

AGENDA _____ May 10, 2022

OFFICE OF THE AGENCY DIRECTOR 1000 San Leandro Boulevard, Suite 300 San Leandro, CA 94577 TEL (510) 618-3452 FAX (510) 351-1367

March 25, 2022

The Honorable Board of Supervisors County Administration Building 1221 Oak Street Oakland, CA 94612

SUBJECT:

APPROVE THE SECOND AMENDMENT TO THE STANDARD SERVICES AGREEMENT WITH GERALD B CHAMBERS FOR ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT, FAMILY HEALTH SERVICES

Dear Board Members:

RECOMMENDATION:

Approve the Second Amendment to the Standard Services Agreement (Procurement Contract No. 21869) with Gerald B. Chambers, LMFT (Principal: Gerald B Chambers; Location: Oakland), to provide continuity of clinical services and programmatic consultation services and to increase services to the Fatherhood Initiative team under the direction of Family Health Services Division Director with no change to the contract period of 3/1/2021 - 6/30/2023, increasing the contract amount from \$75,000 to \$100,000 (\$25,000 increase).

DISCUSSION/SUMMARY:

On May 18, 2021, your Board approved (File No. 30647; Item No. 23) a contract with Gerald B. Chambers, LMFT to provide clinical and programmatic consultation services to Alameda County Public Health Department (ACPHD), the Fatherhood Initiative program, in the amount of \$75,000 for 3/1/2021 through 6/30/2022. The Fatherhood Initiative team is satisfied and benefits significantly from the clinical and programmatic services provided by Mr. Chambers. On December 21, 2021, your Board approved (File No. 30720; Item No. 53) a no cost contract extension of 12 months, through 6/30/2023. The amendment ensures continuity of services. The Fatherhood Initiative anticipates increased services through June 30, 2023, with additional cost of \$25,000. In July 2021 the Fatherhood Initiative successfully launched a 16-week Anger Management group session which started its second season in February 2022.

Mr. Chambers provides clinical services and programmatic consultation in the form of staff consultation, clinical interventions to clients, and bi-monthly case conferences with the Fatherhood Initiative team under the direction of the Family Health Services Division Director, and in consultation with the Blues Skies Mental Health Manager. Specific tasks include conducting and supporting professional development of the staff, integrating strengths-based strategies into their work, utilizing the Blue Skies Mental Wellness Team in providing case management and therapy guidelines, developing standards of care for case management services and care coordination interventions.

The Fatherhood Initiative is embedded within the Starting Out Strong early childhood home visiting and family support system of care. Fatherhood Initiative staff provide case management, care coordination, resource linkage and referrals and ongoing support to a caseload of up to 25 fathers who are both custodial and non-

The Honorable Board of Supervisors March 25, 2022 Page 2 of 2

custodial parents. Staff also do extensive outreach to the community to inform both providers and individuals about fatherhood programs and conduct ongoing support groups and educational sessions for fathers and their children.

SELECTION CRITERIA/PROCESS:

On September 2, 2020, MPCAH solicited informal bids from eighteen (18) Small, Local, Emerging Business (SLEB) certified and non-SLEB certified vendors. The informal bid notification was communicated through email correspondence. The invited candidates were given the deadline of September 18, 2020, to either complete the qualifying questions and include their resumes or indicate a non-interest to the solicitation. Of the 18 invited candidates, two (2) qualified candidates replied with the completed responses along with their resumes on September 10, 2020 (bidder #1), and September 15, 2020 (bidder #2).

The responses were evaluated by the program Director/Unit Administrator and the Mental Wellness Team Program Manager. There were no evaluation points for the responses as this was an informal bid request. Bidder #2 (SLEB vendor) was not selected because the hourly compensation rate was at \$150 per hour and did not meet all the minimum qualifications or experience necessary to provide consultation to the Fatherhood Initiative target population. Bidder #1, Gerald B Chambers, LMFT (non-SLEB vendor), was selected because of meeting all the minimum qualifications, and requested hourly compensation rate was 40% less than Bidder #2 at \$90 per hour. On March 14, 2022, General Services Agency, Office of Acquisition (OAP) issued a revised SLEB Waiver No. 8072 for Gerald B. Chambers, valid through June 30, 2023.

FINANCING:

Funding for this recommendation (\$25,000) comes from Federal Title XIX funds and is included in the ACPHD FY2021-22 Approved Budget. Approval of this recommendation will have no impact on net County cost.

VISION 2026 GOAL:

The Fatherhood Initiative Mental Health Clinical Consultation services meet the 10X goal pathway of <u>Healthcare</u> <u>for All</u> in support of our shared vision of a <u>Thriving & Resilient Population</u>.

Sincerely,

DocuSigned by:

Collection Collection

Director, Health Care Services Agency



SECOND AMENDMENT TO STANDARD SERVICES AGREEMENT

This Second Amendment to Agreement ("Second Amendment") is made by the County of Alameda ("County") and Gerald B Chambers, LMFT ("Contractor") with respect to that certain agreement, Procurement Contract No. 21869, entered by them on March 1, 2021 and that certain First Amendment to Agreement entered by them on November 21, 2021, (collectively referred to herein as the "Agreement") pursuant to which Contractor provides provide Mental Health Consultation services to County.

County and Contractor, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, agree as follows:

- 1. Except as otherwise stated in this Second Amendment, the terms and provisions of this Amendment will be effective as of the date this Second Amendment is executed by the County.
- 2. In consideration for Contractor's continue services, the County shall pay Contractor in an additional amount not to exceed Twenty-Five Thousand dollars (\$25,000). As a result of these continue services the not to exceed amount has increased from Seventy-Five Thousand dollars (\$75,000) to Hundred Thousand dollars (\$100,000) over the term of the Agreement and any amendments.
- 3. Item 20 of the Standard Services Agreement has been amended by changing the shall not exceed amount in the last sentence from \$75,000 to \$100,000.
- 4. Section A. Reimbursement, Item 1 of Exhibit B is deleted and replaced with the following;

The total amount of reimbursement under the terms of this agreement shall not exceed \$100,000 for the services period of March 1, 2021 through June 30, 2023. Contractor will invoice on a monthly basis based on number of hours worked to execute scope of work. Contractor will invoice \$90 per hour averaging approximately 20 hours per week. This cost includes all taxes and all other charges. The funding period are as follows:

Period of Funding	Total Contract Amount				
March 1, 2021- June 30, 2023	\$100,000				

5. DEBARMENT AND SUSPENSION CERTIFICATION:

- a. By signing this Second Amendment and Exhibit D-2, Debarment and Suspension Certification, which is attached and incorporated into the Agreement by this reference, Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549.
- By signing this Second Amendment, Contractor certifies to the best of its knowledge and belief, that it and its principals:
 - Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded by any federal department or agency;
 - (2) Shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.
- 6. Except as expressly modified by this Second Amendment, all of the terms and conditions of the Agreement are and remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment.

COUNTY OF ALAMEDA	Gerald B Chambers, LMFT
By: Kith Causo Signature	By:Bocusigned by:Beth CHIMBERS
Signature	Signature
KEITH CARSON	
Name:	Name: Gerald B Chambers, LMFT
Name:(Printed)	(Printed)
Title: President of the Board of Supervisors	Title: Mental Health Consultant
Date: 5110/22	3/25/2022 Date:
Approved as to Form: Donna R. Ziegler, County Counsel	
By:Bi-DCE3E661894A0	By signing above, signatory warrants and represents that he/she executed this Second Amendment in his/her authorized

K. Joon Oh, Deputy County Counsel

represents that he/she executed this
Second Amendment in his/her authorized
capacity and that by his/her signature on
this Agree Second Amendment ment,
he/she or the entity upon behalf of which
he/she acted, executed this Second
Amendment.



EXHIBIT D-2

COUNTY OF ALAMEDA DEBARMENT AND SUSPENSION CERTIFICATION

(Applicable to all agreements funded in part or whole with federal funds and contracts over \$25,000).

The Contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named or unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

action.		
□ Che	eck if continued on attached page.	
Notes:	Providing false information may result in criminal pros sanctions. The above certification is part of the Amend Agreement. Signing the Amendment to Standard Servi portion thereof shall also constitute signature of this Ce	ment to the Standard Services ces Agreement on the signature
CONTR	RACTOR: Gerald B Chambers, LMFT	
PRINCI	IPAL: Gerald B Chambers, LMFT TITLE: Mental Healt	h Consultant
SIGNA	DocuSigned by:	3/25/2022

22068

For Federal grant funds:

Procurements using Federal grant funds which prohibit geographical preferences require the Federal Grant Funds SLEB Waiver Request form to be completed and submitted for approval to the Auditor-Controller Office of Contract Compliance & Reporting (OCCR) prior to soliciting bids/proposals and awarding contracts. For further information contact OCCR at ACSLEBcompliance@accopy.org.

							org.
For /	ALL Requests over \$3,000 and for N	Non-Federal SLEB wai	vers:				
See	"Online SLEB Waiver Request", Com	plete #1-#9 below, comp	plete #10 if over \$100,000 (Fin	be found under the "For Work" section st Source applies). It have both the Questionnaire and Fine			
Ford	questions, or if you are unable to acce	ss/log in to the automat	ed system, you can contact C	AP at gsa-oapslebwaivers@acgov.org			
SLE	B Waivers:						
Proc	curement Policy and Procedures Over	view (https://alcoweb.ac	cgov.org/gsaapps/slebwaiver/p	opp.htm)			
PO (Checklist (https://alcoweb.acgov.org/g	saapps/slebwaiver/po.h	tm)				
				K. Processed SLEB waivers will receive	e an automa	ted email from OAP.	
NOT	E: All questions require a complete	response. Enter "N/A	" or "None", etc., as applica	ble. Do not leave blank lines.			
1.	Please check appropriate box a	and complete depart	tment/contact informatio	n below.			
	X Requesting Department	GS	A Procurement managing	the competitive process	,		
	Department: Public Health		Primary Requesto	r*: Ai Winston	Email:	ai,winston@acgov.org	Telephone #: (510)667-4335
	<u> </u>	(Optional)	Secondary Requestor	**.	Email:		Telephone #:
	GSA Procurement/Auditor:		Contact Nam	e: GSA-Buyer	Email:	GSA-Buyer@acgov.org	Telephone #: (510)208-9600
2.	Recommended Vendor	Gerald B Chamber	rs PO#: 14067	REQ#: na			C
	Country United States						
	Street 3666 Magee	Avo	City: Oakland	State: CA		Zip: 94577	
	Sileet 5000 Magee	Ave	City. Canalia	State. CA		Zip. 543//	
3.	Procurement Type (check all a	ppropriate boxes be	elow):	_			
	New Contract Ren	newal Contract	Contract Amendment-T	erm X Contract Amendn	nent-Value	Other	
4.	Total PO/Contract Value (inclu	ding increase, if	\$100000.00	; Increase Value (if any)	\$250	00.00	
	Contract Term Start	07/01/2022	End 06/30/2023	OR One-Time			

There is SLEB waiver 21583 for term extension only, at that time program didn't anticipate needing increase to total PO amount, however launching of an due to increased mental health needs, additional amount if needed on this contract after the term extension Brief explanation of why goods/services are required: to meet program scope of work assistling service eligible clients in Alameda County 7. Date Goods/Services Needed: 07/01/2022 a. What are the consequences if the date goods/services needed is not unable to support Fatherhood Initiative Program and eligible clients in Alameda County. 8. Explanation of why the non-SLEB contractor/subcontractor (in #2 above) is being recommended and, if procurement over \$25,000, why they are a SLEB(s) for a minimum of 20%: RFQ was send to 18 certified SLEB vendors wo is specialized in licensed Mental Health Service, only 1 certified/licensed vendor replay and another local price and more suitable for the service program is looking for. Local vendor cost 40%less than SLEB vendor 9. IFAPPLICABLE: New Sole Source submitted to Procurement Q Existing Approved Exception on Q Not 10. Explain what attempts were made to locate a SLEB prime or, if procurement over \$25,000, SLEB subcontractor(s), including: X Copies of bids received and/or detailed statement of efforts made to contact and negotiate with certified businesses, including list of SLEBs contacted addresses, phone numbers, dates contacted and bid prices attached. In the section below, list the documents that have been attached: a. n/a Supporting Documents: 413 Gerald B. Chambers 2nd Amendment BL. draft aw.docx 21583 PRIMISLEBcerified 3,14,2022.xlax approved SLEB Waiver 7826 gerald	
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approved SLEB Waiver 7826 gerald	
extension.pdf Fatherhood Initiative Mental Health	
Consultant SOW August 2020.docx	
11. If the contract is over \$100,000, is the recommended vendor able to comply with the First Source	
Yes: No: If No,	

	Expedit		(Check the	is box to exp	pedite prod	cessing)					
12.	Departmen	nt Certifica	tion: I certify t	to the accuracy	of the prec	eding statements,					
	SAJOE							Sarah Joe		03/14/2022	
	Signature of or Designed	of Agency e or GSA	/Department Procuremen	t Head it Manager (if	GSA Procui	rement managed	the	Print Name		Date	
			one i i on			1445 T. 1445 .	1 5 55				
OA	P to comple	te below:									
A.	Request Ap	pproved:	X	Waiver Valid	Through:	06/30/2023		SLEB Waiver Number:	3072		
	Reason:	Amend o	ontract value).							
В.	Request D	enied:									
	Reason:										
c.	Disregard:										
	Reason:										
D.	Other:										
	Reason:										
	RCHUON	I								03/15/2022	
	Signed by	GSA-Offic	e of Acquisi	ition Policy	(Required)					Date	

*Primary Requestor - Main Contact **Secondary Requestor - Backup Contact

22068

For Federal grant funds:

Procurements using Federal grant funds which prohibit geographical preferences require the Federal Grant Funds SLEB Waiver Request form to be completed and submitted for approval to the Auditor-Controller Office of Contract Compliance & Reporting (OCCR) prior to soliciting bids/proposals and awarding contracts. For further information contact OCCR at ACSLEBcompliance@acgov.org.

		-
For	LL Requests over \$3,000 and for Non-Federal SLEB waivers:	
See	ests must be completed and submitted online. The automated SLEB waiver requests can be found under the "For Work" section. Online SLEB Waiver Request". Complete #1-#9 below, complete #10 if over \$100,000 (First Source applies). In supporting documentation including 2 quotes or approved Sole Source/Piggybacks (must have both the Questionnaire and Finding Memo).	
For	uestions, or if you are unable to access/log in to the automated system, you can contact OAP at gsa-oapslebwaivers@acgov.org.	
SLE	<u>s Waivers:</u>	
Pro	rement Policy and Procedures Overview (https://alcoweb.acgov.org/gsaapps/slebwaiver/ppp.htm)	
РО	hecklist (https://alcoweb.acgov.org/gsaapps/slebwaiver/po.htm)	
SLE	Waiver Numbers will be issued as required to enter a Procurement Contract in ALCOLINK. Processed SLEB waivers will receive an automated email from OAP.	
NOT	E: All questions require a complete response. Enter "N/A" or "None", etc., as applicable. Do not leave blank lines.	
1.	Please check appropriate box and complete department/contact information below.	
	X Requesting Department	
	Department: Public Health Primary Requestor*: Ai Winston Email: ai.winston@acgov.org	Telephone #: (510)667-433
	(Optional) Secondary Requestor**: Email:	Telephone #:
	GSA Procurement/Auditor: Contact Name: GSA-Buyer Email: GSA-Buyer@acgov.org	Telephone #: (510)208-9600
2.	Recommended Vendor Gerald B Chambers PO#: 14067 REQ#: na	
	Country United States	
	Street 3666 Magee Ave City: Oakland State: CA Zip: 94577	
3.	Procurement Type (check all appropriate boxes below):	
	New Contract Renewal Contract Contract Amendment-Term X Contract Amendment-Value Other	
4.	Fotal PO/Contract Value (including increase, if \$100000.00; Increase Value (if any) \$25000.00	
	Contract Term Start 07/01/2022 End 06/30/2023 OR One-Time	

5.	Goods/Services Procurement Description:
	Provide Mental health and program consultation for Fatherhood Initiative Program. There is SLEB waiver 21583 for term extension only, at that time program didn't anticipate needing increase to total PO amount, however launching of anger management session and
	due to increased mental health needs, additional amount if needed on this contract after the term extension
6.	Brief explanation of why goods/services are required:
	to meet program scope of work assisting service eligible clients in Alameda County
7.	Date Goods/Services Needed: 07/01/2022
	a. What are the consequences if the date goods/services needed is not
	unable to support Fatherhood Initiative Program and eligible clients in Alameda County.
8.	Explanation of why the non-SLEB contractor/subcontractor (in #2 above) is being recommended and, if procurement over \$25,000, why they are unable to subcontract with a SLEB(s) for a minimum of 20%:
	RFQ was send to 18 certified SLEB vendors wo is specialized in licensed Mental Health Service, only 1 certified/licensed vendor replay and another local vendor responded with better price and more suitable for the service program is looking for. Local vendor cost 40%less than SLEB vendor
9.	IF APPLICABLE: New Sole Source submitted to Procurement O Existing Approved Exception on O Not
•	
10.	Explain what attempts were made to locate a SLEB prime or, if procurement over \$25,000, SLEB subcontractor(s), including:
	X Copies of bids received and/or detailed statement of efforts made to contact and negotiate with certified businesses, including list of SLEBs contacted, names of individuals,
	addresses, phone numbers, dates contacted and bid prices attached. In the section below, list the documents that have been attached:
a.	n/a
b.	n/a
C.	n/a
Sup	oporting Documents:
	413 Gerald B. Chambers 2nd
	Amendment BL- draft aw.docx
	21583_FIMHSLEBcertified 3.14.2022.xlsx
	approved SLEB Waiver 7826 gerald extension.pdf
	Fatherhood Initiative Mental Health
	Consultant SOW August 2020.docx
11.	If the contract is over \$100,000, is the recommended vendor able to comply with the First Source
	Yes: No: If No,

	Expedit		(Check th	is box to expedite prod	essing)				
12.		t Certifica	ation: I certify	to the accuracy of the prece	eding statements,			22/14/2222	
	SAJOE Signature o	f Agency	r/Department	t Head		Sarah Joe Print Name	9	03/14/2022 Date	
	or Designee	or GSA	Procuremen	nt Manager (if GSA Procur	ement managed the			Date	
_									
OA	.P to complet	e below:							
A.	Request Ap	proved:	X	Waiver Valid Through:	06/30/2023	SLEB Waiver Number:	8072		
	Reason:	Amend o	contract value) .					
В.	Request De	enied:							
	Reason:								
C.	Disregard:								
	Reason:								
D.	Other:								
	Reason:								
	RCHUON							03/15/2022	
	Signed by 0	SSA-Offic	e of Acquisi	ition Policy (Required)				Date	

*Primary Requestor - Main Contact **Secondary Requestor - Backup Contact