



**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
ADDENDUM NO. 1 TO
REQUEST FOR PROPOSAL (RFP) 24-03
SPECIFICATIONS, TERMS & CONDITIONS
FOR
*COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE)
COURT SUPPORTIVE SERVICES***

This County of Alameda RFP 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 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...
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I. Bid Response Template

The Bid Response Template has been deleted and replaced with RFP #24-03 CARE Court Bid Response Template Revised_April24.

II. RFP

Section I. A. Intent

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter ACBH or County)¹ to seek proposals to provide supportive mental health **and co-occurring substance use** services for participants of the Alameda County Community Assistance, Recovery, and Empowerment (CARE) Court.

CARE Court funds and Medi-Cal billable services will be leveraged as available and appropriate.

Section I. D. Bidder Minimum Qualifications

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. Please note, ACBH will disqualify proposals that:

- Do not demonstrate that Bidder meets each of the specified Bidder Minimum Qualifications
- Exceed the contract maximum amount
- Are unreasonable and/or unrealistic in terms of budget, as solely determined by ACBH
- **Exceed the maximum page limit as defined in the Bid Response Template**
- Submitted with subcontractors performing any portion of the direct services described in the RFP

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

2. Service Delivery Approach

Two Outreach and Engagement (O&E) Teams *40 participants at any point in time and approximately 300 participants annually, per team.* The two O&E teams will receive the CARE Court petition, conduct outreach to the referred individual, and support and conduct engagement of the beneficiary through the CARE Court evaluation process, for a maximum

¹ ACBH is recently under the new name of Alameda County Health, Behavioral Health Department (ACBHD). For the purposes of this RFP, which was published prior to the name change, the references will remain ACBH or County for consistency across RFP documentation.

of 90 days. The O&E teams will also file a report to the CARE Court on their progress within 14 days of receipt of petition. **These teams may also conduct investigations to assist in providing supporting documentation and diagnosis to support the petition. Once a petition is determined to meet prima facie, the O&E teams will serve the participant the CARE Court order and assist the individual in attending scheduled court dates.** If the individual is eligible for CARE Court Case Management services, the O&E teams will refer the individual on to the Case Management team. If the individual is not deemed eligible for CARE Court services and the petition is dismissed, the O&E team would continue to engage the individual in other services, including mental health, substance use services, physical health and benefits connects, with the goal of supporting the individual to safely live in the community. **The O&E teams will refer the individual on to ACCESS for screening, eligibility, and referral as appropriate.** All outreach and engagement efforts will be tracked and documented, and the O&E teams will report status of connection to CARE Court within 14 days of the referral.

CARE Court participants may have private insurance and/or Medicare. The awarded Contractor should have the ability to bill private insurance and/or Medicare for applicable services.

RESPONSES TO BIDDER'S QUESTIONS

PROGRAM SERVICES

Q1: Please detail how the initial outreach expectations will be set/referred.

A1: The awarded Contractor's Outreach and Engagement teams will be expected to make outreach efforts within 24-48 hours of receipt of a petition. These teams will work to engage individuals, conduct the assessment and certain aspects of the investigation, and submit reports within the CARE Court timeframes.

Q2: What are the expectations for coordination with and connection to the courts?

- a. Who is the lead liaison between the client and the court system?
- b. Will the operator of the program be responsible for conducting and providing reporting to the judges/courts?
- c. Will the program be responsible for the transportation of clients to and from the court?

A2:

- a. The awarded Contractor is expected to serve as the lead liaison with the Court, in close coordination with ACBH.
- b. The awarded Contractor will be responsible for conducting investigations, gathering information, and providing reports to the Court. In addition, the awarded Contractor must be present at each CARE Court "pre-meeting" to discuss each client.

- c. **The awarded Contractor will be responsible for client transportation to and from the Court, as necessary.**

Q3: Please detail the data collection system(s) that will be utilized for reporting for this service (for the outreach and engagement component as well as the case management component).

A3: Currently, the Department of Healthcare Services (DHCS) does not use a database and requires hand collection of data. DHCS is working on a database for data collection and submission.

Q4: What are the expectations for outreach services? What are the legal requirements for data collection/data requirements for the outreach and engagement portion of services?

- a. Are there investigation and/or reporting requirements?
- b. Is it possible that the court will require additional outreach expectations?

A4: ACBH expects multiple outreach efforts per week, to continue up to three months from date of petition. Teams are expected to contact friends, family, healthcare providers, various databases, and street medicine outreach teams to assist with client identification and location. CARE Court data requirements are extensive. Please review the CARE Court website that outlines all data reporting requirements, in particular the link on page 14 of the RFP.

- a. Yes, there are investigation and reporting requirements, as detailed on page 14 of the RFP (see link).
- b. Technically, the Court must abide by the CARE Act legislation, and the outreach expectations therein. If additional expectations are requested, the State must first approve them.

Q5: Are providers responsible for housing needs for the clients? If so, please detail the housing service expectations for the CARE Court clients to be served.

A5: Bidders are responsible for providing services and/or client support expenditures to assist their clients in maintaining or obtaining housing. Bidders may consider the housing needs of CARE Court participants in their program design.

Q6: Please specify the community housing types eligible for this program (licensed Board and care, unlicensed room and boards, certified independent living facilities, independent housing, emergency shelter, motels, etc.).

If an unlicensed setting is acceptable housing, please identify any housing related standards the community-based housing must meet.

What is the maximum length of stay in emergency, short term housing such as motels?

A6: Bidders may propose the housing type(s) that best suits their program design and client needs. There are no housing-related standards or maximum length of stay, outside the program eligibility requirements and service duration maximums.

Q7: Is there a "voice and choice" component to these services?

A7: This is not a requirement of the CARE Act. Bidders are encouraged to consider client choice when possible and to incorporate any philosophical, clinical evidence based, or culturally affirming practices into their program design.

Q8: For the Outreach Team, regarding Team Leads and Clinicians:

- a. Is it required that they all be Licensed? Can they potentially be Unlicensed (Associates) supervised by Licensed individual?
- b. What is the expectation of these team members to complete reports and assessments to determine if a Referral meets criteria for Treatment?

A8:

- a. Clinicians may be license-eligible and work under the supervision of a licensed clinician who has successfully completed the State-required Board of Behavioral Services (BBSE) supervisory training program.
- b. The awarded Contractor is expected to gather and review documentation, interview, and assess prospective CARE Court participants. The O&E teams will assist in providing documentation for prima facie showing, and other documentation and assessment to the Court in accordance with CARE Act requirements. The O&E team will be responsible for continued outreach and engagement, court appearances, and court filing until a CARE Court participant is successfully linked with ongoing services.

BILLING AND BUDGET

Q9: Is it expected that providers will be responsible for the housing costs of clients? If so, where should this funding be included in our proposed budgets?

A9: Bidders may consider the housing needs of CARE Court participants in their program design. Housing costs may be budgeted under Client Supportive Expenditures within the budget.

Q10: Please detail how this programming and services will be funded.

- a. Are there set rates for the Outreach & Engagement Services?
- b. Are the rates for Case Management Services (at the bottom of page 3) finalized?
- c. Are bidders expected to bill through Medi-Cal for Outreach & Engagement Services?
- d. Are bidders expected to bill through Medi-Cal for Case Management Services?

A10:

- a. Clinicians on the O&E teams will bill Medi-Cal for assessments and other case management activities as appropriate, per Medi-Cal billing requirements. Other non Medi-Cal billable outreach and engagement activities will be supported through MAA/CARE Court dollars.
- b. As noted on page 3 of the RFP, the listed rates are as of the date of the RFP, and may be increased in subsequent fiscal years.

- c. **Yes, the awarded Contractor will be expected to bill Medi-Cal for assessments and other case management activities that may be conducted as part of the outreach and engagement, as appropriate, per Medi-Cal billing requirements.**
- d. **Yes, the awarded Contractor will be expected to bill Medi-Cal for case management services.**

Q11: Section A. Intent notes that “Non-clinical services for outreach and engagement and client supports will be reimbursed at cost.” Would this include salaries of the outreach case managers and other staff? Is the entire outreach and engagement service billed "at cost"?

A11: No, the entire outreach and engagement service is not billed at cost, as some outreach and engagement activities may be Medi-Cal billable, such as assessments and case management. Non-Medi-Cal billable outreach and engagement activities will be eligible for MAA billing.

Q12: Do you have an estimate of what percentage of people served will have private insurance (as opposed to Medi-Cal)?

A12: ACBH does not have an estimate of the percentage of CARE Court participants who may have private insurance. Bidders may look to other counties that have already started the CARE Court process for some reference, noting that demographics may be different.

Q13: If private insurance declines payment, for any reason, or if we never receive any correspondence from the primary payer for CARE Court services, or does not cover all services required under the contract, will Alameda County make up the difference or otherwise make the program whole? If yes, what does that process look like? Does the 90-day rule apply that we can bill the county if the payer doesn't acknowledge our claim within 90-days?

A13: If a private insurance claim is denied or unanswered, ACBH will submit the denial or evidence of lack of response to the State for reimbursement. There is no 90-day rule, but the awarded Contractor should discuss with ACBH any lack of acknowledgement to determine next steps and the appropriate documentation to submit to the State for reimbursement.

PROPOSAL SUBMISSION

Q14: The County has historically been successful with requesting that the County Board of Supervisors waive the SLEB subcontracting requirement for clinical services. Please confirm that the SLEB subcontracting requirement will be waived for this clinical services procurement. Please provide instructions for how bidders should complete the SLEB form if the requirement will be waived for clinical services.

A14: For Bidders who meet one of the stated exemptions (e.g., non-profit organization), they should state such on the SLEB Partnering Information Sheet. For Bidders that do not meet any of the stated exemptions, they should request a waiver from these requirements,

also on the SLEB Partnering Information Sheet, noting they do not meet the exemptions and sub-contracting is prohibited under this RFP. ACBH has been successful at requesting waivers for prior procurement processes with no disruption to the contracting timeline.

Q15: On Page 1 of the Bid Response Template, it is noted that there are suggested maximum page numbers per response. Are bidders allowed to provide alternative response lengths per section, provided they adhere to the total 30-page limit?

A15: Yes, as long as the total 30-page limit is not exceeded. As noted throughout the RFP, the page maximum by response is “suggested”.

A16: Please confirm RFP page 21 item 3.a. Debarment and Suspensions met by signing the Attestation document? If additional documentation is required, what specific documentation should bidders provide?

Q16: No, item 3.a Debarment and Suspension is a verification that the County conducts internally. The signed OIG Attestation is for the Bidder to verify that they have processes to screen their employees, current and new, against the registries listed on this form.

A17: The bid response template has inconsistent numbering. Could the County confirm if bidders are allowed to renumber and clearly label each section? Also, please ensure that bidders should use the Bid Submission Checklist on page 2 of the Bid Response Template as guidance for structuring their responses (and update corresponding materials accordingly). (For example, the misalignment between the order of the implementation plan and budget narrative between RFP and Bid Response Template)

A17: Please see revised Bid Response Template released with this addendum.

Q18: Could the County confirm that additional attachments (beyond the required org charts) to support narrative do not count toward total page count (for example, job descriptions, training plan, etc.)?

A18: Exhibits and attachments do not count toward the total page count. As noted on page 21 of the RFP, Table 1: “Proposal shall not exceed 30 pages, excluding Exhibits and Attachments”. Please also note that, as noted on page 20 of the RFP, “Any superfluous and unrequested material submitted with the bid will be removed and will not be viewed by the Evaluation Panel”.

Q19: Why is subcontracting not allowed?

A19: Subcontracting is not allowed because a portion of the services is billable to Medi-Cal.

Q20: On RFP page 17, it's mentioned that the Contract Start Date is September 2024 and on page 34, it's stated that the awarded contract will extend until June 30, 2025. Additionally, on page 23, it's indicated that "Delivering IHOT and FSP services by December 1, 2024." Considering the services will be provided from December 2024 through June 2025, is it possible that a provider may hold this contract for a ~9 month period? In other words, please confirm that the base period of this contract is for less than a year before contract renewal

A20: As noted in the Calendar of Events, the Contract Start Date is approximate. All other dates are subject to change. It is anticipated that the initial resulting contract will be for less than one year; this will be determined during contract negotiations.

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