

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
REQUEST FOR PROPOSAL (RFP) 19-09
SPECIFICATIONS, TERMS & CONDITIONS
FOR
SEVERE MENTAL ILLNESS REENTRY TREATMENT TEAM**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Tuesday, July 9, 2019	3:00pm – 4:30pm	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Suite 205, Oakland (Wildcat Room)
Wednesday, July 10, 2019	1:00pm – 2:30pm	Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)

PROPOSALS DUE
by 2:00 pm on Tuesday, August 6, 2019
to
RFP 19-09 c/o Elizabeth Delph
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date/time will NOT be accepted
Contact: Elizabeth Delph
Email: elizabeth.delph@acgov.org Phone: 510.777.2146

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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 ACBH or County) to seek proposals to provide behavioral health and other services to eligible adults, 18 years and older, with Serious Mental Illness (SMI) reentering the community from the criminal justice system. ACBH seeks to establish one Reentry Treatment Team to provide treatment and case management reentry services to the priority population, criminal justice-involved adults with SMI who are eligible for Assembly Bill (AB) 109 funded services¹.

ACBH intends to award one contract to the Bidder selected as the most responsible whose response conforms to the Request for Proposal (RFP) and meets the County requirements. At this time, ACBH has allocated a total of \$1,008,280 per contract year for this one-year pilot program through Assembly Bill (AB) 109 funding. In addition, the awarded Contractor will be required to maximize revenue generation and bill Medi-Cal for Specialty Mental Health services provided by the SMI Reentry Treatment Team contract.

The contract that results from this RFP process will be rate-based and prorated for the fiscal year at the contract start date. Program reimbursement will be based on a fee-for-service model, with a three-month start-up period 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. ACBH 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 ACBH in collaboration with Alameda County Probation Department (ACPD).

B. BACKGROUND

The Public Safety Realignment Act, also known as AB 109, went into effect on October 1, 2011. It mandated extensive changes to California's criminal justice system by shifting the responsibility for supervising specific low-level inmates from the California Department of Corrections and Rehabilitation to the County level. Alameda County was hence tasked with developing new approaches to reducing recidivism, including the provision of treatment and

¹ See Appendix A for categories of individuals eligible for AB 109 funded services.

case management services. Toward this goal, the County allocated \$1,000,000 of AB 109 funding to provide reentry treatment and case management services to the forensic population with SMI, and \$2,500,000 to the forensic population with mild to moderate mental health conditions (MM). This current RFP, focused on serving the population with SMI, was preceded by an RFP to procure case management services specific to the forensic population with MM.

A large percentage of individuals with SMI released from county jail in Alameda County do not receive the services needed to connect them to the treatment and resources that help prevent recidivism. The purpose of this RFP is to establish an SMI Reentry Treatment Team, which will constitute a primary component of the County-wide system of care to effectively meet the needs of criminal justice systems-impacted individuals with behavioral health needs. More specifically, the SMI Reentry Treatment Teams will allow the County to increase coordination among its service delivery systems; support clients in navigating transitions of care; expand the Inter-Disciplinary Treatment Team approach (IDTT) of planning care, treatment, supervision and services for individuals; and improve client outcomes.

C. SCOPE/PURPOSE

1. *Goal and Objectives*

The SMI Reentry Treatment Team will provide treatment, case management, and service linkages to address client's behavioral health, essential, and criminogenic needs for up to 18 months to prevent recidivism and promote self-efficacy. This team will work closely with ACBH staff and ACPD staff to support joint clients.

The awarded Contractor will have a three-month startup period. By the end of the start-up period, the team will be fully operational and accepting clients, and billing at target levels for these services. The SMI Reentry Treatment Team will maintain a target client caseload of 120, with a minimum of 110 unduplicated clients at any given time. Outreach efforts are expected.

Funds for additional teams may be allocated to the awarded Contractor, subject to funding availability, the awarded Contractor's performance and ability to maximize billing, and ACBH and ACPD approval. These additional teams may be established when the current SMI Reentry Treatment Team is 75 percent full and has met billing targets, and will be negotiated upon contract renewal and reviewed after the first year of implementation.

2. *Guiding Principles*

SMI Reentry Treatment Teams will adhere to the following principles in its program:

- **Effective Evidence-Based Interventions²**

Principles of effective evidence-based interventions identified by the National Institute of Corrections (NIC) shall be included in the awarded Contractor's service delivery methods. The NIC's eight evidence-based principles for effective interventions are:

1. Assess actuarial risk and needs: Assess offenders' risk and needs (focusing on dynamic and static risk factors and criminogenic needs) at individual and aggregate levels.
2. Enhance intrinsic motivation: Use motivational interviewing techniques, rather than persuasion tactics, to enhance motivation for initiating and maintaining behavior changes.
3. Target interventions:
 - Risk principle – Prioritize supervision and treatment resources for higher risk offenders.
 - Need principle – Target interventions to criminogenic needs.
 - Responsivity principle – Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.
 - Dosage – Structure 40 to 70 percent of high-risk offenders' time for three to nine months.
 - Treatment principles - Integrate treatment into sentence/sanctions requirements.
4. Skill train with directed practice: Provide evidence-based programming that emphasizes cognitive-behavior strategies delivered by trained staff.
5. Increase positive reinforcement: Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.
6. Engage ongoing support in natural communities: Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
7. Measure relevant processes/practices: Conduct accurate and detailed documentation of case information and staff performance, using a formal and valid mechanism for measuring outcomes.
8. Provide measurable feedback: Provide feedback to build accountability and maintain integrity and to improve outcomes.

- **Principles of Forensic Assertive Community Treatment (FACT)³**

Contractors shall incorporate the following key principles of the FACT model in their service delivery methods and program model:

1. Outreach and engagement:
 - Outreach with County jail, courts, and community;
 - Collaboration with ACPD officers on joint clients; and
 - Outreach and engagement strategies must be relevant to the situational and cultural needs of the client, engaging the client "where they are" with respect to their community location, need for clinical and non-clinical services/ supports, and phase in recovery.
2. Intake and follow up/secondary assessments
3. Medication support, integrated services, and managed care

² For more information, please see <https://nicic.gov/theprinciplesofeffectiveinterventions>

³ For more information, please see <https://www.cibhs.org/post/forensic-act-model-fact>

4. Life skills
5. Family involvement
6. Recovery and resiliency
7. Cultural, linguistic and gender responsiveness

- **Gender Responsive Strategies**

Contractors shall incorporate Gender Responsive Strategies in their service delivery model as follows:

1. Gender: Acknowledge that gender makes a difference.
2. Environment: Create an environment based on safety, respect and dignity.
3. Relationships: Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
4. Services and supervision: Address substance abuse, trauma, and mental health issues through comprehensive, integrated, culturally relevant services and appropriate supervision.
5. Socioeconomic status: Provide gender responsive opportunities to improve socioeconomic conditions.
6. Community: Establish a system of community supervision and reentry with comprehensive collaborative services.

- **Trauma Informed Care⁴**

Contractor shall ensure that all SMI Reentry Treatment Team staff are trained in trauma-informed approaches to treatment, care, and support.

Experiencing traumatic events increases an individual's risk of long-term physical and behavioral health issues. Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening (experiencing or observing physical, sexual and emotional abuse; childhood neglect; poverty, discrimination and historical trauma; war or terrorism). Trauma overwhelms a person's coping capacity and has long-term effects on functioning and well-being.

1. Organizational focus: Provide an organization that creates safe, caring, and inclusive environments for all clients.
2. Acknowledge experiences: Ensure an organizational understanding that clients' life experiences are key to delivering effective services and have the potential to improve client engagement.
3. Avoid burnout: Implementing trauma-informed approaches to service delivery may also help avoid provider and staff burnout and workforce turnover.

- **Criminogenic Needs and Community Functioning Factors**

Criminal justice recidivism reduction requires 1) focusing on criminogenic needs and community functioning factors and 2) responding with appropriate service interventions such as Cognitive Behavioral Therapy (CBT), intensity, and duration/dosage. Criminogenic needs are dynamic risk factors empirically linked with antisocial and criminal behavior.

⁴ <https://alamedacountytraumainformedcare.org/>

The table below lists the eight criminogenic needs; the top four **in bold** are the most critical risk factors:

Criminogenic Needs	Factors Affecting Recidivism	Need or Desired Outcome
1. Anti-Social Attitudes/Beliefs	Attitudes, beliefs, values, and rationalizations supportive of crime; emotional states of anger, resentment, and defiance	Less risky thinking and feelings and adopting a pro-social identity
2. Anti-Social Personality Patterns	Adventurous, pleasure seeking, low self-control, restlessly aggressive	Learning problem solving, self-management, coping, and anger management skills
3. Anti-Social Friends/Peers	Close association with criminals and relative isolation from pro-social individuals	Reduced association with criminals, enhanced associations with pro-social individuals
4. Family and/or Marital Factors	Lack of nurturance, caring, or close monitoring and supervision	Reduced conflict, build positive relationships and communication; enhanced monitoring and supervision
5. Substance Abuse	Abuse of alcohol and/or drugs	Reduced use, personal and interpersonal supports for substance abuse behavior; enhanced alternatives to use (Medication Assisted Treatment)
6. Poor Employment History	Low levels of performance and satisfaction	Enhanced rewards, performance, and satisfaction
7. Lack of Education	Low levels of performance and satisfaction	Enhanced rewards, performance, and satisfaction
8. Lack of Pro-Social Leisure Activities	Low levels of involvement and satisfaction in antisocial activities	Enhanced involvement and satisfaction in pro-social activities

- **CBT Interventions⁵**

Contractor/s shall incorporate CBT interventions in all program model elements. These interventions are proven to be effective in restructuring distorted thinking and perceptions

⁵ For more information, please see <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=240869>

(e.g., low impulse control, lack of empathy, anger management, poor problem solving/decision making, and a hampered ability to reason and accept blame for wrongdoing).

The National Institute of Justice (NIJ) references six CBT interventions that are widely used to mitigate distorted thinking:

1. Aggression Replacement Training (ART)
2. Moral Reconation Therapy (MRT)
3. Thinking for a Change (T4C)
4. Relapse Prevention Therapy (RPT)
5. Reasoning and Rehabilitation (R&R)
6. Criminal Conduct and Substance Abuse Treatment-Strategies for Self-Improvement and Change (SCC).

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 two years of organizational experience providing services to criminal-justice involved adults to address clients' criminogenic needs; and
- Have at least one year of experience billing Medi-Cal through a County within the last two years.

Proposals that exceed the contract maximum amount or are unreasonable and/or unrealistic in terms of budget, as solely determined by ACBH, 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. ACBH 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. ACBH has the right to accept all or part of the proposed program model at its discretion.

ACBH shall disqualify any proposal submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California.

E. SPECIFIC REQUIREMENTS

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

- Provide psychiatric and behavioral health treatment, including medication management and referral to Medication Assisted Treatment (MAT);

- Supplement ACPD supervision services for joint clients with clinical reentry case management and cognitive behavioral interventions that address clients' criminogenic needs;
- Connect clients to essential needs (e.g., food, clothing, hygiene, shelter, benefits assistance, and medication);
- Assist clients in applying for all eligible public benefits (e.g., Medi-Cal, Supplemental Security Insurance/Social Security Disability Income, CalFresh, General Assistance, Veterans Administration);
- Connect clients to health care services, including health education, primary care medical provider, dental services, and other mental health services based on medical need;
- Connect clients to support services and resources, including substance use disorder services, identification, life skills/financial skills, housing assistance, legal services, employment support, education/vocational services, and pro-social support systems (e.g., family, community groups, faith-based organizations);
- Provide transportation and/or transportation subsidies as needed to treatment, support services, and resources (e.g., public transit vouchers);
- Assist clients and probation officers in developing an Individualized Treatment and Rehabilitation Plan (ITRP) to assist clients with their specific community integration needs;
- Incorporate the Principles of Forensic Assertive Community Treatment (FACT) listed in Section I.C.2 to reduce hospitalization, re-incarceration, and other emergency events. This does not require implementation of a FACT program.
- Complete all steps required for starting a new mental health program (See Appendix C)⁶;
- By the third month of program implementation, manage and retain qualified staffing team with the appropriate linguistic capacity (see minimum staffing requirements under Section I.F.3 Planned Staffing and Organizational Capacity);
- Maintain sufficient clinical supervision to ensure compliance with Medi-Cal and ACBH documentation requirements and the quality of care to clients;
- Maintain a quality assurance infrastructure to oversee compliance with Medi-Cal regulations;
- Proper credentialing and re-credentialing of licensed staff who will be billing to Medi-Cal;
- Ongoing monitoring to ensure that staff who are providing clinical services have a valid license and no restrictions;
- Plan for, and implementation of, continuous training and quality improvement on cultural and linguistic responsiveness;
- Ensure cultural competence and multi-culturalism using Culturally and Linguistically Appropriate Services (CLAS)⁷;

⁶ Agencies with limited organizational experience providing treatment services and/or experience billing for SMHS, must hire staff with at least three years' experience billing Medi-Cal for SMHS and providing treatment and case management services to adults with SMI.

⁷ <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASstandards.pdf>

- Data entry in a timely manner, as instructed, using the County’s electronic information management and claiming system (currently InSYST), client progress notes (currently Clinician’s Gateway), and ACPD’s data system (currently Caseload Pro)⁸;
- Complete trainings required to access County’s electronic information management and claiming system;
- Complete other trainings as required or requested by the County;
- Report in a timely manner, as instructed;
- Submit a list of staff and license information to ACBH for review and validation against Office of the Inspector General (OIG) and Other Exclusion Lists; and
- Adhere to the following Medi-Cal, state and federal requirements:

Medi-Cal Billing, Clinical and Quality Assurance Requirements:

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

- Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBH some of which are summarized here:
 - The Assessment shall establish medical necessity.
 - The Assessment shall incorporate all of the items included on the most current ACBH QA Regulatory Compliance Tool, in the most current ACBH Clinical Documentation Standards Manual, and per any changes as directed in ACBH QA memos.
 - Contractor must stay current with all changes in Assessment requirements and adopt those changes.
 - The format of the Treatment Plan shall be structured in a manner that allows for client-driven goals, objectives and interventions.
 - The Treatment Plan shall incorporate all of the items included on the most current ACBH QA Regulatory Compliance Tool, in the most current ACBH Clinical Documentation Standards Manual, and per any changes as directed in ACBH QA memos.
 - Contractor must stay current with all changes in Treatment Plan requirements and adopt those changes.
 - The format of a Progress Note shall provide a structure in compliance with Medi-Cal documentation standards and meet criteria for claiming for Medi-Cal.
 - The Progress Note shall incorporate all items included on the most current ACBH QA Regulatory Compliance Tool, in the most current ACBH Clinical

⁸ All client information shared through this program will comply with federal and state information privacy regulations, including requirements for informed consent.

- Documentation Standards Manual, and per any changes as directed in ACBH QA memos.
- Contractor shall record services in progress notes and in the ACBH data system with the correct procedure codes. Contractor shall deepen their understanding and use of these codes through outside trainings and/or study.
 - The current ACBH “Clinical Documentation Standards” manual may be found here: http://www.acACBH.org/providers/QA/docs/qa_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf
 - Contractor shall be familiar with Federal, State and ACBH regulations and standards pertaining to claiming to Medi-Cal.
- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
 - Obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location’s property manager/owner. Upon expiration of a fire clearance, Contractor shall send a copy of a new fire clearance certificate to the ACBH QA Office. Contractor understands that they may not operate at a site without a valid fire clearance.
 - Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification: http://www.acACBH.org/providers/network/docs/2013/MH_Medi-cal_Program_Certification_protocol.pdf
 - Attend all ACBH sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements;
 - Follow all ACBH policies and procedures in the ACACBH Quality Assurance Manual: http://www.acACBH.org/providers/QA/qa_manual.htm
 - Attend the monthly ACBH Clinical Quality Review Team (CQRT) group meetings for the first year of contract. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. Find the updated CQRT manual here: http://www.acACBH.org/providers/QA/docs/qa_manual/9-1_CQRT_MANUAL.pdf

See the QA website for more information: <http://www.acACBH.org/providers/QA/QA.htm>

Credentialing, Re-credentialing and Continuous Monitoring of Licenses

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

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

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

- NPPES
- Licenses verified no restrictions
- OIG/LEIE database
- SAM/EPLS data base
- Medi-Cal and S&I database
- Social Security Death Master File

Contractor shall submit a list of their staff and license information and ACBH for review and validation. If there are issues, ACBH may not contract with the awarded organization. More details regarding this policy and procedure can be found on ACBH QA website: <http://www.acbhcs.org/providers/QA/memos.htm>.

Provider Enrollment

Consistent with federal law, all providers serving Medi-Cal beneficiaries will be required to comply with Medicaid enrollment and screening requirements. Mental Health Centers are subject to the following requirements under law and providers wishing to contract with the County must comply with these requirements as a provision of the contract award:

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

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

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

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

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

- Has been convicted of criminal offense in Medicare, Medicaid or CHIP within the past 10 years,

- Failed to comply with the new screening requirements (including background checks or failure to cooperate with required site visits),
- Did not submit accurate and timely information,
- Terminated from any Medicare, Medicaid or CHIP program after January 1, 2011,
- Falsifies information, and/or
- The County cannot verify enrollment information.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding of and Experience with Priority Population Needs

The priority population for this RFP is criminal justice-involved adults, age 18 and older, with documented SMI who are eligible for AB 109-funded services. These may include those supervised, incarcerated, or adjudicated by ACPD at the time of receiving services.

Many of these individuals have been released from Santa Rita Jail and/or Glenn Dyer Detention Facility and will be referred directly as part of their reentry processing or will be referred by ACBH's on-site clinicians located within probation offices county-wide, in concert with ACPD supervising officers. This population experiences immediate, short, and long-term challenges and barriers as a result of being justice-involved, including accessing health care, employment, housing, education, benefits, food, and other supports. Many of the clients may not have a primary care provider and will need assistance with care coordination and keeping up with their medical appointments.

Successful Bidders will demonstrate knowledge, experience and understanding of the needs, issues and challenges faced by the priority population. Bidders should identify strategies to address barriers faced by clients and demonstrate experience in supporting clients. Successful Bidders will demonstrate the cultural competency required to successfully serve the priority population. This competency spans not just race/ethnicity and language capacity, but includes understanding and reflecting clients' shared experience of incarceration, as well as the unique experiences of sub-groups defined by sex, race, exposure to trauma, immigration experience, mental health status, substance use, socioeconomic status, and other factors. The awarded Contractor shall provide access to interpreter services and communication devices for clients who are hearing or vision impaired, and will also make reasonable accommodation for clients with disabilities.

2. Service Delivery Approach

The SMI Reentry Treatment Teams will provide treatment and case management services to support the priority population in connecting with treatment and resources needed to achieve stabilization, transition, and sustainability to assist in preventing recidivism and hospitalization.

The awarded Contractor will receive referrals from ACBH and ACPD, and will be expected to engage in outreach as needed to maintain their target caseload of 120 clients and minimum caseload of 110 clients. Bidders will propose their strategies for outreach to support clients in quickly receiving services after release. The SMI Treatment Team will conduct appropriate assessments for mental health services.

The SMI Reentry Treatment Team should be based in North County⁹ where the majority of Alameda County's Probation clients reside, but provide services for the entire County.

ACBH anticipates clients with SMI will need services for up to 18 months, with possible extension up to six months. Any clients requiring services beyond the stated timeframes must be approved by ACBH. The awarded Contractor will assess clients to determine readiness to transition to lower or higher level of services.

The awarded Contractor shall implement a three-phase program model: Stabilization, Transitional, and Sustainability. The awarded Contractor will inform a designated ACPD representative when a joint client moves between program Phases.

- 1. Stabilization Phase:** During the Stabilization Phase, the SMI Reentry Treatment Team will work with clients to meet immediate basic needs and to initiate connections/linkage to mental health, medical, and Substance Use Disorder (SUD) services.

Stabilization Services: Minimum service requirements during the Stabilization Phase shall include:

- Engage participants.
- Address crises.
- Assess for potential long-term support systems including family.
- Goal setting.
- Obtain linkages to meet client essential needs, with a primary focus on food, clothing, hygiene, shelter or housing navigation, benefits assistance, and medication.
- Begin setting up linkages with other care providers.
- Provide mental health treatment including individual and group psychotherapy, individual and group rehabilitation, medication evaluation, and support based on an individualized treatment plan.

Stabilization Duration: The Stabilization Phase shall average between four to six months.

⁹ North County includes Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

Stabilization Outcomes: During the Stabilization Phase, clients shall obtain linkages to meet their essential needs, with a primary focus on food, clothing, hygiene, shelter or housing navigation, benefits assistance, and medication.

- 2. Transitional Phase:** During the Transitional Phase, SMI Reentry Treatment Teams will connect clients with moderate/low functioning case factors and high needs to services that aid in their successful transition into their communities.

Transitional Services: Minimum service requirements during the Transitional Phase shall include:

- Review treatment plan for progress toward goals and update milestones as they change.
- Provide mental health treatment including individual and group psychotherapy, individual and group rehabilitation, medication evaluation and support based on an individualized treatment plan.
- Start to transition clinical supports to other community-based providers based on clinical and service necessity.

Transitional Duration: The Transitional Phase shall average between four to six months.

Transitional Outcomes: During the Transitional Phase, clients shall obtain linkages to a minimum of three presenting needs.

- 3. Sustainability Phase:** During the Sustainability Phase, SMI Reentry Treatment Teams will work with clients to ensure needs are met in a sustainable manner so that a client can maintain self-efficacy.

Sustainability Services: Minimum service requirements during the Sustainability Phase shall include:

- Titrate services to ensure participant is maintaining on their own.
- Completion of a comprehensive clinical discharge plan.

Sustainability Duration: The Sustainability Phase shall average between four to six months.

Sustainability Outcomes: During the Sustainability Phase, clients shall continue to sustain positive linkages to at least three presenting needs, obtain linkages to an additional presenting need, and complete an Individualized Sustainability Plan.

The awarded Contractor will be expected to link discharged clients to ongoing care, as appropriate.

Case management components shall include:

1. Needs Identification:

- Conduct intake and assessment/secondary assessment/s
- Identify criminogenic needs
- Identify community functioning levels, using the Adult Needs and Strengths Assessment (ANSA)
- Review COMPAS results (provided by ACPD when available)
- Identify client-specific barriers (risk level, risk factors, client limitations, etc.)
- Obtain information sharing consent as necessary

2. Support Individualized Treatment and Rehabilitation Plan (ITRP):

- Identify programs and services that meet client's specific needs
- Incorporate CBT interventions with appropriate dosages
- Collaborate with ACBH on-site clinicians at ACPD offices and ACPD Deputy Probation Officers (DPOs)
- Provide information to the IDTT
- Participate in regular case conferencing with ACPD staff as part of the IDTT, as needed

3. Incorporation of Outreach Strategies:

Conduct outreach and engagement strategies relevant to the situational and cultural needs of the client. Engage clients "where they are" with respect to their community location, their need for clinical and non-clinical services and supports, and their phase in the recovery process.

4. Restorative Processes:

Recognizing that setbacks are part of each client's rehabilitation efforts, the awarded Contractor is encouraged and expected to commit to providing timely restorative processes to safely reengage clients with services and opportunities.

5. Measurable Outcomes:

To demonstrate program efficiency and impact, the awarded Contractor shall comply with requirements to provide measurable outcomes for all relevant program, treatment and case management areas as set forth below.

6. Document Activity:

Enter data into the County's electronic information management and claiming system and ACPD's data system.

Services will be provided to clients in a combination of field-based and office-based settings. Services should be available after hours and during weekends to enhance program availability and access. The awarded Contractor's services must be accessible to the clients who need them, including by public transportation. Ideally, services shall be located in or near the communities served or other commonly utilized services. Service providers whose home office is not located directly in the community of those served must demonstrate an ability to provide services in clients' home or communities. To support clients in meeting their goals, the awarded Contractor will assist with transportation and/or accompany clients to their appointments as needed.

To assist with housing and other client needs, Bidders must include a minimum of \$60,000 of client supportive expenditures in their proposed budget, to allocate across all clients as appropriate. ACBH expects the majority of this amount be reserved for housing subsidies. Bidders must include in their proposal their policy and procedure for managing these funds to support clients in meeting their goals while taking into consideration how consumer grievance around equity of fund distribution will be addressed. The awarded Contractor will be responsible for timely and accurate bookkeeping of these client supportive expenditures to ACBH.

Services and supports should be culturally and linguistically appropriate. The awarded Contractor shall have the cultural competency required to successfully serve the priority population and identify a comprehensive program model that supports the principles outlined in Section I.C.2 above.

Bidders will be evaluated based on their description of their SMI Reentry Treatment Team, including how well chosen practices meet the needs of the priority population, how services are culturally and linguistically responsive and appropriate, and how services will be provided in a welcoming and accessible environment. Bidders should also describe their change management strategy as the program is implemented and unforeseen circumstances emerge.

3. *Planned Staffing and Organizational Capacity*

The SMI Reentry Treatment Team will consist of multidisciplinary staff to provide treatment and case management. Bidders shall provide the following positions:

- 0.5 FTE Licensed Psychiatrist
- 1.0 FTE Licensed Practitioner of the Healing Arts (LPHA) Clinical Supervisor
- 3.0 FTE LPHA Mental Health Specialists, including those operating under a waiver
- 2.0 FTE Peer Support Staff¹⁰

Bidders shall include in their proposal a staffing structure that integrates consumers with lived experiences as formerly incarcerated or criminal justice system-impacted adults as Peer Support staff to serve as case managers and peer navigators. Formerly incarcerated and systems-impacted adults are known to be highly effective care providers, especially in peer-to-peer monitoring and serve as role models and provide shared perspectives. The awarded Contractor shall provide appropriate and regular clinical supervision to SMI Reentry Treatment Team staff.

¹⁰ All Peer Support staff must have lived experience with mental illness in addition to the criminal justice system (i.e. be formerly incarcerated, have been arrested, or have been supervised) or be systems-impacted (i.e. have an incarcerated or formerly incarcerated family member)

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

- Organizational capacity to provide mental health services that are billable to Medi-Cal and manage operations in a manner that maximizes revenue generation while maintaining quality of care;
- Maintaining quality assurance of Medi-Cal documentation standards;
- Monitoring of clinicians' credentials to the Office of Inspector General's requirements for delivering Medi-Cal services;
- Plan for training, supervising, and providing support to SMI Reentry Treatment Team staff;
- Organizational capacity to support clients during their recovery to meet their treatment goals and link to ongoing services;
- Providing services with an integrated approach to care; and
- Organizational capacity to track and enter data into the County's electronic information management and claiming system (InSYST, Clinician's Gateway) and ACPD's data system (Caseload Pro).

Bidders will describe their plan to support program sustainability. Bidders will be evaluated based on their description of their staffing plan and organizational capacity to provide SMI Reentry Treatment Team services.

4. *Forming Partnerships and Collaboration*

In order to meet the needs of the priority populations, the awarded Contractor must strengthen linkages 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 work with ACBH and ACPD and their partners to receive referrals. The awarded Contractor will need to establish strong systems of collaboration with the client referring agencies. Bidders shall demonstrate how they will coordinate and collaborate across service systems, with the goal to maximize coordination and minimize redundancy in supports.

Bidders should demonstrate experience working with primary care providers and agencies. The awarded Contractor will be expected to coordinate services with Alameda County Social Services Agency (SSA) and benefits advocates who specialize in legal services, housing and disability advocacy to ensure clients receive appropriate supports.

To strengthen service linkages for consumers, the awarded Contractor will use existing partnerships to identify additional collaborative partners. Bidders will propose their plan for building on existing partnerships and establishing new relationships to support clients in meeting their needs.

5. Ability to Track Data

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

The awarded Contractor will maintain a caseload of at least 110 unduplicated clients at any one time, with a target caseload of 120 unduplicated clients at any one time.

The awarded Contractor/s will track and meet the following outcomes by the end of the first year of the program:

- At least 80 percent of clients will be referred to the designated monthly number of service referrals in each Program Model Phases (Clinician's Gateway);
- At least 80 percent of clients will progress through each Program Model Phase within the designated time period (Clinician's Gateway);
- At least 80 percent of clients will receive two or more mental health services per month for the first three months (Clinician's Gateway);
- At least 80 percent of clients admitted into the program are retained for at least two months or are transitioned to more appropriate programs (Clinician's Gateway);
- One hundred percent of clients who complete the program will have an individualized sustainability plan upon program exit (Caseload Pro); and
- One hundred percent of clients who complete the program will receive a Certificate of Achievement upon program exit (Caseload Pro).

The awarded Contractor will meet the following outcomes by the end of the first year of the program; these outcomes will be tracked through administrative data:

- At least 90 percent of clients will be connected with a medical home within the first two months;
- At least 75 percent of clients will have an appointment with their Primary Care Physician within the first four months;
- At least 60 percent of clients eligible for Medi-Cal shall obtain this support within two months of their case being opened;
- At least 80 percent of clients eligible for Medi-Cal shall obtain this support within four months of their case being opened;
- At least 60 percent of clients have a reduction in admissions to jail; and
- At least 60 percent of clients have a reduction in admissions to psychiatric emergency services.

The awarded Contractor will also report on the following measure:

- Number of clients who obtain housing for a minimum of three consecutive months.

Bidders will describe their plan for implementing the program in order to meet the above outcomes, as well as tracking progress and using data for quality improvement. Bidders will be evaluated based on their plan for meeting program outcomes as well as their ability to track client progress.

The awarded Contractor will meet with the ACBH contract manager or designee as often as necessary to review progress and performance. The review criteria shall include problems encountered, future performance, and any other subjects related to the completion of specified tasks.

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

The awarded Contractor will conduct annual program evaluations and report results to ACBH using an ACBH-approved template. ACBH reserves the right to determine and evaluate program measures and outcomes, and to work with the awarded Contractor to alter their program and outcome measures in subsequent years. Contractor shall work collaboratively with ACBH to develop impact objectives in FY 20/21.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

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

The ACBH 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:

Elizabeth Delph
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: elizabeth.delph@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Tuesday, June 25, 2019	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – ACBH strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Tuesday, July 9, 2019	3:00pm – 4:30pm
2 nd Bidders' Conference	Wednesday, July 10, 2019	1:00pm – 2:30pm
Addendum Issued	Wednesday, July 17, 2019	
Proposals Due	Tuesday, August 6, 2019 by 2:00pm	
Review/Evaluation Period	August 7, 2019 – September 10, 2019	
Oral Interviews (as needed)	Tuesday, September 10, 2019	
Award Recommendation Letters Issued	Wednesday, September 17, 2019	
Board Agenda Date	February 2020	
Contract Start Date	February 2020	

***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: 621420, 621330, 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

ACBH strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. ACBH 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.

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

ACBH 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. ACBH's 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. 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.¹¹

Bidders shall ensure that proposals are:

- Single spaced
- Maximum 1 inch margins
- 11-point Arial font
- Conform to the maximum page limits

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

4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
5. Submitted proposals shall be valid for a minimum period of eighteen months.
6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
7. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government

¹¹ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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 ACBH website.
9. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.
10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the Bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the Bidder.
11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms “claim” and “knowingly” are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the provided MS Word Bid Response Template to address and complete your proposals. The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a **total page maximum of twenty-five (25)**. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

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

Table 1
The proposal sections, instructions and page maximums are contained in Table 1. **Proposal shall not exceed twenty-five (25) pages excluding Exhibits and Attachments.**

Section	Instructions	Suggested Page Max.
1. TITLE AND TABLE OF CONTENTS	Include a table of contents with page numbers indicating the location of each section of the bid.	N/A
2. EXHIBITS AND ATTACHMENTS	Exhibit A: Bidder Information and Acceptance SLEP Partnering Sheet Exhibit D: Exceptions, Clarifications, and Amendments	N/A
3. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	
	a. Debarment and Suspension Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at the following databases: <ul style="list-style-type: none"> • https://www.sam.gov/SAM/ • https://exclusions.oig.hhs.gov/ • https://files.medi-cal.ca.gov/pubsdoco/Sandllanding.asp • https://www.ssdmf.com 	N/A
	b. References Use the Bid Response Template to provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.	2

Section	Instructions	Suggested Page Max.
	<p>The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p> <p>Do not include ACBH staff as references. Provide a list of <u>six (6)</u> total references – three (3) current and three (3) former, please provide the following:</p> <ul style="list-style-type: none"> • Company Name • Reference Name and Title • Address • Phone number • E-mail address • Services Provided/Date(s) of Service 	
4. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the Bid Response Template to complete and submit a synopsis of the highlights and benefits of each proposal.	1
5. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	<p>Use the Bid Response Template to describe and demonstrate how Bidder meets all of the criteria:</p> <ul style="list-style-type: none"> • Have at least two years of organizational experience providing services to criminal-justice involved adults to address clients’ criminogenic needs; and • Have at least one year of experience billing Medi-Cal through a County within the last two years. 	1
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Bid Response Template to complete and submit the information below.	
	a. Describe, in detail, Bidder’s Understanding of and Experience with the Priority Population Needs including:	(3)

Section	Instructions	Suggested Page Max.
	i. Bidder’s understanding of the priority population, including: <ul style="list-style-type: none"> • Specific services needed; • Risk factors and barriers; and • Cultural and linguistic needs, including client experiences. 	1
	ii. Bidder’s experience working with the priority population, including: <ul style="list-style-type: none"> • Experience providing mental health, treatment, and case management services to the priority population; • Experience providing criminogenic based services (specific to Section I.C.2.); and • Experience addressing barriers faced by the priority population. 	2
	b. Describe in detail, Bidder’s Service Delivery Approach, including:	(6)
	i. Bidder’s plan to deliver services to clients according to the three-phase model, including: <ul style="list-style-type: none"> • Plan to implement the program requirements listed in Sections I.C and I.F.2; • Management of clients that require services beyond the program’s time frame; and • Change management strategy in case the program requires modification due to unforeseen circumstances. 	2
	ii. Bidder’s service hours and locations, including: <ul style="list-style-type: none"> • Bidder’s service hours and rationale for these hours; • Bidder’s service locations and rationale for these locations; and • Proposed provision of transportation supports. 	1
	iii. Bidder’s plan to engage the priority population in services, including: <ul style="list-style-type: none"> • Strategies for outreach to and engagement of clients; and 	1

Section	Instructions	Suggested Page Max.
	<ul style="list-style-type: none"> How client supportive expenditures will be used to support clients in their treatment goals. Describe policies and procedures for managing these funds including how consumer grievances around fund equity issues will be addressed. 	
	<p>iv. How the cultural and linguistic needs of the priority population will be addressed, including:</p> <ul style="list-style-type: none"> How services will be designed to be culturally and linguistically responsive and appropriate; and How services will be provide in a welcoming environment including providing access to interpreter services and communication devices, and accommodating to clients with disabilities. 	1
	<p>v. Bidder’s plan to implement Evidence Based Practices (EBPs), including:</p> <ul style="list-style-type: none"> Identify proposed EBPs to be used, and Bidder’s experience implementing these or similar EBPs, including successes and challenges; and Describe plans to integrate EBPs into the service model. 	1
	<p>c. Describe, in detail, Bidder’s Planned Staffing and Organizational Capacity, including:</p>	(5)
	<p>i. Roles and responsibilities of program staff, including:</p> <ul style="list-style-type: none"> Plan for program staffing including staff positions, staff education and/or experience, language capacity, roles, responsibilities, and supervision structure. Include tasks necessary to provide program services and how they will be assigned to staff; Plan for hiring, training, supervising, and retaining staff. Include how staff will reflect the priority population and language profiles; and Plan for supervision and oversight of proposed program components. 	2
	<p>ii. Management of Peer Support Staff, including:</p> <ul style="list-style-type: none"> Experience with use and integration of Peer Support Staff; and 	1

Section	Instructions	Suggested Page Max.
	<ul style="list-style-type: none"> Strategies for addressing challenges that may arise with Peer Support Staff. 	
	<p>iii. Bidder’s planned organizational infrastructure, including:</p> <ul style="list-style-type: none"> Proposed program chart that illustrates where the program will sit within the organization (include as Attachment 1); Description of how program services will be integrated into Bidder’s existing organizational structure and services, including necessary organizational or operational modifications to implement this program model; Description of how Bidder’s organizational capacity supports the coordination of services for clients and the cultivation of a therapeutic environment for clients with repeated contacts with the criminal justice system (including arrest); Capacity or plan to track and enter data following County requirements; Capacity or plan to meet Federal, State, and Medi-Cal billing, clinical, and quality assurance requirements; and Plan to support program sustainability. 	2
	<p>d. Describe, in detail, Bidder’s experience in Forming Partnerships and Collaboration, including:</p>	(1)
	<ul style="list-style-type: none"> i. Experience in working with agencies and service providers including ACBH, ACPD, SSA, primary care providers, and others; ii. Current program partnerships and collaborations; and iii. Plan to collaborate with key partners working with the priority population. 	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>	(1)

Section	Instructions	Suggested Page Max.
	<ul style="list-style-type: none"> i. Experience with data collection, tracking, and reporting including data tracking tools or systems. Include examples of how data and outcomes information has been used for quality and performance improvement; and ii. Plan for monitoring program measures and outcomes, and how these will be used for quality and performance improvement. If Bidder is proposing benchmark measures different from those included in RFP, provide rationale. 	1
7. COST	Budget and Budget Narrative	(2)
	<p>Budget</p> <ul style="list-style-type: none"> a. Cost-Coefficient – Bidder does not need to submit anything additional for this. b. Complete and submit one BUDGET WORKBOOK (saved in Excel). See Budget Instructions tab. Complete and submit all worksheets in the Workbook. 	
	<ul style="list-style-type: none"> c. Provide a detailed Budget Narrative to explain the costs and calculations in the budget. The narrative must match the budget, and be aligned with the requirements of this RFP. At a minimum, the narrative should provide a justification for the following line items: <ul style="list-style-type: none"> • Required Staffing • Salaries and Benefits • Operating Expenses • Administrative and/or Indirect Costs 	2
8. IMPLEMENTATION SCHEDULE AND PLAN	<ul style="list-style-type: none"> a. Bidder’s Implementation Schedule and Plan with due dates around the following activities: <ul style="list-style-type: none"> • Start up (site certification, staff hiring, and training) • Fill up (receiving referrals and conducting outreach) • Meeting program outcomes 	3

Section	Instructions	Suggested Page Max.
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect program implementation.	
9. ATTACHMENTS	Attachment 1 – Organizational Chart	N/A

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 ACBH 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 most 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 AND TABLE OF CONTENTS	Reviewed for completeness	Complete/Incomplete	Pass/Fail
2. EXHIBITS AND ATTACHMENTS		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.	
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS	<ul style="list-style-type: none"> • Have at least two years of organizational experience providing services to criminal-justice involved adults to address clients' criminogenic needs; and • Have at least one year of experience billing Medi-Cal through a County within the last two years. 	<p>Meets/Does Not Meet Minimum Qualification</p> <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>	
5. ORGANIZATIONAL CAPACITY AND REFERENCES	a. Debarment and Suspension	To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases:	Pass/Fail

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • https://www.sam.gov/SAM/ • https://exclusions.oig.hhs.gov/ • https://files.medi-cal.ca.gov/pubsdoco/Sandllanding.asp • https://www.ssdmf.com 	
	<p>b. ACBH will accept only non-ACBH references. ACBH will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<p>How do the Bidder's references respond to the following:</p> <ul style="list-style-type: none"> • Bidder's capacity to perform the services as stated; • Areas in which Bidder did well and areas in which bidder could have improved (if applicable); • Experience working with the reentry population and/or individuals with SMI? • Ability to link clients with needed services? • Communication and responsiveness, reporting, training, customer service, compliance with program, legal, and/or funding requirements, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Capacity and ability to meet program or contract deliverables; • Understanding of the project and need; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; • Whether Bidder would be used again by Reference; and • Any other information that would assist in Alameda County's' work with the Bidder. 	5

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
6. BIDDER EXPERIENCE, ABILITY AND PLAN		a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <i>Understanding of and Experience with the Priority Population Needs.</i>	(12) Section Subtotal
		i. Understanding of the Priority Population How well does Bidder demonstrate understanding of the priority population including: <ul style="list-style-type: none"> • Specific services needed? • Risk factors and barriers? • Cultural and linguistic needs including client experiences? 	6
		ii. Experience with Priority Population How well does Bidder demonstrate experience working with the priority population including: <ul style="list-style-type: none"> • Experience providing mental health services to the priority population? • Experience providing case management services to the priority population? • Experience providing criminogenic based services (specific to Section I.C.2.)? • Experience addressing barriers faced by the priority population? 	6
		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 <i>Service Delivery Approach.</i>	(30) Section Subtotal

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	i. Three-Phase Model	How well-matched is Bidder’s plan to provide services, including: <ul style="list-style-type: none"> • Plan to implement the program requirements? • Management of clients that require services beyond the program’s time frame? • Change management strategy in case the program requires modification due to unforeseen circumstances? 	6
	ii. Service Hours and Locations	How appropriate are Bidder’s proposed service hours and locations, including: <ul style="list-style-type: none"> • Bidder’s service hours and rationale for these hours? • Bidder’s service locations and rationale for these locations? • Proposed provision of transportation supports? 	6
	iii. Client Engagement	How well-matched is Bidder’s plan to engage the priority population in services, including: <ul style="list-style-type: none"> • Strategies for outreach to and engagement of clients? • How client supportive expenditures will be used to support clients in their treatment goals? • Policies and procedures for managing these funds including how consumer grievances around fund equity issues will be addressed? 	6

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>iv. Cultural and Linguistic Needs</p>	<p>How appropriate is Bidder’s plan to address the cultural and linguistic needs of the priority population, including:</p> <ul style="list-style-type: none"> • How services will be designed to be culturally and linguistically responsive and appropriate? • How services will be provide in a welcoming environment including providing access to interpreter services and communication devices, and accommodating to clients with disabilities? 	6
	<p>v. Evidence Based Practices</p>	<p>How appropriate is Bidder’s plan to implement Evidence Based Practices, including:</p> <ul style="list-style-type: none"> • Proposed EBPs, and Bidder’s experience implementing these or similar EBPs, including successes and challenges? • How Bidder plans to integrate EBPs into the service model? 	6
	<p>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 <i>Planned Staffing and Organizational Capacity.</i></p>		(18) Section subtotal

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>i. Planned Staffing Structure</p>	<p>How well-matched is Bidder’s staffing plan, including:</p> <ul style="list-style-type: none"> • How appropriate is proposed plan for program staffing including staff positions, staff education and/or experience, language capacity, roles, responsibilities, and supervision structure? • How well does Bidder identify tasks necessary to provide program services? How well does Bidder describe how tasks will be assigned to staff? • How well matched is Bidder’s plan for hiring, training, supervising, and retaining staff? How well do staff reflect the priority population and language profiles? • How appropriate is Bidder’s plan for supervision and oversight of proposed program components? 	6
	<p>ii. Peer Support Staff</p>	<p>How well-matched is Bidder’s plan to manage the Peer Support Staff, including:</p> <ul style="list-style-type: none"> • Experience with use and integration of Peer Support Staff (including reentry individuals)? • Strategies for addressing challenges that may arise with Peer Support Staff? 	6
	<p>iii. Capacity and Organizational Infrastructure</p>	<p>How well does Bidder describe its organizational infrastructure, and how well-matched to the proposed services is this infrastructure, including:</p> <ul style="list-style-type: none"> • How program services will be integrated into Bidder’s existing organizational structure and services (including Attachment 1)? • How Bidder’s organizational capacity supports the coordination of service for clients and the cultivation of a 	6

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		therapeutic environment for clients with repeated contacts with the criminal justice system (including arrest)? <ul style="list-style-type: none"> • Capacity or plan to track and enter data following County requirements? • Capacity or plan to meet Federal, State, and Medi-Cal billing, clinical, and quality assurance requirements? • Plan to support program sustainability? 	
	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 Forming Partnerships and Collaboration .		(4) Section subtotal
	iv. Forming Partnerships and Collaboration	How well does Bidder describe its experience in forming partnerships and collaboration, including: <ul style="list-style-type: none"> • Experience in working with agencies and service providers including ACBH, ACPD, SSA, primary care providers, and others? • Current program partnerships and collaborations? • Plan to collaborate with key partners working with the priority population? 	4
	e. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under Tracking Data and Outcomes .		(4) Section subtotal
	i. Track Data and Outcomes	<ul style="list-style-type: none"> • How appropriate is Bidder's plan for tracking deliverables, client level data? • How well does Bidder demonstrate experience with data collection, electronic data, and services encounter tracking systems? 	4

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
7. COST		The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.	(8)
	i. Cost Co-Efficient	<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
	ii. Budget iii. Budget Narrative	<ul style="list-style-type: none"> • How well-matched is Bidder's budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder "show the work"? 	6
8. IMPLEMENTATION SCHEDULE AND PLAN		The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under Implementation Plan and Schedule.	(8)
	i. Implementation Plan	<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: 	4

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> ○ Start up (site certification, staff hiring and training) ○ Fill up (receiving referrals and conducting outreach) ○ Meeting program outcomes 	
	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? 	4
ORAL INTERVIEW, IF APPLICABLE	Criteria are created with the CSC/Evaluation Panel.		10
PREFERENCE POINTS, IF APPLICABLE	SLEB		Five Percent (5%)
	Local (not SLEB certified)		Five Percent (5%)

H. CONTRACT EVALUATION AND ASSESSMENT

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

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

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

I. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that best conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. Any proposal that contains false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a single or 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 ACBH 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 ACBH. 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.
- Debriefing may include review of the recommended/ successful Bidder's proposal/s with redactions as appropriate.

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

M. TERM/TERMINATION/RENEWAL

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

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

ACCESS	The system wide point of contact for information, screening and referrals for mental health and substance use services and treatment for Alameda County residents.
Assembly Bill (AB) 109	Signed legislation that realigned responsibility for specified non-violent, non-serious, non-sex offenders from state to local probation and sheriff departments.
Agreement	The formal contract between ACBH and the Contractor. Also referred to as Contract.
Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
ACBH	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency.
ACPD	Alameda County Probation Department
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.
Case Management/ Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.
Client	The recipient of services; used interchangeably with beneficiary and consumer.
Cognitive Behavioral Therapy (CBT)	A psycho-social intervention with the goal of improving mental health through changing unhelpful behaviors, improving emotional regulation, and developing coping strategies.
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.
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions, an assessment instrument which calculates a client's criminogenic risks and needs, and informs the development of a client's individualized treatment and rehabilitation plan (ITRP).
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
County	When capitalized, shall refer to the County of Alameda.
Criminogenic Needs	Characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend and commit another crime.

CSC	County Selection Committee or Evaluation Panel.
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups.
Evidence Based Practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies.
Forensic Assertive Community Treatment (FACT)	A community treatment model designed to prevent criminal recidivism through criminal justice collaboration.
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.
Inter-Disciplinary Treatment Team (IDTT)	A team of healthcare professionals from different professional disciplines who work together to manage the various needs of the patient.
Individualized Treatment and Rehabilitation Plan (ITRP)	A comprehensive and personalized plan that includes all prescribed mental health services, based on a client's criminogenic risk and need as determined by COMPAS.
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.
Medication-Assisted Treatment (MAT)	The use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.
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 therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency.

Mild to Moderate (MM)	Level of severity of mental health impairment, as determined by ACBH screening tool (located http://www.acbhcs.org/providers/Forms/docs/Access/Adult_BH_Screen_Fillable.pdf here).
North County	North County includes Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.
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.
Plan Development	Any or all of the following: development of coordination plans and/or individual service plans, approval of plans, verification of medical or service necessity, and monitoring of the Individual's progress.
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with bid.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and ACBH policies are met by all ACBH providers.
Recidivism	When an individual (either formerly incarcerated and/or under supervision of a justice agency) commits a crime or violates the conditions of their supervision.
Reentry	The transition of formerly incarcerated individuals back into the community.
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.
SSA	Social Services Agency, an agency within Alameda County.
Serious Mental Illness (SMI)	ACBH defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
State	Refers to State of California, its departments and/or agencies.
Supervision	A client's term of court-ordered probation, parole or other justice-involved oversight.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

B. BID SUBMISSION CHECKLIST

BID SUBMISSION CHECKLIST

All of the 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 labeled.

- 1. Table of Contents**
- 2. Bid Response:** Bidder may use the ACBH-issued Bid Response Template in MS Word but is not required to, as long as the Bid Response is complete per this Bid Submission Checklist. Further, Proposal Narrative **must not** collectively exceed the maximum page limit of **25 pages**.

Proposal Supporting Documentation

a) Exhibit A: Bidder Information and Acceptance:

Bidders 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) SLEB Partnering Information Sheet:

Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Bid Response 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.

c) References:

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

d) 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. **THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.**

Proposal Narrative (must not exceed 25 pages)

e) Letter of Transmittal/Executive Summary:

Bidders should use this document to provide a synopsis of the highlights and benefits of their bid.

f) Bidder Minimum Qualifications:

Bidders must demonstrate how they meet all of the criteria.

g) Bidder Experience, Ability and Plan:

Bidders must respond to all questions in this section of the narrative proposal.

h) Budget Narrative:

Budget narrative must match Exhibit B-1 Budget.

i) Implementation Schedule and Plan:

Bidders must respond to all questions in this section of the narrative proposal.

3. Exhibit B-1: Budget:

Bidders must complete all tabs in the budget workbook.

4. Attachments:

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

a) Attachment 1: Organizational Chart

A complete Bid Response Packet must include:

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

C. 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 ACBH 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.
- ACBH 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 ACBH Director, or designee shall review and evaluate the protest and issue a written decision. The ACBH 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 ACBH 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 ACBH 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 ACBH Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the ACBH 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 ACBH 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 ACBH 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/genreqs.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	
Name of RFP Contact				Title	
Phone Number				Fax Number	
Email					

D. SLEB PARTNERING INFORMATION SHEET

**SMALL LOCAL EMERGING BUSINESS (SLEB)
PARTNERING INFORMATION SHEET**

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

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

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

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

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

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

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

Bidder Printed Name/ Title: _____

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

Bidder Signature: _____ Date: _____

E. 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"> 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. 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. 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. 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. 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. 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". CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. 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. 	

F. 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

G. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Data Collection Provider Relations (800) 878-1313</p> <p>Training Available upon Request and as needed</p>	<p>This is the first training that individuals and organizational representatives should attend to learn the flow of INSYST client service data. Data Collection training provides guidelines for client data collection and data entry. It is a critical component of a provider's contract with ACBHCS.</p>	<ul style="list-style-type: none"> • INSYST System- Overview • Client Referrals • Verifying Client Eligibility- Overview • Client Registration • Client Episodes • Service Entry- Direct, Indirect, MAA, FSP etc. • Disallowed Claims System • CSI Information • Invoicing and Deadlines • INSYST Reports • Reference Information/Terms and Definitions 	<p>Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>Medi-Cal Eligibility Verification Provider Relations (800) 878-1313</p> <p>Training Available upon request and as needed</p>	<p>This training teaches the methods and process of verifying client's eligibility. It is the responsibility of the provider to determine Medi-Cal eligibility for all clients on a monthly basis.</p>	<ul style="list-style-type: none"> • Terminology • How to Verify Medi-Cal Eligibility- Internet • How to Verify Medi-Cal Eligibility- AEVS • MMEF Process • Medi-Cal Claim Process • Error Correction Report • SOC Procedures • Provider Responsibilities and Expectations 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>INSYST Training Information Systems (510) 567-8181</p> <p>Training is scheduled on an as needed basis</p> <p>To enroll in training complete a User Authorization Form available online at: www.acbhcs.org/providers/INSYST/INSYST.htm</p>	<p>This is a hands on training for learning how to navigate and input client information into the INSYST system.</p>	<ul style="list-style-type: none"> • Navigating through INSYST • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>

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

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

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

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

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
1. Apply for any specialized permit, certification and/or licensure which is required for service delivery, outside of Medi-Cal Certification	<ul style="list-style-type: none"> Specialized new programs/ sites, such as residential, crisis residential and/or outpatient services in a group home setting 			Provider	<ul style="list-style-type: none"> These are generally permits, certifications and/or licensure from other bodies, including but not limited to local jurisdictions, Community Care Licensing (CCL) and the Department of Health Care Services (DHCS) The applications for these specialized permits, certifications and/or licensures can take some time (around six months for some), so it is helpful to plan for and submit these applications early in the process if they are a requirement for service delivery
2. Secure Fire Clearance and send to BHCS Network Office, and also to BHCS QA for programs which will be billing to Medi-Cal	<ul style="list-style-type: none"> All new programs/sites which bill to Medi-Cal Most other new programs/sites which provide direct onsite services to clients 			Provider	<ul style="list-style-type: none"> Timeline for scheduling fire clearance can vary by jurisdiction, but it can be several months For school sites, specify that you are requesting fire clearance for an individual clinical space or classroom versus the whole school At a given location, the fire clearance must specify all suite numbers, classrooms and addresses where service delivery will occur A new fire clearance will generally be needed before moving to a new suite number or

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					<p>classroom, even if it is within the same building or on the same school campus</p> <ul style="list-style-type: none"> • When items are out of compliance, fire jurisdiction or fire inspection company may invoke a plan of correction and need to come back, extending the timeline • Fire clearance must be signed, dated, include the site address and meet local fire jurisdiction requirements to be valid - Fire clearance is different than a fire sprinkler check, and a fire sprinkler check will not suffice for the purposes of fire clearance • There is a nominal cost for fire clearance, generally between \$80-100
<p>3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to BHCS Network Office and QA</p>	<p>Providers which have no existing NPI at this site, and will be adding a new program/site which will enter services into a BHCS-approved data entry and claiming system</p>			<p>Provider</p>	<ul style="list-style-type: none"> • Timeline can vary from 72 hours to 45 days • Applying electronically on the NPPES website (https://nppes.cms.hhs.gov/NPPES/Welcome.do) is recommended as this can sometimes be faster • Record and secure your NPPES username, password and security questions as this can be important in the future • Customer Service can reset your password if needed • More information available here: http://www.acbhcs.org/providers//npi/npi.htm • Providers should only apply for change of address for an existing NPI if all programs/RUs at one site are moving to a new site (i.e., a complete move)

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
4. Negotiate new or updated contract	All new programs/sites			<ul style="list-style-type: none"> BHCS Network Office Provider 	<ul style="list-style-type: none"> BHCS Network Office Contract Managers will work with internal BHCS partners to send draft Exhibit A Language for provider to respond to, and Budget Template for provider to complete Discussion and negotiation will need to occur for any areas where the expectations are unclear or where a difference of opinion exists in what a particular expectation should be More information about standard Exhibits and contracting is available at: http://www.acbhcs.org/providers/network/cbos.htm
5. Complete training on programmatic and fiscal contractual requirements	Providers which have not had a similar type of contracted program with BHCS, or may benefit from additional training in this area			Provider	<ul style="list-style-type: none"> Should generally occur prior to finalizing the contract, but timing can be later for some topics Contact your BHCS Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; better understanding specific Exhibit A requirements; better understanding other standard programmatic, fiscal and operating requirements in contract Exhibits outside of the Exhibit A and Budget; etc.)
6. Contact BHCS QA for Site Certification Visit and collaborate with QA on any identified follow-up items	New programs/sites which will be billing to Medi-Cal			Provider	<ul style="list-style-type: none"> Timeline can vary from 4-8 weeks QA will not schedule site visit until they have received fire clearance; policies, procedures and other requested material; and site is operational or prepared to begin providing services More information available here, under Item 16: Medi-Cal Site Certification: http://www.acbhcs.org/providers/QA/qa_manual.htm

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
7. Issuance of BHCS Site Certification Letter to Provider and BHCS Network Office	New programs/sites which will be billing to Medi-Cal			BHCS QA	<ul style="list-style-type: none"> • Timeline can vary from 2-8 weeks • For new sites, the timeline will depend on how long it takes for the California Department of Health Care Services (DHCS) to assign a Provider Number once BHCS Provider Relations requests the Provider Number from DHCS • QA will not issue Site Certification Letter until they have NPI and confirmation that all corrective action items have been addressed
8. Request of new Reporting Unit (RU) or change of address to an existing RU ¹²	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Network Office	<ul style="list-style-type: none"> • Timeline can vary from 14-45 days • Process cannot be initiated prior to receipt of the Medi-Cal Site Certification for new programs/sites which will be billing to Medi-Cal • Needs to be routed through multiple BHCS Units for approval and set-up
9. Notification of set-up of new RU or change of address to an existing RU	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Provider Relations	<ul style="list-style-type: none"> • Provider will receive email notification from BHCS Provider Relations • Provider should contact BHCS Network Office Fiscal Contract Manager for questions around assigned procedure codes which can be billed through new RU • Provider should contact BHCS QA for questions about appropriate use of assigned procedure codes for service delivery and documentation

¹² A RU is a unique BHCS program identifier at a specific site used to enter services/billing data

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
10. Complete Initial Data Collection Training with BHCS Provider Relations	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	<ul style="list-style-type: none"> • Should occur just before the start of services • BHCS Provider Relations will contact the identified provider liaison to set-up • Prior to the training, BHCS Provider Relations will need the provider to submit a list of staff to be trained and the role of each of these staff within the larger process (i.e., supervisors, clinical managers, intake/registration staff, and data entry staff) • This will include information on a number of topics including how to collect initial data via paper forms and how to bill for other health insurance
11. Complete Clinical Documentation Training with BHCS QA	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • Clinical documentation train-the-trainer trainings are offered throughout the year and are for providers lead QA staff and Executive Managers (at least two per organization) • Provider should check training schedule at http://www.acbhcs.org/providers/QA/Training.htm and be trained prior to providing services • More information available here: http://www.acbhcs.org/providers/QA/qa_manual.htm
12. Complete initial training on entering data into the electronic data entry and billing system with	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved			Provider	<ul style="list-style-type: none"> • This is set-up by BHCS after the required Initial Data Collection Training when the requests are submitted for BHCS system user authorization and staff identification numbers • More information available here: http://www.acbhcs.org/providers/Insyst/Insyst.htm

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
BHCS Information Systems (IS)	data entry and claiming system, and have not had experience in this area or may benefit from additional training				<ul style="list-style-type: none"> New program/site should have one week of service data to enter at the time of the training
13. Complete initial training on Medi-Cal eligibility with BHCS Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should occur within 1-2 weeks after the required Initial Data Collection Training This is set-up by BHCS after the required Initial Data Collection Training This is also called the Health Information Technician (HIT) Training
14. Complete Medicare enrollment	New programs/sites which will be billing to Medi-Cal and serve adults over age 21 years and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should be completed within one month of the start of services Enroll with Medicare at: https://www.cms.gov/ Provider Relations plays point on this on behalf of BHCS Submit 7P10 to BHCS Provider Relations to start this process
15. Complete training on billing to other	New programs/sites which will be billing to			Provider	<ul style="list-style-type: none"> This should be completed within one month of the start of services

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
health insurance from BHCS Provider Relations	Medi-Cal and have not had experience in this area, or may benefit from additional training				<ul style="list-style-type: none"> This is set-up by BHCS after the required Initial Data Collection Training
16. Participate in BHCS Continuous Quality Review Team (CQRT)/Authorization process	New providers or existing providers with new programs which will be billing to Medi-Cal			<ul style="list-style-type: none"> Provider BHCS QA 	<ul style="list-style-type: none"> Contact QA 1-2 months prior to start up for TA and to schedule first CQRT meeting If new to documenting to Medi-Cal standard, providers participate in BHCS CQRT/Authorization process (approx. 3 hours monthly) for a minimum one-year period AND until provider demonstrates proficiency in clinical documentation and the authorization process If provider has experience documenting to Medi-Cal standards, the BHCS QA Office, after an assessment, may excuse the provider from participating in BHCS' CQRT or may require participation until proficiency is demonstrated.

Who should I contact for questions/further information?

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

I. MEDICAL NECESSITY FOR SPECIALTY MENTAL HEALTH SERVICES

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL MANAGED CARE **Medical Necessity for Specialty Mental Health Services that are the Responsibility of the Mental Health Plan**

Must have all, A, B, and C:

A. Diagnoses

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

Included Diagnoses:

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

- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions, including V-codes, that may be a focus of Clinical Attention (Except medication induced movement disorders which are included.)

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

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Autistic Disorder (Other Pervasive Developmental Disorders are included.)
- Tic Disorders
- Delirium, Dementia and Amnestic and other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions

B. Impairment Criteria

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

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

C. Intervention Related Criteria

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

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

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

J. APPENDIX A

ALAMEDA COUNTY

REALIGNMENT ELIGIBLE PARTICIPANTS

Revised/Approved 11-19-18

Below are the categories of individuals eligible for AB 109 Realignment-funded services:

1. Post-Release Community Supervision (PRCS). Individuals released from prison for non-serious and non-violent offenses and are not classified as high-risk sex-offenders and supervised by the local probation agency.
2. Individuals charged and/or under supervision with an 1170(h)-eligible offense, including:
 - A. Individuals sentenced to local prison and placed on mandatory supervision (also known as a split sentence)
 - B. Individuals granted deferred entry of judgement in lieu of an AB109-eligible offense
3. Individuals on formal Probation
4. Individuals on pre-trial status (Note: Eligibility to be determined after State program and funding parameters have been determined)
5. Participants in specialty courts with felony convictions

Note: Individuals on court probation are not considered part of the realigned population.