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ALAMEDA COUNTY HEALTH BEHAVIORAL HEALTH DEPARTMENT (ACBHD)
ADDENDUM NO. 1 WITH QUESTIONS AND ANSWERS
TO
REQUEST FOR PROPOSAL (RFP) 25-05
SPECIFICATIONS, TERMS & CONDITIONS
FOR
ASSEMBLY BILL (AB) 109 MENTAL HEALTH AND WELLNESS

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…

I. RFP

Section D. BIDDER MINIMUM QUALIFICATIONS

Additional CPT **Requirement** ~~For CPT Only~~

- Have at least two years of experience billing Medi-Cal for Specialty Mental Health Services through a County within the last three years.

RESPONSES TO BIDDER'S QUESTIONS

PROGRAM SERVICES

Q1) What is the definition of "formerly incarcerated"?
A1) Formerly incarcerated include those who have ever been detained or incarcerated in jail, prison, or other lock up facility regardless of how long the detainment lasted, and how long ago the detainment took place. This is a self-reported measure and is included to promote equity and hiring of those with lived incarceration experience at all levels. Contractors will not specifically identify which staff are formerly incarcerated but will be required to acknowledge the percentage of staff with this lived experience.

Q2) What is the definition of "70% across all programs"? (RFP p. 29, Objective 7). Does "all programs" refer to the three programs included in this grant or does it refer to all programs in the agency?
A2) 70% applies to each of the three program areas of the MHW Program: TCWRT, CPT and SPOT.

Q3) Which of the three programs does Objective 7 apply to? (RFP p29)
A3) Objective 7 applies to all three program areas: TCWRT, CPT and SPOT.

Q4) Which of the three programs does Objective 8 apply to? (RFP p29-30)
A4) Objective 8 applies to all three program areas: TCWRT, CPT and SPOT.

Q5) Can some discussion at the bidder's conference cover how you see the three programs interacting and integrating? Who is the leader of the three programs?
A5) There is no contracted leader of three programs. ACPD will have overall program oversight. Further, the TCWRT will serve as the primary referral point, triage clients into CPT, and deploy SPOT team when appropriate, but they will not have oversight or dictate the work of CPT or SPOT team. The awarded Contractors will be expected to collaborate closely with each other, as described throughout the RFP.

Q6) Where do you see the clients ending up at the end of these services? Being referred to Medi-Cal services through ACCESS line or some other expected destination? Or is there an existing program they would be funneled to?
A6) Where clients end up at the conclusion of services depends on the client and their unique situation and needs. There is no one program or service as a targeted end point. However, the awarded Contractor(s) may coordinate with ACBHD ACCESS and other available resources and referral portals to connect clients with the most appropriate service. As a result of this program, clients should be connected to the most appropriate level of ongoing care and/or receive the supports necessary to stabilize and manage mental health needs independently.

Q7) Also, for contracted staff reference, does that apply to services to the community? or to the program?
A7) Bidder references should be related to a project of similar scope, volume, and requirements to those outlined in the RFP.

Q8) Is this RFP for a one-year contract?
A8) The program is a two-year pilot, and the contract may be renewed on an annual basis.

Q9) For SPOT, how is the MH eligibility requirement met? SPOT are not tx staff so non-clinical (or licensed), right?
A9) There are no MH eligibility requirements for the SPOT team. The SPOT team shall receive situational guidance from TCWRT and focus on providing support to the Reentry Community, in partnership with ACPD. The SPOT team staff are non-clinical, as noted in section F.3 Planned Staffing and Organizational Capacity.

Q10) For applicants to the SPOT component,

a. How would they fulfill the eligibility requirement of "Have at least two years of experience providing mental health services" when they are not required to have clinical licensure and do not provide individual therapy?
b. Do activities performed by an "AOD" — Alcohol and Other Drug certificated counselor meet the definition of "mental health services" experience?
c. Do activities performed by an OMCP — Occupational Mentor Certification Program graduate meet the definition of "mental health services" experience?

A10) Experience providing mental health services is broadly defined and does not require experience providing Specialty Mental Health Services. Mental Health services may include community-based healing work, cultural practices, restorative practices, crisis intervention, and other evidence-based trauma informed care. Depending on the types of services provided by an AOD certified counselor or OMCP, these activities may meet the definition of mental health services. Bidders must demonstrate in their bids how they meet the Minimum Qualifications, by describing their experience.

Q11) For applicants for the SPOT component, how would they fulfill the eligibility requirement of “Have at least two years of experience providing mental health services” when they are not required to have clinical licensure, do not provide individual therapy, and do not maintain a caseload?

a. Does services performed by an — Alcohol and Other Drug certificated counselor "AOD" meet the definition of "experience providing mental health services" ?
b. What does ACBHD consider experience providing mental health services? Is it strictly clinical? Does it include community-based healing work, such as trauma informed care, restorative justice healing, mediation, and other modalities of healing that is not clinical, but still evidence-based practices.

A11) See above answer to Q10.

STAFFING

Q12) Can the licensed clinician spots be filled by registered associates instead?

A12) For the TCRWT staffing, the Clinician may be licensed or unlicensed. CPT clinical staff must be licensed or license-eligible and supervised by a licensed clinician.

BUDGET

Q13) Is the contract cost-reimbursement or fee for service?

A13) For outpatient services billable to Medi-Cal for eligible clients, contract services will be reimbursed, based on most recent standards, on a rate basis. Non-clinical services for outreach, engagement and Client supports will be reimbursed at cost (RFP page 3). Only the Clinical Provider Team (CPT) will provide Medi-Cal billable services, and only to the subset of clients that have Medi-Cal.

Q14) Is the contract fee for service or cost reimbursement?

A14) See above A13

Q15) Will ACBHD honor a federally negotiated indirect rate?

A15) ACBHD does not have a maximum indirect rate, and will consider Bidders' proposed indirect rates, as long as they are reasonable and supported by rationale. If Bidders have a high indirect rate approved at the federal level, this documentation can be included as an attachment.

Q16) And what is the indirect rate?

A16) See above A15.

Q17) (SPOT) What is the indirect rate that will be used for budgeting?

A17) See above A15.

Q18) Is the $200K limit for SPPs a *per* SPP limit (no more than $200K each), or that's the total available for all SPPs combined?

A18) $200,000 is the maximum allocation available for the entire Specialty Provider Pool (SPP).

Q19) The $200K for SPPs is the **total** available for that purpose, correct?

A19) See above answer A18.

Q20) Is this new money or old money? If it's old money, who has the current contract?

A20) On March 17, 2025, the Community Corrections Partnership Executive Committee (CCPEC) allocated $3.5M of the FY25/26 AB 109 budget to fund this new MHW Program.

Q21) What is the source of this funding?
A21) This program will be funded by AB 109.

Q22) (SPOT) In the budget template, do "contracted services" refer to services provided to the community/clients, to the program, or to both/either?
A22) "Contracted services" are services provided by a 1099 contractor, regardless of the type or recipient of services.

PROPOSAL SUBMISSION

Q23) If applying for more than 1 category, do we describe both categories in one proposal, or submit 2 separate proposals?
A23) Bidders should submit a separate proposal for each Program Area for which they apply. There are separate budget and Bid Response Templates for each Program Area, with separate page maximums (25 pages (TCWRT), 18 pages (CPT), and 18 pages (SPOT)).

Q24) It says margins Maximum 1". Should that say minimum?
A24) A one-inch margin is the preferred margin size.

Q25) Where can i find the template?
A25) All templates can be found on the GSA website here: Current Bid | General Services Agency - Alameda County (https://gsa.acgov.org/do-business-with-us/contracting-opportunities/current-bid/?bidid=3114)

Q26) Where would we find the min and max of page submission?
A26) Section II F. Page 39 RESPONSE FORMAT/PROPOSAL RESPONSES. Page maximums are also listed on the first page of each Bid Response Template. There is no page minimum.

Q27) Are prime contractors required to partner or subcontract with SLEB-certified vendors?
A27) Bidders are not required to partner or subcontract with SLEB-certified vendors provided the Bidder meets a SLEB exemption, as listed on the SLEB Partnering Information Sheet. Bidders who do not qualify for any of the SLEB exemptions may also request a SLEB waiver. Please note, Bidders submitting a proposal for the SPOT program area may not sub-contract any portion of the clinical services.

Q28) If applying as the Prime (the main applicant, not a subcontractor), is attendance at the bidders' conference mandatory to remain eligible to submit a proposal? Or is it optional, provided all required paperwork is submitted on time?
A28) As noted in Section I.D Bidders' Conferences, Bidders are not required to attend the Bidders' Conferences.

Q29) Could you please clarify how responsibilities and funding are typically divided between the prime contractor and subcontractors under this RFP, and whether the County sets any requirements regarding the duration of these partnerships?

A29) If a Bidder choses to contract with a SLEB-certified sub-contractor, there are sub-contractor utilization reporting requirements, as described in the County's Contract Compliance System, Elations: County Contract Compliance System: Elation - Small, Local and Emerging Business (SLEB) Program - Alameda County.

MINIMUM QUALIFICATIONS

Q30) If the bidder has a contract with Alameda County Behavioral Health for Specialty Mental Health, does the bidder meet the minimum criteria regarding Medi-Cal billing experience for CPT?
A30) The minimum requirement for experience billing Medi-Cal Specialty Mental Health Services for two years within the last three years can be met through the delivery and billing for these services in Alameda County or another county. CPT Bidders must also meet the two additional minimum qualifications of having at least two years of experience providing services to the reentry population within the last five years; and at least two years of experience providing mental health services, as noted on page 7 of the RFP.

MISCELLANEOUS

Q31) We'll need to wait till 10/14 for answers/responses? Any way to receive those earlier to generate a response?
A31) Responses are provided in the Addendum posted on October 14, 2025, for this RFP.

Q32) is there a networking portion of this agenda?
A32) No, there is no networking agenda item during the Bidders Conferences. A list of participants, with contact information, is provided in this Addendum for networking purposes.

Q33) Will any additional consideration be given to bidders who are partnering to coordinate responses for all 3 programs?
A33) No, Bidders who partner to coordinate responses for all three programs will not be provided additional consideration in the scoring process; each proposal will be considered separately under a separate procurement process. As noted on page 41 of the RFP: "ACBHD will hold separate County Selection Committee (CSC)/Evaluation Panels for each program".

Q34) How many agencies will be granted the RFP/contract?
A34) As noted in Section A. Intent of the RFP, ACBHD intends to award up to three contracts to the Bidder(s) whose responses conform to the RFP and meet County requirements.

Q35) For clarity- So 3 different agencies could each hold different programs in this RFP , they wont all be held by the same org necessarily
A35) Yes, there may be three different awarded Contractors as a result of this RFP. Bidders may bid on one or more of the three programs.

Q36) Can SLEB's subcontract with the primary contractors? If so, will there be a list of vendors distributed so that SLEB's can reach out for potential partnership?
A36) SLEB-certified organizations may subcontract with Bidders, with the exception of the clinical CPT services. A list of participants, with contact information, is provided in this Addendum for networking purposes.

Q37) Is there someone we can contact if we get stuck completing the RFP?
A37) Vendors/Bidders may find support on the General Service Agency (GSA) website here: https://gsa.acgov.org/do-business-with-us/vendor-support/

The following participants attended the bidder's conference meetings		
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