

**ALAMEDA COUNTY BEHAVIORAL HEALTH DEPARTMENT (ACBHD)
REQUEST FOR PROPOSAL (RFP) 25-05
SPECIFICATIONS, TERMS & CONDITIONS
FOR
ASSEMBLY BILL 109 MENTAL HEALTH AND WELLNESS**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Wednesday, October 1, 2025	10:00 – 11:30 am	Teams invitation information in Calendar of Events
Thursday, October 2, 2025	2:00 – 3:30 pm	

**PROPOSALS DUE
by 2:00 pm on November 6, 2025**

to

ACBHD Procurement

Email: procurement@acgov.org

Proposals received after this date/time will NOT be accepted

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STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Department (hereafter ACBHD or County) to seek proposals to establish the Mental Health and Wellness Program (MHW Program), which will connect Assembly Bill (AB) 109-eligible Clients to essential mental health (MH) and prevention services. This program will take a holistic approach to community MH and wellness and will also incorporate therapeutic responses to Alameda County Probation Department (ACPD) staff and providers who support ACPD Clients.

ACBHD intends to award up to three contracts to the Bidder(s) whose responses conform to the RFP and meets the County's requirements. At this time, ACBHD has allocated \$3,500,000 per contract year for this two-year pilot program through AB 109¹ funding, allocated as follows among three distinct Program Areas:

Program Areas	Maximum Contract Allocation
Triage, Consultation, and Wellness Response Team (TCWRT)	\$2,000,000
Clinical Provider Team (CPT)	\$750,000
Service Provider Outreach and Training (SPOT) Team	\$750,000

ACBHD will administer separate competitive processes for each program under this RFP. **Bidders may submit separate proposals for each program, or up to three proposals.**

Any contract that results from this RFP process will be reimbursed, based on most recent standards, on a rate basis for outpatient services that are billed to Medi-Cal. The program will generate revenue through Medi-Cal. Non-clinical services for outreach and engagement, and Client supports will be reimbursed at cost. There will be a three-month start-up period, also based on actual costs.

Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. ACBHD reserves the

¹ Assembly Bill (AB) 109: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201120120AB109

right to dissolve a contract if/when awarded Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to, renew any awarded contract. Any renewal of an awarded contract shall be contingent on the availability of funds, awarded Contractor's performance, and continued prioritization of the activities and priority populations as defined and determined by ACBHD.

ACBHD does not discriminate against Bidders that serve high-risk populations or specialize in conditions that require costly treatment. Further, the County does not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.²

B. BACKGROUND

As with physical health, everyone has mental health. In accordance with the California Public Safety Realignment Act of 2011, also known as AB 109, this program is intended to improve Client's mental health and wellness through service consultation, direct connection to mental health professionals, peer support, wellness activities, and/or triage into appropriate levels of care. "Clients" for this program are AB 109-eligible³ adults, 18 years or older. MH is often framed as an individualized problem with the responsibility of healing placed on traumatized individuals whose pain has manifested as MH symptoms, substance use, and/or survival behaviors. The justice involved population has compounding historical, intergenerational, and complex trauma including childhood experiences, isolation, grief/loss, institutionalization, and reentry trauma. Healing requires community, connection, and ability to address the sociopolitical structures that have led to and exacerbate MH symptoms. The MHW Program encourages desistance through a holistic approach and addresses complex trauma and community trauma.

In addition to addressing Client MH, the MHW Program supports community MH by providing psychoeducation and trauma-responsive support to providers and ACPD staff who work with the reentry population (the "Reentry Community"). Client wellness goes hand in hand with staff wellness; the providers who work with the reentry population are crucial members of the community and help Clients to succeed. The Reentry Community, primarily AB 109 providers (providers who are contracted through AB 109 to deliver services to the Client population), and

² In compliance with 42 CFR § 438.214 as a Prepaid Inpatient Health Plan (PIHP).

³ See Section F.1. Understanding of and Experience with Priority Population for eligibility criteria.

ACPD staff, often have familial or personal lived experience. Modeling therapeutic approaches with staff and incorporating wellness activities/principles helps to destigmatize MH services. Providing the Reentry Community with trauma-responsive supports, wellness tools, critical/traumatic event processing circles, and coaching improves both Client and staff mental health outcomes. This unique approach builds the capacity of non-MH providers to respond to Client needs using trauma-responsive approaches and mitigates the impact of vicarious trauma on reentry providers.

ACPD and ACBHD will collaborate closely around the implementation of these programs. While ACPD will have primary oversight of contracted activities, the contract(s) will be held by ACBHD and will utilize ACBHD contractual terms and processes.

C. SCOPE/PURPOSE

The goal of the MHW Program is to support Clients in connecting with essential MH and prevention services; this may include service navigation as well as direct mental health services, along with support to the AB 109 Community.

The MHW Program will consist of three closely coordinated program areas, as follows:

1) Triage, Consultation, and Wellness Response Team (TCWRT). This team shall focus on triage, direct consultation, on-site de-escalation, peer connection training, and events. This team is the referral point for ACPD staff and is not a treatment team. This team is primarily responsible for providing direct consultation to Deputy Probation Officers (DPOs) and Clients inquiring about MH services. This team will directly triage Clients to appropriate levels of MH care and will extend peer connection and supportive services to Clients until an appropriate and sustainable MH connection is made. This team is also responsible for deescalating and responding to Client wellness situations in ACPD offices, Center of Reentry Excellence (CORE), and/or AB 109 housing programs when local law enforcement or other County crisis teams may not be an appropriate/available option. There is no max caseload for this team.

This team will also oversee the **Specialty Provider Pool (SPP)**. The awarded TCWRT Contractor will identify these specialty providers, vet them with ACPD/ACBHD, establish funding agreements, make referrals to, and pay them from a designated allocation, not to exceed \$200,000. Specialty providers may also be identified by the Client or ACPD and submitted to TCWRT for vetting. Specialty providers may offer services such as medical retreats, parent-child camping trips, and other activities. The TCWRT will connect Clients requesting activities with providers in the pool, based on the Clients' needs and preferences. There is no limit to how many providers are in the pool.

2) Clinical Provider Team (CPT). This team has the purpose of providing community mental health treatment, including Specialty Mental Health Services (SMHS), psychoeducation, culturally responsive community healing, and appropriate service hand-offs. The CPT is responsible for providing therapeutic and clinical treatment to Clients and/or interventions to assist providers. The CPT must collaborate with the TCWRT Contractor to ensure continuity of care, minimize service duplications, and maximize MH benefit and impact. The CPT should anticipate approximately 30 referrals per month and may serve up to 100 Clients at a single point in time with varying acuity. Of these 100 Clients, approximately 65 may require Intensive Case Management (ICM) level of clinical services.

3) Service Provider Outreach and Training (SPOT) Team. The SPOT Team provides prevention, psychoeducation, and post-incident interventions to support the Reentry Community and Clients, when applicable. The SPOT Team provides support through a community wellness approach with the goal of mitigating vicarious trauma through training, groups, and restorative processes. Following a critical incident or Wellness Response, the TCWRT and/or ACPD may deploy the SPOT Team to assist impacted ACPD staff, contracted providers, and community members and Clients when applicable to process the situation. The SPOT Team is also a neutral third-party entity that AB 109 programs can utilize to receive restorative conferencing, mediation, and creative problem-solving support to help repair relationships with and retain Clients, when appropriate. The SPOT Team is not an individual therapy provider and will not maintain a caseload.

MHW Program Contractor(s) must ensure their services are readily accessible to all Clients regardless of where in the County the Client resides. Contractor may work out of their office, the CORE, as well as other settings where Clients and their families may need support, i.e. the Client's home, their children's school, other contractors' offices, and other locations throughout the community. Due to the geographic distribution of AB 109-eligible Clients, Contractor must ensure services adequately cover all areas of the County. MHW Program Contractor(s) must offer services during standard business hours and allow for access to services at a minimum of five days per week for nine hours per day, with flexible scheduling and access to services on evenings and weekends, when possible, e.g., Monday through Friday from 8 a.m. to 5 p.m.

Additionally, all MHW Program Contractor(s) must coordinate and work together in support of Clients and the larger community working with the reentry population. By addressing the multifaceted challenges of reentry and providing comprehensive support, these programs contribute to safer communities and better outcomes for all.

D. BIDDER MINIMUM QUALIFICATIONS

To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal how they meet the following Bidder Minimum Qualifications:

- Have at least two years of experience providing services to the reentry population within the last five years; and
- Have at least two years of experience providing mental health services.

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.

The program model for CPT includes the generation of revenue from Medi-Cal; as such, ACBHD shall disqualify proposals for CPT that are submitted with subcontractors performing any portion of the clinical services described in this RFP.⁴

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

- Do not clearly demonstrate that Bidder meets each of the specified Bidder Minimum Qualifications
- Exceed the contract maximum amount and/or the County Contract Maximum Rate (CCMR)
- Are unreasonable and/or unrealistic in terms of budget, as solely determined by ACBHD
- Exceed the maximum page limit as defined in the Bid Response Template

Disqualified proposals will not be evaluated by the Evaluation Panel and will not be eligible for contract award under this RFP. ACBHD has the right to accept all or part of the proposed program model at its discretion.

⁴ See Section II. C. Small Local Emerging Business (SLEB) Preference Points for more information on SLEB exception and waiver.

E. SPECIFIC REQUIREMENTS

The scope of work for awarded contracts from this RFP will include conformance with all of the following throughout the program period, as needed:

- Provide services that follow evidence-based practices including but not limited to:
 - Contingency Management;
 - Motivational Interviewing;
 - Peer support model;
 - Strength-based strategies;
- Maintain consistent communication with ACPD;
- Coordinate with other MHW Program Contractors;
- Conduct ongoing monitoring to ensure that staff who provide clinical services have a valid license and have no restrictions;
- Plan for and implement continuous training and quality improvement, including but not limited to cultural and linguistic responsiveness;
- Promote cultural responsiveness and multi-culturalism using Culturally and Linguistically Appropriate Services (CLAS),⁵ which includes tracking and reporting to ACBHD any trainings or activities that meet the CLAS requirements;
- Complete trainings required to access and input data and conduct data entry in a timely manner into the County's electronic information management and claiming system;
- Complete other trainings as required or requested by the County;
- Submit an attestation confirming employee validation against Office of the Inspector General (OIG) and Other Exclusion Lists;
- Comply with ACBHD's contractual and administrative requirements, as listed in the Exhibit A-1: Mental Health Standard Requirements⁶ and ACBHD Policies and Procedures Manual;⁷ and
- **CPT Only:** Adhere to the Medi-Cal, state and federal requirements listed in Appendix I: Other Requirements.

⁵ [Culturally and Linguistically Appropriate Services - Think Cultural Health](#)

⁶ [https://bhcsproviders.acgov.org/providers/network/docs/forms/DRAFT Exhibit A-1-MH Standard Requirements FY25-26 Yellow Highlighting for Web Posting.pdf](https://bhcsproviders.acgov.org/providers/network/docs/forms/DRAFT_Exhibit_A-1-MH_Standard_Requirements_FY25-26_Yellow_Highlighting_for_Web_Posting.pdf)

⁷ <https://bhcsproviders.acgov.org/providers/PP/Policies.htm>

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. *Understanding of and Experience with Priority Population*

The Contractor(s) must serve all adult AB 109 -eligible Clients⁸ who are referred to the program and at risk for or experiencing behavioral health issues and their families, as well as the Reentry Community. AB 109 eligibility may change during the course of the program. At the time of this writing, eligibility includes:

- Post-Release Community Supervision (PRCS): Individuals released from prison for non-serious and non-violent offenses who are not classified as high-risk sex offenders.
- Penal Code 1170 (h) Eligible: Individuals charged and under supervision with an 1170(h)-eligible offense, including:
 - Individuals sentenced to local prison and placed on mandatory Supervision
 - Individuals granted deferred entry of judgment in lieu of an AB-109 eligible offense
- Individuals on formal probation.
- Individuals that are part of the County's Pre-Trial program.
- Participants in specialty courts with a felony conviction.

As of the writing of this RFP, there are approximately 5,000 AB 109-eligible Clients within Alameda County. It is estimated that roughly 25-30% of justice populations have serious mental health concerns, with many more who could benefit from MH treatment and wellness resources. The prevalence of substance use and co-occurring disorders increases the percentage of individuals who could benefit from this program.

The priority population for these services may include:

1. Clients with known mental health needs
 - Released from Santa Rita Jail or California Department of Corrections and Rehabilitation (CDCR) facilities
 - Are current users or have history of MH services or hospitalization
 - May or may not be currently covered by insurance (Medi-Cal or private insurance)
2. Clients seeking support with MH navigation
 - May be interested in accessing MH services via Medi-Cal, private insurance, telehealth, managed care plans, local clinics, and/or community wellness centers
3. Clients experiencing MH challenges in ACPD offices, housing, and partner locations

This population may have the following risk factors:

⁸ AB 109-eligible clients are sometimes also referred to as Realignment-eligible clients.

Housing Instability

- Difficulty securing affordable housing
- Lack of transitional housing
- Homelessness

Employment Barriers

- Difficulty finding employment
- Limited job training and opportunities
- Lack of “Fair Chance” employment practices

Mental Health and Substance Abuse Issues

- Mental health challenges
- High rates of substance use disorders
- Limited access to treatment and support

Systemic Barriers and Discrimination

- Stigma and discrimination
- Navigating the criminal justice system
- Collateral consequences of conviction

Lack of Support and Social Isolation

- Weak or broken social networks
- Limited access to reentry services
- Lack of peer support and mentorship

The successful Bidder will demonstrate an understanding of the priority population’s strengths, needs, and challenges; and experience in providing supportive and culturally sensitive services to the reentry population.

2. Service Delivery Approach

The three components of the MHW Program are described as follows:

I. Triage, Consultation, and Wellness Response Team

The Triage, Consultation, and Wellness Response Team (TCWRT) is the primary referral point for ACPD staff seeking Client MH services. The TCWRT is not a treatment team; rather, they are responsible for helping DPOs and Clients navigate MH, SUD, and/or co-occurring disorder referrals and understand the various wellness options in Alameda County’s behavioral health landscape. Client MH/SUD history and current enrollment in MH/SUD services are not often known by ACPD staff and will require the TCWRT to manage referrals and triage and/or (re)connect Clients to MH services. This team will additionally assist with de-escalation and wellness interventions as needed.

TCWRT services will include:

a. Clinical Consultation and Triage

The TCWRT must provide direct consultation to DPOs and Clients inquiring about MH services. The TCWRT must be knowledgeable about navigating County MH/Health services, providers, and databases to understand Client's clinical history and any current MH program enrollments. Clinical history, current presentation, limitations, service needs, and other factors must be considered when recommending and triaging Clients to community MH providers/treatment.

i. Location-based Support

The TCWRT must have staff stationed at the Oakland and Hayward ACPD offices, as well as at the CORE and AB 109 Housing Program locations.⁹ Staff may operate on a rotating schedule and must be available to address staff consultation questions through on-site, telephonic, and/or virtual support options during standard business hours. Location-based supports provide the direct benefit of drop-in consultation for DPOs with emergent questions, as well as seizing key opportunities for connection during Client visits to the ACPD office and/or CORE. Providers are expected to address staff questions related to service recommendations, triage, trauma-responsive approaches, coaching on working with Clients with Serious Mental Illness (SMI), and other clinically relevant topics.

ii. Referral Point

The TCWRT must serve as the referral point for ACPD staff and Clients. All referrals to CPT must go through the TCWRT. The TCWRT will be responsible for making referrals to the CPT, SPOT team, and SPP, as appropriate. TCWRT does not replace community MH referrals and instead offer a direct resource for DPOs and Clients requiring support in navigating such community referrals.

iii. Assessment/Information Gathering

The TCWRT is responsible for gathering MH history, coordinating with in-custody and existing MH and primary health providers, MH facilities (e.g., psychiatric hospital, residential treatment programs, etc.), and other sources to create a "clinical picture" of each referred Client. The TCWRT must be able to access the County health record systems and conduct other information gathering to verify current services, past services, and other clinically relevant information. With Client consent, the TCWRT must also attempt to gather Client MH history from out-of-County sources, family members, and other essential collateral contacts. The TCWRT assessment will remain confidential, and contents do not need to be shared with ACPD staff, but

⁹ See Appendix J for ACPD Programs and Services for AB 109 Adult Clients

must be used to inform planning, coordination, community MH referrals, and service triaging.

iv. Planning and Coordination of Supportive Services

The TCWRT Contractor will assist DPOs and Clients in navigating MH referrals and understanding available MH options. The TCWRT must work with ACPD and Correctional Rehabilitation Services or Programs (CRSP) to identify the most appropriate MH services for Clients. This includes consideration of Client's insurance, ability to pay, ability to attend appointments, in custody services, presenting needs, provider specialties, and other factors to increase the Client's likelihood to participate in treatment, obtain stability, and achieve their clinical goals. The TCWRT must collaborate with the CRSP provider on decision making and contribute to their in-depth assessments, particularly in the focus areas of:

- Health
- Skill Development
- Social Networks

The TCWRT will bridge the gap for Clients transitioning out of a facility and treatment setting into community programming. The TCWRT must participate in case planning, care coordination, and discharge planning meetings with ACPD, in-custody providers, psychiatric hospitals, crisis residential, ACBHD and County MH/SUD providers, as well as other relevant providers/partners to improve Client outcomes (e.g., TCWRT must make every effort to coordinate discharge planning efforts with Santa Rita Jail and John George Psychiatric Hospital prior to a Client's release).

v. Triage and Provider (re)Connection

Clients who are referred to MH services may not agree to participate, may not be aware of their assigned provider, and/or may not see the benefit of MH services. The TCWRT will help Clients to understand their MH treatment options and use trauma informed strategies and motivational interviewing techniques to help Clients connect with treatment providers. This includes community/County providers, peers, support and affinity groups, residential treatment, crisis residential programs, substance use services, psychiatry services, and other MH supports that would benefit the Client.

The TCWRT will connect the Client's DPO with any assigned provider and coordinate/participate in case conferences as needed. For Clients already assigned to a MH provider, the TCWRT will assist the Client with service reconnection. For Clients requiring or pending a referral through Alameda County Acute Crisis Care and Evaluation for Systemwide Services (ACCESS), the TCWRT will complete such

referrals and offer clinical case management to the Client until a stable connection is made with the new provider (e.g., two months of dual services). Medi-Cal eligible clients interested in intensive vocational support must be triaged to an available Alameda County Vocational Program partner or other CBO offering Individual Placement & Support (IPS) services, if available.¹⁰

For Clients without Alameda County Medi-Cal, the TCWRT will work with Clients to enroll in Medi-Cal or otherwise navigate and enroll in MH services through their private insurance provider, managed care plan, primary health provider, free/low-cost community options, and/or virtual therapy platforms as appropriate. Clients may also be triaged to the CPT or SPP as appropriate. For family therapy needs, the TCWRT may request the DPO to complete an AB 109 Family Reunification referral and facilitate connection to the Family Counseling and Therapy Services provider(s).

b. Peer and Supportive Services

TCWRT will employ, train, and support peers with lived justice and/or MH system experience in this program. Peer connection and supportive services will be offered to Clients until an appropriate and sustainable MH connection is made. The TCWRT will provide clinical case management, regular check-ins, coaching, barrier removal, and other direct Client support until Client is securely connected to the referred provider.

i. Walking with the Client

Clients who are resistant to MH services or who may have stigma toward MH treatment would still benefit from therapeutic coaching and support. TCWRT will utilize peers and other staff to “walk” with Clients and offer clinical case management until they connect to an appropriate level of care. The TCWRT will work with Clients in making incremental changes, addressing pre-contemplation/contemplation of services, skill building, and developing coping strategies and other tools to mitigate MH concerns until the Client is able/willing to participate in MH services. This may include use of Contingency Management approaches to support healing and reinforcement.

ii. Coaching for Loved Ones

Clients’ mental health challenges may impact their daily functioning, interpersonal relationships, and can lead to loved ones feeling helpless or the Client being isolated or rejected. In addition to peer support to the Client, the TCWRT must also offer coaching for loved ones to increase their well-being and Client’s stability within their

¹⁰ [The IPS Employment Center – Research, Dissemination, Training, and Consultation](#)

natural support systems. The TCWRT will also help loved ones understand and know how to access crisis/emergency response options available in Alameda County should the Client experience a MH crisis. When available or interested, the TCWRT will connect family members to family groups and other opportunities for families to develop a therapeutic community.

iii. Barrier Removal

Until the Client is securely connected to a MH provider, the TCWRT will assist with barrier removals to improve Client's outcomes and access to MH treatment and resources. This may include transportation support, emergency housing, insurance applications/connection, navigating other barriers to treatment (e.g., calling intake department together, helping to coordinate childcare, etc.), and/or providing incentives for meeting treatment milestones (e.g., gift card for scheduling and attending therapy appointments). The TCWRT must also assist Clients with obtaining psychiatry and psychiatric medications, in addition to offering medication management services, as well as assist Clients with navigation and advocacy following service and treatment denials through providers and insurers.

c. Wellness Response

Clients may become triggered while meeting with ACPD staff or participating in AB 109 programming; staff may also identify Clients decompensating or exhibiting concerning behavior that require therapeutic intervention. The TCWRT is responsible for offering mobile services to de-escalate and respond to Client situations in ACPD offices, CORE, and/or AB 109 housing programs when contacting local law enforcement when other County crisis teams are not an appropriate/available option. The TCWRT will offer rapid response and intervention during MH incidents involving Clients at ACPD locations, CORE, and AB 109 housing programs with the intention of harm reduction and preventing crisis.

The goal of Wellness Response is to help Clients regulate and/or get the Client to a safe and therapeutic environment when necessary. As a result of Wellness Response, the Client may be able to de-escalate and connect with the TCWRT for additional service triage. The Wellness Response may also result in the TCWRT referring and coordinating the Client's admission into Crisis Residential Treatment (CRT), peer respite housing, sobering centers, or other supportive programming. The TCWRT will coordinate with

local law enforcement and County crisis teams to initiate 5150¹¹ recommendations as needed and appropriate.

For Clients requiring peer respite or other residential support following Wellness Response, the TCWRT will collaborate with the relevant parties during the Client's treatment and assist with discharge planning and community MH connection. When needed, the TCWRT will also alert and deploy the SPOT team to work with AB 109 service providers following a critical incident or crisis at the program location (e.g., TCWRT will deploy the SPOT team to facilitate a restorative circle at the housing program following a Client 5150 incident).

d. Outreach and MH Promotion

In addition to location-based support, the TCWRT will make efforts to meet Clients where they are therapeutically, locally, and through resource sharing. The TCWRT contractor will utilize Motivational Interviewing, peers, and other strength-based strategies to connect with Clients and support their access to MH treatment.

i. Community Outreach

The TCWRT Contractor will conduct intensive outreach in the community with hard-to-reach Clients, such as transient Clients, those identified as needing specialty MH services, individuals court-ordered to MH services, and those who may qualify for conservatorship. This includes outreach to locate and deliver clinical case management services to Clients, as needed. The TCWRT must utilize opportunities to meet with Clients at AB 109 housing programs, CORE, shelters, and other known locations the Client frequents. Community outreach may be utilized for prevention, assessment, resource coordination, stabilization, and ideally triage to appropriate MH services.

ii. Resource Sharing

The TCWRT will offer prevention through psychoeducation opportunities. This may include collaboration with other MHW teams to offer coaching on wellness and coping strategies, facilitation of workshops, wellness activities/programming at the CORE, producing newsletters, and other strategies to address MH stigma and increase access to wellness.

¹¹ Section 5150 of the California Welfare and Institutions Code, which allows for the involuntary 72-hour psychiatric hold of an individual who is deemed a danger to themselves, a danger to others, or gravely disabled due to a mental health crisis

e. Specialty Practitioners Pool

The TCWRT will administer the Specialty Provider Pool (SPP), a pool of providers offering MH and wellness approaches that would benefit Clients, but services are not otherwise accessible and/or are not typically covered by medical insurance. These services must address a specific need, are time-limited, and should be offered through an established model and/or set number of sessions. The TCWRT is responsible for connecting Clients with the SPP when appropriate. Services may be provided individually or with others and may be offered in the community, in office, in home, virtual, and/or telephonic.

i. SPP Services

Services must address a specialty interest and/or need; services may also be a cultural practice, innovative approach, and/or emerging practice not otherwise available through AB 109 contracted providers. SPP Providers will be required to:

- Referral Response: respond to referrals within 24 hours and begin Client outreach within 72 hours.
- Service Provision: commence service delivery based on approved application.
- Warm Hand-offs: SPP reports to TCWRT on Client progress and upon completion of activity; warm handoff to other resources as needed.

Examples of SPP services may include mental health and wellness activities such as camping trips, therapeutic classes, field trips, workshops, and cultural activities.

ii. SPP Provider Selection

A panel of ACPD and/or ACBHD staff, TCWRT, and/or community member will determine and approve addition of a provider into the SPP based on selection criteria pre-determined by the panel. Interested providers must apply by submitting an application describing their services, program structure, service model, need/problem it solves, intended outcomes, and cost to the TCWRT. The TCWRT will be responsible for convening the panel to review each application. Clients may self-identify and recommend a community wellness program be considered for addition to the SPP.

iii. SPP Contract Administration, Oversight, and Reporting

The TCWRT will enter into and manage all SPP Provider agreements, oversee SPP activities, and handle all SPP Provider payments. The TCWRT is responsible for gathering and reporting on all SPP activity and fund balance.

TCWRT referrals will come from ACPD staff via the Provider Portal, Enterprise Supervision, or similar system. Generally, most ACPD referrals will come from the Client's DPO or staff in

ACPD's Investigation Unit. However, Clients may connect with the TCWRT in numerous ways, including, but not limited to, the following:

- Referrals from other service providers and/or individual community members. After the TCWRT receives the referral, the TCWRT must ensure the referral is added to the Provider Portal.
- The TCWRT (reverse-referral)
- Clients (via self-referral or simply walking in to receive services)

The TCWRT are responsible for verifying a client's eligibility.

Clients may simultaneously receive services from TCWRT, CPT, and SPP. The TCWRT must work with the other MHW Program Contractor(s) to create a Referral Plan that details how referrals will be made from the TCWRT to other MHW Program Contractor(s). The TCWRT Referral Plan must be shared with ACPD within 30 days of contract start and must be pre-approved by ACPD before the CPT will be able to start serving Clients.

II. Clinical Provider Team (CPT)

Clients who are not eligible for Medi-Cal often experience delays, denials, or costly MH services. Additionally, Clients with private insurance may experience MH parity issues (i.e., MH services are not covered in the same way as physical health services) causing lack of access and/or unaffordable MH services. The CPT is a resource for those Clients who do not qualify for Medi-Cal programs. The population of focus for CPT includes those who are pending insurance, have private insurance, are under/uninsured, or face other limitations to receive adequate MH services and treatment. The TCWRT will initiate referrals to CPT and the CPT will provide clinical care to Clients who are currently unable to obtain appropriate MH services.

This is a stop-gap service offered to those who would not otherwise have access to or would face extensive barriers to obtain necessary County MH services. The CPT is responsible for providing therapeutic and clinical treatment to Clients and/or interventions to assist providers. The CPT must collaborate with the TCWRT to ensure continuity of care, minimize service duplications, and maximize MH benefit and impact.

The CPT will receive referrals from the TCWRT and will provide clinical interventions to Clients. Service delivery must be accessible and convenient to Clients throughout Alameda County and may take place in the community, in office, in home, virtually, and/or telephonically.

The CPT must provide individual therapy and may additionally offer group and/or dyad services as needed and appropriate. The CPT may use any modality of therapy. Services may include psychotherapy, psychiatric medication support, medication management, clinical

case management, counseling, skill building, and other strategies to support the Client's MH and wellness.

This includes offering Intensive Case Management (ICM) services to Medi-Cal eligible clients. Medi-Cal eligible clients participating in ICM services may have the added benefit of working with a peer employment specialist trained in IPS practices. The IPS Employment Peer Specialist will hold a maximum caseload of 20 clients. This position is expected to work with a subset of Clients needing intensive vocational support in addition to clinical services. Vocational peer services may be brief or time-limited and will only be delivered while the Client is actively working with ICM and must follow IPS guidelines.

The CPT must complete an assessment to determine if the Client would clinically qualify for short-term (less than three months), six months, nine months, or other frequency of services. CPT Clients should complete programming and/or be transitioned to a longer-term provider within 12 months of services. The expected length of treatment must be shared with the TCWRT and ACPD. Clients in this service must receive a clinical treatment plan with goals. Although the contents of the treatment plan are not required to be shared with ACPD, ACPD must be notified of each Client's expected length of treatment, requested extensions, and progress on goals through the Provider Portal. Clients may be eligible for service extension for an additional nine months in three-month increments pending approval from ACPD.

The CPT will participate in case conferencing with DPOs when clinically appropriate. This includes the sharing of interventions the DPO can employ and/or approaches that could support Client's progress and stability.

Clients utilizing CPT may only need short-term services or may successfully complete services after a few months of treatment. Other Clients may require alternative referrals and/or linkages to ongoing affordable treatment. The CPT Contractor will explore viable community options with the Client and continue to assist with connections, offer treatment, and provide tools/strategies. Warm hand-offs may include ensuring Client has the tools to independently navigate affinity groups, support groups, and other community networks. This may also include assisting the Client to identify affordable private therapy options, create a budget, negotiate a payment plan, self-advocate for treatment, and enroll in other wellness programming/activities.

When additional referrals and warm hand-offs are needed, the CPT may collaborate with TCWRT to further triage and connect to other partner providers. For Clients active to CPT and requiring additional community MH services, the CPT must continue working with the Client until a closed-loop referral is completed.

III. Service Provider Outreach and Training (SPOT) Team

The Service Provider Outreach and Training (SPOT) Team provides prevention, psychoeducation, and post-incident interventions to support the Reentry community. The SPOT Team is intended to support the Reentry community through a community wellness approach and will mitigate vicarious trauma through trainings, groups, and restorative processes. Following a critical incident or Wellness Response, the TCWRT and/or ACPD may deploy the SPOT Team to assist impacted staff and Clients to process the situation. The SPOT Team is also a neutral third-party entity that AB 109 programs can utilize to receive restorative conferencing, mediation, and creative problem-solving support to help repair relationships with and retain Clients, when appropriate.

The SPOT Team does not work one on one and is not an individual therapy provider. They will not maintain a caseload. SPOT Team must triage out if individual therapy is requested. Clinical license is not required for the SPOT Team; however, Contractor must possess necessary training, credentials, and continuing education relevant to wellness and prevention. Peer-led organizations, Restorative Practice programs, and other clinical or non-clinical community wellness and prevention programs may consider applying.

The SPOT Team will support AB 109 Providers and ACPD through the following activities:

- a. Training and Modeling:** at minimum, provide one workshop per month available to AB 109 Contractors and DPOs. Workshops may be in-person or virtual and must provide attendees with wellness, psychoeducation, skill building, and other community healing supports and resources. This may include, but is not limited to, modeling intervention strategies, introducing community resources, empathy building exercises, and restorative circles.
- b. Healing Circles:** as requested by ACPD and/or TCWRT, provide healing circles post-incident, provide risk mitigation, mediation, restorative conferencing, event debriefing, creative problem solving, and other strategies to improve community wellness and wellbeing. The SPOT Team must coordinate with the impacted staff within 24 hours following a critical incident or when requested by ACPD.

Circles may also be requested at ACPD discretion to support Clients' retention and success in AB 109 programs; these circles are intended to prevent adverse events and provide reparative opportunities. Provider must periodically host and/or support community vigils and commemorations to support community processing of grief and loss, as well as to honor those who have passed.

- c. Community Wellness:** required bi-weekly onsite presence at CORE and AB 109 housing programs as identified by ACPD. Frequency and locations will be determined in collaboration with ACPD. Contractor will rotate between AB 109 provider sites and facilitate restorative, and wellness practices intended to improve staff wellbeing and

mitigate impacts of vicarious trauma. This may include discussion circles, sound healing, somatic practices, didactic activities, and/or other group wellness opportunities.

The SPOT Team is required to participate in ACPD and CORE events. Participation may include offering wellness demonstrations, healing activities, expressive arts, skill sharing, and other outreach to improve community wellness. Provider must also research, identify, and be knowledgeable about various community wellness options available within Alameda County (e.g., affinity groups, grief groups, peer networks, free community wellness activities, low-cost counseling, etc.). Provider will share these options with ACPD, AB 109 providers, and others to improve access to wellness services and existing community opportunities.

The SPOT Team is required to offer services at AB 109 provider locations including, but not limited to housing program(s), CORE, and ACPD offices. Specific locations and scheduling will be determined in collaboration with ACPD and other AB 109 providers based on need. Additional service locations may be requested as needed at ACPD discretion and/or with ACPD approval; this may include neighborhood centers, park vigils, etc.

The SPOT Team will embody the concepts of “each one, teach one” and “healing people heal people.” This program supports the AB 109 and reentry community through scaffolding AB 109 providers. This includes creating/offering: Provider learning community, skill sharing, staff wellness activities, grief and critical community events processing, and interagency support. The SPOT program additionally benefits Clients through mitigating conflicts with restorative practices, preventing retaliatory responses, continuous staff development, and community wellness approaches.

Across all three programs, the awarded Contractor(s) must celebrate the success of Clients and the Reentry community to increase staff morale, amplify Clients' positive experiences, and allow Clients to see that the goals they are set on achieving are possible.

Contractor(s) must/will have deployment capabilities to meet staff and Clients where they are within Alameda County, including by not limited to, Contractor offices, CORE, Clients' home, ACPD offices, etc.

Also, across all three programs, the awarded Contractor(s) must obtain releases from each Client to collect Client-level data, including personal identifying information (PII), and provide such data to ACPD, and to communicate about the Client and share PII with other MHW Program Contractor(s) the Client is working with to allow for case collaboration and coordination. If the Contractor(s) cannot obtain a release from a client because the Client refuses to sign a release, the Contractor(s) must report the refusal to ACPD within 48 hours of the refusal via the Provider Portal and email to both the DPO and appropriate ACPD staff.

In their proposals, Bidders should propose their service delivery plan specific to each of the three programs, including plans for outreach, engagement, deployment, services, and how they might design short-term services to ensure successful transition to a more permanent provider.

3. Planned Staffing and Organizational Capacity

Bidders shall include a staffing structure that is well matched to program services and goals. The minimum staff requirements by program are as follows. Bidders may propose additional program staff, as appropriate, to provide program services, account for potential gaps in staffing, and to support and/or supervise program staff.

TCWRT

- 1.0 Full-Time Equivalent (FTE) Clinical and/or Program Manager
- 2.0 FTE Clinician, licensed or unlicensed
- 2.0 FTE Peers/Navigator
- 0.5 FTE Prescribing Practitioner
- 1.0 FTE Quality Assurance (QA)/Data Administrator

CPT

- 1.0 FTE Clinical Supervisor
- 2.0 FTE Licensed Clinician
- 3.0 FTE Peer/Navigator

At least one Peer must be a dedicated IPS Employment Peer Specialist
Other Clinician and Peer FTE may be spread among multiple staff.

SPOT

- 1.0 FTE Program Manager
 - 3.0 FTE Peer/Coach with MH, restorative justice, and/or trauma response training
- Peer FTE may be spread among multiple staff.

Peers shall have lived experience with the reentry community from personal experience, or as a family member/caretaker.

ACBHD requires thoughtful staffing and organizational components that meet these requirements:

- Cultural and language consideration for the priority population to be served; and
- A multidisciplinary team that includes appropriately trained and licensed staff who will provide clinical and community support services to Clients.

Bidders shall include in their proposal a plan for maintaining appropriate infrastructure, staffing, and hiring, which should include:

- Plan for hiring, training, and supporting program staff;
- Plan for providing appropriate and regular clinical supervision to program staff;
- Organizational capacity to support Clients in meeting their treatment goals; and
- Organizational capacity to track and report data following County requirements.

4. Forming Partnerships and Collaboration

In order to meet the needs of the priority population, the awarded MHW Program Contractor(s) must leverage connections across services and programs through ACBHD and its contracted providers. Specifically, the awarded Contractor(s) shall collaborate with:

- Other MHW Program Contractor(s);
- ACPD, ACBHD, and other AB 109 providers;
- Other service providers that may be part of the Client's care; and
- Other individuals the Client has involved in their care.

Additionally, the MHW Program Contractor(s) shall engage in the following collaborations:

a. Presentations for Personnel

Contractor(s) must, over the course of the Agreement, regularly invite government agencies, community-based organizations, businesses, and other resources and skilled providers to present information about their programs and resources so ACPD and other County staff are aware of the resources available in the community and can effectively make warm handoffs to those resources.

b. Presentations to Introduce/Educate Partners about the MHW Program

Contractor(s) must, over the course of the Agreement and as requested by ACPD, present their program to DPOs, ACPD staff, and other supervising agencies and contracted and non-contracted providers to ensure referral partners are aware of and knowledgeable about the program so they can properly identify and refer Clients.

c. Pre-Release Services

Contractor(s) must establish relationships with pre-release programs in jails/prisons serving the County to help share information about the MHW program with Client's pre-release and educate Clients about available mental health services before their release.

d. Community Resource Forums

Contractor(s) must coordinate with CORE to participate in monthly Community Resources Forums and/or other outreach opportunities.

Contractor(s) must conduct regular and ongoing outreach and Client engagement activities throughout Alameda County to maintain and strengthen existing relationships, develop new relationships with Clients, community providers, and DPOs, and expand their network of regional resources.

Bidders will propose their plan for creating new partnerships, building on existing partnerships, and establishing new relationships to support clients in meeting their needs.

Bidders should demonstrate experience working with other service providers and agencies to support clients in linking with necessary services.

4. **Ability to Track Data**

This will be a performance-based contract with measurable objectives and standards. **Performance measures** allow the County to determine whether the program is meeting its stated objectives and whether or not Clients are better off because of the services provided. Performance **standards** provide an estimated minimum level of expected performance under the contract, and the performance **goals** reflect the desired outcomes.

Contractor(s) shall report on a monthly and quarterly basis. All performance measures, except those with an asterisk (*), are required to be shared with ACPD via monthly reports. Data marked with an asterisk must be collected and made available upon request or, minimally, submitted on a quarterly basis along with the quarterly report.

Contractor(s) must collect, track, record, maintain, and report on the following data (by program):

Objective #1: Referrals and Service Connection (TCWRT and CPT Contractor(s))	
Performance Measures	Goals
i. Total number of Clients referred to the MHW Program Contractor(s), Client (name, date of birth, and personal identifier), Client's demographic data (listed above), need (reason for referral), referral source, referral date, and referral type. ii. Total number of referred Clients who became active (conversion rate), reason for non-activity (e.g., Client declined, could not reach, etc.) iii. Level of Contractor's engagement with Client during outreach iv. Collateral contacts made for initial Client connection; Client, date(s), collateral contact name(s) and relation to Client, reason(s), and outcome of contact.	i. The Contractor(s) reached out to all referred Clients within 72 hours of referral. ii. MHW Program Contractor(s) respond to TCWRT referrer within 24 business hours of referral iii. Contractor(s) contacted at least 70% of all Clients referred within 24 hours of referral. iv. Contractor contacted Client's DPO and/or referring party within 72 hours of receiving referral
Standards	

i. 70% of all referrals were contacted within 72 hours of referral. ii. 50% of referrals are enrolled in the program	
Objective #2: Clarity of Client Need (all Program Areas)	
Performance Measures	Goals
i. Client-serving Contractor(s): Total number of Clients Provider Service Plans (PSP) uploaded to Provider Portal within 30 days of Client active into program; expected length of service, Contractor(s) expected interventions, and progress on goals ii. Total number of individuals utilizing TCWRT location-based support by location, method of communication (in person, virtual, telephonic), person served, role of person requesting support (e.g., DPO, family, Client, etc.), nature of interaction, outcome iii. Number of TCWRT Clients who received Triage and/or Provider (re)Connection, length of TCWRT service, triage type, insurance provider (e.g., Medi-Cal, private, out of County, etc.), community provider name, community provider contact info, aftercare provided, and triage outcome iv. Number of TCWRT Clients who received Triage into other AB 109 MH services (e.g., IPS community provider, Clinical Provider Team (CPT), Specialty Practitioners Pool (SPP), Family Reunification Program – Family Counseling/Therapy, etc.), insurance provider, reason for triage, provider name, triage outcome v. TCWRT notification to SPOT team and request deployment within 24 hours of Wellness Response or other critical intervention	i. All Active Clients receive a PSP within 30 days or closing summary for Clients receiving immediate triage. ii. 85% of ACPD, CORE, and AB 109 staff report that TCWRT location-based support positively impacts their navigation of Client mental health situations. iii. All active Clients are triaged from TCWRT to most appropriate community provider within 60 days of being active in the program unless Client is hard to reach or other extension is identified in PSP. iv. Contractor establishes community connection with 70% of pre-release Clients within 72 hours of release from facility and/or treatment setting

vi. Number of TCWRT interactions that result in placement at a peer respite, residential, and/or treatment facility (e.g., CARES Navigation, John George, Crisis Residential Treatment, etc.) vii. All Contractor(s): Pre-release and/or discharge planning services rendered for Clients transitioning out of a facility and/or treatment setting (e.g., Santa Rita Jail, John George Psychiatric Hospital, crisis residential, etc.) II. All Contractor(s): Participation in case conferences, care meetings, and/or other multidisciplinary meeting on behalf of Client; date, facilitation or attendance, attendees, and outcome/next steps	
Objective #3: MHW Services are Necessary, Valued, Accessible and Impactful (TCWRT and CPT Contractor(s))	
Performance Measures	Goals
i. Wellness Response services rendered by TCWRT Contractor; Client(s), location, contact person, time of call, reason for contact, time of intervention, intervention provided, outcome, next steps ii. PSP updated and submitted via Provider Portal every six months, as goals are met, or as a closing summary upon completion of MHW Program iii. Clients receiving Peer and Supportive Services, reason(s), interventions, and duration iv. Number of families receiving coaching and individualized support by Client, Client program status, type of support, and outcome v. Facilitation of groups/workshops, date, topic, attendees, AB 109/non-AB 109 participation, group frequency	i. TCWRT arrives to provide Wellness Response within 40 minutes of contact ii. 70% of Families receiving coaching report increased confidence and maintained relationship with Client as a result of intervention iii. 70% of Clients successfully complete program with their PSP goals met and/or verified triage to appropriate mental health services for ongoing care iv. 70% of Clients closed via warm hand off continue independent participation 30 days after transition v. 20% of CPT Clients are engaged with the IPS Employment Peer Specialist

vi. Barrier removal provided by Client, date, support provided (e.g., monetary supports rendered, transportation, medication support, etc.), and stability plan vii. Completion status (e.g., Successful, participant quit, etc.) with closing summary uploaded to Provider Portal within 72 hours viii. Client Celebration events ix. Successful closed loop referrals and warm hand offs for Clients exiting MHW Program and requiring ongoing services; new provider name, provider contact, new provider level of care, number of transition/joint meetings with Client and new provider(s), confirmation of Client's independent participation	
Objective #4: TCWRT Outreach and MH Promotion	
Performance Measure	Goals
i. Number of Client outreach efforts in the community with hard-to-reach Clients; Client, location, reason for outreach, contact made, outcomes, next steps ii. Resource Sharing activities rendered; modality/intervention used, intended impact, date, collaborators, attendees, outcomes if known	i. The Contractor(s) successfully make contact with 70% of hard-to-reach Clients ii. 50% of hard-to-reach Clients are successfully triaged and connected to appropriate mental health services within 6 months of initial referral iii. Contractor provides annual psychoeducation opportunities to AB 109 contracted providers and CORE
Objective #5: SPOT Team Specific Objectives	
Performance Measure	Goals
i. SPOT Team deployment: date of request, date of incident, requestor	i. SPOT Contractor must coordinate with the impacted staff within 24

information, incident overview, date confirmation was given to requestor, deployment date, outcome, next steps ii. Healing Circles; date, facilitator, location, attendees, interventions used, outcome, next steps iii. Training and Modeling; date, facilitator, attendees, topic, training modality used, participant feedback iv. Community Wellness; date, location, attendees, topic/intervention, modality of intervention, participant feedback v. Maintain robust living document of community wellness options available within Alameda County vi. Number of Clients identified by SPOT Team as needing TCWRT referral following deployment and intervention at a critical incident	hours following a critical incident and/or when deployment is requested ii. Healing Circles or other SPOT Team intervention provided to requestor within 72 hours of initial request iii. 75% of Healing Circle attendees agree that the intervention helped with their processing of the event iv. 80% of CORE and AB 109 providers report improved wellbeing and increased confidence with restorative approaches as a result of SPOT Team training and community wellness activities.
Objective #6: Culture, Value, and Guiding Principles are In Line with Contract (All Program Area)	
Performance Measure	Goals
i. As indicated by the Contractor's quarterly and annual reports; Contractor(s) QA; Client feedback; and program evaluations and audits, the Contractors' program and services are*: 1) Individualized based on the support each Client needs 2) Continuous with other programs and services that touch and support the Client 3) Strength-based 4) Culturally competent 5) Gender-responsive 6) Accessible	i. 85% of Clients feel the Contractor(s) services comply with the culture, values, and guiding principles outlined in this RFP ii. 75% of the Contractors' program is Evidence-Based Practices (EBP)-based¹²

¹² Only fidelity to IPS standards is expected.

7) Trauma-Informed 8) Implemented in a way that utilizes a two-generational and/or whole-family approach 9) Implemented using a substance use harm and judgment reduction model 10) Relationship-based and focused on relationship-building 11) Evidence-based practices by type 12) Incorporating restorative practices 13) In compliance with requisite laws and regulations	
Standards	
i. 60% of Clients feel the Contractors' Program is in compliance with the culture, values, and guiding principles outlined in this RFP ii. 25% of the Contractors' program is EBP-based iii. 10% of Clients stay connected to the program after incentives stop	
Objective #7: Representation of Formerly Incarcerated & Bi-lingual Staff and Staff Retention	
Performance Measures	Goals
i. The total number and percent of formerly incarcerated staff by MHW Program area, position/title, pay (wage and benefits), and length of time in position ii. The total number of staff able to assist Clients in a language other than English by language(s) offered, the number of staff who can assist, and the number of people who need assistance in the language(s) offered	i. Minimally, 70% of all staff across all programs are formerly incarcerated ii. At least 20% of upper and middle management, across all programs, are formerly incarcerated iii. All formerly incarcerated staff earn a living wage iv. At least 1 Spanish speaking staff member per program area
Standards	
i. At least 30% of all staff are formerly incarcerated ii. At least 1 person in upper and 1 person in middle management per program is formerly incarcerated iii. At least 1 bi-lingual staff member	
Objective #8: Obtained and Utilized Continuous and Ongoing Feedback	

Performance Measure	Goals
i. Demonstrated ability to modify programming based on continuous Client feedback and changing needs	i. Obtain feedback from 70% of all active Clients and families ii. Minimally, annual feedback from ACPD, CORE, AB 109 providers, and other stakeholders

Quarterly Report and Annual Narrative Report

Providers may be asked to complete a survey or questionnaire and submit other documentation for the Quarterly report. The Quarterly report is due on January 15 (October through December), April 15 (January through March), July 15 (April through June), and October 15 (July through September) of each year throughout the Contract period.

Annually, by January 15 of each Contract year, the Provider is required to provide a reflection on the work done and impact made over the months leading up to year-end delivery of services. This includes recommendations for improving service access and utilization, as well as engagement efforts to support Clients' success in the program. Provider must include observations and insight relevant to performance measures, trends, findings, and other benefits. Annual report may include completion of survey or questionnaire.

Final Activity Report

No later than thirty (30) days following the expiration or termination of this Agreement, whichever comes first, the Provider shall furnish ACPD with a comprehensive written Final Activity Report.

1. This report will include, but not limited to, an evaluation of the quantity, quality, and impact of the work carried out in delivering services under this Agreement.
2. The Final Activity Report must be submitted prior to processing the last invoice. Any delay in submission will delay the reimbursement of the last invoice.

Bidders may propose additional benchmarks for outcomes and provide rationale for additional benchmarks. ACBHD and ACPD reserves the right to determine and evaluate program measures and outcomes and to work with the awarded Contractor to refine or alter their program and outcome measures in subsequent years. ACBHD and ACPD may support the awarded Contractor in tracking the outcomes data, however the awarded Contractor is expected to meet the above objectives.

Bidders will be evaluated based on their plan for meeting program outcomes as well as their ability to track Client progress.

Provider Portal

TCWRT and CPT Contractors must use the ACPD Provider Portal to maintain consistent communication with the Client's assigned DPO. This includes sharing updates related to attendance, milestones achieved, challenges encountered, and requests for collaboration. SPOT Team is not required to use the Provider Portal but must remain in regular communication and report program data in method and frequency determined by ACPD.

TCWRT holds the critical role of accepting and advancing referrals. Referrals must be accepted in the ACPD Provider Portal within two business days. Adverse events must be documented within 24 hours. All status updates should be completed within 72 hours of change.

Within 30 days of Client actively engaging with the program, TCWRT and CPT Contractors must upload a Provider Service Plan (PSP) to the Provider Portal. The PSP must not include clinical diagnosis or specific clinical detail and is not intended to replace a clinical treatment plan. The PSP informs ACPD about the expected duration of services, frequency of meetings (dosage), planned interventions, and anticipated outcomes. This is a tool to guide collaboration and utilization review.

Data reporting through the Provider Portal and/or any other data systems specified by ACPD must be accomplished within 72 business hours of service delivery to prevent data loss.

Adverse Events

The TCWRT and CPT Contractor(s) must submit written reports on adverse events involving Clients, such as disciplinary actions, emergency situations, and unplanned program exits and discharges, within 24 hours of the event. While the Contractor may inform ACPD of the event by phone, the official report must be provided in writing through both the Provider Portal and a separate email to the DPO.

Notification as soon as possible and within 24 hours, is also required for non-Client situations that have adverse impact and/or disrupt program operations (e.g., staff incidents, building evacuations, lost/stolen staff laptop, etc.).

Changes in Staff

Provider must maintain a roster of current staff, position title, and contact information; roster must be provided to ACPD when requested. Provider must notify ACPD within one business day of any changes in MHW Program staff, including staff terminations.

Funding Acknowledgement

Awarded Contractor(s) must ensure all representations, presentations, advertisements (oral or written), written materials, publications, and electronic media produced with funds from the contract that may result from this RFP and/or pertaining to an AB 109-funded project or the Realignment eligible population being serviced include a funding acknowledgment statement.

The funding statement for all verbal or oral communication, both live and pre-recorded, must include a version of the following:

This service/These services wouldn't be available without AB 109 funding and the support of the Alameda County Probation Department.

The statement must include the following:

- ACPD's full name, "Alameda County Probation Department," no abbreviations, and the full name must be written out.
- A reference to AB 109-funding being the program's funding source.

The funding statement on written materials, publications, and electronic media must include the following:



This work is funded by AB 109 and supported by the Alameda County Probation Department [Master Contract No. XXXX].

The written statement must include the following:

- ACPD's full name, "Alameda County Probation Department," no abbreviations, the full name must be written out.
- An approved ACPD logo; and
- The Agreement number in square brackets.

All written materials, publications, and electronic media, which include the funding statement and logo, must be submitted to ACPD for written approval of the name and logo before mass production and/or distribution.

Information Sharing on Reentry Websites

Contractor(s) must have information about their program available within the resources: 2-1-1, Alameda County's Getting Out & Staying Out (GOSO), CORE, ACPD, and FindHelp.org.¹³

¹³ <https://acpd-goso.org/>
<https://reentryexcellence.org/>

Contractor(s) must also ensure their program information, including contact information if applicable, is up to date.

<https://probation.acgov.org/>

I. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

All contact during the RFP process shall be through the RFP contact, only.

The official notification and posting places for this RFP and any Addenda are:

- The ACBHD website <https://bhcsproviders.acgov.org/providers/network/rfp.htm> and
- The General Services Agency (GSA) website <https://gsa.acgov.org/do-business-with-us/contracting-opportunities/>

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby County Selection Committee (CSC)/Evaluation Panelists during the evaluation process. Attempts by Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

All questions regarding these specifications, terms, and conditions shall be submitted in writing, preferably via e-mail, to:

ACBHD Procurement
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: procurement@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Thursday, September 11, 2025	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidders' Conference – ACBHD strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Wednesday, October 1, 2025 10-11:30am	Join meeting via Teams Meeting ID: 294 896 307 234 1 Passcode: jp2mh9yP Join meeting via phone 415-915-3950,195922467# 888) 715-8170,195922467# Phone conference ID: 195 922 467#
2 nd Bidders' Conference	Thursday, October 2, 2025 2-3:30pm	Join meeting via Teams Meeting ID: 231 548 870 583 3 Passcode: wy2Kg2jj Join meeting via phone 415-915-3950,989242652# 888) 715-8170,989242652# Phone conference ID: 989 242 652#
Addendum Issued	Tuesday, October 14, 2025	
Proposals Due	Thursday, November 6, 2025, by 2:00pm	
Review/Evaluation Period	November 6, 2025 – December 18, 2025	
Oral Interviews (as needed)	Thursday, December 18, 2025	
Award Recommendation Letters Issued	Tuesday, January 6, 2026	
Board Consideration Award Date	March 2026	
Contract Start Date	April 1, 2026	

Note: Award Recommendation, Board Agenda and Contract Start dates are approximate. Other dates are subject to change. Bidders will be notified of any changes via email. It is the responsibility of each

Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, Bidder certifies that if awarded a contract Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

C. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements, at the time of bid submission to be considered for the contract award¹⁴. Bidders must be SLEB-certified or Local-certified at the time of bid submission in order to receive SLEB and/or Local preference points. These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

For purposes of this procurement, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Code(s):

[621330 \(Offices of Mental Health Practitioners \(except Physicians\)\)](#), [621420 \(Outpatient Mental Health and Substance Abuse Centers\)](#), [624190 \(Other Individual and Family Services\)](#), and [624310 \(Vocational Rehabilitation Services\)](#).

If a Bidder is certified by the County as either a small and local or an emerging and local business (SLEB), the County will provide up to 5% bid preference for procurements over \$25,000.

If a Bidder is located within Alameda County, the County may provide a 5% local bid preference.

¹⁴ Bidders who do not meet SLEB requirements may request a waiver.

The County also encourages participation by minority and women-owned businesses, although preference points are not awarded for these types of businesses.

D. BIDDERS' CONFERENCES

ACBHD strongly recommends that Bidders thoroughly read the RFP and submit any initial questions in writing to the specified RFP contact, prior to attending any Bidders' Conferences.

ACBHD shall hold two Bidders' Conferences. Bidders' Conferences will be held to:

- Provide an opportunity for Bidders to ask specific questions about the program and request RFP clarification; and
- Provide the County with an opportunity to receive feedback regarding the program and RFP.

ACBHD shall respond to written questions submitted prior to the Bidders' Conferences and verbal or written questions received at the Bidders Conferences, in accordance with the Calendar of Events, and whenever possible at the Bidders' Conferences. ACBHD shall address all questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

Bidders are not required to attend the Bidders' Conferences. However, attendance to at least one Bidders' Conference is strongly encouraged in order to receive information to assist Bidders in formulating proposals.

Failure to participate in a Bidders' Conference shall in no way relieve the Bidder from furnishing program and services requirements in accordance with these specifications, terms and conditions and those released in any Addenda.

E. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be received electronically by ACBHD **no later than 2:00 pm on the due date specified on the RFP cover and Calendar of Events in this RFP.** ACBHD cannot accept late proposals. Any proposals received after stated time and/or date or at an email address other than the stated address cannot be considered and shall be returned to the Bidder unread/unopened.

All proposals must be received and time stamped at the stated delivery address prior to the time designated. ACBHD's timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bidders must submit proposals which clearly state Bidder and RFP name. Proposals shall include:

- a. A single PDF copy of the proposal. Proposal is to be clearly marked on the cover, and
- b. An unlocked Excel copy of the completed Budget Worksheet.

Bidders shall ensure that proposals are:

- Single spaced
 - Maximum 1-inch margins
 - 11-point Arial font
 - Conform to the maximum page limits
3. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
 4. Submitted proposals shall be valid for a minimum period of eighteen months.
 5. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
 6. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of “trade secrets” protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).
 7. All other information regarding proposals shall be held as confidential until such time as the CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive emailed intent to award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the ACBHD website.
 8. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.

9. California Government Code Section 4552: In submitting a bid to a public purchasing body, the Bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the Bidder.
10. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms “claim” and “knowingly” are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
11. As applicable, the undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
12. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
13. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders may use the provided Bid Response Template to address and complete your proposals. The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a **total page maximum of 25 pages (TCWRT), 18 pages (CPT), and 18 pages (SPOT)** not including exhibits and attachments. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

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 ACBHD's sole discretion.

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment and Suspension) shall be evaluated by the CSC/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the ACBHD contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

ACBHD will hold separate County Selection Committee (CSC)/Evaluation Panel for each program. All bids under each program will be evaluated as separate processes.

As a result of this RFP, the County intends to award up to three contracts to the responsible Bidder(s) whose response conforms to the RFP and whose proposals present the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidder that demonstrates the best quality in each program area as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified in section II. F. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed in II. F. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a zero to five-point scale shown in Table 1. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 2, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of Bidders that will continue to the final stage of oral interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, and oral interview.

If the two-stage approach is used, the three Bidders that receive the highest preliminary scores and with at least 200 points shall be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in Table 1.

Table 1

Score	Label	Description
0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score shall result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This shall be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/ Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.

Score	Label	Description
5	Excellent/ Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

The evaluation criteria and respective weights for this RFP are contained in Table 2.

Table 2

RFP SECTION AND EVALUATION CRITERIA	WEIGHT
1. TITLE AND TABLE OF CONTENTS	Pass/Fail
2. SIGNED STATEMENTS: - Exhibit A: Bidder Information and Acceptance - SLEB Partnering Sheet - OIG Attestation - Exhibit B: Exceptions, Clarifications and Amendments	
3. ORGANIZATIONAL CAPACITY AND REFERENCES	
a. Debarment and Suspension To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases: Home SAM.gov https://exclusions.oig.hhs.gov/ Provider Suspended and Ineligible List (S&I List) - Dataset - California Health and Human Services Open Data Portal https://dmf.ntis.gov/ https://npiregistry.cms.hhs.gov/	Pass/Fail
b. References How do the Bidder's references respond to the following: - Bidder's capacity to perform the services as stated; - Areas in which Bidder did well and areas in which bidder could have improved (if applicable); - Communication and responsiveness, reporting and invoicing, training, customer service, compliance with program, legal, and/or funding requirements, documentation and reliability on a scale of one to five; - Whether the project was completed on time and on budget; - Capacity and ability to meet program or contract deliverables; - Understanding of the project and need; - References' overall satisfaction with Bidder;	5

RFP SECTION AND EVALUATION CRITERIA	WEIGHT
- References' comfort with recommending the Bidder to Alameda County; - Whether Bidder would be used again by Reference; and - Any other information that would assist in Alameda County's' work with the Bidder.	
4. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	
Complete and submit a synopsis of the highlights and benefits of each proposal.	Pass/Fail
5. BIDDER MINIMUM QUALIFICATIONS	
- Have at least two years of experience providing services to the reentry population within the last five years; and - Have at least two years of experience providing mental health services 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.	Pass/Fail
6. BIDDER EXPERIENCE, ABILITY AND PLAN	
a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <i>Understanding of and Experience with the Priority Population.</i>	
i. Understanding of Priority Population How well does Bidder demonstrate understanding of the priority population including: - Needs, strengths, issues, and challenges faced by the priority population; - An understanding of vicarious trauma; and - The cultural understanding of the landscape in which services will be provided.	8
ii. Experience with Priority Population How well does Bidder demonstrate experience working with the priority population including: - Experience with strategies to help clients address barriers to and maintain engagement in services; - Experience with providing culturally affirming and responsive services to the priority population; and - Providing services to the reentry population (for TCRWT and CPT) or to staff and organizations working with the reentry population (for the SPOT Team).	8

RFP SECTION AND EVALUATION CRITERIA	WEIGHT
b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Service Delivery Approach .	
i. Service Delivery to Clients How well-matched is Bidder's plan to provide services, including: TCRWT • Plan for helping DPOs and Clients navigate the behavioral health landscape in Alameda County • What an example Client referral process might look like for both Medi-Cal and non-Medi-Cal eligible clients • Use of peers to support Clients • What an example Wellness Response might look like • Plan to administer and refer Clients to the SPP CPT • The service options available based on the needs of the Client; and • What an example Client treatment plan might look like, from initial referral through warm hand-off or service completion. SPOT Team • Bidder's approach to community wellness, including wellness practices; and • Example training and modeling workshops, and wellness practices.	11
c. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Planned Staffing and Organizational Capacity .	
i. Planned Staffing Structure How well-matched is Bidder's staffing plan, including: • How appropriate is proposed plan for program staffing including staff positions, experience, language capacity, roles, responsibilities, and supervision structure? • How well does Bidder describe plan to hire, deploy, and retain Peers? • How well does Bidder describe how tasks will be assigned to staff? • How well matched is Bidder's plan for hiring, training, supervising, and retaining staff? How well do staff reflect the priority population and language profiles? • How well does the Bidder understand the staffing needed across all location(s)? If applicable, is the staffing plan flexible to allow for coverage at each location?	10

RFP SECTION AND EVALUATION CRITERIA	WEIGHT
ii. Capacity and Organizational Infrastructure How well does Bidder describe its organizational infrastructure, and how well-matched to the proposed services is this infrastructure, including: - How well does Bidder describe how program services will be integrated into Bidder's existing organizational structure and services? - Organizational capacity to track and report data following ACPD requirements; and - Organizational capacity or plan to build organizational capacity to meet Federal, State, and Medi-Cal billing, clinical, and quality assurance requirements, as relevant.	11
d. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under <i>Forming Partnerships and Collaboration.</i>	
- How well does Bidder describe its plan to leverage current partnerships, build on existing partnerships, and outreach to establish new relationships to support Clients in meeting their needs? - How well does Bidder describe its plan to collaborate with ACPD, other MHW program providers, agencies, entities, and programs to support information sharing?	10
e. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under <i>Tracking Data and Outcomes.</i>	
i. Track Data and Outcomes - How appropriate is Bidder's plan for tracking deliverables and Client level data? - How well does Bidder demonstrate experience with data collection and electronic data and/or tracking systems?	10
7. IMPLEMENTATION SCHEDULE AND PLAN	
a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under <i>Implementation Plan and Schedule.</i>	
i. Implementation Plan - How detailed and specific is Bidder's response? - How realistic does Bidder account for timeline to complete each specified milestone? Milestones include: hiring staff, establishing relationships with ACPD and other MHW Contractors, providing services	10
ii. Identification and Strategies for Mitigation of Risks and Barriers How thorough, thoughtful, and realistic is Bidder's identification of challenges and barrier mitigation strategies?	6

RFP SECTION AND EVALUATION CRITERIA	WEIGHT
- How well does Bidder assess barriers? - How creative, solution-oriented, and feasible are Bidder's strategies for addressing barriers?	
8. COST	
a. The Evaluation Panel will review the Budget Workbook and the Budget Narrative and assign a score based on how Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.	
Cost Co-Efficient Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \text{ points}$	2
i. Budget ii. Budget Narrative - How well-matched is Bidder's budget to the proposed program? - How well does the budget capture all activities and staff proposed in the Budget? - How well does Bidder allocate staff and resources? - How appropriate are the staffing and other costs? - How much value does the proposal add considering the cost of the program, expected outcomes and the number of Clients served? - How well does the narrative detail how Bidder arrived at particular calculations? - How well does Bidder "show the work"?	9
ORAL INTERVIEW, IF APPLICABLE Criteria are created with the CSC/Evaluation Panel.	
PREFERENCE POINTS, IF APPLICABLE	
Local (not SLEB certified)	5%
SLEB certified	An additional 5%

H. CONTRACT EVALUATION AND ASSESSMENT

During the initial 120-day period of any contract, which may be awarded to a successful Bidder (“Contractor”), the CSC and/or other persons designated by the County may meet with the Contractor to evaluate the performance and to identify any issues or potential problems.

The County reserves the right to determine, in its sole discretion, (a) whether Contractor has complied with all terms of this RFP and (b) whether any problems or potential problems are evidenced which make it unlikely (even with possible modifications) that the proposed program and services will meet the County requirements. If, as a result of such determination, the County concludes that it is not satisfied with Contractor, Contractors’ performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

The County also reserves the right to re-bid these programs if it is determined to be in its best interest to do so.

I. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC shall recommend award of a contract to the Bidder who, in its opinion, has submitted the proposal that best conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. Any proposal that contains false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a single or multiple Contractors.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.

7. BOS approval to award a contract is required.
8. A contract must be negotiated by the intended awardee prior to BOS approval.
9. Final terms and conditions shall be negotiated with the Bidder recommended for award. The successful Bidder may request a copy of the Master Agreement template from the ACBHD RFP contact. The template contains the agreement boilerplate language only.
10. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. PRICING

Federal, State, and municipal minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

K. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County purchase order (PO) number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

L. NOTICE OF INTENT TO AWARD

At the conclusion of the proposal evaluation process (“Evaluation Process”), all Bidders will be notified in writing by e-mail, fax, or US Postal Services mail of the contract award recommendation, if any, by ACBHD. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to Award shall provide the following information:

- The name of the Bidder being recommended for contract award; and
- The names of all other Bidders that submitted proposals.

At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful Bidders will be scheduled and provided upon written request and will be restricted to discussion of the unsuccessful Bidder’s proposal.

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder.
- Debriefing may include review of the recommended/ successful Bidder’s proposal/s with redactions as appropriate.

All submitted proposals shall be made available upon request no later than five (5) calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

M. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, is anticipated to be two years, in addition to any pro-rated portion of the current Fiscal Year, and may be renewed thereafter, contingent on the availability of funds, Contractor’s performance, continued prioritization of the activities and priority populations, as defined and determined by ACBHD.

II. APPENDICES

A. GLOSSARY & ACRONYM LIST

Agreement	The formal contract between ACBHD and Contractor.
ACBHD	Alameda County Behavioral Health Department, a department of the Alameda County Health.
ACPD	Alameda County Probation Department, principal Alameda County department serving priority populations in collaboration with bidder(s)
AB 109	Assembly Bill 109: California legislation aligning criminally involved low-risk individuals with mental health and other services in lieu of confinement
AB 109/Realignment-eligible	Individuals convicted of non-serious, non-violent and non-sex-related felony offenses who are now sentenced to county jail or post-release community supervision (PRCS) by the county rather than state prison. AB 109 and Realignment are used interchangeably.
Bid	A Bidders' response to this Request; used interchangeably with proposal.
Bidder	The specific person or entity responding to this RFP.
Board	Shall refer to the County of Alameda Board of Supervisors.
Client	The recipient of services; used interchangeably with member, participant, and consumer.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to Clients.
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
County	When capitalized, shall refer to the County of Alameda.
CPT	Clinical Provider Team: provide community mental health treatment, including Specialty Mental Health Services (SMHS), psychoeducation, culturally responsive community healing, and appropriate service hand-offs
DPO	Deputy Probation Officer: court affiliated professionals who supervise AB 109 clients (for purposes of this RFP), conduct investigations and provide rehabilitation services to help offenders comply with court orders and change their behavior to reduce recidivism
Federal	Refers to United States Federal Government, its departments and/or agencies.
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law.

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Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
Mental Health Services	Individual, family, or group services or interventions that are designed to provide information on mental health issues, reduction of mental disability, and/or improvement or maintenance of functioning.
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.
PRCS	Post-release Community Supervision: shifts supervision of individuals released from state prison for non-violent, non-serious, and non-sexual felonies from state parole agents to local county probation agencies
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with bid.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP.
Response	Shall refer to Bidder's proposal submitted in reply to RFP.
SLEB	Small Local Emerging Business
SPOT	Service Provider Outreach and Training (SPOT) Team: provides prevention, psychoeducation, and post-incident interventions.
SPP	Specialty Provider Pool: A special pool of providers; may be sub-contractors, that offer a variety of services such as medical retreats, parent-child camping trips, and other activities
State	Refers to State of California, its departments and/or agencies.
TCWRT	Triage, Consultation and Wellness Recovery Team: providers triage, direct consultation, on-site de-escalation, peer connection training, and events.

B. BID SUBMISSION CHECKLIST

All of the documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly labeled.

1. Table of Contents

2. Proposal Supporting Documentation

- **Exhibit A: Bidder Information and Acceptance:**

Bidders must select one box under Item 10 of Exhibit A Bidder Information and Acceptance Form and must fill out and submit a **signed** page of Exhibit A.

- **SLEB Partnering Information Sheet:**

Bidders must fill out and submit a signed SLEB Partnering Information Sheet, indicating their SLEB certification status.

- **OIG and Other Exclusion List Background Checks Attestation:**

Bidders must complete the OIG Attestation form, attesting that they have checked and verified that all licensed staff that are included are part of the current bid against the lists included in the form.

- **Exhibit B: Exceptions, Clarifications, Amendments:**

Indicate all of Bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents.

- **References:**

Bidders must provide five references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment.

3. Bid Response: Bidder may use the ACBHD-issued Bid Response Template in MS Word but is not required to, as long as Bid Response is complete per this Bid Submission Checklist. Further, Proposal Narrative **must not** collectively exceed the maximum page limits of **25 pages for TCWRT, 18 pages for CPT and 18 pages for SPOT**. Bidders may delete the question prompts in the Bid Response Template to maximize space.

4. Budget Workbook:

Bidders must complete all tabs in the budget workbook.

A complete Bid Response Packet must include:

- ☐ A single PDF copy of the proposal. Proposal is to be clearly marked on the cover (it should be clear who the Bidder is and what service is being bid on, on the front of the proposal);
 - The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by

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either the Executive Director or the Board President on an agency letterhead will meet this requirement.

- ☐ An unlocked Excel copy of the completed Budget Workbook, saved with the Bidder's name.

C. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the proposal documents, including, without limitation, the RFP, Addenda and Exhibits have been read and accepted.
2. The undersigned declares that he/she is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the RFP's specifications, terms & conditions.
3. The undersigned has reviewed the proposal documents and fully understands the requirements in this proposal including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime contractor, not a subcontractor, to the County, and agrees that its proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the proposal.
4. The undersigned also agrees to follow the Bid Protests / Appeals Process.

Alameda County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that Bidders wish to protest the proposal process or the recommendation to award a contract for these programs once the Notices of Intent to Award/Non-Award have been issued.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Award/Non-Award shall not be accepted by the County.

Bid Protests from any Bidder related to this RFP must be submitted in writing to the ACBHD Director located at 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 Fax: 510.567.8180 Email: BHCSDirector@acgov.org, before 5:00 p.m. of the **fifth (5th)** business day **following the date of issuance of the Notice of Intent to Award/Non-Award, not the date it is received by the Bidder**. Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.

- The Bid Protest must contain a complete statement of the reasons and facts for the protest.
- The Bid Protest shall refer to the specific portions of documents that form the basis for the protest.
- The Bid Protest shall include the name, address, email address, fax number and telephone number of the person representing the protesting party.
- ACBHD shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.

Upon receipt of written Bid Protest, the ACBHD Director, or designee shall review and evaluate the protest and issue a written decision. The ACBHD Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as

determined appropriate by the ACBHD Director) to discuss the Bid Protest. The decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

The decision on the Bid Protest shall be communicated by e-mail, fax, or US Postal Service mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Award is going to change. A copy of the decision shall be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid Protest if a decision on the Bid Protest could have resulted in the Bidder not being the recommended successful Bidder on the RFP.

The decision of the ACBHD Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax: 510.272.6502, Email: OCCR@acgov.org unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose proposal is the subject of the Bid Protest, all Bidders affected by the ACBHD Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the ACBHD Director's Bid Protest decision. **All Appeals to the Auditor-Controller's OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the ACBHD Director, not the date received by the Bidder.** Appeals received after 5:00 p.m. is considered received as of the next business day.

- The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
- In reviewing Appeals, the OCCR shall not re-judge the proposals. The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the RFP or, where appropriate, County contracting policies or other laws and regulations.
- The Appeal to the OCCR also shall be limited to the grounds raised in the original Bid Protest and the decision by the ACBHD Director. As such, a Bidder is prohibited from stating new grounds for a Bid Protest in its Appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the GSA-Office of Acquisition Policy or department designee, and will determine whether to uphold or overturn the protest decision.
- The Auditor's Office may overturn the results of a bid process for ethical violations by Procurement staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
- The decision of the Auditor-Controller's OCCR is the final step of the Appeal process. A copy of the decision of the Auditor-Controller's OCCR shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.

ASSEMBLY BILL (AB) 109 MENTAL HEALTH & WELLNESS #25-05

The County shall complete the Bid Protest/Appeal procedures set forth in this before a recommendation to award the contract is considered by the BOS.

The procedures and time limits set forth in this section are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid Protest and Appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid Protest, including filing a Government Code Claim or legal proceedings.

5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:

- **Debarment / Suspension Policy:**
- [Debarment & Suspension Policy - General Services Agency - Alameda County \(acgov.org\)](#)
- **Iran Contracting Act (ICA) of 2010:**
- [Iran Contracting Act of 2010 \(ICA\) - General Services Agency - Alameda County \(acgov.org\)](#)
- **General Environmental Requirements:**
- [General Environmental Requirements - General Services Agency - Alameda County \(acgov.org\)](#)
- **Small Local Emerging Business Program:** <http://acgov.org/auditor/sleb/overview.htm>
- **First Source:** <http://www.acgov.org/auditor/sleb/sourceprogram.htm>
- **Online Contract Compliance System:** <http://acgov.org/auditor/sleb/elation.htm>
- **General Requirements:**
- [General Requirements - General Services Agency - Alameda County \(acgov.org\)](#)
- **Proprietary and Confidential Information:**
- [Proprietary & Confidential Information - General Services Agency - Alameda County \(acgov.org\)](#)

6. The undersigned also acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated proposal documents.

7. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a proposal, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

8. Patent indemnity: Bidders who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.

ASSEMBLY BILL (AB) 109 MENTAL HEALTH & WELLNESS #25-05

9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bidder Information and Acceptance, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

10. The undersigned also acknowledges **ONE** of the following. Please check only one box.

- ☐ Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- ☐ Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **OR**
- ☐ Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
- Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
 - Proof of six (6) months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE		
Official Name of Bidder		
Street Address Line 1		
Street Address Line 2		
City	State	Zip
Webpage		
Type of Entity/Organizational Structure	☐ Corporation	☐ Joint Venture
	☐ Limited Liability Partnership	☐ Partnership
	☐ Limited Liability Corporation	☐ Non-Profit / Church
	☐ Other	
Jurisdiction and Date of Organizational Structure		Federal Tax ID Number
Name	Title	
Phone Number	Fax Number	
Email		
Signature	Title	

ASSEMBLY BILL (AB) 109 MENTAL HEALTH & WELLNESS #25-05

Dated this		day of		20	
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D. SLEB PARTNERING INFORMATION SHEET

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all bidders must complete this form as required below. Bidders not meeting the [definition of a SLEB](http://acgov.org/auditor/sleb/overview.htm) (<http://acgov.org/auditor/sleb/overview.htm>) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award. Bidders are exempt from these SLEB requirements if they are: A) a non-profit organization providing services on behalf of the County directly to County Clients/residents; B) a non-profit church or religious organization; C) a public school or university; or D) a government agency. Bidders may choose 'Other' if neither SLEB option or exemption apply and provide reason.

SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.) Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR). County departments and the OCCR will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/>).

☐ BIDDER IS A CERTIFIED SLEB (sign at bottom of page) SLEB BIDDER Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ NAICS Codes Included in Certification: _____
☐ BIDDER IS <u>NOT</u> A CERTIFIED SLEB AND WILL SUBCONTRACT _____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____ SLEB Subcontractor Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ SLEB Certification Status: ☐ Small / ☐ Emerging NAICS Codes Included in Certification: _____ SLEB Subcontractor Principal Name: _____ SLEB Subcontractor Principal Signature: _____ Date: _____
☐ BIDDER CLAIMS EXEMPTION. Note status: _____
☐ OTHER. Note: _____

Bidder Printed Name/ Title: _____

Bidder Signature: _____

E. OIG and Other Exclusion List Background Checks Attestation

In accordance with Alameda County Health's Policy and Procedure #OCS.C.001 on Exclusion Screening, Bidder attests that they have checked and verified all licensed staff that will provide services related to this RFP against the following lists and are not excluded from participation in government funded healthcare programs:

- National Plan & Provider Enumeration System (NPES) – NPI Number (<https://npiregistry.cms.hhs.gov/>)
- Licenses are verified to be current with no restrictions
- Office of the Inspector General List of Excluded Individuals & Entities (OIG/LEIE) database (<https://exclusions.oig.hhs.gov/>)
- GSA System Award Management (SAM/EPLS) data base (<https://www.sam.gov/SAM/>)
- California DHCS Medi-Cal Suspended & Ineligible list ([Provider Suspended and Ineligible List \(S&I List\) - Dataset - California Health and Human Services Open Data Portal](#))
- Social Security Administration Death Master File (SSDMF)

Further, Bidder attests that they have policies and procedures in place to conduct this verification for new hires and on a regular basis for all employees.

Bidder Name

Signature, Title

F. **EXHIBIT B: EXCEPTIONS, CLARIFICATIONS, AMENDMENTS**

This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

Reference to			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	Bidder takes exception to...

G. BIDDER REFERENCES

Provide five references that Bidder worked with on a project with similar scope, volume, and requirements to those outlined in this RFP. Bidders must verify that the contract information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. *References may not be Alameda County Health Agency Director, ACBHD Director, or current ACBHD staff.*

The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.

REFERENCE #1	
Organization Name:	Contact Person:
E-Mail Address:	Telephone Number:
Dates and Description of Services Provided:	
REFERENCE #2	
Organization Name:	Contact Person:
E-Mail Address:	Telephone Number:
Dates and Description of Services Provided:	
REFERENCE #3	
Organization Name:	Contact Person:
E-Mail Address:	Telephone Number:
Dates and Description of Services Provided:	
REFERENCE #4	
Organization Name:	Contact Person:
E-Mail Address:	Telephone Number:
Dates and Description of Services Provided:	
REFERENCE #5	
Organization Name:	Contact Person:
E-Mail Address:	Telephone Number:
Dates and Description of Services Provided:	

H. EXHIBIT C: INSURANCE REQUIREMENTS

Insurance certificates are not required at the time of bid submission; however, by signing Exhibit A – Bidder Information and Acceptance, the Bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, and shall include insurance certificate and additional insured certificate, naming County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

*****SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS*****

EXHIBIT C

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D	Professional Liability/Errors and Omissions Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate

ASSEMBLY BILL (AB) 109 MENTAL HEALTH & WELLNESS #25-05

E	Endorsements and Conditions: 1. ADDITIONAL INSURED: All insurance required above with the exception of Professional Liability, Commercial or Business Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured. County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional-Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods: – Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above. – Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured." 7. CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. 8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.
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Certificate C-2

Page 1 of 1

Form 2003-1 (Rev. 7/15/14)

I. OTHER REQUIREMENTS

1. Medi-Cal Billing, Clinical and Quality Assurance Requirements

To implement these services successfully, Bidders shall demonstrate and have the capability to conduct all of the activities listed below. Bidders agree by submittal of proposal that they will comply with all of the following if recommended for contract award:

- Follow all ACBHD policies and procedures in the ACBHD Quality Assurance (QA) Manual: http://www.acbhcs.org/providers/QA/qa_manual.htm
- Obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location's property manager/owner. Upon expiration of a fire clearance, contractor shall send a copy of a new fire clearance certificate to the ACBHD Quality Assurance (QA) Office. Awarded Contractor understands that they may not operate at a site without a valid fire clearance.
- Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification:
https://www.acbhcs.org/providers/QA/docs/qa_manual/Revised%20Protocol%20YY.YY.MM.DD%207.14.23.pdf
- Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBHD "Clinical Documentation Standards" manual which may be found ACBHD QA Manual.
- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
- Attend all ACBHD sponsored trainings related to start-up and maintenance of Medi-Cal billing;
- Attend the monthly ACBHD Clinical Quality Review Team (CQRT) group meetings for the first year of contract. ACBHD QA office will determine if an awarded Contractor will be exempt from CQRT requirements. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed.

See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm>

2. Credentialing, Re-credentialing and Continuous Monitoring of Licenses

The awarded Contractor shall be responsible for verifying the credentials and licensing of their staff and employees as contained in ACBHD, state, and federal requirements.

Waivers for certain clinical staff are required in order to bill Medi-Cal and the awarded Contractor shall familiarize themselves and comply with the waiver requirements posted in the ACBHD QA Manual. ACBHD has the right to request the awarded Contractor's credential log or records and personnel record files to verify the awarded Contractor's credentialing process and applicable credentials of staff.

3. Office of the Inspector General (OIG) and Other Exclusion List Background Checks – Monitoring, Oversight and Reporting

In accordance with Alameda County Health's Policy and Procedure on Exclusion Screening,¹⁵ Contractor will check and verify all employees, both clinical and non-clinical, who will be providing and/or supporting services under this program, for:

- National Plan & Provider Enumeration System (NPPES) – NPI Number (<http://npiregistry.cms.hhs.gov/>) (clinical staff only)
- Licenses are current with no restrictions (clinical staff only)
- Office of the Inspector General list of Excluded Individuals & Entities (OIG/LEIE) database (<https://exclusions.oig.hhs.gov/>)
- GSA System Award Management (SAM/EPLS) database (<https://www.sam.gov/SAM/>)
- California DHCS Medi-Cal Suspended & Ineligible list ([Provider Suspended and Ineligible List \(S&I List\) - Dataset - California Health and Human Services Open Data Portal](#))
- Social Security Administration Death Master File (SSDMF)

Bidders shall submit an attestation with their proposal that they have verified the above items for all staff, as required. Upon contract award, Contractor shall submit a detailed roster of all staff, Officers, Agents, Board Members and Owners with five percent or greater ownership interest. ACBHD will conduct an exclusion screening, and any issues identified as a result of the screening must be resolved prior to contract execution. If there are unresolved issues, ACBHD may not contract with the awarded Bidder.

4. Provider Enrollment

As applicable and consistent with state and federal law, providers serving Medi-Cal members will be required to comply with Medicaid enrollment and screening

¹⁵ https://www.acbhcs.org/providers/PP/OCS.C.001_HCSA_Exclusion_Screening_Policy.pdf

requirements, including enrolling in the DHCS Provider Application and Validation for Enrollment (PAVE) portal.¹⁶

Upon contract award, and, at least, every three years following, licensed, registered, certified or waived providers will be required to register and complete a provider profile application with the credential verification organization (CVO) for ACBHD.^[2] The CVO will perform primary source verification (credentialing) for the following requirements as applicable:

- Attestation and Disclosure Questions
- State License
- DEA Certificate
- CDS Certificate
- Board Certification
- Training, Education and Work History
- License Sanctions
- Medicare/Medicaid Sanctions
- Malpractice History, Current Malpractice Insurance Coverage
- Hospital Privileges
- Medicare Opt Out List
- National plan and provider enumeration system/ National provider identifier database (NPI)
- OIG Exclusion List
- SAM.gov Exclusion List
- Social Security Death Master File (SSDMF)
- State Medi-Cal Exclusion List
- Criminal background checks
- Unscheduled or unannounced site visits (pre and post enrollment)

On a monthly basis, all licensed and unlicensed staff including board members, volunteers and owners with 5% or greater ownership will be monitored for:

- 42 State Medicaid exclusion lists
- OIG exclusion list
- GSA Excluded Parties List System^{17[3]} / SAM.gov
- Office of Foreign Assets Control Exclusion List (OFAC)
- SSDMF

^[2] Screening conducted via the Council for Affordable Quality Healthcare (CAQH).

^[3] These requirements can be reviewed at:

<https://bhcsproviders.acgov.org/providers/network/forms.htm#contract>. Documents for the upcoming fiscal year are generally posted in March or April of the current fiscal year.

⁴ <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

- State license validation, expiration, debarment, sanctions, and disciplinary action
– Licensed staff only
- NPI validation – Licensed staff only

The County may terminate or deny enrollment if an applicable ACBHD Provider or any person with five percent or greater ownership interest:

- Has been convicted of criminal offense in Medicare, Medicaid or CHIP within the past ten years,
- Failed to comply with the new screening requirements (including background checks or failure to cooperate with required site visits),
- Did not submit accurate and timely information,
- Was terminated from any Medicare, Medicaid or CHIP program after January 1, 2011,
- Falsifies information, and/or
- The County cannot verify enrollment information.

J. ACPD PROGRAMS AND SERVICES FOR AB 109 ADULT CLIENTS: PAMPHLET

HOUSING (CONTINUED)

SEVENTH STEP ★★

475 Medford Ave, Hayward, CA 94541

Phone: (510) 278-0230

- Clean and sober living program with 20 bed capacity.
- 3 meals a day; Stay is up to 6 months with option to extend
- Light case management services; assistance with getting ID and enrolling in benefits.
- Random drug testing; rules and curfew

RAPID REHOUSING

ABODE SERVICES

- Helps clients search and obtain permanent, independent housing and provides rent subsidies for one year (decreasing in percentage every 3 months)
- Case management; employment support; development of independent living skills; money management

EAST OAKLAND COMMUNITY PROJECT (EOCP)

- Provides rent subsidies for one year (decreasing in percentage every 3 months)
- Case management; support with permanent housing, employment, substance recovery, & education

OTHER AB 109 FUNDED PROGRAMS

COGNITIVE BEHAVIORAL INTERVENTION (CBI): FIVE KEYS Phone: (510) 368-8646

- Classes held at the CORE, Five Keys Office, & Zoom
- 10-week cohort-based program
- CBI program incorporating incentives and innovations to improve outcomes
- Curriculum uses employment experiences to teach concepts of CBI and support real life application

2-1-1 REENTRY RESOURCES AND SERVICES: EDEN I&R

- Reentry Portal for justice-involved individuals to explore and find supportive resources via phone or online
- 2-1-1 assists with coordinated entry housing, preventive/ rehabilitative services, and other reentry supports

SUBSTANCE RECOVERY & MENTAL HEALTH SERVICES

In partnership with Alameda County Behavioral Health Department (ACBHD), the following providers offer wellness services in the areas of:

SERIOUS MENTAL ILLNESS ★

Felton SMI (Success: Movement from Incarceration)

24301 Southland Dr, Hayward, CA 94545

Phone: (415) 474-7310

- Alameda County-wide service
- Intensive case management, medication support, service connection and linkage, coping strategies, stabilization, counseling, and clinical support for individuals with a serious mental health condition

RECOVERY RESIDENCES: MULTIPLE VENDORS

- AB109 Funded Providers: C.U.R.A. Recovery Residence and Options Recovery Services ★
- Up to 6 months of sober living housing
- Participation in outpatient substance recovery treatment is required

OTHER MENTAL HEALTH & SUBSTANCE RECOVERY SERVICES

ACBH receives additional AB 109 funds to provide additional services directly offered by County staff and/or other contracts with community-based organizations.

Roots Community Health Center - NiaCare

(AB 109-funded until June 30, 2025)

9925 International Blvd, Oakland, CA 94603

Phone: (510) 777-1177

- North Alameda County

★ *Also available as pre-release services while in-custody at the Santa Rita Jail. Ask your DPO or the in-custody ACPD Deputy if you are eligible.*

★ *Pre-release service available after pre-vetting.*

TO GET CONNECTED TO SERVICES, ASK YOUR DEPUTY PROBATION OFFICER FOR A REFERRAL OR CALL

DUBLIN OFFICE: (925) 551-6878

HAYWARD OFFICE: (510) 670-5354

OAKLAND OFFICE: (510) 268-7050

FOR GENERAL QUESTIONS REGARDING REENTRY-SPECIFIC SERVICES:



(510) 268-7247



ProbationCommunityPrograms@acgov.org



<https://acpd-goso.org/events/>

ALAMEDA COUNTY PROBATION DEPARTMENT



Programs & Services for AB 109 Adult Clients

June 2025

Programs & Service Areas

- Center of Reentry Excellence (CORE)
- Education
- Employment
- Family Reunification
- Housing
- Substance Recovery & Mental Health Services
- Other Contracted Programs

Eligibility:

- Post-Release Community Supervision (PRCS)
- Supervised PC 1170(h) including: split sentences, mandatory supervision, and deferred entry of judgement in lieu of AB 109 eligible offense
- Formal Probationers
- Pretrial Program Participants
- Specialty Court Participants (Felony convictions)

CENTER OF REENTRY EXCELLENCE (CORE)

CENTER OF REENTRY EXCELLENCE (CORE)-RUBICON ★

Main Site: 100 Hegenberger Rd, Oakland, CA 94621

M, Th, F 8a-5p; Tu & W 8a-7pm; Every other Sat. 9a-1p

Satellite: 24100 Amador St. (3rd Floor), Hayward, CA 94544

M, Tu, Th 8:30a-5p; W 8:30a-7p; F 8:30a-12p

Phone: (510) 346-5290 & (800) 214-9687

- The CORE is a one-stop community reentry center
- Barrier removal, clothing closet, system navigation and linkage, peer coaching, educational and personal development workshops, community outreach and engagement; food/meals, shower & laundry (main site), computer lab, phone/communication, etc.

EDUCATION

New provider pending (Summer/Fall 2025)

Rising Scholars Network works directly with students and the California Community Colleges to expand opportunities within prisons, jails, and juvenile facilities, and to build strong pathways from incarceration to the community college campuses. To access a full directory, scan QR below:



Or go to:
[risingscholarsnetwork.org/
program-directory/](https://risingscholarsnetwork.org/program-directory/)

EMPLOYMENT

FIVE KEYS SCHOOLS & PROGRAMS

Various locations throughout Alameda County

Phone: (510) 368-8646

Mon-Fri: 9 am-5 pm

- Assistance with resume and cover letters, job applications, interview preparation, transitional employment opportunities, barrier removal, career management, etc.

FAMILY REUNIFICATION

Family is anyone who offers positive support, whether biological or chosen.

LA FAMILIA-Together Again

Various locations throughout Alameda County

Phone: (510) 329-0670

- Offers individual case management; parenting workshops/classes; barrier removal; pro-social family activities; housing stipends for ACPD clients living with eligible family members. Triage to specialties such as family counseling, court/child custody navigation, childcare navigation, elder care, etc.

- Together Again staff will facilitate connection to AB 109 specialties:

- Family Counseling/Therapy Services: Individual sessions, family sessions, and support groups
- Pending AB 109 Specialties: Court/Child Custody System Navigation Ally, Childcare Navigation & Coordination, & Elder Care Specialist

HOUSING

Transitional Housing and Rapid Rehousing Programs provide distinct services to clients. Transitional Housing Programs provide immediate housing with food, utilities and laundry costs covered, allowing clients to stabilize and save for permanent housing. Rapid Rehousing Programs can assist with housing problem solving and financial supports for clients who are not able to utilize our Transitional Housing programs.

TRANSITIONAL HOUSING

BAY AREA COMMUNITY SERVICES (BACS)-Holland Hotel

641 W. Grand Ave, Oakland, CA 94612

Phone: (510) 653-5040

- 10 single occupancy rooms; Stay is up to 6 months with option to extend
- Includes one meal per day
- Low threshold, no curfew, no programming onsite. Client will receive support finding permanent housing

BAY AREA COMMUNITY SERVICES (BACS)-Henry R. Hotel

559 16th St, Oakland, CA 94612

Phone: (510) 916-8313

- 10 bed capacity; Stay is up to 6 months with option to extend
- Includes one meal per day
- Low threshold, no curfew, no programming onsite. Client will receive support finding permanent housing

BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY (BOSS)

Women & Children ★ ★

7894 Ney Ave, Oakland, CA 94605

Phone: (510) 844-8221

- Women & children ONLY
- 21 bed capacity; Stay is up to 12 months with option to extend
- Case management; support with permanent housing, employment, substance recovery, & education

DREAM CENTER ★ ★

2321 International Blvd, Oakland, CA 94601

Phone: (510) 326-2446

- 30 bed capacity; up to (6) 290 clients allowed
- Men ONLY
- Shared rooms; furnished rooms
- Stay is up to 6 months with option to extend
- Case management; support with permanent housing, employment, substance recovery, & education

GENESIS FRESH START ACADEMY

2708 Ritchie St, Oakland, CA 94605

Phone: (510) 847-4188

- 20 bed capacity; Stay is up to 12 months with option to extend
- Case management; support with permanent housing, employment, substance , & education

GENESIS NEW BEGINNINGS

2705 Ritchie St, Oakland, CA 94605

Phone: (510) 847-4188

- 5 bed capacity for men only; 290 statuses accepted and prioritized
- Stay is up to 12 months with option to extend
- Case management, support in finding permanent housing, employment, substance recovery and education

LAO FAMILY COMMUNITY DEVELOPMENT, INC. (LAO)

8480 Edes Ave, Oakland, CA 94621

Phone: (510) 533-8850

- 140 bed single occupancy capacity
- Stay is up to 6 months with option to extend
- Case management; support with permanent housing, employment, substance recovery, & education

MEN OF VALOR ACADEMY (MOVA) ★

6118 International Blvd, Oakland, CA 94621

Phone: (510) 567-1308

- 30 bed capacity; Average stay is 6-12 months
- 3 meals a day; Curfew
- Support with employment, substance recovery, and education