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CONTRA COSTA  
BEHAVIORAL HEALTH  
ADMINISTRATION

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**Contra Costa County Mental Health Services  
Request for Proposals for  
EPSDT Funding for the Provision of Specialty Mental Health Services Pursuant to  
Continuum of Care Reform -- to include Intensive Care Coordination and  
In Home Behavioral Support**

**I. General Instructions**

Contra Costa County Behavioral Health (CCBHS) is seeking proposals from suitably qualified community-based providers to deliver trauma-informed, culturally relevant outpatient Specialty Mental Health Services to children in the foster care system as part of Continuum of Care Reform. This may include any, or all, of the following services: Outpatient Specialty Mental Health, Intensive Care Coordination (ICC), and Intensive Home Behavioral Services (IHBS).

Per state definitions, ICC includes:

- Targeted case management;
- Assessment of, care planning for, and coordination of services—including urgent services;
- Assessment related to action planning and development/revision of action plans, referral, linkage, monitoring and transition activities that address the use of natural and community supports; and
- Service delivery in the context of a Child Family Team, which includes ongoing collaboration and communication to ensure effective delivery of ICC services. No single individual, agency, or service provider works independently.

Additionally, IHBS, per state definitions, includes:

- Mental health rehabilitation and collateral services;
- Individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with functioning and assist in building skills and developing replacement behaviors necessary for success at home and in the community; and
- Psycho-education, support in the development, and use, of natural supports and behavioral interventions.

CCBHS is seeking service providers that can demonstrate their ability to follow youth during their stay in the foster care system, in order to ensure consistent and meaningful services, as well as, promoting permanency. Service providers will need to demonstrate how their mental health team can work collaboratively to follow the youth and family as they transition to other levels of care and support a plan aimed toward permanency.

Applicants responding to this Request for Proposals (RFP) will provide a program narrative, budget, budget narrative, and characteristics and qualifications. The County will fund the implementation of the selected Work Plan(s) through EPSDT Federal Financial Participation, Employment and Human Services funding, and the Mental Health Services Act (hereinafter "MHSA"). **The total amount available is up to \$3,460,646** per fiscal year. CCBHS is hoping to receive strong proposals that allow one or more contracts, and multiple providers may be selected to provide these services.

CCBHS does not guarantee to award all funds reported here as available. Awards 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, CCBHS may, after receiving approval from the Behavioral Health Director, move directly to a contract negotiation phase with selected applicant(s).

#### **I (A). Format, Delivery and Due Date**

This RFP and all related forms and materials are available online at CCBHS's webpage:  
<http://cchealth.org/bhs/>.

Please provide one (1) electronic copy on CD or portable USB flash drive, one (1) signed original PLUS five (5) additional hard copies of your submission with appendices. 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
- ✓ Submissions follows the outline presented below
- ✓ Original and copies printed on three-hole punched paper
- ✓ 30-page text limit for submission (this does not include cover page and appendices).

Submissions should be delivered to the following:

Michelle Nobori  
Mental Health Project Manager  
Contra Costa Behavioral Health Administration  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
Phone: 925-957-5148

A single, packaged set of all printed and electronic submissions are due at the above address by **5:00 p.m. on Friday, February 23, 2018**. Postmarks on this date will not be accepted. Late submissions will not be accepted and will not be reviewed. There will be no exceptions. No faxes or electronic submissions will be accepted.

In order presented, submissions shall include the following:

1. Cover Page (see attached).
2. A work plan narrative (*20-page maximum*) that states the agency's operational and service delivery model including a description of how the applicant will provide service; to include program oversight and sufficient management infrastructure to ensure quality and appropriateness of services; and a plan describing how the applicant will evaluate the program/model if it proves to be effective and indicators used to measure the effectiveness of the agency's model and program outcomes.
3. A budget (*5-page maximum*) outlining the expected cost of the project, broken down by major cost categories (3-pages). The budget should include justification (2-pages) and should be linked to the work plan narrative.
4. Details of the applicant's qualifications relating to the requirements described herein. Describe any successful experience, if any, with providing specialty mental health services with additional focus to agencies who have experience in working with the specified target populations. If the applicant is an agency, please include a corporate profile. (*5-page maximum*)
5. Appendices that include the resume(s) of staff proposed to implement and evaluate the work plan (as well as other appendices listed on pages 6-7).

#### **I (B). Applicants' Conference**

All interested community-based providers must participate in a **MANDATORY** applicants' conference on **Friday, January 26, 2018 from 1:00pm to 3:30 p.m.** Those planning to participate in the conference should **RSVP no later than 5 pm on Tuesday, January 23, 2018** to [Judy.Pearl@hsd.cccounty.us](mailto:Judy.Pearl@hsd.cccounty.us). The conference will be located at:

2425 Bisso Lane, 1<sup>st</sup> floor conference room  
Concord, CA

#### **I (C). Rules and Considerations**

- The cost of developing and submitting a submission 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.
- CCBHS may issue a RFP amendment to provide additional data required and make changes or corrections. The amendment will be sent to each applicant who attended the mandatory Applicants' Conference. CCBHS may extend the RFP submission date if necessary to allow applicants additional time to consider such information and submit required data.
- The RFP may be cancelled in writing by CCBHS prior to award if the Board of Supervisors determines cancellation is in the best interest of the County.
- The RFP and any contract resulting from this process may be cancelled by the Board of Supervisors with a 30-day notice any time funding is unavailable.
- Contracts awarded as a result of this RFP are subject to pending or perfected protests. The award is subject to cancellation or modification by CCBHS in accordance with the resolution of any such protest.
- Contractor(s) (whether by County or contract) will be required to participate, through the County, in state-mandated surveys and data collection efforts.

- Selected contractor(s) must adhere to Contra Costa County's contracting process, providing all information as requested by CCBHS. 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.

#### **I (D). Additional Information**

This RFP and all forms and materials for submitting a submission are available on the CCBHS website: <http://cchealth.org/bhs/>.

CCBHS recognizes additional questions may arise after the Applicants' Conference. **In an effort to be considerate to all applicants, additional questions after the Applicants' Conference must be submitted in writing.** Questions and answers will be disseminated via email to all submitters as well as posted electronically to the BHS website (see schedule outlined in Section V). Questions about the RFP should be submitted in writing to Michelle Nobori at: [Michelle.Nobori@hsd.cccounty.us](mailto:Michelle.Nobori@hsd.cccounty.us). **The final date questions and answers will be posted is Tuesday, February 20, 2018 by 5 p.m.**

All RFP submissions will be reviewed promptly and our goal is to announce either a selection or next steps **by 5:00 p.m. on Friday, March 2<sup>nd</sup>**.

Applicants who are not selected may appeal CCBHS's selection of awardee(s) within three (3) business days of notification. Appeals must be addressed to the Director of Behavioral Health. Appeals must be in writing and shall be limited to the following grounds:

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

The Director of Behavioral Health will respond to the appeal within two (2) business days and the decision of the Behavioral Health Director will be final and not subject to further review.

## **II. Introduction**

### **II (A). About Contra Costa Behavioral Health Services**

The Behavioral Health Services Division of Contra Costa Health Services combines [Mental Health](#) and [Alcohol and Other Drugs](#) 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 consumer 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.

#### **Mental Health Services**

Mental Health Services provides care to children, transition age youth, adults, and older 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 providers.

Contra Costa children and adolescents are served by a County-wide system of care that includes Mental Health staff working in partnership with Probation Department, Employment and Human Services Department, School Districts, and family members. 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 MediCal beneficiaries and the uninsured.

#### **Alcohol and Other Drug Services**

The Alcohol and Other Drugs Services (AODS) "puts people first". AODS advocates for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency. The AODS System of Care is a planned, comprehensive approach for providing alcohol and other drug treatment and prevention 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 consumers high-quality yet cost effective care in a timely manner.

### **II (B). About Continuum of Care Reform (AB 403)**

On October 11, 2015 Governor Edmund G. Brown Jr. signed legislation that comprehensively reformed placement and treatment options for youth in foster care. Assembly Bill 403, (Stone D-Monterey) sponsored by the California Department of Social Services, builds upon years of policy changes to improve outcomes for youth in foster care.

The effort known as the Continuum of Care Reform draws together a series of existing and new reforms to our Child Welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed, nurturing family

homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth, and his or her family, are tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults.

The fundamental principles of CCR are:

- All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.
- The child, youth and family's experience and voice is important in assessment, placement and service planning. A process known as a "child and family team," which will include the child, youth and family, and their formal and informal support network, will be the foundation for ensuring these perspectives are incorporated throughout the duration of the case.
- Children should not have to change placements to get the services and supports they need. Research shows that being placed in foster care is a traumatic experience and in order for home-based placements to be successful, services including behavioral and mental health should be available in a home setting.
- Agencies serving children and youth including child welfare, probation, mental health, education and other community service providers need to collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child, youth and caregivers to navigate multiple service providers.
- The goal of all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, children should not remain in a group living environments for long periods of time.

Resources are being provided to counties to support the development and implementation of creative strategies for supporting, retaining and recruiting quality relative and non-relative resource families. Family finding efforts will be an integral component for achieving permanency. Services and supports will be tailored to the strengths and needs of a child and delivered to the child/youth in a family-based environment. These services and supports will be informed by an assessment and developed through a child and family team process. Increased accountability and transparency of foster family agencies and short-term residential treatment centers is also called for in CCR.

### **III. RFP Guidelines**

The County recognizes the need under Continuum of Care Reform to provide robust services to children and youth involved in the Foster Care System. These youth typically have a history of significant trauma that may include abuse and sexual exploitation. As a result, CCBHS would like to use a blended funding model to serve and learn about: 1) foster youth with multiple placement challenges; and 2) what additional services and/or interventions are necessary to increase the ability of children and youth in the system to remain stable in placement, offering the greatest likelihood of success both current and future. The developed program(s) will support the engagement of Foster Youth in mental health services aimed at promoting their resiliency and recovery.

### *Priority Population*

The population to be served includes children and youth who are Contra Costa County Medi-Cal beneficiaries, ages 0-21, and who are in the Child Welfare system or placed through their Individualized Education Plan (IEPs), and are in need of specialty mental health services. These youth may meet Medi-Cal Necessity Criteria for reimbursement for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal Specialty Mental Health Services (Title 9, California Code of Regulations, Chapter 11, Section 1830.210).

It is anticipated and hoped that potential applicants focus on specialized priority populations to which they offer specific services. Examples of these populations include, but are not limited to:

- Youth with general mental health challenges, to include those with aggressive or assaultive behaviors;
- Youth using substances, in addition to, living with a mental health diagnosis;
- Commercially sexually exploited children

### **III (A). Cover Page**

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

### **III (B). Program Narrative (20 page maximum, 55 points total)**

- 1) Describe the operational and service delivery program. We encourage submissions to consider use of evidence-based models and best practices, though are open to the inclusion of creative and innovative approaches for providing services.

Please include the following information:

- a. Overall scope and description of services proposed, including any specialty populations served;
  - b. How proposed services align with current CCBHS services for youth including program philosophy and alignment with CCR (i.e. trauma-informed service delivery, culturally relevant services, focus on permanency). Examples are encouraged;
  - c. How the proposed service will collaborate with existing services connected to youth/families and have the ability to follow youth while in the system including across levels of care and locations. Examples are encouraged;
  - d. How proposed services will engage families and ensure their leadership in treatment planning and permanency planning (i.e., use of parent partners, family finding efforts/systems, collaborations with communities). Examples are encouraged. **(25 points)**
- 2) Outline the timeframe within which the program will operate, including anticipated start date and plans to ramp up staffing to meet target enrollment. **(5 points)**

- 3) Staffing: Describe program staffing and each staff member's role and/or function in service delivery. Include a description of any additional training you will provide to program staff, including ongoing mental health training, de-escalation, safety, crisis intervention, and cultural competency training. **(5 points)**
  
- 4) Administrative Oversight and Quality Management: Describe how the program will be monitored and evaluated for continuous quality management/improvement and how documentation and billing of MediCal billable services will be accurately reported. Additionally, describe expectations for documentation compliance, including completion of Incident Reports and/or Unusual Occurrence Notifications. **(5 points)**
  
- 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. Focus should be given to tracking data related to stability of placement and engagement of the child/youth, and families, in mental health treatment and/or services.

As appropriate, include measurement tools. Explain how you will collect both qualitative (e.g., interviews, consumer focus groups, etc.) and quantitative (e.g., demographics, assessment scores, etc.) data in order to capture and document outcomes. If applicable, describe how you will measure fidelity to each of the evidence-based practices/programs you choose to implement.

**(5 points)**

- 6) As appendices to the Narrative (not included in page restriction) please supply the following: **(10 points)**
  - a. Program guidelines / rules
  - b. Staffing pattern
  - c. Staff training policies or plans (i.e. ongoing MH training or educational support)
  - d. Emergency plan (i.e., evacuation, catastrophic, natural disaster plan)
  - e. Consumer crisis protocol (example: psychiatric or physical health emergency)
  - f. Consumer intake and eligibility verification protocol
  - g. Discharge planning policy
  - h. Protocol for referring consumers to additional services and/or resources as needed
  - i. Grievance procedure

### **III (C). Budget and Budget Narrative (5 page maximum, 20 points total)**

- 1) Include a sources and use budget outlining the expected cost of the project, broken down by major cost categories for a full fiscal year (12 months). The maximum total amount available is \$3,460,646. If applicable, provide a list of additional resources expected to be leveraged. **(5 points)**

- 2) Include a budget narrative (2 pages). **(15 points)**

### **III (D). Characteristics and Qualifications of Applicant Agency (5 page maximum, 25 points total)**

- 1) Write a narrative describing the characteristics and qualifications of the applicant agency(ies) who will be operating, managing and overseeing the delivery of services. Please describe the applicants qualifications relating to the services described herein. In the appendices, please include a corporate profile, along with the resume(s) and/or job descriptions for staff proposed to manage and provide supportive services. Include a description of organizational capacity to serve the target population(s). 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. Copies of existing program licenses should also be included in the appendices.

**(3 points)**

- 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 individuals experiencing mental health crisis in the Greater Bay Area, particularly Contra Costa County, as well as demonstrating recognition and support from key supportive populations.

**Additionally** this means applicants will:

- 2) Be currently engaged in programming serving individuals experiencing mental health challenges, or have the ability to do so, and have been engaged in programming for five years or more. **(2 points)**
- 3) Be able to meet all state licensing requirements. **(3 points)**
  - Understand Title 9 staffing patterns.
  - Have experience with Short-Doyle MediCal claim procedures.
  - Be able to meet MediCal licensing and reimbursement requirements.
- 4) Applicants must be able to demonstrate experience working as a coordinated team, and working collaboratively with not only mental health providers, but also target supported support systems—families, peers, educators, communities, providers, etc. **(7 points)**
- 5) Have the ability to work successfully in racially/ethnically diverse settings and/or to collaborate with agencies with such experience. Bilingual services are strongly desired. Organizations with the demonstrated ability to provide effective culturally appropriate services may be given additional preference. Organizations should also have the ability to work successfully with individuals of diverse sexual orientations and gender identities and/or to collaborate with agencies with such experience. **(10 points)**

## IV. Method of Evaluation

### IV (A). Initial Screening

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

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

### IV (B). Scoring of Submission

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

- |                             |           |
|-----------------------------|-----------|
| 1. Program Narrative        | 55 Points |
| 2. Budget                   | 20 Points |
| 2. Applicant Qualifications | 25 Points |

In order to be considered for an award, the submission must have a minimum score of 75 points. Based on overall scores, RFP reviewers will recommend to the Health Services Department selection of the agency/ agencies/awardee(s) to *potentially* fund to develop and operate residential program. Funding for program implementation will be contingent upon review approval from the Behavioral Health Director.

## V. Important Due Dates

Important Dates	Due Date
Request for Proposals – Posted Online	Friday, January 05, 2018
RSVP Deadline for attendance to <b>MANDATORY</b> applicant Conference	January 23, 2018 <i>by 5pm</i>
Applicants' Conference – 2425 Bisso Lane, Concord (1 <sup>st</sup> floor conference room)	Friday, January 26, 2018
Final responses to questions submitted	February 20, 2018 <i>by 5pm</i>
RFP Application Due Date	March 9, 2018 <i>by 5pm</i>
Awardee or Next Steps Announcement	March 30, 2018 <i>by 5pm</i>
Anticipated contract process start date	<i>To be determined</i>



## Specialty Mental Health Services pursuant to Continuum of Care Reform

Proposal Name: \_\_\_\_\_

### Cover Page

Name of Applicant or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

Total Amount of Request: \_\_\_\_\_

Applicant Agency Signature:

*This signature assures commitment to participate in this program if selected.*

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Type Name Here

\_\_\_\_\_  
Date