



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
 REQUEST FOR PROPOSAL (RFP) 18-09
 SPECIFICATIONS, TERMS & CONDITIONS
 FOR
 SOUTHEAST ASIAN - UNSERVED AND UNDERSERVED ETHNIC AND LANGUAGE
 POPULATIONS
 PREVENTION AND EARLY INTERVENTION SERVICES**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Tuesday December 11, 2018	3:00 pm – 4:30 pm	Alameda County Behavioral Health Care Services 1900 Embarcadero Cove, Oakland Suite 205, Wildcat Canyon
Wednesday December 12, 2018	10:00 am – 11:30 am	Fremont Family Resource Center 39155 Liberty St, Fremont Building EFGH, Pacific Room, Suite H800

PROPOSALS DUE
 by 2:00 pm on Tuesday January 15, 2019
 to
 RFP# 18-09 c/o Rachel Garcia
 1900 Embarcadero Cove Suite 205
 Oakland, CA 94606
 Proposals received after this date/time will NOT be accepted
 Contact: Rachel Garcia
 Email: Rachel.Garcia2@acgov.org Phone: 510.383.1744

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter BHCS or County) to seek proposals for the provision of Prevention and Early Intervention (PEI) outreach and education services, mental health consultation, and preventive counseling to families and individuals of all age groups in Southeast Asian communities. These services will be County-wide.

BHCS intends to award one contract to the Bidder selected as the most responsible bidder whose response conforms to the Request for Proposals (RFP) and meets County requirements. At this time, BHCS has allocated \$580,000 per contract year in Mental Health Services Act (MHSA) PEI funds for the Southeast Asian communities to be served County-wide.

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 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

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

of this work, BHCS issued a RFP and subsequently awarded six agencies to implement the UELP programs using MHSA PEI funds.

BHCS acknowledges the persisting and expanding need for culturally-reflective services in Alameda County as Unserved and Underserved Ethnic and Language Populations (UELPP) experience population growth and demographic changes and impacts from family stressors, trauma exposure, and stigma and discrimination.

To understand the needs of unserved and underserved groups, BHCS issued a Request for Information (RFI) in April 2017 and hosted two Bidders' Conferences to solicit feedback and to collect information from potential Bidders and community members. Data and information collected from the Bidders' Conferences were used to identify existing and emerging priority populations. Through this collaborative process, BHCS identified additional and/or distinguished specific UELPP communities to receive PEI services including African, Middle Eastern and Arab, Native Hawaiian and Pacific Islanders, South Asian, and Filipino.

BHCS released an RFP in October 2017 to procure services for UELPP communities to expand its network of providers. BHCS rescinded the recommendation for contract award for the Southeast Asian population due to irregularities in the process. This RFP is to procure services for the Southeast Asian population starting in Fiscal Year 2019/2020.

C. SCOPE

The awarded Contractor will provide culturally-reflective prevention and early intervention mental health services to members of the priority population where they live, worship, socialize and access services in Alameda County. UELPP PEI services will accomplish the following goals:

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

BHCS will contract with only one agency with 501(c)3 status to provide the following services to Southeast Asian communities:

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

In order to comply with MHSAs regulations:

- At least 75 percent¹ of participants served must be from the Southeast Asian communities;
- At least 51 percent of Alameda County's BHCS MHSAs funds must be directed to children or youth who are birth to 24 years old and their families; and
- Services must be strength-based, reflective of ethnic and traditional practices and empowering of individuals, families and communities in decision making around the restoration of wellness.

D. BIDDER MINIMUM QUALIFICATIONS

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

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

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

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

E. SPECIFIC REQUIREMENTS

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

- Recruit, hire, train and maintain a diverse program staff;
- Plan and implement continuous training and quality improvement on cultural and linguistic responsiveness;
- Deliver program services in a combination of field and office-based settings;
- Maintain compliance with the MHSAs PEI data and evaluation regulations as outlined in Appendix B and C;
- Maintain compliance with the Medi-Cal Administrative Activities² (MAA) policies and procedures;
 - Submit and maintain an active MAA plan with BHCS;

¹ The other 25 percent of participants may be from other UELP priority populations such as Afghan, African American, African, Asian, Filipino, Latinx, Middle Eastern and Arab, Native American, Native Hawaiian and Pacific Islander, and South Asian.

² Please reference <http://www.dhcs.ca.gov/services/Pages/MH-MAA.aspx> for additional information on MAA

- Complete required BHCS MAA trainings;
- Program staff are required to report their time using Individual Staff Logs (ISL), to use proper procedure codes and to submit their ISL monthly;
- Awarded Contractor without MAA billing experience are expected to bill MAA within six to eight months of contract start date, after completing required MAA trainings;
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system (currently Clinician's Gateway and InSyst);
- Complete trainings required to access County's electronic information management and claiming system; and
- Complete other trainings as required or requested by the County.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding and Experience with Priority Population Needs

The priority population for this RFP is Southeast Asian individuals, families and organizations residing in Alameda County who identify as being from the following geographic areas and/or are part of the following communities: Vietnam, Cambodia, Laos, Myanmar, Karen, Thailand, Malaysia, Indonesia, Brunei, Hmong, and Mien.

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

Bidders must serve the communities, as listed in this RFP, and should identify any specific groups or subgroups within the population they intend to serve as part of program services. Bidders should also include their plan for serving recent refugees and immigrants in the priority population when appropriate and as needed.

As part of its service delivery rationale, Bidders shall provide data and other information on the geographic locations of priority populations including where people live, socialize, work, worship, and/or access services.

Bidders shall demonstrate knowledge, experience and understanding of the protective factors, needs, issues and challenges faced by the priority population as well as identify strategies to address these barriers and demonstrate experience in supporting clients. Services and supports shall be culturally and linguistically appropriate. The awarded contractor shall have the cultural competency required to successfully serve the priority populations. This competency spans not just race/ethnicity and language capacity, but should include an understanding of and ability to reflect clients' shared experience, existing and emerging community strengths, and the unique experiences of community members relating to historical contexts, gender and sexual orientation and expression,

race, age, trauma exposure, immigration experience, acculturation, mental health status, socioeconomic status, and other risk and protective factors.

2. Service Delivery Approach

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

Outreach and Psycho-Education

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

Outreach and Psycho-Education activities may include:

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

Mental Health Consultation

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

The awarded Contractor will:

a. *Provide training to CBOs on mental health issues.*

The awarded Contractor will develop curriculum or use existing evidence-based practices (EBPs) or community-defined models to deliver trainings on mental health including indicators of the need for clinical assessment, referral and linkage, and the use of mental health screening tools. EBPs may include Mental Health First Aid and/or Promotora or community health worker models. CBO targets will include agencies serving a significant population from the Southeast Asian community such as primary healthcare clinics, immigrant and refugee service agencies, youth and family development programs, schools and other institutions and associations.

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

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

c. *Continuous promotion of services through multiple sources.*

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

Preventive Counseling

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

Mental Health Referrals

Awarded Contractor shall provide and track referrals and linkages to mental health treatment services within County Specialty Mental Health Services or Medi-Cal funded services to participants as needed. Awarded Contractor must track referrals provided and follow up with clients to ensure positive linkage to additional services.

Bidders will propose their strategies for outreach and education, mental health consultation, preventive counseling and mental health referrals. Bidders will be evaluated

based on their description of program services, including how well chosen practices meet the identified needs of the priority population and their experience in implementing such practices. Bidders shall propose the locations and/or general areas where services will be provided and provide rationale, including availability of and accessibility to public transit options and other transportation supports.

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

3. Planned Staffing and Organizational Infrastructure

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

Program services must include the following staffing models:

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

Individual staff must be allocated at a minimum of 0.5 FTE for Outreach Workers and 0.9 FTE for MHS if including multiple part-time staff to provide services. Bidder should provide rationale for having multiple staff providing Outreach Worker services. The MHS may be an LPHA, unlicensed LPHA, or a graduate trainee/ student. If an MHS is unlicensed or a graduate student/ trainee, Bidders shall allocate up to 0.1 LPHA FTE per MHS (for a total of 0.2 LPHA FTE) to co-sign for counseling services and provide clinical oversight. Bidders shall make an effort where possible to have program staff who are proficient in the priority population's language and culturally competent within the identified community.

The Program Manager will oversee the program and ensure it is delivered to fidelity. Bidder may propose additional responsibilities for the Program Manager as appropriate.

The Data Clerk/ Coordinator³ will collect data, conduct data entry, and provide data management and reporting.

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

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

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

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

BHCS will contract with only one agency to provide UELP PEI services for Southeast Asian communities population County-wide. The awarded Contractor will be responsible to the County for all contract deliverables. Bidders may subcontract or partner in a fiscal relationship with only one other agency to provide specific program services. Bidders that intend to subcontract with or partner in a fiscal relationship with another service provider shall include a rationale and describe how such collaboration will enhance service delivery. The awarded Contractor must have a formal, written agreement for financial subcontracting; partnering relationships must have an MOU.

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

4. Forming Partnerships and Collaboration

³ The Data Clerk/ Coordinator and Program Manager positions should not be combined. When appropriate, Bidders may propose the Outreach Worker and Data Clerk/ Coordinator positions to be combined.

In order to meet the needs of the priority population, Bidders must strengthen linkages across services and programs. The awarded Contractor is expected to collaborate with the County's other PEI efforts such as: School-Based Mental Health Consultation; Alameda County Everyone Counts Stigma and Discrimination Reduction Campaign; Family Education Resource Center (FERC) and the County's Consumer Run and Family Member Departments, among others in order to promote and increase access to County's mental health support systems. Contractor may also collaborate with Wellness Centers, Peers Envisioning and Engaging in Recovery Services (PEERS), Co-Occurring Conditions Initiative, the Pool of Consumer Champions, and Health and Human Resource Education Center (HHREC).

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

5. Ability to Track Data and Outcomes

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

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

- Provide at least seven community events annually;
- Provide at least two psycho-education workshop to community groups monthly;
- Provide at least six support groups annually based on content determined by community need and preference;
- Provide at least six educational workshops annually;
- Provide at least eight mental health consultations to CBOs, health care providers or community groups annually;
- Actively promote program services in at least ten widely distributed and easily accessible community-based sources, including newsletters, brochures, directories, newspapers, web-sites, etc.;
- Provide preventive counseling sessions in a combination of field based⁴ and office based settings to at least 80 individuals annually; and
- Provide mental health referrals and successful linkages to at least 12 clients annually.

⁴ Field based settings may include in-home visits or in the community.

- At least 66 percent of those clients who receive referrals will successfully link with the services to which they are referred. The awarded Contractor shall track any mental health referrals and report this information as requested to BHCS.

Bidders shall propose the annual number of prevention visits and home visits to be provided to individuals and families. Prevention visits may take place in field-based and office-based settings, this may also include home visits as appropriate. Prevention visits are distinguished as visits or activities to support and prepare clients prior to receiving Preventive Counseling and/or in the event that brief follow up is needed, after clients have completed a series of Preventive Counseling sessions. Clients may receive up to three Prevention Visits. Bidders shall provide rationale for their proposed number of home visits and number of prevention visits.

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

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

The awarded Contractor will conduct annual program evaluations and will report results. Awarded Contractor will submit quarterly and annual Data and Program reports using a BHCS provided template in Appendix C. BHCS reserves the right to determine and to evaluate program measures and outcomes and may work with the awarded Contractor to alter their program and outcome measures in subsequent years.

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

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

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

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

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

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

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

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Thursday November 29, 2018	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Tuesday December 11, 2018	3:00 pm – 4:30 pm 1900 Embarcadero Cove, Oakland Suite 205, Wildcat Canyon
2 nd Bidders' Conference	Wednesday December 12, 2018	10:00 am – 11:30 am 39155 Liberty Street, Fremont Building EFGH, Pacific Room
Addendum Issued	Wednesday December 19, 2018	
Proposals Due	By 2:00 pm on Tuesday January 15, 2019	
Review/Evaluation Period	January 15, 2019 – Thursday February 21, 2019	
Oral Interviews (as needed)	Thursday February 21, 2019	
Award Recommendation Letters Issued	Thursday February 28, 2019	
Board Agenda Date	May 2019	
Contract Start Date	July 1, 2019	

Note: Award Recommendation, Board Agenda and Contract Start dates are approximate. Other dates are subject to change. Bidders will be notified of any changes via email. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, Bidder certifies that if awarded a contract Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

C. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements in order to be considered for the contract award. These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

For purposes of this proposal, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Codes: 813410 and 624190.

A small business is defined by the United States Small Business Administration (SBA) as having no more than the number of employees or average annual gross receipts over the last

three (3) years required per SBA standards based on the small business's appropriate NAICS code.

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

D. BIDDERS' CONFERENCES

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

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

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

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

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

E. SUBMITTAL OF PROPOSALS/BIDS

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

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

All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery

address prior to the time designated. BHCS' timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

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

The County requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.⁵

Bidders shall ensure that proposals are:

- Single spaced;
 - Use 11-point Arial font;
 - No more than **26** pages excluding Exhibits and Attachments; and
 - Formatted with a maximum of one inch margins.
3. The County will not consider telegraphic, electronic or facsimile proposals.
 4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
 5. Submitted proposals shall be valid for a minimum period of eighteen months.
 6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
 7. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part 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.

⁵ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of “trade secrets” protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).

8. All other information regarding proposals shall be held as confidential until such time as the CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
9. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.
10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the Bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the Bidder.
11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms “claim” and “knowingly” are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in

investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).

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

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders may use the provided MS Word Template to complete and submit proposals or utilize their own template that conforms to the Submittals of Proposals/ Bids. This section provides the point system that the CSC/Evaluation Panel will use to evaluate proposals. BHCS encourages Bidders to reference that section when responding to this RFP.

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to **the total page maximum of twenty six (26) pages**. 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. Bidders are strongly encouraged to review Appendix D Bid Submission Checklist in order to submit a complete proposal package.

Proposals shall be complete, substantiated, concise and specific to the information requested. Any superfluous and unrequested material submitted with the bid will be removed and will not be viewed by the Evaluation Panel. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at BHCS' sole discretion.

The proposal sections, instructions and page maximums are contained in Table 1.
Proposal shall not exceed 26 pages excluding Exhibits and Attachments.

Table 1

Section	Instructions	Page Max.
1. TITLE PAGE	Use MS Word Template to complete and submit the requested information.	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Review, complete, and submit the requested information included as Exhibit A Bidder Information and Acceptance Form with your bid.	1
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the MS Word to complete and submit a synopsis of the highlights and benefits of proposal including total funding request, service delivery plans such as proposed service location/s, subcontract, and proposed number of prevention visits and home visits as appropriate.	1
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Use MS Word to describe and demonstrate how Bidder meets all of the criteria.	2
	<ul style="list-style-type: none"> • Have at least five years' experience providing culturally-reflective health, counseling and case management services to Southeast Asian children, youth, adults, and families; • Have demonstrated capacity to track and report data including service utilization and client level data. <ul style="list-style-type: none"> ○ Please provide an example of a data tracking system or template as Attachment 1. 	
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	a. Debarment and Suspension Bidders, its principal and named subcontractor must not be identified on the list of Federally debarred, suspended or other excluded parties located at the following databases: <ul style="list-style-type: none"> • https://www.sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/SandIlanding.asp 	N/A

Section	Instructions	Page Max.
	<ul style="list-style-type: none"> • https://www.ssdmf.com 	
	<p>b. References Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.</p> <p>The County may contact some or all of the references provided in order to determine Bidder’s performance record on a scope of work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p> <p>Do not include BHCS staff as references. Provide a list of six total references, including three current and three former, please provide the following information:</p> <ul style="list-style-type: none"> • Company Name • Reference Name • Contact info, including address, phone number, and email address • Services Provided and Dates of service 	2
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use MS Word to complete and submit the information below.	N/A
	a. Describe, in detail, Bidder’s Understanding and Experience with the Priority Population Needs including:	(4)
	<p>i. Bidder’s understanding of the priority population including children and youth, adults, recent immigrants and refugees:</p> <ol style="list-style-type: none"> 1. Risk factors and barriers; 2. Protective factors; 3. Internal and external stigmas and challenges with accessing and engaging in preventive mental health services; 4. Services needed, including cultural and linguistic needs; and 	2

Section	Instructions	Page Max.
	5. Information on geographic locations of priority populations including where people live, socialize, work, worship, and/or access services.	
	ii. Bidder's experience working with the priority population including children and youth, adults, recent immigrants and refugees: <ol style="list-style-type: none"> 1. Proposed strategies for addressing barriers and challenges faced by the priority population; 2. Proposed strategies to support and deepen existing protective factors; 3. Providing prevention and early intervention mental health services to the priority population; and 4. Providing culturally and linguistically appropriate services. 	2
	b. Describe in detail, <i>Bidder's Service Delivery Approach</i> , including:	(5)
	i. Describe Bidder's plan to provide Outreach and Psycho-Education services to the priority population including: <ol style="list-style-type: none"> 1. Specific strategies to target and engage clients; and 2. Outreach and Psycho-Education services to be provided. Include potential locations at which services will be provided, as well as a specific plan for how services will be provided County-wide. 	1
	ii. Describe Bidder's plan to provide Mental Health Consultation services including: <ol style="list-style-type: none"> 1. Strategies to identify, target and engage community leaders, community groups and professionals; 2. Strategies to educate on how mental health issues present in the priority population; and 3. The impact proposed services will have in the community. Including: <ul style="list-style-type: none"> • Proposed plan to use services to increase community capacity; and • How services will increase community awareness of mental health signs and symptoms and what evidence will demonstrate increased community capacity. 	2

Section	Instructions	Page Max.
	iii. Describe Bidder’s plan to provide culturally responsive Preventive Counseling and Mental Health Referrals including: <ol style="list-style-type: none"> 1. Proposed strategies or models including evidence-based practices or community-informed practices for providing Preventive Counseling services and Prevention Visits; 2. Specific strategies and clear rationale to provide proposed services to clients of all age groups, genders, and sexual orientations and expressions; and 3. Strategies to provide Mental Health Referrals as needed. 	1
	iv. Describe how the cultural and linguistic needs of the priority population will be addressed including: <ol style="list-style-type: none"> 1. Determining cultural wellness practices or combination of wellness practices to provide; 2. Recognizing and addressing internal and external stigmas related to accessing and engaging in preventive mental health services; 3. The design of welcoming and healing environments in which to deliver services including proposed locations and/or general areas where services will be provided. As well as rationale for proposed locations including availability of and accessibility to public transportation and other transportation supports; and 4. How Bidder will collaborate with consumers/families, community leaders, and/or organizations to design and implement culturally responsive programs. 	1
	c. Describe, in detail, Bidder’s Planned Staffing and Organization Infrastructure , including:	(4)
	i. Bidders planned staffing structure including: <ol style="list-style-type: none"> 1. Proposed organizational chart (include as Attachment 2) and proposed program chart (Attachment 3) that illustrates where the program will sit within the agency. 	N/A

Section	Instructions	Page Max.
	ii. Roles and responsibilities of direct and non-direct service staff, including: <ol style="list-style-type: none"> 1. Plan for supervision and oversight of proposed program components; 2. Plan for hiring, training, supervising, and retaining staff. This must match the staffing pattern in your budget submission. Include how staff will reflect priority populations and have language and cultural capacity; and 3. Tasks necessary to provide the services detailed in the scope and how they will be assigned to both direct and non-direct service staff. 	2
	iii. Bidder's planned organizational infrastructure, including: <ol style="list-style-type: none"> 1. Description of how program services will be integrated into Bidder's existing organizational structure and services; 2. Experience with and/or capacity to develop a MAA plan and track and bill MAA services; 3. Experience with and/or capacity utilizing data collection and service encounter tracking systems; 4. Description of how Bidder will expand capacity to provide services to clients County-wide; and 5. If Bidder intends to collaborate with and/or subcontract/partner in a financial relationship with another service provider, describe rationale for how collaboration will enhance service delivery. Including: <ul style="list-style-type: none"> • How Bidder will work with the other service provider both programmatically and financially; • Systems to monitor, evaluate, and reach program goals; and • Experience collaborating with other service provider/s including addressing barriers. 	2
	d. Describe, in detail, Bidder's ability and experience in Forming Partnerships and Collaborations in program service delivery including: <ol style="list-style-type: none"> i. Strategies to collaborate and experience collaborating with community members and leaders, CBOs and providers that serve the priority population. Provide examples of experience and results of these 	

Section	Instructions	Page Max.
	<p>collaborative efforts. Include existing program partnerships and collaborations and how these partnerships and collaborations will support expansion to County-wide services.</p> <p>ii. A maximum of three Letters of Support include as Attachment 4.</p>	1
	<p>e. Describe, in detail, Bidder’s Experience and Plan to Track Data and Outcomes, including Bidder’s plan for collecting data specified in this RFP and tracking outcomes for quality improvement, including:</p> <p>i. Proposed annual number of prevention visits that will take place in field-based (home and other) and office-based settings, including proposed annual number of home visits. Provide rationale for proposed measures; and</p> <p>ii. Plan for tracking deliverables, client level data, referrals and successful linkage to services. Include data collection systems to be used and experience with data collection and tracking systems.</p>	1
7. COST	<p>Program Budget</p> <p>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</p> <p>b. Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK (saved in MS Excel).</p> <p>See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS for detailed instructions. Complete and submit all worksheets in the Workbook.</p>	(in addition to the Exhibit B-1: Budget Workbook)
	<p>c. Bidder’s detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK.</p> <p>i. Bidder’s narrative on how the proposed program budget is aligned with the requirements of this RFP. Include how calculations were made on the following:</p> <ol style="list-style-type: none"> 1. Required Staffing (This must match your proposed planned staffing under Section 6.c.ii.) 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs 	2

Section	Instructions	Page Max.
	<ul style="list-style-type: none"> 5. Revenue 6. Service Hours 	
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: staff hiring and training, identifying community leaders and key stakeholders for mental health consultation services, conducting outreach, providing mental health consultations, preventive counseling and mental health referrals and developing, submitting and receiving approval for MAA billing (if new to MAA).	1
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	1
EXHIBITS	EXHIBIT C: INSURANCE REQUIREMENTS	N/A
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

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

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

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. 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 one contract to the responsible Bidder whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidders that demonstrate the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

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

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a zero to five-point scale shown in Table 2. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 3, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality

than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

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

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

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

Table 2

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

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

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. TITLE PAGE	Reviewed for completeness	Complete/Incomplete	Pass/Fail
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE		Meets/Does Not Meet Minimum Qualification	
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY		<p>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.</p>	
4. BIDDER MINIMUM QUALIFICATIONS	<ul style="list-style-type: none"> • Have at least five years' experience providing culturally-reflective health, counseling and case management services to Southeast Asian children, youth, adults and families; and • Have demonstrated capacity track and report data including service utilization and client level data. 		
5. ORGANIZATIONAL CAPACITY AND REFERENCES	a. Debarment and Suspension	<p>To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases:</p> <ul style="list-style-type: none"> • https://www.sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/Sandllanding.asp 	Pass/Fail

	<p>b. BHCS will accept only non-BHCS references. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<ul style="list-style-type: none"> • https://www.ssdmf.com <p>How do the Bidder's references respond to the following:</p> <ul style="list-style-type: none"> • Bidder's capacity to perform PEI services including Outreach and Psycho-education, Mental Health Consultation, Preventive Counseling, and Mental Health Referrals as stated; • Areas in which Bidder did well and areas in which bidder could have improved (if applicable); • How well does Bidder do around: <ul style="list-style-type: none"> ○ Understanding of Southeast Asian communities; ○ Experience providing PEI services to Southeast Asian communities; ○ Communication and responsiveness; ○ Ability to track and report outcomes; ○ Ability to hire, support, train, and retain staff; ○ Overall satisfaction with Bidder on a scale of one to five. • References' comfort with recommending the Bidder to Alameda County; and • Any other information that would assist in Alameda County's work with the Bidder. 	2
6. BIDDER EXPERIENCE, ABILITY AND PLAN	<p>a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Clinical Understanding and Experience with Priority Population Needs.</p>		(14) Section Subtotal
	<p>i. Understanding of the Priority Population</p>	<p>How well does Bidder demonstrate understanding of the priority population including children, youth, adults, recent immigrants and refugees, taking into account:</p> <ul style="list-style-type: none"> • Identification of risk factors and barriers; • Identification of protective factors; 	7

		<ul style="list-style-type: none"> • Identification of internal and external stigmas and challenges with accessing and engaging in preventive mental health services; • Identification of services needed including cultural and linguistic needs; and • How well does Bidder provide information on geographic locations of priority populations including where people live, socialize, work, workship, and/or access services? 	
	ii. Experience with Priority Population	<p>How well does Bidder demonstrate experience working with or knowledge of the priority population including children, youth, adults, recent immigrants and refugees, and taking into account:</p> <ul style="list-style-type: none"> • How well matched are Bidders proposed strategies for addressing barriers and challenges? • How well matched are Bidder’s proposed strategies to support and deepen existing protective factors? • How well does Bidder demonstrate experience providing prevention and early intervention mental health services? • How well does Bidder demonstrate experience providing culturally and linguistically appropriate services? 	7
	b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under the Service Delivery Approach.		(29) Section Subtotal
	i. Program Services	<p>How well matched is Bidders plan to provide Outreach and Psycho-Education services to the priority population including:</p> <ul style="list-style-type: none"> • How well matched are proposed strategies to target and engage clients? • How appropriate are proposed Outreach and Psycho-Education activities? How accessible are potential locations to provide services? 	7

		<ul style="list-style-type: none"> • How well does Bidder demonstrate how services will be provided County-wide? 	
		<p>How well matched is Bidder’s plan to provide Mental Health Consultation services including:</p> <ul style="list-style-type: none"> • How appropriate are proposed strategies to target and reach community leaders, community groups, and professionals? • How appropriate are proposed strategies to educate on how mental health issues present in the priority population? • How well does Bidder describe the impact services will have in the community including: <ul style="list-style-type: none"> ○ How well does proposed plan to use services increase community capacity? ○ How well does proposed plan demonstrate how services will increase community awareness of mental health signs and symptoms? How well does Bidder describe what evidence will demonstrate increased community capacity? 	7
		<p>How well matched is Bidder’s plan to provide Preventive Counseling services? Including:</p> <ul style="list-style-type: none"> • How well matched are Bidder’s proposed models for providing Preventive Counseling services and Prevention Visits? This includes proposed strategies and evidence-based practices or community-informed practices. • How well matched are Bidder’s strategies to provide services to clients of all age groups, genders, and sexual orientations and expressions? • How well matched are Bidder’s strategies to provide Mental Health Referrals? 	7
	ii. Cultural Responsiveness	<ul style="list-style-type: none"> • How well does Bidder demonstrate how cultural and/or linguistic needs of the priority population will be addressed, 	8

		<p>as well how Bidder will determine cultural wellness practices?</p> <ul style="list-style-type: none"> • How well does Bidder recognize stigma related to accessing and engaging in preventive mental health services? How well does Bidder describe how they will address these stigmas? • How well does Bidder describe how services will be delivered in a welcoming and healing environment? How well matched are Bidder's proposed service locations and/or general areas? How available and accessible are service locations? • How well does Bidder describe how they will collaborate with consumers/ families, community leaders, and/or organizations to design and implement culturally-responsive programs? 	
	c. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Planned Staffing and Organizational Infrastructure.		(14) Section subtotal
	i. Planned Staffing Structure	<ul style="list-style-type: none"> • How well does proposed staffing pattern match the program requirements? • How well does Bidder's plan demonstrate effective hiring, training, supervising, and retaining staff, including supervision and oversight of proposed program? • How well does Bidder demonstrate how staff will reflect the priority population and have language and cultural capacity? • How well does Bidder describe the tasks necessary to provide the services detailed in the scope? How well does Bidder describe how they will assign tasks to staff? 	7
	ii. Organizational Infrastructure	<ul style="list-style-type: none"> • How well does the proposed program integrate into Bidder's existing organizational structure, business operations, and services? 	7

		<ul style="list-style-type: none"> • How well does Bidder demonstrate experience with and/or capacity to develop a MAA plan and track and bill MAA services? • How well does Bidder demonstrate experience with and/or capacity utilizing data collection and service encounter tracking systems? • How well does Bidder demonstrate how their agency will expand capacity to provide services to clients County-wide? • If Bidder intends to collaborate with and/or subcontract another service provider to provide services, how well does Bidder justify how collaborative services will enhance the program? How feasible is Bidder's proposed plan to work with another service provider including monitoring, evaluating, and collaborating to meet program goals? <ul style="list-style-type: none"> ○ How well does Bidder demonstrate experience collaborating with service provider/s to provide services and address barriers in working with service provider/s? 	
	<p>d. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under Partnerships and Collaboration and Tracking Data and Outcomes.</p>		<p>(11) Section subtotal</p>
	<p>i. Partnerships and Collaboration</p>	<ul style="list-style-type: none"> • How well matched are Bidder's collaboration strategies? How well does Bidder demonstrate experience in collaborating with community members and leaders, CBOs and providers that work with the priority population? • How realistic is Bidder's plan to collaborate with the community partners and providers working with the priority population? • How well does Bidder leverage partnerships and relationships to provide services County-wide? 	<p>6</p>

	<p>ii. Track Data and Outcomes</p>	<ul style="list-style-type: none"> • How appropriate and reasonable are Bidder’s proposed annual number of prevention visits and home visits? How well does Bidder justify proposed measures? • How appropriate is Bidder’s plan for tracking deliverables, client level data, referrals and successful linkage to services? • How well does Bidder demonstrate experience with data collection and electronic data tracking systems? 	5
7. COST	<p>a. The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how the Bidder’s proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.</p>		(10) Section subtotal
	<p>i. Cost Co-Efficient</p>	<ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \text{ points}$ • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points • Low bid divided by fourth lowest bid x 5 x weight = points 	2
	<p>ii. Budget and Budget Narrative Review</p>	<ul style="list-style-type: none"> • How well-matched is Bidder’s budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does the Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations including start up period? • How well does Bidder “show the work”? 	8

8. IMPLEMENTATION SCHEDULE AND PLAN	i. Implementation Plan Review	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How realistic does Bidder account for timeline to complete each specified milestone? Milestones include: staff hiring and training, identifying community leaders and key stakeholders for mental health consultations, conducting outreach, providing mental health consultations, preventive counseling and mental health referrals and developing, submitting and receiving approval for MAA billing (if new to MAA). 	5
	ii. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> • How thorough, thoughtful, and realistic is Bidder’s identification of challenges and barrier mitigation strategies? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder’s strategies? 	5
EXHIBITS	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
ORAL INTERVIEW, IF APPLICABLE	<p>Criteria are created with the CSC/Evaluation Panel.</p> <p>The oral interview on the proposal shall not exceed 60 minutes. The oral interview may include responding to standard and specific questions from the CSC regarding the Bidder’s proposal. The scoring may be revised based on the oral interview.</p>		10
PREFERENCE POINTS, IF APPLICABLE	Local Preference: Points equaling five percent of Bidder’s total score, for the above Evaluation Criteria, will be added. This will be the Bidder’s <u>final score</u> for purposes of award evaluation.		Five Percent (5%)
	Small and Local or Emerging and Local Preference: Points equaling five percent of Bidder’s total score, for the above Evaluation Criteria, will be added. This will be the Bidder’s <u>final score</u> for purposes of award evaluation.		Five Percent (5%)

H. CONTRACT EVALUATION AND ASSESSMENT

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

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

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

I. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that best conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. Any proposal that contains false or misleading information may be disqualified by the County.
5. The County reserves the right to award to multiple Contractors.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.
7. BOS approval to award a contract is required.
8. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.

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

J. PRICING

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

K. INVOICING

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

L. NOTICE OF INTENT TO AWARD

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

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

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

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

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder.

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

M. TERM/TERMINATION/RENEWAL

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

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

Agreement	The formal contract between ACBHCS and Contractor.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	A Bidders' response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
Client	The recipient of services; used interchangeably with beneficiary and consumer
Community Collaboration	The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility.
Consumer	The recipient of services; used interchangeable with beneficiary and consumer.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries
Community-defined model	A community-defined model 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
Cultural Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
Deliverable	A term used in project management or contract monitoring to describe a tangible or intangible object produced as a result of the project that is intended to be delivered to a customer.
Evidence based practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies

Federal	Refers to United States Federal Government, its departments and/or agencies
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law. For example, if the normal schedule for a staff person is 40 hours per week (40*52 weeks–4 weeks for vacation=1,920). Someone working 1,440 hours during the year represents 1,440/1,920=.75 FTE
Graduate Student Trainee/	Students in educational Mental Health programs granting an Masters in Social Work (MSW), Masters of Arts (MA), Masters of Science (MS), psychiatrist or psychologist degree which lead to an LPHA.
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
MAA	Medi-Cal Administrative Activities
Medi-Cal	California's Medicaid program, which provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services
Mental Health Services	Individual, family or group services or interventions that are designed to provide information on mental health issues, reduction of mental disability and/or improvement or maintenance of functioning
MHS	Mental Health Specialist
MHSA	Mental Health Services Act, also known as Proposition 63, was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved.
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.
Outreach	The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to come forth to seek it.
PEI	Prevention and Early Intervention
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with bid.
Qualified	Competent by training and experience to be in compliance with specified requirements.

Referral	When used in a contract, it means to a process by which an individual and/or organization must follow before receiving/ providing services.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP.
Response	Shall refer to Bidder's proposal submitted in reply to RFP
SLEB	Small Local Emerging Business
State	Refers to State of California, its departments and/or agencies
Underserved Ethnic Languages Populations (UELPP)	Ethnic and languages communities that was underserved or unserved by the traditional mental health system.
Unserved or Underserved Populations	Groups that have not received services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, language, gender, age, sexual identity, geographic location, immigration status, and veteran status.

B. PEI PREVENTION PROGRAM FACT SHEET

Definitions

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

Prevention Program:

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

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

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

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

Required Strategies

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

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

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

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

“Optional” Strategies

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

Outreach for Increasing Recognition of Early Signs of Mental Illness

Required Methods (Quality/Standards)

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

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

Required Data

Reported Annually

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

As required for each Prevention Program:

The Program Name:

Data Requirements:	Description:
<ul style="list-style-type: none"> • # of unduplicated individuals served in the preceding fiscal year 	<p>If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.</p> <p>If a Program served families the County shall report the number of individual family members served.</p>

As required for each Prevention Program:

Report disaggregate numbers served, and number of referrals for treatment and other services by:

Demographics:

- Age Groups
- Race

- Ethnicity
 - Hispanic or Latino
 - Non-Hispanic or Non-Latino
- Primary Threshold Language
- Sexual Orientation
- Disabilities
- Veterans Status
- Gender
 - Assigned at birth
 - Current gender identity

Reported Every Three Years

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

As required for each Prevention Program:

Data Requirements:	Description:
<ul style="list-style-type: none"> • Measure reduction in risk factors that may lead to <ul style="list-style-type: none"> ○ Improved mental functioning ○ Improved emotional functioning ○ Improved relational functioning 	Measure the reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
And/Or	
<ul style="list-style-type: none"> • Measure increased protective factors that may lead to <ul style="list-style-type: none"> ○ Improved mental functioning ○ Improved emotional functioning ○ Improved relational functioning 	Measure the reduction of prolonged suffering that may result from untreated mental illness by measuring increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
<ul style="list-style-type: none"> • Measurement of impact to 1 or more of the negative outcomes listed in the MHSA: <ul style="list-style-type: none"> ○ Suicide ○ Incarcerations ○ School failure or dropout ○ Unemployment ○ Homelessness ○ Removal of children from their homes 	The County shall select, define, and measure appropriate indicators that are applicable to the Program.

“Optional” Data

Reported Annually

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

As “optional” for each Prevention Program:

The Program Name:

Data Requirements:	Description:
<ul style="list-style-type: none">Implementation challenges, successes, lessons learned, and relevant examples	

Evaluation Plan

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

Prevention Program

- Program name
- Identification of the target population for the specific Program, including:
 - Participants' risk of a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e. the condition, experience, or behavior associated with greater than average risk.
 - How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
 - Demographics relevant to the intended target population for the specific Program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.
- Specify the type of problem(s) and need(s) for which the Prevention Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes for individuals with greater than average risk of potentially serious mental illness.
- Specify any MHSA negative outcomes as a consequence of untreated mental illness that the Program is expected to affect, including reduction of prolonged suffering.
 - List the mental health indicators that the County will use to measure reduction of prolonged suffering.
 - If the County intends the Program to reduce any other specified MHSA negative outcome as a consequence of untreated mental illness, list the indicators that the County will use to measure the intended reductions.
 - Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- Specify how the Prevention Program is likely to bring about reduction of relevant MHSA negative outcomes for the intended population by providing the following information:
 - If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness, provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
 - If the County used the community and/or practice-based standard to determine the Program's effectiveness, describe the evidence that the approach is likely to bring about applicable MHSA

outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

Required Reporting

*Annual Update: First due

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

*Three-Year Program & Evaluation Report:

- All required data (including optional data)
- A description of the outcomes and indicators selected for each program;
 - Data on the identified indicators;
 - The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each Program, and
 - How often the data were collected for the evaluation of each program.
- Full evaluation of program's impact as described in the evaluation plan. (For example: Evaluate the reduction of prolonged suffering that may result from untreated mental illness.)

General Definitions

- **“Program”** as used in the Prevention and Early Intervention regulations means a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system.
- **“Strategy”** as used in the Prevention and Early Intervention regulations means a planned and specified method within a Program intended to achieve a defined goal.
- **“Mental illness”** and **“mental disorder”** as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological or biological processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness. Socially variant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance or conflict results from a dysfunction in the individual, as described above.
 - This definition is applicable to serious emotional disturbance for individuals under the age of 18, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual’s age according to expected developmental norms.
- **“Serious mental illness,” “serious mental disorder”** and **“severe mental illness” (SMI)** as used in the Prevention and Early Intervention regulations means, a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.
- **“Access and Linkage to Treatment”** means connecting children with severe mental illness, and adults and seniors with severe mental illness, as early in onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
- **“Improving Timely Access to Services for Underserved Populations”** means to increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.
- **“Strategies that are Non-Stigmatizing and Non-Discriminatory”** means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.
- **“Evidence-based practice”** means activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
- **“Promising practice”** means Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research

does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

-
- **“Community and or practice-based evidence”** means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

Required Demographics

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

(A) The following Age groups:

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

(B) Race by the following categories:

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

(C) Ethnicity by the following categories:

(i) Hispanic or Latino as follows

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

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

- 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

C. UERP PEI PREVENTION PROGRAM PEI DATA REPORT FY 18/19

Instructions: Please submit this report quarterly via email to your Program Contract Manager and to Prevention@acgov.org. 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 st
Quarter 2 (includes completion of Section 7)	January 31 st
Quarter 3	April 30 th
Quarter 4/Annual Report (includes completion of Section 7 and Section 8)	July 31 st

PEI Data Report

PEI Category: Prevention; Early Intervention; Stigma & Discrimination Reduction;
 Suicide Prevention; Outreach for Increasing Recognition of Early Signs of Mental Illness

Report submitted for: 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) ⁶	A	
Number of unduplicated individuals your program serves who show early signs of forming a more severe mental illness	B	
Number of unduplicated individual family members ⁷ served indirectly by your program:	C	
Grand TOTAL of unduplicated individuals served in the Quarter that you are reporting about. [This number (D) should = A+B+C.] 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	D	

⁶ **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

⁷ **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.

SECTION 2. DEMOGRAPHICS

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

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

Race (Please mark only one choice) <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	

Ethnicity /Cultural Heritage (Please mark only once choice)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican--American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Unknown/Declined to Answer	
If Non-Hispanic or Non-Latino, please specify:	
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	
More than one ethnicity	
Unknown /Declined to Answer	

Primary Language (Please mark only one choice)	
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	

Gender Identity (Please mark both parts A & B)

A) Assigned sex at birth: (Please mark only one choice)

Male	
Female	
Other sex not listed (e.g. Intersex)	
Unknown/Decline to Answer	

B) Current Gender Identity: (Please mark only one choice)

Male	
Female	
Transgender	
Genderqueer	
Questioning or Unsure of Gender Identity	
Another Gender Identity not listed	
Unknown/Decline to Answer	

Sexual Orientation (Please mark only one choice)

Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation not listed	
Unknown/Decline to Answer	

Disability Status (Please mark all that apply)

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	

Veteran Status (Please mark only one choice)

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: 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. OUTREACH. THIS SECTION IS REQUIRED ONLY FOR OUTREACH PROGRAMS. OTHERWISE, IT IS OPTIONAL. *No demographic information needs to be collected or reported about potential responders.*

Number of potential responders: [Click here to enter text.](#)

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

Type of Setting(s) (ex: school)	Type(s) of Potential Responders (ex: principals, teachers, parents, nurses)

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). Please include the timeframes of when you survey clients.
- b. Describe the tool (i.e. MHSIP or another survey) used to collect data.
- c. Summarize the results if any.
- d. What was learned from the participant feedback (**1-2 key points**)?
- e. Describe how the findings were reviewed by staff.
- 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?
- g. What issues or challenges with the Evaluation Plan are you having? What technical assistance do you need?

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:

FY 20/21:

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:

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. Exhibit A: Bidder Information and Acceptance:**

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

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

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

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

 - Attachment 1: Example of Data Tracking System or Template
 - Attachment 2: Organization Chart
 - Attachment 3: Program Chart
 - Attachment 4: Letters of Support
- 2. Exhibit B-1: Budget:**

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

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

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

Every bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Fillable Forms Template, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement

must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

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

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

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

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 (5th)** business day **following the date of issuance of the Notice of Intent to Award/Non-Award, not the date it is received by the Bidder**. Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.

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

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

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

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

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

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

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

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

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

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

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

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

- Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **OR**
- Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
 - Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
 - Proof of six (6) months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

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

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

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/>).

BIDDER IS A CERTIFIED SLEB (sign at bottom of page)

SLEB BIDDER Business Name: _____

SLEB Certification #: _____ SLEB Certification Expiration Date: _____

NAICS Codes Included in Certification: _____

BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT ____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____

SLEB Subcontractor Business Name: _____

SLEB Certification #: _____ SLEB Certification Expiration Date: _____

SLEB Certification Status: Small / 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: _____