

**ALCOHOL AND OTHER DRUGS
PRIMARY PREVENTION RFP : 11-02
ADDENDUM TO RFP BID CONFERENCES- FEBRUARY 28, & MARCH 1, 2011**

Please note that the addendum is the final word of the County. After the addendum is issued, BHCS will not respond to any further questions regarding the content of the RFP. BHCS asks that any staff or members of the Evaluation Panel not discuss this proposal with any potential bidders after the Bidders Conferences.

Corrections/Clarifications:

Submittal of Bids

- On page 7, please disregard item 9.D. It is standard County boiler plate language that doesn't apply to this RFP

Technical Criteria

- On page 11 of the RFP, question 7H under the Technical Criteria should read: **Describe bidder's staffing plan to achieve the proposed activities excluding data collection and entry.**
 - The bidders staffing plan to achieve the proposed activities for data collection and entry should now be included in the bidders' response to item 7G under the Technical Criteria.
- **On page 11 of the RFP, Bidder's must include the following measures under Question 7H or their proposal will disqualified:** Description of AOD Primary Prevention Service Units Per CSAP (Center for Substance Abuse Prevention) Strategy
 - **Direct Time (Service Hours) Per CSAP Strategy:** The face-to-face time spent on an activity. Also known as Service Time. (I.e., a two hour outreach event = two service hours)
 - **Staff Hours Per CSAP Strategy for Direct Service Staff:** The time staff member(s) spend on the direct service (I.e., two staff at a two hour outreach event = four staff hours)
 - **Indirect Staff Hours per CSAP Strategy for Direct Service Staff:** The time that is spent preparing for the activity and traveling to and from the activity site. This can include preparing literature/handouts, driving to and from the event, etc. (I.e., two staff that spent one hour each preparing for an outreach event and a half hour each driving to the outreach event = 3 indirect staff hours).

Evaluation Criteria/Selection Committee

- On page 15, the total points for Cost should be 35 points.

Budgeting and Budget Forms

- Each bid should describe only the one program described in the proposal within the budget template.
- The line "travel" should include expenses related to out-of-county travel. The line item "transportation" should be used for expenses related to transportation within the county.
- BHCS will not accept proposals with an administrative (or indirect) rate of greater than 21%. The administrative rate listed in the proposal must match the bidder's administrative rate for its other programs.
- If specific services do not fit into a category, you may enter it into MISC. line item
- Maximum annual staffing hours for a full-time staff person should be 2,080 (includes sick/vacation leave)

- Depreciation Schedule: if applicable, bidders only need to complete four (4) columns: **Description of Item Approx., Purchase Cost, Date Acquired, and Current Year Depreciation.** To calculate year depreciation, bidder should collaborate with their accounting staff who can automatically calculate this via standard accounting software.
- The depreciation schedule is a standard AOD budget tool used for auditing purposes.
- The explanation/justification of line items form only needs to be completed for line items that have an asterisk and have been assigned a dollar amount in the bidder's proposed budget.

ACBHCS Response to Bidder Questions:

BACKGROUND

Q1: This RFP was developed in response to a strategic planning process. Please comment on what are the strategic planning gaps that the current funded delivery system is not addressing.

A1: **The current strategic gap that we are looking at is providing primary prevention services to a greater number of cities throughout the county regions.**

SUBMITTAL OF BIDS

Q2: On page 1 of the RFP, the 2nd paragraph states that "Bidders may submit proposals to deliver services to one or both of these target groups. If bidding to serve more than one of the above target groups, a separate proposal must be submitted for each." We currently have two prevention programs (one budget/contract for each program), one program serves Youth and Families the other serves both Youth and Families and Older Adults. Does that mean we should submit three proposals?

A2: **In this RFP, BHCS is accepting proposals for programs that address either youth and families or older adults. BHCS is not accepting proposals for single programs that propose to serve both of these age groups. If a bidder has a current program that serves both of these target groups, it is recommended that they split-out the activities so that there is one proposal for youth and families and another, separate proposal for older adults. The maximum number of proposals BHCS will accept from one agency is two, one for youth & families and one for older adults.**

Q3: If an agency is submitting more than one proposal, would all proposals from this agency go together into one 3-ring binder with tabs – with the one binder representing one bid but with three proposals in it?

A3: **If an agency is submitting more than one proposal, each of these proposals should be presented to BHCS in separate 3-ring binders. Bidders should include an original and eight copies of each proposal, with each in a separate 3-ring binder.**

Q4: If an agency is submitting more than one proposal, would the required attachments be attached to each proposal or would one set of attachments be attached to the total bid?

A4: As stated on page 8 of the RFP, “Each proposal should include all elements of the response format as described below.” This means that a separate set of all attachments should be submitted with each proposal. It is noted that a few of the attachments, such as the debarment and suspension and local preference will be the same in each proposal that is submitted by a single bidder.

REFERENCES

Q5: On page 9, Item 4.B., the RFP requests three current and three former contacts. Most of our “former” contacts are people and groups that we still work with. We’ve had no reason to end our contacts. Is it acceptable to list six current contacts who can speak to our ability to perform the services in the RFP?

A5: If a bidder does not have three former references, that bidder should add additional current references.

Q6: Page 9 of the RFP refers to current and former contacts. please define “former” contracts.

A6: A former contact is an individual or agency that the bidder no longer works with on a regular basis. Former references may include time-limited funders or contractors that the bidder has worked with in the past.

Q7: For the references, is a list of contacts and their contact information sufficient, or should the references provide letters of recommendation?

A7: Bidders should submit the references using the format shown in Exhibit D1 and D2. Bidders do not need to submit letters of recommendation.

VENDOR MINIMUM QUALIFICATIONS

Q8: The Vendor Minimum Qualifications section on page 4 states, “ Bidders shall be regularly and continuously engaged in the business of providing AOD primary prevention services that target group(s) that Bidder is proposing to serve (i.e., youth and families and/or older adults) using...” Is this referring to the past history or what is being proposed in the bidder’s response to this RFP?

A8: This is referring to the bidder’s past history of providing these services.

PROGRAM DESIGN

Q9: I find it isn’t exactly clear where in the proposal you want us to outline the program and services we plan to implement?

A9: The program and services that you plan to implement should go under the technical criteria section. Item C under the technical criteria should include a description of the scientifically defensible model that you will be implementing. Any tailoring of these activities to the local program should be described under item D in the technical criteria.

Q10: Are the deliverables only listed on the logic model or should they also included in the narrative?

A10: The deliverables for the ongoing program should be clearly spelled out in the logic model. The bidder may also reference these deliverables in other sections of the technical criteria, though this is not required. The implementation plan and schedule should spell-out the deliverables associated with program start-up, which are not included in the logic model.

Q11: What is the maximum duration of primary prevention services, particularly for populations in transition?

A11: There is no defined maximum level of service duration. Clients are eligible for AOD primary prevention services as long as they do not require substance abuse treatment.

IOM PREVENTION CATEGORIES

Q12: Can we choose to serve all three of the Institute of Medicine prevention categories: universal, selected, and indicated?

A12: Yes, bidders can use a tiered approach in their program so they have some activities that target a universal population and other activities that hone-in on more high-risk selective and indicated subpopulations.

SCIENTIFICALLY-DEFENSIBLE MODEL

Q13: If the model does not have to come from SAMHSA's National Registry of Evidence-Based Program and Practices (NREPP) website, can a promising practice model be used?

A13: Yes, as stated under item C.3. on page 3, the program can be based on an evidence-based, best, or promising practice.

Q14: Do Best Practices/Model Programs have to have complete fidelity, or can elements of these programs be used?

A14: Bidders do not need to have complete fidelity to the scientifically defensible model. Bidders must provide a description and rationale if they are proposing to significantly modify the model or the program. This should be included in the Bidders response to item C under the technical criteria.

REGIONS/ SERVICE SITES

Q15: With Oakland being one of the largest areas, and an area identified in the Strategic Plan as having a diverse and high risk population, will it be acceptable to offer services in multiple schools in Oakland and not other cities?

A15: No, as stated on page 3 of the RFP, “it is not sufficient for a program to serve just one or two cities within a particular region.” The preference is to implement programs (actual service sites) in all cities or the majority of cities within a specific region. However, it is also acceptable to have a smaller number of services sites as long as your proposal documents how you will be reaching clients in other cities where there is no service site/program. That strategy is not likely to be rated as highly by the County Selection Committee as the intent is to serve clients region-wide.

Q16: In areas dense with providers and need, why would BHCS encourage service across regions versus providers continuing services in communities in which they’ve developed relationships?

A16: Again, the rationale is to increase services throughout multiple cities within a region.

Q17: I'd like to know the rationale for the requirement to serve more than one city in the provision of AOD prevention services?

A17: The intention of the RFP is to serve clients region wide. The rationale is to increase services throughout multiple cities with in a region.

Q18: We heard at the Bidders’ Conference that the purpose of the RFP process is to redistribute the prevention funds more evenly in the four Regions. Is this statement accurate?

A18: Yes.

Q19: Is it considered serving more than one city if clients from other cities receive services in the City of Alameda, or is the intent is for *services to be delivered* in more than 1 city (e.g. outside of Alameda). ?

A19: It is acceptable to have a smaller and more concentrated number of services sites as long as you are able to document how you will be reaching/serving clients in three or more cities within a region. However, such a strategy is less likely to be rated highly by the County Selection Committee as strategies that propose service sites in all or the majority of the cities in a region. The intent is to most effectively serve clients region-wide.

Q20: For programs that serve persons in transition, such as individuals that are currently homeless in one community and are likely to eventually be housed in another community, how should a bidder approach describing the regions that they serve?

A20: For clients in transition please describe the city/cities where the initial point of service takes place as well as the cities/areas where the agency expects to continue services once a client is housed. The agency will also need to describe how a client remains engaged once they are housed and how soon they expect to engage clients once they are not in transition.

Q21: Will schools count as Service Sites?

A21: Yes

LOGIC MODEL

Q22: Can the Logic Model be the overall agency Logic Model or does it need to specifically be about the program described in the bidder's proposal?

A22: The logic model must be specific to the program described in the bidder's proposal.

Q23: Do you have a preferred logic model format?

A23: No, we do not have a preferred format for the logic model. Item C under the technical criteria (page 11) describes the elements that must be included in the logic model.

COLLABORATION

Q24: The RFP states that collaboration is encouraged, but that only one organization will be funded through each proposal. Does this preclude the fiscal agent from subcontracting with other collaborative partners?

A24: As stated on page 1 of the RFP, "bids submitted with subcontractors will not be considered."

Q25: We are part of an existing multi-agency collaborative that could be well set-up to deliver these services. I am wondering, however, if the prohibition of subcontracting articulated on page 1 would make impossible the application by such a collaborative?

A25: No, it is not impossible for a multi-agency collaboration to apply; however only one agency will apply for the funding and implement the contract. Only one agency will be granted the funding. This agency will not be able to subcontract with other collaborating agencies. For example, Agency A (the RFP awarded agency) can provide services to Agency B's clients; however Agency B will not receive any funding reimbursement for sharing the client for those services. Only Agency A will get the reimbursement/funding.

Q26: On page 7 of the RFP, Item D. 9. states "Only one bid response will be accepted from any one person, partnership, corporation." Does this mean that a single agency cannot submit two separate proposals, one for youth and families and the other for older adults?

A26: A single agency can submit more than one proposal in response to this RFP as described in the Intent section of the RFP and the response to the preceding question. Item D.9. on page 7 of the RFP is incorrect and should be disregarded.

Q27: Will collaborations be funded separately or as one project?

A27: Two or more collaborative partners can submit separate proposals. In this situation, each agency would be responsible for submitting a separate, stand-alone proposal and providing the services described under that proposal. As stated on page 1 of the RFP, "bids submitted with subcontractors will not be considered."

Q28: How are you defining "subcontractor?" Is there another way for a bidder to include fees for professional services such as babysitting, pharmacy consultants, or Spanish-speaking prevention specialists? Subcontracting allows programs/agencies to engage people that have particular expertise which results in prevention objectives being fulfilled in a superior way, and which also allows flexibility to more efficiently manage funds.

A28: For the purposes of this RFP, a subcontractor would exist when a contractor holds a subcontract with an organization that is a legal entity for reimbursable services. The examples listed within the above question and other examples of as-needed services from an individual with a particular expertise should fall under 'professional services' and would not be considered a subcontract.

Q29: For agencies that enter into collaboration, are MOUs or letter of agreements required?

A29: No, they are not required. A bidder may submit MOUs or letters of agreement if they choose, but these will not be scored.

Q30: Are the new mental health prevention providers required to partner/collaborate with AOD prevention providers?

A30: No, this is just one example of other agencies that the bidders could collaborate with on the implementation of their AOD primary prevention program. Other examples are included on page 4 of the RFP under item C.6. Collaboration.

Q31: Who are the mental health prevention providers?

A31: Bidders can view a list of the new mental health prevention providers funded through the Mental Health Services Act at: <http://www.acbhcs.org/MHSA/pei/pei.htm>. Crisis Support Services of Alameda County is the other local mental health prevention provider. Crisis Support Services offers a broad range of counseling and education services related to suicide prevention in a safe environment. You can contact Crisis Support Services at 510-420-2460.

DATA COLLECTION AND ENTRY

Q32: On page 5, Section E.I., the RFP states that bidders need to describe a plan for collecting and entering data to meet statistical reporting requirements. Please speak more to this issue.

A32: BHCS expects bidders to describe their staffing capacity to collect and enter data into the Cal OMS prevention website and the dedicated staff time for the select activities. Bidders should describe previous and/or planned training with the Cal OMS prevention data system or other on line systems for tracking service events.

Q33: On page 11, Section 7.G., does BHCS have a plan for collecting and entering data that you expect us to follow or are bidders supposed to describe a plan of their own making?

A33: BHCS expects bidders to follow the process and data procedures per the Cal OMS prevention website and enter service data on a weekly basis. Per the RFP, it also expected

that bidders will provide a detailed plan of their own making that illustrates how they will ensure appropriate capacity and infrastructure to enter data into the Cal OMS data system. Please note that there is a correction in item 7H under the Technical Criteria, which should now read “Describe bidder’s staffing plan to achieve the proposed activities excluding data collection and entry.” The bidders staffing plan to achieve the proposed activities for data collection and entry should now be included in bidders’ response to item 7G under the Technical Criteria.

Q34: Is the data reporting for this RFP more like INSYST/PSP or more akin to the outcome studies we’ve developed and utilized as a program?

A34: The data reporting for this RFP is more akin to INSYST/PSP. The programs funded through this RFP will be entering data about prevention service events into the Cal OMS system via the Cal OMS website. For all awarded agencies, technical assistance will be provided in the Cal OMS system.

Q35: Does “all programmatic data” refer to all services delivered by a provider, or just the services that are specifically outlined under the proposal to this RFP?

A35: This refers to the services specifically outlined under bidder’s response to this RFP.

Q36: Is CAL OMS sufficient as the only form of data collection, or should we also have an evaluation plan?

A36: For this RFP we are only asking for data collection and capacity around CalOMS Prevention.

Q37: If a Provider is already recording all of its programmatic data into its internal data system, can these service data be uploaded into the Cal OMS Prevention System, or does data have to be mutually inputted into the Cal OMS Prevention System?

A37: Unfortunately at this time data can not be uploaded into the Cal OMs Prevention System. So you would be essentially doing double data entry.

COST/ BUDGET

Q38: We heard that there is no minimum or maximum for funding to any region. Is this statement accurate?

A38: Yes.

Q39: Is there a minimum or a maximum funding allowed for each of the 4 regions?

A39: There is no minimum or maximum funding amount allocated for each region. As stated on page 1 of the RFP, “The minimum award allocation will be \$100,000. The maximum award allocation and the overall number of awards will be determined by the number and quality of the proposals received; the geographic range of intended prevention services; and the available funds.”

Q40: How will proposals that serve more than one region be assessed for the amount of funding in each region?

A40: Each proposal will be assessed according to the evaluation criteria set forth in page 14 and 15 of the RFP. The cost should be reasonable for the set of activities that is being proposed by the bidder across all regions described in the proposal.

Q41: For a bidder who provides service in more than one region, how will the funding be distributed/allocated to those Regions?

A41: BHCS anticipates that proposals that are selected for contract award will serve the regions stated in the proposal at the budgeted amount in the proposal. Proposals should describe how a bidder plans to distribute services across regions under section 7.D. of the Technical Criteria.

Q42: Is there a maximum amount allowed for each program or agency?

A42: No, there is no maximum amount defined for an individual program or agency. As stated on page 1 of the RFP, "The minimum award allocation will be \$100,000. The maximum award allocation and the overall number of awards will be determined by the number and quality of the proposals received; the geographic range of intended prevention services; and the available funds."

Q43: Will selected bidders be funded at the level that is shown in their submitted budget?

A43: It is the intention of BHCS to fund selected bidders at the funding levels shown in the submitted budgets.

Q44: If an agency submits two proposals, based on both being funded, how will BHCS proceed if only one is funded?

A44: For each proposal, bidders should submit a budget that stands on its own.

Q45: What is the minimum direct-service productivity goal?

A45: The minimum productivity goal is 65%.

Q46: Please explain on page 5, Item E.H. "Bidders must uphold a direct-service productivity goal of a minimum of 65%"

A46: The expectation is for all direct service staff to spend at least 65% of their paid time, not including paid leave, providing direct service.

IMPLEMENTATION SCHEDULE

Q47: If services are to start on July 1, 2011 for organizations proposing to work with schools, how will that work? School won't be in session and there are no students at the schools in July.

A47: With a contract that begins July 1, 2011, a bidder working with schools can immediately begin its preparation, curriculum development, networking with the school and outreach to the community. If a school has some type of summer program, the bidder can begin some type of services prior to the start of the standard school year.

DEFINITIONS OF TERMS

Q48: What's the age range for youth and for older adults?

A48: The age range for youth is 0 to 18 years. The age range for older adults age is 60 and over. Please refer to Glossary & Acronym List on page 19 & 21 in the RFP.

Q49: What is the definition of family for this RFP?

A49: For the purpose of this RFP, the person(s), who has provided primary support for, is a primary caregiver of, of whose daily life is impacted by, being a family member (by personal or biological definition) of a person who is at risk for negative outcomes related to their use, or potential use of AOD. Family members may be the biological parents, foster parents, siblings, spouses, children, aunts, uncles, cousins, friends, or anyone else whom the person defines as "their family members." Please refer to Glossary & Acronym List on page 19 in the RFP.