community Input Process where disparities in access to mental health services for the priority population were identified as a priority. A panel was subsequently formed that came up with recommended strategies specifically tailored for the unique needs of each identified community. Those strategies prioritized as the Outreach, Education and Consultation Project were accepted by the Alameda County's Ongoing Planning Council, the primary stakeholder group for MHSA Planning, and included in the County's PEI Plan which was approved by the State in 2008. As a result of this work, BHCS initially issued an RFP and subsequently awarded six agencies to implement the UELP programs using MHSA PEI funds.

BHCS acknowledges the persisting and expanding need for services in Alameda County as UELP members and their families and communities experience population growth and demographic changes and as they continue to seek culturally-reflective services to address family stressors, trauma exposure, and stigma and discrimination. A review and evaluation of existing BHCS contracted UELP programs and client outcomes (*2015 Health and Wellness Survey*) indicates increased need for linkage and access to services (of 547 clients, only 18%

² California Reducing Disparities Project Prevention & Early Intervention Mental Health Services Act Strategic Planning Workgroups California Department of Mental Health

had ever been seen before in BHCS' system). Ten percent of early intervention clients are on specialty mental health services.

BHCS issued a Request for Information (RFI) in April 2017, and hosted two Bidders Conferences to solicit feedback and collect information from potential Bidders and community members to identify the needs of unserved and underserved groups.³ Data and information collected from the Bidders Conferences and written responses were used to identify existing and emerging priority populations included in this RFP.

C. SCOPE

UELP services will provide culturally sensitive prevention and early intervention mental health services to accomplish the following goals:

- Increase access to culturally responsive, strengths-based mental health outreach, education, preventive counseling, and treatment services;
- Build individual, community and organizational capacity, knowledge, and skills that contribute to the prevention of mental health disorders;
- Decrease stigma and discrimination toward individuals experiencing mental health issues;
- Prevent mental illness from becoming severe and disabling;
- Improve timely access to related information, services and supports; and
- Increase collaboration with community stakeholders and organizations to serve UELP communities.

BHCS will contract with agencies to provide the following services to UELP priority populations:

- Outreach/ Engagement, Psycho-Education, Prevention
- Mental Health Consultation
- Preventive Counseling
- Mental Health Referrals

In order to comply with MHSA regulations:

- At least 75 percent of UELP PEI participants served must be from the priority population.
- At least 51 percent of the funds will be directed to children or youth who are zero to 25 years old.
- UELP PEI services must be strength based, reflective of ethnic and traditional practices and empowering of individuals, families and communities to be at choice in decision making around the restoration of wellness.

³ Spanish-speaking and African American populations will continue to be served and funded through a separate process and thus will not be included in this RFP.

D. BIDDER MINIMUM QUALIFICATIONS

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

- Have at least five years' experience providing culturally-reflective health, counseling and case management services to children, youth, adults and families of the priority population; and
- Have demonstrated capacity to track and report data including service utilization and client level data.

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

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. BHCS will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications, and these disqualified proposals will not be evaluated by the Evaluation Panel and will not be eligible for contract award under this RFP. BHCS has the right to accept all or part of the proposed program model at its discretion.

E. SPECIFIC REQUIREMENTS

The scope of work for awarded contracts from this RFP will include conformance with all of the following throughout the program period, as needed:

- Recruit, hire and train diverse program staff;
- Plan and implement continuous training and quality improvement on cultural and linguistic responsiveness;
- Delivery of program services in combination of field and office-based settings;
- Compliance with the MHSA PEI data and evaluation regulations;
- Compliance with the Medi-Cal Administrative Activities⁴ (MAA) policies and procedures;
 - Complete required BHCS MAA trainings;
 - Program staff are required to report their time using Individual Staff Logs (ISL), to use proper procedure codes and to submit their ISL monthly;
- Awarded Contractors that are new to MAA billing are expected to bill MAA by the second year of the contract upon submittal of an approved MAA plan to the State and after completing required MAA trainings;
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system (currently Clinician's Gateway);
- Complete trainings required to access County's electronic information management and claiming system; and
- Complete other trainings as required or requested by the County.

⁴ Please reference <http://www.dhcs.ca.gov/services/Pages/MH-MAA.aspx> for additional information on MAA

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding and Experience with Priority Population Needs

The priority population for this RFP includes individuals residing in Alameda County who identify themselves as being part of the following communities:

- Afghan;
- African including Cameroon, Eritrea, Ethiopia, Kenya, Mali, Nigeria, and DR Congo;
- Asian including China, Japan, Taiwan, Korea, Mongolia;
- Middle Eastern and Arabic including Iran, Iraq, and Syria;
- Native American or American Indian;
- Native Hawaiians and other Pacific Islanders (NHOPI) and Filipino;
- South Asian including Bangladesh, India, Sri Lanka, Hmong, Nepal, Pakistan and Bhutan;
- Southeast Asian including Vietnam, Cambodia, Laos, Myanmar, Karen, Thailand, Malaysia and Brunei

Bidders should include their plan for serving recent refugees and immigrants in each priority population.

The awarded Contractors will target individuals in the priority populations who are: isolated and trauma-exposed; recent refugees and immigrants of all ages; any individual at risk of early onset of serious mental illness; children and youth at risk for school failure and/or juvenile justice involvement; and stressed families, especially those with children ages zero to five.

Bidders must serve the various communities, as listed in this RFP, within the priority population they are applying to serve. Bidders should specify the priority population for which they are applying as well as any specific groups or subgroups within the population they intend to serve as part of program services. Bidders must provide a clear rationale including data and other information to demonstrate the needs in the priority population for which they are applying.

Successful Bidders will demonstrate knowledge, experience and understanding of the needs, issues and challenges faced by the priority population. Bidders should identify strategies to address barriers faced by the priority populations and demonstrate experience in supporting clients. Services and supports should be culturally and linguistically appropriate. The awarded contractor/s shall have the cultural competency required to successfully serve the priority populations. This competency spans not just race/ethnicity and language capacity, but should include an understanding of and ability to reflect clients' shared experience, existing and emerging community and organizational strengths, and the unique experiences of community members as it relates to gender and sexual orientation, race, age, exposure to trauma, immigration experience, mental health status, socioeconomic status, and other risk and protective factors.

2. Service Delivery Approach

UELP services include Outreach and Psycho-Education and Prevention; Mental Health Consultation; Preventive Counseling; and Mental Health Referrals.

Outreach and Psycho-Education

Outreach refers to the process of engaging, encouraging and educating members of the priority population and the larger community about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Psycho-Education will focus on reducing risk factors for developing a potentially serious mental illness and building protective factors. Outreach and Psycho-Education activities may occur simultaneously or separately.

Outreach and Psycho-Education activities may include:

- Community events;
- Culture-based educational workshops on mental health issues that explain common responses to life stressors as conditions that can be ameliorated through mental health services;
- Psycho-educational workshops and drop-in mutual support groups that address individual and family mental health as well as various wellness topics;
- Outreach and education activities in community settings such as childcare settings, schools, community centers, and faith based organizations;
- Referral and positive linkage to appropriate mental health services;
- Delivery of outreach and education to hard-to-reach segments of the unserved and underserved community, for example home visits to reach isolated individuals and family members; and
- Active and continuous promotion of services in various bilingual resource guides, newsletters and social media platforms etc. within community and County mental health organizations for access by community members of all ages and community-based organizations.

Mental Health Consultation

Mental health consultations aim to improve awareness of mental health issues including signs and symptoms and awareness of BHCS and other services. Mental health consultations will embed mental health messaging and education into existing community services and activities so that Community Based Organizations (CBOs) may become project collaborators in the provision of outreach and education, screening and assessment and referral services. Mental health consultations will support community leaders to integrate traditional and cultural practices and aspects with mental health prevention and early intervention protocols. Community leaders may include elders, faith based leaders, teachers, public health nurses or other trusted community members.

The awarded Contractors will:

a. Provide training on mental health issues to CBOs.

The awarded Contractor will develop curriculum or use evidence based practices or community defined models to deliver trainings on mental health including indicators of the need for clinical assessment, referral and linkage, and the use of mental health screening tools. CBOs will include agencies serving a significant population from the identified community such as primary healthcare clinics, immigrant and refugee service agencies, youth and family development programs and other institutions and associations.

b. Provide mental health consultation, training and support to community leaders.

Leaders can hold valuable insight into the urgent needs of individuals, families and groups within their communities. Program staff will provide consultation, training, and resource materials to community groups and leaders to improve awareness of mental health issues and knowledge about referral and linkage as needed to mental health services.

c. Continuous promotion of services through multiple sources.

Services will be actively and continuously promoted to assist community leaders in finding, accessing and referring individuals and families to community and County mental health resources.

Preventive Counseling

Preventive Counseling includes brief low intensity problem solving sessions, consultations, peer support, empathetic listening, brokerage services, linkage services, relapse prevention and other services to address and promote recovery. The awarded Contractor can provide Preventive Counseling to clients for up to one year. Models for Preventive Counseling will be multi-dimensional to include family interventions, peer support, afterschool programs, parent classes and support groups offered by culturally-competent providers and practitioners. Clients may also receive Prevention Visits which include visits or activities to support and prepare clients prior to receiving Preventive Counseling. Prevention Visits may also be offered, in the event that brief follow up is needed, after clients have received Preventive Counseling sessions.

Mental Health Referrals

Awarded Contractors shall provide and track referrals and linkages to mental health treatment services to participants as needed. Awarded Contractors must track referrals provided and follow up with clients to ensure positive linkage to additional services.

Bidders will propose their strategies for outreach and education, mental health consultation, preventive counseling and mental health referrals. Bidders will be evaluated based on their description of program services, including how well chosen practices meet the identified needs of the priority population and their experience in implementing such practices.

UELP PEI services must include cultural wellness practices, which will mirror the diverse accepted practices in the priority population. Bidders should provide details of the cultural wellness practices being proposed and the cost and details of the organization's expertise for supporting proposed practices.

3. *Planned Staffing and Organizational Infrastructure*

UELP PEI services will utilize a multidisciplinary staff to provide outreach and education, mental health consultation, preventive counseling and mental health referrals. Program services are based on the community-based consultation model designed to transfer the knowledge and skills of the service provider to the community using appropriate strategies that empower and engage the individual, family and organization in decisions and actions toward their own wellness.

Program services must include the following staffing models:

For Service Area-specific programs including Afghan, African, Asian, Middle Eastern and Arabic and Native American priority populations:

- Program Manager at a minimum of 0.5 full time employment (FTE)
- Mental Health Specialist at a minimum of 1.0 FTE
 - Mental Health Specialist may be a Licensed Practitioner of the Healing Arts⁵ (LHPA) or Graduate Trainee/Student
- Outreach Worker at a minimum of 1.5 FTE (allocated at no less than 0.5 FTE per person)
- Data Clerk at a minimum of 0.5 FTE

For County wide programs including NHOPI and Filipino, South Asian and Southeast Asian priority populations:

- Program Manager at a minimum of 0.75 full time employment (FTE)
- Mental Health Specialist at a minimum of 2.0 FTE
 - Mental Health Specialist may be a Licensed Practitioner of the Healing Arts (LHPA) or Graduate Trainee/Student
- Outreach Worker at a minimum of 3.0 FTE (allocated at no less than 0.5 FTE per person)
- Data Clerk at a minimum of 0.75 FTE

Individual staff must be allocated at a minimum of 0.5 FTE for Outreach Workers if including multiple part time staff to provide services. Bidder should provide rationale for having multiple staff providing Outreach Worker services. Bidders must allocate a portion of LPHA FTE to provide supervision to the outreach worker and to co-sign for counseling services provided by a Graduate Trainee/ Student in educational mental health programs. Bidders

⁵ For the purpose of this RFP, LPHA includes staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns, Professional Clinical Counselors (unlicensed), psychologists and psychiatrists who are waived by the State to provide services.

shall make an effort where possible to have program staff that are proficient in the priority population's language and be culturally competent within the identified community.

The Outreach Worker will provide outreach and engagement, education, screening and referral services. The Outreach Worker will work with the Mental Health Specialist to create personalized wellness plans that include traditional healing practices and cultural aspects, as well as follow up with individuals to prevent escalations in mental health crises. They will identify signs and symptoms of mental health crisis and provide referrals and support clients through the referral process to ensure positive linkage to resources and service.

The Mental Health Specialist shall be a language and culturally proficient member of the identified community with mental health expertise. The Mental Health Specialist will assess individual's and family needs, provide preventive counseling services, make appropriate cross-system referrals as needed and support clients through the referral process to ensure successful linkages to resources and services.

Bidders shall demonstrate their current and planned organizational infrastructure to successfully implement the program. Services shall be provided by an organization with sound and appropriate business operations in terms of capacity, infrastructure, staffing and hiring. Appropriate infrastructure, staffing and hiring includes:

- Plan for training, supervising, and supporting staff;
- Organizational capacity to track and bill MAA;
- Organizational capacity to provide culturally informed services both onsite and in community settings; and
- Organizational capacity to track and enter data into the County's electronic information management and claiming system (Clinician's Gateway).

BHCS will contract with only one agency to provide UERP PEI services for each of the priority populations (Asian and Afghan populations will have two providers) . Bidders that intend to collaborate with other service provider/s to provide services shall provide rationale and describe how collaboration will enhance service delivery.

Bidders will describe their plan to provide ongoing program support and potential for program sustainability. Bidders will be evaluated based on their description of their staffing plan and organizational capacity to provide UERP PEI services.

4. Forming Partnerships and Collaboration

In order to meet the needs of the priority populations, Bidders must strengthen linkages across services and programs. The awarded Contractors are expected to collaborate with the County's other PEI efforts such as: School Based Mental Health Consultation; Alameda County Everyone Counts Stigma and Discrimination Reduction Campaign; Family Education Resource Center (FERC) and the County's Consumer Run and Family Member Departments, among others in order to promote and increase access to County's mental

health support systems. Contractors may also collaborate with Wellness Centers, Peers Envisioning and Engaging in Recovery Services (PEERS), Co-Occurring Conditions Initiative, the Pool of Consumer Champions, and Health and Human Resource Education Center (HHREC).

In order to meet the needs of the priority population, Bidders must strengthen connections across services and programs. Clients in the priority population are often served by multiple systems and may have multiple service coordinators. The awarded Contractor/s will strengthen existing or establish new, strong collaborative relationships with the many agencies to which clients may be referred. Bidders will propose their plan for building on existing partnerships and establishing new relationships to meet client needs. Bidders shall demonstrate how they will coordinate and collaborate across service systems, with a goal to complete successful referral and linkages, maintain ongoing coordination and minimize redundancy in supports.

5. Ability to Track Data and Outcomes

The awarded Contractors shall track data and outcomes for the purpose of reporting and for continuous quality improvement of services.

The awarded Contractors must provide a minimum of the following services:

Service area specific priority populations including Afghan, African, Middle Eastern and Arabic, Native American and Asian:

- Provide at least five community events annually;
- Provide at least one psycho-education workshops to community groups monthly;
- Provide at least three support groups annually, based on content determined by community need and preference;
- Provide at least three educational workshops annually;
- Provide at least four mental health consultations to CBOs, health care providers or community groups annually;
- Actively promote program services in at least five widely distributed and easily accessible community-based sources, including newsletters, brochures, directories, newspapers, web-sites, etc.;
- Provide preventive counseling sessions to at least 40 individuals annually; and
- Provide mental health referrals and successful linkages to at least six clients annually.

Countywide priority populations including NHOPI and Filipinos, South Asian and Southeast Asian:

- Provide at least seven community events annually;
- Provide at least two psycho-education workshop to community groups monthly;
- Provide at least six support groups annually based on content determined by community need and preference;
- Provide at least six educational workshops annually;

- Provide at least eight mental health consultations to CBOs, health care providers or community groups annually;
- Actively promote program services in at least ten widely distributed and easily accessible community-based sources, including newsletters, brochures, directories, newspapers, web-sites, etc.;
- Provide preventive counseling sessions to at least 80 individuals annually; and
- Provide mental health referrals and successful linkages to at least 12 clients annually.

Bidders shall propose the annual number of home visits to be offered and the annual number of prevention visits to be provided to individuals and families. Bidders shall provide rationale for their proposed number of home visits and number of prevention visits.

At least 66 percent of clients who receive referrals will successfully link with services referred to. The awarded Contractors shall track any mental health referrals and enter referrals made within BHCS system in the County's electronic database, currently Clinicians Gateway.

The awarded Contractors will track the following information and regularly enter this information into Clinician's Gateway:

- Estimate of participants at outreach and education events; individuals who received mental health consultation services;
- Individual level data to be collected and reported on includes age, race/ethnicity, gender, primary language, city of residence, sexual orientation, disability, veteran status, and time spent per activity; and
- Referrals to cultural wellness practitioners, treatment services and follow up to ensure positive linkages.

The awarded Contractors will conduct annual program evaluations and report results. Awarded Contractors will submit an annual Data and Program report using a BHCS provided template.

Bidders shall describe their plan for data collection and reporting as well as their ability to track data and any systems in place for data collection.

BHCS reserves the right to determine and to evaluate program measures and outcomes and work with the awarded Contractors to alter their program and outcome measures in subsequent years.

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: Rachel.Garcia2@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Monday October 9, 2017	
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	Monday October 16, 2017	9:30 am – 11:00 am 2000 Embarcadero Cove, Oakland Gail Steele Room
2 nd Bidders' Conference	Tuesday October 17, 2017	2:00 pm – 3:30 pm 951 Turner Court, Hayward Conference Room 230ABC
Addendum Issued	Tuesday October 24, 2017	
Proposals Due	Wednesday November 8, 2017 by 2:00 pm	
Review/Evaluation Period	Thursday November 9, 2017 – Tuesday December 19, 2017	
Oral Interviews (as needed)	Tuesday December 12, 2017: Evaluation Panel 1 - African and Native American Thursday December 14, 2017: Evaluation Panel 2 - Afghan, Middle Eastern & Arabic and South Asian Tuesday December 19, 2017: Evaluation Panel 3 - Asian, Southeast Asian and NHOPI and Filipino	
Award Recommendation Letters Issued	Wednesday January 3, 2018	
Board Agenda Date	April 2018	
Contract Start Date	July 1, 2018	

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) Codes: 813410 and 624190.

A small business is defined by the United States Small Business Administration (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

D. BIDDERS' CONFERENCES

BHCS strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. BHCS shall hold two Bidders' Conferences. Bidders' Conferences will be held to:

- 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 Template⁶. Bidders must indicate the priority population they are applying for. 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.⁷

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.

⁶ 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.

⁷ Inability to comply with this recommendation will have no impact on the evaluation and scoring of 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 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 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 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 superfluous and unrequested material submitted with the bid will be removed and will not be viewed by the Evaluation Panel. 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
	- Have at least five years' experience providing culturally-reflective health, counseling and case management services to children, youth, adults and families of the priority population; - Have demonstrated capacity to track and report data including service utilization and client level data. - Please provide an example of a data tracking system or template as attachment 1A.	
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 the following databases: https://www.sam.gov/portal/SAM/#1 https://exclusions.oig.hhs.gov/ https://files.medical.ca.gov/pubsdoco/SandIlandin g.asp https://www.ssdmf.com	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	2

Section	Instructions	Page Max.
	County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.	
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 Understanding and Experience with the Priority Population Needs including:	(4)
	i. Bidder's understanding of the priority population including children and youth, adults, recent immigrants and refugees: 1. Risk factors and barriers; 2. Protective factors; 3. Internal and external stigmas and challenges with accessing and engaging in preventive mental health services; and 4. Services needed, including cultural and linguistic needs.	2
	ii. Bidder's experience working with the priority population including children and youth, adults, recent immigrants and refugees: 1. Proposed strategies for addressing barriers and challenges faced by the priority population; 2. Proposed strategies to support and deepen existing protective factors; 3. Providing prevention and early intervention mental health services to the priority population; and 4. Providing culturally and linguistically appropriate services.	2
	b. Describe in detail, Bidder's Service Delivery Approach , including:	(5)
	i. Describe Bidder's plan to provide Outreach and Psycho-Education services to the priority population including: 1. Specific strategies to target and engage clients;	1

Section	Instructions	Page Max.
	2. Outreach and Psycho-Education services to be provided. Include potential locations at which services will be provided.	
	ii. Describe Bidder's plan to provide Mental Health Consultation services including: - Strategies to identify, target and engage community leaders, community groups and professionals; - Strategies to educate on how mental health issues present in the priority population; and - Describe the impact proposed services will have in the community. Including: - Proposed plan to use services to increase community capacity and - How services will increase community awareness of mental health signs and symptoms and what evidence will demonstrate increased community capacity.	2
	iii. Describe Bidder's plan to provide culturally responsive Preventive Counseling including: - Proposed strategies or models including evidence based practices or community informed practices for providing Preventive Counseling services and Prevention Visits; and - Strategies to provide services to clients of all age groups, genders and sexual orientations. and - Strategies to provide Mental Health Referrals as needed and how referrals and linkage will be tracked to ensure positive linkage.	1
	iv. Describe how the cultural and linguistic needs of the priority population will be addressed including: - Determining cultural wellness practices or combination of wellness practices to provide; - Recognizing and addressing internal and external stigmas related to accessing and engaging in preventive mental health services; - The design of welcoming and healing environments in which to deliver services; - How Bidder will collaborate with consumers/families, community leaders, and/or organizations to design and implement culturally responsive programs.	1

Section	Instructions	Page Max.
	c. Describe, in detail, Bidder's Planned Staffing and Organization Infrastructure , including:	(4)
	i. Bidders planned staffing structure including: 1. Proposed program chart that illustrates where the program will sit within the organization (include as Attachment 2A).	N/A
	ii. Roles of direct and non-direct services staff, roles and responsibilities of all staff. Including: 1. Plan for supervision and oversight of proposed program components; 2. Plan for hiring, training, supervising, and retaining all staff. Including how staff will reflect priority populations and have language and cultural capacity; and 3. Tasks necessary to provide the services detailed in the scope and how they will be assigned to both direct and non-direct service staff.	2
	iii. Bidder's planned organizational infrastructure, including: 1. Description of how program services will be integrated into Bidder's existing organizational structure and services; 2. Experience with and/or capacity to develop a MAA plan, track and bill MAA services; and 3. Experience with and/or capacity utilizing data collection and service encounter tracking systems. 4. If Bidder intends to collaborate with other service provider/s, describe your rationale for how collaboration will enhance services delivery. Including: • How Bidder will work with other service provider/s; • Describe systems to monitor, evaluate, and reach program goals; and • Describe experience collaborating with other service provider/s including addressing barriers.	2

Section	Instructions	Page Max.
	d. Describe, in detail, Bidder's ability and experience in Forming Partnerships and Collaboration in program services including: Experience in collaborating with community members and leaders, CBOs and providers that work with the priority population. Provide examples of experience. What were the results of these collaborative efforts? Include existing program partnerships and collaborations.	1
	e. 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, including: - Proposed annual number of home visits and annual number of prevention visits to be provided. Provide rationale for proposed measures; and - 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.	1
7. COST	Program Budget - Cost-Coefficient – Bidder does not need to submit anything additional for this. - Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK (saved in MS Excel). See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.	(in addition to the Exhibit B-1: Budget Workbook)

Section	Instructions	Page Max.
	c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK. 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 5. Revenue 6. Service Hours	2
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: staff hiring and training, identifying community leaders and key stakeholders for mental health consultation services, conduct outreach, provide mental health consultations, preventive counseling and mental health referrals and develop, submit and get approval for MAA billing (if new to MAA).	1
	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
	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.

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. The CSC will conduct two separate evaluation processes based on the County region to identify an awarded Contractor for North County and an awarded Contractor for Central, East, and South County. 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 up to ten contracts to responsible Bidders 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 Bidders that demonstrate 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.

BHCS will hold three separate CSC/ Evaluation Panels. Evaluation Panel 1 will evaluate the following priority populations: African and Native American priority population bids. Evaluation Panel 2 will evaluate bids for the following priority populations: Afghan, Middle Eastern and Arabic and South Asian. Evaluation Panel 3 will evaluate the following priority populations: Asian, Native Hawaiian and other Pacific Islanders and Filipino and Southeast Asian. All bids for each priority population will be evaluated separately.

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 zero to 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 interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, and oral 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	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 QUALIFICATIONS	- Have at least five years' experience providing culturally-reflective health, counseling and case management services to children, youth, adults and families of the priority population; - Have demonstrated capacity track and report data including service utilization and client level data.		
5. ORGANIZATIONAL CAPACITY AND REFERENCES	a. Debarment and Suspension	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: https://www.sam.gov/portal/SAM/#1 https://exclusions.oig.hhs.gov/ https://files.medical.ca.gov/pubsdoco/SandIlanding.asp	Pass/Fail

		• https://www.ssdmf.com	
	b. BHCS will accept only non-BHCS references. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.	How do the Bidder's references respond to the following: • Bidder's capacity to perform the services as stated; • Areas in which Bidder did well and areas in which bidder could have improved (if applicable); • Communication and responsiveness, reporting and invoicing, training, customer service, compliance with program, legal, and/or funding requirements, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Capacity and ability to meet program or contract deliverables; • 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; and • 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 and Experience with Priority Population Needs.		(13) Section Subtotal
	i. Understanding of the Priority Population	How well does Bidder demonstrate understanding of the priority population including: • Risk factors and barriers; • Protective factors; • Internal and external stigmas and challenges with accessing and engaging in preventive mental health services; and	6

		Services needed including cultural and linguistic needs.	
	ii. Experience with Priority Population	How well does Bidder demonstrate experience working with or knowledge of the priority population including: - How well matched are Bidders proposed strategies for addressing barriers and challenges? - How well matched are Bidder's proposed strategies to support and deepen existing protective factors? - How well does Bidder demonstrate experience providing prevention and early intervention mental health services? - How well does Bidder demonstrate experience providing culturally and linguistically appropriate services?	7
	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.		(28) Section Subtotal
	i. Program Services	How well matched is Bidders plan to provide Outreach and Psycho-Education and Prevention services including: - How well matched are proposed strategies to target and engage clients? - How appropriate are proposed Outreach and Psycho-Education activities? How accessible are potential locations to provide services?	7
		How well matched is Bidder's plan to provide Mental Health Consultation services including: - How appropriate are proposed strategies to target and reach community leaders, community groups, and professionals? - How appropriate are proposed strategies to educate on how mental health issues present in the priority population? - How well does Bidder describe the impact services will have in the community? - How well does Bidder describe how services will increase	7

		community awareness of mental health signs and symptoms? ○ How well does Bidder demonstrate how services will increase community awareness of mental health signs and symptoms? • How well does Bidder describe what evidence will be utilized to demonstrate increased community capacity?	
		How well matched is Bidder's plan to provide Preventive Counseling services? Including: • How well matched are Bidder's proposed models for providing Preventive Counseling services and Prevention Visits? • How well matched are Bidder's strategies to provide services to clients of all age groups, genders and sexual orientations? • How well matched is Bidder's plan to provide mental health referrals including: ○ How effective are proposed strategies to provide Mental Health Referrals? How well does the bidder describe how they will track referrals to ensure positive linkage?	7
	ii. Cultural Responsiveness	• How well does Bidder demonstrate how cultural and/or linguistic needs of the priority population will be addressed, as well how Bidder will determine cultural wellness practices? • How well does Bidder recognize stigma related to accessing and engaging in preventative mental health services? How well does Bidder describe how they will address these stigmas? • How well does Bidder describe how services will be delivered in a welcoming and healing environment?	7

		How well does Bidder describe how they will collaborate with consumers/ families, community leaders, and/or organizations to design and implement culturally responsive programs?	
	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 the Planned Staffing and Organizational Infrastructure.		(11) Section subtotal
	i. Planned Staffing Structure	- How well does proposed staffing pattern match the program requirements? - How well does Bidder's plan demonstrate effective hiring, training, supervising, and retaining all staff? Including supervision and oversight of proposed program. - How well does Bidder demonstrate how staff will reflect priority populations and have language and cultural capacity? - How well does Bidder describe the tasks necessary to provide the services detailed in the scope? How well does Bidder describe how they will assign tasks to staff?	6
	ii. Organizational Infrastructure	- How well does the proposed program integrate into Bidder's existing organizational structure, business operation, and services? - How well does Bidder demonstrate experience with or capacity to develop a MAA plan and track and bill MAA services? - How well does Bidder demonstrate experience with and/or capacity utilizing data collection and service encounter tracking systems? - If Bidder intends to collaborate with service provider/s to provide services, how well does Bidder justify how collaborative services will enhance the program? How feasible is Bidder's proposed plan to work with service	5

		provider/s including monitoring, evaluating, and collaborating to meet program goals? How well does Bidder demonstrate experience collaborating with service provider/s to provide services and address barriers in working with service provider/s?	
	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 Partnerships and Collaboration and Tracking Data and Outcomes.		(10) Section subtotal
	i. Partnerships and Collaboration	- How well does Bidder demonstrate experience in collaborating with community members and leaders, CBOs and providers that work with the priority population? - How realistic is Bidder's plan to collaborate with the community partners and providers working with the priority population?	5
	ii. Track Data and Outcomes	- How appropriate and reasonable are Bidder's proposed annual number of home visits and annual number of prevention visits? How well does Bidder justify proposed measures? - How appropriate is Bidder's plan for tracking deliverables, client level data, referrals and successful linkage to services? - How well does Bidder demonstrate experience with data collection and electronic data and/or tracking systems?	5
7. COST	a. 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.		(13) Section subtotal

	i. Cost Co-Efficient	- 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
	ii. Budget and Budget Narrative Review	- 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? - How well does the narrative detail how Bidder arrived at particular calculations including start up period? - How well does Bidder "show the work"?	8
8. IMPLEMENTATION SCHEDULE AND PLAN	i. Implementation Plan Review	- How detailed and specific is Bidder's response? - How realistic does Bidder account for timeline to complete each specified milestone? Milestones include: staff hiring and training, identifying community leaders and key stakeholders for mental health consultations, conduct outreach, provide mental health consultations, preventative counseling and mental health referrals and develop, submit and get approval for MAA billing (if new to MAA).	5
	ii. Identification and Strategies for Mitigation of Risks and Barriers	- 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. The oral interview on the proposal shall not exceed 60 minutes. The oral interview may include responding to standard and specific questions from the CSC regarding the Bidder's proposal. The scoring may be revised based on the oral interview.		10
PREFERENCE POINTS, IF APPLICABLE	Local Preference: Points equaling five percent of Bidder's total score, for the above Evaluation Criteria, will be added. This will be the Bidder's <u>final score</u> for purposes of award evaluation.		Five Percent (5%)
	Small and Local or Emerging and Local Preference: Points equaling five percent of Bidder's total score, for the above Evaluation Criteria, will be added. This will be the Bidder's <u>final score</u> for purposes of award evaluation.		Five Percent (5%)

H. CONTRACT 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 best 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. Any proposal that contains false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a multiple Contractors.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.
7. BOS approval to award a contract is required.
8. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.

9. 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.
10. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. PRICING

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

K. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County purchase order (PO) number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

L. NOTICE OF INTENT TO AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders will be notified in writing by e-mail, fax, or US Postal Services mail of the contract award recommendation, if any, by BHCS. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to 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 and negotiations, debriefings for unsuccessful Bidders will be scheduled and provided upon written request and will 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.

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

Agreement	The formal contract between ACBHCS and Contractor.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	A Bidders' response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
Client	The recipient of services; used interchangeably with beneficiary and consumer
Community Collaboration	The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility.
Consumer	The recipient of services; used interchangeable with beneficiary and consumer.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries
Community defined model	
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
Cultural Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
Deliverable	A term used in project management or contract monitoring to describe a tangible or intangible object produced as a result of the project that is intended to be delivered to a customer.
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
Graduate Trainee/ Student	Students in educational Mental Health programs granting an Masters in Social Work (MSA), Masters of Arts (MA), Masters of Science (MS), psychiatrist or psychologist degree which lead to an LPHA.
Inappropriately-Served Populations	Groups that exhibit poor outcomes despite receiving a disproportionately high rate of mental health services. The mental health services being received by this group may not be culturally appropriate for addressing their needs.
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
MAA	Medi-Cal Administrative Activities
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
Mental Health Services	Individual, family or group services or interventions that are designed to provide information on mental health issues, reduction of mental disability and/or improvement or maintenance of functioning
MHSA	Mental Health Services Act. Proposition 63, also known as the Mental Health Services Act was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved.
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.
Outreach	The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to come forth to seek it.
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.
Referral	When used in a contract, it means to a process by which an individual and/or organization must follow before receiving/ providing services.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP.
Response	Shall refer to Bidder's proposal submitted in reply to RFP

SLEB	Small Local Emerging Business
State	Refers to State of California, its departments and/or agencies
Underserved Ethnic Languages Populations (UEL P)	Ethnic and languages communities that was underserved or unserved by the traditional mental health system.
Unserved or Underserved Populations	Groups that have not received services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, language, gender, age, sexual identity, geographic location, immigration status, and veteran status.

B. PEI PREVENTION PROGRAM FACT SHEET

Definitions

Adopt Section 3720 as follows: Section 3720. Prevention Program. [p. 12-13]

Prevention Program:

- **“Prevention Program”** means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.
- **“Risk factors for mental illness”** means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.

Examples of risk factors include, but are not limited to:

- A serious chronic medical condition
- Adverse childhood experiences,
- Experience of severe trauma
- Ongoing stress
- Exposure to drugs or toxins including in the womb
- Poverty
- Family conflict or domestic violence
- Experiences of racism and social inequality
- Prolonged isolation
- Traumatic loss (e.g. complicated, multiple, prolonged, severe)
- Having a previous mental illness
- A previous suicide attempt, or
- Having a family member with a serious mental illness.

*Note: The County shall include all of the Strategies in each Outreach for Increasing Recognition of Early Signs of Mental Illness Program as referenced in Section 3735.

Required Strategies

Adopt Section 3735 as follows: Section 3735. Prevention and Early Intervention Strategies. [p. 14-15]

* Note: The County shall include all of the following Strategies as part of each Program listed in Sections 3710 through 3730 of Article 7:

1. Be designed and implemented to help create Access and Linkage to Treatment.
2. Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
3. Services shall be provide in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.

4. Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory

“Optional” Strategies

Adopt Section 3560.010 as follows: Section 3560.010. Annual Prevention and Early Intervention Program and Evaluation Report. [p. 3-4]

Outreach for Increasing Recognition of Early Signs of Mental Illness

Required Methods (Quality/Standards)

Adopt Section 3740 as follows: Section 3740. Effective Methods. [p.16]

1. Methods must be likely to bring about intended outcomes
2. Methods must be based on one or a combination of the following standards:
 - a. Evidence-based practice standard
 - b. Promising practice standard
 - c. Community and or practice-based evidence standard

Required Data

Reported Annually

Adopt Section 3560.010 as follows: Section 3560.010. Annual Prevention and Early Intervention Program and Evaluation Report. [p.3-7]

As required for each Prevention Program:

The Program Name:

Data Requirements:	Description:
# of unduplicated individuals served in the preceding fiscal year	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. If a Program served families the County shall report the number of individual family members served.

As required for Access and Linkage to Treatment Strategy:

The Program Name:

Data Requirements:	Description:
# of individuals with SMI referred to treatment	
Type of treatment referred to	

# of individuals followed through on referral & engaged in treatment	Defined as participating at least once in the treatment to which referred.
Average 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.
Average 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:
Identify target population	
# of referrals to a Prevention program	
# of individuals followed through on referral & engaged in treatment	Defined as participating at least once in the treatment to which referred.
Avg time between referral and participation in treatment	Defined as participating at least once in the treatment to which referred, and standard deviation.
# of referrals to an Early Intervention program	
# of individuals followed through on referral & engaged in treatment	Defined as participating at least once in the treatment to which referred.
Average time between referral and participation in treatment	Defined as participating at least once in the treatment to which referred, and standard deviation.
And/Or	
# of referrals to treatment beyond early onset	
# of individuals followed through on referral & engaged in treatment	Defined as participating at least once in the treatment to which referred.
Average time between referral and participation in treatment	Defined as participating at least once in the treatment to which referred, and standard deviation.
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

*(See Appendix for complete list of demographics)

Reported Every Three Years

Adopt Section 3750 as follows: Section 3750. Prevention and Early Intervention Component Evaluation. [p. 17]

As required for each Prevention Program:

Data Requirements:	Description:
• Measure reduction in risk factors that may lead to ○ Improved mental functioning ○ Improved emotional functioning ○ Improved relational functioning	Measure the reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
And/Or	
• Measure increased protective factors that may lead to ○ Improved mental functioning ○ Improved emotional functioning ○ Improved relational functioning	Measure the reduction of prolonged suffering that may result from untreated mental illness by measuring increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
• Measurement of impact to 1 or more of the negative outcomes listed in the MHSA: ○ Suicide ○ Incarcerations ○ School failure or dropout ○ Unemployment ○ Homelessness	The County shall select, define, and measure appropriate indicators that are applicable to the Program.

○ Removal of children from their homes	
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“Optional” Data

Reported Annually

Adopt Section 3560.010 as follows: Section 3560.010. Annual Prevention and Early Intervention Program and Evaluation Report. [p.7]

As “optional” for each Prevention Program:

The Program Name:

Data Requirements:	Description:
Implementation challenges, successes, lessons learned, and relevant examples	

Evaluation Plan

Adopt Section 3755 as follows: Section 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update. [p.20-21, 23-24]

Prevention Program

- Program name
- Identification of the target population for the specific Program, including:
 - Participants’ risk of a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e. the condition, experience, or behavior associated with greater than average risk.
 - How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
 - Demographics relevant to the intended target population for the specific Program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.
- Specify the type of problem(s) and need(s) for which the Prevention Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes for individuals with greater than average risk of potentially serious mental illness.
- Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including reduction of prolonged suffering.
 - List the mental health indicators that the County will use to measure reduction of prolonged suffering.
 - If the County intends the Program to reduce any other specified MHSA negative outcome as a consequence of untreated mental illness, list the indicators that the County will use to measure the intended reductions.

- Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- Specify how the Prevention Program is likely to bring about reduction of relevant MHSA negative outcomes for the intended population by providing the following information:
 - If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness, provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
 - If the County used the community and/or practice-based standard to determine the Program's effectiveness, describe the evidence that the approach is likely to bring about applicable MHSA outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

Access and Linkage to Treatment Program and Strategy

- Program name
- Explain:
 - How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness.
 - How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program.
 - How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment.
 - How the Program will follow up with the referral to support engagement in treatment.
- Indicate if there are additional outcomes other than the ones required. Specify how they will be measured, including timeframes for measurement.

Improve Access to Services

- Program name
- Explain how the Program will be implemented to help Improve Access to Services for Underserved Populations.
- If the County intends to locate the Program in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.
- Indicate if there are additional outcomes other than the ones required. Specify how they will be measured, including timeframes for measurement.

Non-Stigmatizing and Non-Discriminatory

- Program name
- An explanation of how the Program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

Required Reporting

***Annual Update:** First due December 30, 2017

- All required data (including optional data)
- All evaluation plan components

***Three-Year Program & Evaluation Report:** First due December 30, 2018

- All required data (including optional data)
- 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.
- Full evaluation of program's impact as described in the evaluation plan. (For example: Evaluate the reduction of prolonged suffering that may result from untreated mental illness.)

Appendix

General Definitions

- **“Program”** as used in the Prevention and Early Intervention regulations means a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system.
- **“Strategy”** as used in the Prevention and Early Intervention regulations means a planned and specified method within a Program intended to achieve a defined goal.
- **“Mental illness”** and **“mental disorder”** as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological or biological processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness. Socially variant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance or conflict results from a dysfunction in the individual, as described above.
 - This definition is applicable to serious emotional disturbance for individuals under the age of 18, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual’s age according to expected developmental norms.
- **“Serious mental illness,” “serious mental disorder”** and **“severe mental illness” (SMI)** as used in the Prevention and Early Intervention regulations means, 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.
- **“Access and Linkage to Treatment”** means connecting children with severe mental illness, and adults and seniors with severe mental illness, as early in onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
- **“Improving Timely Access to Services for Underserved Populations”** means to increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.
- **“Strategies that are Non-Stigmatizing and Non-Discriminatory”** means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.
- **“Evidence-based practice”** means activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-

reviewed research using randomized clinical trials.

- ***“Promising practice”*** means *Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.*
- ***“Community and or practice-based evidence”*** means *a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.*

Required Demographics

For the information reported under the program categories of Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, and Access and Linkage to Treatment each program will need to report disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

(A) The following Age groups:

- 0-15 (children/youth)
- 16-25 (transition age youth)
- 26-59 (adult)
- ages 60+ (older adults)
- Number of respondents who declined to answer the question

(B) Race by the following categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

(i) Hispanic or Latino as follows

- Caribbean
- Central American
- Mexican/Mexican-American/Chicano
- Puerto Rican
- South American
- Other
- Number of respondents who declined to answer the question

(ii) Non-Hispanic or Non-Latino as follows

- | | |
|---|---|
| <ul style="list-style-type: none">• African• Asian Indian/South Asian• Cambodian• Chinese• Eastern European• European• Filipino• Japanese• Korean• Middle Eastern• Vietnamese• Other | <ul style="list-style-type: none">• Number of respondents who declined to answer the question• More than one ethnicity• Number of respondents who declined to answer the question |
|---|---|

(D) Primary language used listed by threshold languages for the individual county

(E) Sexual orientation,

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Another sexual orientation
- Number of respondents who declined to answer the question

(F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

- If Yes, report the number that apply in each domain of disability(ies)
 - Communication domain separately by each of the following:
 - difficulty seeing,
 - difficulty hearing, or having speech understood)
 - other, please specify
 - Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
 - Physical/mobility domain
 - Chronic health condition (including but not limited to chronic pain)
 - Other (specify)
- No
- Number of respondents who declined to answer the question

(G) Veteran Status,

- Yes
- No
- Number of respondents who declined to answer the question

(H) Gender

(i) Assigned sex at birth:

- (a) Male
- (b) Female
- (c) Number of respondents who declined to answer the question

(ii) Current gender identity:

- (a) Male
- (b) Female
- (c) Transgender
- (d) Genderqueer
- (e) Questioning or unsure of gender identity
- (f) Another gender identity
- (g) Number of respondents who declined to answer the question

C. UELPEI PREVENTION PROGRAM PEI DATA REPORT FY 16/17

As required for each Prevention Program:

The Program Name: _____

Number of **unduplicated** individuals served in the preceding fiscal year (FY 16/17): _____

Number of individual family members (this number will be included in your total above): _____

Demographics

Report disaggregate numbers served, number of potential responders engaged (for agencies conducting outreach), and number of referrals for treatment and other services for the following categories:

Age Group (Unduplicated)

Children/Youth (0---15)	
Transition Age Youth (16---25)	
Adult (26---59)	
Older Adult (60+)	
<i>Declined to Answer</i>	

Race (Unduplicated)

American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other	
More than one race	
<i>Declined to Answer</i>	

Ethnicity (Cultural Heritage)

Hispanic or Latino as follows:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other	
<i>Declined to Answer</i>	
Non-Hispanic or Non-Latino as follows:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other	
More than one ethnicity	
<i>Declined to Answer</i>	

Primary Languages

English	
Spanish	
Chinese Dialect	
Japanese	
Filipino Dialect	
Vietnamese	
Laotian	
Cambodian	
Sign ASL	
Other Non-English	
Korean	
Russian	
Polish	
German	
Italian	
Mien	
Hmong	
Turkish	
Hebrew	
French	
Cantonese	
Mandarin	
Portuguese	
Armenian	
Arabic	
Samoan	
Thai	
Farsi	
Other Sign	
Other Chinese Dialects	
Ilocano	

Sexual Orientation

Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation	
<i>Decline to Answer</i>	

Disability

Yes	
Communication Domain:	
Difficulty Seeing	
Difficulty hearing, or having speech understood	
Other (specify)	
Mental Domain	
Physical/Mobility Domain	
Chronic Health Condition	
Other	
No	
Decline to Answer	

Veteran Status

Yes	
No	
Decline to Answer	

Gender

Assigned sex at birth:	
Male	
Female	
Decline to Answer	
Current Gender Identity:	
Male	
Female	
Transgender	
Genderqueer	
Questioning or Unsure of Gender Identity	
Another Gender Identity	
Decline to Answer	

This section is optional. Please complete if your program conducts outreach activities in relation to your program.

The Program Name: _____

Total number of potential responders (outreach audience): _____

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

[illegible]

Access and Linkage to Treatment Strategy (Required):

Number of individuals with SMI or SED referred to BHCS treatment system (includes county and CBO providers): _____

List type(s) of treatment referred to:

Number of individuals followed through on referral & engaged in treatment: _____

Average duration of untreated mental illness: _____ Standard Deviation: _____

Average time between referral and participation in treatment: _____ Standard Deviation: _____

Improving Timely Access to Services for Underserved Populations Strategy (Required):

Identify target population: _____

Number of referrals to a **Prevention** program: _____

Number of individuals followed through on referral & engaged in treatment: _____

Average time between referral and participation in treatment: _____ Standard Deviation: _____

Number of referrals to an **Early Intervention** program: _____

Number of individuals followed through on referral & engaged in treatment: _____

Average time between referral and participation in treatment: _____ Standard Deviation: _____

And/Or

Number of referrals to **BHCS treatment system beyond early onset**: _____

Number of individuals followed through on referral & engaged in treatment: _____

Average time between referral and participation in treatment: _____ Standard Deviation: _____

As required for each Prevention Program:

Implementation Challenges:

Successes:

Lessons Learned:

Describe ways your program has encouraged access to services and follow-through on referrals:

Additional Information (Please provide any additional program information you'd like to share.)