

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
ADDENDUM NO. 1 TO
REQUEST FOR PROPOSAL (RFP) 23-03
SPECIFICATIONS, TERMS & CONDITIONS
FOR
*EARLY CHILDHOOD MENTAL HEALTH PREVENTION AND EARLY INTERVENTION***

This County of Alameda, General Services Agency (GSA), RFPQ 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...

I. Bid Response Template

The Bid Response Template has been deleted and replaced with RFP No. 23-03 ECMH PEI Bid Template_Revised.

II. RFP

Section 1. D. Bidder Minimum Qualifications Page 6

ACBH shall disqualify proposals submitted with subcontractors performing any portion of the direct services described in this RFP.

Section I. F. Bidder, Experience, Ability, and Plan

2. Service Delivery Approach, Page 11

Bidders may propose ~~a subcontractor~~ and client supportive expenditures to support program activities.

3. Planned Staffing and Organizational Capacity, Page 12

Bidders shall demonstrate how their current and planned organizational infrastructure will successfully implement the required activities. While not a requirement of the program, **ACBH will explore with the awarded Contractor the possibility of billing applicable services to Medi-Cal. As such, in their proposals, Bidders should demonstrate the ability to build capacity to bill Medi-Cal.**

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

Section II Instructions to Bidders

Table 1, Page 22

Bidder's plan to deliver services to clients, including:

1. Program plan and strategies;
2. Any community-defined practices that may be incorporated into the program plan, with rationale;
3. Program location(s) and hours, and rationale; **and**
4. Which of the three (or more) Program Goals Bidder's program plan will focus on, with rationale; ~~and~~
5. ~~If proposing a subcontractor for program services, rationale and plan to work with subcontractor.~~

Table 3, Pages 32-33

How well-matched is Bidder's plan to provide services, including:

- Program plan and strategies;
- Any community-defined practices that may be incorporated into the program plan, with rationale;
- Program location(s) and hours, and rationale; **and**
- Which of the three (or more) Program Goals Bidder's program plan will focus on, with rationale; ~~and~~
- ~~If proposing a subcontractor for program services, rationale and plan to work with subcontractor.~~

RESPONSES TO BIDDER'S QUESTIONS

Q1: How many awards will there be for the ECM [Early Childhood Mental Health] grant you announced today at the C&Y [Children and Youth] meeting?

A1: ACBH intends to award one contract for this program.

Q2: Are these new services, or current services that are up for RFP? If current, who are the providers?

A2: This is a new program. As such, there are no current providers.

Q3: The RFP references leveraging SMHS as available and appropriate. Is this included within the \$700K budget, or would the leveraged funds be in addition to this funding? Would you like this funding shown in the RFP budget revenue, or just keep revenue as MHSA?

A3: Bidders should base their budget on the \$700,000 MHSA-funded amount. Any revenue from Medi-Cal claims will support the existing contract allocation. Projected revenue for Medi-Cal should not be included at this time, as this is not a part of the initial program model.

Q5: Does the \$700,000-contract amount coincide with the Medi-Cal Administrative Activities (MAA) Claim Plan? Or is the MAA Claim Plan billed separately?

Q5: Bidders should base their budget on the \$700,000 MHSA-funded amount. Any revenue from MAA claims will support the existing contract allocation.

Q4: Does the County have a preferred process or tool for tracking "successful links" to additional services and "progress" of families/caregivers served? Or is that process/tool expected to be proposed by bidders?

Q4: Bidder shall propose a data driven tool/mechanism that captures clients/families who have successfully linked to ongoing services and/or supportive resources.

Q5: Can you provide clarity to the language on page 5: "Early intervention may include engaging and providing parents/caretakers with consultation on the foundation of children's social and emotional development and linking to appropriate services and resources." How is consultation defined?

Q5: For this program, consultation is generally defined as the interaction between the mental health specialist and the client/family, working on an identified challenge or challenges that would benefit from the expertise of a mental health specialist, and providing connections to early mental health intervention services. Early intervention consultation may also be provided by an Adjunct Staff such as a Wellness Coach, Peer Specialist, Community Health Worker, etc., who are trained in early childhood developmental milestones and general human development, and possess the skillsets to recognize the signs and symptoms of mental health challenges in the child/youth and/or their significant adult, and to be able to successfully connect the child/family to appropriate mental health and/or supportive services.

Q6: CDE vs EBP: Will there be any preference given to services which are based upon empirically supported evidence-based programs?

Q6: As noted on page 7 of the RFP, a Specific Requirement of the program is to "Provide services that follow MHSA Early Intervention components including but not limited to community-defined

evidence practices (CDEPs)". No preference is given to evidence-based programs, however CDEPs are required.

Q7: What is the source of referrals for the program?

Q7: Please refer to the RFP, Page 6: Clients shall be referred through various health, education, community, and social service agencies such as pediatricians, nurses, social workers, community agencies, community health clinics, Early Head Start programs, schools, public health workers, day care programs, intra-agency programs, family/caregivers, other family members, teachers, family resource centers, community-based organizations, places of worship, shelters, and/or other public entities.

Q8: We believe we meet the criteria for this grant. However, as a small agency that is primarily working in Alameda County and that has been very stable over the last few years program-wise we are struggling to come up with the 3 former references. Leadership staff have related experience at a prior agency. Can those references be utilized?

Q8: References must be in the name of the Bidder. If the Bidder is unable to provide the stated number of references, the Bidder should include a justification as a separate attachment.

Q9: On page 3 of the RFP this is described as an "ongoing program". However, the language on page 5 states – ECMH early intervention services through this RFP will be provided for a minimum of six months, and shall not exceed eighteen months without prior approval from by ACBH". Can you please clarify?

Q9: The funding for this program is ongoing, based on funding availability and departmental priorities. The six-month service minimum is related to individual clients. Bidders are expected to maintain an annual caseload of multiple clients; the actual caseload can be proposed by the Bidder.

The following participants attended the bidder's conference meetings		
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Northwest Prevention Science Inc. (The Family Check-Up Online)	Christopher Hazen	Phone: 510-685-9300
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