



**RFP #G099-0315-10**  
**Mental Health and Mental Health Services Act**  
**Continuum of Care**  
**Request for Proposals (RFP)**

**Written Responses to Questions**  
**March 30, 2010**

1. **The RFP references the four different components of the RFP (Behavioral Health Primary Care Integration, Intensive Mental Health Services, Wellness and Recovery Skill/Peer Support, Supported Housing). Can an Applicant apply for just parts of this continuum?** As stated on Page 7 of the RFP, "Applicants may choose to provide one or more of the programs/strategies described, either countywide or in specific geographic areas, or to a specific age group."
2. **Will all providers in the RFP be required to utilize the Medi-Cal billing system and provide the MSHA outcomes?** Applicants who propose to bill Medi-Cal will be required to utilize the Medi-Cal billing system. All Applicants will be required to provide outcome data.
3. **What is the review panel composition? Will the review panel include consumers and family members? If yes, how many?** Review Panel composition is described on page 5, section 1.04. At least one consumer or family member will be invited to participate on the review panel.
4. **How many review panels will you hold? Is it one per component?** The number of review panels will be determined by the number of Proposals received.
5. **Could an agency do a sole proposal and also participate in a second proposal for the same activity? For separate activities? Can an agency submit a sole proposal and participate on another proposal as a subcontractor for the same activity? For a different activity? Could we participate in more than one proposal only as a subcontractor?** As stated on page 6, Applicants who are eligible agencies or organizations may only submit one proposal.
6. **Are the RFP or the forms available in Word?** The RFP is not available in Microsoft Word. The Addenda are available in Microsoft Word on the Solano County website: [http://www.solanocounty.com/depts/general\\_services/purchasing\\_services/bids\\_rfps.asp](http://www.solanocounty.com/depts/general_services/purchasing_services/bids_rfps.asp).

7. **Could you attach examples of tools as an Addendum?** The RFP does not allow for additional attachments. Applicants may include tools as part of their Addendum IV-C, but must stay within the page limits.
8. **How would addenda IV-B and IV-C look if addressing multiple components? Should you specify the component, i.e. wellness and recovery?** Applicants shall determine how they will address multiple components in their Proposal.
9. **If you receive two proposals, can County combine? Will Proposals be funded in full versus not funded? Or can Solano fund one component alone? Can Solano decide to provide partial funding for a bid, such as cutting down approved scope? If a contractor submits a proposal for multiple components with integrated budget, could county still propose combining multiple proposals?** As stated on page 6 and 7, “final selection is at the sole discretion of the County.” Additionally, the Review Panel will make recommendations as to how many Proposals to fund and the funding amounts. This may include funding multiple Proposals at reduced budgets with modified scopes of work.
10. **If an Applicant submits a Proposal of multiple components with one integrated budget, can the County choose to just want one of the components even though the budget proposed is for all of the proposed components?** As stated on page 6 and 7, “final selection is at the sole discretion of the County.” Additionally, the Review Panel will make recommendations as to how many Proposals to fund and the funding amounts. This may include funding multiple Proposals at reduced budgets.
11. **For the Addendum forms, can we delete the header, Addendum title and page limit and font specifications?** Yes.
12. **Is uploading of client data as needed into the future Electronic Health Record (EHR) considered an exception to the standard contract? For example, if direct data entry is the norm, will Solano Mental Health allow uploading data from a community based organization EHR to the Solano EHR?** This is not an exception to the standard contract.
13. **Can County provide any space? The County currently provides space to the Crestwood Community Services and Supports program in Fairfield and Dixon. Can contractors rent County-owned property?** The County shall not provide or rent a primary work space to successful Applicants. Specific services provided in partnership with the County may be provided on county property, as appropriate and preapproved by the County.
14. **Will the answers to the questions from the Applicants’ Conference and previously written questions be compiled together?** Yes.
15. **Since we are only allowed five pages total for job descriptions/resumes, do you want to see them for the top key/most important folks if others involved?** Applicants shall determine which key personnel they will include resumes or job descriptions.
16. **For Addendum VI-A, we have 2 pages of narrative and 5 pages for job descriptions/resumes, so 7 total pages?** Yes.
17. **If using psychiatrist as contractor, do we include him/her in Addendum VII?** Yes.

- 18. For a Proposal that has elements under multiple components, how do we complete the application? Do we need to have all objectives fit under one goal? How do we combine multiple components on one budget?** The Proposal instructions are the same regardless of the number of components Applicants apply for. Applicants shall determine how they will combine multiple components on one budget.
- 19. Will current programs be participating in a transition plan for new service providers?** Current programs that may need to transition clients into new programs will have transition plans.
- 20. In the strategic planning recommendations of the Steering Committee, it was noted that a coordinated, seamless continuum of care for all age groups, birth to older adults, was a required priority for planning FSP [Full Service Partnership], outpatient mental health services, peer support and mentoring, etc. (pg 9 of CSS [Community Services and Supports] Strategic Plan 2010-2013, and Appendix E). Throughout the planning process it was noted that even though Medi-Cal eligible children who meet medical necessity can receive mental health services through EPSDT [Early, Periodic Screening, Diagnosis and Treatment], there are many non-Medi-Cal Eligible unserved or underserved children birth through 18 who are also in need of services. However, in the RFP, the only populations mentioned under Intensive Mental Health Services are the 18-25 and Older Adults. For Wellness and Recover/Peer Support the only populations mentioned are 18-25, 25-60, and older adults. Can you please explain the rationale for not including children in these categories?** Some services described in the CSS Strategic Plan will be provided by Solano County Mental Health. This RFP only includes services that may be provided by contractors.
- 21. Only certain age groups are covered for various components, why?** Some components have age restrictions based on approved funding. Other components have prioritized ages based on need and suitability of services.
- 22. What county-administered services will remain, so we will know how our services can be integrated with County services? It would be helpful to know what children's services the County will be continuing to provide once this plan begins. Similarly, what adult services will the County continue/begin to provide? Will there be any case management? Officers of the Day? Benefits planning? Any other services?** At this time, the County will continue to provide the same services it is currently providing with the following exceptions: Older adult intensive mental health services currently provided by the County will be provided by a contractor; Adult intensive mental health services will only be provided by Solano County Mental Health; and some other services may decrease, including Foster Family/Bilingual Support Program.
- 23. Is the county still intending to provide mobile crisis services outside this RFP?** Yes.
- 24. Is crisis services part of the scope of services? If so, does it include mobile crisis services? What is link to mobile crisis? Do we have to cover crisis services 24/7? Do crisis services have to be covered by budget?** As stated on Page 13 of the RFP, "Short-term, intensive wrap-around case management should be offered to mitigate crisis situations. Consumers should have access to 24 hour support through the program or services offered in the community." Applicants shall propose how they will meet these criteria in their scope of work and budget.

- 25. Are “whatever it takes” services covered by this RFP?** Applicants may propose to include “whatever it takes” services. Please refer to the citations in the RFP for additional information about Intensive Case Management services.
- 26. Are you expecting contractors to bill Medi-Cal in the first year? If yes, will we be given a target or do you want our realistic proposal for FFP [Federal Financial Participation] generation included in our bid?** Applicants shall propose if they will bill Medi-Cal and if so, shall propose their timeline, expected units of services, and projected costs. Please see pages 32 and 33 for additional information.
- 27. If an agency put in a bid for the entire continuum (or multiple parts of it), would they need to put in separate budget proposals for each component, or just one budget? How do you do budget if only proposing single component?** Applicants should complete one budget for all costs associated with their Proposal regardless of the number of services they are proposing to provide.
- 28. Does the fiscal review only look at budget?** The fiscal review looks at both the budget and the financial statements described in 3.01F.
- 29. Can we bill Short Doyle Medi-Cal? If so, can we utilize MHSA money for the match?** Applicants may propose to bill Short-Doyle Medi-Cal per the terms on Page 32 of the RFP. Applicants may propose to utilize MHSA as the match.
- 30. On page 32, what does the information regarding Short-Doyle mean? For an example, if \$450,000 is available in MHSA funds and we plan to use Medi-Cal, are we capped to the \$450,000? Is this related to Solano County Mental Health Short-Doyle Medi-Cal only, or any Medi-Cal?** The RFP lists the maximum amount that is available through Solano County Mental Health for each component, regardless of if an Applicant proposes to bill Short-Doyle Medi-Cal through Solano County Mental Health. An Applicant may propose to bill other forms of Medi-Cal directly and utilize these funds as leveraged funds if they have the capacity to do so.
- 31. Could we make the line item budget form bigger than this? Is there max pages for budget forms?** There is no page limit for the line item budget form. There is a three page limit to the budget narrative.
- 32. Should the budget be exclusive to the MHSA funds or should it include the costs and revenues associated with revenues that can be leveraged? If leveraged funds should be shown, can you add one additional “other” line for this?** Leveraged funds should be included under the column for “other sources.”
- 33. Can we skip V-E if we are not a Short-Doyle Medi-Cal provider?** Yes.
- 34. For the budget narrative form, is it one narrative per year or one budget narrative to justify three years of budgets?** Applicants shall include one budget narrative for all three years of budgets.
- 35. One Page 32, it states indirect costs are not to exceed 15%, but on page 50 under accounting it states “Contractor will be reimbursed at the agreed upon indirect overhead rate not to exceed 10% to be applied against salaries and direct operating costs.” How do these two statements apply against each other?** Page 50 is a sample

contract which will be modified based on the Applicant's Proposal and negotiated contract. Applicants may propose up to 15% indirect costs.

**36. Our agency is located in another county with a centralized administrative office. The IT, human resources, accounting, maintenance, training and executive staff all have offices within this building. The whole component is kept as a cost center and allocated to programs in six different counties as our indirect administrative expense. How would Exhibit B3E page 46 apply to this situation as opposed to other accepted cost report methods?** Exhibit B is a sample of the Solano County Standard Contract. Applicants may propose other accepted cost report methods for cost allocation on Addendum VIII.

**37. For the Behavioral Health Primary Care Integration portion;**

- a. Is this strategy mainly targeting consumers who are not Medi-Cal eligible, so uninsured, undocumented, isolated, etc.? In other words those children and adults who may not yet be identified or receiving services?** This strategy is targeting unserved and underserved populations who are accessing services at community health centers. These populations may or may not be Medi-Cal eligible.
- b. For the 0-5 population at least, home and natural environments are best practice for screening, assessment, and treatment. Can these functions be provided in the natural environment under this RFP?** This component provides for mental health screening, assessment, brief intervention, and referral services for consumers who are accessing services in community health centers. Applicants may propose where services take place.
- c. Is the annual maximum funding available to include all stated age groups?**  
Yes.
- d. If these services are not for Medi-Cal eligible consumers where the County can receive reimbursement through the Federally Qualified Health Center (FQHC), could qualified community based organization mental health personnel other than Licensed Clinical Social Workers (LCSWs) provide this service, as is current practice with children's mental health providers?** Applicants may propose who will provide services.
- e. How many Behavioral Health Primary Care Integration programs do you expect to fund in this category?** The Review Panel will make recommendations of how many programs to fund.
- f. Do Behavioral Health Primary Care Integration proposals have to exclusively address the identified populations: 0-5 and their families, school age youth, transition age youth, and older adults who are unserved and underserved? Or can they address these age populations within a proposed program that spans all ages? May target populations include other groups?** Behavioral Health Primary Care Integration services must primarily target children ages 0-5 and their families, school age youth, transition age youth, and older adults who are unserved and underserved, as approved in the MHSA Prevention and Early Intervention Plan.
- g. For this component it states the population served is "children 0-5 and their families, school age youth, transition age youth..." Does this include the parents and families of school age youth and transition age youth as noted with children 0-5?** Applicants may propose to serve the parents and families of school age youth and transition age youth.
- h. Who currently provides these services?** This is an expanded funded strategy in the MHSA Prevention and Early Intervention Plan.

- i. **Number of individuals to be served 0-5, school age children, TAY, adult, older adult populations?** Applicants shall propose the number of individuals to be served.
- j. **Extent of participation to be expected in ongoing support groups?** Applicants shall propose the extent of participation in ongoing support groups.
- k. **Extent of clients needing services after assessment? Number of clients to be requiring treatment? How much treatment? Which agencies do they get linked with?** Applicants shall propose how many clients they expect will need additional services, including treatment, and where they will link clients for these services.
- l. **Number of hours expected for LCSW (full-time, part-time)?** Applicants shall propose the number of hours expected for the LCSW.
- m. **Break down of diversity for clients expected to be served?** Applicants shall propose the break down of diversity for clients served.
- n. **Does the funding in the RFP assume some funding will remain in house?** The amount available in the RFP is independent of the behavioral health primary care integration efforts at the County.
- o. **Must consumers access community health centers?** Consumers must be accessing some service at community health centers.
- p. **If an agency can draw down primary care Medi-Cal funds to help support the project, how does this get reflected in the budget?** Non-Short-Doyle Medi-cal funds should be reflected in the Other Sources column of the budget.
- q. **Must the support groups be held at community health centers and/or FQHCs only or can they be held at other community centers such as schools, community based organizations and other available sites?** Applicants shall propose where support groups will be held.
- r. **Can the screening assessment, brief intervention and referral be performed by other licensed clinicians, such as clinical psychologists, MFTS ASWS and MFTIs? Paraprofessionals?** Applicants may propose who will perform screening, assessment, brief intervention, and referral.
- s. **Are there restrictions for licensed staff?** This question is unclear. If the Applicant is proposing to use licensed staff, staff must meet the licensing criteria for their profession.
- t. **Are you interested in agencies that can provide services to people who are currently being served at community health centers or are you interested in agencies that can provide services on site at community health centers?** Consumers served must be accessing one or more services at a community health center. Applicants can propose where services under this RFP take place.
- u. **Does the work need to be done in the County clinics? Can some be done in the community?** Applicants may propose where services will take place.
- v. **If the work is to be done in County clinics, how does that work with the information provided in 1.09A on page 8?** The County shall not provide or rent a primary work space to successful Applicants. Specific services provided in partnership with the County may be provided on county property, as appropriate and preapproved by the County.
- w. **Can you provide a definition of community health centers? Can a health center be a community non-profit treatment center?** A community health center must provide health-related services in addition to any other services. A community non-profit treatment center may meet this criterion if it provides health-related services.

### 38. Intensive Mental Health Services:

- a. **Who currently provides these services?** Services for transition age youth are currently provided by Seneca, Inc. Services for older adults are currently provided by Solano County Mental Health.
- b. **Will this be a Full Service Partnership (FSP)?** Intensive Mental Health Services shall meet the guidelines for a Full Service Partnership.
- c. **Will the staff be the Primary Service Coordinator (PSC)?** Applicants shall propose who will be the Primary Service Coordinator.
- d. **Number of individuals expected to be served in each TAY, adult, older adult populations? How many individuals do you desire to be served at any one time?** Applicants shall propose the number of individuals to be served for transition age youth and older adults. Adults shall not be served under this component of the RFP.
- e. **Are you expecting Medi-Cal billable services? If so, how much FFP is expected?** Applicants shall propose if they will bill Medi-Cal and their expected costs.
- f. **What is the breakdown of the level of need and Level of Care Utilization System (LOCUS) scores of those expected to be participating in ongoing services?** Applicants shall propose the level of need and LOCUS scores of participants.
- g. **Is there currently an exit plan for each person?** The question is unclear. Solano County Mental Health intensive mental health services should be short-term and goal focused. A client's Individual Service Plan identifies a consumer's goals and objectives and how they may transition from one level of care to another.
- h. **Number of consumers requiring crisis stabilization treatment? How much treatment?** Applicants shall propose how many consumers they anticipate will require crisis stabilization treatment and how much treatment.
- i. **Which agencies do they get linked with?** Applicants shall propose what agencies consumers will be linked.
- j. **Can these consumers participate in Wellness and Recovery Programs?** Consumers should be linked to appropriate services which may include Wellness and Recovery services.
- k. **Break down of diversity for current consumers served?** Please view Mental Health Services Act FY 2010-11 Annual Update for FY 2008-09 demographic data (<http://www.solanocounty.com/depts/hss/mhs/involvement.asp>).
- l. **Where are the primary schools that the TAY are attending? Are these in all of the communities?** This information is not available.
- m. **Clarification on population served: RFP mentions TAY between 18-25 and older adults ages 60+, but no mention of adults (26-59 years).** Adults shall not be served under this component of the RFP.
- n. **Will the case management be responsible for benefits planning for Medi-Cal and Social Security?** Case management should assist consumers in accessing community resources as stated in the Individual Service Plan, which may include Medi-Cal and Social Security.
- o. **Could you provide a breakdown between TAY and older adults?** Please view Mental Health Services Act (MHSA) FY 2010-11 Annual Update for FY 2008-09 demographic data (<http://www.solanocounty.com/depts/hss/mhs/involvement.asp>).
- p. **Could you provide us with what you are currently spending for these two groups?** The MHSA funds (only) directed to older adults and transition age youth are \$817,169 and \$467,500 respectively.
- q. **Will the County provide Intensive Services for Adults? Yes**

### 39. Wellness and Recovery Skills/Peer Support:

- a. **Who currently provides these services?** Similar services are currently provided Crestwood's Neighborhood of Dreams, Caminar, Inc., and Solano County Mental Health.
- b. **Number of individuals to be served in each TAY, adult, older adult populations?** Applicants shall propose the number of individuals they will serve.
- c. **Are you expecting Medi-Cal billable services? If so, how much FFP is expected?** Applicants shall propose if they will bill Medi-Cal and their expected costs.
- d. **Is there an exit plan for each person?** A client's Individual Service Plan identifies a consumer's goals and objectives and how they may transition from one level of care to another.
- e. **What is the breakdown of the level of need and LOCUS scores of those expected to be participating in ongoing services?** Applicants shall propose the level of need and LOCUS scores of participants.
- f. **Are you giving Evidence Based Treatment modalities?** Applicants shall propose the evidence-based, best practice, and/or promising practice that they intend to utilize.
- g. **Extent of participation expected in ongoing support groups?** Applicants shall propose the extent of participation expected in ongoing support groups.
- h. **Who will be the PSC for these consumers?** Applicants shall propose who will be the Primary Service Coordinator.
- i. **Will there be limited participation in the program or will it be open to all consumers?** Applicants shall propose who will be eligible for participation.
- j. **Number of consumers expected to be requiring actual treatment in contrast to peer support and skills training? How much treatment? If this agency is unable to provide treatment, which agencies do they get linked with?** The Wellness and Recovery Skills/Peer Support component does not fund treatment. Applicants shall propose how they will link consumers who need treatment to services.
- k. **Number of hours for licensed clinical staff (full-time, part-time)?** Applicants shall propose the number of hours for licensed clinical staff.
- l. **Break down of diversity for current consumers served?** Please view Mental Health Services Act (MHSA) FY 2010-11 Annual Update for FY 2008-09 demographic data (<http://www.solanocounty.com/depts/hss/mhs/involvement.asp>).
- m. **Is there an expectation for staff to be consumer providers?** Per page 14,, "Solano County's Workforce, Education & Training (WET) Plan provides funding to offer opportunities for competitive employment for consumers and family members. ...[W]ellness and recovery skills development must be dedicated to providing consumers and family members salaries for appropriate employment opportunities."
- n. **What level of employment support is expected?** Applicants shall propose the level of employment support.
- o. **What is the expected outcome for the employment sections in this current economic environment?** Applicants shall propose their expected outcomes based on the indicators on page 15 of the RFP and additional outcome measures they may propose.
- p. **What level of supported education is expected and who is expected to provide this?** There is no requirement for supported education under this RFP. Applicants may propose to provide supported education under the wellness and recovery skills development strategy.



- q. **Are peer mentors expected to be formally trained? Will the county be providing peer provider training?** Applicants shall propose the training for peer mentors. Applicants are responsible for training needs.
- r. **Employment opportunities must be offered to both consumers and their families?** Applicants may propose to offer employment opportunities to consumers and/or family members.
- s. **Please define appropriate competitive employment opportunities? Do these employment opportunities allow only for employment in Peer Support and recovery oriented positions?** Applicants shall propose what competitive employment opportunities they will offer.
- t. **The RFP mentions “Structured, time-limited support groups.” How long would it be expected that someone need these groups before being moved on?** Applicants shall propose how long participants will access support groups by using LOCUS, WRAP and/or other tools.
- u. **Under “Consumer Employment” it mentions “competitive employment for consumers and family members.” Does this mean that the agency would not just be providing support for family members of consumers, but also finding/providing them employment?** Yes, this component must provide employment opportunities and includes specific funding amounts for consumer and family member salaries.
- v. **Will consumers in Wellness and Recovery services be referred and authorized by the county?** Applicants shall propose how consumers will be referred.
- w. **Can you use volunteers?** Applicants may propose how to use volunteers.
- x. **Peer counseling or peer mentoring?** Page 14 refers to peer mentoring and page 13 refers to support groups.
- y. **Can volunteers trained and provided on going supervision by a mental health professional lead support groups?** Applicants may propose how to use volunteers to provide services.
- z. **Can one to one in home peer counseling meet the peer mentoring piece of this component?** Applicants may propose how to provide peer mentoring services.
- aa. **Can Applicants just focus on one age group?** Applicants may propose which age group to provide services.
- bb. **Please define consumers with low level or emerging mental health needs.** More information on this population can be found in the Prevention and Early Intervention Guidelines at:  
[http://www.dmh.cahwnet.gov/DMHDocs/docs/notices07/07\\_19\\_Enclosure1.pdf](http://www.dmh.cahwnet.gov/DMHDocs/docs/notices07/07_19_Enclosure1.pdf).
- cc. **The population served paragraph states that consumers in recovery or consumers with low level or emerging mental health needs are to be served. Can the Applicant select just one of those?** Applicants may propose to serve only one of those populations, but the available funding must serve both populations.

**40. Supported Housing Component:**

- a. **The RFP references “must provide property liability insurance.” Does this mean that the agency would need to provide property insurance for each consumer in their housing, in each building in which they may be living (regardless of whether the agency is the owner of the building)?** Yes, the agency must provide property liability insurance for each consumer who does not have it, regardless of where the consumer is living.
- b. **Can you give us a breakdown by age group of what you are spending now?** Those data are not available at this time.

- 41. Under “Additional Score of Work Requirements” the RFP mentions “applicants... must accept and have a transition plan for consumers that are currently supported in similar programs.” What are all the programs (and their consumers) that are expected to be transitioned over? Does this mean that the agency that is awarded the bid will be creating individualized transition plans with each consumer from other programs, or have a plan to transfer a group of consumers over to the new services?** Consumers may be transitioned from Intensive Mental Health Services for transition age youth and older adults, Wellness and Recovery Services, and Supported Housing. Depending on the intensity of services and needs of the consumer, the transition plans may be consumer specific or planned for a group of consumers.
- 42. Would the expectation from the previous question mean that all consumers were immediately transitioned to the new services beginning October 1<sup>st</sup>? Or would it be a gradual process in which the new programs’ numbers grew over time?** Some consumers may be transitioned immediately while others may occur over time and some consumers may be transitioned to other community resources,
- 43. Is there time within the contract to build and train staff, or is the expectation to be staffed, fully trained and accepting consumers on October 1<sup>st</sup>?** Applicants shall propose their timeline.
- 44. Are there an expected number of people served by each component of the continuum? What would those numbers be either if an agency went for the entire Continuum, or just for specific components of it?** Applicants shall propose the number of consumers they will serve for each component.
- 45. For the Evaluation and Reporting, one of the consumer outcomes is “The number and percentage of consumers with ER visits and hospitalizations for medical, mental health issues.” Are the case management services supposed to follow-up with physical health care? And as the RFP says “Each applicant will be required to report.” Does this mean that applicants for any and all components could potentially show a negative outcome if a consumer ended up with a physical health emergency? The reason I ask this is that in Section 1.08 it mentions that “Annual renewal of the contract(s) will be based on adequate progress toward meeting program outcomes.”** As stated on page 15 of the RFP, “Applicants must describe which of the following indicators are applicable and how they will measure them for the population they are serving.”
- 46. Following up from the previous question, for the mental health hospitalizations, is there any expectation as to how this information is to be collected? When we have requested this in the past, the response seemed to be that the county computer system wasn’t necessarily capable of providing information on increase/reduction of psychiatric hospitalizations. So my question here would be, will the county be providing relevant information for this outcome based on their system, or would the agency be in charge of tracking it all down? This would be important to figure out for the purpose of staffing allocation.** The Applicant is responsible for collecting and providing all data relating to outcomes.