

**County of El Dorado**  
**Chief Administrative Office**  
**Procurement and Contracts Division**  
on behalf of the  
**Health and Human Services Agency**  
**Behavioral Health Division**



**Request for Qualifications (RFQ)**

**# 23-952-052**

for

**Mental Health Services Act (MHSA) Prevention and Early Intervention  
(PEI) Services**

**Submittal Deadline:**

**April 3, 2023, not later than 3:00:00 PM (Pacific)**

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Attachment A – Application and Certification Form

Attachment B - Sample Agreement for Services\*

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\*The attached Sample Agreement for Services is for reference only. Other terms and conditions may apply based on the types of services and funding involved.

## 1.0 INTRODUCTION

The County of El Dorado (hereinafter referred to as County) is located in Northern California and is bordered by Sacramento, Placer, Amador and Alpine counties in California, and Douglas County, Nevada. The two (2) incorporated cities in the County are Placerville and South Lake Tahoe. The United States (US) Census estimates that, as of 2020, the population of the County is 194,940. The largest city in the County is South Lake Tahoe, a resort city located in the Sierra Nevada Mountains, with a reported US Census 2020 population of 22,487.

The County is soliciting sealed Statements of Qualifications (SOQ) from qualified mental health services professionals to provide Prevention and Early Intervention (PEI) services throughout El Dorado County. Providers must have and demonstrate their experience in providing mental health services relevant to the project for which they are applying. Work may include counseling services, outreach services, and other related services described herein.

The purpose of this Request for Qualifications (RFQ) is to establish a qualified list of vendors to provide PEI services in alignment with the MHSA Fiscal Year 2023/24-2025/26 Three-Year Program and Expenditure Plan (MHSA Plan).

Respondents may request consideration for a single service component, multiple service components, or all service components described in this RFQ for which they are qualified. Respondents shall indicate their intent to offer these services in their SOQ (refer to Section 3 below for submittal instructions). As a result of this competitive solicitation, HHSa will establish a list of qualified Respondents for each of the service components and geographic areas outlined in this RFQ and will utilize the resulting provider lists to enter into one (1) or more Agreements for Services (Contracts) over the next three (3) years.

The County makes no specific guarantee of a minimum or maximum amount of services which shall be requested of any Respondents named to the resulting Qualified List (hereinafter referred to as "QL"). This RFQ includes a description of the scope of work, submittal requirements, and instructions for submitting your SOQ.

### 1.1 Mental Health Services Act

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 and the MHSA was enacted into law January 1, 2005. The MHSA places a one percent (1%) tax on personal incomes in excess of \$1,000,000. These funds are distributed to counties through the State and are intended to transform the mental health system.

The Three-Year Program and Expenditure Plan (MHSA Plan) provides El Dorado County stakeholders with an overview of the direction of Behavioral Health services in El Dorado County for the next three (3) years.

The Prevention and Early Intervention (PEI) component of MHSA consists of projects intended to prevent a mental illness/emotional disturbance from becoming severe or disabling to the extent possible, promote positive mental health by reducing risk factors by intervening to address mental health problems in the early stages of the illness, and to reduce stigma and discrimination associated with mental illness. PEI projects emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide
- Incarceration
- Homelessness
- Prolonged suffering
- Unemployment
- Removal of children from their homes
- School failure or dropout

As a result of the 2018 PEI Regulations (adopted May 2018 by the Mental Health Services Oversight and Accountability Commission) and effective July 2018), small counties such as El Dorado County, projects include the following programs:

1. Prevention
2. Early Intervention
3. Outreach for Increasing Recognition of Early Signs of Mental Illness
4. Access and Linkage to Treatment
5. Stigma and Discrimination Reduction
6. Suicide Prevention is an optional program

**1.2 RFQ Process and Addendums**

The County of El Dorado is an equal opportunity employer (EOE). All individuals are encouraged to participate. The County will not discriminate against any individual because of race, religion, color, national origin, ancestry, physical handicap, mental disability, medical condition, genetic information, military or veteran status, marital status, age, gender, gender identity, gender expression, or sexual orientation.

The following schedule for this RFQ process is listed below for reference purposes and is subject to change:

RFQ Issuance	March 9, 2023
Deadline for Final Questions	March 20, 2023
Answers Posted on or About	March 27, 2023
Due Date for Submissions	April 3, 2023

In the event that it becomes necessary to revise any part of this RFQ, written addenda will be issued and posted at:

<https://pbsystem.planetbids.com/portal/48157/portal-home> (“PlanetBids”).

Any amendment to this RFQ is valid only if in writing and issued by the Chief Administrative Office, Procurement and Contracts Division. Verbal conversations or agreements with any officer, agent, or employee of the County that modify any terms or obligations of this RFQ are invalid.

All interpretations or corrections, as well as any additional RFQ provisions that the County may decide to include, will be made only as an official addendum that will be posted to PlanetBids and it shall be the Respondent’s responsibility to ensure they have received all addendums before submitting a response. Any addendum issued by the County shall become part of the RFQ and shall be incorporated into the submittal.

County will not be bound by oral responses or inquires or written responses other than written addenda.

## **2.0 SCOPE OF WORK**

Any reference in this RFQ to specific terms of the agreement are for illustrative purposes only and shall not limit the scope of the obligations to be assumed by the successful Respondent under the agreement.

The County is seeking Contractors that are experienced in mental health and supportive services to support the MHSA Plan. The County will accept SOQs for single or multiple services from eligible Respondents. The County intends on awarding one (1) or multiple Agreements for these services as described below.

### **2.1 Service Categories**

#### **2.1.1 Prevention Programs**

Prevention Programs are projects that are intended to prevent serious mental illness/severe emotional disturbance by promoting positive mental health, reducing mental health risk factors, and by intervening to address mental health problems in the early stages of the illness. The goals of this program include reducing the negative outcomes that result from untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average, and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention for individuals in recovery from a serious mental illness and universal prevention.

### **2.1.1.1 Latino Outreach Project**

The Latino Outreach Project is a prevention program that addresses isolation in the Spanish-speaking or limited English-speaking Latino adult population, peer and family problems in the youth population, and community issues resulting from unmet mental health needs, by contributing to a system of care designed to engage Latino families and provide greater access culturally competent mental health services.

This project utilizes a Promotora services program that provides bilingual/bicultural Spanish-speaking outreach, engagement, screening, integrated service linkage, interpretation services, and peer/family support for Latino individuals and families. This strategy is intended to promote mental health and reduce the stigma regarding and barriers to mental health services thereby decreasing the mental health/health disparities experienced by the Latino population. Services are offered on each slope of the County and may vary from each other depending on the needs identified by the local communities.

### **2.1.1.2 Older Adult Enrichment Project**

The Older Adults Enrichment Project is an integrated continuum of care designed to provide comprehensive services to meet the changing needs of older adults.

Through this project volunteers evaluate the needs of potential clients, frequently referring them or assisting them in making contact with other community services, including Mental Health evaluation and treatment. Eligible clients may also choose to engage in Senior Peer Counseling or Senior Engagement programs.

Volunteers provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving their mental health. Services may include but are not limited to collaboration with health care providers, advocacy, activities and outings, cultural and spiritual groups, and transportation and referral services. These services may be provided directly to community members through this project's outreach efforts or as a part of assessments administered through other older adult programs (senior peer counseling, senior engagement and other senior services)

Senior Peer Counseling provides free, confidential individual counseling to eligible adults age 55 and older. Volunteer counselors assist clients in regular self-assessment of their feelings of well-being using a standardized measurement tool. The supervisory services of a licensed mental health clinician are essential to the operation of Senior Peer Counseling. The supervisor meets weekly with the

volunteers, reviewing the progress of each client, which ensures that standards of practice are met protecting clients, counselors, and the community. Services are available in clients' homes and other community meeting places. Individuals interested in becoming a Senior Peer Counselor must be an older adult (aged 55 or older), complete a vigorous training, and pass a LiveScan background check prior to becoming a Senior Peer Counselor.

Senior Engagement provides social opportunities and companionship in person and over the phone, intended to help older adults prevent or overcome physical and mental health risks associated with isolation and loneliness. Additionally, volunteers may help identify the client's unmet needs and assist with referrals to other community services for access and linkage to mental health services or other needed health care or social services resources. This helps lower the risks associated with social isolation, including but not limited to depression, self-medication, anxiety, and loss of interest in life's daily activities.

#### **2.1.1.3 Primary Project**

The Primary Project is an evidence-based practice that offers short-term individual, non-directive play services with a trained school aide to students in transitional kindergarten through third (3rd) grade who are at risk of developing emotional problems. The school-based screening team determines those children who are at risk of developing emotional problems based on indications of difficulties experienced with adjustments in school.

In the Primary Project, supervised and trained child aides provide weekly non-directive play sessions with the selected students. Students are selected for program participation through a selection process that includes completion of standardized assessments and input from the school-based mental health professionals and teachers. Parents/guardians and teaching staff are encouraged to build alliances to promote student's mental health and social and emotional development. Parental consent is required for student participation.

#### **2.1.1.4 Clubhouse El Dorado**

Clubhouse El Dorado provides a restorative environment for individuals (called members) whose lives have been severely disrupted because of their mental illness and co-occurring disorders, and who would benefit from the support of others who are in recovery. Clubhouse El Dorado provides a safe, structured, welcoming place for members to build on one's strengths, maintain recovery and prevent relapse. Members work as colleagues with peers and a small staff through work and work-mediated relationships. Members learn

and/or regain vocational, social skills, and independence while doing everything involved in running the Clubhouse as part of the “work-ordered day”. Services include self-help/peer support groups, social/recreational activities, educational supports, and linkages to community resources and employment opportunities, building partnerships with local businesses. Members seeking employment and/or school enrollment will receive vocational supports.

Clubhouse El Dorado follows the Clubhouse International model and standards. Members have equal access to all Clubhouse programs and may choose their level of participation with no differentiation based on diagnosis or level of function. Clubhouses are built upon the belief that every member has the potential to sufficiently recover from the effects of mental illness to lead a personally satisfying life as an integrated member of society. Clubhouses are communities of people who are dedicated to one another’s success, no matter how long it takes or how difficult it is.

### **2.1.2 Early Intervention**

Early Intervention Programs are projects that provide treatment, services, and other interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness. Early Intervention Program services are time limited, but no more than 18 months unless the individual is identified as experiencing first onset on psychotic features, in which PEI services shall not exceed four (4) years (these individuals would be transferred to other Specialty Mental Health Services upon diagnosis of a serious mental illness or severe emotional disturbance). Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of mental illness, as applicable.

#### **2.1.2.1 Children 0-5 and Their Families Project**

The Children 0-5 and Their Families Project is an early intervention project provided to children ages zero to five (0-5) and their families. Services are provided in the service provider’s office or within the community on both the West Slope and in South Lake Tahoe. This project assists in early intervention by addressing needs of young children who may be experiencing symptoms related to adjustment disorder, oppositional defiance disorder, and other childhood emotional disorders.

A plan of care will be developed by the service provider in concert with family and other community collaborators, as appropriate, to address the family’s specific needs and goals.



### **2.1.2.2 Prevention Wraparound Services – Juvenile Justice Project**

The Prevention Wraparound Services: Juvenile Services Project is an early intervention program that utilizes a strength-based, needs-driven, family-centered and community-based planning process with an emphasis on permanency, safety, and well-being for youth and families who are at risk of involvement with or involved in the child welfare system and/or juvenile justice programs, but whose needs do not rise to the level of Specialty Mental Health Services. The model to be utilized for this project is the High Fidelity Wraparound, using the standardized Wraparound process developed by the National Wraparound Initiative. The project is designed to help the youth avoid restrictive and expensive placements, including group home placement, psychiatric hospitalization, and youth detention. The target population for this project includes youth with complex needs who are living with their families and at risk of further involvement in the child welfare, foster care, behavioral health, and/or juvenile justice systems.

Services will be individualized and typically not exceed six (6) months, however, the needs of each participant will be considered on a case-by-case basis, to determine the service duration and array. The service array may include, but is not limited to screening candidates, developing Wraparound plans for each participant/family, family engagement, team decision making, mental health services, safety planning, training, referrals and linkage to community resources, and flexible funding (“flex funds”) used for access to specific non-mental health resources identified within the treatment plan that are needed by the youth and their family to successfully fulfill the treatment plan. In the case of a family emergency, flex funds may be used to temporarily provide housing stability or support to a family in crisis. Examples of flex funds include, but are not limited to, funding for transportation, child-care, medication, education, and food/dining rewards for participating in services.

### **2.1.2.3 Student Wellness Centers Project**

In collaboration with the El Dorado County Office of Education (EDCOE), local school district psychological and nursing staff and other community-based organizations, Student Wellness Centers at El Dorado County public schools are staffed minimally one day per week by a licensed, waived or registered mental health professional (for example, an Associate Social Worker or Licensed Clinical Social Worker) and a mental health assistant when school is in session.

Services may include crisis support, brief mental health assessments, outreach and engagement, linkage to community services, classroom

activities emphasizing self-care and mental health awareness, collaboration with parents, and training for parents and district staff. Training may include, but is not limited to, trauma-informed care, crisis intervention, and Mental Health First Aid. Training will be essential to the success of this program, as school faculty will be better equipped to recognize potential referrals to the Student Wellness Center.

The school sites for the project will be selected in collaboration with the EDCOE.

#### **2.1.2.4 Bridge the Gap Project**

The Bridge the Gap Project addresses a current gap in service for youth experiencing mild to moderate mental health needs. While the nation continues to experience a dramatic increase in the need for mental health service and an equally dramatic shortage of qualified staff, youth are experiencing extended delays in service through their private insurance provider or other means of accessing mental health treatment. As delays in services grow, so too may the level of care if mental health needs go untreated.

Through referrals made by organizations serving youth such as, but not limited to, El Dorado County Behavioral Health, El Dorado County Office of Education, Student Wellness Center providers and El Dorado County Child Welfare, youth are linked to a contracted treatment provider for short term clinical care, lasting no longer than eighteen (18) months, until appropriate services become available through their private insurance provider or other means of mental health treatment. The provider will also assist the youth in accessing long term care by providing support in navigating the healthcare system and, when necessary, supporting communication with the youth's private insurance provider.

#### **2.1.3 Stigma and Discrimination Reduction**

Stigma and Discrimination Reduction Programs are projects with the objective of reducing negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services. These projects also strive to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.

### **2.1.3.1 Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Projects Outreach for Increasing Recognition of Early Signs of Mental Illness**

The LGBTQIA project is a stigma and discrimination reduction project that supports differences, builds an understanding through community involvement, and provides education to reduce shame and support to end discrimination. This project provides an opportunity for dialogue about sexual orientation and gender identity and acts to create a society that is healthy and respectful to human differences. Informational packets, flyers, and educational materials will be purchased and distributed throughout the community, including schools, libraries, and community mental health providers. Outreach costs such as mileage reimbursement, postage, packet materials and other multimedia information, and food costs may be purchased through this project. Education, in the form of presentation/discussions, to schools and the general public regarding sexual orientation may be provided.

### **2.1.4 Outreach for Increasing Recognition of Early Signs of Mental Illness Program**

Outreach for Increasing Recognition of Early Signs of Mental Illness Programs are projects that provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

“Outreach” may include a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. “Potential responders” include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

Services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

#### **2.1.4.1 Community Education Project**

The Community Education Project utilizes established models, curriculum and practices developed to prompt positive mental health

and wellbeing. The project is to support unserved and underserved populations, individuals at higher risk of mental illness and their families.

#### **2.1.4.2 Peer Partner Project**

The Peer Partner Project is an outreach project that uses a model of parent partners and youth advocates (collectively “peer partners”) who have prior personal participation in Child Welfare Services. Peer partners offer their own personal experiences and advocacy skills to support youth and families and services are designed to not only enhance service delivery, but to provide a continuum of care and to share organizational knowledge and resources with the common goal of engaging families and promoting the safety and well-being of at-risk children and families.

#### **2.1.4.3 Mentoring for Youth Project**

The Mentoring for Youth Project pairs mentors with at-risk children and youth, countywide. The provider recruits, screens, and trains adults and older adults to mentor at-risk, unserved, and underserved children and youth. Each individual match is case managed by the provider’s staff. A case plan is developed with the parent, teacher, and mentor to target activities that meet the child’s individual needs. This project reduces parental stress and increases parent-child interaction as well as parent-teacher interaction. The mentor teaches coping mechanisms to deal with day-to-day stressors and any mental health symptoms.

### **2.1.5 Access and Linkage to Treatment Program**

Access and Linkage to Treatment Programs are projects that include activities to connect children, adults, and older adults with mental illness, as early in the onset of these conditions as practical, to medically necessary care and treatment.

#### **2.1.5.1 Veteran’s Outreach**

The Veterans Outreach Project is aimed at helping Veterans and their immediate family members who may be in need of behavioral health services. This population was again identified as an underserved group in the CPPP.

Services provided may include but are not limited to, outreach and case management services to Veterans and their families, particularly those who are homeless or involved in the criminal justice system. Services also include linkage to resources such as behavioral health, physical health services, housing assistance, and other supportive services.

### **2.1.6 Suicide Prevention and Stigma Reduction Program**

The Suicide Prevention and Stigma Reduction Project endeavors to increase awareness of mental illness, as well as awareness of mental health programs and resources, while employing strategies to increase linkage to mental health resources. Services may include, but are not limited to, providing suicide prevention awareness campaigns, workshops, trainings to the public, youth events, development of suicide prevention plans, and wellness fairs. Additionally, services may include distribution of suicide prevention resources and materials, and referrals to resources.

#### **2.1.6.1 Suicide Prevention and Stigma Reduction Project (Suicide Prevention Strategic Plan)**

On July 19, 2022, the Board of Supervisors approved the Fiscal Year 2022-2023 Suicide Prevention Strategic Plan. The plan includes suicide prevention research and reporting as well as four (4) comprehensive strategies to implement within El Dorado County. The strategies are:

1. Establish a framework to provide leadership, oversight, and accountability for the Suicide Prevention Strategic Plan
2. Prevention: Develop a collaborative, coordinated system to promote suicide prevention, education, and wellness
3. Intervention: Develop a collaborative, coordinated system to provide treatment and support for those struggling with suicidal behavior or after a suicide attempt
4. Postvention: Develop a collaborative, coordinated system to promote healing and hope for a better tomorrow after a suicide loss

Please review the full [Suicide Prevention Strategic Plan](#) for a complete list of objectives associate with each strategy.

## **2.2 Reporting Requirements**

Title 9 of the California Code of Regulations (CCR)<sup>1</sup>, specifies the reporting requirements for all MHSA PEI programs. In the event of a change in these regulations, contractor must adhere to any new requirements set forth.

The requirements listed below are not exhausted and further project specific reporting may be required. Refer to sample *MHSA Year-End Progress Reports* in Attachment C, included herein, for examples of additional reporting expectations.

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<sup>1</sup> California Code of Regulations (CCR), Title 9, Division 1, Chapter 14, Article 5

### **2.2.1 Prevention Projects**

The following information, outcomes, and/or indicators are required for each Prevention project:

1. Unduplicated numbers of individuals served, including demographic data.
  - a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.
3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment to which the individual was referred.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
  - a. If known, the average duration of untreated mental illness.
  - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified for the specific project.

### **2.2.2 Intervention Projects**

The following information, outcomes, and/or indicators are required for each Early Intervention project:

1. Unduplicated numbers of individuals served, including demographic data.
  - a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functioning.
3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
  - a. If known, the average duration of untreated mental illness.
  - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.

6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified.

### **2.2.3 Stigma and Discrimination Reduction Projects**

The following information, outcomes, and/or indicators are required for each Stigma and Discrimination Reduction Program:

1. Number of individuals reached, including demographic data.
2. Using a validated method, measure one or more of the following:
  - a. Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific program.
  - b. Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific program.
3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
  - a. If known, the average duration of untreated mental illness.
  - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicates identified.

### **2.2.4 Outreach for Increasing Recognition of Early Signs of Mental Illness Projects**

The following information, outcomes and/or indicators are required for each Outreach for Increasing Recognition of Early Signs of Mental Illness Program:

1. Unduplicated numbers of individuals served, including demographic data.
2. The number of potential responders engaged.
3. The setting(s) in which the potential responders were engaged.
  - a. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.

4. The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents).
5. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
6. If known, the number of individuals who followed through on the referral and engaged in treatment.
  - a. If known, the average duration of untreated mental illness.
  - b. If known, the interval between the referral and participation in treatment.
7. Completion of Quarterly and Annual Reports.
8. Implementation challenges, successes, lessons learned, and relevant examples.
9. Any other outcomes and indicators identified.

### **2.2.5 Access and Linkage to Treatment Projects**

The following information, outcomes, and/or indicators are required for each Access and Linkage to Treatment Program:

1. Unduplicated numbers of individuals served, including demographic data.
2. If known, the number of individuals with serious mental illness referred to treatment referrals and the kind of treatment to which the individual was referred to.
3. If known, the number of individuals who followed through on the referral and engaged in treatment.
  - a. If known, the average duration of untreated mental illness.
  - b. If known, the interval between the referral and participation in treatment.
4. Completion of Quarterly and Annual Reports.
5. Implementation challenges, successes, lessons learned, and relevant examples.
6. Any other outcomes or indicators identified.

### **2.2.6 Suicide Prevention and Stigma Reduction Projects**

The following information, outcomes, and/or indicators are required for the Suicide Prevention and Stigma Reduction project:

1. Use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness.
2. Use a validated method to measure changes in attitudes, knowledge, and/or behavior related to seeking mental health services.
3. Completion of Quarterly and Annual Reports.
4. Implementation challenges, successes, lessons learned, and relevant examples.
5. Any other outcomes identified.



### 3.0 REQUIRED SOQ COMPONENTS

Each response to this RFQ shall include the information described in this section. Failure to include all of the elements specified may be cause for rejection. Additional information may be provided but should be succinct and relevant to the goals of this RFQ. Excessive information will not be considered favorably. The document shall be 8-1/2 inches by 11 inches in size. All SOQs shall contain the following elements, and in the order given:

#### 3.1 Application and Certification Form

All Respondents submitting responses must complete, sign, and submit the **Attachment A – Application and Certification Form**. The Application and Certification Form identifies the name, address, contact information for the principal person representing the Respondent, and an original signature by an individual authorized to execute an agreement with the County.

When completing the Application and Certification Form, interested Respondents must identify the category or categories of services for which they are submitting SOQ's.

Signed by an official designated to bind the organization contractually, must at least contain the following information:

##### 3.1.1. Signatory Requirements

In order to receive consideration, the Application and Certification Form must be signed (electronic signatures are acceptable) by an officer empowered by the Respondent to sign such material and thereby commit the Respondent to the obligations contained in the RFQ response. Further, the signing and submission of a response shall indicate the intention of the Respondent to adhere to the provisions described in this RFQ and a commitment to enter into a binding contract. SOQ's shall be signed by one of the following representatives:

- If the Respondent is a **partnership**, the SOQ shall be signed in the firm name by a partner or the Attorney-In-Fact. If signed by the Attorney-In-Fact, there shall be attached to the SOQ a Power-Of-Attorney evidencing authority to sign SOQs, dated the same date as the SOQ and executed by all partners of the firm.
- If the Respondent is a **corporation**, the SOQ shall have the correct corporate name thereon and the actual signature of the authorized officer of the corporation written (not typed) below the corporate name. The title of the office held by the person signing for the corporation shall appear below the signature of the officer.

- If the Respondent is an **individual** doing business under a firm name, the SOQ shall be signed in the name of the individual doing business under the proper firm name and style.

### **3.2 Executive Summary**

The Executive Summary section of the SOQ should address the Respondent's overall approach to providing services.

At a minimum, the Executive Summary should:

- a. Provide a statement to include your past experiences providing Prevention and Early Intervention services, including examples of previous programs you've provided highlighting work done under government contracts, and successful outcomes specific to the services you are proposing.
- b. Describe your overall understanding of the scope of services to be performed and how you intend to provide those services
- c. Describe your overall approach to working with the project population.

### **3.3 Plan for Services**

The plan for services should address the Respondent's plan for providing PEI Services. All descriptions of plans should be detailed and include measurable outcomes, defined timelines, a clear discussion of the staff/resource requirement to provide the services, and the activities/steps that will be taken to achieve the outcomes identified.

At a minimum, the Plan for Services should clearly:

- a. Describe your plan for providing services, including the schedule for providing services, the locations at which services will be provided, and how staffing patterns will ensure effective delivery of services.
- b. Describe your plan for identifying, measuring, analyzing, and reporting outcomes data as identified and required in this RFQ.
- c. Describe your plan for completing all required performance reports and ensuring reports are submitted accurately and timely to meet the needs of the Behavioral Health Division.

### **3.4 Capabilities and Experience**

The Capabilities and Experience section should provide an overview of the organization's history and experience serving the identified population specific to the Service Category.

At a minimum, the Capabilities and Experience section should also address the following:

- a. Describe your organization's strategy to ensure adequate staffing capacity continues to be available for the Service Category under consideration.
- b. Describe your organization's history and experience working with community-based and local government-based mental health providers.
- c. Describe your organization's history and expertise working with the identified populations including your experience addressing the unique needs of this population.
- d. Describe your organization's administrative expertise and ability to ensure funding is expended consistent with program goals and costs are tracked for the Service Category within the limits provided for each.

### **3.5 Budget and Budget Narrative**

Provide a detailed budget identifying all proposed costs associated with performing the activities and services proposed. Additionally, provide a detailed budget narrative. At a minimum, the detailed narrative budget should include:

1. Provide an overview of the projected cost for administering the scope of services.
2. Describe how administrative costs are budgeted to ensure operational capacity of the organization.
3. Describe the organization's process for managing the actual costs associated with service provision, including how personnel time, receipts and other proposed costs will be recorded and tracked to ensure successful reimbursement.

### **3.6 Licenses and Certifications**

Copies of the additional licenses or certifications required for each Service Category for which the Respondent intends to be considered.

The following is a list of the minimum licenses and/or certifications required for each Service Category.

<b><u>Service Category</u></b>	<b><u>Required License, Certification or Other</u></b>
Latino Outreach Project	<ul style="list-style-type: none"> <li>• Promotores de salud</li> </ul>
Older Adult Enrichment Project	<ul style="list-style-type: none"> <li>• Licensed Mental Health Clinician</li> </ul>
Primary Project	<ul style="list-style-type: none"> <li>• Primary Project Aide(s)</li> <li>• Credentialed School-based Mental Health Professional</li> </ul>
Clubhouse El Dorado	<ul style="list-style-type: none"> <li>• Certified Peer Support Specialist (preferred)</li> </ul>
Children 0-5 and Their Families Project	<ul style="list-style-type: none"> <li>• Licensed Mental Health Clinician(s)</li> </ul>
Prevention Wraparound Services- Juvenile Justice Project	<ul style="list-style-type: none"> <li>• Certified High Fidelity Wraparound staff</li> </ul>
Student Wellness Centers Project	<ul style="list-style-type: none"> <li>• Licensed Mental Health Clinician(s)</li> </ul>
Bridge the Gap Project	<ul style="list-style-type: none"> <li>• Licensed Mental Health Clinician(s)</li> </ul>
Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Community Education Project	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Community Education Project	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Peer Partner Project	<ul style="list-style-type: none"> <li>• Certified Peer Support Specialist (preferred)</li> </ul>
Mentoring for Youth Project	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Veterans Outreach Project	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Suicide Prevention and Stigma Reduction Project (Suicide Prevention Strategic Plan)	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

### 3.7 Exceptions

List all exceptions to this RFQ and related attachments, if applicable.

## 4.0 RESPONDENT QUESTIONS

- 4.1 Questions regarding this RFQ must be submitted in writing by email or U.S. mail to the Procurement and Contracts Office, or using the PlanetBids website, and must be received no later than 5:00:00 p.m. (Pacific) on **March 20, 2023**.
- 4.2 All emails must have “**RFQ #23-952-052 – QUESTION**” as their subject, and all envelopes or containers must be clearly marked “**RFQ #23-952-052 – QUESTION**” for convenience purposes. Emails, envelopes, and/or containers not clearly labeled may be overlooked and not responded to.
- 4.3 Questions will not be accepted by telephone, facsimile (fax), or orally.
- 4.4 The County reserves the right to decline a response to any question if, in County’s assessment, the information cannot be obtained and shared with all potential organizations in a timely manner.
- 4.5 A summary of the questions submitted, including responses deemed relevant and appropriate by County, will be posted to the PlanetBids website on or about **March 27, 2023**. Any addenda to this RFQ is valid only if in writing and issued by the County Procurement and Contracts Division.
- 4.6 All inquiries shall be submitted by email to: [matthew.potter@edcgov.us](mailto:matthew.potter@edcgov.us) or by U.S. Mail to:

County of El Dorado  
Procurement and Contracts  
330 Fair Lane  
Placerville, California 95667  
RFQ #23-952-052 – Question

- 4.7 Respondents are cautioned that they are not to rely upon any oral statements that they may have obtained. Respondents shall direct all inquiries to the contact above and shall not contact the requesting department directly regarding any matter related to this RFQ. Information provided by persons other than Procurement and Contracts staff may be invalid and responses which are submitted in accordance with such information may be declared non-responsive.

## 5.0 SUBMITTAL INSTRUCTIONS

- 5.1** Respondents are strongly encouraged to submit their responses online to assure a complete and timely response. To respond online firms must register with the County's online bidding system, PlanetBids, at <https://pbsystem.planetbids.com/portal/48157/portal-home>. Respondents are cautioned that the timing of their online submission is based on when the submittal is RECEIVED by PlanetBids, not when a submittal is initiated by a Respondent. Online submittal transmissions can be delayed in an "Internet Traffic Jam" due to file transfer size, transmission speed, etc. For these reasons, the County recommends that Respondents allow sufficient time to upload their response and attachment(s) (if applicable) and to resolve any issues that may arise. The closing date and time shall be governed by the PlanetBids' web clock, which does not allow submittals after the closing date and time. PlanetBids will send a confirmation email to the Respondent advising that their online submission (eBid) was submitted. If you do not receive a confirmation email you are advised to contact the PlanetBids Support team by phone (818-992-1771 Monday through Friday between 7 a.m. and 5 p.m. Pacific, excluding statutory U.S. holidays) or by submitting a Support Ticket (visit: <https://solutions.planetbids.com/support/> to complete and submit the ticket form).
- 5.2** Respondents that decide to submit a hard-copy response do so at their own risk. All hard-copy submittals must include all of the same information required for online submittals. Incomplete submittals will be rejected as non-responsive. Respondents shall submit one (1) original copy and one (1) electronic copy of your submittal in PDF format on a flash/USB drive. IMPORTANT: All hard-copy submittals shall be submitted in a sealed envelope or container and clearly marked with the RFQ number, title, Service Categories for consideration and closing date and time noted on the outside of the parcel.
- 5.3** It is the sole responsibility of the Respondent to ensure that the submittal is received in the Procurement & Contracts Division prior to the RFQ submittal deadline. All responses must be submitted not later than the date and time posted on PlanetBids. Hard-copy responses shall be submitted ONLY to:
- County of El Dorado  
Procurement and Contracts Division  
330 Fair Lane  
Placerville, CA 95667
- 5.4** The County shall not be responsible for submittals delivered to a person or location other than specified herein. Submittals submitted to a location other than the above will not be considered duly delivered or timely. The County shall not be responsible for rerouting submittals delivered to a person or location other than that specified above.

- 5.5** Faxed or emailed submittals will not be accepted.
- 5.6** Late submittals will not be accepted or considered.
- 5.7** All submittals, whether selected or rejected, shall become the property of the County and shall not be returned.
- 5.8** The County reserves the right to waive minor defects and/or irregularities in submittals, and shall be the sole judge of the materiality of any such defect or irregularity.
- 5.9** All costs associated with submittal preparation and submission shall be borne by the Respondent.
- 5.10** County staff will open submittals following the submittal deadline. The only information that will be made available to the public after the submittal deadline has passed will be the names of the Respondents that submitted submittals. The contents of all submittals, or any other medium which discloses any aspect of the submittal, shall be held in strictest confidence until the County releases a Notice of Award or Notice of Intent to Award.
- 5.11** Any hard-copy submittal received prior to the date and time specified for receipt of submittals may be withdrawn or modified by written request of the Respondent. Requests for modification must be received in writing, and in the same number of copies as the original submittal, prior to the date and time specified above for receipt of submittals.

## **6.0 EVALUATION PROCESS**

All submittals will be evaluated initially to determine if they are responsive to the requirements of this RFQ. An evaluation panel, consisting of County staff and members selected by County staff, will review and evaluate all responsive submittals received by the submittal date as set forth in this RFQ, or as amended by addenda, and the submittals will be evaluated based on the thoroughness, clarity, and quality of the material presented. The County reserves the right to request additional information and clarification of any information submitted and to allow corrections of errors or omissions.

Respondents who have the qualifications (expertise and skills) and experience (documented, successful, and relevant) necessary to meet the requirements of this RFQ will be scored and ranked using the criteria and point assignments listed below.

	<b>Evaluation Criteria – Written Submittals</b>	<b>Maximum Possible Points</b>
A.	Executive Summary (Section 3.2)	15
B.	Plan for Services (Section 3.3)	30
C.	Capabilities and Experience (Section 3.4)	40
D.	Budget and Budget Narrative (Section 3.5)	15
	<b>TOTAL POSSIBLE POINTS</b>	<b>100</b>

## **7.0 SELECTION PROCEDURE**

- 7.1** Submittals will be reviewed for responsiveness. A selection committee(s) will then evaluate responsive submittals in accordance with the criteria specified in Section 6.0 above. The County reserves the right to select the most qualified firm solely on the content of the submittal.
- 7.2** The County reserves the right to make an award without further discussion of the submittal with the Respondent. Therefore, the submittal should be submitted initially on the most favorable terms that the firm or individual may propose.
- 7.3** The County reserves the right to award one or more contracts to the firms or individuals who, in the sole judgment of the County, present the most favorable response to this RFQ pursuant to the evaluation criteria indicated above.
- 7.4** The County reserves the right to reject any and all submittals, or to waive minor irregularities in said submittals, or to negotiate minor deviations with the successful firm. The County shall be the sole judge of the materiality of any such defect or irregularity.
- 7.5** The Procurement and Contracts Division does not mail out hard copy letters advising participating Respondents of RFQ results. For RFQ results, please visit the PlanetBids website at:
- <https://pbsystem.planetbids.com/portal/48157/portal-home>
- RFQ results are also available at:
- <https://edcapps.edcgov.us/contracts/bidresults.asp>
- 7.6** The results of this RFQ will be posted on the PlanetBids and County websites listed in Section 7.5 above at the earliest possible opportunity in accordance with County policy. The timeline for posting RFQ results may vary depending on the nature and complexity of the RFQ.
- 7.7** Response and selection of a submittal will not necessarily result in the award of a contract with the County. The act of opening a submittal and selecting a



Respondent does not constitute awarding of a contract. Contract award is by action of the Purchasing Agent or Board of Supervisors and is not in force until fully executed.

**7.8** Once contract negotiations are initiated, the County reserves the right to select the next ranked Respondent if for any reason a contract cannot be negotiated with the selected Respondent.

## **8.0 EL DORADO COUNTY WEBSITE REQUIREMENTS**

It is the Respondent's responsibility to monitor the PlanetBids website for possible addenda to this RFQ to inform him/herself of the most current specifications, terms, and conditions, and to submit his/her submittal in accordance with original RFQ requirements and all required addenda. All available RFQs and related addenda can be found at:

<https://pbsystem.planetbids.com/portal/48157/portal-home>

Failure of Respondent to obtain this information shall not relieve him/her of the requirements contained therein. Those Respondents not acknowledging and returning Addenda as required will not be considered and will be rejected as "non-responsive."

## **9.0 REJECTION OF SUBMITTALS**

Respondents interested in being considered must submit a submittal in compliance with this RFQ. Failure to meet the minimum requirements of the RFQ shall be cause for rejection of the submittal. The County reserves the right to reject any or all submittals.

The County may reject a submittal if it is conditional, incomplete, contains irregularities, or reflects inordinately high cost rates.

## **10.0 VALID OFFER**

Submittals shall remain valid for one hundred twenty (120) days from the due date. The County reserves the right to negotiate with the successful Respondent any additional terms or conditions not contained in their submittal which are in the best interest of the County or to otherwise revise the scope of this RFQ. This RFQ does not constitute a contract or an offer of employment.

## **11.0 COUNTY'S RIGHTS**

The County reserves the right to:

1. Request clarification of any submitted information.
2. Waive any irregularity or immaterial deviation in any submittal.
3. Not enter into any agreement.

4. Not select any Respondent.
5. Cancel this process at any time.
6. Amend this process at any time.

Waiver of an immaterial deviation shall in no way modify the RFQ documents or excuse the Respondent from full compliance with the contract requirements if the Respondent is awarded the contract.

## **12.0 CONFLICT OF INTEREST**

Respondents warrant and covenant that no official or employee of the County, or any business entity in which an official of the County has an interest, has been employed or retained to solicit or aid in the procuring of the resulting agreement, nor that any such person will be employed in the performance of such agreement without immediate divulgence of such fact to the County. Submittals shall contain a statement to the effect that the Respondent is not currently committed to another project that would constitute a conflicting interest with the project defined in this RFQ.

## **13.0 PUBLIC RECORDS ACT**

Pursuant to the California Public Records Act, the County may be required to produce records of this transaction, upon third party request, subject to various statutory exemptions. Please indicate what exemptions may apply to the information you submit (such as a 'proprietary information' exemption – refer to Section 3 for submittal instructions).

In the event of a request for such information, the County will make best efforts to provide notice to Respondent prior to such disclosure. If Respondent contends that any documents are exempt from the CPRA and wishes to prevent disclosure, it is required to obtain a protective order, injunctive relief or other appropriate remedy from a court of law in El Dorado County before the County's deadline for responding to the CPRA request. If Respondent fails to obtain such remedy within County's deadline for responding to the CPRA request, County may disclose the requested information. The County shall not in any way be liable or responsible for the disclosure of any such records.

Respondent further agrees that it shall defend, indemnify and hold County harmless against any claim, action or litigation (including but not limited to all judgments, costs, fees, and attorney's fees) that may result from denial by County of a CPRA request for information arising from any representation, or any action (or inaction), by the Respondent.

#### **14.0 BUSINESS LICENSE REQUIREMENT**

It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070. Contact the Tax Collector's Office at 360 Fair Lane, Placerville, CA 95667, or phone (530) 621-5800, for further information.

It is not a requirement to possess a County business license at the time of submittal. Selected Respondents may be required to possess a County business license to award contract.

#### **15.0 PUBLIC AGENCY**

It is intended that other public agencies (i.e., city, special district, public authority, public agency, and other political subdivisions of the State of California) shall have the option to participate in any agreement created as a result of this RFQ with the same terms and conditions specified therein, including pricing. The County shall incur no financial responsibility in connection with any agreement from another public agency. The public agency shall accept sole responsibility for contracting for services and making payment to the vendor.