



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) R18-05
SPECIFICATIONS, TERMS & CONDITIONS
FOR
AFRICAN AMERICAN REENTRY MENTAL HEALTH PROGRAM**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Tuesday October 2, 2018	2:00 pm – 3:30 pm	Fremont Family Resource Center 39155 Liberty Street, Fremont Building EFGH, Pacific Room, Suite H800
Wednesday October 3, 2018	9:30 am – 11:00 am	Alameda County Behavioral Health Care Services 1900 Embarcadero Cove, Oakland Suite 101 – Brooklyn Basin

PROPOSALS DUE
by 2:00 pm on Tuesday October 30, 2018
to
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date and time will NOT be accepted
Contact: Rachel Garcia
Email: Rachel.Garcia2@acgov.org Phone: 510-383-1744

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter BHCS or County) to seek proposals for the provision of mental health services to African American adults with severe mental illness (SMI) who have been arrested or charged with a crime, released from jail or prison, on probation, and/or discharged from parole with release. Program services shall focus on the North¹ and Central² regions of the County.

BHCS intends to award one contract to the Bidder selected as the most responsible bidder whose response conforms to the Request for Proposal (RFP) and meets the County requirements. At this time, BHCS has allocated **\$313,481** per contract year for this ongoing program through Mental Health Services Act (MHSA) Community Support Services (CSS) funding.

The contract that results from this RFP process will be prorated for the fiscal year at the contract start date. Program reimbursement will be based on actual costs during the first and second fiscal years of the contract. Program reimbursement may be based on a fee-for-service model in subsequent years after completion of required BHCS trainings in order to successfully bill for Short-Doyle Medi-Cal. BHCS encourages agencies not currently billing for specialty mental health services in Alameda County to submit proposals and will provide technical support to any provider awarded this contract on Medi-Cal claiming requirements.

Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. **BHCS reserves the right to dissolve a contract if/when awarded Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.**

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to, renew any awarded contract. Any renewal of an awarded contract 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 North County includes Alameda, Albany, Berkeley, Emeryville, Oakland and Piedmont.

² Central County includes unincorporated areas of Ashland, Castro Valley, Cherryland, and Cities of Hayward, San Leandro and San Lorenzo.

B. BACKGROUND

To better serve Alameda County's African American communities, BHCS collaborated with various community groups and leaders to develop an African American Utilization Report³ in 2011. The report made recommendations for system transformation to effectively serve the African American population in Alameda County. As a result, BHCS' MHSA Plan directed two million dollars in annual funding, one million from Prevention and Early Intervention (PEI) funding and one million from CSS funding, to provide ongoing mental health prevention and treatment services to the African American community.

A multidisciplinary African American Steering Committee for Health and Wellness was formed in 2015, consisting of community members and leaders, to recommend specific strategies and services to be implemented using MHSA funding. The Committee provided input on culturally responsive services needed in the community and put forth recommendations which provided a guide in the development of various mental health service programs for African American populations.

BHCS released a Request for Information (RFI) in November 2017 to solicit feedback on various program areas to identify prioritization of programs. As part of the RFI process, BHCS conducted community input sessions with providers, Community Based Organizations (CBOs), community members, consumers, and family members of consumers to gather information. Data and information collected affirmed the need to provide mental health services to the reentry population.

BHCS data demonstrates that adults with a history of involvement in the criminal justice system are underserved compared to youth. This program has been designed to fill a gap in services available to adults with a history of involvement in the criminal justice system who may not be eligible for existing BHCS contracted reentry services if they are not formally supervised by community corrections such as probation or parole. In order to expand Alameda County's provider network to new providers, BHCS is opening up this RFP process to agencies not already billing for specialty mental health services in Alameda County and encourages bids from providers in the African-American community.

C. SCOPE/PURPOSE

The overarching goal of the African American Reentry Mental Health Program is to reduce recidivism through the provision of culturally affirming mental health and support services to African American adults with SMI in North and Central County who have a history of involvement in the criminal justice system. Services will be provided to accomplish the following goals:

- Address stressors impacting clients in order to enhance their mental and emotional well-being;

³[African American Utilization Report](#)

- Connect clients immediately to essential needs;
- Connect clients with short- and long-term support services; and
- Reduce hospitalization, incarceration, and other emergency events.

BHCS will contract with one agency to provide the following services to the priority population:

- Mental Health Services
- Case Management/ Brokerage
- Crisis Intervention

The awarded Contractor must maintain a minimum client caseload of 20 clients at any point in time. The awarded Contractor will provide services to a minimum of 30 clients annually.

To support program sustainability and growth, BHCS expects the awarded contractor to bill for specialty mental health services starting no later than the beginning of Fiscal Year (FY) 2020-2021. The awarded contractor will be expected to begin building capacity and meet requirements to bill for specialty mental health services during the first two years of program implementation, as outlined in Appendix B and C.

D. BIDDER MINIMUM QUALIFICATIONS

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

- Have at least two years of experience providing services to reentry populations;
- Have at least one year of experience providing case management and/or support services to adults with SMI; and
- Demonstrated experience providing services that are culturally congruent to African American populations in Alameda County⁴.

Proposals that exceed the contract maximum amount 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.

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

⁴ Bidders may include information on clients served, culturally affirming practices or community defined approaches in use, number of years working with populations, relevant trainings completed, agency staffing that reflects the community served, and/or other information to demonstrate experience.

E. SPECIFIC REQUIREMENTS

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

- Provision of services that are age appropriate, trauma-informed, culturally responsive and strength-based to address the needs of the priority population;
 - Services should be designed, implemented and promoted using strategies that are non-stigmatizing and non-discriminatory;
- Recruitment, hiring and retention of culturally congruent and qualified staff;
- Have on staff or hire a Licensed Practitioner of the Healing Arts (LPHA) by program start date, who will be responsible for establishing Medical Necessity as outlined in Appendix E;
- Utilize Evidence Based Practices (EBPs), best practices, and/or community defined approaches demonstrated to address the needs of the priority population;
 - This may include Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI);
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system (currently InSYST and Clinician's Gateway);
- Complete trainings required to access County's electronic information management and claiming system;
 - Complete other trainings as required or requested by the County as outlined in Appendix C and D;
- Build capacity to bill for specialty mental health services through participation in and completion of BHCS Quality Assurance (QA) trainings⁵ starting in the first year of the program;
- Complete all steps required to start a new mental health program as outlined in Appendix D; and
- Bill for specialty mental health services no later than the start of FY 2020/2021.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Clinical Understanding and Experience with Priority Population Needs

The priority population for this RFP includes adults, 18 and over, with SMI who identify as African American and have a history of involvement in the criminal justice system. For the purpose of this RFP, involvement with the criminal justice system is defined as adults who have been arrested or charged with a crime, released from jail or prison, on probation, and/or discharged from parole. Individuals must meet medical necessity for specialty mental health services per Appendix E. The priority population may include individuals

⁵ BHCS Quality Assurance Trainings and Schedule <http://www.acbhcs.org/providers/QA/training.htm>
Please reference documents in Appendix B and C for more information on QA training requirements. Please note, there are no costs to Contractors for participating in BHCS QA trainings.

previously engaged in mental health crisis, residential, and/or outpatient services. However, clients shall not be currently active or engaged in a BHCS funded case management program⁶. County data demonstrates a high number of potential clients in the North and Central regions of the county, therefore program services shall focus on serving clients in the North and Central regions of the County.

The reentry population is at a higher risk of experiencing homelessness, recidivism, substance use, trauma, unemployment, poverty, and stigma/discrimination due to criminal justice status, family separation, and a history of violence.

Successful Bidders will demonstrate knowledge, experience, and understanding of the needs, issues and challenges faced by this priority population. Bidders should identify strategies to address barriers faced by clients and demonstrate experience in supporting clients in their treatment and rehabilitation.

Bidders shall describe in their proposals how they have the cultural responsiveness capacity required to successfully serve the priority population. Cultural humility and cultural congruency spans not just race/ethnicity. It also includes an understanding of and ability to reflect clients' shared experience, existing and emerging community strengths, and the unique experiences of community members of gender and sexual orientation, age, exposure to trauma, mental health status, socio-economic status, and other risk and protective factors.

2. *Service Delivery Approach*

The awarded Contractor will provide mental health services to support clients in meeting their treatment goals and connecting with services needed to achieve stabilization and prevent recidivism.

The successful Bidder will conduct outreach to recruit clients into services. The awarded Contractor may also receive referrals from ACCESS, Alameda County Probation Department (ACPD), CBOs, law enforcement, and other BHCS programs. Bidders may also propose additional agencies or sources for referrals. Bidders shall propose their strategies for outreach and engaging clients, as well as how they will connect with potential clients received from referrals.

To support clients in meeting their treatment goals, the awarded Contractor will provide the following services to clients as appropriate:

- Conduct client assessments in Clinician's Gateway and collaboratively work with clients in treatment plan development;
- Crisis intervention, mental health rehabilitation, and case management as needed;

⁶ Exceptions may be made on a case by case basis with approval from BHCS.

- Assist clients in obtaining essential needs such as food, clothing, hygiene, shelter, benefits assistance, and medication;
- Connect clients to support services and resources including Substance Use Disorder treatment, life skills and/or financial skills development or support, housing assistance, transportation, legal services, employment support, education/ vocational services, and pro-social support systems (family, community groups, faith based organizations, etc.);
- Link clients with health care services including health education, primary care medical provider, dental services, and other health services;
- Support clients in obtaining eligible public benefits such as Medi-Cal, Supplemental Security Insurance (SSI)/Social Security Disability Income, CalFRESH, General Assistance, and Veterans Administration benefits; and
- Discharge planning to transition clients to more appropriate level of care and/or services.

Services shall be provided to individuals for six to nine months, and shall not exceed twelve months. In order to meet clients where they are at, the awarded Contractor shall provide services in a combination of field based and office based settings. Services should be centrally located, ideally co-located with other services. Bidders shall propose service location/s and provision of transportation support as needed.

Services may be provided in individual and/or group settings. Bidders shall propose how services will be delivered to clients. Services shall be culturally congruent and provided in welcoming and healing environments. Bidders may also propose ways to engage family members, loved ones, and/or key people in client's lives when it is deemed beneficial to achieving their treatment goals. Bidders will be evaluated based on the description of services, including how well the proposed practices meet the needs of the priority population and the Bidder's experience in implementing such practices.

3. *Planned Staffing and Organizational Infrastructure*

Bidders shall include a staffing structure that is well matched to program services. Bidders shall demonstrate how their current and planned organizational infrastructure will successfully implement the required activities.

At a minimum, bidders shall include the following full time employees (FTE) in their proposed staffing plan:

- Licensed Practitioner of the Healing Arts⁷ (LPHA) (at least 1.0 FTE)
- Peer Specialist (at least 1.0 FTE)

⁷ For the sake of this RFP, a Licensed Professional Clinical Counselor (LPCC-F) does not meet LPHA requirements for billing and supervision purposes.

Bidders may propose additional program staff, as appropriate, to provide program services, to account for potential gaps in staffing, and to support and/or supervise program staff.

The LPHA will conduct clinical assessments, work with clients to develop a treatment plan, and provide mental health services including crisis intervention, and therapy as needed. In addition, the LPHA will supervise the Peer Specialist's services that are billable for specialty mental health.

The Peer Specialist must have lived experience in the criminal justice system or be impacted by the system which may include former incarceration, arrests, or supervised and/or have an incarcerated or formerly incarcerated family member. The Peer Specialist shall serve as case manager and peer navigator and will be expected to provide services that are billable for specialty mental health. Bidders shall include in their program plan a staffing structure that reflects the priority population.

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

- Plan for hiring, training, and supporting program staff;
- Plan for providing appropriate and regular clinical supervision to program staff;
- Organizational capacity to support clients during their recovery to meet their treatment goals and link to ongoing services;
- Organizational capacity to track and enter data into the County's electronic information management and claiming system (currently InSYST and Clinician's Gateway); and
- Organizational capacity or plan to build organizational capacity to meet Medi-Cal billing, clinical, and quality assurance requirements.

BHCS expects the awarded Contractor to bill for specialty mental health services by FY 20/21. The awarded Contractor, upon approval from BHCS, may use revenue from billing to add program staff to increase capacity to see more clients and/or provide additional services. Bidders shall demonstrate capacity or provide a plan for building appropriate capacity to meet the billing requirements.

Bidders will be evaluated based on their description of their staffing plan and organizational capacity to provide services. Bidders must also 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.

4. Forming Partnerships and Collaboration

The awarded Contractor shall work with ACCESS, ACPD, CBOs, faith-based organizations, courts, law enforcement, and other BHCS programs. The awarded Contractor must also establish relationships with health care providers, housing resources, public assistance agencies, and employment resources to support clients in successfully linking with services needed. The awarded Contractor will need to establish strong systems of collaboration with referring agencies.

To strengthen service linkages, the awarded Contractor will use existing partnerships and identify additional collaborative partnerships. Bidders will propose their plan for building on existing partnerships and establishing new relationships to support clients in meeting their needs. Bidders should demonstrate experience working with other service providers and agencies to support clients in linking with necessary services.

5. Ability to Track Data

The awarded Contractor shall track the following data and deliverables for the purpose of reporting and for continuous quality improvement.

It is BHCS' expectation that the awarded Contractor will maintain a client caseload of at least 20 clients at any one time with a target caseload of at least 30 clients annually.

The awarded Contractor shall track data to regularly report on program measures and outcomes. The awarded Contractor will track and report on the following measures:

- Referrals to services including type of service and if client successfully linked with service/s; and
- Number of clients who receive housing.

In addition, the awarded Contractor shall meet the following outcomes annually, which will be tracked through BHCS data sources:

- At least 60 percent of clients have a reduction in admissions to jail;
- At least 60 percent of clients have a reduction in admissions to Psychiatric Emergency Services (PES);
- At least 60 percent of clients eligible for General Assistance, CalWORKs, CalFRESH, and/or Medi-Cal shall obtain these support/s within two months of their case being opened;
- At least 80 percent of clients eligible for General Assistance, CalWORKs, CalFRESH, and/or Medi-Cal shall obtain these support/s within four months of their case being opened;
 - At least 80 percent of clients will receive two or more mental health services and/or case management services per month;

- At least 75 percent of eligible disabled clients without SSI will meet with an SSI advocate within 60 days of referral to program; and
 - At least 80 percent of clients admitted to the program are retained for at least two months or are transitioned to more appropriate programs.

BHCS may support the awarded Contractor in tracking the outcomes data, however the awarded Contractor is expected to meet the above outcomes. Bidders may propose different benchmarks for outcomes and provide rationale for requested benchmarks.

The awarded Contractor will conduct annual program evaluations and report results to BHCS using a BHCS-approved template. BHCS reserves the right to determine and to evaluate program measures and outcomes and work with the awarded Contractor to alter their program and outcome measures in subsequent years.

Bidders will be evaluated based on their plan for meeting program outcomes as well as their ability to track client progress.

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:

Rachel Garcia
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: Rachel.Garcia2@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Friday, September 21, 2018	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Tuesday October 2, 2018	2:00 pm – 3:30 pm 39155 Liberty Street, Fremont Building EFGH, Pacific Room, Suite H800
2 nd Bidders' Conference	Wednesday October 3, 2018	9:30 am – 11:00 am 1900 Embarcadero Cove, Oakland Suite 101 – Brooklyn Basin
Addendum Issued	Wednesday October 10, 2018	
Proposals Due	Tuesday October 30, 2018 by 2:00 pm	
Review/Evaluation Period	October 30, 2018 – December 5, 2018	
Oral Interviews (as needed)	Wednesday, December 5, 2018	
Award Recommendation Letters Issued	Wednesday, December 12, 2018	
Board Agenda Date	February 2019	
Contract Start Date	March 1, 2019	

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: 621420.

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. Proposals shall include:
 - a. One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the binder);
 - The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.
 - b. Seven copies of proposal. Copies must be unbound without a three-ring binder.
 - c. Enclosed with the hard copy include, a USB flash drive clearly marked with the Bidder and RFP name with the following saved on it:
 - An electronic copy of the proposal, saved with Bidder's name;
 - An electronic Excel copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

The County requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.⁸

Bidders shall ensure that proposals are:

- Single spaced
- 11-point Arial font
- No more than **27** pages excluding Exhibits and Attachments
- Maximum 1 inch margins

3. **The County will not consider telegraphic, electronic or facsimile proposals.**
4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
5. Submitted proposals shall be valid for a minimum period of eighteen months.
6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
7. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part

⁸ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of "trade secrets" protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).

8. All other information regarding proposals shall be held as confidential until such time as the CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to recommend award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to recommend award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
9. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.
10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.
11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.

13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the provided MS Word Template to complete and submit your proposals. The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a **total page maximum of twenty-seven (27)**. Page maximum does not include any Exhibit's, SLEB Partnering Sheet, Letter of Authorized Alternate Designee (as needed), Attachments, and the two tabs of the Budget Template. **Bidders are strongly encouraged to review Appendix F Bid Submission Checklist in order to submit a complete proposal package.**

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 recommended page maximums per section are contained in Table 1.
Proposal shall not exceed 27 pages excluding Exhibits and Attachments.

Table 1

Section	Instructions	Recommended Page Max.
1. TITLE PAGE	<p>Use the MS Word Template to complete and submit the following information:</p> <ul style="list-style-type: none"> • Bidder Organization Name; • Bidder Organization’s Headquarter Address; • Name of Executive Director or Equivalent including title, phone number, and email; and • Name of Contact Person including title, phone number, and email. 	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Review, complete, and submit the requested information included as Attachment 1: Exhibit A Bidder Information and Acceptance form with your bid.	N/A
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use MS Word to complete and submit a synopsis of the highlights and benefits of the proposal, including program name, total funding request, proposed location/s of services, and staffing overview.	1
4. BIDDER MINIMUM QUALIFICATIONS	<p>Use MS Word to describe and demonstrate how Bidder meets all of the following criteria:</p> <ul style="list-style-type: none"> • Have at least two years of experience providing services to reentry populations; • Have at least one year of experience providing case management and/or support services to adults with SMI; and • Demonstrate experience providing services that are culturally congruent to African American populations in Alameda County. 	2
5. BIDDER REFERENCES	<p>References Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.</p>	2

Section	Instructions	Recommended Page Max.
	<p>The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p> <p>Do not include BHCS staff as references. Provide a list of <u>six</u> total references – three current and three former, please provide the following;</p> <ul style="list-style-type: none"> • Company Name • Reference Name • Contact info, including address, phone number, and E-mail address • Services Provided/Date(s) of Service 	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	<p>a. Describe, in detail, Bidder's Clinical Understanding and Experience with the Priority Population, including:</p>	(4)
	<p>i. Demonstrate Bidder's clinical understanding of the priority population, including:</p> <ol style="list-style-type: none"> 1. Strengths and protective factors; 2. Risk factors and barriers; 3. Identification of potential services needed including practices that are culturally congruent; 4. Internal and external stigma; and 5. Challenges with accessing and engaging in mental health services. 	2
	<p>ii. Describe Bidder's experience working with the priority population addressed in this RFP, including:</p> <ol style="list-style-type: none"> 1. Demonstrate experience engaging African American adults with a history of involvement in the criminal justice system in services; 2. Successful strategies to address barriers faced by clients; 3. Experience providing mental health services and/or supporting clients in their treatment and rehabilitation; and 4. Experience identifying and building on existing client protective factors. 	2

Section	Instructions	Recommended Page Max.
	b. Describe in detail, Bidder’s Service Delivery Approach, including:	(7)
	i. Describe Bidder’s plan to outreach and recruit clients, including: <ol style="list-style-type: none"> 1. Specific outreach strategies to be utilized and previous successes in outreach; and 2. Process to receive referrals and follow up with potential clients, including agencies or sources of referrals, and proposed turnaround time from referral to follow up. 	1
	ii. Describe Bidder’s plan to provide mental health services to the priority population, including: <ol style="list-style-type: none"> 1. Proposed strategies to engage clients and maintain client engagement in services. Including proposed strategies to address barriers faced by clients and build on client protective factors; 2. In addition to BHCS mandated assessment tools, what, if any additional tools will be used for assessments and treatment planning; 3. Plan for providing crisis intervention, mental health rehabilitation, and other mental health services as needed to clients; 4. Proposed EBPs, best practices, and/or community-defined approaches to be used and rationale for use; and 5. Proposed services location/s with hours and/or settings and plan to support clients with accessing program services as needed. 	2
	iii. Describe Bidder’s plan to provide case management and support services to the priority population, including: <ol style="list-style-type: none"> 1. Strategies to assist clients in obtaining essential needs, including identifying potential needs; 2. Identification of potential support and health care services clients may need to be connected with and proposed strategies for connecting clients with support services and resources; 3. Proposed strategies to assess clients for eligible benefits and plan to link clients with benefits; 	2

Section	Instructions	Recommended Page Max.
	<ol style="list-style-type: none"> 4. Proposed strategies for discharge planning and transitioning clients to more appropriate level of care and/or services; and 5. Proposed strategies to maintain a client caseload of at least 20 clients at any given time. 	
	<p>iv. Describe how services will be culturally congruent, including:</p> <ol style="list-style-type: none"> 1. Determining practices that are culturally congruent; 2. The design of welcoming and healing environments in which to deliver services; 3. Proposed strategies to engage client’s family members, loved ones or key people in client’s lives in client’s treatment; 4. Previous successes in providing services that are culturally congruent to priority population or similar population/s; and 5. Demographic data on consumers served (include as Attachment 1). 	2
6. BIDDER EXPERIENCE, ABILITY AND PLAN	<p>c. Describe, in detail, Bidder’s Planned Staffing and Organization Infrastructure, including:</p>	(3)
	<p>i. Roles and responsibilities of program staff, including:</p> <ol style="list-style-type: none"> 1. Plan for program staffing including staff positions, staff education and/or experience, roles, responsibilities, and supervision structure. As well as tasks necessary to provide program services and how they will be assigned to staff; 2. Plan for hiring, training, supervising, and retaining staff. Including how staff will reflect the priority population; 3. Plan for supervision and oversight of proposed program components, including specialty mental health services delivery; 4. Plan for ensuring licensed clinical supervision for program staff including peer specialist and LPHA. Including plan for ensuring a licensed staff member is available to provide and oversee specialty mental health services for clients; 5. Plan for training, supervising, and supporting Peer Specialist including how Peer Specialist will provide services that are billable to specialty mental health services; and 6. Describe how staff will reflect the priority population. 	2

Section	Instructions	Recommended Page Max.
	<p>ii. Bidder’s planned organizational infrastructure, including:</p> <ol style="list-style-type: none"> 1. Description of how program services will be integrated into Bidder’s existing organizational structure and services. Include organizational chart (include as Attachment 2A) and proposed program chart that illustrates where the program will sit within the organization (include as Attachment 2B); 2. Experience with and/or capacity to provide program services; 3. Organizational experience or proposed plan to build organizational capacity to utilize County’s electronic information management and claiming systems (InSYST and Clinician’s Gateway); and 4. Organizational experience or proposed plan to build organizational capacity to meet Medi-Cal billing, clinical, and quality assurance requirements. 	1
	<p>d. Describe, in detail, Bidder’s experience in Forming Partnerships and Collaboration, including:</p>	(1)
	<ol style="list-style-type: none"> i. Proposed programs, services, CBO’s, and providers Bidder intends to collaborate or work with to provide program services; ii. Experience in collaborating with programs, services, CBO’s and providers. Provide examples of experience. What were the results of these collaborative efforts? Include existing program partnerships and collaborations. 	1
	<p>e. Describe, in detail, Bidder’s Experience and Plan to Track Data and Deliverables, including Bidder’s plan for collecting data specified in this RFP, including:</p>	(2)
	<ol style="list-style-type: none"> i. Experience with data collection, tracking, and reporting including data tracking tools or systems. Include examples of how data and outcomes information has been used for quality and performance improvement. Provide an example of a data reporting and/or tracking tool (include as Attachment 3); ii. Plan for monitoring program measures and outcomes. If Bidder is proposing benchmark measures different from those included in RFP, provide rationale; and 	2

Section	Instructions	Recommended Page Max.
	iii. Plan for tracking and reporting on referrals to services including types of services and successful linkage, as well as number of clients who receive housing.	
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 BUDGET WORKBOOK (saved in MS Excel). See Budget Instructions tab . Complete and submit all worksheets in the Workbook.	
	c. Bidder’s detailed Budget Narrative to explain the costs and calculations in the Budget Instructions tab . i. Bidder’s narrative on how the proposed program budget is aligned with the requirements of this RFP taking into account how calculations were made on the following and explanation on any variances in costs: <ol style="list-style-type: none"> 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs 	2
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Bidder’s Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: <ul style="list-style-type: none"> • Staff hiring, training, and supervision; • Client recruitment including outreach and receiving and following up with referrals; • Reaching caseload of at least 20 clients; and • Building billing capacity. 	1
	b. Bidder’s identification and strategies for mitigation of risks and barriers, which may adversely affect the program’s implementation.	1
EXHIBITS AND ATTACHMENTS	EXHIBIT C: INSURANCE REQUIREMENTS	N/A
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	
	SLEB PARTNERING SHEET	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

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

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

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. The CSC will conduct one or two (based on the number of bids received) evaluation meetings. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

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

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

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

local and small, local and emerging, or local preference points (maximum 10% of final score).

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

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

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

Table 2

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

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

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance		Meets/Does Not Meet Minimum Qualification	
3. Letter of Transmittal/ Executive Summary		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.	
4. Bidder Minimum Qualification	<ul style="list-style-type: none"> • Have at least two years of experience providing services to reentry populations; • Have at least one year of experience providing case management and/or support services to adults with SMI; and • Demonstrate experience providing services that are culturally congruent to African American populations in Alameda County. 		

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
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: <ul style="list-style-type: none"> • Bidder's capacity to perform mental health services, including specialty mental health services and/or case management; • Areas in which the Bidder did well; • Areas in which the Bidder could have improved; • How well did/does Bidder do around: <ul style="list-style-type: none"> ○ Understanding of the African American community; ○ Understanding of the African American experience around mental health; ○ Cultural responsiveness; ○ Cultural humility; ○ Ability to track and report outcomes; ○ Ability to hire, support, train, and retain staff; ○ 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 the following questions which will become the total score under the Clinical Understanding and Experience with the Priority Population Needs .		(12) Section Subtotal
	i. Clinical Understanding of the Priority Population	How well does Bidder demonstrate understanding of the priority population including: <ul style="list-style-type: none"> • Strengths and protective factors; and • Risk factors and barriers. • How well does Bidder identify potential services needed by priority population, including practices that are culturally congruent? • How well does Bidder identify internal and external stigma? • How well does Bidder identify and address challenges with accessing and engaging in mental health services? 	6

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	ii. Experience with Priority Population	How well does Bidder demonstrate experience working with or knowledge of the priority population including: <ul style="list-style-type: none"> • How well does Bidder demonstrate experience engaging African American adults with a history of involvement in the criminal justice system in services? • How successful were Bidder’s strategies to address barriers faced by clients? • How well does Bidder demonstrate experience supporting clients in their treatment and rehabilitation? • How well does Bidder describe experience identifying and building on existing client protective factors? 	6
	b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to the following questions which will become the total score under the Service Delivery Approach .		(40) Section subtotal
	i. Outreach and Recruitment	How well matched is Bidder’s plan to outreach and recruit clients, including: <ul style="list-style-type: none"> • How well matched are Bidder’s outreach strategies? How well does Bidder demonstrate success with outreach strategies? • How well does Bidder describe sources of referrals, plan and process to receive referrals, and follow up with potential clients? How well matched and reasonable is Bidder’s plan to follow up with referrals? 	4
	ii. Mental Health Services	How well matched is Bidder’s plan to provide mental health services to the priority population, including: <ul style="list-style-type: none"> • How well matched are proposed strategies to engage clients and maintain client engagement in services? How well matched are Bidder’s proposed strategies to address barriers faced by clients? How well matched are Bidder’s proposed strategies to build on existing client protective factors? 	8

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • If additional assessment or treatment planning tools are proposed, how well matched and appropriate are Bidder’s proposed assessment and/or treatment planning tools? • How appropriate and reasonable is Bidder’s plan for providing crisis intervention, mental health rehabilitation, and other mental health services to clients? • How appropriate and well matched are proposed EBPs, best practices, and/or community defined approaches? • How appropriate are Bidder’s proposed service location/, hours, and settings? How well matched is Bidder’s plan to support clients with accessing program services as needed? 	
	<p>iii. Case Management and Support Services</p>	<p>How well matched is Bidder’s plan to provide case management and support services to the priority population, including:</p> <ul style="list-style-type: none"> • How well matched are Bidder’s proposed strategies to assist clients in obtaining essential needs? How well does Bidder identify potential client needs? • How well does Bidder identify potential support and health care services clients may need to be connected with? How well matched are proposed strategies for connecting clients with support services and resources? • How well matched are Bidder’s proposed strategies to assess clients for eligible benefits? How well does Bidder describe their plan to link clients with eligible benefits? • How well matched are Bidder’s proposed strategies for discharge planning and transitioning clients to more appropriate level or care and/or services? • How well matched are Bidder’s proposed strategies to maintain a client caseload of at least 20 clients at any given time? 	8

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>iv. Services that are Culturally Congruent</p>	<p>How well does Bidder describe how services will be culturally congruent, including:</p> <ul style="list-style-type: none"> • How well does Bidder demonstrate an understanding of practices that are culturally congruent to provide? How well matched are proposed practices? • How well does Bidder describe how services will be delivered in a welcoming and healing environment? • How well matched are Bidder’s strategies to engage client’s family members, loved ones, or key people in client’s in treatment? • How well does Bidder demonstrate previous success in providing culturally congruent practices to priority population or similar populations? • How well matched is the Bidder’s consumer demographic data with the priority population? 	20
	<p>c. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to the following questions which will become the total score under Planned Staffing and Organization Infrastructure.</p>		(12) Section subtotal
	<p>i. Program Staffing</p>	<p>How well does Bidder describe roles and responsibilities of program staff, including:</p> <ul style="list-style-type: none"> • How well does Bidder describe program staffing plan, including staff positions, roles, and responsibilities? How well matched are program tasks assigned to staff? • How well does Bidder’s plan demonstrate effective hiring, training, supervising, and retention of all staff? • How well does Bidder demonstrate how staff will reflect the priority population? • How well does Bidder demonstrate appropriate and effective supervision and oversight of the program? • How well does Bidder demonstrate how licensed clinical supervision of program staff will be provided? How well does Bidder 	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<p>demonstrate how a licensed staff member will be to provide and oversee specialty mental health services?</p> <ul style="list-style-type: none"> • How well does Bidder demonstrate how the Peer Specialist will be trained, supervised, and supported to provide services that are billable to specialty mental health services? • How well does Bidder describe how staff will reflect the priority population? 	
	<p>ii. Organizational Infrastructure</p>	<p>How well does Bidder describe organizational infrastructure, including:</p> <ul style="list-style-type: none"> • How well does Bidder describe how program services will be integrated into Bidder’s existing organizational structure and services? • How well does Bidder demonstrate experience and/or capacity to provide program services? • How well does Bidder demonstrate experience in utilizing the County’s electronic information management and claiming systems (InSYST and Clinician’s Gateway)? If Bidder does not have experience, how well matched is Bidder’s plan to build organizational capacity to utilize County’s electronic information management and claiming systems? • How well does Bidder demonstrate organizational experience to meet Medi-Cal billing, clinical, and quality assurance requirements? If Bidder does not have experience with Medi-Cal billing, how well matched is Bidder’s plan to build organizational capacity to meet Medi-Cal billing, clinical and quality assurance requirements? 	5
	<p>d. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to the following questions which will become the total score under Forming Partnerships and Collaboration.</p>		(4) Section Subtotal
	<p>Forming Partnerships and Collaboration</p>	<p>How well does Bidder demonstrate experience in Forming Partnerships and Collaborations, including:</p>	4

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • How well matched are Bidder’s proposed collaborations with programs, services, CBO’s, and providers? • How well does Bidder demonstrate experience in collaborating with programs, services, CBO’s, and providers? 	
	<p>e. The Evaluation Panel will read and assign a score based on how detailed and specific Bidder’s response to the following questions which will become the total score under Experience and Plan to Track Data and Deliverables.</p>		(5) Section Subtotal
	<p>Track Data and Deliverables</p>	<p>How well does Bidder describe their experience and plan to track data and deliverables, including:</p> <ul style="list-style-type: none"> • How well does Bidder demonstrate experience in data collection, tracking, and reporting? How well does Bidder demonstrate experience using data and outcomes information for quality and performance improvement? • How well matched is Bidder’s plan for monitoring program measures and outcomes? If Bidder is proposing benchmark measures different than those included in this RFP, how appropriate and reasonable are they? • How well does Bidder describe their plan for tracking and reporting on referrals to services (including types of services and successful linkage)? 	5
7. Cost	<p>The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how Bidder’s proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.</p>		(9) Section subtotal
	<p>a. Cost Co-Efficient</p>	<ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \text{ points}$ • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points • Low bid divided by fourth lowest bid x 5 x weight = points 	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>b. Budget c. Budget Narrative</p>	<ul style="list-style-type: none"> • How well-matched is Bidder’s budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder “show the work”? 	7
8. Implementation Schedule and Plan		<p>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.</p>	(5) Section Subtotal
	<p>a. Implementation Schedule and Plan</p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How realistic does Bidder account for timeline to complete the following milestones: <ul style="list-style-type: none"> ○ Staff hiring, training and supervision; ○ Client recruitment including outreach and receiving and following up with referrals; ○ Reaching caseload of at least 20 clients; ○ Building billing capacity. • How well does Bidder assign the implementation of the program in the first year? 	3
	<p>b. Identification and Strategies for Mitigation of Risks and Barriers</p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How thorough, thoughtful and realistic is Bidder’s identification of challenges and barrier mitigation strategies? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder’s strategies? 	2

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
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 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. Any proposal/bids that contain false or misleading information may be disqualified by the County.
5. The County reserves the right to award to one unique Contractor.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.
7. BOS approval to award a contract is required.

8. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
9. Final terms and conditions shall be negotiated with the Bidder recommended for award. The successful Bidder may request a copy of the Master Agreement template from the BHCS RFP contact. The template contains the agreement boilerplate language only.
10. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. PRICING

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

K. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty (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"), all Bidders shall be notified in writing by e-mail and certified mail, of the contract award recommendation(s), if any, by BHCS. The document providing this notification is the Notice of Intent to Recommend Award.

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

- The name of the Bidder being recommended for contract award; and

- The names of all other Bidders that submitted proposals.

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

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

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

M. TERM/TERMINATION/RENEWAL

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

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

ACCESS	Acute Crisis Care and Evaluation for System-wide Services. The point of contact for the Alameda County Behavioral Health Care Services-Behavioral Health Plan (BHP). Members of the BHP, their families and other individuals in the member's support system contact ACCESS to request referrals for behavioral health services.
ACPD	Alameda County Police Department
Adults	Individuals ages eighteen (18) and over
African American	An ethnic group of Americans with total or partial ancestry from any of the Black racial groups of Africa. The term typically refers to descendants of enslaved Black people who are born in the United States.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract.
Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
Bid	A Bidders' response to this RFP; used interchangeably with proposal.
Bidder	The specific person or entity responding to this RFP.
Board	Refers to the County of Alameda Board of Supervisors.
Case Management/ Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.
Central County	Central County includes unincorporated areas of Ashland, Castro Valley, Cherryland, and cities of Hayward, San Leandro and San Lorenzo.
Client	The recipient of services; used interchangeably with beneficiary and consumer.
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.
Consumer	The recipient of services; used interchangeably with beneficiary and client.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries.
Community-Defined Approach	A community-defined approach is a way of working in partnership with persons of concern during all stages of the program cycle. It recognizes the

	resilience, capacities, skills and resources of persons of concern, builds on these to deliver protection and solutions, and supports the community's own goals.
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
County	When capitalized, shall refer to the County of Alameda.
Crisis Intervention	A mental health service modality of less than 24 hours duration for a condition, which requires a more timely response than a regularly scheduled visit. Crisis intervention may include, but is not limited to, assessment, collateral, and therapy. The service can be delivered at any site that has been certified by the Mental Health Plan (MHP) or State to provide crisis intervention service. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contract, site, and staffing requirements.
CSC	County Selection Committee or Evaluation Panel.
CSS	Community Services and Supports.
Culturally Congruent	Services and programming that are in agreement and consistent with the cultural reality of the community being served.
Cultural Humility	Effectively dealing with people from different cultures, and developing a respectful partnership with diverse individuals, groups and communities. This involves qualities such as openness, appreciation, acceptance and flexibility. It also entails a lifelong commitment to self-evaluation and critique, and includes addressing power relations and working in partnership.
Cultural Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
Culturally Specific	Refers to the need for services and programming to be directed to a specific group.
Culture	A process that reflects the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, and practices that give people a "general design for living and patterns for interpreting reality."
Deliverable	A term used in project management or contract monitoring to describe a tangible or intangible object produced as a result of the project that is intended to be delivered to a customer.
Disparities	Markedly distinct in quality or character, especially in regards to accessing mental health services.
Engagement	Actively participating in services. This may include regularly going to scheduled appointments and/or obtaining services.
Evidence Based Practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies
Family member	A person, who has provided primary support for, is a primary caregiver of, or whose daily life is impacted by, being a family member (by personal or biological definition) of a person who is living with symptoms of mental illness. Family members may be the biological parents, foster parents, siblings, spouses, children, aunts, uncles, cousins, friends, or anyone else whom the client defines as "their family members."

Federal	Refers to United States Federal Government, its departments and/or agencies.
Fee-for-service	Reimbursement method in which providers are paid for each service performed based on a negotiated or provisional rate.
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.
FY	Fiscal Year
Inappropriately-Served Populations	Groups that exhibit poor outcomes despite receiving a disproportionately high rate of mental health services. The mental health services being received by this group may not be culturally appropriate for addressing their needs.
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently. For the sake of this RFP, LPCC-F do not meet the LPHA qualifications.
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
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, 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.
Motivational Interviewing (MI)	A form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.
North County	North County includes Alameda, Albany, Berkeley, Emeryville, Oakland and Piedmont.
Outreach	The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to come forth to seek it.
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending

	on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.
Peer	Individuals with lived experiences/ experience as a consumers in the public mental health system and whose duties include a peer support role, contributing significantly to the recovery culture and client orientation of the team.
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with Bid.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Recidivism	When an individual (either formerly incarcerated and/or under supervision of a justice agency) commits a crime or violates the conditions of their supervision.
Referral	When used in a contract, it means to a process by which an individual and/or organization must follow before receiving/ providing services.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP.
Response	Shall refer to Bidder's bid submitted in reply to RFP.
Serious Mental Illness (SMI)	BHCS defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
SLEB	Small Local Emerging Business
State	Refers to State of California, its departments and/or agencies.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
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.

B. MEDI-CAL BILLING, CLINICAL AND QUALITY ASSURANCE REQUIREMENTS

To implement the services included in this RFP successfully, and make program sustainable through Medi-Cal billing, awarded Contractor shall participate in ACBHCS Quality Assurance trainings in the first two Fiscal Years of program implementation in order to build capacity to conduct all of the activities listed below. Bidders agree by submittal of proposal(s) that they will comply with all of the following in the third FY of the contract award:

- 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>

C. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Data Collection Provider Relations (800) 878-1313</p> <p>Training Available upon Request and as needed</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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 	<p>Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>Medi-Cal Eligibility Verification Provider Relations (800) 878-1313</p> <p>Training Available upon request and as needed</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>INSYST Training Information Systems (510) 567-8181</p> <p>Training is scheduled on an as needed basis</p> <p>To enroll in training complete a User Authorization Form available online at: www.acbhcs.org/providers/INSYST/INSYST.htm</p>	<p>This is a hands on training for learning how to navigate and input client information into the INSYST system.</p>	<ul style="list-style-type: none"> • Navigating through INSYST • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Medi-Medi Documentation Trainings Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides information on required clinical documentation and assists providers in their Compliance efforts.</p>	<ul style="list-style-type: none"> • Clinical documentation • Coding • Timelines • Staffing 	<p>Management/ QA Staff, direct service staff, as determined by the Mental Health Plan</p>
<p>Clinical Quality Review Team (CQRT) Ongoing Training Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>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.</p>	<ul style="list-style-type: none"> • Medical Necessity • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes 	<p>Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.</p>

D. 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	<ul style="list-style-type: none"> Specialized new programs/ sites, such as residential, crisis residential and/or outpatient services in a group home setting 			Provider	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> All new programs/sites which bill to Medi-Cal Most other new programs/sites which provide direct onsite services to clients 			Provider	<ul style="list-style-type: none"> 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 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

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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			<ul style="list-style-type: none"> • BHCS Network Office • Provider 	<ul style="list-style-type: none"> • 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 • 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

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 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 ⁹	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved			BHCS Network Office	<ul style="list-style-type: none"> 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 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
	data entry and claiming system				
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> 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	New programs/sites which will be			Provider	<ul style="list-style-type: none"> This is set-up by BHCS after the required Initial Data Collection Training when the requests are

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
entering data into the electronic data entry and billing system with BHCS Information Systems (IS)	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				submitted for BHCS system user authorization and staff identification numbers <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	New providers or existing providers with new programs			<ul style="list-style-type: none"> • Provider • BHCS QA 	<ul style="list-style-type: none"> • 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

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
Team (CQRT)/Authorization process	which will be billing to Medi-Cal				<p>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</p> <ul style="list-style-type: none"> 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

E. MEDICAL NECESSITY FOR SPECIALTY MENTAL HEALTH SERVICES

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL 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

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.)

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

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.

F. BID SUBMISSION CHECKLIST

BID SUBMISSION CHECKLIST

All of the specific documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

- 1. Proposal Narrative**
 - a. Exhibit A: Bidder Information and Acceptance:**

Every Bidder must select one box under Item 10 of Exhibit A Bidder Information and Acceptance Form and must fill out and submit a **signed** page of Exhibit A.
 - b. Bidder Minimum Qualifications:**

Every Bidder must demonstrate how they meet all of the criteria.
 - c. References:**

Bidders are to provide a list of **three current** and **three former** references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in the specifications, terms and conditions of the RFP.
 - d. Attachments:**

Bidders must submit all Attachments as part of their bid packet.

 - Exhibit A: Bidder Information and Acceptance Form
 - Attachment 1A: Organizational Chart
 - Attachment 1B: Program Chart
 - Attachment 2A: Organizational Staff Demographics
 - Attachment 2B: Board Members
 - Attachment 2C: Consumer Demographic Data
 - Attachment 3: Data Reporting or Tracking Tool
- 2. Exhibit B-1: Budget:**

Bidders must complete all tabs in the budget workbook.
- 3. Exhibit D: Exceptions, Clarifications, Amendments:**

Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template in Exhibit A – Bid Response Packet.

THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.
- 4. SLEB Partnering Information Sheet:**

Every bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Fillable Forms Template, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB

partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

- 5. Original Proposal:**
One original hard copy of the proposal in a three-ring binder with original signatures. Original proposal is to be clearly marked on the cover.

- 6. Copies of Proposal:**
Seven copies of the proposal. Copies must be unbound without a three-ring binder.

- 7. Electronic copy of Proposal:**
Enclosed with the hardcopy of the proposal, include a USB flash drive clearly marked with the Bidder and RFP name and with the following saved on it:
 - An electronic copy of the proposal, saved with the Bidder's name;
 - An electronic copy of the completed Exhibit B-1 Program Budget, saved in MS Excel with the Bidder's name.

G. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

Bidder Information and Acceptance

1. The undersigned declares that the proposal documents, including, without limitation, the RFP, Addenda and Exhibits have been read and accepted.
2. The undersigned declares that he/she is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the RFP's specifications, terms & conditions.
3. The undersigned has reviewed the proposal documents and fully understands the requirements in this proposal including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime contractor, not a subcontractor, to the County, and agrees that its proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the proposal.
4. The undersigned also agrees to follow the Bid Protests / Appeals Process.

Alameda County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that Bidders wish to protest the proposal process or the recommendation to award a contract for these programs once the Notices of Intent to Award/Non-Award have been issued.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Award/Non-Award shall not be accepted by the County.

Bid Protests from any Bidder related to this RFP must be submitted in writing to the BHCS Director located at 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 Fax: 510.567.8180, before 5:00 p.m. of the **fifth (5th)** business day **following the date of issuance of the Notice of Intent to Award/Non-Award, not the date it is received by the Bidder**. Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.

- The Bid Protest must contain a complete statement of the reasons and facts for the protest.
- The Bid Protest shall refer to the specific portions of documents that form the basis for the protest.
- The Bid Protest shall include the name, address, email address, fax number and telephone number of the person representing the protesting party.
- BHCS shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.

Upon receipt of written Bid Protest, the BHCS Director, or designee shall review and evaluate the protest and issue a written decision. The BHCS Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as determined appropriate by the BHCS Director) to discuss the Bid Protest. The decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

The decision on the Bid Protest shall be communicated by e-mail, fax, or US Postal Service mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Award is going to change. A copy of the decision shall be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid Protest if a decision on the Bid Protest could have resulted in the Bidder not being the recommended successful Bidder on the RFP.

The decision of the BHCS Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax:

510.272.6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose proposal is the subject of the Bid Protest, all Bidders affected by the BHCS Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the BHCS Director's Bid Protest decision. **All Appeals to the Auditor-Controller's OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the BHCS Director, not the date received by the Bidder.** Appeals received after 5:00 p.m. is considered received as of the next business day.

- The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
- In reviewing Appeals, the OCCR shall not re-judge the proposals. The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the RFP or, where appropriate, County contracting policies or other laws and regulations.
- The Appeal to the OCCR also shall be limited to the grounds raised in the original Bid Protest and the decision by the BHCS Director. As such, a Bidder is prohibited from stating new grounds for a Bid Protest in its Appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the GSA-Office of Acquisition Policy or department designee, and will determine whether to uphold or overturn the protest decision.
- The Auditor's Office may overturn the results of a bid process for ethical violations by Procurement staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
- The decision of the Auditor-Controller's OCCR is the final step of the Appeal process. A copy of the decision of the Auditor-Controller's OCCR shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.

The County shall complete the Bid Protest/Appeal procedures set forth in this before a recommendation to award the contract is considered by the Board of Supervisors.

The procedures and time limits set forth in this section are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid Protest and Appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid Protest, including filing a Government Code Claim or legal proceedings.

5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:

- **Debarment / Suspension Policy:** <http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>
- **Iran Contracting Act (ICA) of 2010:** <http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>
- **General Environmental Requirements:** <http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm>
- **Small Local Emerging Business Program:** <http://acgov.org/auditor/sleb/overview.htm>
- **First Source:** <http://www.acgov.org/auditor/sleb/sourceprogram.htm>
- **Online Contract Compliance System:** <http://acgov.org/auditor/sleb/elation.htm>
- **General Requirements:** <http://www.acgov.org/gsa/departments/purchasing/policy/genregs.htm>
- **Proprietary and Confidential Information:** <http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>

- 6.** The undersigned also acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated proposal documents.
- 7.** It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a proposal, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
- 8.** Patent indemnity: Bidders who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
- 9.** Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bidder Information and Acceptance, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

10. The undersigned also acknowledges **ONE** of the following. Please check only one box.

- Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **OR**
- Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:

- Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
- Proof of six (6) months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
Official Name of Bidder			
Street Address Line 1			
Street Address Line 2			
City	State	Zip	
Webpage			
Type of Entity/Organizational Structure	<input type="checkbox"/> Corporation		<input type="checkbox"/> Joint Venture
	<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Partnership
	<input type="checkbox"/> Limited Liability Corporation		<input type="checkbox"/> Non-Profit / Church
	<input type="checkbox"/> Other		
Jurisdiction of Organizational Structure			
Date of Organizational Structure		Federal Tax ID Number	
Name		Title	
Phone Number		Fax Number	
Email			
Signature		Title	
Dated this	day of	20	

H. EXHIBIT C: INSURANCE REQUIREMENTS

Insurance certificated are not required at the time of submission; however, by signing Exhibit A – Bidder Information and Acceptance, the Bidder agrees to meet the minimum insurance requirements state din the RFP, prior to award. This documentation must be provided to the County, prior to awards, and shall include insurance certificate and additional insured certificate, naming County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

*****SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS*****

EXHIBIT C
COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D	Professional Liability/Errors & Omissions Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate
E	<p>Endorsements and Conditions:</p> <ol style="list-style-type: none"> 1. ADDITIONAL INSURED: All insurance required above with the exception of Personal Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> - Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above. - Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". 7. CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. <p>CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.</p>	

I. EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMEDMENTS

EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template on this page of the Exhibit A – Bid Response Packet. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated proposal, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for proposal disqualification.

Reference to			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	<i>Bidder takes exception to...</i>

*Print additional pages as necessary

J. SLEB PARTNERING INFORMATION SHEET

SMALL LOCAL EMERGING BUSINESS (SLEB) PARTNERING INFORMATION SHEET

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all bidders must complete this form as required below.

Bidders not meeting the [definition of a SLEB \(http://acgov.org/auditor/sleb/overview.htm\)](http://acgov.org/auditor/sleb/overview.htm) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).

County departments and the OCCR will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/>).

<input type="checkbox"/> BIDDER IS A CERTIFIED SLEB (sign at bottom of page) SLEB BIDDER Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ NAICS Codes Included in Certification: _____
--

<input type="checkbox"/> BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT ____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____ SLEB Subcontractor Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ SLEB Certification Status: <input type="checkbox"/> Small / <input type="checkbox"/> Emerging NAICS Codes Included in Certification: _____ SLEB Subcontractor Principal Name: _____ SLEB Subcontractor Principal Signature: _____ Date: _____

Upon award, prime Contractor and all SLEB subcontractors that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed Name/ Title: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Bidder Signature: _____ Date: _____