

Contra Costa Behavioral Health Services Homeless Program

Request for Proposal (RFP)

Contra Costa Coordinated Entry Project

Published: June 29, 2016

Amended: July 18, 2016

(See amended text in red.)

I. General Instructions

Contra Costa Behavioral Health Services (BHS or “the County”) is seeking proposals from suitably qualified County and/or community-based providers to participate as contractors for the Contra Costa Coordinated Entry Project. This Request for Proposal (RFP) will be for our first phase of implementation of supportive services, including Coordinated Outreach, Referral, and Engagement (CORE) teams, centralized prevention and diversion, Coordinated Assessment Resource (CARE) centers, CARE capable centers, housing navigation, and housing location and landlord engagement.

Applicants responding to this RFP must submit a separate proposal for each supportive services category that includes the following: a program narrative describing the operational and service delivery program and expected outcomes; program staffing and training; a timeframe for operation; review and evaluation of outcomes; a budget and budget justification; and characteristics and qualifications of applicant agency(ies), including appendices with corporate profiles and resumes/job descriptions. The County will fund the operation of the selected project(s) through braided funding streams, including MHSA, Medi-Cal, Drug Medi-Cal, SAMHSA, PATH, and the HUD CoC Program. The initial contract period is 12 months, from October 1, 2016 through September 30, 2017. Preparation for implementation should take no more than three months; therefore, applicants must begin program operation within three months of signing a contract with BHS.

BHS is expecting to award multiple contracts to cover the services to be implemented through this phase of the Contra Costa Coordinated Entry project. Based on the applications received and community needs, BHS may shift anticipated budget amounts between the supportive services categories listed. Proposals submitted by an agency in collaboration with other agencies will be accepted if the collaborating agencies meet the requirements outlined in this proposal. Any contracts awarded will be based upon the quality of the proposals, organizational capacity of the applicants, and availability of funds. Depending on the number and qualifications of RFP applicants, BHS may, after receiving approval from the Behavioral Health Director, move directly to a contract negotiation phase with selected applicant(s).

A. Format, Delivery and Due Date

This RFP and all related materials are available online at the BHS webpage:

<http://cchealth.org/bhs/#simple3>

Please provide one electronic copy as a PDF, plus one (1) signed original PLUS five (5) additional hard copies of your proposal(s), with a separate proposal for each supportive services category. Each hard copy must be clipped or stapled in the upper left corner (only) and clearly marked with the name and address of the lead agency. Additional specifications:

- ✓ Written in Times New Roman in size 12 font
- ✓ Single-spaced pages
- ✓ Margins 1” on all sides
- ✓ All pages consecutively numbered
- ✓ Proposal follows the outline presented below
- ✓ Original and copies printed on three-hole punched paper
- ✓ 20-page text limit for Proposal Narrative (this does not include appendices).

Electronic copies of proposals in PDF format should be emailed to the following:

Jaime.Jenett@hsd.cccounty.us

In addition, hard copies of proposals should be delivered to the following:

Jaime Jenett, MPH
Continuum of Care Planning and Policy Manager
Contra Costa Behavioral Health Homeless Program
1350 Arnold Drive, Suite 202
Martinez, CA 94553

A single, packaged set of all hard copies of proposals as well as the electronic submissions are due at the above physical and electronic addresses by **5 pm on Wednesday, August 3rd, 2016**. Postmarks on this date will not be accepted. Late proposals will not be accepted and will not be reviewed. There will be no exceptions. No faxes will be allowed, and an electronic submission is not sufficient on its own, but must be accompanied by hard copies as described above.

In order presented, submissions should include the following:

1. Cover Page (see attached, 1-page).
2. A project narrative (8-page maximum) that clearly states the agency’s service delivery model. The narrative should also describe how the applicant will operate and manage the project and provide needed support services, as well as include any applicable policies and procedures.
3. A sources and uses budget outlining the expected cost of operating and managing the project including costs and oversight costs of offered services, broken down by major cost categories (1-page). The budget should include a justification (2-page) and should be linked to the work plan narrative. The budget should also include a minimum of 25% ~~cash~~ match (**totaling at least 15% cash match and 10% cash or in-kind match**).
4. Details of the agency(ies) who will be managing and operating the project (8-page maximum). Please describe the agency(ies) qualifications relating to the requirements described herein. If the applicant is an agency, please include a corporate profile, along with the resume(s) of staff proposed to implement and evaluate the work plan. If the applicant is partnering with (an)other agency(ies), please specify their function/specific services provided to the program in the program narrative above and include their corporate profiles and staff resume(s) as well.
5. Appendices that include the detailed resumes of all program staff (or job descriptions if staff have not been identified yet) and copies of applicable policies and procedures (no page limit).

B. Applicants’ Conference

All interested County and/or community-based providers must participate in a **MANDATORY** applicants' conference on **Monday, July 11th, 2016 from 1 pm to 3 pm**. The conference location will be 2425 Bisso Lane, Concord, CA, 1st floor conference room.

C. Rules and Considerations

- The cost of developing and submitting a proposal in response to this RFP is the responsibility of the applicants and will not be reimbursed through any contracts resulting from this RFP process or from any other county funds.
- BHS may issue an RFP amendment to provide additional data and/or make changes or corrections. The amendment will be sent to each applicant who attended the mandatory Applicants' Conference. BHS may extend the RFP submission date if necessary to allow applicants adequate time to consider such information and submit required data.
- The RFP process may be cancelled in writing by BHS prior to award if the Behavioral Health Director determines cancellation is in the best interest of the County.
- The RFP process and any contract resulting from the process may be cancelled at any time if identified funding becomes unavailable.
- Any contracts awarded as a result of this RFP is subject to pending or perfected protests. The award is subject to cancellation or modification by BHS in accordance with the resolution of any such protest.
- Contractor(s) (whether by contract or county) will be required to participate, through the County, in federally mandated data collection efforts, including participation in the Homeless Management Information System (HMIS).
- Selected contractor(s) must adhere to Contra Costa County's contracting process, providing all information as requested by BHS. Selected contractor(s) will also be informed of the County's insurance coverage requirements, where applicable, and the process for contract approval (where applicable) by the Board of Supervisors.

D. Additional Information

This RFP and all forms and materials for submitting a Proposal are available on the BHS Homeless Program website: <http://cchealth.org/bhs/#simple3>

BHS recognizes additional questions may arise after the Applicants' Conference. **In an effort to be fair to all applicants, additional questions after the Applicants' Conference must be submitted in writing.** Questions and answers will be disseminated weekly via email to all submitters as well as posted electronically to the BHS website (see schedule outlined below). Questions about the RFP should be submitted in writing to Jaime Jenett, Continuum of Care Planning and Policy Manager at: Jaime.Jenett@hsd.cccounty.us.

All RFP submissions will be reviewed promptly and BHS's goal is to announce selection(s) or next steps by the end of August.

Applicants who are not selected may appeal BHS's selection of awardee(s) within three business days of notification. Appeals must be addressed to the Behavioral Health Director. Appeals must be in writing and shall be limited to the following grounds:

- The County failed to follow the RFP procedures, which affected the proposal scoring; and/or
- The RFP evaluation criteria were not appropriately applied to the proposal.

The Behavioral Health Director will respond to the appeal within two business days and the decision of the Behavioral Health Director will be final and not subject to further review.

II. Introduction

A. About Contra Costa Behavioral Health Services

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. With increasing challenges in serving complex populations with multiple needs, this integration is a response to the growing desire to have improved client outcomes through a systems approach that emphasizes “any door is the right door,” and that provides enhanced coordination and collaboration when caring for the "whole" individual.

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promotes wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

B. About Contra Costa Homeless Program

The Contra Costa County Homeless Program’s mission is to ensure an integrated system of care from prevention through intervention for homeless individuals and families within our community. We strive to accomplish this through the development of policies and practices, community involvement, advocacy, and the coordination of services that respect human dignity, strengthen partnerships, and maximize resources.

Contra Costa Homeless Program has helped to create a system of care that includes:

- Community Homeless Court Program
- Advocacy
- Outreach services to encampments
- Information and referral services
- Multi-service centers that provide case management and support services
- Emergency shelter
- Transitional housing
- Permanent supportive housing for adults, youth, and families

Services are free of charge to homeless individuals.

C. About Contra Costa Mental Health Services

Mental Health Services provides assistance to children and adults living in Contra Costa County. These services are provided through a system of care that includes county owned and operated clinics, community-based organizations, and a network of private therapists.

Services for children and adolescents are provided in conjunction with other County programs such as Employment and Human Services, Probation, and school districts. Services also include individual work with children and their families. Services for adults are provided to those with serious mental disabilities or those in acute crisis. Mental Health Services also includes a range of prevention programs oriented

toward prevention of more serious mental health issues. The Contra Costa Mental Health Plan is the mental health care provider for Medi-Cal beneficiaries and the uninsured.

D. About Contra Costa Alcohol and Other Drug Services

Alcohol and Other Drugs Services (AODS) provides a planned, comprehensive approach for providing substance use disorder prevention and treatment services in Contra Costa County. The continuum of care benefits consumers and providers by combining administrative and clinical services in an integrated, coordinated system. The goal is to give clients high-quality, cost effective care in a timely manner.

E. Drug Medi-Cal Certification Requirement for CARE Center Providers

Contra Costa is a Phase I Bay Area County participating in the Medi-Cal 2020 Bridge to Reform 1115 Drug Medi-Cal (DMC) Organized Delivery System (ODS) Demonstration Waiver. **As such, the successful provider under this RFQ/RFP will be expected to become DMC certified and provide the American Society of Addiction Medicine (ASAM) Criteria Level 1 and Level 2.1 Substance Use Disorders (SUD) Outpatient Services.** The proposal must explain how these levels of care will operate in a single facility.

Additionally, the successful bidder must clearly describe how SUD treatment will specifically target homeless clients with substance use disorders distinctively from clients with co-occurring mental disorders. Applicants are expected to provide a list of strategies and timelines for SUD treatment program start-up to include but not limited to: Obtain a DMC certification for the facility, development of a clinical services model consistent with the Department of Health Care Services (DHCS) AOD program certification, ASAM Levels 1 and 2.1, establish formal links via MOUs with other SUD treatment providers, description of how the facility will integrate SUD treatment within the milieu of the **CARE Center** and with other Levels of Care which are part of the SUD System of Care to ensure client flow across levels of care; SUD treatment staffing; activities intended for outreach, early engagement and recovery support of homeless clients; explain how the physical environment will be transformed to be conducive of therapeutic SUD treatment activities.

BHS will actively monitor services provided under this contract. At a minimum, the contractor will be expected to perform services without material deviation from an agreed-upon service plan, comply with all applicable federal and state regulations, maintain adequate records of service provision in compliance with Title 22 Drug Medi-Cal regulations, provide services consistent with the cultural and linguistic diversity of the county and adhere to the Culturally and Linguistically Appropriate Standards (CLAS), as well as 42CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records.

The ASAM Criteria uses six unique dimensions, representing different life areas which combined provide guidance for assessment, service planning, and placement decisions; therefore, aligning the patient's severity of SUD illness with the most appropriate and medically necessary treatment level of care.

ASAM Criteria Outpatient Services: Level 1 and Level 2.1 (Intensive Outpatient)

Level 1 (Outpatient) consist of up to 9 hours per week of structured services for adults

Level 2.1 (IOP) consist of 9-19 hours per week of structured services for adults.

Clinical activities under Outpatient Treatment include: assessment (ASI), treatment planning, individual and group visits, collateral, crisis intervention, discharge services, case management, family therapy, and patient education.

Regulatory and Administrative Requirements

SUD services at the CARE Center must comply with following requirements. When formal DMC-ODS Waiver participation is initiated, additional regulatory administrative specific to the Waiver will apply.

- 1) California Code of Regulations Title 9, Division 3, Chapter 5.5. Licensure and Certification- Fees for Outpatient Programs and Residential Alcoholism or Drug Abuse Recovery or Treatment Facilities
- 2) California Code of Regulations Title 9, Division 3, Chapter 8. Certification of Alcohol and Other Drug Counselors
- 3) Code of Federal Regulations: 45 CFR Part 96, Subpart L - Substance Abuse Prevention and Treatment Block Grant
- 4) Code of Federal Regulations:42 CFR Part 54 - Charitable Choice Regulations Applicable To States Receiving Substance Abuse Prevention And Treatment Block Grants And/or Projects For Assistance In Transition From Homelessness Grants
- 5) Code of Federal Regulations:42 CFR Part 2 - Confidentiality Of Alcohol And Drug Abuse Patient Records
- 6) California Health and Safety Code:
 - Division 10.5. Alcohol and drug programs [11750 - 11975]
 - Division 10.6. Drug and alcohol abuse master plans [11998 - 11998.3]
 - Division 10.7. Illegal use of drugs and alcohol [11999 - 11999.3]
 - Division 10.8. Substance abuse treatment funding [11999.4 - 11999.13]
 - Division 10.9. Substance abuse testing and treatment accountability program [11999.20 - 11999.25]
 - Division 10.10. Substance abuse offender treatment program [11999.30]
- 7) California Welfare and Institutions Code: Article 3.2. Drug Medi-Cal Treatment Program [14124.20 - 14124.29]
- 8) California Code of Regulations 51341.1 Title 22, Division 3 Health Care Services, Drug Medi-Cal Substance Use Disorder Services
- 9) Drug Medi-Cal Organized Delivery System Terms and Conditions DHCS Information Notices
 - http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Note_16-005.pdf
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_FAQs_9-25-15_ADA_Compliant.pdf
 - http://www.dhcs.ca.gov/provgovpart/Documents/11.10.15_Revised_DMC_ODS_FACT_SHEET.pdf

F. HUD Definition of Coordinated Entry

In the CoC Program Interim Rule, HUD defines coordinated entry, which is also referred to by HUD as a centralized or coordinated assessment system:

“A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

For additional information on coordinated entry, including the qualities of effective coordinated entry, applicants may review HUD’s Coordinated Entry Policy Brief, published in February 2015 (available at <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>).

G. Coordinated Entry as a Supporting Strategy of Forging Ahead

Click on the following hyperlink to the Continuum of Care’s 2014 strategic plan update, “Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa’s 2004 Strategic Plan” (available at <http://cchealth.org/homeless/pdf/2014-strategic-plan-update-Final-Draft.pdf>). The Coordinated Entry grant awarded by HUD in 2016 addresses one of the strategies in Forging Ahead (see page 20 of the plan). The strategy states that the CoC will “Implement a coordinated [entry] system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time.”

In addition, Contra Costa has identified the following key principles for its coordinated entry system:

- **Quality Assurance:** the coordinated entry system must have a mechanism for ongoing, regular quality assurance to ensure consistency in tools, standards, and staff trainings.
- **Access** should be easy, fast, and have immediate engagement.
- **Interdependency:** the coordinated assessment system will promote interdependency
 - **Between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
 - **Between programs and clients**, as clients are connected to the right intervention with choice.
- **Streamline the process** for clients and front line staff by reducing the number of times clients are asked the same questions throughout the system of care.
- **Address Barriers:** promotion of the Housing First approach, connecting the clients with the highest level of acuity to the most intensive housing and service interventions.

The Contra Costa Coordinated Entry Project supports the full implementation of Contra Costa’s coordinated entry system as a critical strategy to meet both 2014 Strategic Plan Update goals of permanent housing and prevention, as the system will guide access to these interventions for all clients in our system of care.

H. HUD CoC Program Coordinated Entry Grant

The following is the description of the scope of the HUD CoC Program Coordinated Entry grant, as proposed by BHS Homeless Program in its project application to HUD:

Serving all homeless clients throughout the County’s geography, the project will support outreach team staff to locate and engage clients in the coordinated entry system, supported by housing navigators in our crisis response system. Housing locators and landlord liaisons will ensure that clients are successfully placed in housing. Utility deposits will also be offered. A Coordinated Entry System Manager will coordinate the staff throughout the system, and guide housing placement as clients are assessed. The ultimate goal is permanent housing, through prevention, diversion, or placement in our continuum of housing and services.

The Coordinated Entry system will be implemented in alignment with HUD’s Coordinated Entry Policy Brief and Housing First practices as follows.

EASILY ACCESSIBLE: When a client first experiences a housing crisis, they engage with our call centers, multi-service centers, and outreach teams, all of whom are participating as entry points into our coordinated entry system. By offering a multiple entry points into the system, including phone and outreach options, clients throughout Contra Costa County’s large, diverse geography will be able to easily access culturally competent and relevant information on homelessness assistance.

ADVERTISING STRATEGIES: Information about our system will be shared widely, both electronically (CoC website) and via flyers, with the CoC, homeless and housing service providers, and other mainstream partners—including hospitals, clinics, the VA, and faith-based providers—to ensure that all homeless clients are aware of and able to access housing and services. Outreach teams and multi-service centers will distribute cards with information about the entry points into the system.

STANDARDIZED ASSESSMENT: The system will utilize the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool), a nationally recognized assessment tool that prioritizes clients based on history of housing & homelessness, risks, socialization & daily functions, and wellness. The VI- SPDAT will be administered to clients who are receiving crisis services in interim housing (Emergency Shelter & Transitional Housing), at multi-service centers, and via outreach teams.

APPROPRIATE HOUSING & SERVICES: Once assessed, clients will be placed on our centralized housing placement list, which uses VI-SPDAT scores to prioritize clients for Permanent Supportive Housing or Rapid Rehousing based on need. The Housing Placement Committee will convene regularly as units become available to review and place top scoring clients via case conference, in a transparent process that promotes Housing First principles.

The full project application as submitted to HUD, as well as the presentation from the Coordinated Entry Implementation Workshop on May 11, 2016, are available as appendices to this RFP. Applicants are strongly encouraged to review these materials to inform their operational and service delivery design. BHS Homeless Program will staff the Coordinated Entry System Manager, who will oversee the coordinated entry system; all other supportive services for this first phase of implementation are included in this RFP.

I. Coordinated Entry Supportive Services to be Provided through this RFP

The following supportive services are to be contracted by BHS through this RFP. Based on the applications received and community needs, BHS may shift these anticipated budget amounts between the supportive services categories.

Supportive Services Category	Budget	Amount
<p>CARE (Coordinated Assessment REsource) Centers</p> <p>CARE Centers will be the main entry point for the coordination entry system, where clients can access an array of services, assessments, and referrals. Total budget reflects anticipated award of up to 3 CARE Centers across the county totaling \$195,000, enhancing existing multi-service center sites that <u>already provide</u> (or will have capacity to provide by the start of contract) basic needs (shower facilities, food), assessments, and referrals. CARE Centers will expand these existing services through the addition of case management, document assistance, and equipment. Applicants should describe how they will provide existing and enhanced services, and specify location where services will be offered, including demonstrated site control of the service location and existing amenities/space. Enhanced services should include:</p> <ul style="list-style-type: none"> • Case management services • Document assistance (credit checks, IDs, birth certificates) • Flexible space for co-located services • Substance use disorder treatment through Drug Medi-Cal Certification (see I.E above) <p>In addition, one CARE Center may optionally be awarded additional funds to operate as a warming center for \$95,000. Applicants interested in operating a CARE Center with a warming center should describe how they will staff and offer extended evening hours and services.</p>	<p>Total:</p> <p>Case Management Services, Document Assistance, and Equipment</p> <p>Warming Center</p>	<p>\$310,000</p> <p>\$195,000</p> <p>\$115,000</p>
<p>CARE Capable Centers</p> <p>CARE Capable Centers will expand the geographic coverage of the coordinated entry system by co-locating services at existing sites where persons experiencing homelessness access some services. CARE Capable Centers will receive training support and one HMIS license. Total budget reflects anticipated award of up to 3 CARE Capable Centers across the county totaling \$30,000. Applicants should describe how they will provide the following services, and specify location where services will be offered. Preference will be given to locations in East County.</p> <ul style="list-style-type: none"> • Prevention/diversion screening and referral • HMIS intake for crisis services referral • VI-SPDAT for housing placement • Flexible space for co-located services 	<p>Total:</p> <p>Transportation</p> <p>Equipment</p>	<p>\$30,000</p> <p>\$20,000</p> <p>\$10,000</p>

Supportive Services Category	Budget	Amount
<p>CORE (Coordinated Outreach, Referral, and Engagement) Team Evening Services</p> <p>CORE teams will serve as an entry point into the coordinated entry system for unsheltered persons. BHS will operate the CORE program and staff daytime outreach teams, but is soliciting an applicant to respond to evening requests for outreach services across the county. Total budget reflects anticipated award of one team of outreach team staff and related supplies. Applicants should describe their geographic coverage and hours/days of operations for the following services. Days of operation should include, at a minimum, five days per week (Saturday coverage will be prioritized). Hours of operation should extend until midnight.</p> <ul style="list-style-type: none"> • Engages with, locates, evaluates, stabilizes, counsels, transports, and houses homeless individuals living outside • Facilitates and/or delivers health and basic need services • Refers clients to CARE centers and shelters 	<p>Total:</p> <p>Outreach Team Staff and Supplies</p>	<p>\$100,000</p> <p>\$100,000</p>
<p>Centralized Prevention & Diversion Services</p> <p>The coordinated entry system will include centralized services to prevent homelessness and divert clients in crisis from the homeless system of care through counseling and limited financial supports. Total budget reflects anticipated award of case management services and administration of the Housing Security Fund. Applicants should describe how they will provide the following services across the full geography:</p> <ul style="list-style-type: none"> • Pre/post rental tenant education to support housing retention • Homelessness prevention and diversion counseling • Administration of Housing Security Fund 	<p>Total:</p> <p>Prevention & Diversion Case Management Services and Administration of Housing Security Fund</p>	<p>\$58,000</p> <p>\$58,000</p>
<p>Housing Navigation Services</p> <p>Clients will access housing navigation services co-located at CARE Centers and CARE capable locations for assistance navigating the homeless system of care. Total budget reflects anticipated award to one agency for staffing and transportation (e.g., vans). Applicants should describe how they will coordinate providing the following services at all CARE Centers and CARE capable locations:</p> <ul style="list-style-type: none"> • Coordinating with housing location services to identify appropriate housing opportunities for clients • Completing housing applications, completing supportive and subsidized housing paperwork • Advocating for clients with prospective landlords and viewing apartments with clients (including transportation) 	<p>Total:</p> <p>Housing navigators (7 FTE)</p> <p>Transportation</p>	<p>\$415,000</p> <p>\$315,000</p> <p>\$100,000</p>

Supportive Services Category	Budget	Amount
<p data-bbox="178 268 1019 304">Housing Location and Landlord Engagement Services</p> <p data-bbox="178 331 1019 569">These services will coordinate with property owners and property managers for the homeless system of care, including landlord outreach and retention at a community level. Total budget reflects anticipated award of community landlord retention coordination services and housing vacancy management services. Applicants should describe how they will provide the following services across the full geography:</p> <ul data-bbox="235 604 1019 905" style="list-style-type: none"> • Marketing to identify landlords and build inventory • Community building through programs to promote housing opportunities to rental housing associations, elected officials, faith communities, and other stakeholders • Building and maintaining housing vacancy management system to track available units; coordinating with housing navigation services to connect clients to housing • Maintaining landlord relationships by responding to client crises and following up after resolution 	<p data-bbox="1024 268 1271 304">Total:</p> <p data-bbox="1024 331 1271 499">Community Landlord Retention Coordination Services</p> <p data-bbox="1024 533 1271 632">Housing Vacancy Management Services</p>	<p data-bbox="1276 268 1414 304">\$100,000</p> <p data-bbox="1276 331 1414 367">\$50,000</p> <p data-bbox="1276 533 1414 569">\$50,000</p>

Applicants may apply for one or more of the supportive services outlined above, and may apply for partial or full FTE amounts. **Applicants are strongly encouraged to bundle supportive services together and to partner with other organizations to maximize service delivery; however, applicants must submit a separate proposal for each supportive services category.**

III. RFP Guidelines

Proposals should conform with the following guidelines. A separate proposal must be submitted for each supportive services category.

A. Cover Page

- 1) Please complete the attached cover page (see final page of RFP) and submit with RFP.

B. Program Narrative (8-page maximum, 40 points total)

- 1) Describe the operational and service delivery program and the expected outcome. Describe how the services offered will fit into the coordinated entry system. Include a description of the following: the approach and/or service/s; who will provide the approach and/or service/s; the setting where the approach and/or service/s will occur. Applicants are strongly encouraged to propose projects with co-location of staff to promote efficiency and effectiveness of supportive services offered (e.g., housing navigation and housing location services); however, each supportive services category must have its own proposal.
- 2) Describe program staffing and each staff member's role and/or function in the project. Include the FTE for each staff member assigned to the project. Applicants may apply for one or more of the supportive services outlined above, and may apply for partial or full FTE amounts.
- 3) Include a description of the training you will provide to program staff.
- 4) Outline the timeframe within which the program will operate, from October 1, 2016 through September 30, 2017. Projects are expected to begin operation within three months of signing a contract with BHS.
- 5) Describe how the project will be reviewed and evaluated as well as how the applicant will include the perspectives of stakeholders in the review and evaluation. Provide a brief description of how you would measure program outcomes. As appropriate, include measurement tools. Explain how you will collect both qualitative (i.e., interviews, learning logs, etc.) and quantitative (i.e., demographics, assessment scores, etc.) data in order to capture and document outcomes.

C. Budget (1-page maximum) and Budget Justification (2-page maximum) (20 points total)

- 1) Using the provided budget template, provide a sources and uses budget outlining the expected cost of the project, broken down by major cost categories. Applicants are expected to provide a minimum of 25% ~~cash~~ match in their budget **totaling at least 15% cash match and 10% cash or in-kind match.**
- 2) Include a budget justification/narrative.

D. Characteristics and Qualifications of Applicant Agency (Contractor or County) (8-page maximum, 40 points total)

- 1) Write a narrative describing the characteristics and qualifications of the applicant agency(ies) who will be operating and managing the delivery of services. Please describe the applicant's

qualifications relating to the requirements described herein. As appendices, please include a corporate profile, along with the resume(s) and/or job descriptions for staff proposed to provide supportive services. Include a description of organizational capacity to serve the target population. If the applicant agency utilizes a fiscal agent, please provide a corporate profile of the fiscal agent, a letter of support, and audited financial statements from the previous fiscal year.

If the applicant is collaborating with an(other) agency(ies), describe the role of each agency in the collaboration and indicate which agency will be the lead. Please include the following as appendices: a letter of commitment from each agency; corporate profiles for each agency; a description of roles for each agency; and staff resume(s) and/or job descriptions of individuals who will be involved in implementing and evaluating the program.

- Eligible applicants may include but are not limited to community-based agencies, faith-based organizations, and for-profit agencies. Please provide the agencies' Tax Identification Number (TIN) or Employer Identification Number (EIN), if applicable.
- Applicants must demonstrate a history in working with homeless or imminently homeless individuals, individuals with mental illness and/or co-occurring disorders, and individuals in racially/ethnically diverse settings in the Greater Bay Area, particularly Contra Costa County.
- Ideally, applicants would have an established membership in the Contra Costa Continuum of Care, including a record of attendance at CoC and committee meetings such as the Coordinated Entry Committee.
- This is a collaborative process. As such, applicants will demonstrate the readiness/ability to work with BHS and other identified providers to carry out the Coordinated Entry system as partnered subrecipients with shared clients and goals.
- Applicants must be prepared to develop, adopt, and implement any needed guidelines, plans, and protocols to support the proposed supportive services.
- BHS is seeking to fund potential awardee(s) with a track record of leadership in the community, and in developing and maintaining supportive relationships with the defined target population in Contra Costa County.

IV. Method of Evaluation

A. Initial Screening

Proposals will be screened for compliance, completeness and eligibility as they are received. In order to receive a score, each proposal must meet all of the following criteria. A failure to meet any one of these criteria will cause the proposal to be disqualified. **DISQUALIFIED SUBMISSIONS WILL NOT BE SCORED AND WILL NOT BE FURTHER CONSIDERED FOR THIS CONTRACT.**

1. Proposal was received by due date.
2. All sections of Proposals as outlined in RFP are included within page limit (Excluding Appendices).
3. Appendices are included and are complete.

B. Scoring of Proposal

A panel of RFP reviewers will score each proposal. A maximum of 100 points for each proposal is possible using the following scoring:

- | | |
|-----------------------------|-----------|
| 1. Program Narrative | 40 Points |
| 2. Budget | 20 Points |
| 3. Applicant Qualifications | 40 Points |

In order to be considered for an award, the proposal must have a minimum score of 75 points. Based on overall scores, RFP reviewers will recommend to Contra Costa Homeless Program selection of the agency/agencies/awardee(s) to *potentially* fund to implement the Coordinated Entry grant. Funding for program implementation will be contingent upon review and approval from the Behavioral Health Director.

V. Important Dates

Activities	Dates
Request for Proposals – Posted Online	Wednesday, June 29, 2016
Applicant Conference (Location: to be announced)	Monday, July 11, 2016
First set of responses to questions submitted by applicants post conference	Friday, July 15, 2016
Second set of responses to questions submitted by applicants post conference	Friday, July 22, 2016
Final set of responses to questions submitted by applicants post conference	Friday, July 29, 2016
RFP Proposal Due Date	Weds., August 3, 2016
Awardee Announcement	No later than August 26,2016