ALAMEDA COUNTY
Behavioral Health Care Services

ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 18-02
SPECIFICATIONS, TERMS & CONDITIONS
For
Full Service Partnerships (FSPs)
For the following populations:

1. **Child/Youth: a) Birth – 8 and b) 8 - 18**
2. **Transition Age Youth (TAY): a) North/Central and b) South/East**
3. **Adult**
4. **Older Adult**
5. **Chronically Homeless**
6. **Forensic**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Tuesday March 13, 2018	**9:30 am - 11:30 am**	**Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Canyon Room)**
Wednesday March 14, 2018	**1:30 pm - 3:30 pm**	**Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)**

PROPOSALS DUE
by 2:00 pm on Tuesday, April 17, 2018
to
RFP 18-02 c/o Edilyn Dumapias
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date/time will NOT be accepted
Contact: Edilyn Dumapias
Email: Edilyn.dumapias@acgov.org Phone: 510.383.2873

TABLE OF CONTENTS

I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter ACBHCS, BHCS or County) to seek proposals for the provision of Full Service Partnership (FSP) mental health services for children/youth, Transition Age Youth (TAY), adults, older adults, chronically homeless and forensic populations, in Alameda County.

BHCS will use this Request for Proposals (RFP) to enter into a contract for FSP services with up to 11 unique community based organizations (CBO) contracts. The table below details the breakdown of the maximum allocation by program for each priority population.

Population	Number of Teams per Program[1]	Number of Programs	Allocation per Program	Total Allocation
a) Child/Youth[2]	1 or 2	1 or 2	$664,000	$1,328,000
b) TAY[3]	2	2	$2,742,434	$4,113,650
c) Adult	2	2	$2,742,434	$5,484,867
d) Older Adult	2	1	$2,680,834	$2,680,834
e) Chronically Homeless	2	2	$2,742,434	$5,484,867
f) Forensic	2	2	$2,742,434	$5,484,867
TOTAL		**Up to 11**		**$24,909,085**

Any contract/s that results from this RFP process will be prorated for the fiscal year at the contract start date and will be reimbursed on a rate basis for services that meet Medi-Cal necessity to maximize revenue generation and improve beneficiary access to care and the quality of service. Non-clinical services for emergency housing and client supports will be reimbursed at cost.

Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's proposed 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 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.

[1] One FSP team will serve up to 50 clients at any given time. Generally, one program will have two teams.
[2] See Section I. C. Scope on page 6 of the RFP for more details on the Child/youth FSP.
[3] See Section I. C. Scope on page 6 of the RFP for more details on the TAY FSP.

B. BACKGROUND

Proposition 63, also known as the Mental Health Services Act (MHSA) was passed by California voters in November 2004. MHSA is funded by a one percent tax on personal incomes above a million dollars and is designed to expand and transform California's mental health system. The County engaged multiple stakeholder groups in 2005 to participate in a variety of planning processes to develop programs that address unmet needs of children and youth with Serious Emotional Disturbance (SED) and adults with Severe Mental Illness (SMI) that were funded through the Community Service and Supports (CSS) funding stream, one of five major components of the MHSA. There is a requirement that at least 51 percent of CSS funds support FSP programs. Based on stakeholder input, Alameda County created FSPs for specific age-groups and special target populations including transition age youth (18-24 years old), older adults (60 and older), individuals with long histories of homelessness, and individuals with histories of incarceration. Initially, no FSP for children and youth under 18 years old was formally established. Instead, BHCS contracted for wraparound model services for children involved with the child welfare system.

The California Code of Regulations (CCR), Title 9, Section 3200.130 defines an FSP as "the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals." It emphasizes the MHSA core principles as they are integrated into the FSP model:

- Client and family-driven mental health services within the context of a partnership between the client and provider;
- Accessible, individualized services and supports tailored to a client's readiness for change that leverage community partnerships; and
- Delivery of services in a culturally responsive manner, with a focus for wellness, outcomes and accountability.

Since the inception of FSP services in Alameda County a decade ago, community needs and the health care landscape have changed dramatically. BHCS decided to look at how its most intensive level of outpatient programs – the FSPs and the Assertive Community Treatment (ACT) services, reflect those changes and make the most of its available resources based on projected utilization while making sure that the services remain outcome-driven with enhanced reporting capability of those performance outcomes to the State. A new FSP that will serve the children and youth is also included in this RFP.

After a year of internal planning and discussions, BHCS released a Request for Information (RFI) early this year to inform and engage its community stakeholders on the proposed changes to the FSP programs that will be awarded as a result of this RFP. BHCS received thoughtful feedback from interested bidders and the community members which was used to inform the scope of work included in this RFP.

In addition to MHSA CSS funding, successful Bidders are expected to maximize revenue generation and be sustainable through Short-Doyle Medi-Cal (SD/MC) and Medi-Cal Administrative Activities (MAA) billing which will offset program costs.

Since the implementation of the FSP services in Alameda County a decade ago, community needs and the health care landscape have changed dramatically both at the federal and state level. Since the implementation of the Affordable Care Act (ACA), Medicaid coverage expansion and most recently, the newly adopted Medicaid Managed Care Requirements, the Centers for Medicare and Medicaid Services (CMS) has made a strong commitment to optimize the health system performance through Alternative Payment Models (APMs) that encourage quality outcomes and the adoption of the "Triple Aim". The goals of the Triple Aim are to: improve the experience of care, improve the health of populations and reduce per capita costs.

Following passage of the ACA, California has made significant strides to align with CMS' vision for delivery system and payment transformation through the Medi-Cal expansion under the 2010 Bridge to Reform Medicaid Section 1115 waiver, and Medi-Cal 2020 1115 Waiver Renewal – both programs seek to expand access, improve quality, and control total cost of care. California's transformational efforts are also in alignment with the values of BHCS which focus on: Access, Consumer and Family Empowerment, and Best practices among other key tenets of our mission. To that end, BHCS will be working to adopt and implement a payment redesign that further supports the state, federal and county's goals and will begin these efforts with the FSP program in FY 18-19. This will include transformational efforts to change the current cost-based payment structure to one that rewards quality.

By transitioning to other APMs, BHCS will be able to measure outcomes, improve quality and incentivize providers through increased federal revenue, while reducing overall system cost. This transition initially will support the goals of BHCS in the following ways:

1. Enhancing Revenue to Benefit County & Providers
    - BHCS Value: Business excellence and responsible stewardship through revenue maximization and the wise and cost-effective use of public resources.
    - This approach is anticipated to increase available program dollars for providers who meet quality metrics.

2. Improving Consumer Access
    - BHCS Value: A key priority for BHCS is Access and creating a system where 'every door is the right door' for people with complex needs to assist them toward wellness, resilience and recovery.
    - The reimbursement shift from cost to payment for service will incentivize providers to increase and improve service delivery to beneficiaries.

3. Improving Intensity of Service
    - BHCS Value: BHCS values clinical excellence through the use of best practices,

evidence-based practices and effective outcomes to promote well-being and optimal quality of life.

- Providers will be incentivized to ensure optimal services and align with best practices for FSP beneficiaries to enhance the results of the FSP programs and lead beneficiaries on a path to wellness.

Through this RFP process, BHCS will focus on ensuring that the services for the FSPs remain outcome-driven with enhanced reporting capability of those performance outcomes to the State. FSPs serving children and youth will be included in this endeavor.

C. SCOPE/PURPOSE

It is BHCS' mission to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug issues. The scope of work requires Bidders to implement FSPs using evidence-based practices (EBPs) that are suited to serve the specific priority populations.

The FSPs should be designed to accomplish the following goals:

- Improve the ability of clients[4] to achieve and maintain an optimal level of functioning and recovery as measured by a functional assessment tool;
- Improve the ability of clients to secure and maintain stable permanent housing in the least restrictive and most integrated living situation appropriate to meet their needs and preferences;
- Reduce client criminal justice involvement and recidivism;
- Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- Ensure that clients obtain and maintain health insurance;
- Ensure that clients obtain and maintain enrollment in public benefits programs for which they are eligible;
- Help clients to increase their monthly income and financial assets;
- Connect clients with ongoing primary healthcare services and coordinate healthcare services with clients' primary care providers;
- Decrease social isolation among clients; and
- Assist and empower clients to transition into the least intensive level of service appropriate to meet their needs.

In addition, for all FSPs except Child/Youth and Older Adult:

- Increase educational and/or vocational attainment among clients; and
- Increase employment among clients.

[4] For the purposes of this RFP, the term "client" shall be synonymous with the term "partner." This term more closely reflects the relationship that the awarded Contractor will have with the individuals that it will serve through this program.

In addition, for FSP serving Older Adult:

- Increase meaningful activity as defined by the client.

For the Child/Youth FSPs:

- Decrease or eliminate symptoms related to mental health disorders, including any danger to self or danger to others;
- Improve school functioning and/or social relationships; and
- Increase in natural support available to child/youth and family by strengthening interpersonal relationships, and utilizing resources that are available in the family's network of social and community relationships.

In addition, for Child/Youth FSP serving birth to eight:

- Decrease or eliminate preschool and Kindergarten to 2nd grade suspensions and/or expulsions; and
- Improve family relationships.

In addition, for Child/Youth FSP serving children and youth ages eight to 18:

- Reduce or eliminate school absenteeism;
- Decrease or elimination of psychiatric hospitalizations; and
- Decrease or elimination of Crisis Stabilization visits.

BHCS expects FSP programs to have two teams serving up to 50 clients per team at any given time. With the exception of the Child/Youth and TAY FSPs which will have the following composition:

- Child/Youth FSP program will have two teams with 20 clients at any given time, one serving children birth to eight and the other serving children ages eight through 18, either operated by two unique CBOs or to a single agency with demonstrated experience and capacity serving both age groups.
- TAY FSPs will have three teams which will be run by two unique CBOs. One program with two teams will serve the North and Central county regions while one program with one team will serve the South and East county regions and will therefore be allocated with half of the cost to run a full program. BHCS' expectation is that each FSP team serving this population will provide services to up to 50 TAY at any given time.

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:

1. Have at least two years of organizational experience providing services to the priority population(s) within the last five years;

2. Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years;

3. Have at least 45 days of working capital verifiable through submission of an audited financial statement or a single audit in the last fiscal year; and

4. Have the capacity to obtain Medi-Cal Site Certification through the State as demonstrated in Medi-Cal site certification for outpatient mental health service through a County.

5. 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/SandIlanding.asp

Upon checking, any Bidder that has a confirmed match will be disqualified from moving in to the evaluation phase and their submitted bids will not be reviewed nor scored and evaluated by the County Selection Committee.

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

BHCS shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP. Proposals that exceed the contract maximum amounts or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, may be disqualified from moving forward in the evaluation process.

E. SPECIFIC REQUIREMENTS

Contracts awarded from this RFP will include conformance with all of the following requirements within the first year of contract award and thereafter:

1. Medicaid Managed Care Requirements

Pursuant to federal law, the County will be making changes to the provider contracts in the future to align with newly adopted regulations related to services provided under the Medicaid program, including Medi-Cal services provided through the FSP contracts that are jointly funded with federal and MHSA funds.

Providers will be required to comply with requirements on beneficiary protections, appeals and grievances as well as other applicable provisions. Processes and policies to ensure compliance with new requirements, including those noted below, are currently under development and review by the County.

Applicable requirements include, but are not limited to:

- Conflict of interest safeguards
- Provider enrollment, contracting and credentialing
- Provider directories and member materials that comply with language standards
- Prohibitions on payment for provider-preventable conditions
- Participation in the automated claims crossover process for dual-eligibles, as applicable
- Retention of federally required records for no less than 10 years
- Maintain written policies and procedures for advance directives, as applicable
- Allowance of choice of provider network, to the extent possible
- Adherence to Mental Health Parity Requirements
- Quality reporting
- Medical spend on direct client services

Providers awarded FSP contracts will be expected to describe their process for complying with these requirements as they are adopted, issued by the County, and will be required to submit work plans, policies and procedures for ensuring compliance throughout their organization.

2. Medi-Cal Billing, Clinical and Quality Assurance Requirements

To implement these services successfully, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders agree by submittal of proposal(s) that they will comply with all of the following if awarded a contract(s):

- Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBHCS "Clinical Documentation Standards" manual which may be found here: http://www.acbhcs.org/providers/QA/docs/qa_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf

- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.

- Obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location's property manager/owner. Upon expiration of a fire clearance, contractor shall send a copy of a new fire clearance certificate to the ACBHCS Quality Assurance (QA) Office. Awarded Contractor understands that they may not operate at a site without a valid fire clearance.

- Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification: http://www.acbhcs.org/providers/network/docs/2013/MH_Medi-cal_Program_Certification_protocol.pdf

- Attend all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements for Service Providers and Appendix C: Setting-up Services at a New Mental Health Site;

- Follow all ACBHCS policies and procedures in the ACBHCS QA Manual: http://www.acbhcs.org/providers/QA/qa_manual.htm

- Attend the monthly ACBHCS Clinical Quality Review Team (CQRT) group meetings for the first year of contract regardless of whether Bidder is already billing SD/MC. ACBHCS QA office will determine if an awarded Contractor will be exempt from CQRT requirements. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. Find the updated CQRT manual here: http://www.acbhcs.org/providers/QA/docs/qa_manual/9-1_CQRT_MANUAL.pdf

See the QA website for more information: http://www.acbhcs.org/providers/QA/QA.htm

3. Credentialing, Re-credentialing and Continuous Monitoring of Licenses

Contractor shall be responsible for verifying the credentials and licensing of their staff and employees as contained in BHCS, state and federal requirements. Waivers for certain clinical staff are required in order to bill Medi-Cal and Contractor shall familiarize themselves and comply with the waiver requirements posted in the BHCS QA Manual. BHCS has the right to request Contractors credential log or records and Contractor's personnel record files to verify Contractor's credentialing process and applicable credentials of staff.

4. Office of the Inspector General (OIG) and Other Exclusion List Background Checks – Monitoring, Oversight and Reporting

In accordance with BHCS' Policy and Procedure on OIG and Exclusion List Background Checks – Monitoring, Oversight and Reporting and prior to contract execution, Contractor will check and verify all licensed staff for:

- NPPES
- Licenses verified no restrictions
- OIG/LEIE database
- SAM/EPLS data base

- Medi-Cal and S&I database

Contractor shall submit a printout of their staff and license information and submit to BHCS for review and validation. If there are issues, BHCS may not contract with the awarded organization.

More details regarding this policy and procedure can be found on BHCS QA website: http://www.acbhcs.org/providers/QA/memos.htm

5. Provider Enrollment

Consistent with federal law, all providers serving Medi-Cal beneficiaries will be required to comply with Medicaid enrollment and screening requirements, in addition to the certification requirements outlined in section D, Bidder Minimum Qualifications. Mental Health Centers are subject to the following requirements under law and providers wishing to contract with the County to participate as an FSP must comply with these requirements as a provision of the contract award.

Upon contract award, and every five years following, providers will be screened for the following requirements:

- Verification of provider specific enrollment requirements (accreditation, surety bonds etc.)
- Social security administration
- National plan and provider enumeration system
- National provider identifier database
- Taxpayer identification number
- Death of individual practitioners (Social security administration death master file including all eligible professionals)
- Criminal background checks
- Unscheduled or unannounced site visits (pre and post enrollment)

On a monthly basis, providers will be rescreened to validate:

- State license
- Health and Human Services OIG exclusion list
- Checks against the General Service Administration's Excluded Parties List System
- Checks against the Medicare Exclusion List

The County may terminate or deny enrollment if a provider or any person with 5 percent or greater ownership interest:

- Has been convicted of criminal offense in Medicare, Medicaid or CHIP within the past 10 years,
- Failed to comply with the new screening requirements (including background checks or failure to cooperate with required site visits),
- Did not submit accurate and timely information,

- Terminated from any Medicare, Medicaid or CHIP program after January 1, 2011,
- Falsifies information, and/or
- The County cannot verify enrollment information.

6. Cultural and Linguistic Responsiveness Requirements (CLAS)

Provide culturally relevant services to diverse populations which include services offered in client's/family's preferred language in accordance with the National Standards for CLAS available on the BHCS website, at http://www.acbhcs.org/providers/network/docs/master_contracts/National_CLAS_Standards.pdf

7. Medi-Cal Administrative Activities (MAA)

As clients step-down from FSPs, program staff need to outreach and engage new clients and help them obtain services. These activities are often billable to MAA and as such, is required of successful Bidders. Awarded contractors that do not currently have an approved MAA claim plan through the State must submit their plan to the County MAA Liaison no later than 60 days upon notification of contract award. BHCS MAA Coordinator will provide training and technical assistance, at no additional cost, to successful Bidders as needed.

8. Data Entry and Tracking

Data entry in a timely manner, as instructed, into the County's electronic information management and claiming system (currently INSYST) and client progress notes (currently Clinician's Gateway). In addition, administer the California Department of Health Care Services' (DHCS) required FSP Data Collection Forms as follows:

- Partnership Assessment Form (PAF) – once for every partner at intake;
- 3-Month Assessment (3M) Updates – four times per year for partners served continuously; and
- Key Event Tracking (KET) form – at least once within the first year of partnership and annually, thereafter, or whined there is any change in goals, mental health objectives, service modalities, interventions, and significant events in the client's life.

9. CANS/ANSA

Timely administration and update of age-appropriate Child Assessment of Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA) for all clients in FSPs. Information regarding this requirement can be found online at: http://www.acbhcs.org/providers/CANS/cans.htm

10. Client Satisfaction Surveys

Administer State required client satisfaction survey, currently the Mental Health Statistics Improvement Program (MHSIP) instrument, twice a year to individuals in the priority population, and their family members, and use information for continuous quality improvement of services and program delivery.

11. Medicare enrollment

FSPs that will serve adults over 21 years old and are currently not enrolled as a Medicare provider must complete Medicare enrollment within one month of the start of services.

12. Contract Performance and Compliance

Successful Bidders who receive a contract award following this competitive bidding process will be evaluated based on how well they delivered contract deliverables outlined under Section I. F. 6. Ability to Track Data and Outcomes of this RFP.

In addition, awarded Contractors are required to comply with the Additional Terms and Conditions of Program and Performance for CBO Master Contract which can be found by clicking on this link:
http://www.acbhcs.org/providers/network/docs/Forms/MH_Exh_A-1_Provisions.pdf.

Bidders shall demonstrate their capability to fulfill the above requirements and ability to adhere and comply with all standards to implement these programs.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Clinical Understanding and Experience with Priority Population Needs

BHCS is looking for proposals that demonstrate Bidder's clinical understanding and experience with the FSP population they are applying for. The priority populations to be served in the FSPs must meet medical and service necessity criteria for Medi-Cal specialty mental health services[5] and are typically characterized as follows:

Priority Populations
a) Child/Youth – children who have SED[6] and depending on their age, meet one of the following situations under the two sub-populations for Child/Youth FSP: Birth to eight: • Expulsion from preschool or elementary school; • Two suspensions from preschool or elementary school in one month; or

[5] See Appendix D for definition for Specialty MH services
[6] Refer to Appendix E for ACBHCS' SED criteria

Priority Populations

• Lack of sufficient progress after six months of in consistent outpatient treatment as measured by CANS, the provider and parent report.
 	
<u>Ages eight-18:</u>
• Repeated hospitalizations either:
  ○ Three times in the last six months;
  ○ Twice in the last month; or
  ○ Three visits to Crisis Stabilization Unit (CSU) in a month.
• Other Category (two or more in this sub-category)
  ○ Failed multiple appointments;
  ○ School absenteeism;
  ○ Risk of homelessness; and/or
  ○ High score for Trauma on CANS.
• Lack of sufficient progress in consistent Therapeutic Behavioral Services (TBS) services after six months of treatment, as per TBS provider and parent reports.
 	
The determination of whether a child who is eight years old is served by the Birth-8 or 8-18 FSP Wraparound Program will be assessed on a case-by-case basis. The primary determining factors will be the child's developmental level and abilities and the particular program's ability to meet that child's developmental and mental health needs.

b) TAY – youth and young adult ages 18 through 25 who have SED or SMI and:
 	
• As a result of the mental condition, TAY has significant functional impairment in one or more major areas of functioning, (e.g., interpersonal relations, emotional, vocational, educational or self-care) for at least six months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning.
• As a result of the mental condition, the youth/young adult has substantial impairments or symptoms, or they have a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms.
AND
• Fall into at least one the following:
  ○ Struggling with a co-occurring substance abuse disorders;
  ○ Homeless or at-risk of homelessness;
  ○ Aging out of the children's mental health, child welfare, or juvenile justice systems with substantial impairments or symptoms;
  ○ Leaving long-term institutional care (i.e., short term residential therapeutic programs, Institution for Mental Disease, state hospitals); and/or
  ○ Experiencing their first episode of major mental illness

c) Adult – ages 18 and up who have SMI and meet the following criteria: • As a result of the mental condition, partner has significant functional impairment in one or more major areas of functioning, (e.g., interpersonal relations,

Priority Populations

emotional, vocational, educational or self-care) for at least six months due to a major mental illness.
• Due to mental functional impairment and circumstances, the individual is likely to become so disabled as to require public assistance, services or entitlements.
 	
AND they are in one of the following situations:
• Are unserved and one of the following:
  ○ Homeless or at risk of becoming homeless;
  ○ Involved in the criminal justice system;
  ○ Frequent users of hospital or emergency room services as the primary source for mental health treatment and/or
  ○ At risk of becoming institutionalized.
• Are underserved and at risk of one of the following:
  ○ Homelessness;
  ○ Involvement in the criminal justice system;
  ○ Frequently using hospital and/or emergency room services as their primary source for mental health treatment; and/or
  ○ Institutionalization.

d) Older Adult – ages 60 and up who have SMI and meet the following:
 	
• As a result of the mental condition, partner has significant functional impairment in one or more major areas of functioning, (e.g., interpersonal relations, emotional, vocational, educational or self-care) for at least six months due to a major mental illness.
• Due to mental functional impairment and circumstances, the individual is likely to become so disabled as to require public assistance, services, or entitlements.
 	
AND they are in one of the following situations:
• Are unserved and one of the following:
  ○ Experiencing reductions in personal and/or community functioning;
  ○ Homeless;
  ○ At risk of becoming homeless;
  ○ At risk of becoming institutionalized;
  ○ At risk of out-of-home care; and/or
  ○ At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
• Are underserved and at risk of one of the following:
  ○ Homelessness;
  ○ Institutionalization;
  ○ Nursing home or out-of-home care;
  ○ Frequently using hospital and/or emergency room services as their primary source for mental health treatment; and/or
  ○ Involvement in the criminal justice system

e) Chronically Homeless – ages 18 and up, who have SMI and meet the following criteria at the time of referral:

Priority Populations

- Chronically Homeless - for this program means an adult or older adult with a Serious Mental Disorder or Seriously Emotionally Disturbed (SED) Children or Adolescents who meet the criteria below according to 24 Code of Federal Regulations (CFR) Section 578.3, as that section read on May 1, 2016:
  a. A ‘‘homeless individual with a disability,’’ as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who
     i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
     ii. Has been Homeless and living as described in paragraph (1) (A) of this definition continuously for at least 12 months, or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months, and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
  b. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
  c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been Homeless.

OR

- At-risk of Chronic Homelessness, for this program means an adult or older adults with a Serious Mental Disorder or Seriously Emotionally Disturbed Children or Adolescents who meet one or more of the criteria below. All persons qualifying under this definition must be prioritized for available housing by using a standardized assessment tool that ensures that those with the greatest need for Permanent Supportive Housing and the most barriers to housing retention are prioritized for the Assisted Units available to persons At-Risk of Chronic Homelessness pursuant to the terms of the Rental Housing Development regulatory agreement. Qualification under this definition can be done through self-certification or in accordance with other established protocols of the Coordinated Entry System (CES) or other alternate system used to prioritize those with the greatest needs among those At-Risk of Chronic Homelessness for referral to available Assisted Units.

  Persons qualifying under this definitions are persons who are at high-risk of long-term or intermittent homelessness, including:
  a. Pursuant to Welfare & Institution Code Section 5849.2, persons exiting institutionalized settings, such as jail or prison, hospitals, institutes of mental disease (IMD), nursing facilities, or long-term residential substance used

Priority Populations
disorder treatment, who were homeless prior to admission to the institutional setting; b. TAY, experiencing homelessness or with significant barriers to housing stability, including, but not limited to, one or more evictions or episodes of homelessness, and a history of foster care or involvement with the juvenile justice systems; and other as set forth below; c. Persons, including TAY, who prior to entering into one of the facilities or types of institutional care listed herein had a history of being homeless as defined under this subsection: a state hospital, hospital behavioral health unit, hospital emergency room, IMD, psychiatric health facility, mental health rehabilitation center skilled nursing facility developmental center, residential treatment program, residential care facility, community crisis center, board and care facility, prison, parole, jail or juvenile detention facility, or foster care. Having a history of being homeless means, at a minimum, one or more episodes of homelessness in the 12 months prior to entering one of the facilities or types of institutional care listed herein. The Centralized Entry System (CES)[7], or other local system used to prioritize persons At-Risk of Chronic Homelessness for available Assisted Units may impose longer time periods to satisfy the requirement that persons under this paragraph must have a history of being Homeless. d. The limitations in subsection 24 CFR Section 578.3 (2) and (3) pertaining to the definition of "Homeless" shall not apply to persons At-Risk of Chronic Homelessness, meaning that as long as the requirements in subsections above (a through c) are met: i. Persons who have resided in one or more of the settings described above in subsection a. or c. for any length of time may qualify as Homeless upon exit from the facility, regardless of the amount of time spent in such facility; and ii. Homeless Persons who prior to entry into any of the facilities or types of institutional care listed above have resided in any kind of publicly or privately operated temporary housing, including congregate shelters, transitional, interim, or bridge housing, or hotels or motels, may qualify as At-Risk of Chronic Homelessness.
f) Forensic – ages 18 and up with SMI who in addition to meeting the characteristics outlined under the Adult FSP, also meet the following: • Have come into contact with the Criminal Justice system and have repeated incarcerations; • Have received community services through the current mental health system but have been ineffective in reducing incarceration; and/or • Are on the BHCS eligibility list for the program or an exceptions has been authorized by BHCS' operational lead for the program.

[7] Coordinated Entry System (CES) means a centralized or coordinated process developed pursuant to 24 CFR Section 578.7(a)(8), as that section read on May 1, 2016, designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Priority Populations
For some forensic clients and as determined by BHCS: • Have been approved by the Behavioral Health Court Team; and • May be in the community or in legal custody at the time of consideration.

Alameda County has one of the most diverse ethnic populations in the State and the demographic distribution of its Medi-Cal beneficiary continues to change. BHCS analyzed the demographics of the clients served through its current contracted FSPs in the last three Fiscal Years and aggregated that information in the following tables by age population. The data is not intended to be limiting but rather meant to inform Bidders in planning a responsive service delivery with consideration to the cultural, linguistic and geographic characteristics of the priority population.

TAY FSP clients age 18-25

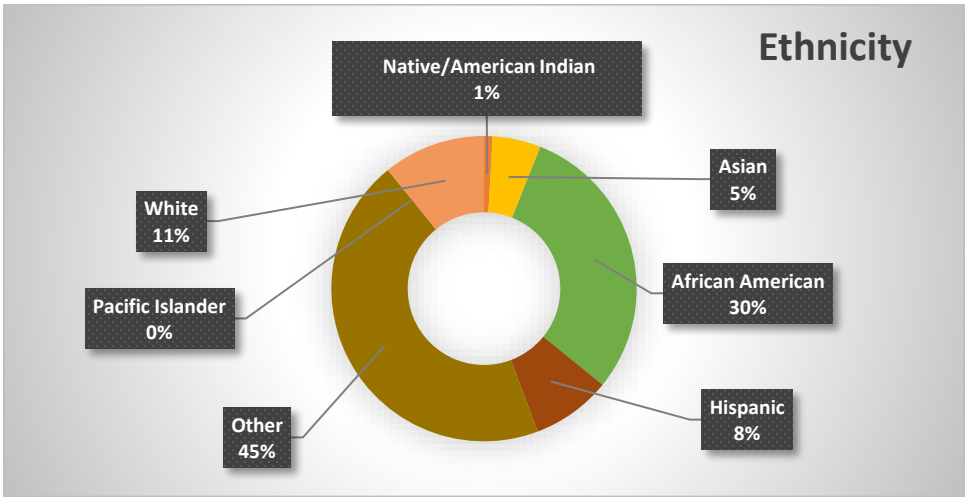

Figure 1A: Ethnic Distribution

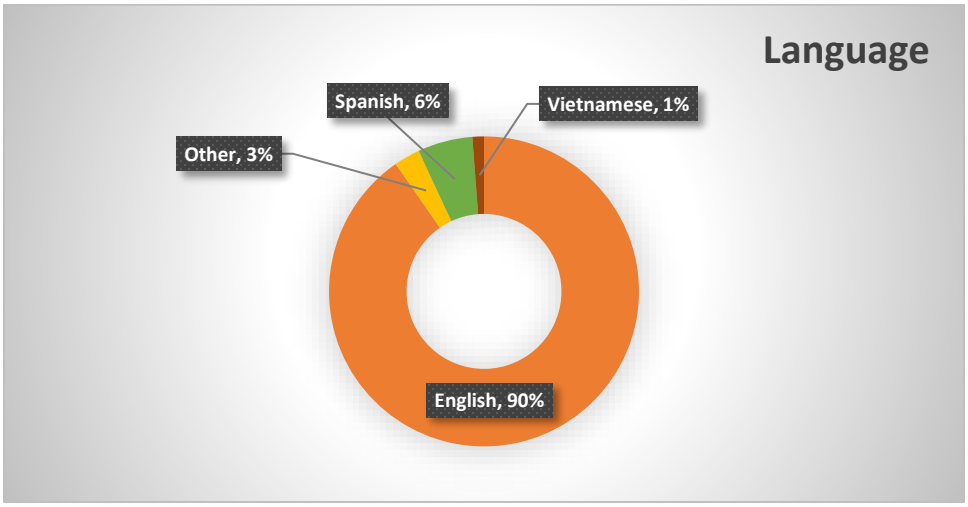

Figure 1B: Language Distribution

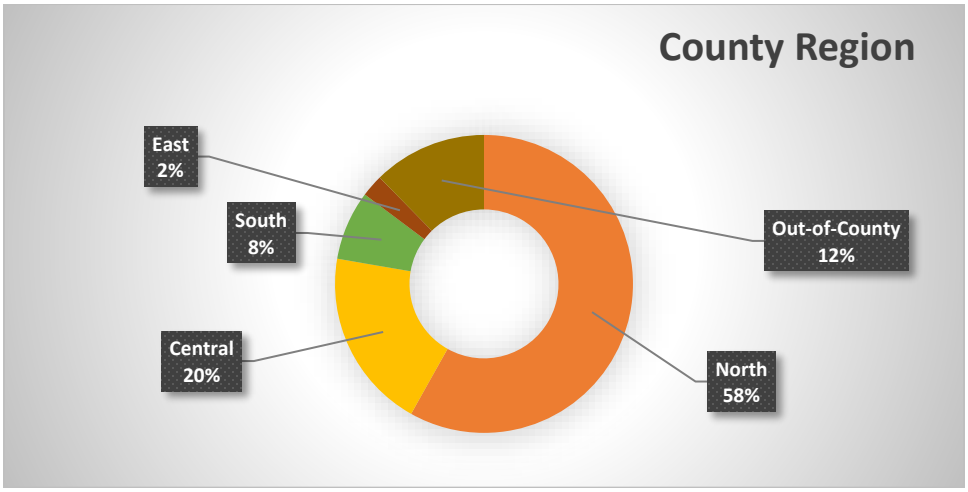

Figure 1C: Geographic Distribution

Adult FSP clients age 18 and up

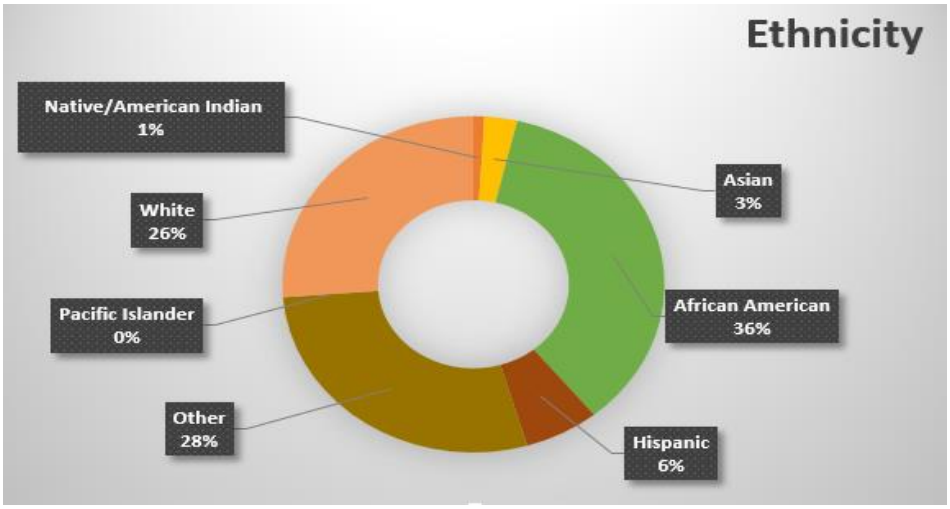

Figure 2A: Ethnic Distribution

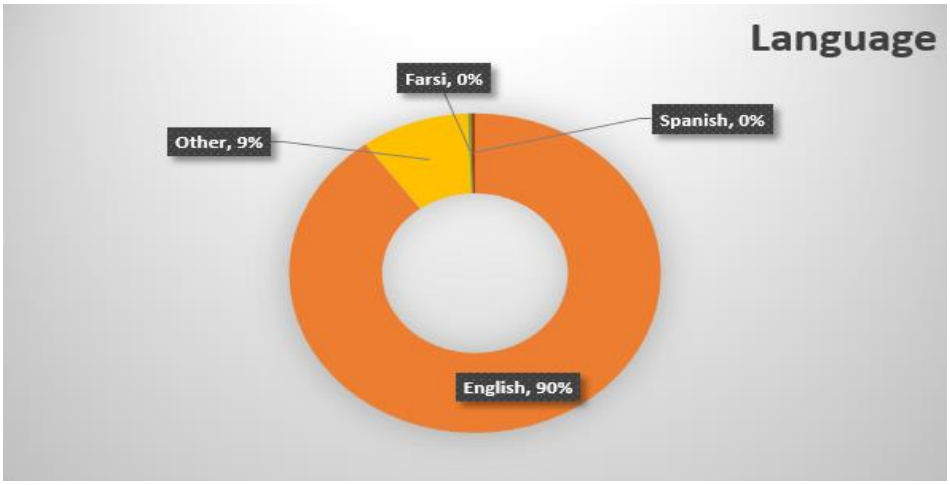

Figure 2B: Language Distribution

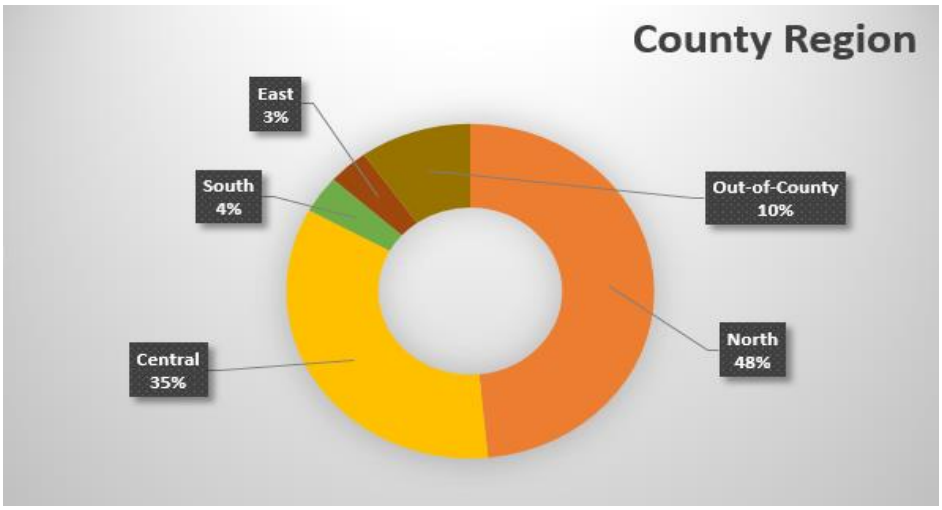

Figure 2C: Geographic Distribution of Adult FSP clients age 18 and up

Older Adult FSP clients age 50 and up

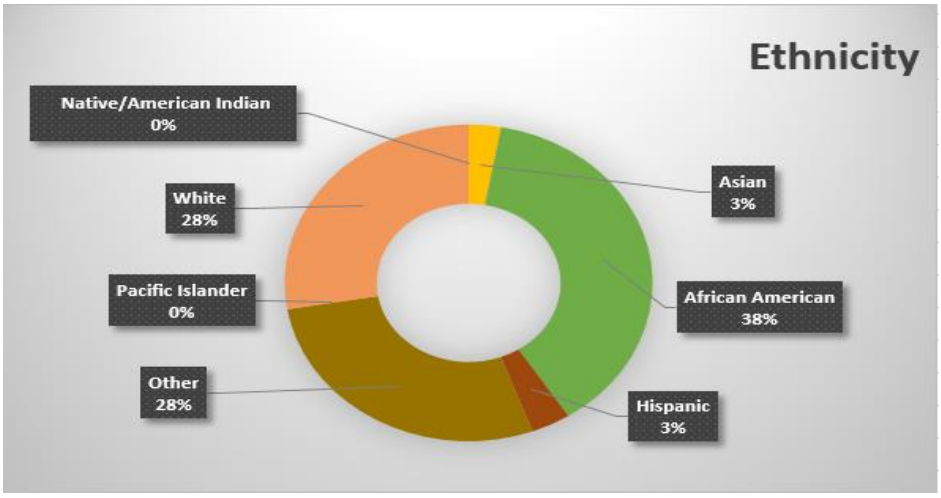

Figure 3A: Ethnic Distribution

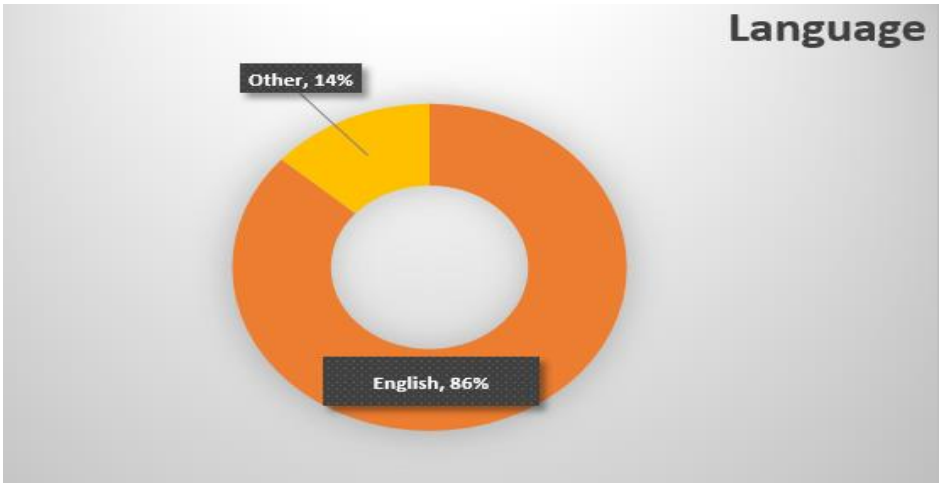

Figure 3B: Language Distribution

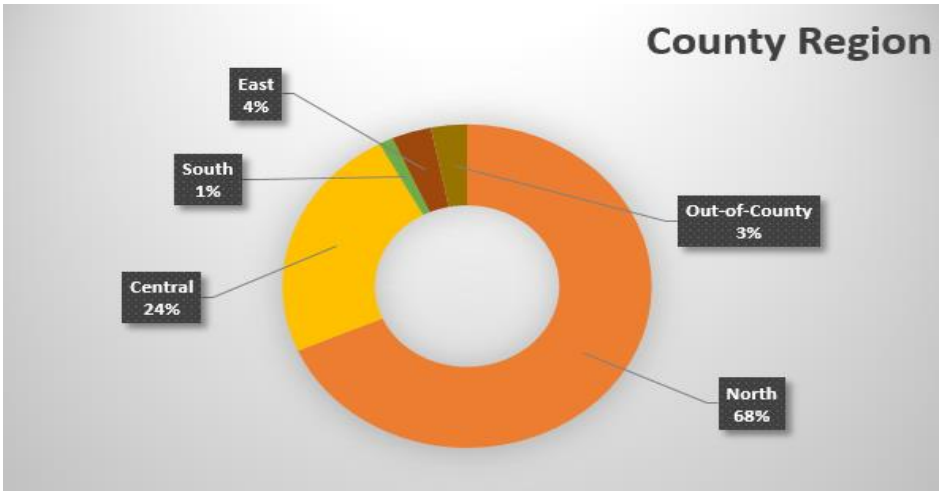

Figure 3C: Geographic Distribution of OA FSP clients age 60 and up

Child and Youth birth to 18 who have SED

The following two charts from the California DHCS based on the 2000 US Census provide information on children and youth who have SED in Alameda County to help Bidders applying for the new Child/Youth FSP in planning their proposed program and service delivery.

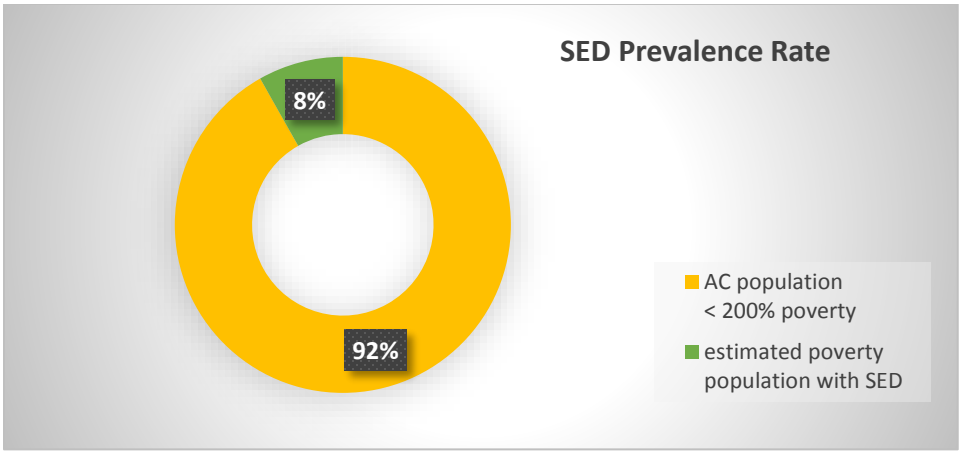

Figure 4A: Estimate of Child/Youth who have SED and are Under 200% of Federal Poverty Threshold in Alameda County

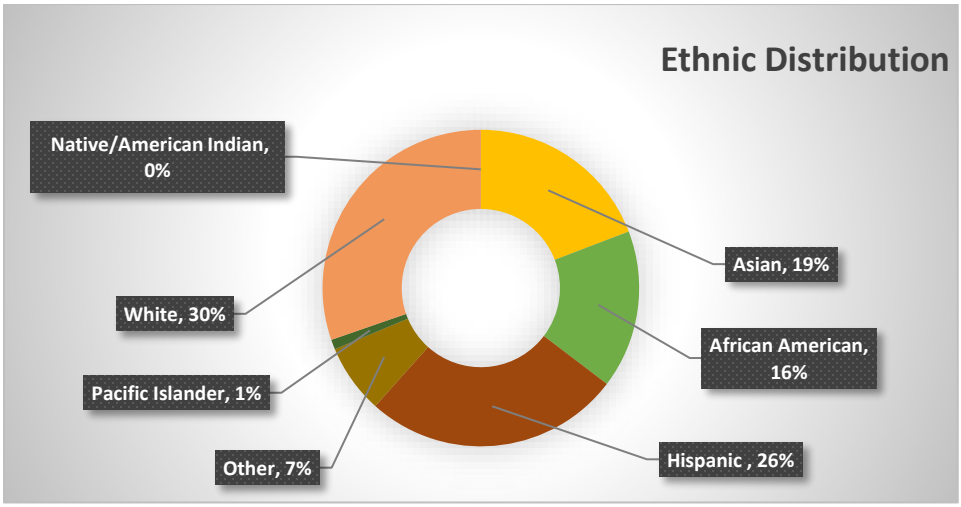

Figure 4B: Ethnic Distribution of Child/Youth who have SED in Alameda County

Chronically Homeless

Alameda County's Everyone Counts released its most current information on the distribution of the chronically homeless population in Alameda County which can be found online in the 2017 Alameda County Point-in-Time Everyone Counts survey.

2. *Service Delivery Approach*

Bidders must include in their proposal a program design that takes into account the following required elements to ensure clients in FSPs are fully served and have an integrated experience:

a. Evidence-Based Practices

BHCS requires successful Bidders to implement FSPs using high fidelity to these evidence-based practices that are well-matched to the priority populations. High fidelity includes, but is not limited to, minimum staffing patterns, staff training and consultation, outcome tools and fidelity measures. Costs of forms, training, and technical assistance for the required EBPs are included in the award. Bidders must account for these initial and ongoing costs in their bid submission.

Child and Youth

- Wraparound – An intensive, holistic method of engaging with children, youth, and their families so that they can live in their homes and communities and realize their hopes and dreams. Wraparound has been most commonly conceived of as an ***intensive, individualized care planning and management process***. Wraparound is not a treatment *per se.* The Wraparound *process* aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. This research-based practice is likely to be listed as an EBP in the years to come according to the National Wraparound Initiative and is required for the Child/Youth FSP.
  - More information on Wraparound: https://nwi.pdx.edu/
  - Wraparound Fidelity Index Short Form (WFI-EZ) Fidelity Tool: https://depts.washington.edu/wrapeval/sites/default/files/training_materials/WFI%20EZ%20Manual%20FINAL_09-17-2013.pdf
  - WFI-EZ Materials and Costs: http://depts.washington.edu/wrapeval/content/becoming-wfas-collaborator

TAY, Adults, Older Adults and Forensic

- Assertive Community Treatment (ACT) – A self-contained mental health program made up of a multidisciplinary mental health staff, including a peer specialist, who work as a team to provide the majority of treatment, rehabilitation, and support services that clients need to achieve their goals.[8] This EBP is required for all FSPs except those serving the Child/Youth and the chronically homeless populations.
  - More information on ACT: https://www.centerforebp.case.edu/practices/act
  - Tool for Measurement of ACT (T-MACT) Fidelity Tool: https://depts.washington.edu/ebpa/sites/default/files/Copy%20of%20TMACT%20Version%201.0%20Summary%20Scale%203.7.17.pdf

TAY, Adults, Chronically Homeless and Forensic

- Individual Placement and Support - Supported Employment (IPS-SE) – The model fully integrates the roles of employment services staff, such as an employment specialist, into the mental health treatment services team. The model focuses on aggressively supporting and placing clients living with SMI in competitive

[8] Allness, D. & Knoedler, W. revision of the National Program Standards for ACT Teams. 2003.

employment. All aspects of the employment process are intensively and individually developed from vocational assessments based on the client's interests, skills and needs to the relationship with employers and the provision of post-placement services to the employer and client to ensure retention. Not all FSP enrollees will have expressed employment goals but for those who do, FSPs (except those serving the Child/Youth and the OA populations) are required to use IPS in addition to the ACT model, in supporting FSP enrollees achieve their employment goals.

- More information on IPS: https://ipsworks.org/
- IPS Fidelity Scale: https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf

Chronically Homeless

- Housing First – A homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.[9] This EBP, which incorporates ACT model, is required for FSPs serving the chronically homeless population.

  The Housing First Fidelity Scale focuses in part on the provision of housing and housing subsidy management and in part on the provision of services. It is important to note that since the housing subsidy management is centrally managed through a separate contract and will not be a part of this RFP, only the parts of the EBP that focus on supporting partners to get into housing, supporting them in housing and the service provision areas will be the awarded Contractors' responsibility.
  - More information on Housing First: http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf
  - Pathways Housing First Fidelity Scale (ACT) version: http://housingfirsttoolkit.ca/wp-content/uploads/Pathways_Housing_First_Fidelity_Scale_ACT_2013.pdf

Forensic

- Risk-Needs-Responsivity (RNR) and Cognitive Behavioral Treatment (CBT) – In addition to the ACT model, forensic FSP programs need to incorporate emerging and/or best practices in serving clients who are involved in the criminal justice system. RNR has three basic principles: (1) risk - matching the level of service to the offender's risk to re-offend; (2) need - assessing criminogenic needs and targeting them in treatment; and (3) responsivity: maximizing the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities

[9] Tsemberis, S. & Eisenberg, R. Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. 2000.

and strengths of the offender. Thus, including criminogenic CBT is often effective in teaching offenders how to identify and change destructive thought patterns which have a negative influence on behavior.

RNR: https://www.gmuace.org/research_rnr.html
CBT: https://nicic.gov/cognitive-behavioral-therapy

Bidders shall include in their proposal how they plan to implement FSPs using BHCS' identified population-specific EBPs that will result to the desired outcomes outlined under Section I. F. 6. Ability to Track Data and Outcomes.

b. **Outreach and Engagement**

Enrolment and participation in FSPs are voluntary. As such, Bidders must utilize EBPs and/or community practices that are well matched with the priority population to effectively engage them through the stages of change and towards an increased readiness to participate in appropriate services. Successful Bidders shall outreach to potential clients in addition to receiving existing FSP clients served through current BHCS-contracted providers to ensure full program capacity. Bidders must include in their submission plan for managing clients who are engaged but do not meet FSP eligibility criteria and clients who decline FSP enrollment but requires mental health and other services.

c. **Cultural Responsiveness**

The services provided shall be culturally responsive and linguistically appropriate to the FSP population. Service providers shall have similar cultural and linguistic backgrounds and understand the strengths of the client's respective culture including gender-specific needs.

d. **Welcoming environment and Trauma-informed**

Bidders must providing services in a welcoming environment using trauma informed care to ensure the understanding of the neurological, biological, psychological and social effects of trauma, as well as the prevalence of these experiences in persons who receive mental health services.

e. **Individualized Service and Supports Plan (ISSP)**

Each fully served individual shall have an ISSP which is a strengths-based (and family-centered for Child/Youth FSP) plan of services. The ISSP shall be developed between the client, and their family as appropriate, and the FSP service provider and shall identify services and supports needed by the client to help facilitate recovery, promote wellness and build resilience. Participating individuals and staff will help provide information to help the client make informed choices about the services included in the ISSP. Whenever appropriate for FSP serving children and youth, parents shall be included in the collaborative decision making process. The family voice and choice shall be valued, encouraged and supported.

f. Single Point of Responsibility (SPR)

Implementing Wraparound, ACT and Housing First models to high fidelity means a shared caseload model where the client, and their families, work with all members of the team and the team delegates the resources of staff members each day to meet the needs of the clients, and their family members. As such, the FSP team serves as the SPR and the FSP caseloads are managed by the whole team or by an individual treatment team. The SPR provides continuity for the client and facilitates the development of a strong working relationship.

g. Full Spectrum of Community Services

FSPs shall provide a full range of the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resilience. Services and supports shall be identified in the ISSP and shall be provided in the community where the client is or locations identified as convenient by the client. The range of services and supports shall include but not limited to the following:

<u>Mental Health and Non-Clinical Services and Supports</u>

- Outpatient Services – Including individual, family and group therapy, medication support, crisis intervention, case management/brokerage. Mental health and other treatment services shall be made available to the clients' and their families when the receipt of such services will be important for the client to achieve positive outcomes.

- Integrated Co-occurring Services – Including treatment for clients who have a substance abuse disorder or treatment for a parent/caregiver when a child enrollee is impacted by the parent's substance abuse or co-occurring disorder. These services are integrated and address both substance abuse issues and mental health concurrently.

- Parent/Caregiver Peer Support Services – Including services designed to provide support for parents or caregivers, such as parent support groups or direct services, which are provided by family partners for FSPs serving children and youth. All parent/caregiver support services shall encourage and support family voice and choice. For all other FSPs, peer support includes peer recovery services and self-help tools such as Wellness Recovery Action Plan (WRAP).

- Family Education Support and Services – Including parent training and working with clients to support the possibility of seeking family contact when it is deemed beneficial to achieving their goals. Bidders must demonstrate experience providing developmentally appropriate support and education to clients and their families and/or caregivers.

- Linkage to other services – Including assisting clients to access primary health care, referral for services that help establish and maintain benefits and housing services referral for a variety of possible housing options such as transitional/temporary housing, housing subsidies, housing vouchers and financial

help for housing that are not provided by the FSP program. Awarded Contractors shall assist clients in meeting their immediate needs for temporary shelter and short-term housing, and in obtaining long-term, stable housing through a referral to the new Health Care Services Agency's (HCSA) centralized provider for Housing Subsidy Management. In addition, it is BHCS expectation that FSP providers will take on the responsibilities for housing navigator as part of their service delivery. Refer to Appendix F for the Housing Navigator Core Tasks Checklist.

- Food, Clothing and Hygiene Kits shall be provided, as needed, when the provision of such temporary goods are critical to the overall client treatment success.

- Travel and Transportation services – Either providing funds for public transportation or directly providing transportation, as needed.

- Substitute Payee through BHCS for clients who would benefit from having a representative payee and assistance with money management. BHCS will conduct an onsite training to orient Contractor's staff on BHCS' Substitute Payee Program before referrals can be made. Some existing clients who will be transitioning from another FSP provider may already have substitute payee case managers. Awarded Contractors must coordinate services with the existing FSP provider and BHCS to ensure that clients' bills continue to be paid on time.

Bidders shall include in their submission proposed array of community services for the priority population and their families that promotes wellness and recovery and help meet their goals indicated in their ISSP and treatment plan.

h. "Whatever it takes" philosophy

Successful Bidders shall have demonstrated "whatever it takes" commitment to helping clients achieve their treatment goals while promoting wellness and recovery. This includes a "no-fail" approach to service delivery where continuation of treatment and services is not contingent on the client's compliance and clients are not discharged if they are not progressing with their treatment goals based on preset expectations.

i. Flexible funds

To assist partners, and their families, achieve their goals and progress with their treatment, Bidders can include client support funds in their proposed budget up to the following maximum based on the total number of clients per program:

- Child and Youth - $55,200 (20 clients)
- TAY – $326,000 (100 clients); $163,000 (50 clients)
- Adults, Older Adults, Chronically Homeless and Forensic - $326,000 (100 clients)

with the following recommended limits to non-reimbursable goods and services:

- Clothing, food, hygiene, travel & transportation - $500 per client per year and
- Emergency housing - $2,760 per client per year.

Bidders must include in their proposal their policy and procedure for managing these funds doing "whatever it takes" to support clients in meeting their goals while taking

into consideration how consumer grievance around equity of fund distribution will be addressed. Awarded Contractors are responsible for timely and accurate bookkeeping of these client supportive expenditures to BHCS.

For more information on the design and implementation of FSPs, visit the California Institute for Behavioral Health Solutions' (CIBHS) FSP Toolkits at: https://www.cibhs.org/publication/fsp-toolkits

3. Organizational Infrastructure

Services shall be provided by an organization with thoughtful operations in terms of infrastructure, staffing and hiring.

a. Organizational and Program Chart

Bidders must include in their proposal their overall organizational chart and where the program will sit within the agency that demonstrates the agency's infrastructure to ensure there is necessary oversight, supervision and support to comply with the program requirements.

b. Cultural and Linguistic Responsiveness

Bidders shall include any expertise their agency have in providing services to the ethnic, cultural, gender and sexual identity groups who might participate in the FSPs. It shall also include the agency's overall racial/ethnic breakdown and the capacity to provide services in languages other than English.

c. Administrative Capacity

The successful Bidder(s) will be an organization that demonstrates adequate infrastructure to deliver the proposed program model. Appropriate infrastructure includes the following functions:

- Management/Executive Team
  - Appropriate for the size and needs of the agency
  - At a minimum, includes a Chief Executive Officer (CEO) or Executive/Program Director and a Chief Financial Officer (CFO) or Finance Director/Accountant with at least five years of education, training and/or experience in finance or business administration

- Quality Management
  - Providing the additional clinical supervision to ensure that each staff and any pre-licensed staff are meeting the appropriate and regular supervision from the Clinical Supervisor.
  - Maintaining quality assurance of Medi-Cal documentation standards.
  - Implementing EBPs with the highest fidelity to the program model.
  - Program evaluation for continuous quality improvement.

- Human Resource
  - Capacity to hire and retain staff in accordance with the needs of their clients.
  - Monitoring of clinicians' credentials to the OIG requirements and BHCS' Exclusion, Debarment and Background Check policies and procedure for delivering Medi-Cal services.

- Data Management
  - Ensuring staff are trained to use and meet requirements for administering specific tools such as CANS and ANSA.
  - Adequately and properly training staff to enter all of the data collection and reporting requirements into BHCS' approved electronic systems and the State DHCS' FSP Data Collection Forms.

- Computer and Information Technology
  - Have the necessary computer hardware and software to enter and track required data based on State and County requirements.

d. **Fiscal Management and Billing Requirement**

Organizational capacity for billing Medi-Cal and for managing operations in a manner that maximizes revenue generation while maintaining quality of care and mitigating claim disallowances and audit risks.

- Financial audit – Bidders must demonstrate fiscal management experience by including in their proposal the last three audited financial statements (if none, provide financial statement for two recently completed fiscal years) with an explanation on negative audit finding, if there is any.

- Billing requirement – In order to make FSP programs sustainable, Bidders are expected to maximize revenue through Short-Doyle Medi-Cal billing. Successful Contractors will be required to maintain an 80/20 billing model which means that BHCS expects all but 20 percent of the total program budget to be billable to Medi-Cal. Any direct client service that meets the definition for Medi-Cal billable service regardless of client's Medi-Cal eligibility and/or location of services. (e.g., outreach to a Medi-Cal Indigent Adult while client is in jail for purposes of FSP enrollment will fall under the 80 percent category).

  It is anticipated that the FSPs will serve an estimated Medi-Cal Expansion[10] population as follows:
  - Child/Youth – Not applicable
  - TAY - 30%
  - Adult - 8%
  - Older Adult – 0%
  - Chronically Homeless - 20%
  - Forensic – 29%

[10] As part of the Affordable Care Act, adults without children, ages 19-64, are eligible for Medi-Cal.

e. **Contract Compliance**

Awarded Contractors will have demonstrated experience and capacity to meet the contract deliverables included in the Statement of Work of this RFP. Bidders must include in their proposal how they have successfully met their contract deliverables providing FSP program or a similar type of service through Alameda County or its equivalent in California.

f. **Service site(s) and Program Hours**

Bidders must include their capacity and/or plan to provide 24/7 coverage as needed by clients and where services will be located. Crisis intervention shall be made available to all FSP clients 24 hours a day, seven days a week. It must include a plan for how the client and the FSP team will respond when a crisis occurs to reduce negative outcomes such as unnecessary hospitalization, incarceration and eviction as well as how clients will be supported as they get released from the jail, ER, PES and CSU.

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

4. Planned Staffing

BHCS requires a thoughtful staffing pattern that will meet these requirements:

- A multidisciplinary team that includes appropriately trained and licensed staff who will provide clinical and community support services to clients, and their families and/or caregivers.
- One full-time prescriber must be part of the team, who will be responsible for prescribing and evaluating medication needs of the clients, for every FSP program serving 100 clients.
- Team coverage to ensure client availability 24/7 to avert crisis situations and be able to provide intensive services and supports when needed.
- Inclusion of Substance Use Specialist, Employment Specialist, Peer Specialist[11] or Family Partners, as part of the FSP team.
- Implement FSPs with high fidelity (80 percent or higher) to the population-specific EBPs.
- Maintain a low client to staff ratio (no more than 1:10).
- Cultural and language consideration for the priority population(s) to be served.

Bidders must include job descriptions and resumes of the FSP team.

Bidders shall include in their proposal a training plan for staff which includes:

- How they plan to recruit, hire and retain culturally diverse staff that are representative of the priority population they are proposing to serve;
- How staff will receive initial program orientation and onboarding as well as continuous training including topics, content and training methods; and

[11] For forensic FSP, refers to Forensic Peer Specialist.

- How training for all staff will be tracked and kept on file.

5. Forming Partnerships and Collaboration

Should this RFP process result in a change of Contractor for this service, BHCS will assign a Project Manager for each System of Care to work with the contract awardee on the transition of client care, which includes but not limited to the following:

- Assessing for clients whose needs can be best met through more intensive and lower levels of care and facilitating referrals to those services; and
- Transfer of client files for those clients who will continue to receive FSP under the new awarded Contractor.

At this time, BHCS anticipates that any such transition of clients will be staged in a manner that appropriately address the clinical needs of current and newly referred consumers.

The awarded Contractor shall work collaboratively with the following:

a. BHCS' System

BHCS will oversee and approve each referral and discharge to FSPs based on admission and discharge criteria set forth by the County. Each client enrolled in the FSP must meet the criteria for the identified priority populations. When the discharge process takes place, the FSP provider shall coordinate with BHCS to ensure a smooth client transition to a lower level of care. Upon contract award but no later than the program start date, BHCS will train awarded Contractors on FSP admission and discharge criteria.

For some FSPs, BHCS maintains a list of potential eligible clients (i.e., chronically homeless and forensic population) which will become the basis for new client referrals. Bidders may also include in their proposal other sources of referrals for the population(s) they are applying for which are subject to BHCS approval.

b. Whole Person Care Pilot (WPCP) Program

Through a competitive grant application to the State, Alameda County HCSA was awarded $140 million to pilot the Whole Person Care Program which will be called Alameda County Care Connect (AC Care Connect). Through AC Care Connect, HCSA will be engaging in a change process that will move toward becoming a coordinated system of care across multiple systems. Outcomes of the project will include creation of a community health record and care management system that can be used by each enrolled client's full care team, with appropriate consents to share key pieces of information to enhance their care and health outcomes. In addition, we will be moving toward real-time data exchange with certain providers, and there may be new data reporting requirements. HCSA/BHCS will advertise contracting opportunities through this grant as they become available in the future.

Grantees of related HCSA/BHCS programs may be asked to participate in design input sessions, trainings, and process improvement projects. Grantees will be asked to work together with HCSA and other community providers to identify barriers and contribute

to the creation of new policies and procedures that facilitate clients/patients' navigation through the system. BHCS anticipates that FSP awarded contractors will be critical partners in this project.

Further information regarding the County's Whole Person Care Pilot can be referenced here.

c. **Behavioral Health (BH) Court, Jail, PES, ER, CSUs**

For FSP programs serving clients who are involved in the criminal justice system, the FSP team will participate fully as a partner in BH Court. This includes, but is not limited to the program manager, or designee, attending weekly inter-disciplinary team (IDT) meeting with the Court and clinical staff; attending court with clients once a week, at a minimum; assessing individuals who are in custody and finding appropriate placement; etc. Any FSP program that provide service to BH Court clients will need to see people in jail, initially, or also while they are in a transitional program, such as Woodroe Place or Jay Mahler, etc. Bidders shall include in their proposal experience, or proposed plan, partnering with the BH Court to successfully support clients in meeting their treatment goals and legal requirements.

Most FSP enrollees are repeat utilizers of the highest level of services in the most acute care settings (e.g., jail, PES, ER, CSU). A good proportion of client referrals, with BHCS' approval, are clients being released or discharged from these settings. Bidders must include their experience and/or plan for collaborating with these settings in order to support clients.

d. **Other service providers**

It is anticipated that the clients will require more assistance in the early stages of enrollment, whether provided through the FSP or through linkages to community resources, but will need lesser formal services as they establish more connections with naturally occurring community resources. When the services goals are met, the client shall be transitioned to lower levels of care. BHCS expects awarded Contractors to ensure continuity of care through referrals and warm hand-offs to other service providers and community supports. Bidders shall include in their submission existing and new partnerships that demonstrates their capacity to link and broker services that are not provided by the FSPs and/or as needed by the client to ensure continuity of care.

6. Ability to Track Data and Outcomes

The awarded Contractor shall track data and outcomes for the purpose of reporting and continuous quality improvement of services. The Contractor shall collect and track data to ensure that client driven goals, objectives, and interventions in the treatment plan are achieved.

BHCS requires awarded Contractors to enter data in a timely manner, as instructed, into the following systems:

a. BHCS required data collection:

- INSYST - electronic information management and claiming system

- Clinician's Gateway - client progress notes

b. California State Department of Health Care Services Data Collection and Reporting, requirements:

- Partnership Assessment Form (PAF) - collects baseline and current data when clients first enter FSP services;
- 3-Month Assessment (3M) Update - updates the data from the PAF and is done every three (3) months for each client as long as they are receiving FSP services; and
- Key Event Tracking (KET) form - done each time a key event occurs (i.e. crisis visit, arrest, incarceration, hospitalization).

These forms track client progress/improvements in the following areas:

- Residential status, including hospitalization or incarceration
- Educational status
- Employment status
- Legal issues/designation
- Sources of financial support
- Health status
- Substance abuse issues
- Assessment of daily living functions
- Emergency interventions

BHCS' will use the Results-Based Accountability (RBA)[12] framework to strengthen and increase data collection and improve contract performance. The RBA framework establishes performance measures which will allow BHCS to track the positive impact and benefits of services for the priority population by focusing on three critical questions:

How much did we do? (Quarterly and Annual Contractor reports)

Measure	Data Source
# of new clients enrolled • by ethnicity, race, language, gender, and sexual orientation	INSYST
# of clients open to program point-in-time • by ethnicity, race, language, gender, and sexual orientation	INSYST
# of clients closed and reason for closure • by ethnicity, race, language, gender, and sexual orientation	INSYST
# of hours provided by service modality • by ethnicity, race, language, gender, and sexual orientation	INSYST
# of clients with no SSI/SSDI linked to advocacy programs (Not applicable to Child/Youth FSP) • by ethnicity, race, language, gender, and sexual orientation	INSYST, BHCS advocacy database
# of services provided field-based	INSYST

[12] http://resultsaccountability.com/about/what-is-results-based-accountability/

Measure	Data Source
• by ethnicity, race, language, gender, and sexual orientation	
# of peer staff employed by the program that are representative of the client being served	INSYST, Contractor report
# of Child Family Team meetings per month (Child/Youth FSP only)	Contractor report, WFI-EZ review

How well did we do it? (Quarterly and Annual Contractor reports, unless indicated)

Measure	Data Source
1. Minimum 80% fidelity, or a score equivalent to "good," to population-specific EBPs currently ACT, IPS, Housing First and Wraparound (2x/year) highlighting:	BHCS bi-annual ACT, IPS and Housing First fidelity review
For all FSPs except Child/Youth: • % of clients who received a minimum of 50 minutes of service per week • % of clients open to program no more than 10 per team member point-in-time • % of Program Staff turnover in last 2 year	INSYST
For Child/Youth FSP: • % of individualized safety plan developed for each client within 30 days from the episode opening date • % of initial Child and Family Team/Family Team Meeting completed within 50 days of each episode opening date • % of Individual Service Plan developed for each client at the initial CFT meeting/FTM	Contractor report, BHCS bi-annual WFI-EZ fidelity review
2. % of clients reporting satisfaction with services received using a consumer satisfaction survey	Bi-annual MHSIP

Is Anyone Better Off?

Measure	Data Source
1. Improved functioning a) % of clients with improvement in at least one CANS/ANSA domain from last assessment to most recent	Objective Arts CANS 0-5, CANS 6-17, ANSA-T, ANSA 25+ data
2. Improved living situation a) % of clients who were living in restrictive, unstable environment at intake that showed an improved living situation at the most recent update • by ethnicity, race, language, gender, and sexual orientation	FSP data, Contractor report
3. Primary care connection a) Of the partner who completed 12 months, % of clients who were linked to primary care within 12 months of program enrollment • by ethnicity, race, language, gender, and sexual orientation	FSP data Contractor report
4. Reductions in jail days	FSP data

Measure	Data Source
a) Of the partner who completed 12 months, % of clients with at least one jail day • by ethnicity, race, language, gender, and sexual orientation b) # of days clients stayed in jail from 12 months prior to current	
5. Reductions in psychiatric emergency, inpatient, crisis stabilization utilization aggregated for enrollees a) % of clients who were admitted in PES/inpatient/CSU from 12 months prior to current • by ethnicity, race, language, gender, and sexual orientation b) # of days clients stayed in PES/inpatient/CSU from 12 months prior to current	INSYST
6. Education status* – Not applicable to Child/Youth and OA FSP a) % of clients who were not attending school at initial assessment that showed an improvement in status (i.e., enrolled in a vocational program/internship, enrolled in school at least part-time) at the time of most recent assessment • by ethnicity, race, language, gender, and sexual orientation	FSP data
7. Employment status* – Not applicable to Child/Youth and OA FSP a) % of clients who were unemployed at initial assessment that showed an improvement in their status (i.e., enrolled in a vocational program/internship, found employment, etc.) at the time of most recent assessment • by ethnicity, race, language, gender, and sexual orientation	FSP data
8. Meaningful activities – For OA FSP only a) % of clients with improved involvement in meaningful activities from last assessment to most recent assessment • by ethnicity, race, language, gender, and sexual orientation	Objective Arts ANSA 25+

If required, County will provide technical training and support to the awarded Contractors around the RBA framework. BHCS reserves the right to set and negotiate number and percentage performance measure target levels after bids are submitted. Year One will be used to collect and track data to establish baseline information. In Year Two and thereafter, BHCS will set performance benchmarks for which awarded Contractors will be held accountable. Bidders must include in their proposal evidence of successful data collection experience from prior program(s) that led to positive client outcomes.

Awarded Contractors shall administer the consumer satisfaction survey indicated above. BHCS expects a 50 percent return rate on completed surveys. Bidders must include in their proposal who and how the surveys will be administered to meet this expectation.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

All contact during the competitive RFP process shall be through the RFP contact, only.

The BHCS website http://www.acbhcs.org/Docs/docs.htm#RFP and the General Services Agency (GSA) website https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp are the official notification and posting places for this RFP and any Addenda.

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby CSC/Evaluation Panelists during the evaluation process. Attempts by Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

All questions regarding these specifications, terms and conditions shall be submitted in writing, preferably via e-mail, as specified in the Calendar of Events to:

Edilyn Dumapias
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: Edilyn.dumapias@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Wednesday February 28, 2018	
Bidder's Written Questions Due	By 5:00 pm on the day of 2nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1st Bidders' Conference	Tuesday March 13, 2018	9:30 am - 11:30 am 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Canyon Room)
2nd Bidders' Conference	Wednesday March 14, 2018	1:30 pm - 3:30 pm Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)
Addendum Issued	Thursday March 22, 2018	
Proposals Due	**Tuesday April 17, 2018 by 2:00 PM**	
Review/Evaluation Period	April 18, 2018 – June 13, 2018	
Oral Interviews (as needed)	Panel 1: a) Wednesday, June 6th , 9:00-12:00 b) Wednesday, June 6th , 1:00-5:00 Panel 2: a) Wednesday, June 6th, 9:00-12:00 b) Wednesday, June 6th, 1:00-5:00 Panel 3: Monday, June 11th, 1:00-5:00 Panel 4: Monday, June 11th, 1:00-5:00 Panel 5: Wednesday, June 13th. 1:00-5:00 Panel 6: Wednesday, June 13th, 1:00-5:00	
Award Recommendation Letters Issued	June 22, 2018	
Board Agenda Date	July 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) Code: 624110 and 624120.

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

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

D. BIDDERS' CONFERENCES

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

- Provide an opportunity for Bidders to ask specific questions about the program and request RFP clarification; and
- Provide the County with an opportunity to receive feedback regarding the program and RFP.

BHCS shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders Conferences, whenever possible at the Bidders' Conferences. BHCS shall address all questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

Bidders are not required to attend the Bidders' Conferences. However, attendance to at least one Bidders' Conference is strongly encouraged in order to receive information to assist Bidders in formulating proposals.

Failure to participate in a Bidders' Conference shall in no way relieve the Bidder from furnishing program and services requirements in accordance with these specifications, terms and conditions and those released in any Addenda.

E. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be SEALED and received by BHCS **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. BHCS cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

BHCS shall only accept proposals at the address and by the time indicated on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or date or at a place other than the stated address cannot be considered and shall be returned to the Bidder unread/unopened.

All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery address prior to the time designated. BHCS' timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bidders must submit proposals which clearly state Bidder and RFP name and the FSP Population they are applying for. If applying for more than one population, Bidders must submit a separate proposal and budget for each population. Bidders must complete and submit their proposal using the Fillable Forms Template[13]. 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 <u>without</u> 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.[14]

   Bidders shall use the Fillable Forms Template for submittal of proposals to ensure that proposals are:
   - Single spaced;
   - Use 11-point Arial font and
   - Conform to the maximum page limits.

3. **The County will not consider telegraphic, electronic or facsimile proposals.**

4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.

5. Submitted proposals shall be valid for a minimum period of eighteen months.

6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.

[13] 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.
[14] Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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 recommend award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to recommend award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.

9. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.

10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.

11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.

12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.

13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).

14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the **Fillable Forms Templates (posted on the BHCS and GSA websites)** to submit proposals. This section provides the point system that the CSC/Evaluation Panel will use to evaluate proposals. BHCS encourages Bidders to reference that section when responding to this RFP.

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to the page maximum for each section and sub-section indicated in Table 1. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

Proposals shall be complete, substantiated, concise and specific to the information requested. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at BHCS' sole discretion.

The proposal sections, instructions and page maximums are contained in Table 1.

Table 1

Section	Instructions	Page Max.
1. *TITLE PAGE*	Use the Fillable Forms Template to complete and submit the requested information.	1
2. *EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE*	Use the Fillable Forms Template to complete and submit the requested information.	1
3. *LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY*	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	1
4. *BIDDER MINIMUM QUALIFICATIONS*	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the criteria. **a.** Have at least two years of organizational experience providing services to the priority population(s) within the last five years; **b.** Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years; **c.** Have at least 45 days of working capital verifiable through submission of an audited financial statement or a single audit in the last fiscal year; and **d.** Have the capacity to obtain Medi-Cal Site Certification through the State as demonstrated in Medi-Cal site certification for outpatient mental health service through a County. **e.** Bidders, its principal and named subcontractors must 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	2
5. *BIDDER REFERENCES*	**a. *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	2

	encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process. Do not include BHCS staff as references.	
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 ***Clinical Understanding and Experience with the Priority Population Needs,*** including:	(3)
	i. Bidder's understanding of the priority population including: 1. For Child/Youth FSP - Children and young adults with SED; For all other FSPs - TAY, adults, older adults with SMI; 2. Developmental, age-related issues and their unique needs; 3. Risk factors such as poverty, food insecurity, housing scarcity, trauma, stigma, mistrust, community and domestic violence, child abuse/neglect, parental substance abuse and mental illness and homelessness that impact the delivery of mental health and community support services; 4. Cultural issues that affect the service delivery including stigma associated with use of mental health services.	1
	ii. Bidder's experience working with the priority population that takes into account: 1. For Child/Youth FSP – Working with children and young adults stepping down from psychiatric hospital or Crisis Stabilization Units who are not ready for intensive outpatient service only; For Forensic FSP – Working with TAY and adults over 18 years old who are either currently or have been involved in the criminal justice system and who may need assistance complying with legal requirements; For Chronically Homeless FSP – working with homeless individuals and helping them obtain and retain housing;	2

	For all other FSPs - Working with TAY, adults and older adults stepping down from a psychiatric hospital, sub-acute, or crisis residential setting who are not ready for intensive case management service only; 2. Providing integrated care for the treatment of co-occurring disorders; 3. Housing, employment, public benefits and medical/primary care coordination; and 4. Engaging clients, and their families/caregivers and loved ones, who may not want to participate in voluntary services.	
	b. Describe, in detail, Bidder's ***Service Delivery Approach,*** including:	(10)
	i. Describe Bidder's plan to utilize EBPs and community-based practices including: 1. How Bidders will implement FSPs using the population-specific EBPs including plan for achieving high fidelity to the EBP through training, consultation, outcome tools and fidelity measures. 2. How Bidders will use EBPs and/or community practices that are well-matched with the priority population to effectively reach out and engage them through the stages of change and towards an increased readiness to participate in appropriate services.	1
	ii. Describe Bidder's plan for outreach and service engagement services including: 1. How will program provide outreach and engagement to clients and sustain a voluntary, non-coercive approach? • What community/best practices will you use to engage clients through the stages of change and increase participation in services? • What is your plan for clients who are engaged but are not eligible for FSP or who decline enrollment but requires mental health services?	1
	iii. Describe Bidder's plan for services that are culturally responsive, welcoming and trauma-informed including: 1. How will cultural and/or linguistic needs of the clients be supported within the services with consideration to client's gender-specific needs? 2. How will services be provided to clients, and their families/caregivers/loved ones in a welcoming environment that includes: • Plan for designing and implementing programs that are trauma-informed. • Strategies to ensure the safety and security of staff, participants, family members and service partners at program site and any	2

	additional treatment sites. How will aggressive behaviors be manages when it happens?	
	iv. Describe Bidder's plan developing ISSP and designating SPR including: 1. How ISSP will be strengths-based, client-centered process that is inclusive of family voice/choice, when appropriate, and which facilitates client recovery and wellness? 2. Describe how the SPR requirement will be met and the role that the FSP team will play to ensure that FSP enrollees are fully served.	1
	v. Describe Bidder's plan to provide a full spectrum of community services that will help clients meet their ISSP goals including: 1. Providing outpatient services such as mental health, case management/brokerage and psychiatry services including prescribing and medication support. 2. Addressing and monitoring clients' substance abuse, or the clients' parent/caregiver when the child FSP enrollee is impacted by the parent's substance abuse or co-occurring disorder.	1
	3. Approach to integrate parent/caregiver peer support services in FSPs. Give examples on how this will happen. 4. Providing developmentally appropriate support and education to clients and their families/caregiver. What specific support and education do you think will they need?	1
	5. Assisting clients with benefits establishment, accessing health care, and providing support with obtaining and retaining housing. 6. Providing temporary goods such as food, clothing and hygiene kits when necessary to the client's overall treatment success. 7. Providing travel/transportation for FSP clients. 8. Assisting clients who need Substitute Payee.	2
	vi. Describe Bidder's commitment to "Whatever it takes" philosophy and use of flexible funds plan including: 1. Describe Bidder's expertise in delivering services "Whatever it takes" through its current program(s) and how Bidder plans to follow through with this commitment in the delivery of FSPs. 2. How flexible funds will be utilized to support FSP clients in their treatment goals. Describe your policy in managing these funds including how consumer grievances around fund equity issues will be addressed.	1

	c. Describe, in detail, Bidder's ***Organizational Infrastructure,*** including:	(9)
	i. Bidder's organizational chart (**Attachment A**) and FSP program chart (**Attachment B**) to illustrate where the program will reside in the overall agency structure and the reporting structure.	N/A
	ii. Capacity for culturally, linguistically responsive services with sensitivity to gender needs including: 1. Describe any specific expertise your agency has in providing services to the ethnic, cultural, gender and sexual identity groups who might participate in the FSPs. 2. Provide your agency's current overall racial/ethnic breakdown including capacity to provide services other than English (**Attachment C**).	1 not including Attachment
	iii. Bidder's administrative capacity that meets these requirements: 1. Management/Executive Team – at a minimum and as appropriate for the size and the needs of the agency, includes a Chief Executive Officer (CEO) or Executive/Program Director and a Chief Financial Officer (CFO) or Finance Director/Accountant with at least five years of education, training and/or experience in finance or business administration. 2. Quality Management – Describe Bidder's quality assurance and quality improvement infrastructure to maintain client records and plan for ensuring client charts are accurate and completed in accordance with BHCS QA Documentation standards for FSPs. 3. Human Resource – Capacity to hire, train and retain staff in accordance with the needs of the clients while enhancing strength-based skills and encouraging professional development. Ensure initial screening/checking and continuous monitoring of licensed staff and compliance with BHCS' Exclusion, Debarment and Background Check Policies and Procedures. 4. Data Management – Describe Bidder's experience and ability to track data in multiple systems including training staff and procedures for ensuring that data entry is accurate and timely. 5. Computer and Information Technology – Describe Bidder's capacity to comply with the data collection and billing requirements contained in the SOW.	3
	iv. Bidder's fiscal management and controls around: 1. Financial Audit – Bidders must provide the last three audited financial statements (if none, then financial statement for most recently completed	2 not including Attachment

	fiscal year). Insert as **Attachment D** in the original proposal only. Provide written explanation of any of the following findings: • Auditor presents a qualified audit opinion • Balance sheet liabilities exceed assets • There are overdue payments due to a State or Federal agency • There is a Federal or State account currently in collections • There is current pending litigation for fraud, misrepresentation, errors or omissions involving one or more current or former employees of the organization • Auditor notes or footnotes that indicate: ○ Organizational instability or uncertainty as to its ability to continue in its current business ○ Overdue State/Federal amounts ○ Pending litigation involving organizations' employees, management, director or Board of Directors. 2. Revenue billing – Plan for maximizing revenue through SD/MC billing and maintaining 80/20 billing requirements while maintaining quality client care.	
	v. Bidder's capacity to meet BHCS contract compliance: 1. Plan to meet Contract Deliverables – Describe Bidder's plan to ensure compliance with BHCS contracting requirements. 2. Prior Contract Performance – Complete Appendix G of the RFP and include in your proposal as **Attachment E**.	1 not including Attachment
	vi. Bidder's planned location and hours for delivering services, office/clinic-based, and in the community as defined by the client including the following: 1. Location of services – program site address, accessibility to public transportation, Medi-Cal site certification status (attach current certification letter if location is already certified as **Attachment F**), locations in the community where FSP services will be provided 2. Program hours – office hours and plan for evening and weekend services. • Describe the plan for adequate staff coverage at the program site given that most FSP services will be provided in the community. • Describe capacity to respond to clients 24/7, plan for providing coverage to avert client crisis and supporting clients coming out of jail, ER, PES and CSUs	2 not including Attachment

	d. Describe, in detail, Bidder's ***Planned Staffing,*** including:	(5)
	i. The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff. (**Use the Fillable Forms Template to complete and submit this information**.) Attach resumes of program staff, if already on-board, and/or job descriptions of positions to be hired (**Attachment G**).	3 not including Attachments
	ii. Plan for hiring/recruiting, initial and ongoing training (topics/content to be covered and training method), supervision of all FSP team members. Include in your response: 1. Plan for supporting and maintaining the following staff: • Prescriber • Nurse • Peer staff and family partners 2. Ratio of direct service staff to program participants according to the EBP requirements; and 3. How employee retention, strength-based skills and professional development will be encouraged.	2
	e. Describe, in detail, Bidder's ability and experience ***Forming Partnerships and Collaboration,*** including:	(6)
	i. Experience and/or plan for receiving clients who are transitioning from another service provider. Describe the following: 1. Parties involved; 2. How transition was planned/coordinated to ensure the least disruption in client care and services; and 3. How referrals, either as step-downs or step-up to other levels of care, as medically necessary, were facilitated wherein the client was at the center of the treatment planning?	2
	ii. Plan for referring clients who do not meet eligibility requirements for FSP but need mental health services iii. Experience and plan for receiving new client referrals and how long it will take to schedule an intake appointment	1
	iv. Partnership with HCSA's Whole Person Care Pilot including participations in trainings, process improvement projects, design input sessions and/or receiving grant funds through the Pilot. Provide details and how you think this will enhance your proposed FSP services?	1

	v. Experience and plan collaborating with the jail, courts, PES, ER and CSUs. For Bidders applying to serve the forensic population, describe experience or proposed plan, partnering with the Behavioral Health Court to successfully support clients in meeting their treatment goals and legal requirements.	1
	vi. Experience working with community agencies and how these relationships will positively impact the clients enrolled in the proposed FSP. Include information on your agency's ability to develop linkages to a variety of service and supports and the ability to develop low cost/no cost resources. Attach letters of support or memorandum of understanding as evidence of existing relationships and/or planned collaborations who will help Bidder support FSP program enrollees (**Attachment H**). Letters should be provided on agency letterhead and include authorized signature(s).	1 not including Attachment
	f. Describe, in detail, Bidder's Experience and Plan to ***Track Data and Outcomes***, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specific to the following:	(5)
	1. Using the RBA framework, describe the following: • What the proposed program will achieve under the 1st Critical Question: How much did we do? ○ # of new clients enrolled ○ # of clients open to program point-in-time ○ # of clients closed and reason for closure ○ # of hours provided by service modality ○ # of clients with no SSI/SSDI linked to advocacy programs (Not applicable to Child/Youth FSP) ○ # of services provided field-based ○ # of peer staff employed by the program that are representative of the client being served ○ # of CFT meetings/FTM per month (Child/Youth FSP only) • How you would ensure that the awarded program meet the specified outcomes related to the 3rd Critical Question?	2
	2. Who will be responsible to track the data and how the multi-level data collection requirements be managed. 3. How data will be coordinated to meet the County and the State requirements and when requested. 4. How data will be used to inform the need for making mid-course corrections to service delivery and meeting contract deliverables.	2

	5. Describe data collection experience from prior program(s) that led to positive client outcomes. Include detail on type of program/services, client data collected and how it was collected, performance benchmarks and outcome.	
	6. How client/family satisfaction surveys be administered to ensure: • A 50 percent return rate and • Information will be utilized in treatment planning and program improvement planning.	1
7. *COST*	**Budget and Budget Narrative**	(2)
	Budget ***a.*** Cost-Coefficient – Bidder does not need to submit anything additional for this. ***b.*** Complete and submit one ***EXHIBIT B-1: BUDGET WORKBOOK*** (saved in MS Excel). See ***EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS*** in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.	N/A
	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	2
8. *IMPLEMENTATION SCHEDULE AND PLAN*	Use the Fillable Forms Template to complete and submit the following:	(5)
	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: • Program Start-up: Staff hiring, Training, Supervision • Enrollment Ramp-up: Warm hand-off of existing FSP clients, new client referrals • Program Fill-up and full services • Program Evaluation Identify who will oversee the implementation of the program in the first year.	3

	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	2
EXHIBITS	Using the Fillable Forms Template complete and submit the following	N/A
	EXHIBIT C: INSURANCE REQUIREMENTS	
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment and Suspension) shall be evaluated by the CSC/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the BHCS contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

BHCS will hold separate County Selection Committee (CSC)/Evaluation Panel for each FSP population and the sub-categories for Child/Youth and TAY (i.e., Birth to eight and eight to 18 for Child/Youth; North/Central and South/East for TAY). All bids under each FSP population including the sub-categories will be evaluated as separate processes.

As a result of this RFP, the County intends to award a contract to the responsible Bidder(s) whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidder that demonstrates the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified in section II. F. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed in II. F. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a five-point scale shown in Table 2. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 3, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral presentation and interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, oral presentation and interview.

If the two-stage approach is used, the three Bidders that receive the highest preliminary scores and with at least 200 points shall be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in **Table 2**:

Table 2

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

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

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete Meets/Does Not Meet Minimum Qualification Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete. Additionally, bid responses that do not conform to the page limitations in Table 1, will be rated a Fail in the Evaluation Criteria and will receive no further consideration.	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance			
3. Letter of Transmittal/Executive Summary			
4. Bidder Minimum Qualification	**a. *Two Year Experience with Priority Population.*** Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	b. Two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	c. 45 days of working capital verifiable through submission of an audited financial statement or a single audit in the last fiscal year. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification		
	d. Capacity to obtain Medi-Cal Site Certification through the State as demonstrated in Medi-Cal		

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	site certification for outpatient mental health service through a County. Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Minimum Qualification ***e. Debarment and Exclusion.*** Checked to ensure Bidder, its principal and named subcontractors are not identified on any of the listed databases.		
5. BIDDER REFERENCES	***a.*** 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 rate the following: • Bidder's capacity to perform the services as stated; • Areas in which the Bidder did well; • Areas in which the Bidder could have improved; • How well did/does Bidder do around: ○ Communication and Responsiveness; ○ Accuracy and completeness of Reporting; ○ Accuracy and completeness of Invoicing; ○ Client Satisfaction; ○ Compliance with program, legal, and/or funding requirements; ○ Staff retention; ○ Awareness and responsiveness to community needs; ○ Overall Satisfaction with Bidder on a scale of one to five; • Is/Was Bidder within their budget and meeting deadlines?	3
6. Bidder Experience, Ability and Plan	a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the **Clinical Understanding, Experience with Priority Population**.		(10) Section Subtotal

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	i. Clinical Understanding of the Priority Population Review	• How well does Bidder demonstrate clinical understanding of the following: ○ For Child/Youth FSP - Children and young adults with SED; ○ For all other FSPs - TAY, adults, older adults with SMI; ○ Developmental, age-related issues and their unique needs; ○ Risk factors such as poverty, food insecurity, housing scarcity, trauma, stigma, mistrust, community and domestic violence, child abuse/neglect, parental substance abuse and mental illness and homelessness that impact the delivery of mental health and community support services; ○ Cultural issues that affect the service delivery.	5

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	ii. Experience with Priority Population Review	• How well does Bidder demonstrate experience working with the priority population that takes into account: ○ For Child/Youth FSP – Working with children and young adults stepping down from psychiatric hospital or Crisis Stabilization Units who are not ready for intensive outpatient service only; ○ For Forensic FSP – Working with TAY and adults over 18 years old who are involved in the criminal justice system and who needs assistance with court dates to comply with legal requirements; ○ For Chronically Homeless FSP – Working with homeless individuals and helping them obtain and retain housing; ○ For all other FSPs - Working with TAY, adults and older adults stepping down from a psychiatric hospital, sub-acute, or crisis residential setting who are not ready for intensive case management service only; ○ Providing integrated care for the treatment of co-occurring disorders; ○ Housing, employment, public benefits and medical/primary care coordination; and ○ Engaging clients, and their families/caregivers and loved ones, who may not want to participate in voluntary services	5
	b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the **Service Delivery Approach**.		(16) Section subtotal
	EBPs and community practices	• How well matched is Bidder's plan to utilize EBPs and community-based practices?	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		○ How well does Bidder describe how Bidders will implement FSPs using the population-specific EBPs? ○ How well does Bidder describe how the use of EBPs and/or community practices will be well-matched with the priority population? How well does Bidder describe how the use of proposed EBPs and/or community practices will effectively reach out and engage clients through the stages of change and towards an increased readiness to participate in appropriate services?	
	Outreach and Service Engagement	• How well matched is Bidder plan for providing culturally responsive, welcoming, and trauma informed outreach and service engagement services? • How well does Bidder describe how the program will provide outreach and engagement to clients and sustain a voluntary, non-coercive approach? ○ How well matched are Bidders proposed community/best practices to engage clients through the stages of change and increase participation in services?	2
	Cultural Responsiveness, Welcoming & Trauma-informed	• How well does Bidder describe how cultural and/or linguistic needs of the clients be supported within the services with consideration to client's gender-specific needs? • How well does Bidder describe how services will be provided to clients, and their families/caregivers/loved ones in a welcoming environment? • How well matched are Bidder's strategies to ensure the safety and security of staff,	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		participants, family members and service partners at program site and any additional treatment sites? • How well does Bidder describe how aggressive behaviors will be managed?	
	ISSP and SPR	• How well does Bidder describe their plan for developing ISSP and designating SPR? • How well does Bidder describe how ISSP will be strengths-based and client-centered? How well does Bidder describe how ISSP will facilitate client recovery and wellness? • How well does Bidder describe how the SPR requirement will be met? How well does the Bidder describe how the FSP team will ensure that FSP enrollees are fully served?	2
	Full Spectrum of Services (Part I)	• How well matched is Bidders plan to provide a full spectrum of community services that will help clients meet their ISSP goals? • How appropriate are proposed strategies to provide outpatient services? • How well does Bidder describe addressing and monitoring clients' substance abuse, or the clients' parent/caregiver when the child FSP enrollee is impacted by the parent's substance abuse or co-occurring disorder?	2
	Full Spectrum of Services (Part II)	• How appropriate are Bidder's strategies to integrate parent/caregiver peer support services in FSPs? • How well does Bidder describe how developmentally appropriate support and education to clients and their families/caregivers will be provided?	2
	Full Spectrum of Services (Part III)	• How well does Bidder describe their plan for assisting clients with benefits establishment,	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		accessing health care, and providing support with housing services? • How well does Bidder describe their strategies for providing temporary goods? How well does Bidder demonstrate how these strategies will contribute to client's overall treatment success? • How well does Bidder describe how travel/ transportation for FSP clients will be provided? • How well does Bidder describe how clients who need Substitute Payee will be assisted?	
	"Whatever it takes"	• How well does Bidder demonstrate commitment to "Whatever it takes" philosophy? • How well matched is Bidder's plan for the use of flexible funds plan? How appropriate is Bidder's policy in managing flexible funds, including Bidder's plan to address consumer grievances around fund equity?	2
	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 **Organization Infrastructure**:		(12) Section subtotal
	Organization and Program Chart	• How well does Bidder demonstrate its overall agency structure and reporting structure? • How clearly does Bidder demonstrate where the program will reside within the agency?	2
	Cultural and Linguistic Responsiveness	• How well does Bidder demonstrate capacity for culturally, linguistically competent services with sensitivity to gender needs? • How well does Bidder demonstrate expertise in providing services to the ethnic, cultural, gender and sexual identity groups who might participate in the FSPs? • How well does Bidder demonstrate capacity to provide services in languages other than English? How well does Bidder demonstrate how program staff will reflect clients served?	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	Administrative Capacity	• How well does Bidder demonstrate how agency staffing resources will be included to meet program requirements? Staffing resources should include Management/ Executive staff, Quality Management staff, Human Resource staff, Data Management, and Computer and IT.	2
	Fiscal Management and Controls	• How well does Bidder demonstrate Fiscal Management and Controls? • How well matched is Bidder's plan for maximizing revenue while maintaining quality client care?	2
	Contract Compliance	• How realistic is Bidder's plan to ensure compliance with BHCS contracting requirements? • How well does Bidder demonstrate ability to meet BHCS contract compliance?	2
	Program Location and Hours	• How appropriate and accessible is Bidder's proposed service location? How well matched is Bidder's plan for staff coverage? • How well does Bidder describe their capacity to respond to clients 24/7 and plan for providing coverage to avert client crisis?	2
	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 **Planned Staffing**		(9) Section subtotal
	Planned Staffing (Part I)	• How well does Bidder's plan demonstrate effective hiring, training, supervision and retaining of staff? • How well matched is program's proposed supervision and oversight of program staff?	4
	Planned Staffing (Part II)	• How well does Bidder's describe plan for supporting and maintaining its prescriber, nurse, and peer staff & family partners?	5

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		• How well aligned is Bidder's proposed staff to client ratio according to the EBP requirements? • How well does Bidder describe plan for employee retention and how will strength-based skills and professional development be encouraged?	
	e. 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 **Forming Partnerships and Collaboration**		(10) Section subtotal
	Transition of Clients	• How well does Bidder demonstrate experience receiving clients transitioning from another service provider? If Bidder does not have experience transitioning clients from another service provider, how well matched is Bidder's plan for transitioning clients?	2
	New Client Referrals	• How well matched is Bidder's experience and plan for receiving new client referrals? • How well matched is Bidder's plan for referring clients needing mental health services that do not meet eligibility requirements?	2
	Whole Person Care Pilot	• How well does Bidder describe partnering with HCSA's Whole Person Care Pilot? How well does Bidder demonstrate how this partnership will enhance proposed FSP services?	2
	Partnership with the Jail, Courts, PES, ER, CSUs	• How well does Bidder describe experience and plan collaborating with the jail, courts, PES, ER and CSUs? o For Bidders applying to serve the forensic population, how well does Bidder demonstrate experience partnering with Behavioral Health Court to successfully support clients in meeting treatment goals and legal requirements? If agency does not have experience partnering with Behavioral Health Court,	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		how well matched is their proposal plan for partnering with the Behavioral Health Court to successfully support clients in meeting their treatment goals and legal requirements?	
	Letters of Support/MOUs	• How well does Bidder demonstrate experience working with community agencies? How well does Bidder describe how collaborating with community agencies will positively impact the clients enrolled in the proposed FSP? • How well does Bidder's letters of support and/or MOUs indicate strong partnership between providers and its likelihood for success?	2
	f. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under **Tracking Data and Outcomes**		(10) Section subtotal
	RBA Measures	• How appropriate and reasonable are Bidder's proposed RBA measures? • How well does Bidder ensure that the program will meet the impact measures listed under "How well did we do?"	3
	Tracking of Data	• How well matched and appropriate is Bidder's plan for tracking data? • How well matched is Bidder's plan to meet the County and the State requirements when requested? • How well does Bidder demonstrate how data will be used to improve service delivery, make mid-course corrections as needed and meet contract deliverables? • How well does Bidder describe data collection experience from prior program(s) that led to positive outcomes?	4
	Client/Family Satisfaction Surveys	• How well does Bidder plan for meeting the 50 percent return rate?	3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		• How well does Bidder demonstrate how client/family satisfaction surveys will be utilized in treatment planning and program improvement?	
7. Cost	The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how the Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.		(12) Section subtotal
	a. Cost Co-Efficient	• Low bid divided by low bid x 5 x weight = points *For example:* *$100,000 / $100,000 = 1 x 5 x 5 = 25 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	2
	b. Budget c. 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? • How well does Bidder "show the work"?	10
8. Implementation Schedule and Plan	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under **Implementation Plan and Schedule**		(8) Section subtotal
	a. Implementation Plan Review	• How detailed and specific is Bidder's response?	4

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		• How realistic does Bidder account for timeline to complete the following milestones: ○ Program Start-up including staff hiring, training, and supervision; ○ Enrollment Ramp-up; ○ Program Fill-up and full services; and ○ Program Evaluation? • How well does Bidder assign the implementation of the program in the first year?	
	b. Identification and Strategies for Mitigation of Risks and Barriers	• How detailed and specific is Bidder's response? • How thorough, thoughtful and realistic is Bidder's identification of challenges and barrier mitigation strategies? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder's strategies?	4
Exhibits	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
Oral Interview, if Applicable	Criteria are created with the CSC/Evaluation Panel.		10
Preference Points, if Applicable	SLEB		5%
	Local (not SLEB certified)		5%

H. EVALUATION AND ASSESSMENT

During the initial sixty (60) day period of any contract, which may be awarded to a successful Bidder ("Contractor"), the CSC and/or other persons designated by the County may meet with the Contractor to evaluate the performance and to identify any issues or potential problems.

The County reserves the right to determine, in its sole discretion, (a) whether Contractor has complied with all terms of this RFP and (b) whether any problems or potential problems are evidenced which make it unlikely (even with possible modifications) that the proposed program and services will meet the County requirements. If, as a result of such determination the County concludes that it is not satisfied with Contractor, Contractors' performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

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

I. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel shall be ranked in accordance with the RFP section II.G. of this RFP.

2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.

3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.

4. The County reserves the right to award to up to 11 unique Contractors.

5. The County has the right to decline to award a contract in whole or any part thereof for any reason.

6. BOS approval to award a contract is required.

7. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.

8. Final terms and conditions shall be negotiated with the Bidder recommended for award. The successful Bidder may request a copy of the Master Agreement template from the BHCS RFP contact. The template contains the agreement boilerplate language only.

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

J. PRICING

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

K. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.

2. Payment will be made within thirty (30) days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.

3. County shall notify Contractor of any adjustments required to invoice.

4. Invoices shall contain County purchase order (PO) number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.

5. Contractor shall utilize standardized invoice upon request.

6. Invoices shall only be issued by the Contractor who is awarded a contract.

7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

L. NOTICE OF AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process") for each population and the corresponding sub-categories, (1) Child/Youth, (2) TAY, (3) Adult, (4) Older Adult, (5) Chronically Homeless, and (6) Forensic, all Bidders shall be notified in writing by e-mail and certified mail, of the contract award recommendation(s), if any, by BHCS. The document providing this notification is the Notice of Intent to Recommend Award.

The Notice of Intent to Recommend Award shall provide the following information:

- The name of the Bidder being recommended for contract award; and
- The names of all other Bidders that submitted proposals.

At the conclusion of the RFP response evaluation process, debriefings for unsuccessful Bidders may be scheduled upon written request and shall be restricted to discussion of the unsuccessful Bidder's proposal.

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder;
- Debriefing may include review of the recommended/ successful Bidder's proposal with redactions as appropriate.

All submitted proposals shall be made available upon request no later than five (5) calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

M. TERM/TERMINATION/RENEWAL

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

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

3M	3-Month Assessment
ACCESS	Acute Crisis Care and Evaluation for System-wide Services. The point of contact for the Alameda County Behavioral Health Care Services-Behavioral Health Plan (BHP). Members of the BHP, their families and other individuals in the member's support system contact ACCESS to request referrals for behavioral health services.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
Adult Needs and Strengths Assessment (ANSA)	A multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
Assertive Community Treatment (ACT)	The collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.
BHCS (also ACBHCS)	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
Child Assessment of Needs and Strengths (CANS)	A multi-purpose tool developed for children's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
California Code of Regulation (CCR)	The official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act (APA).
Centralized Entry System (CES)	Means a centralized or coordinated process developed pursuant to 24 CFR Section 578.7(a)(8), as that section read on May 1, 2016, designed to coordinate program participant intake, assessment, and provision of referrals.
Code of Federal Regulations (CFR)	Compilation of administrative laws governing federal regulatory agency practice and procedures.
Central County	Includes cities of Hayward, San Leandro and San Lorenzo and the unincorporated areas of Ashland, Castro Valley, Cherryland
CLAS	Culturally and Linguistically Appropriate Services National Standards
Client/Consumer/Partner	The recipient of services; used interchangeably with consumer and Partner
Cognitive Behavioral Treatment (CBT)	A type of time-limited talking therapy that aims to help people look at the way they think and behave in order to better manage symptoms, problems and difficulties they are experiencing. The approach focuses on reducing distress and functional deficits associated with psychotic symptoms and helps individuals appraise their experiences in new, and more helpful, ways.

Community Collaboration	The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries
Community Service and Supports (CSS)	One of the main funding categories under MHSA
Contractor	When capitalized, shall refer to selected bidder that is awarded a contract
County	When capitalized, shall refer to the County of Alameda
CQRT	Clinical Quality Review Team
CSC	County Selection Committee or Evaluation Panel
CSU	Crisis Stabilization Unit
Culturally Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care
DHCS	Department of Health Care Services
East County	Includes the cities of Dublin, Livermore, Pleasanton and Sunol.
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 Service Partnership (FSP)	The collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.
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
IMD	Institution for Mental Disease
IPS-SE	Individual Placement and Support – Supported Employment
ISSP	Individualized Service and Supports Plan
KET	Key Event Tracking
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 waivered by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
Medi-Cal	California's Medicaid program, which provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services
MAA	Medi-Cal Administrative Activities

Medical Necessity	A service or treatment which is appropriate for a client's diagnosis, and which if not rendered, would adversely affect the patient's condition; Medi-Cal covers only medically necessary services
Mental Health Services	Individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency
Mental Health Services Act (MHSA)	Proposition 63, also known as the Mental Health Services Act was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved.
MHSIP	Mental Health Statistics Improvement Program client satisfaction survey
North County	The cities of Alameda, Albany, Berkeley, Emeryville, Oakland and Piedmont. For this RFP, the focus is on Alameda, Berkeley and sections of Oakland.
OIG	Office of the Inspector General
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
PAF	Partnership Assessment Form
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with bid
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Rate-based	A monthly reimbursement method for the contract period on either a set negotiated rate or provisional rate.
Request for Interest (RFI)	A procurement process used to inform interested Bidders of an upcoming RFP; can sometimes be used to solicit feedback to inform the scope of work in an RFP.
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
Results Based Accountability (RBA)	Also known as Outcomes-Based Accountability™ (OBA), is a disciplined way of thinking and taking action that communities can use to improve the lives of children, youth, families, adults and the community as a whole. RBA is also used by organizations to improve the performance of their programs or services. Developed by Mark Friedman and described in his book *Trying Hard is Not Good Enough*, RBA is being used throughout the United States, and in countries around the world, to produce measurable change in people's lives.
RNR	Risk-Needs-Responsivity
Serious Emotional Disturbance (SED)	Are a group of psychiatric disorders in children and adolescents which cause severe disturbances in behavior, thinking and feeling. Generally, children and adolescents have two to four diagnoses.

Serious Mental Illness (SMI)	BHCS defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to participants and patients under an agreement or contract with BHCS
South County	Includes the cities of Fremont, Newark and Union City
SPR	Single Point of Responsibility
State	Refers to State of California, its Departments and/or agencies.
TBS	Therapeutic Behavioral Services
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
T-MACT	Tools for Measurement of ACT
Transition Aged Youth (TAY)	For purposes of this RFP, refers to youth ages 18 through 24 years old.
Trauma Informed Care	An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.
Unserved or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.
W&IC	Welfare and Institutions Code
Wellness Recovery Action Planning (WRAP)	A personalized wellness and recovery system borne out of and rooted in the principle of self-determination. It helps people to decrease and prevent intrusive feelings and behaviors, increase personal empowerment, improve quality of life, and achieve their own life goals and dreams
WFI-EZ	Wraparound Fidelity Index-Short Form

B. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from your agency
Data Collection Provider Relations (800) 878-1313 Training Available upon Request and as needed	This is the first training that individuals and organizational representatives should attend to learn the flow of INSYST client service data. Data Collection training provides guidelines for client data collection and data entry. It is a critical component of a provider's contract with ACBHCS.	• INSYST System- Overview • Client Referrals • Verifying Client Eligibility- Overview • Client Registration • Client Episodes • Service Entry- Direct, Indirect, MAA, FSP etc. • Disallowed Claims System • CSI Information • Invoicing and Deadlines • INSYST Reports • Reference Information/Terms and Definitions	Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical
Medi-Cal Eligibility Verification Provider Relations (800) 878-1313 Training Available upon request and as needed	This training teaches the methods and process of verifying client's eligibility. It is the responsibility of the provider to determine Medi-Cal eligibility for all clients on a monthly basis.	• Terminology • How to Verify Medi-Cal Eligibility- Internet • How to Verify Medi-Cal Eligibility- AEVS • MMEF Process • Medi-Cal Claim Process • Error Correction Report • SOC Procedures • Provider Responsibilities and Expectations	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from your agency
INSYST Training Information Systems (510) 567-8181 Training is scheduled on an as needed basis To enroll in training complete a User Authorization Form available online at: www.acbhcs.org/providers/INSYST/INSYST.htm	This is a hands on training for learning how to navigate and input client information into the INSYST system.	• Navigating through INSYST • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical
Medi-Medi Documentation Trainings Quality Assurance (510) 567-8105 Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm	This training provides information on required clinical documentation and assists providers in their Compliance efforts.	• Clinical documentation • Coding • Timelines • Staffing	Management/ QA Staff, direct service staff, as determined by the Mental Health Plan
Clinical Quality Review Team (CQRT) Ongoing Training Quality Assurance (510) 567-8105 Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm	This training provides a year-long commitment for providers. The group meets once per month for three hours, to review charts for compliance with Medi-Medi Documentation Standards, best clinical practices, and to authorize services.	• Medical Necessity • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes	Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.

C. SETTING-UP SERVICES AT A NEW MENTAL HEALTH SITE

What are the steps involved in starting-up services at a new mental health program/site approved by BHCS?

** Providers should be informing their BHCS Contract Managers of a requested new site within their existing allocation at least 60-90 days prior to the anticipated start date of services at a new site via the Request for Program Change Request Form, which is available online at: http://www.acbhcs.org/providers/network/cbos.htm. New sites are subject to approval by BHCS, and services cannot start at an approved site until certain minimum requirements, such as fire clearance, are in place. Providers should contact their BHCS Contract Managers if there are any additional questions about what is needed for the start-up of mental health services for a specific new program/site approved by BHCS. **

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
1. Apply for any specialized permit, certification and/or licensure which is required for service delivery, outside of Medi-Cal Certification	• Specialized new programs/ sites, such as residential, crisis residential and/or outpatient services in a group home setting			Provider	• These are generally permits, certifications and/or licensure from other bodies, including but not limited to local jurisdictions, Community Care Licensing (CCL) and the Department of Health Care Services (DHCS) • The applications for these specialized permits, certifications and/or licensures can take some time (around six months for some), so it is helpful to plan for and submit these applications early in the process if they are a requirement for service delivery
2. Secure Fire Clearance and send to BHCS Network Office, and also to BHCS QA for programs which will be billing to Medi-Cal	• All new programs/sites which bill to Medi-Cal • Most other new programs/sites which provide direct onsite services to clients			Provider	• Timeline for scheduling fire clearance can vary by jurisdiction, but it can be several months • For school sites, specify that you are requesting fire clearance for an individual clinical space or classroom versus the whole school • At a given location, the fire clearance must specify all suite numbers, classrooms and addresses where service delivery will occur • A new fire clearance will generally be needed before moving to a new suite number or

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					classroom, even if it is within the same building or on the same school campus • When items are out of compliance, fire jurisdiction or fire inspection company may invoke a plan of correction and need to come back, extending the timeline • Fire clearance must be signed, dated, include the site address and meet local fire jurisdiction requirements to be valid - Fire clearance is different than a fire sprinkler check, and a fire sprinkler check will not suffice for the purposes of fire clearance • There is a nominal cost for fire clearance, generally between $80-100
3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to BHCS Network Office and QA	Providers which have no existing NPI at this site, and will be adding a new program/site which will enter services into a BHCS-approved data entry and claiming system			Provider	• Timeline can vary from 72 hours to 45 days • Applying electronically on the NPPES website (https://nppes.cms.hhs.gov/NPPES/Welcome.do) is recommended as this can sometimes be faster • Record and secure your NPPES username, password and security questions as this can be important in the future • Customer Service can reset your password if needed • More information available here: http://www.acbhcs.org/providers//npi/npi.htm • Providers should only apply for change of address for an existing NPI if all programs/RUs at one site are moving to a new site (i.e., a complete move)
4. Negotiate new or updated contract	All new programs/sites			• BHCS Network Office • Provider	• BHCS Network Office Contract Managers will work with internal BHCS partners to send draft Exhibit A Language for provider to respond to, and Budget Template for provider to complete

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					• Discussion and negotiation will need to occur for any areas where the expectations are unclear or where a difference of opinion exists in what a particular expectation should be • More information about standard Exhibits and contracting is available at: http://www.acbhcs.org/providers/network/cbos.htm
5. Complete training on programmatic and fiscal contractual requirements	Providers which have not had a similar type of contracted program with BHCS, or may benefit from additional training in this area			Provider	• Should generally occur prior to finalizing the contract, but timing can be later for some topics • Contact your BHCS Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; better understanding specific Exhibit A requirements; better understanding other standard programmatic, fiscal and operating requirements in contract Exhibits outside of the Exhibit A and Budget; etc.)
6. Contact BHCS QA for Site Certification Visit and collaborate with QA on any identified follow-up items	New programs/sites which will be billing to Medi-Cal			Provider	• Timeline can vary from 4-8 weeks • QA will not schedule site visit until they have received fire clearance; policies, procedures and other requested material; and site is operational or prepared to begin providing services • More information available here, under Item 16: Medi-Cal Site Certification: http://www.acbhcs.org/providers/QA/qa_manual.htm
7. Issuance of BHCS Site Certification Letter to Provider and BHCS Network Office	New programs/sites which will be billing to Medi-Cal			BHCS QA	• Timeline can vary from 2-8 weeks • For new sites, the timeline will depend on how long it takes for the California Department of Health Care Services (DHCS) to assign a Provider Number once BHCS Provider Relations requests the Provider Number from DHCS

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					• QA will not issue Site Certification Letter until they have NPI and confirmation that all corrective action items have been addressed
8. Request of new Reporting Unit (RU) or change of address to an existing RU[15]	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Network Office	• Timeline can vary from 14-45 days • Process cannot be initiated prior to receipt of the Medi-Cal Site Certification for new programs/sites which will be billing to Medi-Cal • Needs to be routed through multiple BHCS Units for approval and set-up
9. Notification of set-up of new RU or change of address to an existing RU	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Provider Relations	• Provider will receive email notification from BHCS Provider Relations • Provider should contact BHCS Network Office Fiscal Contract Manager for questions around assigned procedure codes which can be billed through new RU • Provider should contact BHCS QA for questions about appropriate use of assigned procedure codes for service delivery and documentation
10. Complete Initial Data Collection Training with BHCS Provider Relations	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	• Should occur just before the start of services • BHCS Provider Relations will contact the identified provider liaison to set-up • Prior to the training, BHCS Provider Relations will need the provider to submit a list of staff to be trained and the role of each of these staff within the larger process (i.e., supervisors, clinical managers, intake/registration staff, and data entry staff) • This will include information on a number of topics including how to collect initial data via

[15] A RU is a unique BHCS program identifier at a specific site used to enter services/billing data

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					paper forms and how to bill for other health insurance
11. Complete Clinical Documentation Training with BHCS QA	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	• Clinical documentation train-the-trainer trainings are offered throughout the year and are for providers lead QA staff and Executive Managers (at least two per organization) • Provider should check training schedule at http://www.acbhcs.org/providers/QA/Training.htm and be trained prior to providing services • More information available here: http://www.acbhcs.org/providers/QA/qa_manual.htm
12. Complete initial training on entering data into the electronic data entry and billing system with BHCS Information Systems (IS)	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	• This is set-up by BHCS after the required Initial Data Collection Training when the requests are submitted for BHCS system user authorization and staff identification numbers • More information available here: http://www.acbhcs.org/providers/Insyst/Insyst.htm • New program/site should have one week of service data to enter at the time of the training
13. Complete initial training on Medi-Cal eligibility with BHCS Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	• This should occur within 1-2 weeks after the required Initial Data Collection Training • This is set-up by BHCS after the required Initial Data Collection Training • This is also called the Health Information Technician (HIT) Training

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
14. Complete Medicare enrollment	New programs/sites which will be billing to Medi-Cal and serve adults over age 21 years and have not had experience in this area, or may benefit from additional training			Provider	• This should be completed within one month of the start of services • Enroll with Medicare at: https://www.cms.gov/ • Provider Relations plays point on this on behalf of BHCS • Submit 7P10 to BHCS Provider Relations to start this process
15. Complete training on billing to other health insurance from BHCS Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	• This should be completed within one month of the start of services • This is set-up by BHCS after the required Initial Data Collection Training
16. Participate in BHCS Continuous Quality Review Team (CQRT)/Authorization process	New providers or existing providers with new programs which will be billing to Medi-Cal			• Provider • BHCS QA	• Contact QA 1-2 months prior to start up for TA and to schedule first CQRT meeting • If new to documenting to Medi-Cal standard, providers participate in BHCS CQRT/Authorization process (approx. 3 hours monthly) for a minimum one-year period AND until provider demonstrates proficiency in clinical documentation and the authorization process • If provider has experience documenting to Medi-Cal standards, the BHCS QA Office, after an assessment, may excuse the provider from participating in BHCS' CQRT or may require participation until proficiency is demonstrated.

Who should I contact for questions/further information?

BHCS Unit	Topic	Who to Contact
IS	Entry of services into a BHCS-approved data entry and claiming system	Help desk, at: 510-567-8181 or HIS@acbhcs.org
Network Office	Contract Negotiation/Contracting/Set-Up of New RUs	Assigned Contract Managers, specified online at: http://www.acbhcs.org/providers/network/docs/Contract_Management_Teams_List.pdf
Provider Relations	Initial Data Collection Training/Medi-Cal Eligibility/Medicare Enrollment/ Billing to Other Health Insurance	Contact main number, at 1-800-878-1313 to be routed appropriately
QA	Fire Clearance/Site Certification	QA Site Certification Team, at: SiteCertification@acgov.org
	Other QA/Documentation Questions	Assigned TA Contact, specified online at: http://www.acbhcs.org/providers/QA/QA.htm

D. MEDICAL NECESSITY FOR SPECIALTY MENTAL HEALTH SERVICES

STATE DEPARTMENT OF MENTAL HEALTH MEDI-CAL MANAGED CARE

Medical Necessity for Specialty Mental Health Services
that are the Responsibility of the Mental Health Plan

Must have all, A, B, and C:

A. Diagnoses

Must have one of the following DSM IV diagnoses, which will be the focus of the intervention being provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorder which excluded.
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia & Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders

A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Autistic Disorder (Other Pervasive Developmental Disorders are included.)
- Tic Disorders
- Delirium, Dementia and Amnestic and other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions, including V-codes, that may be a focus of Clinical Attention (Except medication induced movement disorders which are included.)

B. Impairment Criteria

Must have one of the following as a result of the mental disorder(s) identified in the diagnostic (A") criteria:
Must have one, 1, 2, or 3:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHCS EPSDT regulations also apply).

C. Intervention Related Criteria

Must have all, 1, 2, and 3 below:

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above, and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), and
3. The condition would be responsive to physical healthcare based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty MH treatment goals.

E. ACBHCS SED CRITERIA

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
ACCESS PROGRAM

Criteria for determining Level 1 Children's service need:

Must have all A, B, and C:

A. Diagnoses:
The reported symptoms must give reasonable suspicion that at least one of the following DSM-IV diagnoses is likely:

- Schizophrenia or other psychotic disorder
- Major depressive disorder
- Bipolar disorder
- Anxiety disorder
- Reactive Attachment disorder
- Oppositional Defiant disorder
- Pervasive developmental disorder (excluding Autistic disorder)
- Impulse Control disorder
- A combination of diagnostic conditions that makes treatment extraordinarily complicated

B. The child meets criteria in at least one of the following areas (1 or 2):

1. As a result of a mental disorder* the child has severe impairment in at least two of the following life-skill areas:
    - Self-Care
    - School functioning or social relationships
    - Family relationships
    - Ability to function in the community

2. The child displays psychotic features, sever or chronic risk of suicide/danger to self or serious violence/danger to others due to a mental disorder*.

C. As a result of the mental disorder*, there is a need for a multi-disciplinary treatment team, case management & formal service coordination, or multi-system involvement.

*"Mental" disorder is defined by symptoms which meet medical necessity criteria for Specialty Mental Health services per the State Dept. of Health Care Services Medi-Cal managed care.

F. HOUSING NAVIGATOR – CORE TASKS CHECKLIST

Housing Navigator – Core Tasks Checklist

Outreach and Engagement

- ☐ Provide primarily field-based rather than office-based work for clients that may move among various programs and locations.
- ☐ Respond to client's priority felt needs or emergency situations – food, health, income, transportation, etc.
- ☐ Link clients with interim or bridge housing resources as desired and available.

Partnership Development

- ☐ Develop rapport and build an ongoing relationship with clients via regular and consistent contact.
- ☐ Establish communication links with and for clients – phone/cell phone, mailing address, e-mail, meeting locations, social support contacts.
- ☐ Help clients link with *clinical care management* and other service resources as needed and desired.
- ☐ Provide psychological/emotional preparation and support for clients around obtaining housing - realistic expectations of wait times, realistic expectations of housing options within budget, benefits and challenges of living with others, remaining hopeful, addressing fears/ambivalence of being housed, addressing unhealthy coping skills/street behavior that could disrupt housing, tenant obligations, conflict resolution preparation.

Core Housing Preparation Work

- ☐ Assess and begin to address client housing histories and barriers – positive references, credit history, rental history and prior evictions, criminal history, registered sex offender status, outstanding debts, outstanding warrants. Use housing history to inform preparation work, complete early to avoid surprises.
- ☐ Get to know members or potential members of the client's household including pets and companion animals.
- ☐ Assess for potential to reconnect with family/friends for housing.
- ☐ Assess eligibility for permanent housing resources – deposit/move-in financial assistance, rapid re-housing, affordable housing, and permanent supportive housing.
- ☐ Assess the client's financial and resource situation and potential budget for housing – help with income and benefits acquisition, develop plan to help fund move-in costs.
- ☐ Help clients create tenant resumes – key information to use on housing applications.

Getting Housing

- ☐ Help clients identify and pursue other potential housing opportunities besides permanent supportive and affordable housing.
- ☐ Help clients tour neighborhoods and properties – address rejections as part of reality testing – "at least look at the place, you don't have to take it"; provide options and discuss trade-offs.
- ☐ Help clients complete and submit required housing applications and other materials, including housing navigator and/or other support person(s) on applications as a contact. Include release of information. Include advocacy/support letters with initial application.
- ☐ Help clients complete housing program or site specific paperwork to obtain particular units or subsidies.
- ☐ Assist clients with obtaining the resources necessary to apply for and move-in to housing (application fees, security deposits, first month rent, moving service, furnishings, bedding, etc.).
- ☐ Support clients in preparing for housing interviews or other meetings that impact their ability to obtain permanent housing.
- ☐ Assist clients in responding to rejections; help request reasonable accommodations or appeals when appropriate.
- ☐ Utilize information and housing specialist(s) to find landlords that will accept housing subsidies for clients approved for voucher or tenant-based housing subsidy programs.
- ☐ Assist clients with move-in to new unit and with transitioning support to permanent supportive housing service provider(s) and/or other resources.

Moving-In and Transitioning (average of 6 months of support)

- ☐ Complete unit inspection and document any damage or issues prior to move-in.
- ☐ Review key elements of rental agreement and expectations to ensure understanding. Review any subsidy agreement as well, if needed.
- ☐ Establish utilities for the housing unit. Apply for low-income assistance utility programs. *(See Resource Guide)*
- ☐ Assist with obtaining furniture, fixtures, and other move-in needs (*See First Apartment Checklist*).
- ☐ Update address with key agencies and contacts including the post office, health insurance, public benefits, and service providers.
- ☐ Establish method for ensuring rent payments made on time.
- ☐ Develop a housing crisis response plan outlining plans if challenges arise that may jeopardize housing stability including key emergency contacts for service and housing-related issues (*Examples – WRAP plan or Housing Advance Directive).* Possible housing challenges include – mental health/substance use relapse, health and cognitive issues impacting ADLs/IADLs, non-payment of rent, conflicts with neighbors or landlord, IADLs/ADLs, unauthorized guests, hoarding/cluttering, smoking and fire hazards, plumbing/flooding issues.
- ☐ Transition ongoing supports to appropriate service providers and natural supports using a critical time intervention model.
- ☐ Review ability of clients to manage activities of daily living (ADLs) and instrumental activities of daily living (IADLs). (*See ADLs/IADLs checklist*).

- Help address any challenges with independent living. Consider need for In-Home Supportive Services (IHSS). Support IHSS application and worker selection process if needed.
- Help develop skills relevant to living with others in residential community – conflict resolution, communication skills, raising concerns with neighbors and landlords, etc.
- Assist with helping individuals create a sense of home – personalization, inviting guests, art work, etc.

Consider – 15-25 active clients for each 1.0 FTE housing navigator

G. PRIOR CONTRACT YEAR PERFORMANCE

Instructions to Bidders: Please include the following information regarding either your current FSP contract or the most similar to FSP, if not currently contracted to provide FSP. If using a similar FSP program, it should be the same program that is listed under Bidder experience in your bid submission.

BHCS reserves the right to confirm accuracy of submitted information with the BHCS Network Office (Contracts Unit) and BHCS Finance Unit for any existing BHCS-contracted FSP program. For any other County FSP contracts, BHCS will confirm accuracy from that County contract and finance staff.

Contract Information

County Contracted to Provide FSP or a similar program:

Name of FSP or a similar program:
Population Served:
Contract Manager Information:
Contact Name:
Phone Number:
E-mail:

Contract Deliverable

Indicator	**FY 2016-2017**			**FY 2015-2016**		
	Contracted	Actual		Contracted	Actual	
	#	**#**	**%**	**#**	**#**	**%**
% of clients served						
% of utilization (based on number of units -in hours)						
• Outpatient services (including Mental Health, Case Management/Brokerage, Crisis Support)						
• Medication Support						