ALAMEDA COUNTY BEHAVIORAL HEALTH
ADDENDUM No. 2
to
RFP No. 20-04 Willow Rock Center

Specification Clarification/ Modification and Recap of the Networking/ Bidder's Conferences held on
Tuesday, June 16, 2020 and Wednesday, June 17, 2020

This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at
https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO…

RFP

- **Section I B. Background:** Language updated as follows:
WRC is a County-owned facility and building maintenance is covered under a Memorandum of Understanding between Alameda County General Services Agency (GSA) and Alameda County Health Care Services Agency (HCSA). **The awarded Contractor(s) will work with ACBH and GSA on facility maintenance needs.**

- **Section I D. Minimum Qualifications:** Language updated as follows:
Proposals **for outpatient services** that exceed the contract maximum amount and the County Contract Maximum Rate (CCMR), as listed in the budget template 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. **PHF and CSU services are not subject to the CCMR.**

- **Section I F.2. Service Delivery Approach:** Language updated as follows:
Psychiatric Health Facility

The awarded PHF Contractor will offer 16 PHF beds**, including four beds that are available for Kaiser to purchase. The PHF awarded Contractor shall establish an agreement with Kaiser for this arrangement, and shall report revenue from the beds to ACBH.**

Crisis Stabilization and Outpatient Services

The awarded CSU Contractor shall provide crisis stabilization services upon intake at the ~~PHF~~ **CSU.**

On average, the CSU serves an annual number of 892 clients in the past three fiscal years (FY), as follows:

- **FY 16/17: 912**
- **FY 17/18: 902**
- **FY 18/19: 863**

Kaiser Permanente may refer its clients to the CSU, and will pay the awarded CSU Contractor directly for these slots. The annual numbers provided above do not include Kaiser referrals. The awarded CSU Contractor shall establish an agreement with Kaiser for this arrangement, and shall report revenue to ACBH.

- **Section II A. County Contacts** Language updated as follows:

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~~ **http://www.acbhcs.org/resources-documentcenter-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.

- **Section II E. Submittal of Proposals/Bids** Language updated as follows:

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. **Masks are required when entering ACBH premises. ACBH staff will help ensure social distancing during delivery.**

2. Bidders must submit proposals which clearly state Bidder, RFP name, and Service(s) applying for. Proposals shall include:
   a. One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the binder);
   b. ~~Seven~~ **Five** copies of proposal. Copies must be unbound without a three-ring binder.

Bid Response Template

RFP #20-04 Willow Rock Center Bid Response Template is deleted and replaced with **RFP #20-04 Willow Rock Center Bid Response Template REVISED.**

Budget Template (PHF)

- **Instructions Tab: Units of Service** Language updated as follows:

~~Cost cannot exceed the current County Contract Maximum Rate (CCMR), listed below.~~
~~· Psychiatric Hospital Facility = $744.46 per day~~

Budget Template (CSU + Outpatient)

- **Instructions Tab: Units of Service** Language updated as follows:

Cost cannot exceed the current County Contract Maximum Rate (CCMR) **for outpatient services**, listed below:
~~· Crisis Stabilization = $114.91 per hour~~
· Case Management/Brokerage = $147.60 per hour
· Mental Health Services = $190.20 per hour
· Medication Support = $351.60 per hour
· Crisis Intervention = $282.60 per hour

RESPONSES TO BIDDERS QUESTIONS

General

Q1) Are floor plans available for the PHF and CSU/Outpatient Program facilities?

A1) **Yes, please see Attachment 1: Floor Plan to this addendum.**

Data and Utilization

Q2) What was the average length of stay for PHF patients in the 2018-2019 year? What was the average daily census for this period?

A2) **The average length of stay is five to seven days. The Average Daily Census for the PHF is between eight to 12 at any given time. Depending on the needs of the youth, some double occupancy rooms become single occupancy if youth are unable to share a room upon admission. The acuity of youth can determine the Census at any given time. The PHF can be considered "full" with eight clients if youth require single occupancy due to acuity of symptoms and behaviors. Additionally, physical distancing protocols implemented at the PHF due to COVID-19 impact the facility capacity.**

Q3) What were the number of PHF admissions for 2018-2019? The RFP indicates 300 clients are served. If there are 300 admissions, at the desired 3 to 7-day length of stay, that would be an average occupancy of only 15.4% to 40%.

A3) **There were 313 clients served at the PHF for FY 2018-2019 (note: these numbers do not include the Kaiser referrals). The monthly average in FY 2018-2019 PHF admissions is 39 clients. In FY 2018-2019, the average length of stay was five to seven days; some youth stayed longer than seven days for a number of reasons. This difference impacts the occupancy percentage. Additionally, the need for single occupancy youth (high acuity and/or assaultive) who are maintained in double occupancy rooms also impacts the occupancy percentage. Please see below table with additional data:**

Fiscal Year	Annual Clients Served	New Clients**	ERMHS Clients***	Days Provided
2016-2017	268	216	46	2,784
2017-2018	281	232	59	2,789
2018-2019	313	265	48	2,954

**** New clients refer to the number of individuals who have not been previously seen in the PHF program. Approximately 80% of all youth seen annually are new admissions not previously hospitalized.**

***** ERMHS (Educationally Related Mental Health Services) clients refer to youth in Special Education programs in various school districts. These youth make up 17-20 percent of the PHF admissions for the past three fiscal years.**

Q4) Please confirm that the CSU averages 900 admissions per year, which is 2.5 per day.

A4) **The CSU averaged 892 admissions over the past three FYs. Please see Clarifications and Corrections above for more details. This number does not include the Kaiser referrals.**

Q5) Could the County please provide the number of chairs that the current CSU is certified to provide?

A5) **The CSU has capacity to serve six youth in crisis at any given time. This capacity may decrease if a youth needs more containment and/or isolation during the stabilization phase.**

Q6) How many adolescents are served by the current CSU per year?

A6) **Please see answer to Q4.**

Q7) What is the current average length of stay for the CSU?

A7) **The average length of stay for the CSU per youth is between six to ten hours.**

Q8) Could the County provide additional data on utilization of outpatient services at the CSU (e.g., # of clients served annually, # of clients served at any given time, frequency of services, average length of stay)?

A8) **See below chart for details:**

Fiscal Year	Clients Served	Total Service Hours Provided*	Collateral Hours Provided	Meds Hours Provided
FY 2016-2017	71	195	54.4	38
FY 2017-2018	70	228.1	72.5	40.7
FY 2018-2019	73	258.5	70.9	64

***For the above FYs, each client received 3.25 hours of outpatient services on average, through the CSU.**

Q9) The RFP does not specify the average number of Kaiser-insured youth served at either the CSU or the PHF. Do the projected numbers of clients to be served in the PHF and CSU include expected referrals from Kaiser?

A9) **No. The projected numbers do not include all of the Kaiser youth who may be served at the CSU and/or the PHF.**

Q10) Diversion from hospitalization is a purpose of CSUs and the RFP calls for that intent. The RFP does not include any performance measure expectation? What are the current %s of CSU admits that are hospitalized and those that are successfully stabilized to avoid hospitalization? Does the County have performance expectations in these %s for the CSU?

A10) **In FY 2018-2019, the CSU served 863 youth; 315 of whom (36%) were admitted to the PHF. However, there is a small subset of youth who go straight to the PHF if**

they are coming from other acute and/or locked facilities and those numbers are included in the 315 PHF total.

Performance measures will be discussed during contract negotiations and may be informed by the awarded Contractor proposal. Below are the current Quality and Impact Measures for the CSU. These measures are examples only; actual measures may be subject to change at the time of the contract award.

- **Average ambulance wait time, as reported by the Alameda County contracted ambulance company, Falck Northern California.**
- **Percent of youth who respond positively when asked about whether they felt safe in and supported by Crisis Stabilization as measured by a client satisfaction survey.**
- **Percent of caregivers who respond positively when asked if staff (1) responded in a timely manner; (2) were professional and friendly; and (3) kept them informed about their child's care as measured by a client satisfaction survey.**
- **Percent of youth enrolled in Crisis Outpatient Services who are discharged in 30 days or less.**
- **Percent of youth served by Crisis Stabilization who return to the Crisis Stabilization within seven days of an earlier stay.**
- **Percent of youth served by Crisis Stabilization who return to Crisis Stabilization within 30 days of an earlier stay.**

Q11) Can you confirm that the number of 900 clients served at the CSU is unduplicated clients and doesn't include youth who may return to the CSU within the same year? (In other words, may total number of clients served be higher than 900 if some youth visit more than once?)

A11) The approximately 900 annual clients served represents unduplicated individuals served. The actual number of encounters to the CSU could indeed be greater than 900 if youth receive services at the CSU on more than one occasion.

Q12) I want to make sure I understand correctly regarding the expectation of maintaining 85% of census at the PHF. Can you confirm that the 85% refers to capacity at any given moment and that number may vary depending on acuity of need and how many youth require single occupancy rooms?

A12) Yes, the expectation is 85 percent at any given time. Generically speaking, 85 percent occupancy for 16 beds is about 13 to 14 beds. ACBH does consider the PHF to be "full" if there are a number of single occupancy needs as well.

Relationship with Kaiser

Q13) Kaiser is indicated as a referral source. Are they a contracted payor for their covered patients? Is it expected the provider will contract with Kaiser?

A13) **Yes, Kaiser Permanente is a contracted payor for youth who have Kaiser as their health insurance. The awarded CSU and PHF Contractor(s) will be expected to contract with Kaiser for Willow Rock capacity. Kaiser purchases four PHF beds and an undetermined amount of CSU services. ACBH will participate in the communication and monitoring process once those additional Kaiser contracts have been finalized with the awarded Contractor(s).**

Q14) Is the provider to contract with and claim services to commercial insurers and health plans?

A14) **No, providers are not expected to contract and claim with and additional commercial health insurance plans. Willow Rock only accepts Alameda County Medi-Cal, Kaiser, and the uninsured at the facility.**

Budget and Billing

Q15) Please explain what is meant by the change to "rate based reimbursement" and how that differs from the current funding method.

A15) **Rate based reimbursement means that services are set at an hourly or daily rate. ACBH will reimburse the awarded Contractor(s) based on the number of units they bill at these agreed-upon rates.**

Q16) Crisis Intervention is listed as a service. Is the CSU to claim both the Crisis Stabilization and Crisis Intervention modes of service? Or is Crisis Intervention to be claimed only by Outpatient Services?

A16) **No, the CSU cannot bill Crisis Intervention, or other Specialty Mental Health Services, while Crisis Stabilization is being billed, due to the ACBH lock-out. Crisis intervention can only be claimed during outpatient services. Please see Section 1.F.2 Service Delivery Approach of the RFP (page 11) for more details.**

Q17) Can the county confirm that a bidder can bill Crisis Intervention and Crisis Stabilization for youth at the CSU, as stated at the bidders conference?

A17) **See answer to Q16 above.**

Q18) If providers can bill both Crisis Intervention and Crisis Stabilization, what is the distinction between when a provider would bill Crisis Intervention versus Crisis Stabilization when a child is in the CSU (and not in the outpatient program)?

A18) **See answer to Q16 above.**

Q19) If a bidder wants to reflect Crisis Intervention in the CSU (and not just in the outpatient program), how should that be reflected in the budget template, since CI is listed as an "unplanned" service type that cannot be budgeted for (per the budget instructions) and the cells are locked in the outpatient revenue section?

A23) See answer to Q16 above. As noted in the budget instruction tab, the budget template is auto-populated with one unit of Crisis Intervention service, since this is an unplanned service.

Q20) What is the average estimated number of hours of Crisis Intervention or Crisis Stabilization the county anticipated would be billed per enrollment?

A20) As noted in the response to Q16, Crisis Intervention cannot be billed at the CSU, and only as part of the outpatient services. Bidders should estimate the number of hours of Crisis Stabilization based on the data provided throughout this addendum, notably in response to Q4 through Q8.

Q21) Can the county confirm if the projected PHF and CSU contract amounts include any anticipated revenue from Kaiser referrals? Will revenue from any anticipated partnership with Kaiser increase the proposed contract maximums for the PHF and CSU?

A21) The projected contract amounts in the RFP do NOT include any anticipated revenue from Kaiser referrals. Any additional funding negotiations with Kaiser will be claimed as revenue in the final contract budget. Bidders are NOT required to estimate Kaiser revenue and utilization in their proposals for the CSU and/or the PHF at the time of bid submission.

Q22) Are the cost proposals to be for the maximum contract amounts indicated or for amounts not to exceed the maximum contract amounts?

A22) The costs in the RFP are not to exceed the maximum contract amount. Bidders may have proposals that are lower than the maximum contracts but they may not submit proposals that exceed the maximum contract amount.

Q23) Can the maximum contract amounts for the CSU and Outpatient be considered a total amount, so that, for example, more outpatient and less CSU costs are proposed as long as the total maximum is not exceeded?

A23) Yes. The CSU and Outpatient may be considered a total amount.

Q24) Statement of Work, A. Intent: "The total available funding for this opportunity is $10,830,774 allocated as follows: $5,532,895 for the PHF, $5,253,599 for the CSU and $44,280 for Outpatient services." It appears that the funding amounts listed for the PHF and the CSU are incorrect. Can the County please confirm the accuracy of the numbers provided and explain the rationale behind the funding levels for both programs? Are these based on cost reports? Or desired rate per historical units of service? Or other information?

A24) The funding amounts are accurate and are based on current service estimates.

Q25) Within the CSU budget template, how should the provider complete cell E138? Is cell E138 a reflection of the average daily census, multiplied by the expected length of stay (in hours), multiplied by 365 days?

A25) Cell E138, or the total days (for PHF) or hours (for CSU), should be calculated as follows: Client head count (i.e. Average Daily Census) * Occupancy Rate (length of stay or bed capacity) * 365 days (for PHF), or 23/7 hours (for CSU).

Q26) For the CSU budget template, is there a cap to the start-up budget?

A26) No, however the total budget must not exceed the contract maximum allocation.

Q27) For the CSU budget template, in Section V. Revenue, does this reflect the additional revenue that may be leveraged by the provider to support the programming?

A27) Yes, this section should include anticipated revenue from sources other than ACBH, that support the services at Willow Rock. However, do not include any anticipated revenue from Kaiser Permanente in this section.

Q28) For the CSU budget template, in Section V. Revenue, would Other Health Insurance claiming be appropriate to note in this section?

A28) As only Kaiser health insurance is anticipated as revenue, and ACBH requests that Bidders not include anticipated Kaiser revenue in the budget templates, no "Other Health Insurance" should be included as revenue in this section.

Q29) For the CSU budget template, in Section V. Revenue, is there an expectation that the provider identify additional revenue sources?

A29) There is no expectation or requirement that Bidders identify other sources of revenue. However, Bidders may already have anticipated revenue to offset program costs.

Q30) For the CSU budget template, is the $114.91 Crisis Stabilization rate for the CSU an hourly rate paid per child and based on the actual length of stay? If so, to fully maximize the funding serving youth in the CSU using only the Crisis Stabilization rate at an average length of stay of 8 hours, the provider would have to maintain an average enrollment of 15.5 youth a day. Please confirm if the Crisis Stabilization CCMR rate is accurate, and if so, how the provider can maximize the contract cap for this program.

A30) Please see above Clarifications and Corrections. Crisis Stabilization is not subject to the CCMR.

Q31) If a provider was allowed to bill the Crisis Intervention rate at the CSU (instead of the Crisis Stabilization rate), the provider would need to bill 15.98 hours of Crisis Intervention per youth per enrollment based on historical enrollment data. Please clarify if the CCMRs in

the budget template are correct, and if so, how a provider should be able to generate the full amount of revenue in the contract.

A31) Please see response to Q30.

Q32) In the PHF budget template, an average enrollment of 16 youth, for 365 days, at the stated daily rate of $744.46, results in total funding of $4,347646.40 yet the allocation is $5,532,895. This also assumes full capacity every day of the year, which is not realistic. At an 85% capacity (per the RFP) for 365 days per year at the stated daily rate of $744.46, the revenue generated totals $3,695,499.44. Please confirm if the PHF CCMR daily rate is correct, and if so, how the provider can generate the stated contract cap revenue?

A32) Please see above Clarifications and Corrections. PHF is not subject to the CCMR.

Q33) For the PHF budget template, is there a cap to the start-up budget?

A33) Please see response to Q26.

Q34) For the PHF budget template, in Section V. Revenue, does this reflect the additional revenue that may be leveraged by the provider to support the programming?

A34) Please see response to Q27.

Q35) For the PHF budget template, in Section V. Revenue, would Other Health Insurance claiming be appropriate to note in this section?

A35) Please see response to Q28.

Q36) For the PHF budget template, in Section V. Revenue, is there an expectation that the provider identify additional revenue sources?

A36) Please see response to Q29.

Services

Q37) Please confirm that both the PHF and CSU are to be LPS designated for involuntary treatment.

A37) Yes, both the PHF and the CSU are currently LPS (Lanterman-Petris-Short) Designated and shall continue to be LPS Designated.

Q38) The RFP indicates that services are to be provided on site. Does this include Outpatient Services or can they also be provided in the community?

A38) PHF and CSU services are to be provided on-site. Any additional aftercare services linked to the PHF and/or CSU may occur in the community and need not be solely delivered onsite at Willow Rock.

Q39) Page 11 of the RFP states: “The awarded CSU Contractor shall provide crisis stabilization services upon intake at the PHF, primarily individualized interventions directed toward

resolution of the presenting, psychiatric episode." We believe that this bolded language may have been included in error. Could the County please clarify/confirm?

A39) Yes, this should read "…upon intake at the CSU, primarily…" Please see Clarifications and Corrections above.

Proposal Format

Q40) Do we submit five or seven copies of our application along with the original? Pages 1 and 2 of the template indicate that we need to include five copies, but the RFP pages 18 and 45 say we need to include seven copies.

A40) Five copies should be submitted; please see Clarifications and Corrections above.

Q41) Page 21 of the RFP states that we should include a. Debarment and Suspension and b. References in the original proposal only. What is required of us for a.? Written assurance that no parties are included in the databases listed?

A41) Nothing is required of the Bidders here, ACBH has policies and procedures for verifying Bidder names against the databases listed.

Q42) The numbering of prompts in the RFP is inconsistent between the response format instructions, evaluation rubric, and response template. Which version of numbering would the county like proposers to use in their responses?

A42) Please follow the format of the bid response template. ACBH is releasing a new version of the bid response template that has accurate numbering with this addendum.

Q43) Will the county accept any Memorandums of Understanding (MOUs) as attachments to document the bidder's existing/proposed partnerships and collaborations?

A43) No, please do not include any documentation that is not specifically requested in the RFP.

Q44) Will the county accept letters of support as attachments to document the bidder's existing/proposed partnerships and collaborations?

A44) No, please see response to Q43.

Q45) Will the county accept attachments that illustrate program design details, such as a floor plan or site map to demonstrate proposed use of space?

A45) No, please see response to Q43.

Q46) Page 44 of the RFP includes the following language: "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."

However, page 5 of the RFP includes the following language: "ACBH shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP."

- Could the County please clarify that non-SLEB providers will forfeit the 5% SLEB preference, but will not be disqualified for not meeting the 20% SLEB subcontracting requirement?
- If the SLEB subcontracting *requirement* is waived, please provide instructions for how non-SLEB bidders should complete the SLEB Partnering Information Sheet (page 50 of the RFP) if not subcontracting with any SLEB providers.

A46) When a Bidder is unable to meet the SLEB requirements due to the prohibition against subcontracting, please note such on the SLEB Partnering Information Sheet. ACBH may request a SLEB waiver after an awarded Contractor is recommended for award, if appropriate. ACBH has been successful in obtaining approval from the Auditor-Controller's Office to waive the County's SLEB subcontracting requirements in the past.

Q47) Page 20 of the RFP includes the following language: "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." In past RFPs/proposals, we have included the following attachments: staff resumes, job descriptions, evidence of staff licensure, evidence Medi-Cal certification, clinical tools, letters of reference and/or letters of support.

Does the County prefer that proposers do not include any of the additional documentation above?

A47) Please see response to Q43.

Q48) Are there forms for sections 8a and 8b?

A48) No, ACBH does not provide template for the responses to the Implementation Schedule and Plan section.

Q49) Is the below something we submit with the proposal or later with the contract? Or is it just a sentence we need to include in our proposal? It's from pages 6 and 8 of the RFP:

• Contractor shall submit an attestation that they have verified the above items for all staff.

A49) This item is managed during the contracting process, and nothing is required for the purposes of the RFP.

Q50) Do you know if the below is something we submit with the proposal or later with the contract? Is it just a sentence we need to include? It's from pages 6 and 8 of the RFP, and it wasn't in the school-based RFP.

• Contractor shall submit an attestation that they have verified the above items for all staff. If there are issues, ACBH may not contract with the awarded organization...

A50) Please see response to Q49.

Q51) Did we hear correctly that there will be two separate panels of readers for each program (PHF and CSU/Outpatient)? Does this mean that there will be no readers serving on both panels?

A51) Yes, as noted in the RFP under Section II G. Evaluation Criteria/Selection Committee: ACBH will hold two separate County Selection Committees (CSC)/Evaluation Panel processes; one for each service. All bids under each service will be evaluated as separate processes.