

**County of Alameda Behavioral Health Care Services
RFP No. 18-03, Addendum No. 1**

**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)
ADDENDUM No. 1
to
RFP No. 18-03**

**Specification Clarification/ Modification and Recap of the Networking/ Bidder's Conferences held on
Monday, June 18th, 2018 and Wednesday, June 20th, 2018**

This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at http://www.acgov.org/gsa/purchasing/bid_content/ContractOpportunities.jsp.

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The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and **highlighted**, and deletions made have a ~~strike through~~.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...
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I. RFP

- Section II. E.2 Submittal of Proposals/Bids on page 13: Language added
 - No more than 25 pages:
 - **Page max does not include Bid Submission Checklist, Exhibit A, Exhibit C, Exhibit D, SLEB Partnering Sheet, Letters of Support or the two tabs of the Budget Template**
- **Added the following documents at the end of this addendum which Bidders must include in their bid submission:**
 - **Bid Submission Checklist**
 - **Exhibit C: Insurance Requirements**
 - **Exhibit D: Exceptions, Clarifications and Amendments**
 - **SLEB Partnering Information Sheet**

II. Budget

- Instructions added:
 - **Submit budget for full fiscal year**

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RESPONSES TO BIDDERS QUESTIONS

Q1) I understand that the \$300k is first stage for African American funding. What are the future plans for the rest of the funding? Is the current RFP part of a larger plan?

A1) BHCS will be releasing a series of RFPs by September of this year with a focus on African-American mental health services. These RFPs are a continuation of the work completed in conjunction with Request for Information #17-11.

Q2) # of years expected for contract renewal?

A2) BHCS intends to renew the contract annually contingent on availability of funds, awarded Contractor's performance and continued prioritization of the activities and priority populations as defined and determined by BHCS. Additionally, the County has the right to rebid contracts in conformance with County General Services Agency's procurement policies and procedures.

Q3) Contract Term: The max award amount is listed as per contract year, which begins October 1, 2018. What is the contract end date?

A3) Please see response to Q2. In addition, the allocation will be pro-rated in FY18-19 for the contract start date currently projected to be October 1st.

Q4) Is there a maximum % expected for indirect/admin budget?

A4) No maximum but Bidders must provide justification in their Budget Narrative and provide detail on the Admin Expanded Detail tab of the budget.

Q5) In the second year as you will do more training will there be additional funds.

A5) No, the first six months of contract is for curriculum development, months and years following is for providing training. See Section I. F. 2. Educational Training for more details.

Q6) Is the goal to target adults or children? Or a mix?

A6) Please refer to page 3, paragraph 1, under Section I. Intent – Practitioners and Medication Prescribers are the intended target of this RFP. They may treat all ages.

Q7) Can they be one full time day or must they be ½ days sessions

A7) They can be both half-day and full-day trainings.

Q8) Please elaborate –CME requirements clarification

A8) CME's will be explored in year 2 of the contract. BHCS will provide guidance and direction regarding requirements and accreditation.

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Q9) Will there be a difference in the use of 1099 as opposed to program staff – in regards to the most preferred.

A9) There is no difference. Please indicate in your budget if program are agency staff by including under 'Position Classification' section or if they are 1099, include under 'Professional & Specialized Services' section of the budget.

Q10) Can you focus on specific Dx. Or a group of the most common Dx. For TA Services

A10) Trainer(s) need to be familiar with the DSM 5 and the full-range of diagnostic possibilities. The Trainer(s) should be able to discuss mental health disorders that are over-diagnosed and under-diagnosed in African Americans. While not placing limits on this TA service, Treatment of Psychotic disorders would likely be a primary area of focus.

Q11) Does Psychiatrist need to be Board eligible or just licensed?

A11) Licensed is an absolute; Board Certified would be preferable, but not a minimum requirement

Q12) Minimum Qualifications: The RFP states “bidder must submit 3 or more of the following” (with an and/or caveat) samples of work; abstracts of work; biographical information. If the bidder is submitting biographical information—which is a narrative format—reflecting the agency’s successful history providing the services/supports outlined in the RFP, what 3 items is the County looking for exactly?

A12) It can be a combination of the documents indicated.

Q13) Bidder’s Experience, Ability, and Plan: the RFP states “letters of reference;” how many letters is the County looking for here? AND Do those letters of reference need to reference at least two years of relevant experience performed in the past five years?

A13) A minimum of two letters of reference. Each letter must speak to the provider’s status as a content expert and their experience serving in a training capacity. And, yes, those letters of reference need to reference at least two years of relevant experience performed in the past five years.

Q14) How old can the references be?

A14) Reference should be within the past 5 years

Q15) What will the billing cycle be? – monthly quarterly -

A15) The billing cycle will be monthly.

Q16) How are the 5 trainings distributed? (page 18 of the RFP)

A16) It is up to the bidder to identify and describe their strategy for accomplishing this task (see page 18). The goal is to ensure maximum participation and accessibility.

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Q17) Can we use County references?

A17) Alameda County references are allowed outside of BHCS. Please refer to page 17 of the RFP.

Q18) Abstracts & letters included in 25 page limit?

A18) Yes, the abstracts are limited to the page maximum listed on page 16 of the RFP (under Bidder Minimum Qualifications. Letters of Support are not included in the 25 page limit.

Q19) Should the proposal include validated ways to assess the effectiveness of the training sessions?
(e.g. before/after assessment)

A19) Yes, it is up to the Bidder to articulate a plan for measuring the impact of the trainings sessions. The awarded Contractor should include in their proposal how course evaluations and other data will be used to accomplish the TA and Training program goals.

Q20) Will both exhibits be included with the addendum?

A20) Yes. See the attachments at the end of this addendum.

Q21) Will the questions and answers be posted online?

A21) Yes, they will be a part of the addendum.

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BIDDERS CONFERENCES

COMPANY NAME	REPRESENTATIVE NAME	CONTACT INFORMATION
Alameda County Behavioral Health Care Services	Michiko Ronne	Phone: 510-383-2874
		Email: Michiko.Ronne@acgov.org
	Fonda Houston	Phone: 510 777-2143
		Email: Fonda.Houston@acgov.org
	Edilyn Dumapias	Phone: 510 383-2873
		Email: Edilyn.Dumapias@acgov.org
	Rickie Michelle Lopez	Phone: 510 777-2111
		Email: Rickie.Lopez@acgov.org
Whitted Dawson Group	Rachel Garcia	Phone: 510 383-1744
		Email: Rachel.Garcia2@acgov.org
	Javarre Wilson	Phone: 510 777-2118
		Email: Javarre.Wilson@acgov.org
	Elizabeth Whitted-Dawson	Phone: 510-759-9247
		Email: eliz@whitteddawsongroup.com
	Allison Fletcher	Phone: 510-508-3523
		Email: Jokwadi@yahoo.com
Felton Institute	C.M. Wikert	Phone: 510-697-4182
		Email: cwikert@felton.org
Pathways to Wellness	Shaki Dorongdar	Phone: 510 273-4200
		Email: shadi.dorondgar@pathwaystowellness.net
	Cedric Harskin	Phone: 925 520-0005
		Email: charskin@bhrcorp.org

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COMPANY NAME	REPRESENTATIVE NAME	CONTACT INFORMATION
Pathways to Wellness	Roberto Sanders	Phone: 925 520-0005
		Email: Roberto.Sanders@bhrcorp.org
Ontrack Program Resources	Will Walker	Phone: 415-317-7839
		Email: wwalker@ontrakconsulting.org
GCEA	Almaz Yihdego	Phone: 510- 520-6685
		Email: info.gcsinc@gmail.com
	Eden Ogbai	Phone: 510 260-9607
		Email: info.gscinc@gmail.com

BID SUBMISSION CHECKLIST

All of the specific 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 label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

- ☐ **1. Proposal Narrative**
- ☐ **a. Bidder Information and Acceptance:**
Every Bidder 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.
- ☐ **b. Bidder Minimum Qualifications:**
Every Bidder must demonstrate how Bidders meet all of the criteria.
- ☐ **c. References:**
Bidders are to provide a list of three current and three former references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.
- ☐ **d. Attachments:**
Bidders must submit all Attachments as part of their bid packet.
- ☐ ATTACHMENT 1: Exhibit A Bidder Information and Acceptance Form
- ☐ Letters of Support
- ☐ **2. Exhibit B-1: Budget:**
Bidders must complete all tabs in the budget workbook.
- ☐ **3. SLEB Partnering Information Sheet:**
Every bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Fillable Forms Template, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.
- ☐ **4. Exhibit D: 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, and shall be submitted with your bid response using the template in Exhibit A – Bid Response Packet.
THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.
- ☐ **5. Original Proposal:**
One original hard copy of the proposal in a three-ring binder with original signatures. Original proposal is to be clearly marked on the cover.
- Bidders shall ensure that proposals are:
- Single spaced

- 11-point Arial font
- No more than 25 pages (excluding Exhibits and Attachments)
- Maximum 1 inch margins

☐

6. Copies of Proposal:

Seven copies of the proposal. Copies must be unbound without a three-ring binder.

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7. Electronic copy of Proposal:

Enclosed with the hardcopy of the proposal, include a USB flash drive clearly marked with the Bidder and RFP name and with the following saved on it:

☐

An electronic copy of the proposal, saved with the Bidder's name;

☐

An electronic copy of the completed Exhibit B-1 Program Budget, saved in excel with the Bidder's name.

EXHIBIT C: INSURANCE REQUIREMENTS

Insurance certificated are not required at the time of submission; however, by signing Exhibit A – Bidder Information and Acceptance, the Bidder agrees to meet the minimum insurance requirements state din the RFP, prior to award. This documentation must be provided to the County, prior to awards, 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 minimum 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; Abuse, Molestation, Sexual Actions, and Assault and Battery	\$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 & Omissions Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate
E	<p><u>Endorsements and Conditions:</u></p> <ol style="list-style-type: none"> ADDITIONAL INSURED: All insurance required above with the exception of Personal 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. 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. 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. 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. 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. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> 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". CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. 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. 	

EXHIBIT D: 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 using the template on this page of the Exhibit A – Bid Response Packet. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated proposal, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for proposal disqualification.

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

*Print additional pages as necessary

**SMALL LOCAL EMERGING BUSINESS (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. 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.)

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

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 NOT 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: _____

Upon award, prime Contractor and all SLEB subcontractors that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed Name/ Title: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Bidder Signature: _____ Date: _____