



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)  
REQUEST FOR PROPOSAL (RFP) 18-06  
SPECIFICATIONS, TERMS & CONDITIONS  
FOR  
INTERFAITH AND SPIRITUALITY BASED MENTAL ILLNESS STIGMA REDUCTION  
SERVICES FOR AFRICAN AMERICANS**

**INFORMATIONAL MEETING/ BIDDERS' CONFERENCES**

Date	Time	Location
<p align="center"><b>Tuesday October 2<sup>nd</sup>, 2018</b></p>	<p align="center"><b>3:30 pm - 5:00 pm</b></p>	<p align="center"><b>Fremont Family Resource Center Building EFGH 39155 Liberty Street, Pacific Room, Suite H800 Fremont, CA 94538</b></p>
<p align="center"><b>Thursday October 4<sup>th</sup>, 2018</b></p>	<p align="center"><b>2:30 pm – 4:00pm</b></p>	<p align="center"><b>Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Suite 205, Oakland, CA 94606 (Wildcat Canyon Conference Room)</b></p>

**PROPOSALS DUE**

**by 2:00 pm on Wednesday, November 7<sup>th</sup>, 2018  
to**

**RFP 18-06 c/o Fonda Houston  
1900 Embarcadero Cove Suite 205  
Oakland, CA 94606**

**Proposals received after this date/time will NOT be accepted**

**Contact: Fonda Houston**

**Email: [Fonda.Houston@acgov.org](mailto:Fonda.Houston@acgov.org) Phone: 510-777-2143**

## TABLE OF CONTENTS

	Page
<b>I. STATEMENT OF WORK</b> .....	3
A. INTENT .....	3
B. BACKGROUND.....	3
C. SCOPE/PURPOSE .....	6
D. BIDDER MINIMUM QUALIFICATIONS .....	7
E. SPECIFIC REQUIREMENTS .....	7
F. BIDDER EXPERIENCE, ABILITY AND PLAN .....	8
<b>II. INSTRUCTIONS TO BIDDERS</b> .....	12
A. COUNTY CONTACTS.....	12
B. CALENDAR OF EVENTS.....	13
C. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS .....	13
D. BIDDERS' CONFERENCES .....	14
E. SUBMITTAL OF PROPOSALS/BIDS .....	14
F. RESPONSE FORMAT/PROPOSAL RESPONSES .....	17
Table 1 .....	18
G. EVALUATION CRITERIA/SELECTION COMMITTEE .....	23
Table 2 .....	24
Table 3 .....	25
H. EVALUATION AND ASSESSMENT .....	33
I. AWARD.....	33
J. PRICING .....	34
K. INVOICING .....	34
L. NOTICE OF AWARD .....	34
M. TERM/TERMINATION/RENEWAL .....	35
<b>III. APPENDICES</b> .....	36
A. GLOSSARY & ACRONYM LIST.....	36
B. MHSA PEI REGULATIONS OVERVIEW .....	41
D. BID SUBMISSION CHECKLIST .....	52
E. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE .....	54
F. EXHIBIT C: INSURANCE REQUIREMENTS .....	58
G. EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMEDMENTS .....	60
H. SLEB PARTNERING INFORMATION SHEET .....	61

## 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 design and delivery of **Stigma and Discrimination Reduction** services. The priority population for services are Alameda County African American faith-based and spiritual/healing community members of all ages.

The African American-focused, Mental Illness Stigma Reduction program will direct services to faith-based spiritual leaders, congregations and spiritual/healing communities. This programmatic approach recognizes the cultural, psychological, spiritual and physical interdependencies between faith and wellness for many African Americans.

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, **\$208,658** per contract year for this project has been allocated by BHCS through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI). 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.

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 at 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.

### B. BACKGROUND

Alameda County's Ongoing Planning Council (OPC), the primary stakeholder group for MHSA Planning, prioritized the Stigma and Discrimination Reduction Campaign as part of the BHCS PEI Plan, which was approved by the State in 2008. The campaign incorporates strategies identified in the BHCS 2007 PEI Survey, which found that "embarrassment, stigma or discrimination" were among the top five barriers to accessing mental health services.<sup>1</sup>

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<sup>1</sup> Alameda County Behavioral Health Care Services Request for Proposal No. PEI-4 for Stigma and Discrimination Reduction Campaign, 2010

PEI regulations describe Stigma and Discrimination Reduction as the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and their families.

In 2010, BHCS procured services for a Stigma and Discrimination Reduction Campaign (RFP No PEI-4) targeting "Unserved, under or inappropriately served populations, defined as groups that have received no services or are receiving inadequate services to meet their needs. These include populations defined by race/ethnicity and linguistic backgrounds."

The awarded contractor implemented stigma reduction campaigns in the Chinese-American, Latino-American and African-American communities by recruiting ethnic-specific "Action Teams" and content experts to plan culturally-relevant stigma-reduction interventions.

Background information from the program for Chinese Americans (2014-16) showed that "severe stigma experienced by Chinese Americans contributes to mental health disparities in this group. Historical, cultural, philosophical and religious values that are deeply held by many (and in particular, first generation) Chinese Americans, such as "loss of face (or honor), contribute to severe stigma resulting in discrimination, social isolation, internalized stigma, and non-treatment adherence.<sup>2</sup> This intervention showed substantial decreases in stigma and increased social support among Chinese mental health consumers."

The (2016-18) project for Latino Americans aimed to "implement a group curriculum to reduce internalized stigma and to improve social support among Latinos who are experiencing mental health stressors in Alameda County". The project offered "support to cope with stresses brought on by immigration, racism, and isolation by implementing an "internalized stigma support group" for Latinos. The group, led by a Latino mental health consumer, was designed to counter experienced discrimination, resist internalized stigma and foster new social networks". Findings from this intervention indicated that "group members...experienced significantly decreased self-respect loss due to mental health stereotypes, had decreased depressive symptoms, and experienced increased social support from others". The African American project, first initiated in 2012, was re-launched in FY 2018.

Across the United States, African American consumers with serious mental health conditions are too often misdiagnosed and improperly directed for treatment to the criminal justice system. They are overrepresented in the most restrictive treatment settings, often receiving inappropriate mental health diagnoses, and are labeled with mental health conditions that are much more severe than indicated.<sup>3</sup>

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<sup>2</sup> IDEM

<sup>3</sup> Alameda County Behavioral Health Care Services, Winter 2011

The United States Public Health Services' Syphilis Study<sup>4</sup> at Tuskegee Institute (1932 to 1972), is a very well-known and extreme example of a, government-sponsored medical experiment, conducted without consent, on African American men. It is an historic example of racism and abuse in a healthcare setting that lives in the collective memory of the African American community. Service providers practicing a trauma-informed approach will understand the impact of this type of multi-generational trauma on African Americans. They will be able to deliver trauma-educated interventions which realize the “psychological and emotional consequences of the trauma experience that are transmitted to subsequent generations through physiological, environmental, and social pathways resulting in an intergenerational cycle of trauma response.” This trauma response significantly informs the development and maintenance of stigma for African Americans facing mental health challenges. Combined with a shortage of African American behavioral healthcare providers and a severe lack of culturally-responsive, trauma-informed practice in mainstream settings, many African Americans (especially middle-aged and older adults) categorically and understandably mistrust the healthcare system. They seek non-traditional remedies and coping practices or delay or forgo needed treatment altogether.

To better serve the African American communities in Alameda County, 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.

The work of the African American Steering Committee and the feedback provided by community and family members through an RFI process in December 2017 summarized the need in the faith-based category as follows:

- Initial and ongoing developmental training for faith-based leaders on how to respond to mental health issues;
- Prevention & ways to use prevention techniques to sustain/maintain wellness;
- Exploring & supporting the organic existing healing supports within faith-based community;
- Create/develop communication/skills training so members can help support other members with mental health issues; and
- Mental health friendly congregations free of stigma.

The African American Steering Committee for Health and Wellness provided input on culturally responsive services needed in the community and put forth recommendations which provided the framework in the development of this RFP. The RFI community process acknowledged the importance of engaging faith-based and spiritual/ healing communities in mental health programming. Faith and spiritual leaders, for example but not limited to Pastors, Clergy, Imams, Ministers, Interfaith Leaders, Theological Advisors, Traditional Healers and

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<sup>4</sup> Centers for Disease Control and Prevention; U.S. Public Health Service Syphilis Study at Tuskegee

others function as powerful influencers within their respective communities and occupy essential positions and roles through which mental illness stigma reduction messages and programming can be created, promoted, and embedded into religious and spiritual life.

### **C. SCOPE/PURPOSE**

The Faith and Spirituality-Based Mental Illness Stigma Reduction Program for African Americans will increase protective factors and decrease risk factors to mitigate the negative impacts of stigma around mental illness. Further, the program will empower African Americans to determine their own unique pathways to psychological wellness and community restoration in private, welcoming, faith practice settings in which they find safety, acceptance and inclusion while respecting the traditions, sacred rituals and customs that affirm their collective dignity.

The overarching purpose of this program is to seek and engage with a diverse variety of interfaith and spiritual/healing community leaders and their members to create a Place-based, community-led, interactive, culturally-specific mental illness stigma-reduction mini-campaign. This mini-campaign may include workshops, presentations, support groups, information distribution and events to accomplish the following goals:

- 1) Recognize the signs and symptoms of mental illness in the African American community and how stigma impacts one's ability to seek help for these conditions;
- 2) Educate community on how to navigate BHCS mental health services and resources and help increase access, linkage and utilization to mental health treatment for those in need of such services;
- 3) Actively cultivate compassion, social inclusion and support for individuals living with mental health challenges and their family members;
- 4) Co-design, collaboratively promote and generate support for stigma reduction interventions within the faith/spiritual community;
- 5) Provide technical assistance and fiscal support for the implementation of new stigma-reduction activities or events.

Faith and spiritual/healing communities shall include a diversity of ongoing traditional and non-traditional religious practices, non-religious, spiritual congregations and healing communities throughout Alameda County serving the African American priority population.

Interventions may include, but not be limited to training in Mental Health First Aid (available upon request through BHCS).

Services should be designed and implemented to help create access and linkage to treatment; be designed, implemented, and promoted in ways that improve timely access to mental health services for individuals and/or families from underserved African American populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

#### **D. BIDDER MINIMUM QUALIFICATIONS**

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

- Must be recognized as a 501(c)(3);
- Have at least two years' experience delivering mental health/mental wellness promotion, prevention and/or early intervention services to African Americans in community-based, faith-based or spiritual/healing settings within the last five years;
- Experience collaborating with a variety of faiths/denominations (interfaith) to deliver community-planned/led interventions and activities; and
- Bidder must demonstrate specific knowledge of BHCS's mental health delivery system, including access points, systems of care, resources, support and navigation for access, linkage and utilization.

Bidders must provide a brief description of how their bid meets the Bidder Minimum Qualifications.

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

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

#### **E. SPECIFIC REQUIREMENTS**

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

- Engage with interfaith and spiritual leaders and their participants to create, plan and support the implementation of customized and interactive, placed-based, culturally-specific stigma-reduction mini-campaigns;
- Recruit, hire and retain culturally congruent and qualified staff for program implementation;
- Utilize Evidence-Based Standards, Community and/or Practice-Based Evidence Standards, or Promising Practice Standards.
- Help to create welcoming and inclusive environments for service delivery;
- Provide services that are age/gender appropriate, culturally responsive and strengths-based to address the needs of the priority population;

- Design, implement and promote services using strategies that are non-stigmatizing and non-discriminatory;
- Collaborate closely with Alameda County BHCS; and with BHCS' 2018-20 Everyone Counts Stigma Reduction Program for African Americans
- Compliance with the MHSA PEI data and evaluation regulations (see Appendix B & C)
- Regularly track and report data using BHCS approved method and templates;
- Annually evaluate program and report outcomes using BHCS approved method; and
- Complete trainings as required or requested by the County.

The awarded Contractor must conduct at four unique community-informed mini-campaigns in faith-based and/or spiritual/healing settings. The awarded Contractor may host a **maximum of one of the four required mini-campaigns in their own faith or spiritual community, if applicable and desired.**

## F. **BIDDER EXPERIENCE, ABILITY AND PLAN**

### 1. ***Understanding and Experience with Priority Population Needs***

The priority population for this RFP includes individuals residing in Alameda County who identify as African American. Successful Bidders must demonstrate knowledge, experience and understanding of the needs, issues and challenges faced by this priority population in order to effectively develop and implement faith and spirituality-based mini-campaigns that promote positive client experiences and outcomes.

#### **Bidders must include:**

- Strategies and demonstrated practice approach for working with African Americans,
- Letter(s) of Support highlighting demonstrated experience working with interfaith communities, and/or
- Demonstrated understanding of how external and internalized stigma around mental illness impacts African Americans' mental health and mental wellness. Demonstrated understanding of how to appropriately, sensitively and with humility engage with African Americans around mental health and mental wellness.
- Demonstrated understanding of the intersectionality of faith, spiritual and religious practices and health and wellness for African Americans.

Bidders shall describe in their proposals how they have the cultural humility required to successfully serve the priority population. This humility includes but is not limited to race, ethnicity, gender, sexual orientation, gender non-conforming, age, and mental health status. Also, bidder shall demonstrate an understanding of and ability to reflect clients' shared experience and exposure to trauma, socio-economic status and other factors.

### 2. ***Program Delivery Approach***



Program services should be designed and implemented to help create access and linkage to treatment; be designed, implemented, and promoted in ways that improve timely access to mental health services for individuals and/or families from African American communities and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory. Bidder shall identify examples of congregations and groups for outreach.

The stigma reduction campaign and related programming will be placed-based, culturally-congruent and trauma-informed through the lens of the unique life and living experiences of African Americans. As such, it will respectfully and sensitively reference the singular experiences of historical, systemic, community and cultural oppression; institutional and social racism and discrimination; and the pervasive voiding of African American's intrinsic belief systems as these conditions then give rise to the development, maintenance and generational transference of stigmas around mental illness diagnosis, help-seeking, treatment and recovery. The program will also acknowledge, honor and strengthen the many existing protective factors that African American communities use and have historically used to strengthen their resolve, cultivate mental wellness and seek balance.

### **Campaign Outreach, Engagement and Assessment**

Outreach refers to the process of identifying, recruiting, selecting and building relationships with the appropriate faith- and spiritual/healing-based communities. Faith and spiritual/healing communities shall include a diversity of ongoing traditional and non-traditional religious practices, non-religious, spiritual congregations and healing communities throughout Alameda County serving the African American priority population. Engagement and Assessment refers to collaborating with leaders and members to determine the appropriate stigma-reduction mini-campaign intervention(s) for the particular community and to develop support for those proposed activities. Engagement activities also include:

1. Information sharing and networking with current and new BHCS providers who serve African American populations;
2. Collaborating closely with BHCS'-funded Everyone Counts Stigma-Reduction Campaign for African Americans.

Bidder shall identify examples of congregations and groups for outreach.

### **Mini-Campaign Interventions**

Interventions refer to technical assistance consultation and planning to implement the mental illness stigma reduction activities, for example messages, promotions, trainings and workshops, events, support groups, speakers, resources and materials, etc. that the specific community determines is needed. Interventions may include, but not be limited to training in Mental Health First Aid (available upon request through BHCS).

African American interfaith and spiritual/healing community member recipients of this campaign/ program will be able to;

- 1) Increase their knowledge and understanding about the ways that mental health challenges, mental illnesses and stigma present for African Americans in the context of collective historical experience, day-to-day functioning, individual and family systems stability, system involvement (healthcare, criminal injustice, education) and overall health and wellness;
- 2) Increase and honor individual and community-practiced protective factors and raise awareness of individual and community-experienced risk factors;
- 3) Actively cultivate compassion, social inclusion and support for individuals living with mental health challenges and their family members; and
- 4) Plan and execute **one or both** of the following appropriate interventions to reduce internalized stigma around mental illness;
  - a. **Set of stigma-reduction intervention activities** for members such as on-going support groups, continuing educational activities, speakers, workshops, etc. **and/or**
  - b. **Single stigma-reduction event** for members such as a Wellness Fair, retreat, etc.

Bidder's program will include some combination of items 1-3 above **AND EITHER OR BOTH A AND B, based upon the needs and preferences of each unique faith/spiritual community.**

#### **Fiscal Support for Mini-Campaigns**

Contractor shall properly allocate fiscal support for at least 4 unique campaigns up to \$1,200 each (for a total of at least \$4,800) to support the mini-campaign implementation. Fiscal support may pay for program resources and materials, group facilitation, speakers, refreshments, space, etc.

### **3. Planned Staffing and Organizational Structure**

Bids must include a staffing plan well-matched to service delivery. Bidders shall demonstrate how their current and planned organizational infrastructure will successfully complete the required activities. The campaigns shall be managed by an organization with sound and appropriate business operations in terms of capacity, infrastructure, staffing and/or hiring. Appropriate infrastructure, staffing and hiring includes:

- Plan for training, supervising and supporting staff;
- Organizational capacity to provide culturally informed services; and
- Organizational capacity to report on program deliverables and outcomes.

Bids must include the following **three required** positions in their proposed staffing (at least one each with a minimum of the FTE percentage indicated below);

- 1) Facilitator/Mental Health Specialist;
- 2) Program Manager; and
- 3) Data Collection/Administrative Assistant (a minimum of .20 FTE)

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

BHCS will contract with only **one** agency to provide this service for this priority population. Bidders that intend to partner or sub-contract<sup>5</sup> with other service provider/s to provide trainings shall provide rationale and describe how collaboration will enhance this RFP's goals.

#### **4. Ability to Track Data**

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

BHCS reserves the right to increase deliverables for the Faith and Spirituality Based Mental Health Trainings in subsequent years.

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

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

*BHCS reserves the right to determine and to evaluate program measures and outcomes and work with the awarded Contractor to alter their program and outcome measures in subsequent years. BHCS will work with the awarded Contractor to evaluate the impact of training on clients receiving services.*

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<sup>5</sup> The awarded Contractor will be responsible to the County for all contract deliverables.

## 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](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:

Fonda Houston  
1900 Embarcadero Cove, Suite 205  
Oakland, CA 94606  
Email: [Fonda.Houston@acgov.org](mailto:Fonda.Houston@acgov.org)

**B. CALENDAR OF EVENTS**

<b>Event</b>	<b>Date/Location</b>	
Request for Proposals (RFP) Issued	Tuesday, September 25 <sup>th</sup> , 2018	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 <sup>nd</sup> Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 <sup>st</sup> Bidders' Conference	Tuesday, October 2 <sup>nd</sup> , 2018	3:30 pm – 5:00 pm Fremont Family Resource Center Building EFGH 39155 Liberty Street, Pacific Room, Suite H800 Fremont, CA 94538
2 <sup>nd</sup> Bidders' Conference	Thursday, October 4 <sup>th</sup> , 2018	2:30 pm - 4:00 pm 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Canyon Conference Room)
Addendum Issued	Thursday, October 11 <sup>th</sup> , 2018	
<b>Proposals Due</b>	<b>Wednesday, November 7<sup>th</sup>, 2018 by <u>2:00 PM</u></b>	
Review/Evaluation Period	November 7 <sup>th</sup> , 2018 – December 19 <sup>th</sup> , 2018	
Oral Interviews (as needed)	December 19 <sup>th</sup> , 2018 , 11:00-4:00pm	
Award Recommendation Letters Issued	Week of December 24 <sup>th</sup> , 2018	
Board Agenda Date	February 2019	
Contract Start Date	March 1 <sup>st</sup> , 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: 624190.

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

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

#### **D. BIDDERS' CONFERENCES**

**BHCS strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences.** BHCS shall hold two Bidders' Conferences. Bidders' Conferences 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.<sup>6</sup>

Bidders shall ensure that proposals are:

- Single spaced
- 11-point Arial font
- No more than **25** pages excluding 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.

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<sup>6</sup> Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
7. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of “trade secrets” protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).
8. All other information regarding proposals shall be held as confidential until such time as the CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to 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 MS Word to address and complete 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-five (25)**. Page maximum does not include any Exhibits, SLEB Partnering Sheet, Letter of Authorized Alternate Designee (as needed), Letters of Support and the two tabs of the Budget Template.

Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

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

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

**Table 1**

Section	Instructions	Page Max.
<b>1. TITLE PAGE</b>	Use MS Word to complete and submit the following information: <ul style="list-style-type: none"> <li>• Bidder Organization Name;</li> <li>• Bidder Organization’s Headquarter Address;</li> <li>• Name of Executive Director or Equivalent including title, phone number, and email; and</li> <li>• Name of Contact Person including title, phone number, and email.</li> </ul>	1
<b>2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE</b>	Review, complete, and submit the requested information included as Attachment 1: Exhibit A Bidder Information and Acceptance form with your bid.	<b>N/A</b>
<b>3. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY</b>	Use MS Word to complete and submit a synopsis of the highlights and benefits of each proposal.	1
<b>4. BIDDER MINIMUM QUALIFICATIONS</b>	Use MS Word to describe and demonstrate how <b>Lead Bidder</b> meets all of the following criteria;	5
	<b>a.</b> Must be recognized as a 501(c)(3)	
	<b>b.</b> Have at least two years’ experience delivering mental health/mental wellness promotion, prevention and/or early intervention services to African Americans in community-based, faith-based or spiritual/healing settings within the last five years; and	
	<b>c.</b> Experience collaborating with all faith/denominations (interfaith) to deliver community-planned/led interventions and activities; and	
	<b>d.</b> Bidder must demonstrate specific knowledge of BHCS’s mental health delivery systems, including access points, systems of care, resources, support and navigation for access, linkage and utilization.	
<b>5. BIDDER REFERENCES</b>	<b>References</b> Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in	2

	<p>this RFP. Bidders must verify that the contact information for all references provided is current and valid. <b>Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.</b></p> <p>The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p> <p><b>Do not include BHCS staff as references.</b> Provide a list of <u>six (6)</u> total references – three (3) current and three (3) former, please provide the following;</p> <ul style="list-style-type: none"> <li>• Company Name</li> <li>• Reference Name</li> <li>• Address</li> <li>• Phone number</li> <li>• E-mail address</li> <li>• Services Provided/Date(s) of Service</li> </ul>	
<p><b>6. BIDDER EXPERIENCE, ABILITY AND PLAN</b></p>	<p><b>Describe, in detail, Bidder’s Understanding and Experience with the Priority Population Needs, including:</b></p>	<p>N/A</p>
	<p><b>i. Demonstrate Bidder’s cultural congruent understanding and humility to successfully serve the priority population, including:</b></p> <ol style="list-style-type: none"> <li>1. Strategies and demonstrated practice approaches for working with African Americans in a culturally congruent matter;</li> <li>2. Intersectionality of faith and religious practice and health and wellness for African Americans;</li> <li>3. Externalized and internalized stigma around mental illness and the impacts on mental health and mental wellness;</li> <li>4. Historical and daily stressors, exposure to racism and discrimination and the impact on physical and mental health and wellness;</li> <li>5. Protective and risk factors; and</li> <li>6. Understanding of and ability to reflect clients’ shared experience and exposure to trauma, socio-economic status and other factors.</li> </ol>	<p>3</p>

	<p>7. Demographic data on consumers served (include as Attachment 1).</p>	
	<p><b>ii. Describe Bidder’s experience working with the priority population and interfaith communities, including:</b></p> <ol style="list-style-type: none"> <li>1. Recognize the signs and symptoms of mental illness in African Americans. As well as the impact of externalized and internalized stigma and the impact this has on help seeking and accessing services;</li> <li>2. Strategies to identify and build on existing protective factors and minimize risk factors;</li> <li>3. Demonstrated interfaith program experience; and</li> <li>4. Demonstrate experience engaging with African American in interfaith spiritual/healing environments.</li> </ol>	<p>3</p>
	<p><b>iii. Describe Bidder’s plan to create, implement and customized an interactive, placed-based, community-led, culturally-specific and faith-relevant internalized stigma-reduction mini-campaigns identified in the RFP including:</b></p> <ul style="list-style-type: none"> <li>• A plan to educate about the signs and symptoms of mental illness in the African American communities and the impact of externalized and internalized stigma and the impact on help seeking and access to services.</li> <li>• Provide a description on how you will educate the community on how to navigate BHCS mental health services and resources to help increase access, linkage and utilization to mental health treatment for those in need of such services.</li> <li>• Explain how you will co-design, collaboratively promote and generate support for community-led stigma reduction interventions (mini-campaign).</li> <li>• Provide a plan for technical assistance and fiscal support for the implementation of stigma-reduction mini-campaign activities.</li> <li>• Explain how you will cultivate compassion, social inclusion and support for individuals living with mental health challenges and their family members.</li> <li>• Demonstrate how you will provide culturally competent and congruent services.</li> </ul> <p>1. Please list proposed topics, a summary of the content, and length of mini-campaign intervention events;</p>	<p>4</p>

	<ul style="list-style-type: none"> <li>a. Include in your response how your proposed program will address stigma and discrimination reduction in the faith-based and spiritual/healing based African American community.</li> <li>b. How will you design the mini-campaigns to be inclusive of the needs of interfaith communities?</li> <li>c. Describe outreach strategies.</li> <li>d. Describe how you will evaluate the effectiveness of the proposed program, including a proposed plan for evaluation.</li> </ul>	
	<p><b>iv. Describe, in detail, Bidder’s Planned Staffing and Organization Infrastructure, including the required three positions, Facilitator/Mental Health Specialist, Program Manager and Data Collection/Administrative Assistant:</b></p> <ul style="list-style-type: none"> <li>1. Describe the roles and responsibilities of the staff involved in this program including plan for training, supervising and supporting staff. <ul style="list-style-type: none"> <li>a. Who will oversee the staff involved in this program and how will this staff be supported?</li> <li>b. Describe how staff will reflect the priority population;</li> <li>c. Include organizational chart (include as Attachment 2A) and a proposed program chart to demonstrate/ illustrate where the program will sit within the agency (include as Attachment 2B);</li> </ul> </li> <li>2. If Bidder intends to partner or sub-contract/collaborate with other service provider/s, provide rationale and describe how collaboration will enhance this RFP’s goals, including roles and responsibilities of lead agency and partner/sub-contractor.</li> </ul>	2
	<p><b>v. Describe, in detail, Bidder’s Experience and Plan to Track Data and Deliverables, including Bidder’s plan for collecting data specified in this RFP and tracking deliverables for quality improvement, specific to the following (including any experience with collecting Prevention and Early Intervention Data)</b></p>	1
<b>7. COST</b>	<b>Budget and Budget Narrative</b>	
	<p><b>Budget</b></p> <ul style="list-style-type: none"> <li>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</li> <li>b. Complete and submit one <b>BUDGET WORKBOOK</b> (saved in MS Excel).</li> </ul>	

	<p>See <b>Budget Instructions tab</b>. Complete and submit all worksheets in the Workbook.</p>	
	<p><b>c.</b> Bidder’s detailed <b>Budget Narrative</b> to explain the costs and calculations in the <b>Budget Instructions tab</b>.</p> <p><b>i.</b> 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:</p> <ol style="list-style-type: none"> <li>1. Required Staffing</li> <li>2. Salaries and Benefits</li> <li>3. Operating Expenses</li> <li>4. Administrative and/or Indirect Costs</li> </ol>	1
<p><b>8. IMPLEMENTATION SCHEDULE AND PLAN</b></p>	<ul style="list-style-type: none"> <li>• Bidder’s Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: <ul style="list-style-type: none"> <li>○ Staff hiring, training, and supervision</li> <li>○ Program engagement;</li> <li>○ Provision of mini-campaign sessions; and</li> <li>○ Program evaluation</li> </ul> </li> </ul> <p>Identify who will oversee the implementation of the program in the first year.</p>	1
	<p>Bidder’s identification and strategies for mitigation of risks and barriers, which may adversely affect the program’s implementation.</p>	1
<p><b>EXHIBITS AND ATTACHMENTS</b></p>	<p><b>EXHIBIT C: INSURANCE REQUIREMENTS</b></p>	N/A
	<p><b>EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS</b></p>	
	<p><b>SLEB PARTNERING SHEET</b></p>	

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

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

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

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

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

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

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

**Table 2**

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

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



**Table 3**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. Title Page	Reviewed for completeness	Complete/Incomplete	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	<b>a. Recognized as a 501(c)(3)</b>		
	<b>b. Years of Experience</b> Have at least two years' experience delivering mental health/mental wellness promotion, prevention and/or early intervention services to African Americans in community-based, faith-based or spiritual/healing settings within the last five years; and		
	<b>c. Interfaith Experience</b> Experience collaborating with a variety of faith/denominations (interfaith) to deliver community-planned/led interventions and activities; and		
	<b>d. Specific Knowledge of BHCS</b> Bidder must demonstrate specific knowledge of BHCS's mental health delivery systems, including access points, systems of care,		

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>resources, support and navigation for access, linkage and utilization.</p> <p><b>e. Debarment and Exclusion.</b> Checked to ensure Bidder, its principal and named subcontractors are not identified on any of the listed databases.</p>		
<p><b>5. BIDDER REFERENCES</b></p>	<p><b>a.</b> BHCS will check <b>references</b> for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<p>How do the Bidder’s references rate the following:</p> <ul style="list-style-type: none"> <li>• Bidder’s capacity to perform technical assistance and support for community-led planning activities;</li> <li>• Areas in which the Bidder did well;</li> <li>• Areas in which the Bidder could have improved;</li> <li>• How well did/does Bidder do around:               <ul style="list-style-type: none"> <li>○ Understanding of the African American community;</li> <li>○ Understanding of the African American experience around mental health and mental wellness;</li> <li>○ Cultural responsiveness;</li> <li>○ Cultural humility;</li> <li>○ Awareness of mental health healing practices for African Americans;</li> <li>○ Overall satisfaction with Bidder on a scale of one to five;</li> </ul> </li> <li>• Is/Was Bidder within their budget and meeting deadlines?</li> </ul>	<p>10</p>
<p><b>6. Bidder Experience, Ability and Plan</b></p>	<p><b>a.</b> The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under the <b>Experience with the Priority Population Needs.</b></p>		<p>(30) Section Subtotal</p>

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p><b>i. Cultural congruent understanding and humility to successfully serve the priority population</b></p>	<p>How well does Bidder demonstrate understanding of the priority population including:</p> <ul style="list-style-type: none"> <li>• Strategies and demonstrated practice approaches for working with African Americans;</li> <li>• Intersectionality of faith and religious practice and health and wellness for African Americans;</li> <li>• Externalized and Internalized stigma around mental illness and the impacts on mental health and mental wellness;</li> <li>• Historical and daily stressors, exposure to racism and discrimination and the impact on physical and mental health and wellness;</li> <li>• Protective and risk factors; and</li> <li>• Ability to reflect clients’ shared experience and exposure to trauma, socio-economic status and other factors.</li> </ul> <p>How well matched is the Bidder’s consumer demographic data with the priority population?</p>	15
	<p><b>ii. Experience with Priority Population &amp; Interfaith Communities Review</b></p>	<p>How well does Bidder demonstrate experience working with the priority population and interfaith communities including:</p> <ul style="list-style-type: none"> <li>• How well does the Bidder recognize the signs and symptoms of mental illness in African Americans and the impact of externalized and internalized stigma and the impact on help seeking and access to services?</li> <li>• How well matched were Bidder’s proposed strategies to identify and build on existing protective factors and/or to minimize risk factors?</li> <li>• How well does the Bidder demonstrate interfaith program experience?</li> </ul>	15

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> <li>How well did the Bidder demonstrate experience engaging African Americans in interfaith spiritual/healing environments?</li> </ul>	
	<p>b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <b>Service Delivery Approach</b>.</p>		
	<p><b>i. Stigma Reduction Mini-Campaigns</b></p>	<ul style="list-style-type: none"> <li>How well does Bidder demonstrate in proposed mini-campaigns how they will address stigma reduction?</li> <li>How well matched is Bidder's proposed plan to educate about signs and symptoms of mental illness in the African American communities?</li> <li>How well does Bidder indicate how they will address/educate about the impact of externalized and internalized stigma?</li> <li>How well does Bidder indicate how they will assist the priority population with seeking access to services and educate about services available?</li> <li>How well does Bidder demonstrate how they will help the priority population navigate BHCS mental health services?</li> <li>How well does Bidder identify strategies to help create and/or increase access and linkage to mental health services and treatment for those in need of such services?</li> <li>How effectively does Bidder demonstrate how they would co-design, collaborate, promote and generate support for community-led stigma reduction interventions (mini- campaign)?</li> </ul>	20

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> <li>• How well does describe Bidder how they will provide technical assistance and fiscal support for the implementation of stigma-reduction mini-campaign activities?</li> <li>• How well does Bidder demonstrate how they would cultivate compassion, social inclusion and support for individuals living with mental health challenges and their family members?</li> <li>• How well does Bidder demonstrate how they would provide culturally competent and congruent services?</li> <li>• How well matched are Bidder’s proposed topics, summary of the content, and the length of proposed mini-campaign intervention events?</li> <li>• How well does Bidder’s proposed services address stigma and discrimination reduction in the faith-based and spiritual/healing based African American community?</li> <li>• How well matched are Bidders proposed mini-campaigns to be inclusive of interfaith communities?</li> <li>• How well does Bidder describe how they will evaluate the effectiveness of their proposed program and included a proposed plan for evaluation?</li> </ul>	
	c.	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under <b>Planned Staffing and Organization Infrastructure</b> :	(19) Section subtotal
	Planned Staffing and Organization Infrastructure	How well does Bidder describe roles and responsibilities of program staff, including: <ul style="list-style-type: none"> <li>• How well does Bidder meet the staffing requirements of having the required three positions, one (1) each of the following;</li> </ul>	5

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> <li>○ Facilitator/Mental Health Specialist</li> <li>○ Program Manager</li> <li>○ Data Collection/Administrative Assistant</li> <li>● How well does Bidder describe program staffing plan, including staff positions, roles, and responsibilities?</li> <li>● How well does Bidder's plan demonstrate effective hiring, training, supervising, and retention of all staff, including supervision and oversight of proposed program?</li> <li>● How well does Bidder describe how staff will reflect the priority population?</li> <li>● If Bidder intends to partner or sub-contract with other service provider/s, how well does Bidder describe the collaboration? How well does Bidder describe roles &amp; responsibilities if partnering/sub-contacting?</li> </ul>	
	Letters of Support	<ul style="list-style-type: none"> <li>● How well do Bidder's Letters of Support demonstrate their ability to train African American consumers, family members and caregivers?</li> <li>● How well do Bidder's Letters of Support demonstrate their ability to work with interfaith and spiritual community leaders?</li> </ul>	5
	d. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under <b>Tracking Data and Outcomes</b>		
	Track Data and Deliverables	Describe, in detail, Bidder's Experience and Plan to Track Data and Deliverables, including Bidder's plan for collecting data specified in this RFP and tracking deliverables for quality improvement, specific to the following (including any experience with collecting Prevention and Early Intervention Data)	4

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
7. Cost	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.		(10) Section subtotal
	a. Cost Co-Efficient	<ul style="list-style-type: none"> <li>• Low bid divided by low bid x 5 x weight = points <i>For example:</i> <math>\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \text{ points}</math></li> <li>• Low bid divided by second lowest bid x 5 x weight = points</li> <li>• Low bid divided by third lowest bid x 5 x weight = points</li> <li>• Low bid divided by fourth lowest bid x 5 x weight = points</li> </ul>	2
	b. Budget c. Budget Narrative Review	<ul style="list-style-type: none"> <li>• How well-matched is Bidder’s budget to the proposed program?</li> <li>• How well does the budget capture all activities and staff proposed in the Budget?</li> <li>• How well does Bidder allocate staff and resources?</li> <li>• How appropriate are the staffing and other costs?</li> <li>• How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served?</li> <li>• How well does the narrative detail how Bidder arrived at particular calculations?</li> <li>• How well does Bidder “show the work”?</li> </ul>	8
8. Implementation Schedule and Plan	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under <b>Implementation Plan and Schedule</b>		(6) Section subtotal

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	a. Implementation Plan Review	<ul style="list-style-type: none"> <li>• How detailed and specific is Bidder’s response?</li> <li>• How realistic does Bidder account for timeline to complete the following milestones:                             <ul style="list-style-type: none"> <li>○ Staff hiring, training, and supervision;</li> <li>○ Outreach and engagement with interfaith communities</li> <li>○ Mini-campaign development; and</li> <li>○ Program evaluation?</li> </ul> </li> <li>• How well does Bidder assign the implementation of the program in the first year?</li> </ul>	4
	b. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> <li>• How detailed and specific is Bidder’s response?</li> <li>• How thorough, thoughtful and realistic is Bidder’s identification of challenges and barrier mitigation strategies?</li> <li>• How well does Bidder assess barriers?</li> <li>• How creative and solution-oriented are Bidder’s strategies?</li> </ul>	2
<b>Exhibits</b>	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
<b>Presentation &amp; Oral Interview, if Applicable</b>	Criteria are created with the CSC/Evaluation Panel.		10
<b>Preference Points, if Applicable</b>	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 1 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

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.
Afrocentric	Centered on Africa or African-derived cultures. A paradigm or approach through which peoples of African descent can assert themselves and their experiences in order to achieve stasis (balance), community and wholeness.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract.
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.
Client	The recipient of services; used interchangeably with beneficiary and consumer.
Clarifying Assessments	An assessment process used to identify a client's diagnosis, assuming the original assessment led to an inaccurate diagnosis. A clarifying assessment corrects any errors made in the original assessment.
Client	The recipient of services; used interchangeably with beneficiary and consumer.
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.
CSC	County Selection Committee or Evaluation Panel.
CSS	Community Services and Supports.
Cultural Competence	Refers to the ability to interact effectively with people of different cultures.
Cultural Congruent Practices	Refers to the need for services and programming to be 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.
CLAS	Culturally and Linguistically Appropriate Services.
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.
Faith-Based	Affiliated with, supported by, or based on a religion or religious group.
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.
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
Indigenous Healing Practices	A belief system, various practices and applications and collective wisdom, knowledge and intelligence that encompass a diverse range of holistic treatments, rites, customs, traditions and rituals used by indigenous healers for a multitude of minor, acute and chronic physical, mental and spiritual conditions and/or to promote the general health and wellbeing of the individual and community (as a whole). (Note: All identifiable cultural groups have their own unique indigenous practices, i.e., African Americans, Native Americans, etc.).
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.
Interfaith	Involving persons of different religious faiths.
Intersectionality	The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.
LGBTQQ	Lesbian Gay Bisexual Transgender Queer Questioning
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.
Stigma Reduction Mini-Campaign	Campaign events designed to educate about and address the reduction of mental health stigma for all members of a particular community.
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.
Prevention Program	A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective

	factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.
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.
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.
Risk Factors for mental illness	Conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.
SLEB	Small Local Emerging Business
State	Refers to State of California, its departments and/or agencies.
Social Capital	Networks of relationships among people who live and work in a particular society, enabling the society to function effectively.
Social Determinants of Mental Health	Social, economic, educational, healthcare and physical environments in which people live that shape mental and physical health, dis-ease, disorders and morbidity.
Mental Illness Stigma	Stigma is a mark of disgrace that sets a person apart. When a person is labelled by their mental illness they are seen as part of a stereotyped group. Negative attitudes create prejudice which leads to negative actions and discrimination.
Traditional Healing (also see Indigenous Healing Practices)	Traditional healing varies from culture to culture and from region to region.  According to the World Health Organization (WHO) <sup>7</sup> traditional medicine/healing is "the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing" and "health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral

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<sup>7</sup> WHO, 1976: 8

	based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being”.
Transgenerational Trauma	Trauma that is transferred from the first generation of trauma survivors to the second and further generations of offspring of the survivors via complex post- traumatic stress disorder mechanisms. (Note: All identifiable cultural groups have their own experience with transgenerational trauma, e.g., African American enslavement, Native American extermination, Japanese American internment, Jewish Holocaust, etc.).
Trauma-Informed	Trauma Informed (approach) is 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 Populations	Groups that have not received services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, language, gender, age, sexual identity, geographic location, immigration status, and veteran status.



## **B. MHSA PEI REGULATIONS OVERVIEW**

In October 2015 the Mental Health Services Oversight and Accountability Commission (OAC) adopted a new set of MHSA Prevention and Early Intervention (PEI) fiscal and programmatic regulations. These regulations will help compare data across the State, highlight needs and services to many underserved populations and provide evaluation feedback for the goal of continuous program improvement.

PEI programs will be categorized into six different groups and based on their classification each program will have specific reporting and evaluation requirements that will start July 1, 2016. The first PEI tracking and evaluation report will be due to the OAC as part of the MHSA Three-Year Program and Expenditure Plan Update for FY 17/18-19/20 and then as part of the Annual Update each year thereafter.

Below is a summary of the new regulations that went into effect on October 6, 2015. To see the full text of the actual regulations click or type in the following link:

[http://mhsoac.ca.gov/sites/default/files/documents/2016-03/PEI\\_Final\\_Adopted\\_Oct\\_2015.pdf](http://mhsoac.ca.gov/sites/default/files/documents/2016-03/PEI_Final_Adopted_Oct_2015.pdf)

### **PEI Component General Requirements**

#### **1. PEI Program Categories**

- a. Early Intervention
- b. Prevention Program
- c. Access and Linkage to Treatment
- d. **Stigma and Discrimination Reduction Program**
- e. Outreach for Increasing Recognition of Early Signs of Mental Illness Program

#### **2. Requirements for Services**

- a. All ages must be served in one or more PEI programs (except small counties).
- b. At least 51% of PEI Fund must be used to serve individuals who are 25 years or younger (except small counties). Programs that serve parents, caregivers, or family members with the goal of addressing outcomes for children/youth at risk of or with early onset of mental illness *can be included*.

#### **3. Required Strategies**

- a. Be designed and implemented to help create Access and Linkage to Treatment.
- b. Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
- c. Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.

#### **4. Required Effective Methods**

- a. Evidence-based practice standard
- b. Promising practice standard
- c. Community and/or practice-based evidence standard

### **C. PEI CATEGORIES DATA AND REPORTING REQUIREMENTS**

**Stigma and Discrimination Reduction:** the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

#### **Tracking Requirements**

Each Stigma and Discrimination Reduction program will need to **annually** report the following information:

- Description of who the campaign intends to influence;
- **Available overall # of individuals reached through the campaign (can be a duplicative count)**
- **# of individuals reached by activity** (e.g., # trained, # who accessed web site, can be duplicative count).
- Demographic variables for all individuals *reached*, (this type of program does not need to collect all demographic variables listed under section 3560.010 (5) pages 4-6 of the approved PEI regulations.
- Description of the methods and activities used to change attitudes, knowledge and/or behavior;
- Description of evidence-based or community-practice methods and how the practice's effectiveness has been demonstrated.
- Identification and description of measurement tool used to either measure changes in attitude, knowledge, and/or behavior related to seeking mental health services or to mental illness, and
- Description of significant challenges, successes, lessons learned and relevant examples.

#### **Evaluation Requirements**

- A description of the outcomes and indicators selected to measure a change in attitude, knowledge, and/or behavior related to seeking mental health services or to mental illness;
- Data on the identified indicators;
- The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each Program; and
- How often the data were collected for the evaluation of each Program.

#### **Strategies**

- Be designed and implemented to help create Access and Linkage to Treatment.
- Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
- Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.

### Demographic Reporting Requirements

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

**(A) The following Age groups:**

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

**(B) Race by the following categories:**

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

**(C) Ethnicity by the following categories:**

**(i) Hispanic or Latino as follows**

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

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

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Vietnamese
- Other
- Number of respondents who declined to answer the question
- More than one ethnicity
- Number of respondents who declined to answer the question

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

**(E) Sexual orientation,**

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

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

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

**(G) Veteran Status,**

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

**(H) Gender**

(i) Assigned sex at birth:

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

(ii) Current gender identity:

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



## PEI Evaluation Report FY 17-18

Program Name: [Click here to enter text.](#)

Name/Email of staff preparing this report: [Click here to enter text.](#)

PEI Category (Check box): Prevention Early Intervention Outreach Access & Linkage Stigma & Reduction  
Suicide Prevention

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

- a. Please describe, in 1-2 sentences, your effort to collect feedback from program participants (method used). [Click here to enter text.](#)
  - b. Describe the tool used to collect data. [Click here to enter text.](#)
  - c. Summarize the results. [Click here to enter text.](#)
  - d. What was learned from the participant feedback (1-2 key points)? [Click here to enter text.](#)
  - e. Describe how the findings were reviewed by staff. [Click here to enter text.](#)
  - f. What programmatic change(s) were or will be adopted as a result of the findings? [Click here to enter text.](#) When will changes be made and how will the changes impact programming? [Click here to enter text.](#)
  - g. Please describe how your program did the following:
    1. Create access and linkages, including following up with referrals, to mental health treatment for individuals with serious mental illness. [Click here to enter text.](#)
    2. Helped improved access to services for underserved population. [Click here to enter text.](#)
    3. Utilized specific strategies that are non-stigmatizing and non-discriminatory. [Click here to enter text.](#)
  - h. What issues or challenges with the Evaluation Plan did you have for FY 17-18? [Click here to enter text.](#) What will be some changes to the Evaluation Plan next fiscal year 18-19? [Click here to enter text.](#)
-



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

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

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

## Stigma & Discrimination Reduction PEI Data Report

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

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

### SECTION 1. GENERAL INFORMATION & TOTAL NUMBERS SERVED

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

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

Total Numbers Served through PEI MHSA		
Number of unduplicated individuals your program serves who are at-risk of developing a serious mental illness (SMI) <sup>8</sup>	<b>A</b>	
Number of unduplicated individuals your program serves who show early signs of forming a more severe mental illness	<b>B</b>	
Number of unduplicated individual family members <sup>9</sup> served indirectly by your program:	<b>C</b>	
Grand TOTAL of unduplicated individuals served in the Quarter that you are reporting about. [This number (D) should = A+B+C.] <b>Note: For the Quarter 4/Annual Report due in July, this number should be the grand total (= Quarters 1 +2 +3 +4) of individuals served in the previous fiscal year</b>	<b>D</b>	

### SECTION 2. DEMOGRAPHICS

<sup>8</sup> **Serious mental illness** per PEI regulations is defined as a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders

<sup>9</sup> **Family Members** refer to family members (e.g. parents, grandparents, siblings, aunts, uncles) of the individual served by the PEI program that received some type of indirect services from your PEI funded program. For example, a parent of a child client who received information on how to follow up with a mental health treatment referral. Or a sibling who accompanied the individual to the service.

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

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

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

<b>Ethnicity /Cultural Heritage (Please mark only once choice)</b>	
<b>If Hispanic or Latino, please specify:</b>	
Caribbean	
Central American	
Mexican/Mexican--American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Unknown/Declined to Answer	
<b>If Non-Hispanic or Non-Latino, please specify:</b>	
African	
African American	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic or Non-Latino ethnicity not listed	
<b>More than one ethnicity</b>	
<b>Unknown /Declined to Answer</b>	

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

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

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

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

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



## Reminder: All PEI programs must involve the following strategies:

- ✓ Be designed and implemented to help create Access and Linkage to Treatment.
  - ✓ Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
  - ✓ Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.
- Optional Strategy, but required for Stigma Reduction programs:** Outreach for Increasing Recognition of Early Signs of Mental Illness.

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

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

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

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

### SECTION 5. REQUIRED STRATEGY: OUTREACH FOR STIGMA AND DISCRIMINATION REDUCTION PROGRAM. *No demographic information needs to be collected or reported about potential responders.*

Number of individuals reached: [Click here to enter text.](#)

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List number of individuals reached by each activity (ex: # who accessed website, tabling/outreach events, eblasts, etc):

Type of Activity(s)	Number of Individuals Reached

## SECTION 6. NARRATIVE

MHSA is built upon the following guiding principles:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

***Thank you for completing and submitting your report!***

---

## **D. 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. 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 Bidders 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 these specifications, terms and conditions.
  - d. Attachments:**

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

    - Exhibit A: Bidder Information and Acceptance Form
    - Letters of Support
    - Attachment 1: Consumer Demographic Data
    - Attachment 2A: Organizational Chart
    - Attachment 2B: Program Chart
    - 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 excel with the Bidder's name.

## **E. 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 (5<sup>th</sup>)** 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.

<b>EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE</b>			
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	

## **F. 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
<b>A</b>	<b>Commercial General Liability</b> 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>B</b>	<b>Commercial or Business Automobile Liability</b> 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
<b>C</b>	<b>Workers' Compensation (WC) and Employers Liability (EL)</b> Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
<b>D</b>	<b>Professional Liability/Errors &amp; Omissions</b> Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate
<b>E</b>	<p><b>Endorsements and Conditions:</b></p> <ol style="list-style-type: none"> <li>1. <b>ADDITIONAL INSURED:</b> 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.</li> <li>2. <b>DURATION OF COVERAGE:</b> 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.</li> <li>3. <b>REDUCTION OR LIMIT OF OBLIGATION:</b> 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.</li> <li>4. <b>INSURER FINANCIAL RATING:</b> 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.</li> <li>5. <b>SUBCONTRACTORS:</b> 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.</li> <li>6. <b>JOINT VENTURES:</b> 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"> <li>– 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.</li> <li>– Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".</li> </ul> </li> <li>7. <b>CANCELLATION OF INSURANCE:</b> All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.  <b>CERTIFICATE OF INSURANCE:</b> 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.</li> </ol>	

**G. 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

**H. 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"/> <b>BIDDER IS A CERTIFIED SLEB (sign at bottom of page)</b> SLEB BIDDER Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ NAICS Codes Included in Certification: _____
--

<input type="checkbox"/> <b>BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT ____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES:</b> _____ 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: \_\_\_\_\_