

COUNTY OF FRESNO

REQUEST FOR PROPOSAL

NUMBER: 952-5329

FULL SERVICE PARTNERSHIP PROGRAM

Issue Date: January 26, 2015

Closing Date: MARCH 5, 2015

Proposal will be considered LATE when the official Purchasing time clock reads 2:00 P.M.

Questions regarding this RFP should be directed to: Shannon W. Kirby,
phone (559) 600-7116, e-mail skirby@co.fresno.ca.us.

Check County of Fresno Purchasing's Open Solicitations
website at <https://www2.co.fresno.ca.us/0440/Bids/BidsHome.aspx>
for RFP documents and changes.

Please submit all Proposals to:

County of Fresno - Purchasing
4525 E. Hamilton Avenue, 2nd Floor
Fresno, CA 93702-4599

BIDDER TO COMPLETE

UNDERSIGNED AGREES TO FURNISH THE COMMODITY OR SERVICE STIPULATED IN THE ATTACHED PROPOSAL
SCHEDULE AT THE PRICES AND TERMS STATED, SUBJECT TO THE "COUNTY OF FRESNO PURCHASING STANDARD
INSTRUCTIONS AND CONDITIONS FOR REQUEST FOR PROPOSALS (RFP'S)" ATTACHED.

COMPANY

ADDRESS

CITY

STATE

ZIP CODE

()

TELEPHONE NUMBER

()

FACSIMILE NUMBER

E-MAIL ADDRESS

SIGNED BY

PRINT NAME

TITLE

COUNTY OF FRESNO PURCHASING
STANDARD INSTRUCTIONS AND CONDITIONS FOR
REQUESTS FOR PROPOSALS (RFP'S) AND REQUESTS FOR QUOTATIONS (RFQ'S)

Note: the reference to "bids" in the following paragraphs applies to RFP's and RFQ's

GENERAL CONDITIONS

By submitting a bid the bidder agrees to the following conditions. These conditions will apply to all subsequent purchases based on this bid.

1. BID PREPARATION:

- A) All prices and notations must be typed or written in ink. No erasures permitted. Errors may be crossed out, initialed and corrections printed in ink by person signing bid.
- B) Brand Names: Brand names and numbers when given are for reference. Equal items will be considered, provided the offer clearly describes the article and how it differs from that specified. In the absence of such information it shall be understood the offering is exactly as specified.
- C) State brand or make of each item. If bidding on other than specified, state make, model and brand being bid and attach supporting literature/specifications to the bid.
- D) Bid on each item separately. Prices should be stated in units specified herein. All applicable charges must be quoted; charges on invoice not quoted herein will be disallowed.
- E) Time of delivery is a part of the consideration and must be stated in definite terms and must be adhered to. F.O.B. Point shall be destination or freight charges must be stated.
- F) All bids must be dated and signed with the firm's name and by an authorized officer or employee.
- G) Unless otherwise noted, prices shall be firm for one hundred eighty (180) days after closing date of bid.

2. SUBMITTING BIDS:

- A) Each bid must be submitted on forms provided in a sealed envelope/package with bid number and closing date and time on the outside of the envelope/package.
- B) Interpretation: Should any discrepancies or omissions be found in the bid specifications or doubt as to their meaning, the bidder shall notify the Buyer in writing at once. The County shall not be held responsible for verbal interpretations. Questions regarding the bid must be received by Purchasing stated within this document. All addenda issued shall be in writing, duly issued by Purchasing and incorporated into the contract.
- C) **ISSUING AGENT/AUTHORIZED CONTACT:** This RFP/RFQ has been issued by County of Fresno, Purchasing. Purchasing shall be the vendor's sole point of contact with regard to the RFP/RFQ, its content, and all issues concerning it.

All communication regarding this RFP/RFQ shall be directed to an authorized representative of County Purchasing. The specific buyer managing this RFP/RFQ is identified on the cover page, along with his or her telephone number, and he or she should be the primary

point of contact for discussions or information pertaining to the RFP/RFQ. Contact with any other County representative, including elected officials, for the purpose of discussing this RFP/RFQ, its content, or any other issue concerning it, is prohibited unless authorized by Purchasing. Violation of this clause, by the vendor having unauthorized contact (verbally or in writing) with such other County representatives, may constitute grounds for rejection by Purchasing of the vendor's quotation.

The above stated restriction on vendor contact with County representatives shall apply until the County has awarded a purchase order or contract to a vendor or vendors, except as follows. First, in the event that a vendor initiates a formal protest against the RFP/RFQ, such vendor may contact the appropriate individual, or individuals who are managing that protest as outlined in the County's established protest procedures. All such contact must be in accordance with the sequence set forth under the protest procedures. Second, in the event a public hearing is scheduled before the Board of Supervisors to hear testimony prior to its approval of a purchase order or contract, any vendor may address the Board.

- D) Bids received after the closing time will NOT be considered.
- E) Bidders are to bid what is specified or requested first. If unable to or unwilling to, bidder may bid alternative or option, indicating all advantages, disadvantages and their associated cost.

3. FAILURE TO BID:

- A) If not bidding, return bid sheet and state reason for no bid or your name may be removed from mailing list.

4. TAXES, CHARGES AND EXTRAS:

- A) County of Fresno is subject to California sales and/or use tax (8.225%). Please indicate as a separate line item if applicable.
- B) **DO NOT** include Federal Excise Tax. County is exempt under Registration No. 94-73-03401-K.
- C) County is exempt from Federal Transportation Tax. Exemption certificate is not required where shipping papers show consignee as County of Fresno.
- D) Charges for transportation, containers, packing, etc. will not be paid unless specified in bid.

5. W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION & CALIFORNIA FORM 590 WITHHOLDING EXEMPTION CERTIFICATE:

Upon award of bid, the vendor shall submit to County Purchasing, a completed IRS Form W-9 - Request for Taxpayer Identification Number and Certification

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and a California Form 590 Withholding Exemption Certificate if not currently a County of Fresno approved vendor.

6. AWARDS:

- A) Award(s) will be made to the most responsive responsible bidder; however, the Fresno County Local Vendor Preference and/or the Disabled Veteran Business Enterprise Preference shall take precedence when applicable. Said Preferences apply only to Request for Quotations for materials, equipment and/or supplies only (no services); the preference do not apply to Request for Proposals. RFQ evaluations will include such things as life-cycle cost, availability, delivery costs and whose product and/or service is deemed to be in the best interest of the County. The County shall be the sole judge in making such determination.
- B) Unless bidder gives notice of all-or-none award in bid, County may accept any item, group of items or on the basis of total bid.
- C) The County reserves the right to reject any and all bids and to waive informalities or irregularities in bids.
- D) Award Notices are tentative: Acceptance of an offer made in response to this RFP/RFQ shall occur only upon execution of an agreement by both parties or issuance of a valid written Purchase Order by Fresno County Purchasing.
- E) After award, all bids shall be open to public inspection. The County assumes no responsibility for the confidentiality of information offered in a bid.

7. TIE BIDS:

All other factors being equal, the contract shall be awarded to the Fresno County vendor or, if neither or both are Fresno County vendors, it may be awarded by the flip of a coin in the presence of witnesses or the entire bid may be rejected and re-bid. If the General Requirements of the RFQ state that they are applicable, the provisions of the Fresno County Local Vendor Preference shall take priority over this paragraph.

8. PATENT INDEMNITY:

The vendor shall hold the County, its officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses, for infringement or use of any copyrighted or un-copyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with this bid.

9. SAMPLES:

Samples, when required, must be furnished and delivered free and, if not destroyed by tests, will upon written request (within thirty (30) days of bid closing date) be returned at the bidder's expense. In the absence of such notification, County shall have the right to dispose of the samples in whatever manner it deems appropriate.

10. RIGHTS AND REMEDIES OF COUNTY FOR DEFAULT:

- A) In case of default by vendor, the County may procure the articles or service from another source and may recover the cost difference and related expenses occasioned thereby from any unpaid balance due the vendor or by proceeding against performance bond of the vendor, if any, or by suit against the vendor. The prices paid by the County shall be considered the prevailing market price at the time such purchase is made.
- B) Articles or services, which upon delivery inspection do not meet specifications, will be rejected and the vendor will be considered in

default. Vendor shall reimburse County for expenses related to delivery of non-specified goods or services.

- C) Regardless of F.O.B. point, vendor agrees to bear all risks of loss, injury or destruction to goods and materials ordered herein which occur prior to delivery and such loss, injury or destruction shall not release vendor from any obligation hereunder.

11. DISCOUNTS:

Terms of less than fifteen (15) days for cash payment will be considered as net in evaluating this bid. A discount for payment within fifteen (15) days or more will be considered in determining the award of bid. Discount period will commence either the later of delivery or receipt of invoice by the County. Standard terms are Net forty-five (45) days.

12. SPECIAL CONDITIONS IN BID SCHEDULE SUPERSEDE GENERAL CONDITIONS:

The "General Conditions" provisions of this RFP/RFQ shall be superseded if in conflict with any other section of this bid, to the extent of any such conflict.

13. SPECIAL REQUIREMENT:

With the invoice or within twenty-five (25) days of delivery, the seller must provide to the County a Material Safety Data Sheet for each product, which contains any substance on "The List of 800 Hazardous Substances", published by the State Director of Industrial Relations. (See Hazardous Substances Information and Training Act, California State Labor Code Sections 6360 through 6399.7.)

14. RECYCLED PRODUCTS/MATERIALS:

Vendors are encouraged to provide and quote (with documentation) recycled or recyclable products/materials which meet stated specifications.

15. YEAR COMPLIANCE WARRANTY:

Vendor warrants that any product furnished pursuant to this Agreement/order shall support a four-digit year format and be able to accurately process date and time data from, into and between the twentieth and twenty-first centuries, as well as leap year calculations. "Product" shall include, without limitation, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein. This warranty shall survive termination or expiration of this Agreement.

In the event of any decrease in product functionality or accuracy related to time and/or date data related codes and/or internal subroutines that impede the product from operating correctly using dates beyond December 31, 1999, vendor shall restore or repair the product to the same level of functionality as warranted herein, so as to minimize interruption to County's ongoing business process, time being of the essence. In the event that such warranty compliance requires the acquisition of additional programs, the expense for any such associated or additional acquisitions, which may be required, including, without limitation, data conversion tools, shall be borne exclusively by vendor. Nothing in this warranty shall be construed to limit any rights or remedies the County may otherwise have under this Agreement with respect to defects other than year performance.

16. PARTICIPATION:

Bidder may agree to extend the terms of the resulting contract to other political subdivision, municipalities and tax-supported agencies.

Such participating Governmental bodies shall make purchases in their own name, make payment directly to bidder, and be liable directly to the bidder, holding the County of Fresno harmless.

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17. CONFIDENTIALITY:

All services performed by vendor shall be in strict conformance with all applicable Federal, State of California and/or local laws and regulations relating to confidentiality, including but not limited to, California Civil Code, California Welfare and Institutions Code, Health and Safety Code, California Code of Regulations, Code of Federal Regulations.

Vendor shall submit to County's monitoring of said compliance.

Vendor may be a business associate of County, as that term is defined in the "Privacy Rule" enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a HIPAA Business Associate, vendor may use or disclose protected health information ("PHI") to perform functions, activities or services for or on behalf of County as specified by the County, provided that such use or disclosure shall not violate HIPAA and its implementing regulations. The uses and disclosures of PHI may not be more expansive than those applicable to County, as the "Covered Entity" under HIPAA's Privacy Rule, except as authorized for management, administrative or legal responsibilities of the Business Associate.

Vendor shall not use or further disclose PHI other than as permitted or required by the County, or as required by law without written notice to the County.

Vendor shall ensure that any agent, including any subcontractor, to which vendor provides PHI received from, or created or received by the vendor on behalf of County, shall comply with the same restrictions and conditions with respect to such information.

18. APPEALS:

Appeals must be submitted in writing within seven (7) working days after notification of proposed recommendations for award. A "Notice of Award" is not an indication of County's acceptance of an offer made in response to this RFP/RFQ. Appeals should be submitted to County of Fresno Purchasing, 4525 E. Hamilton Avenue, Fresno, California 93702-4599. Appeals should address only areas regarding RFP contradictions, procurement errors, quotation rating discrepancies, legality of procurement context, conflict of interest, and inappropriate or unfair competitive procurement grievance regarding the RFP/RFQ process.

Purchasing will provide a written response to the complainant within seven (7) working days unless the complainant is notified more time is required.

If the protesting bidder is not satisfied with the decision of Purchasing, he/she shall have the right to appeal to the Purchasing Agent/CAO within seven (7) working days after Purchasing's notification; except if, notified to appeal directly to the Board of Supervisors at the scheduled date and time.

If the protesting bidder is not satisfied with Purchasing Agent/CAO's decision, the final appeal is with the Board of Supervisors.

19. OBLIGATIONS OF CONTRACTOR:

A) CONTRACTOR shall perform as required by the ensuing contract. CONTRACTOR also warrants on behalf of itself and all subcontractors engaged for the performance of the ensuing contract that only persons authorized to work in the United States pursuant to the Immigration Reform and Control Act of 1986 and other applicable laws shall be employed in the performance of the work hereunder.

B) CONTRACTOR shall obey all Federal, State, local and special district laws, ordinances and regulations.

20. AUDITS & RETENTION:

The Contractor shall maintain in good and legible condition all books, documents, papers, data files and other records related to its performance under this contract. Such records shall be complete and available to Fresno County, the State of California, the federal government or their duly authorized representatives for the purpose of audit, examination, or copying during the term of the contract and for a period of at least three (3) years following the County's final payment under the contract or until conclusion of any pending matter (e.g., litigation or audit), whichever is later. Such records must be retained in the manner described above until all pending matters are closed.

21. DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS:

Applies to Request for Proposal (RFP); does not apply to Request for Quotation (RFQ) unless specifically stated elsewhere in the RFQ document.

In their proposal, the bidder is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as "Bidder"):

- Within the three-year period preceding the proposal, they have been convicted of, or had a civil judgment rendered against them for:
 - fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
 - violation of a federal or state antitrust statute;
 - embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
 - false statements or receipt of stolen property

Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

22. DATA SECURITY:

Individuals and/or agencies that enter into a contractual relationship with the COUNTY for the purpose of providing services must employ adequate controls and data security measures, both internally and externally to ensure and protect the confidential information and/or data provided to contractor by the COUNTY, preventing the potential loss, misappropriation or inadvertent access, viewing, use or disclosure of COUNTY data including sensitive or personal client information; abuse of COUNTY resources; and/or disruption to COUNTY operations.

Individuals and/or agencies may not connect to or use COUNTY networks/systems via personally owned mobile, wireless or handheld devices unless authorized by COUNTY for telecommuting purposes and provide a secure connection; up to date virus protection and mobile devices must have the remote wipe feature enabled. Computers or computer peripherals including mobile storage devices may not be used (COUNTY or Contractor device) or brought in for use into the COUNTY's system(s) without prior authorization from COUNTY's Chief Information Officer and/or designee(s).

No storage of COUNTY's private, confidential or sensitive data on any hard-disk drive, portable storage device or remote storage installation unless encrypted according to advance encryption standards (AES of 128 bit or higher).

The COUNTY will immediately be notified of any violations, breaches or potential breaches of security related to COUNTY's confidential information, data and/or data processing equipment which stores or processes COUNTY data, internally or externally.

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COUNTY shall provide oversight to Contractor's response to all incidents arising from a possible breach of security related to COUNTY's confidential client information. Contractor will be responsible to issue any notification to affected individuals as required by law or as deemed necessary by COUNTY in its sole discretion. Contractor will be responsible for all costs incurred as a result of providing the required notification.

23. PURCHASING LOCATION & HOURS:

Fresno County Purchasing is located at 4525 E. Hamilton Avenue (second floor), Fresno, CA 93702. Non-holiday hours of operation are Monday through Friday, 8:00 A.M. to 12:00 Noon and 1:00 P.M. to 5:00 P.M. PST; Purchasing is closed daily from 12:00 Noon to 1:00 P.M. The following holiday office closure schedule is observed:

January 1*	New Year's Day
Third Monday in January	Martin Luther King, Jr.'s Birthday
Third Monday in February	Washington - Lincoln Day
March 31*	Cesar Chavez' Birthday
Last Monday in May	Memorial Day
July 4*	Independence Day
First Monday in September	Labor Day
November 11*	Veteran's Day
Fourth Thursday in November	Thanksgiving Day
Friday following Thanksgiving	
December 25*	Christmas

* When this date falls on a Saturday, the holiday is observed the preceding Friday. If the date falls on a Sunday, the holiday is observed the following Monday.

24. FRESNO COUNTY BOARD OF SUPERVISORS ADMINISTRATIVE POLICIES:

The link below references the Fresno County Board of Supervisors Administrative policies that will apply to this Request for Proposal.

[Click here to view](#)

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OVERVIEW

The County of Fresno on behalf of the Department of Behavioral Health (DBH) is requesting proposals from qualified vendors to operate a Full-Service Partnership program (FSP), providing comprehensive mental health, housing and community supports with a continuous service capacity of 250 adults with a serious mental illness. At most, two bidders will be selected to provide services according to the specifications of the Scope of Work section of this Request for Proposals. The selected bidder(s) will maintain a combined caseload of 250 clients at any given time throughout the contract term(s). Bidders should indicate in their proposals if they intend to maintain, at any given time, a caseload of 250 clients or 125 clients. Bidders interested in submitting proposals for both service capacities, may do so by providing Cost Proposals for both scenarios.

KEY DATES

RFP Issue Date:	January 26, 2015
Vendor Conference: <i>Vendors are to contact Shannon W. Kirby at (559) 600-7116 if planning to attend vendor conference.</i>	February 12, 2015 at 10:00A.M. County of Fresno Purchasing 4525 E. Hamilton Avenue, 2 nd Floor Fresno, CA 93702
Deadline for Written Requests for Interpretations or Corrections of RFP:	February 19, 2015 and 10:00A.M. E-Mail: skirby@co.fresno.ca.us
RFP Closing Date:	March 5, 2015 at 2:00 P.M. County of Fresno Purchasing 4525 E. Hamilton Avenue, 2 nd Floor Fresno, CA 93702

DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS

In their proposal, the bidder is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as “Bidder”):

- Within the three-year period preceding the proposal, they have been convicted of, or had a civil judgment rendered against them for:
 - fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
 - violation of a federal or state antitrust statute;
 - embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
 - false statements or receipt of stolen property
- Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

Disclosure of the above information will not automatically eliminate a Bidder from consideration. The information will be considered as part of the determination of whether to award the contract and any additional information or explanation that a Bidder elects to submit with the disclosed information will be considered. If it is later determined that the Bidder failed to disclose required information, any contract awarded to such Bidder may be immediately voided and terminated for material failure to comply with the terms and conditions of the award.

Any Bidder who is awarded a contract must sign an appropriate Certification Regarding Debarment, Suspension, and Other Responsibility Matters. Additionally, the Bidder awarded the contract must immediately advise the County in writing if, during the term of the agreement: (1) Bidder becomes suspended, debarred, excluded or ineligible for participation in federal or state funded programs or from receiving federal funds as listed in the excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to Bidder. The Bidder will indemnify, defend and hold the County harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS--PRIMARY COVERED TRANSACTIONS**

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature:

Date:

(Printed Name & Title)

(Name of Agency or Company)

VENDOR MUST COMPLETE AND RETURN WITH REQUEST FOR PROPOSAL

Firm: _____

REFERENCE LIST

Provide a list of at least five (5) customers for whom you have recently provided similar services. Be sure to include all requested information.

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Failure to provide a list of at least five (5) customers may be cause for rejection of this RFP.

PARTICIPATION

The County of Fresno is a member of the Central Valley Purchasing Group. This group consists of Fresno, Kern, Kings, and Tulare Counties and all governmental, tax supported agencies within these counties.

Whenever possible, these and other tax supported agencies co-op (piggyback) on contracts put in place by one of the other agencies.

Any agency choosing to avail itself of this opportunity, will make purchases in their own name, make payment directly to the contractor, be liable to the contractor and vice versa, per the terms of the original contract, all the while holding the County of Fresno harmless. If awarded this contract, please indicate whether you would extend the same terms and conditions to all tax supported agencies within this group as you are proposing to extend to Fresno County.

☐ Yes, we will extend contract terms and conditions to all qualified agencies within the Central Valley Purchasing Group and other tax supported agencies.

☐ No, we will not extend contract terms to any agency other than the County of Fresno.

(Authorized Signature)

Title

*** Note: This form/information is not rated or ranked in evaluating proposal.**

GENERAL REQUIREMENTS

DEFINITIONS: The terms Bidder, Proposer, Contractor and Vendor are all used interchangeably and refer to that person, partnership, corporation, organization, agency, etc. which is offering the proposal and is identified on the Proposal Identification Sheet.

RFP CLARIFICATION AND REVISIONS: Any revisions to the RFP will be issued and distributed as written addenda.

FIRM PROPOSAL: All proposals shall remain firm for at least one hundred eighty (180) days.

PROPOSAL PREPARATION: Proposals should be submitted in the formats shown under "PROPOSAL CONTENT REQUIREMENTS" section of this RFP.

County of Fresno will not be held liable or any cost incurred by bidders responding to RFP.

Bidders are to bid what is specified or requested first. If unable to or unwilling to, bidder may bid alternative or option, indicating all advantages, disadvantages and their associated cost.

SUPPORTIVE MATERIAL: Additional material may be submitted with the proposal as appendices. Any additional descriptive material that is used in support of any information in your proposal must be referenced by the appropriate paragraph(s) and page number(s).

Bidders are asked to submit their proposals in a binder (one that allows for easy removal of pages) with index tabs separating the sections identified in the Table of Contents. Pages must be numbered on the bottom of each page.

Any proposal attachments, documents, letters and materials submitted by the vendor shall be binding and included as a part of the final contract should your bid be selected.

TAXES: The quoted amount must include all applicable taxes. If taxes are not specifically identified in the proposal it will be assumed that they are included in the total quoted.

SALES TAX: Fresno County pays California State Sales Tax in the amount of 8.225% regardless of vendor's place of doing business.

RETENTION: County of Fresno reserves the right to retain all proposals, excluding proprietary documentation submitted per the instructions of this RFP, regardless of which response is selected.

ORAL PRESENTATIONS: Each finalist may be required to make an oral presentation in Fresno County and answer questions from County personnel.

AWARD/REJECTION: The award will be made to the vendor offering the overall proposal deemed to be to the best advantage of the County. The County shall be the sole judge in making such determination. The County reserves the right to reject any and all proposals. The lowest bidders are not arbitrarily the vendors whose proposals will be selected. Award Notices are tentative: Acceptance of an offer made in response to this RFP shall occur only upon execution of an agreement by both parties or issuance of a valid written Purchase Order by Fresno County Purchasing.

County Purchasing will chair or co-chair all award, evaluation and contract negotiation committees.

Award may require approval by the County of Fresno Board of Supervisors.

WAIVERS: The County reserves the right to waive any informalities or irregularities and any technical or clerical errors in any quote as the interest of the County may require.

TERMINATION: The County reserves the right to terminate any resulting contract upon written notice.

MINOR DEVIATIONS: The County reserves the right to negotiate minor deviations from the prescribed terms, conditions and requirements with the selected vendor.

PROPOSAL REJECTION: Failure to respond to all questions or not to supply the requested information could result in rejection of your proposal.

ASSIGNMENTS: The ensuing proposed contract will provide that the vendor may not assign any payment or portions of payments without prior written consent of the County of Fresno.

BIDDERS LIABILITIES: County of Fresno will not be held liable for any cost incurred by vendors in responding to the RFP.

CONFIDENTIALITY: Bidders shall not disclose information about the County's business or business practices and safeguard confidential data which vendor staff may have access to in the course of system implementation.

DISPUTE RESOLUTION: The ensuing contract shall be governed by the laws of the State of California.

Any claim which cannot be amicably settled without court action will be litigated in the U. S. District Court for the Eastern District of California in Fresno, CA or in a state court for Fresno County.

NEWS RELEASE: Vendors shall not issue any news releases or otherwise release information to any third party about this RFP or the vendor's quotation without prior written approval from the County of Fresno.

BACKGROUND REVIEW: The County reserves the right to conduct a background inquiry of each proposer/bidder which may include collection of appropriate criminal history information, contractual and business associations and practices, employment histories and reputation in the business community. By submitting a proposal/bid to the County, the vendor consents to such an inquiry and agrees to make available to the County such books and records the County deems necessary to conduct the inquiry.

PERFORMANCE BOND: The successful bidders may be required to furnish a faithful performance bond. Bidders are to quote a separate price for a performance bond.

ACQUISITIONS: The County reserves the right to obtain the whole system/services/goods as proposed or only a portion of the system/services/goods, or to make no acquisition at all.

OWNERSHIP: The successful vendor will be required to provide to the County of Fresno documented proof of ownership by the vendor, or its designated subcontractor, upon request of the proposed programs/services/goods.

EXCEPTIONS: Identify with explanation, any terms, conditions, or stipulations of the RFP with which you *CAN NOT* or *WILL NOT* comply with by proposal group.

ADDENDA: In the event that it becomes necessary to revise any part of this RFP, addenda will be provided to all agencies and organizations that receive the basic RFP.

SUBCONTRACTORS: If a subcontractor is proposed, complete identification of the subcontractor and his tasks should be provided. The primary contractor is not relieved of any responsibility by virtue of using a subcontractor.

CONFLICT OF INTEREST: The County shall not contract with, and shall reject any bid or proposal submitted by the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or public agencies for which the Board of Supervisors is the governing body.
2. Profit-making firms or businesses in which employees described in Subsection (1) serve as officers, principals, partners or major shareholders.
3. Persons who, within the immediately preceding twelve (12) months, came within the provisions of Subsection (1), and who were employees in positions of substantial responsibility in the area of service to be performed by the contract, or participated in any way in developing the contract or its service specifications.
4. Profit-making firms or businesses in which the former employees described in Subsection (3) serve as officers, principals, partners or major shareholders.
5. No County employee, whose position in the County enables him to influence the selection of a contractor for this RFP, or any competing RFP, and no spouse or economic dependent of such employee, shall be employees in any capacity by a bidder, or have any other direct or indirect financial interest in the selection of a contractor.
6. In addition, no County employee will be employed by the selected vendor to fulfill the vendor's contractual obligations to the County.

ORDINANCE 3.08.130 – POST-SEPARATION EMPLOYMENT PROHIBITED

No officer or employee of the County who separates from County service shall for a period of one year after separation enter into any employment, contract, or other compensation arrangement with any County consultant, vendor, or other County provider of goods, materials, or services, where the officer or employee participated in any part of the decision making process that led to the County relationship with the consultant, vendor or other County provider of goods, materials or services.

Pursuant to Government Code section 25132(a), a violation of the ordinance may be enjoined by an injunction in a civil lawsuit, or prosecuted as a criminal misdemeanor.

EVALUATION CRITERIA: Respondents will be evaluated on the basis of their responses to all questions and requirements in this RFP and product cost. The County shall be the sole judge in the ranking process and reserves the right to reject any or all bids. False, incomplete or

unresponsive statements in connection with this proposal may be sufficient cause for its rejection.

SELECTION PROCESS: All proposals will be evaluated by a team consisting of representatives from appropriate County Department(s), and Purchasing. It will be their responsibility to make the final recommendations. Purchasing will chair or co-chair the evaluation or evaluation process.

Organizations that submit a proposal may be required to make an oral presentation to the Selection Committee. These presentations provide an opportunity for the individual, agency, or organization to clarify its proposal to ensure thorough, mutual understanding.

INDEPENDENT CONTRACTOR: In performance of the work, duties, and obligations assumed by Contractor under any ensuing Agreement, it is mutually understood and agreed that Contractor, including any and all of Contractor's officers, agents, and employees will at all times be acting and performing as an independent contractor, and shall act in an independent capacity and not as an officer, agent, servant, employee, joint venture, partner, or associate of the County. Furthermore, County shall have no right to control, supervise, or direct the manner or method by which Contractor shall perform its work and function. However, County shall retain the right to administer this Agreement so as to verify that Contractor is performing its obligations in accordance with the terms and conditions thereof. Contractor and County shall comply with all applicable provisions of law and the rules and regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

Because of its status as an independent contractor, Contractor shall have absolutely no right to employment rights and benefits available to County employees. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally required employee benefits. In addition, Contractor shall be solely responsible and save County harmless from all matters relating to payment of Contractor's employees, including compliance with Social Security, withholding, and all other regulations governing such matters. It is acknowledged that during the term of the Agreement, Contractor may be providing services to others unrelated to the COUNTY or to the Agreement.

HOLD HARMLESS CLAUSE: Contractor agrees to indemnify, save, hold harmless and at County's request, defend the County, its officers, agents and employees, from any and all costs and expenses, damages, liabilities, claims and losses occurring or resulting to County in connection with the performance, or failure to perform, by Contractor, its officers, agents or employees under this Agreement and from any and all costs and expenses, damages, liabilities, claims and losses occurring or resulting to any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of Contractor, its officers, agents or employees under this Agreement.

SELF-DEALING TRANSACTION DISCLOSURE: Contractor agrees that when operating as a corporation (a for-profit or non-profit corporation), or if during the term of the agreement the Contractor changes its status to operate as a corporation, members of the Contractor's Board of Directors shall disclose any self-dealing transactions that they are a party to while Contractor is providing goods or performing services under the agreement with the County. A self-dealing transaction shall mean a transaction to which the Contractor is a party and in which one or more of its directors has a material financial interest. Members of the Board of Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a Fresno County Self-Dealing Transaction Disclosure Form and submitting it to the County prior to commencing with the self-dealing transaction or immediately thereafter.

PRICE RESPONSIBILITY: The selected vendor will be required to assume full responsibility for all services and activities offered in the proposal, whether or not they are provided directly. Further, the County of Fresno will consider the selected vendor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. The contractor may not subcontract or transfer the contract, or any right or obligation arising out of the contract, without first having obtained the express written consent of the County.

ADDRESSES AND TELEPHONE NUMBERS: The vendor will provide the business address and mailing address, if different, as well as the telephone number of the individual signing the contract.

ASSURANCES: Any contract awarded under this RFP must be carried out in full compliance with The Civil Rights Act of 1964, The Americans With Disabilities Act of 1990, their subsequent amendments, and any and all other laws protecting the rights of individuals and agencies. The County of Fresno has a zero tolerance for discrimination, implied or expressed, and wants to ensure that policy continues under this RFP. The contractor must also guarantee that services, or workmanship, provided will be performed in compliance with all applicable local, state, or federal laws and regulations pertinent to the types of services, or project, of the nature required under this RFP. In addition, the contractor may be required to provide evidence substantiating that their employees have the necessary skills and training to perform the required services or work.

INSURANCE:

Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the following insurance policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or Joint Powers Agreement (JPA) throughout the term of the Agreement:

A. Commercial General Liability

Commercial General Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed necessary because of the nature of this contract.

B. Automobile Liability

Comprehensive Automobile Liability Insurance with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000.00) per person, Five Hundred Thousand Dollars (\$500,000.00) per accident and for property damages of not less than Fifty Thousand Dollars (\$50,000.00), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000.00). Coverage should include owned and non-owned vehicles used in connection with this Agreement.

C. Professional Liability

If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

This coverage shall be issued on a per claim basis. Contractor agrees that it shall maintain, at its sole expense, in full force and effect for a period of three (3) years following the termination of this Agreement, one or more policies of professional liability insurance with limits of coverage as specified herein.

D. Worker's Compensation

A policy of Worker's Compensation insurance as may be required by the California Labor Code.

Contractor shall obtain endorsements to the Commercial General Liability insurance naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by County, its officers, agents and employees shall be excess only and not contributing with insurance provided under Contractor's policies herein. This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written notice given to County.

Within thirty (30) days from the date Contractor executes this Agreement, Contractor shall provide certificates of insurance and endorsement as stated above for all of the foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, Attn: Joanna Zamora, 3133 N. Millbrook Avenue, Fresno, CA 93703, stating that such insurance coverage have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by County, its officers, agents and employees, shall be excess only and not contributing with insurance provided under Contractor's policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance, written notice given to County.

In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, the County may, in addition to other remedies it may have, suspend or terminate this Agreement upon the occurrence of such event.

All policies shall be with admitted insurers licensed to do business in the State of California. Insurance purchased shall be purchased from companies possessing a current A.M. Best, Inc. rating of A FSC VII or better.

AUDIT AND RETENTION: The Contractor shall maintain in good and legible condition all books, documents, papers, data files and other records related to its performance under this contract. Such records shall be complete and available to Fresno County, the State of California, the federal government or their duly authorized representatives for the purpose of audit, examination, or copying during the term of the contract and for a period of at least three years following the County's final payment under the contract or until conclusion of any pending matter (e.g., litigation or audit), whichever is later. Such records must be retained in the manner described above until all pending matters are closed.

DEFAULT: In case of default by the selected bidder, the County may procure materials and services from another source and may recover the loss occasioned thereby from any unpaid balance due the selected bidder, or by any other legal means available to the County.

BREACH OF CONTRACT: In the event of breach of contract by either party, the other party shall be relieved of its obligations under this agreement and may pursue any legal remedies.

CONFIDENTIALITY

All services performed by vendor shall be in strict conformance with all applicable Federal, State of California and/or local laws and regulations relating to confidentiality, including but not limited to, California Civil Code, California Welfare and Institutions Code, Health and Safety Code, California Code of Regulations, Code of Federal Regulations.

Vendor shall submit to County's monitoring of said compliance.

Vendor may be a Business associate of County, as that term is defined in the "Privacy Rule" enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a HIPAA Business Associate, vendor may use or disclose protected health information ("PHI") to perform functions, activities or services for or on behalf of County, as specified by the County, provided that such use or disclosure shall not violate HIPAA and its implementing regulations. The uses and disclosures of PHI may not be more expansive than those applicable to County, as the "Covered Entity" under HIPAA's Privacy Rule, except as authorized for management, administrative or legal responsibilities of the Business Associate.

Vendor shall not use or further disclose PHI other than as permitted or required by the County, or as required by law without written notice to the County.

Vendor shall ensure that any agent, including any subcontractor, to which vendor provides PHI received from, or created or received by the vendor on behalf of County, shall comply with the same restrictions and conditions with respect to such information.

APPEALS

Appeals must be submitted in writing within *seven (7) working days after notification of proposed recommendations for award. A "Notice of Award" is not an indication of County's acceptance of an offer made in response to this RFP. Appeals shall be submitted to County of Fresno Purchasing, 4525 E. Hamilton Avenue 2nd Floor, Fresno, California 93702-4599.

Appeals should address only areas regarding RFP contradictions, procurement errors, quotation rating discrepancies, legality of procurement context, conflict of interest, and inappropriate or unfair competitive procurement grievance regarding the RFP process.

Purchasing will provide a written response to the complainant within *seven (7) working days unless the complainant is notified more time is required.

If the protesting bidder is not satisfied with the decision of Purchasing, he/she shall have the right to appeal to the Purchasing Agent/CAO within seven (7) working days after Purchasing's notification; except, if notified to appeal directly to the Board of Supervisors at the scheduled date and time.

If the protesting bidder is not satisfied with Purchasing Agent/CAO's decision, the final appeal is with the Board of Supervisors.

*The seven (7) working day period shall commence and be computed by excluding the first day and including the last day upon the date that the notification is issued by the County.

RIGHTS OF OWNERSHIP

The County shall maintain all rights of ownership and use to all materials designed, created or constructed associated with this service/project/program.

SPECIFIC BIDDING INSTRUCTIONS AND REQUIREMENTS

ISSUING AGENT: This RFP has been issued by County of Fresno, Purchasing. Purchasing shall be the vendor's sole point of contact with regard to the RFP, its content, and all issues concerning it.

AUTHORIZED CONTACT: All communication regarding this RFP shall be directed to an authorized representative of County Purchasing. The specific buyer managing this RFP is identified on the cover page, along with his or her telephone number, and he or she should be the primary point of contact for discussions or information pertaining to the RFP. Contact with any other County representative, including elected officials, for the purpose of discussing this RFP, its content, or any other issue concerning it, is prohibited unless authorized by Purchasing. Violation of this clause, by the vendor having unauthorized contact (verbally or in writing) with such other County representatives, may constitute grounds for rejection by Purchasing of the vendor's quotation.

The above stated restriction on vendor contact with County representatives shall apply until the County has awarded a purchase order or contract to a vendor or vendors, except as follows. First, in the event that a vendor initiates a formal protest against the RFP, such vendor may contact the appropriate individual, or individuals who are managing that protest as outlined in the County's established protest procedures. All such contact must be in accordance with the sequence set forth under the protest procedures. Second, in the event a public hearing is scheduled before the Board of Supervisors to hear testimony prior to its approval of a purchase order or contract, any vendor may address the Board.

VENDOR CONFERENCE: On February 12, 2015 at 10:00A.M., a vendor's conference will be held in which the scope of the project and proposal requirements will be explained. The meeting will be held at the office of County of Fresno Purchasing, 4525 E. Hamilton (between Cedar and Maple), 2nd Floor, Fresno, California. Addendum will be prepared and distributed to all bidders only if necessary to clarify substantive items raised during the bidders' conference.

Bidders are to contact Shannon W. Kirby at County of Fresno Purchasing, (559) 600-7116, if they are planning to attend the conference.

NUMBER OF COPIES: Submit one (1) original, with two (2) *reproducible compact disc enclosed and eight (8) copies of your proposal no later than the proposal acceptance date and time as stated on the front of this document to County of Fresno Purchasing. The cover page of each document is to be appropriately marked "Original" or "Copy".

***Bidder shall submit two (2) reproducible compact disc (i.e.: PDF file) containing the complete proposal excluding trade secrets. Compact disc should accompany the original binder and should be either attached to the inside cover of the binder or inserted in an attached sleeve or envelope in the front of the binder to insure the disc is not misplaced.**

INTERPRETATION OF RFP: Vendors must make careful examination of the requirements, specifications and conditions expressed in the RFP and fully inform themselves as to the quality and character of services required. If any person planning to submit a proposal finds discrepancies in or omissions from the RFP or has any doubt as to the true meaning or

interpretation, correction thereof may be requested at the scheduled Vendor Conference (see above). Any change in the RFP will be made only by written addendum, duly issued by the County. The County will not be responsible for any other explanations or interpretations.

Questions may be submitted subsequent to the Vendor Conference, subject to the following conditions:

- a. Such questions are submitted in writing to the County Purchasing not later than February 19, 2015 at 10:00 a.m. Questions must be directed to the attention of Shannon W. Kirby, Purchasing Analyst I.
- b. Such questions are submitted with the understanding that County can respond only to questions it considers material in nature.
- c. Questions shall be e-mailed to skirby@co.fresno.ca.us.

NOTE: The bidder is encouraged to submit all questions at the Vendor Conference. Time limitations can prevent a response to questions submitted after the conference.

SELECTION COMMITTEE: All proposals will be evaluated by a team co-chaired by Purchasing. All proposals will be evaluated by a review committee that may consist of County of Fresno Purchasing, department staff, community representatives from advisory boards and other members as appropriate.

The proposals will be evaluated in a multi-stage selection process. Some bids may be eliminated or set aside after an initial review. If a proposal does not respond adequately to the RFP or the bidder is deemed unsuitable or incapable of delivering services, the proposal may be eliminated from consideration. It will be the selection committee's responsibility to make the final recommendation to the Department Head.

CONTRACT TERM: It is County's intent to contract with the successful bidder for a term of three (3) years with the option to renew for up to two (2) additional one (1) year periods based on mutual written consent. County will retain the right to terminate the Agreement upon giving thirty (30) days advance written notification to the Contractor.

AUDITED FINANCIAL STATEMENTS: Copies of the audited Financial Statements for the last three (3) years for the business, agency or program that will be providing the service(s) proposed. If audited statements are not available, compiled or reviewed statements will be accepted with copies of three years of corresponding federal tax returns. This information is to be provided after the RFP closes, if requested. **Do not provide with your proposal.**

CONTRACT NEGOTIATION: The County will prepare and negotiate its own contract with the selected vendor, giving due consideration to standard contracts and associated legal documents submitted as a part of bidder's response to the RFP. The tentative award of the contract is based on successful negotiation pending formal recommendation of award. Bidder is to include in response the names and titles of officials authorized to conduct such negotiations.

NOTICES: All notices, payments, invoices, insurance and endorsement certificates, etc. need to be submitted as follows: referencing contract/purchase order number, department, position, title and address of administering official.

EPAYMENT OPTION: The County of Fresno provides an Epay Program which involves payment of invoices by a secure Visa account number assigned to the supplier after award of

contract. Notification of payments and required invoice information are issued to the supplier's designated Accounts Receivable contact by e-mail remittance advice at time of payment. To learn more about the benefits of an Epay Program, how it works, and obtain answers to frequently asked questions, click or copy and paste the following URL into your browser: www.bankofamerica.com/epayablesvendors or call Fresno County Accounts Payable, 559-600-3609.

LOCAL VENDOR PREFERENCE: The Local Vendor Preference **does not** apply to this Request for Proposal.

SCOPE OF WORK

The County of Fresno on behalf of the Department of Behavioral Health (DBH) is requesting proposals from qualified vendors to operate a Full-Service Partnership (FSP) program, providing comprehensive mental health, housing and community supports to 125 or 250 adults and older adults with a serious mental illness (SMI). This Request for Proposal (RFP) will result in one multi-year, annual contract for 250 clients or two multi-year, annual contracts for 125 clients each. The FSP program will be provided utilizing the Assertive Community Treatment (ACT) service delivery model.

The selected bidder(s) must be thoroughly familiar with the provisions of the Mental Health Services Act (MHSA), including but not limited to State MHSA regulations, policy interpretations, and definitions. Prospective bidders can view the State's MHSA policies and procedures and other informational items at the following web site: [MHSA](#)*. The selected bidder(s) must also be thoroughly familiar and have knowledge and understanding of Fresno County's diverse and unique populations. The selected bidder(s) will use MHSA funds to reach the unserved/underserved, new clients, and existing clients and their family members who receive services through Fresno County DBH, and other contracted services.

Bidders will demonstrate in their proposals adherence to FSP regulations and ACT model standards while embedding all five Mental Health Services Act (MHSA) core concepts. Aspects of each guiding feature are described below; however, bidders are responsible for understanding each in their entirety. Additional information is provided in Exhibit A.

Target Population:

Services will be provided to adults and older adults who have a SMI diagnosis and who are currently receiving mental health services **and** meet one or more of the following criteria:

- Homeless;
- At risk of homelessness
- Involved in the criminal justice system
- Frequent user of hospital and/or emergency room services as the primary resource for mental health treatment

or are underserved and at risk of:

- Homelessness
- Criminal justice involvement; and/or
- Institutionalization

While referrals can be made from various sources, approval of client entry into the FSP program will be made by the County.

Services:

The program(s) will encompass a unified team approach, in which the provider commits to do "whatever it takes" and "meet the client where they are" to help the client reach their personal recovery/resiliency and wellness goals and reduce the number of days they spend homeless, incarcerated, and hospitalized for mental health treatment.

Whatever it takes means using any method necessary to engage a client, determine his or her needs for recovery, and creating collaborative services and supports to meet those needs.

Services and supports include, but are not limited to, assessments, therapy, medication support, personal service coordination, crisis management, rehabilitation services, employment and education, advocacy and linkage to community resources. Additional support includes any direct assistance necessary to ensure that clients obtain the basic necessities of daily life, such as food, clothing, transportation, housing, personal hygiene, medical services, and other financial support. It is expected that each client approved to enter the program will be offered the full array of services and supports, including three face-to-face contacts per week.

Housing supports, especially immediate transitional housing are considered high needs for the population to be served and should be given appropriate attention in bidder proposals. An array of housing opportunities should be available and provided to the client based on their need and level of recovery. Examples of housing options include emergency housing, hotel rooms, transitional and supportive housing and affordable apartments. The ultimate housing goal for each client should be safe, affordable and permanent housing. No one should be at risk of homelessness upon discharge of the FSP program.

FSP programs are viewed as the most service-intense outpatient programs for people in great need; however, the expectation is clients will gradually improve after receiving program supports and treatment. Therefore, the proposed program should employ levels of service. Throughout client engagement in the program, a goal will be to decrease the service intensity as clients increase in their recovery, thereby advancing the client to a lower level of care. Bidders will determine the number of levels and outline the criteria for each level in their proposals (see Section III.c.i-iii below).

Meeting clients where they are means: being accessible and available to clients at any time; meeting in a location convenient for them; communicating in a way that meets their cognitive and linguistic needs; and, considering their stage of recovery when developing a treatment plan. Meeting clients where they are also means tailoring services and approaches to align with the clients' cultural identity. The term *culture* in this context, should not be limited to race and ethnicity; but should also extend to other cultural identities, including but not limited to: former foster youth; persons with disabilities; women; lesbian, gay, bisexual and transgender individuals; and, individuals with religious and spiritual affiliations.

Cultural Competency:

The program(s) will place importance on client-identified values, beliefs and family histories, consider what effects they may or may not have on the client's recovery and use that information to guide the clients' wellness and recovery plans. Treatments and support services will be provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context. Therefore, program staff will have the skills, knowledge and attitudes to meet all of the cultural and linguistic needs of their diverse clients. When appropriate, the program(s) will also provide intensive supports to clients' families as a way of meeting the needs of culturally and linguistically diverse communities. In addition, the program(s) will collaborate with diverse communities to explore varying perspectives on mental illness and wellness and recovery.

Staffing Requirements:

For the purposes of this RFP, the following staffing guidelines should supersede the requirements stated in the National Program Standards for ACT Teams:

- The team will include (but not be limited to) the following classifications:
 - Team Leader/Program Director

- Licensed Mental Health Clinician
- Personal Service Coordinator/Case Manager
- Peer Support Specialist
- Registered Nurse
- Psychiatrist
- Program Assistant
- Staff-to-Client ratio shall not fall below 1:10 or exceed 1:15 (one Full-Time Equivalent staff person for every ten to fifteen clients). Psychiatrists, Program Assistants and other indirect staff are not to be included in the ratio.
- The Psychiatrist must meet with clients on a minimum monthly basis and be available during normal business hours and on-call during off-hour periods. This position may be contracted out.
- Staff members working directly with clients will provide outreach outside of the office setting and have the capacity to provide as many contacts as needed with clients to meet their recovery/resiliency and wellness goals.

The selected bidder(s) will be required to have Medi-Cal certification before the start of service delivery. If bidder is not certified at the time awarded, bidder will work with the County's DBH to execute the process for certification within 60 days of the start of the contract. In addition, staff providing direct service will be credentialed by the Fresno County Mental Health Plan prior to providing services.

Reporting Requirements:

The selected bidder(s) will be responsible for meeting with the DBH on a monthly basis, or more often as agreed upon between DBH and the selected bidder, for contract and performance monitoring. The bidder(s) will be required to submit a monthly report to the County that will include, but not be limited to: dollars billed for Medi-Cal and MHS (non-Medi-Cal) clients; actual expenses; the number of clients served/anticipated to be served; utilization of services by clients; and staff composition. This report will be due within 30 days after the last day of the previous month or payments may be delayed. The selected bidder(s) will utilize a computerized tracking system with which outcome measures and other relevant client data, such as demographics, will be maintained.

Additional reporting is required for FSPs by the State Department of Health Care Services (DHCS). DHCS uses the FSP Data Collection and Reporting (DCR) system to ensure adequate research and evaluation, regarding the effectiveness of services being provided and the achievement of the outcome measures. The selected bidder(s) will need to report client/partner information and outcomes of the FSP program directly into the DCR system. Data will be submitted through an online interface using specific forms (see Exhibits B-E). The Partnership Assessment Form gathers baseline information about the partner, and is completed once the partnership is established. Key Event Tracking provides a snapshot of changes in key quality of life areas and is tracked on a continuous basis throughout the course of the FSP. The Quarterly Assessment collects updated information about changes in quality of life areas and is completed every three months from the date the partnership is established.

Transition Plan:

It is the intent of the County to provide a sixty-day overlap period in which the current provider and newly selected bidder(s) will be available to serve clients. During this time, all new referrals

will be directed to the new provider. The current provider will follow the Transition Plan guidelines established by the Mental Health Plan (MHP) and prepare their clients for discharge to the new bidder(s). During this overlap period, both the current and new provider(s) will be compensated as contracted (existing or new).

PROPOSAL REQUIREMENTS:

Bidders should include in their proposals, responses to the items listed below under *Bidder Qualifications, Service Delivery, Program Services, Additional Inquires and Evaluation Plan*. Proposals should be written in the context of the ACT model and the other program parameters provided in the Scope of Work above. In addition, responses should be specific and include how the bidder will maintain, enhance or improve existing services.

I. BIDDER QUALIFICATIONS.

- a. Briefly describe the features of a FSP program that uses the ACT model.
- b. Describe bidder's experience providing housing services and supports and fostering relationships with landlords and other housing managers.
- c. Describe bidder's experience providing client- and family-centered services.
- d. Describe bidder's experience and demonstrate expertise in providing mental health services to the following:
 - i. Racial/ethnic minorities (i.e. Latinos, African Americans, Southeast Asians, Native Americans)
 - ii. Persons with physical disabilities (including people who are deaf or hard of hearing)
 - iii. Persons with religious/spiritual affiliations
 - iv. Lesbian, gay, bisexual or transgender individuals
 - v. Former foster youth
- e. Demonstrate bidder's understanding of harm reduction philosophy, strengths-based approach and motivational interviewing techniques.
- f. Demonstrate bidder's understanding of various cultural perspectives on mental illness.
- g. Verify that services, publications and buildings are fully accessible to meet the physical and linguistic abilities of all clients.
- h. Verify bidder does not have a record of unsatisfactory performance. Bidders who are or have been seriously deficient in current or recent contract performance, in the absence of circumstances properly beyond the control of the bidder, shall be presumed to be unable to meet this requirement.
- i. Demonstrate bidder's ability to maintain adequate files and records and meet statistical reporting requirements.
- j. Demonstrate bidder's administrative and fiscal capability to provide and manage the proposed services and to ensure an adequate audit trail.

II. SERVICE DELIVERY

- a. Approach

- i. Describe the diversity of skills, interventions and techniques that will be used to ensure that recovery and wellness goals will be client-driven. Include in your description, the Full Service Partnership relationship between the client and the bidder.
- ii. Describe how service approach will promote accountability for performance outcomes ensuring clients and their families own their recovery.
- iii. Describe how program will conduct targeted outreach to un-served and underserved populations as identified in this RFP, including clients and their families who may be reluctant to seek mental health services.
- iv. Describe how services will “meet the client where they are.”
- v. Describe the values that will drive the proposed program.
- vi. Bidders may elect to also show an alternative innovative/creative approach or program design that will enhance services as presented in this RFP.

b. Staffing

- i. Outline the makeup of the ACT team
 - 1. Describe the roles and responsibilities of each team member (including the client and their family)
 - 2. Provide a description of the qualifications for each type of position, including any licensure required.
 - 3. Clearly identify the number of each staff position, the number of intended clients and the staff-to-client ratio for those staff working directly with the client (**If applicable**, provide information for both service capacities: 125 clients and 250 clients)
- ii. Explain how services will be continuously available to clients, including 24-hour a day, seven days a week.
- iii. Describe bidder's plan to develop a peer-to-peer support network that includes hiring recovering clients/family members.
- iv. Describe bidder's plan to recruit, hire and sustain a multicultural treatment team.
- v. Describe bidder's plan to secure the services of trained, qualified translators and interpreters as necessary.

c. Collaboration

- i. Describe bidder's experience collaborating with community partners to better serve clients.
- ii. Describe bidder's plan to collaborate with new community partners for the proposed program.
- iii. Describe bidder's plan to collaborate with cultural groups and organizations to enhance and maintain culturally appropriate services.

d. Training

- i. Outline a training plan for staff, including any areas in which knowledge or experience inquired about in this RFP, may be lacking in current staff.
- ii. Outline training plan to sustain cultural competency throughout bidder's organization, including administrative staff.

III. PROGRAM SERVICES

- a. Indicate the number of clients (125 or 250) to be served at any point in time throughout the program/contract term.
- b. Describe the target population.
- c. Outline the types of services the proposed program will provide.
 - i. For each service, indicate whether the service will be delivered directly, sub-contracted out or linked through referrals.
 - ii. For each service, provide details, including activities, tasks or procedures to be conducted.

Example: *Wellness and Recovery Skills. ABC program will provide training and support to increase/improve the client's wellness and recovery skills. This service will be provided directly by the Peer Support Specialist and the Personal Service Coordinator through Group Workshops and one-on-one assistance. Topics include:*

- *Personal Hygiene*
- *Household chores (cooking, cleaning, laundry)*
- *Money management skills (budgeting, shopping on a budget, retaining records)*
- *Community transportation*

- d. Describe the levels of care for the proposed program.
 - i. Provide the number of levels and outline their hierarchy.
 - ii. For each level, outline the criteria that will determine clients' designation into that level.
 - iii. Describe how and how often clients' level will be tracked and adjusted.

IV. ADDITIONAL INQUIRIES

- a. Describe bidder's experience and knowledge as it relates to Medi-Cal billing.
- b. Describe bidder's Client Transition Plan.
- c. Outline bidder's plan for leveraging resources that will enhance service provision and/or increase capacity.

V. EVALUATION PLAN. Provide at minimum, one objective for each goal below, using the format included in Exhibit F. Include the evaluation tool or method to be used that will measure each objective. Objectives should utilize the SMART model (Specific, Measureable, Achievable, Realistic and Timely).

- a. The proposed program will result in a reduction of days hospitalized for mental health treatment, for each client.

- b. The proposed program will result in a reduction of days spent homeless for each client.
- c. The proposed program will result in a reduction of days incarcerated for each client.
- d. The proposed program will provide each client with an appropriate level of housing support, reflective of their needs.
- e. The proposed program will provide services to the satisfaction of clients and will address any reported complaints.
- f. The proposed program will provide a level of service and support that reflect each client's needs.
- g. The proposed program will help clients progress in their recovery to the point of being discharged to a lower level of care.
- h. The proposed program will track, monitor and adjust each client's identified recovery/resiliency and wellness goals.

List additional goals, objectives and evaluation tools to be used to measure the program's success.

COST PROPOSAL

This Request for Proposal (RFP) requires a Cost Proposal and Cost Proposal Narrative. **The Cost Proposal shall provide a breakdown of all anticipated expenses and revenues for the first three fiscal years: July 1, 2015 to June 30, 2016; July 1, 2016 to June 30, 2017; and July 1, 2017 to June 30, 2018.** Upon approval of two (2) additional twelve (12) month renewal periods, the selected bidder(s) shall submit annual budgets for each subsequent term for review and approval by the County. **The Cost Proposal Narrative shall provide detail for each line item expense and justification for line item amounts, including any variance in amounts across the three budgets.**

The Cost Proposal, including the narrative, shall be submitted by each agency using the format included in Exhibit I, attached hereto. Bidders submitting proposals for both service capacities shall provide a Cost Proposal and Cost Proposal Narrative for each option (one Cost Proposal and Narrative to serve 125 clients and one Cost Proposal and Narrative to serve 250 clients).

The maximum annual amount of MHSA funding to serve 125 clients shall not exceed \$1,245,454.

The maximum annual amount of MHSA funding to serve 250 clients shall not exceed \$2,490,907.

Please note: This RFP will result in one multi-year, annual contract for a continuous service capacity of 250 clients or two multi-year, annual contracts for a continuous service capacity of 125 clients each.

All revenues generated shall partially offset the costs of the the MHSA program budget and expenditures. Revenues generated shall apply to Medi-Cal clients that receive specialized mental health services as identified in this RFP. Services, anticipated units of services and rates shall be clearly identified in the Cost Proposal. In addition, the methodology of revenue amounts shall be included in the Cost Proposal Narrative. The amount of Medi-Cal revenue projected to be generated shall be calculated based on rates that should not exceed those rates specified by the State Department of Health Care Services (DHCS).

Clients that do not have Medi-Cal or another form of insurance/payment are encouraged to fill out and submit a Uniform Method of Determining Ability to Pay (UMDAP) eligibility worksheet to determine an individual's ability to pay for services provided MHSA funds shall also be used to offset costs associated with the FSP/client support services (non-specialty mental health services) delivered to all clients (Medi-Cal and non Medi-Cal clients) served by the selected bidder(s). This RFP includes the bidder(s) paying for all medication for non-Medi-Cal eligible clients. Bidders shall include the cost of medication as part of their response to this RFP.

Compensation:

The County shall only reimburse selected bidder(s) on actual claim/cost amounts based on invoices submitted on a monthly basis and shall not exceed the contract maximum. Items such as costs of staffing, supplies, mileage reimbursement, etc. are examples of costs that vendors would bill the County. Payments by County shall be in arrears, for services provided during the preceding month, within 45 days after receipt and verification of selected bidder(s) invoices. The invoice shall show a detailed line item breakout showing vendors costs. This line item breakout will allow the County to analyze if the program is on track according to the contract

requirements. Any revenue, i.e., Medi-Cal, Medicare, etc. generated by selected bidder(s) will be used to offset the funding used to make payments to the selected bidder(s). Additionally, general ledgers shall accompany and substantiate each monthly invoice.

In order to receive any payment, selected bidder(s) shall submit to the County within fifteen (15) calendar days all fiscal and program reports for the preceding month. Selected bidder shall also furnish to County such statements, records, reports, data, and other information as County may request. Said reports shall state the volume of all services provided and the unit cost of each service. In the event that selected bidder(s) fails to provide such reports or other information required hereunder, it shall be deemed sufficient cause for County to withhold monthly payments until there is compliance. In addition, selected bidder shall provide written notification and explanation to County within five (5) days of any funds received from another source to conduct the same services covered by the resulting agreement(s).

If the County certifies payment at a lesser amount than the amount requested, County shall notify the selected bidder(s) in writing of such and shall specify the reason for this action. The selected bidder(s) may appeal payment received by submitting a written notice of protest to the County within twenty (20) days after receipt of the County notice. The parties shall then promptly meet to review the dispute and resolve it in a mutually acceptable manner. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in process.

Administrative Cost/Employee Benefits:

The selected bidder(s) agree to limit both local and corporate administrative costs to a maximum of 15% of the total program budget and to limit employee benefits to a maximum of 20% of total salaries for those employees working under the proposed County agreement. Failure to conform or address this provision may be grounds for proposal rejection at the option of the County of Fresno. (Note any exceptions and provide detail justification and explanation).

Monthly Billing

It is anticipated electronic billing will occur through use of a Cisco VPN connection directly into the County's billing module (AVATAR). The selected bidder(s) must grant security access to required software, to include but not limited to Cisco VPN and AVATAR's client. At a minimum the selected bidder(s) computers must run Windows XP or higher operating system and be connected to a high speed internet connection. The selected bidder(s) shall be responsible for equipment to support software.

Data entry shall be the responsibility of the selected bidder(s). The County shall monitor the number and amount of services entered into Avatar. Any and all audit exceptions resulting from the provision and billing of Medi-Cal services by the selected bidder(s) shall be the sole responsibility of the selected bidder(s).

The selected bidder(s) will be required to either have Medi-Cal certification or become Medi-Cal certified within 60 days of the start of the contract for services to generate Medi-Cal reimbursement. The selected bidder(s) shall work with the County's DBH, MHSA division to execute the process if not currently certified. Service location must be approved by the County's DBH, MHSA division.

Medi-Cal billing shall be in accordance with the County's Mental Health Plan. The selected bidder(s) must comply with the County's Contractor Code of Conduct and Ethics, and the County's Compliance Program in accordance with Exhibit H.

Medi-Cal can be billed for direct specialty mental health services of unlicensed staff as long as the provider is approved as an organizational provider by the County's Mental Health Plan, is supervised by licensed staff, works within his/her scope and only bills Medi-Cal for allowable specialty mental health services.

Cost Report

The selected bidder(s) shall agree to submit a complete and accurate detailed cost report on an annual basis for each fiscal year ending June 30th in the format prescribed by the State Department of Health Care Services (DHCS) for the purposes of Short Doyle Medi-Cal reimbursements and total costs for programs. The cost report will be the source document for several phases of settlement with the DHCS for the purposes of Short Doyle Medi-Cal reimbursement. The selected bidder(s) shall report costs under their approved legal entity number established during the Medi-Cal certification process. The information provided applies to the selected bidder(s) for program related costs for services rendered to Medi-Cal and non Medi-Cal. The selected bidder(s) will remit a schedule to provide the required information on published charges (PC) for all authorized services. The report will serve as a source document to determine their usual and customary charge prevalent in the public mental health sector that is used to bill the general public, insurers or other non-Medi-Cal third party payors during the course of business operations. The selected bidder(s) must report all collections for Medi-Cal/Medicare services and collections. The selected bidder(s) shall also submit with the cost report a copy of the selected bidder(s) general ledger that supports revenues and expenditures and reconciled detailed report of reported total units of services rendered under the contract to the units of services reported by the selected bidder(s) to County's data system.

Cost Reports will be submitted to the County as a hard copy with a signed cover letter and electronic copy of completed DHCS cost report form along with requested support documents following each fiscal year ending June 30th. During the month of September of each year the contract is effective, County will issue instructions of the annual cost report which indicates the training session, DHCS cost report template worksheets, and deadlines to submit as determine by State annually. Hard copies of cost reports will need to be submitted to County of Fresno, Attention: Cost Report Team, PO BOX 45003, Fresno CA 93718. Electronic copies or any inquiries can be remitted to DBHcostreportteam@co.fresno.ca.us.

All Cost Reports will be required to be prepared in accordance with General Accepted Accounting Principles (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3) and 5718(c). Unallowable costs such as lobby or political donations will need to be deducted on the cost report and invoice reimbursements.

If the selected bidder(s) do not submit the cost report by the deadline, including any extension period granted by the County, the County may withhold payments of pending invoicing under compensation until the cost report has been submitted and clears County desk audit for completeness.

Settlements with State Department of Health Care Services (DHCS)

During the term of the resulting agreement(s) and thereafter, the County and selected bidder(s) will agree to settle dollar amounts disallowed or settled in accordance with DHCS audit settlement findings related to the Medi-Cal and realignment reimbursements. Selected bidder(s) will participate in the several phases of settlements between the County/selected bidder(s) and DHCS. The phases of initial cost reporting for settlement according to State reconciliation of records for paid Medi-Cal services and audit settlement are: State DHCS audit 1) initial cost reporting - after an internal review by County, the County files cost report with State DHCS on

behalf of the selected bidder's legal entity for the fiscal year; 2) Settlement –State reconciliation of records for paid Medi-Cal services, approximately 18 to 36 months following the State close of the fiscal year, DHCS will send notice for any settlement under this provision will be sent to the County; 3) Audit Settlement-State DHCS audit. After final reconciliation and settlement DHCS may conduct a review of medical records, cost report along with support documents submitted to the County in initial submission to determine accuracy and may disallow cost and/or unit of service reported on the selected bidder(s)' legal entity cost report. The county may choose to appeal and therefore reserves the right to defer payback settlement with the selected bidder(s) until resolution of the appeal. DHCS Audits will follow federal Medicaid procedures for managing overpayments.

If at the end of the Audit Settlement, the County determines that it overpaid the selected bidder(s), it will require them to repay the Medi-Cal related overpayment back to the County.

Funds owed to the County will be due within 45 days of notification by the County, or County shall withhold future payments until all excess funds have been recouped by means of an offset against any payments then or thereafter owing to the selected bidder(s) under the resulting agreement(s) or any other agreement.

Other Notes:

Selected bidder(s) shall ensure that its facilities and staff are licensed according to its service level by the State of California during the entire term of the resulting agreement(s). Selected bidder's licensed staff shall validate license(s) upon request by the County

All fixed assets acquired during any resulting agreement(s), such as vehicles, equipment, etc. will remain County property at the end of the agreement term. However, County and successful bidder(s) can discuss the utility of the fixed assets as their agreement term(s) expires.

Selected bidder(s) agrees to extend to the County and the State DHCS, or their designees, the right to review and monitor records, programs or procedures, at any time, in regard to clients, as well as the overall operation of selected bidder's programs, in order to ensure compliance with the terms and conditions of the resulting County agreement(s).

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

The selected bidder(s) shall be required to maintain organizational provider certification (see Exhibit I) by host-county. A copy of this renewal certificate must be furnished to County within thirty (30) days of receipt of certificate from host-county. The selected bidder(s) must meet Medi-Cal organization provider standards as stated below. It is acknowledged that all references to Organizational Provider and/or Provider below shall refer to the selected bidder(s).

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the County to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.
 - D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.

- E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
10. The County may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The County may also conduct additional certification reviews when:
- The provider makes major staffing changes.
 - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
 - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
 - There is change of ownership or location.
 - There are complaints against the provider.
 - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

PROPOSAL CONTENT REQUIREMENTS

It is important that the vendor submit his/her proposal in accordance with the format and instructions provided under this section. Doing so will facilitate the evaluation of the proposal. It will limit the possibility of a poor rating due to the omission or mis-categorization of the requested information. Responding in the requested format will enhance the evaluation team's item by item comparison of each proposal item. The vendor's proposal may be placed at a disadvantage if submitted in a format other than that identified below.

Bidders are requested to submit their proposals in a binder (one that allows for easy removal of pages) with index tabs separating the sections identified. Each page should be numbered.

Each binder is to be clearly marked on the cover with the proposal name, number, closing date, "Original" or "Copy", and bidder's name.

Merely offering to meet the specifications is insufficient and will not be accepted. Each bidder shall submit a complete proposal with all information requested. Supportive material may be attached as appendices. All pages, including the appendices, must be numbered.

Vendors are instructed not to submit confidential, proprietary and related information within the request for proposal. If you are submitting trade secrets, it must be submitted in a separate binder clearly marked "TRADE SECRETS", see Trade Secret Acknowledgement section.

The content and sequence of the proposals will be as follows:

- I. RFP PAGE 1 AND ADDENDUM(S) PAGE 1 (IF APPLICABLE) completed and signed by participating individual or agency.
- II. COVER LETTER: A one-page cover letter and introduction including the company name and address of the bidder and the name, address and telephone number of the person or persons to be used for contact and who will be authorized to make representations for the bidder.
 - A. Whether the bidder is an individual, partnership or corporation shall also be stated. It will be signed by the individual, partner, or an officer or agent of the corporation authorized to bind the corporation, depending upon the legal nature of the bidder. A corporation submitting a proposal may be required before the contract is finally awarded to furnish a certificate as to its corporate existence, and satisfactory evidence as to the officer or officers authorized to execute the contract on behalf of the corporation.
- III. TABLE OF CONTENTS
- IV. CONFLICT OF INTEREST STATEMENT: The Contractor may become involved in situations where conflict of interest could occur due to individual or organizational activities that occur within the County. In this section the bidder should address the potential, if any, for conflict of interest and indicate plans, if applicable, to address potential conflict of interest. This section will be reviewed by County Counsel for compliance with conflict of interest as part of the review process. The Contractor shall comply with all federal, state and local conflict of interest laws, statutes and regulations.

V. TRADE SECRET:

A. Sign where required.

VI. CERTIFICATION – DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS

VII. REFERENCES

VIII. PARTICIPATION

IX. EXCEPTIONS: This portion of the proposal will note any exceptions to the requirements and conditions taken by the bidder. If exceptions are not noted, the County will assume that the bidder's proposals meet those requirements. The exceptions shall be noted as follows:

- A. Exceptions to General Conditions.
- B. Exceptions to General Requirements.
- C. Exceptions to Specific Terms and Conditions.
- D. Exceptions to Scope of Work.
- E. Exceptions to Proposal Content Requirements.
- F. Exceptions to any other part of this RFP.

X. VENDOR COMPANY DATA: This section should include:

- A. A narrative which demonstrates the vendor's basic familiarity or experience with problems associated with this service/project.
- B. Descriptions of any similar or related contracts under which the bidder has provided services.
- C. Descriptions of the qualifications of the individual(s) providing the services.
- D. Any material (including letters of support or endorsement) indicative of the bidder's capability.
- E. A brief description of the bidder's current operations, and ability to provide the services.
- F. Copies of the audited Financial Statements for the last three (3) years for the agency or program that will be providing the service(s) proposed. If audited statements are not available, compiled or reviewed statements will be accepted with copies of three years of corresponding federal tax returns. This information is to be provided after the RFP closes, if requested. **Do not provide with your proposal.**
- G. Describe all contracts that have been terminated before completion within the last five (5) years:
 - 1. Agency contract with

2. Date of original contract
 3. Reason for termination
 4. Contact person and telephone number for agency
- H.** Describe all lawsuit(s) or legal action(s) that are currently pending; and any lawsuit(s) or legal action(s) that have been resolved within the last five (5) years:
1. Location filed, name of court and docket number
 2. Nature of the lawsuit or legal action
- I.** Describe any payment problems that you have had with the County within the past three (3) years:
1. Funding source
 2. Date(s) and amount(s)
 3. Resolution
 4. Impact to financial viability of organization.
- XI.** **SCOPE OF WORK:**
- A.** Bidders are to use this section to describe the essence of their proposal.
- B.** This section should be formatted as follows:
1. A general discussion of your understanding of the project, the Scope of Work proposed and a summary of the features of your proposal.
 2. A detailed description of your proposal as it relates to each item listed under the "Scope of Work" section of this RFP. Bidder's response should be stated in the same order as are the "Scope of Work" items. Each description should begin with a restatement of the "Scope of Work" item that it is addressing. Bidders must explain their approach and method of satisfying each of the listed items.
- C.** When reports or other documentation are to be a part of the proposal a sample of each must be submitted. Reports should be referenced in this section and submitted in a separate section entitled "REPORTS."
- D.** A complete description of any alternative solutions or approaches to accomplishing the desired results.
- XII.** **COST PROPOSAL:** Quotations may be prepared in any manner to best demonstrate the worthiness of your proposal. Include details and rates/fees for all services, materials, equipment, etc. to be provided or optional under the proposal.
- XIII.** **CHECK LIST**

AWARD CRITERIA

COST

- A. As submitted under the "COST PROPOSAL" section.

CAPABILITY AND QUALIFICATIONS

- A. Do the service descriptions address all the areas identified in the RFP? Will the proposed services satisfy County's needs and to what degree?
- B. Does the bidder demonstrate knowledge or awareness of the problems associated with providing the services proposed?
- C. Does the bidder demonstrate knowledge of laws, regulations, statutes and effective operating principles required to provide this service?
- D. Does the bidder demonstrate thorough knowledge of all Medi-Cal regulations, policies, and procedures as it pertains to the proposed program and services described in this RFP?
- E. The amount of demonstrated experience in providing the services desired in a California County.

MANAGEMENT PLAN

- A. Is the organizational plan and management structure adequate and appropriate for overseeing the proposed services?
- B. Are the proposed staffing patterns sufficient in number for providing and evaluating the proposed services?

SERVICE OUTCOME MEASURES

- A. Does the bidder demonstrate the knowledge and experience required to produce desired outcomes?
- B. Does the bidder demonstrate adequate understanding of the service delivery models to be used?
- C. Does the bidder demonstrate a commitment to "do whatever it takes" and "meet clients where they are?"
- D. Do the service descriptions adequately address clients' need for housing supports?
- E. Does the bidder demonstrate adequate experience serving diverse clients?
- F. Does the bidder demonstrate the commitment and ability to deliver services in a linguistically and culturally appropriate manner?
- G. Does the bidder demonstrate the capability to track and report necessary data and outcomes?

CHECK LIST

This Checklist is provided to assist vendors in the preparation of their RFP response. Included in this list, are important requirements and is the responsibility of the bidder to submit with the RFP package in order to make the RFP compliant. Because this checklist is just a guideline, the bidder must read and comply with the RFP in its entirety.

Check off each of the following:

1. _____ The Request for Proposal (RFP) has been signed and completed.
2. _____ Addenda, if any, have been completed, signed and included in the bid package.
3. _____ **One (1) original plus eight (8) copies** of the RFP have been provided.
4. _____ The completed *Criminal History Disclosure Form* as provided with this RFP.
5. _____ The completed *Participation Form* as provided with this RFP.
6. _____ The completed *Reference List* as provided with this RFP.
7. _____ The completed *Budget Sheets* (Exhibit I in Excel)
8. _____ Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP.
9. _____ Lastly, on the **LOWER LEFT HAND CORNER** of the sealed envelope, box, etc. transmitting your bid include the following information:

County of Fresno RFP No.	<u>952-5329</u>
Closing Date:	<u>March 5, 2015</u>
Closing Time:	<u>2:00 P.M.</u>
Commodity or Service:	<u>Full Service Partnership Program</u>

Return Checklist with your RFP response.

EXHIBITS

- A. Service Delivery Model Guidelines
- B. Adult PAF
- C. Adult KET
- D. Older Adult KET
- E. Adult 3M
- F. Evaluation Plan
- G. Fresno County Compliance Program
- H. Medi-Cal Org Provider Standards
- I. Budget Template

FULL SERVICE PARTNERSHIP SERVICE DELIVERY MODEL

The following outlines requirements for Full Service Partnership programs and can be found in its entirety in the California Code of Regulations, Title 9, Section 3620.

Full Service Partnership (FSP) programs are designed as a partnership between clients and the service provider. In this partnership, the service provider commits to do "whatever it takes" and to "meet the client where they are" in order to assist in the enrollee's personal recovery/resiliency and wellness goals.

1. Target Population

The target population must meet requirements for SMI diagnosis; and must address reduction of specific ethnic disparities, as indicated in the MHSA Community Services and Supports proposal on which the RFP is based. The target population is consistent with the population identified in the Fresno County MHSA Community Planning Process.

The target population will include individuals who are not currently served and meet one or more of the following criteria:

- Homeless
- At risk of homelessness (such as youth aging out of foster care or persons being released from jail)
- Involved in the criminal justice system (including adults with child protection issues)
- Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment

or are underserved and at risk of:

- Homelessness
- Criminal justice involvement
- Institutionalization

2. Individual Services and Supports Plan

Each client must have an Integrated Services and Supports Plan (ISSP) that is developed with their Personal Services Coordinator in collaboration with other agencies that have a shared responsibility for services and/or supports to the client. This ISSP is a planning tool that builds on the consumer's strengths. It includes not only symptom reduction goals but also quality-of-life goals that reflect the client's cultural values. These goals may focus on living arrangements, social supports, education, and employment. The ISSP is to be used as a map of the steps that the client identifies as necessary to move along his/her recovery path.

3. Personal Services Coordinator

Each enrollee must have a Personal Service Coordinator (PSC)/Case Manager. The PSC is an ally to the enrollee and acts as a "single point of responsibility" for that client. The PSC must ensure: (1) their availability to the client is appropriate to their service needs, (2) they can give the client individualized attention, and (3) they are able to provide intensive services and

supports when needed. The PSC is responsible for developing the ISSP with the client, and must be culturally and linguistically competent and have knowledge of available resources within the client's racial/ethnic community. The PSC or other qualified individual known to the client will be available to respond to the client 24 hours a day, 7 days a week to provide after-hour intervention. The services to be provided will include the client's family when appropriate.

4. Full Spectrum of Community Services

The services provided to the client and incorporated into the ISSP may include the following:

- Mental health services and supports including, but not limited to:
 - Mental health treatment, including alternative and culturally specific treatments
 - Peer support
 - Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education
 - Wellness centers
 - Alternative treatment and culturally specific treatment approaches
 - Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services
 - Needs assessment
 - ISSP development
 - Crisis intervention/stabilization services
 - Family education services
- Non-mental health services and supports including, but not limited to:
 - Food
 - Clothing
 - Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing
 - Cost of health care treatment
 - Cost of treatment of co-occurring conditions, such as substance abuse
 - Respite care

Services not included in the ISSP may also be provided to the client when the provider, client and when appropriate the client's family, believe are necessary to address unforeseen circumstances in the client's life.

ASSERTIVE COMMUNITY TREATMENT SERVICE DELIVERY MODEL

Assertive Community Treatment (ACT) is a client-centered, recovery-oriented service delivery model designed to deliver comprehensive services to individuals with serious emotional disturbance/serious mental illness whose needs have not been met through traditional service delivery and/or have been provided residential or inpatient services and can instead be treated in the community with ACT level supports. The ACT model of treatment is built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for the care of a group of clients. ACT team members collaborate on assessments, treatment plans, and day to day interventions and they share responsibility for ensuring the clients receive services that support recovery.

The following provides a brief overview of the National Program Standards for ACT Teams and can be found in its entirety at https://www.nami.org/Template.cfm?Section=act-ta_center&template=/ContentManagement/ContentDisplay.cfm&ContentID=50248

Successful ACT model implementation and demonstrated improvements in client outcome are best accomplished by close adherence to the ACT Standards.

ACT Standards

- Serving persons with the most severe and persistent mental illnesses;
- Multidisciplinary staffing with at least one peer specialist;
- Low staff-to-client ratios and intensive services;
- Staff who work weekday, evening, and weekend/holiday shifts and provide 24-hour on-call services;
- Team organizational and communication structure;
- Client-centered individualized assessment and treatment planning; and,
- Up-to-date individually tailored treatment, and support services

Important Characteristics of ACT programs

- ACT serves clients with severe and persistent mental illnesses that are complex, have devastating effects on functioning, and, because of the limitations of traditional mental health services, may have gone without appropriate services. Consequently, the client group is often over represented among the homeless and in jails and prisons, and has been unfairly thought to resist or avoid involvement in treatment.
- ACT services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of the treatment, rehabilitation, and support services clients need to achieve their goals. The team is directed by a team leader and a psychiatrist and includes a sufficient number of staff from the core mental health disciplines, at least one peer specialist, and a program/administrative support staff who work in shifts to cover 24 hours per day, seven days a week to provide intensive services (multiple contacts may be as frequent as two to three times per day, seven days per week, which are based on client need and a mutually agreed upon plan between the client and ACT staff). Many, if not all, staff share responsibility for addressing the needs of all clients requiring frequent contact.

- ACT services are individually tailored with each client and address the preferences and identified goals of each client. The approach with each client emphasizes relationship building and active involvement in assisting individuals with severe and persistent mental illness to make improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism.
- The ACT team is mobile and delivers services in community locations to enable each client to find and live in their own residence and find and maintain work in community jobs rather than expecting the client to come to the program. Seventy-five percent or more of the services are provided outside of the program offices in locations that are comfortable and convenient for clients.
- ACT services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of caregiver. Severe and persistent mental illnesses are episodic disorders and many clients benefit from the availability of a longer-term treatment approach and continuity of care. This allows clients opportunity to recompensate, consolidate gains, sometimes slip back, and then take the next steps forward until they achieve recovery.

Staffing Requirements

The ACT model stipulates there shall be enough staff to ensure availability twenty-four (24) hours per day, seven (7) days per week. Below are some guidelines for the various staff positions seen on ACT teams.

Team Leader: A full-time team leader/supervisor who is the clinical and administrative supervisor of the team and who also functions as a practicing clinician on the ACT team. The team leader has at least a master's degree in nursing, social work, psychiatric rehabilitation or psychology, or is a psychiatrist.

Registered Nurses: A team leader with a nursing degree cannot replace one of the FTE nurses.

Mental Health Professionals: Master's level or above mental health professionals (in addition to the team leader). This position is synonymous with the "Licensed Mental Health Clinician" position presented in the Scope of Work of this RFP.

Peer Specialist: A person who is or has been a recipient of mental health services for severe and persistent mental illness holds this position. Because of life experience with mental illness and mental health services, the peer specialist provides expertise that professional training cannot replicate. Peer specialists are fully integrated team members who provide highly individualized services in the community and promote client self-determination and decision-making. Peer specialists also provide essential expertise and consultation to the entire team to promote a culture in which each client's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, and community self-help activities.

Remaining Clinical Staff: The remaining clinical staff may be bachelor's level and paraprofessional mental health workers who carry out rehabilitation and support functions. Clinical staff includes Personal Service Coordinators who also act as Case Managers. A bachelor's level mental health worker has a bachelor's degree in social work or a behavioral science, and work experience with adults with severe and persistent mental illness. A

paraprofessional mental health worker may have a bachelor's degree in a field other than behavioral sciences or have a high school degree and work experience with adults with severe and persistent mental illness or with individuals with similar human-services needs. These paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health care aide) or work experience (e.g., teaching) and life experience.

Program Assistant: The program assistant who is responsible for organizing, coordinating, and monitoring all nonclinical operations of ACT, including managing medical records; operating and coordinating the management information system; maintaining accounting and budget records for client and program expenditures; and providing receptionist activities, including triaging calls and coordinating communication between the team and clients.

Psychiatrist: A psychiatrist, who works on a full-time or part-time basis for a minimum of 16 hours per week for every 50 clients. The psychiatrist provides clinical services to all ACT clients; works with the team leader to monitor each client's clinical status and response to treatment; supervises staff delivery of services; and directs psychopharmacologic and medical services.

MHSA CORE CONCEPTS

The five (5) core MHSA concepts are embedded in each program.

1. Recovery/resiliency orientation

FSPs will embody the values of recovery and resiliency (i.e., hope, personal responsibility, self-advocacy, choice, respect) and the program principles of recovery and resiliency, including:

- Client-driven goal setting and Individualized Services and Supports Plans
- Providers are allies to the client's recovery process.
- A harm-reduction approach to substance abuse that encourages recovery and abstinence but does not penalize consumers or withdraw help from them if they are using.
- A built in understanding and expectation of setbacks as part of recovery.
- Links to a range of services that are part of the consumers "pathway to wellness" (i.e., employment, health care, peer support, housing, medications, food and clothing)

FSPs will collaborate with the MHSA Family Education Center which makes support services available to family members and the MHSA Wellness Recovery Resource Hub which makes wellness recovery training and technical assistance available to FSP staff.

2. Cultural Competence

The program's structure, staffing and service delivery values will reflect the cultural values and orientation of the program's target populations. The FSP program will embody principals of cultural competence including:

- Diverse staff, representative of the ethnic, gender and sexual orientation diversity of clients to be reached through the program
- Staff trained regarding common access barriers for racial, ethnic and sexual orientation groups targeted (including the impact of housing discrimination)
- Staff trained in affirmative language and behaviors for working with diverse ethnic, gender and sexual orientation groups.
- Links to community-based organizations that share the healing beliefs and practices of ethnic communities served by the FSP.
- Links to community-based organizations that are known to be safe and open to the lesbian, gay, bisexual and transgender (LGBT) communities served by the FSP.

3. Community Collaboration

Collaborations ensure that community resources are made available to clients. These collaborations include subcontracts between the vendor and other agencies, memoranda of understanding with community non-profits and businesses regarding providing services to clients, and informal relationships built between FSP staff and community stakeholders that result in improved access and decreased discrimination.

4. Client/Family Driven program

In FSPs, the Integrated Services and Supports Plan (ISSP) is used by adult clients and families of children and youth to identify their needs and preferences which lead to the services and supports that will be most effective for them. Providers work in full partnership with clients to develop these ISSPs. Their needs and preferences drive the policy and financing decisions that affect them.

5. Integrated Service Experience

FSP programs were incorporated into the MHSA to ensure that these dollars funded “integrated service experiences.” This means that services are “seamless” to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family’s needs using the full range of community-based treatment, case management, and interagency system components required by children/transition age youth/adults/older adults.

FULL SERVICE PARTNERSHIP
Adult Partnership Assessment Form
FOR AGES 26-59 YEARS

ADULT PAF
5/1/07
EXHIBIT B

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Partnership Date (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

Who referred the partner? (mark one)

- | | | |
|--|---|--|
| <input type="radio"/> Self | <input type="radio"/> Emergency Room | <input type="radio"/> Homeless Shelter |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child) | <input type="radio"/> Mental Health Facility / Community Agency | <input type="radio"/> Street Outreach |
| <input type="radio"/> Significant Other (e.g., boyfriend / girlfriend, spouse) | <input type="radio"/> Social Services Agency | <input type="radio"/> Jail / Prison |
| <input type="radio"/> Friend / Neighbor (i.e., unrelated other) | <input type="radio"/> Substance Abuse Treatment Facility / Agency | <input type="radio"/> Acute Psychiatric / State Hospital |
| <input type="radio"/> School | <input type="radio"/> Faith-based Organization | <input type="radio"/> Other |
| <input type="radio"/> Primary Care / Medical Office | <input type="radio"/> Other County / Community Agency | |

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

Provider Number / NPI (Optional)	<input type="text"/>	
Full Service Partnership Program ID	<input type="text"/>	*
Partnership Service Coordinator ID	<input type="text"/>	*

PROGRAM INFORMATION

In which additional program(s) is the partner **CURRENTLY** involved? (mark all that apply)

AB2034	<input type="checkbox"/>
Governor's Homeless Initiative (GHI)	<input type="checkbox"/>
MHSA Housing Program	<input type="checkbox"/>

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

SETTING	EXHIBIT B				
	TONIGHT	YESTERDAY (as of 11:59 p.m the day BEFORE partnership)	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With adult family member(s) other than parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Assisted Living Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Continued)

JUSTICE PLACEMENT				EXHIBIT B	
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prison			<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
OTHER					
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

EDUCATION

Highest level of education completed:

- | | |
|--|--|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree |
| <input type="radio"/> GED Coursework | <input type="radio"/> Bachelor's Degree (e.g., B.A., B.S.) |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> Master's Degree (e.g., M.A., M.S.) |
| <input type="radio"/> Some College / Some Technical or Vocational Training | <input type="radio"/> Doctoral Degree (e.g., M.D., Ph.D.) |

For the educational settings below, indicate where the partner.....

was DURING THE PAST 12 MONTHS
of weeks

is CURRENTLY
(mark all that apply)

Not in school of any kind	<input type="text"/>	<input type="checkbox"/>
High School / Adult Education	<input type="text"/>	<input type="checkbox"/>
Technical / Vocational School	<input type="text"/>	<input type="checkbox"/>
Community College / 4 year College	<input type="text"/>	<input type="checkbox"/>
Graduate School	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

Does one of the partner's current recovery goals include any kind of education at this time?

☐ Yes ☐ No

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the partner's employment status...	# OF WEEKS	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/>	<input type="text"/>	
Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Unemployed	<input type="text"/>		

CURRENT EMPLOYMENT

EXHIBIT B

Indicate the partner's employment status...

AVERAGE
HOURS per
WEEK

AVERAGE
HOURLY WAGE

Competitive Employment:

Paid employment in the community in a position that is also open to individuals without a disability.

\$

Supported Employment:

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$

Transitional Employment / Enclave:

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$

Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$

Non-paid (Volunteer) Work Experience:

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

☐

Does one of the partner's current recovery goals include any kind of employment at this time?

☐ Yes ☐ No

SOURCES OF FINANCIAL SUPPORT

EXHIBIT B

Indicate all the sources of financial support used to meet the needs of the partner:	DURING THE PAST 12 MONTHS (mark all that apply)	CURRENTLY (mark all that apply)
Partner's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
State Disability Insurance (SDI)	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>	<input type="checkbox"/>

JUSTICE SYSTEM INVOLVEMENT**ARREST INFORMATION**

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**PROBATION INFORMATION**

Is the partner CURRENTLY on probation?

☐ Yes ☐ No

Was the partner on probation DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**PAROLE INFORMATION**

Was the partner on any kind of parole DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**CONSERVATORSHIP / PAYEE INFORMATION****CONSERVATORSHIP INFORMATION**

Is the partner CURRENTLY on conservatorship?

☐ Yes ☐ No

Was the partner on conservatorship DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**PAYEE INFORMATION**

Does the partner CURRENTLY have a payee?

☐ Yes ☐ No

Did the partner have a payee DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**CUSTODY INFORMATION**

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:

(Dependent of the court)

Placed in Foster Care:

Legally Reunified with partner:

Adopted out:

EMERGENCY INTERVENTION**EXHIBIT B**

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had **DURING THE PAST 12 MONTHS** that were:

Physical Health Related

Mental Health / Substance Abuse Related

HEALTH STATUSDoes the partner have a primary care physician **CURRENTLY**?☐ Yes ☐ NoDid the partner have a primary care physician **DURING THE PAST 12 MONTHS**?☐ Yes ☐ NoSUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?

☐ Yes ☐ NoIn the opinion of the partnership service coordinator, does the partner **CURRENTLY** have an active co-occurring mental illness and substance use problem?☐ Yes ☐ NoIs the partner **CURRENTLY** receiving substance abuse services?☐ Yes ☐ NoCOUNTY USE QUESTIONS**COUNTY USE QUESTIONS****VALUES**To be tracked on the **KEY EVENT TRACKING** form:

County Use Field # 1

County Use Field # 2

County Use Field # 3

To be tracked on the **QUARTERLY ASSESSMENT** form:

County Use Field # 1

County Use Field # 2

County Use Field # 3

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

ADULT KET
5/1/07

EXHIBIT C

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

PARTNERSHIP STATUS

Date of Provider Number Change (mm/dd/yyyy): / NPI	<input type="text"/>
NEW Provider Number: / NPI	<input type="text"/>
<hr/>	
Date of Full Service Partnership Program ID Change (mm/dd/yyyy):	<input type="text"/>
NEW Full Service Partnership Program ID:	<input type="text"/>
<hr/>	
Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):	<input type="text"/>
NEW Partnership Service Coordinator ID:	<input type="text"/>

Date of Partnership Status Change (mm/dd/yyyy):

EXHIBIT C

Indicate NEW partnership status:

- ☐ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- ☐ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- ☐ Target population criteria are not met.
- ☐ Partner decided to discontinue Full Service Partnership participation after partnership established.
- ☐ Partner moved to another county / service area.
- ☐ After repeated attempts to contact partner, s/he cannot be located.
- ☐ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- ☐ Community services / program interrupted – Partner will be serving JAIL sentence.
- ☐ Community services / program interrupted – Partner will be serving PRISON sentence.
- ☐ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- ☐ Partner is deceased.

PROGRAM INFORMATION

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved?
AB2034	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program
Governor's Homeless Initiative (GHI)	<input type="text"/>	<input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program
MHSA Housing Program	<input type="text"/>	<input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program

Date of Residential Status Change (mm/dd/yyyy):	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	EXHIBIT C
SETTING		Indicate the new residential status (mark one):
GENERAL LIVING ARRANGEMENT		
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage		<input type="radio"/>
With one or both biological / adoptive parents		<input type="radio"/>
With adult family member(s) other than parents		<input type="radio"/>
Single Room Occupancy (must hold lease)		<input type="radio"/>
SHELTER / HOMELESS		
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)		<input type="radio"/>
Homeless (includes people living in their cars)		<input type="radio"/>
SUPERVISED PLACEMENT		
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)		<input type="radio"/>
Assisted Living Facility		<input type="radio"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)		<input type="radio"/>
Licensed Community Care Facility (Board and Care)		<input type="radio"/>
HOSPITAL		
Acute Medical Hospital		<input type="radio"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)		<input type="radio"/>
State Psychiatric Hospital		<input type="radio"/>
RESIDENTIAL PROGRAM		
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)		<input type="radio"/>
Skilled Nursing Facility (physical)		<input type="radio"/>
Skilled Nursing Facility (psychiatric)		<input type="radio"/>
Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]		<input type="radio"/>
JUSTICE PLACEMENT		
Jail		<input type="radio"/>
OTHER		
Other		<input type="radio"/>
Unknown		<input type="radio"/>

GRADE LEVEL INFORMATION

EXHIBIT C

Date of Grade Level Completion (mm/dd/yyyy):

Level of education completed:

- | | |
|--|--|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree |
| <input type="radio"/> GED Coursework | <input type="radio"/> Bachelor's Degree (e.g., B.A., B.S.) |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> Master's Degree (e.g., M.A., M.S.) |
| <input type="radio"/> Some College / Some Technical or Vocational Training | <input type="radio"/> Doctoral Degree (e.g., M.D., Ph.D.) |

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

	Setting
Not in school of any kind	<input type="checkbox"/>
High School / Adult Education	<input type="checkbox"/>
Technical / Vocational School	<input type="checkbox"/>
Community College / 4 year College	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>
Other	<input type="checkbox"/>

If stopping school, did the partner complete a class and/or program?

☐ Yes ☐ No

Does one of the partner's current recovery goals include any kind of education at this time?

☐ Yes ☐ No

Date of Employment Change (mm/dd/yyyy):

EXHIBIT C

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

AVERAGE
HOURS per
WEEKAVERAGE
HOURLY WAGE**Competitive Employment:**

Paid employment in the community in a position that is also open to individuals without a disability.

\$ **Supported Employment:**

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$ **Transitional Employment / Enclave:**

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$ **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):**

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$ **Non-paid (Volunteer) Work Experience:**

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

☐

Does one of the partner's current recovery goals include any kind of employment at this time?

☐ Yes ☐ No

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mm/dd/yyyy):

EXHIBIT C

PROBATION INFORMATION

Date of Probation Status Change (mm/dd/yyyy):

Indicate new probation status:

- ☐ Removed from Probation
- ☐ Placed on Probation

CONSERVATORSHIP INFORMATION

Date of Conservatorship Status Change (mm/dd/yyyy):

Indicate new conservatorship status:

- ☐ Removed from conservatorship
- ☐ Placed on conservatorship

PAYEE INFORMATION

Date of Payee Status Change (mm/dd/yyyy):

Indicate new payee status:

- ☐ Removed from payee status
- ☐ Placed on payee status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)

- ☐ Physical Health Related
- ☐ Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS (Skip this section if there are no changes)

COUNTY USE QUESTIONS	DATE of CHANGE (mm/dd/yyyy)	NEW VALUE
County Use Field # 1	<input type="text"/>	<input type="text"/>
County Use Field # 2	<input type="text"/>	<input type="text"/>
County Use Field # 3	<input type="text"/>	<input type="text"/>

FULL SERVICE PARTNERSHIP
Older Adult Key Event Tracking Form
FOR AGES 60+ YEARS

OLDER ADULT KET
5/1/07

EXHIBIT D

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

PARTNERSHIP STATUSDate of Provider Number Change (mm/dd/yyyy):
/ NPI**EXHIBIT D**NEW Provider Number:
/ NPIDate of Full Service Partnership Program ID Change
(mm/dd/yyyy):

NEW Full Service Partnership Program ID:

Date of Partnership Service Coordinator ID Change
(mm/dd/yyyy):

NEW Partnership Service Coordinator ID:

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- ☐ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- ☐ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- ☐ Target population criteria are not met.
- ☐ Partner decided to discontinue Full Service Partnership participation after partnership established.
- ☐ Partner moved to another county / service area.
- ☐ After repeated attempts to contact partner, s/he cannot be located.
- ☐ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- ☐ Community services / program interrupted – Partner will be serving JAIL sentence.
- ☐ Community services / program interrupted – Partner will be serving PRISON sentence.
- ☐ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- ☐ Partner is deceased.

PROGRAM INFORMATION

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved?
AB2034	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program
Governor's Homeless Initiative (GHI)	<input type="text"/>	<input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program
MHSA Housing Program	<input type="text"/>	<input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program

Date of Residential Status Change (mm/dd/yyyy):

EXHIBIT D**SETTING**

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage

☐

With one or both biological / adoptive parents

☐

With adult family member(s) other than parents

☐

Single Room Occupancy (must hold lease)

☐**SHELTER / HOMELESS**

Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)

☐

Homeless (includes people living in their cars)

☐**SUPERVISED PLACEMENT**

Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)

☐

Assisted Living Facility

☐

Unlicensed but supervised congregate placement (includes group living homes, sober living homes)

☐

Licensed Community Care Facility (Board and Care)

☐**HOSPITAL**

Acute Medical Hospital

☐

Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)

☐

State Psychiatric Hospital

☐**RESIDENTIAL PROGRAM**

Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)

☐

Skilled Nursing Facility (physical)

☐

Skilled Nursing Facility (psychiatric)

☐

Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]

☐**JUSTICE PLACEMENT**

Jail

☐**OTHER**

Other

☐

Unknown

☐

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mm/dd/yyyy):

EXHIBIT D

Level of education completed:

- ☐ No High School Diploma / No GED
- ☐ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ☐ GED Coursework
- ☐ Bachelor's Degree (e.g., B.A., B.S.)
- ☐ High School Diploma / GED
- ☐ Master's Degree (e.g., M.A., M.S.)
- ☐ Some College / Some Technical or Vocational Training
- ☐ Doctoral Degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

	Setting
Not in school of any kind	<input type="checkbox"/>
High School / Adult Education	<input type="checkbox"/>
Technical / Vocational School	<input type="checkbox"/>
Community College / 4 year College	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>
Other	<input type="checkbox"/>

If stopping school, did the partner complete a class and/or program? ☐ Yes ☐ No

Does one of the partner's current recovery goals include any kind of education at this time? ☐ Yes ☐ No

Date of Employment Change (mm/dd/yyyy):

EXHIBIT D

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

AVERAGE
HOURS per
WEEK

AVERAGE
HOURLY WAGE

Competitive Employment:

Paid employment in the community in a position that is also open to individuals without a disability.

\$

Supported Employment:

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$

Transitional Employment / Enclave:

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$

Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$

Non-paid (Volunteer) Work Experience:

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

☐

Does one of the partner's current recovery goals include any kind of employment at this time?

☐ Yes ☐ No

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mm/dd/yyyy):

EXHIBIT D

PROBATION INFORMATION

Date of Probation Status Change (mm/dd/yyyy):

Indicate new probation status:

☐ Removed from Probation

☐ Placed on Probation

CONSERVATORSHIP INFORMATION

Date of Conservatorship Status Change (mm/dd/yyyy):

Indicate new conservatorship status:

☐ Removed from conservatorship

☐ Placed on conservatorship

PAYEE INFORMATION

Date of Payee Status Change (mm/dd/yyyy):

Indicate new payee status:

☐ Removed from payee status

☐ Placed on payee status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)

☐ Physical Health Related

☐ Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS (Skip this section if there are no changes)

COUNTY USE QUESTIONS	DATE of CHANGE (mm/dd/yyyy)	NEW VALUE
County Use Field # 1	<input type="text"/>	<input type="text"/>
County Use Field # 2	<input type="text"/>	<input type="text"/>
County Use Field # 3	<input type="text"/>	<input type="text"/>

FULL SERVICE PARTNERSHIP
 Adult Quarterly Assessment Form
 FOR AGES 26-59 YEARS

ADULT 3M
5/1/07
EXHIBIT E

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:	CURRENTLY (mark all that apply)
Partner's Wages	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>
State Disability Insurance (SDI)	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>
Other	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION

EXHIBIT E

Indicate the total number of children the partner has who are **CURRENTLY**:

Placed on W & I Code 300 Status:
(Dependent of the court)

Placed in Foster Care:

Legally Reunified with partner:

Adopted out:

HEALTH STATUS

Does the partner have a primary care physician **CURRENTLY**? ☐ Yes ☐ No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner **CURRENTLY** have an active co-occurring mental illness and substance use problem? ☐ Yes ☐ No

Is the partner **CURRENTLY** receiving substance abuse services? ☐ Yes ☐ No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS

NEW VALUE

County Use Field # 1

County Use Field # 2

County Use Field # 3

EVALUATION PLAN

Provide at minimum, one objective for each goal below, including the evaluation tool or method to be used to measure each objective. Objectives should utilize the SMART model (Specific, Measureable, Achievable, Realistic and Timely). The evaluation tool or method should be written in a way that when used, will indicate in monthly reports the progress or completion of the objective.

Goals	Objective	Deadline or Benchmark	Evaluation Tool/Method
1. The proposed program will result in a reduction of days hospitalized for mental health treatment, for each client.	<p><u>Example Objective A:</u> Upon assessment, 100% of clients will establish a baseline for the number of days hospitalized in the previous 12-month period for mental health treatment.</p> <p><u>Example Objective B:</u> Each client will show a 70% reduction in days hospitalized for mental health treatment after one year of receiving services or upon discharge. Each additional year will show an additional 5% reduction (i.e. After 3 years of receiving services, client will show an 80% reduction).</p>	<p><u>Example A:</u> Upon assessment</p> <p><u>Example B:</u> Upon discharge or at client's enrollment anniversary</p>	<p><u>Example A:</u> Full Service Partnership Assessment Form</p> <p><u>Example B:</u> Key Event Tracking Form – Data will be collected from KET forms and compared to baseline numbers. Results will be reported on a monthly basis.</p>
2. The proposed program will result in a reduction of days spent homeless for each client.			
3. The proposed program will result in a reduction of days incarcerated for each client.			
4. The proposed program will provide each client with an appropriate level of housing support, reflective of their needs.			
5. The proposed program will provide services to the satisfaction of clients and will address any reported complaints.			

6. The proposed program will provide a level of service and support that reflect each client's needs.			
7. The proposed program will help clients progress in their recovery to the point of being discharged to a lower level of care.			
8. The proposed program will track, monitor and adjust each client's identified recovery/resiliency and wellness goals.			
<i>List additional goals, objectives and evaluation tools to be used to measure the program's success.</i>			
9.			
10.			
11.			

**Fresno County Mental Health Plan
Compliance Program**

POLICY AND PROCEDURE

Subject: **Code of Conduct**
Effective Date: **August 1, 2004**
Revision Date: **July 9, 2010**

POLICY:

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules, and guidelines that apply to its mental health operations and services. At the core of this commitment are Fresno County's employees, contractors (including contractor's employees/subcontractors), volunteers and students, also referred to as "Covered Persons", and the manner in which they conduct themselves. To assure that Fresno County's commitment is shared by all Covered Persons, this Code of Conduct (the "Code") has been established. All Covered Persons will be required to acknowledge and certify their compliance to this Code.

PURPOSE:

To provide specific conduct standards prescribed by the Fresno County Mental Health Plan Compliance Program. This Code of Conduct is maintained in addition to the County's Code of Ethics already in effect.

DEFINITIONS:

Covered Persons – All employees, contractors (including contractor's employees and subcontractors), volunteers and students working in behavioral/mental health programs.

Excluded Person – Any Covered Person who is or may become suspended, excluded, or ineligible from participation in any Federal healthcare program.

PROCEDURE:

1. A copy of the Code of Conduct (see **Attachment A**) will be provided to all Covered Persons at the time of their initial compliance training which must be provided within 30 business days of hire or contract effective date. This Code will also be provided during the annual General Compliance training or within 30 business days after any revision is finalized.
2. Upon initial receipt and review of the Code, Covered Persons shall certify their intention to abide by it by signing the Acknowledgement and Agreement form (see **Attachment B** for sample form). These signed forms will be retained by the Compliance Office. Covered Persons shall certify within 30 business days after distribution of a revised Code.
3. The Compliance Office will track these certifications and regularly report to the Compliance Committee and the Directors of the Departments of Behavioral Health and Public Health regarding progress towards 100% certification by all Covered Persons.
4. The Code will be prominently posted in all Fresno County and contractor mental health facilities and sites.
5. This Code is not intended to be an exhaustive list of all standards by which Covered Persons are to be governed. Rather, it is intended to convey the County's commitment to the high standards set forth by the County.

**Fresno County Mental Health Plan
Compliance Program**

CODE OF CONDUCT – (Attachment A)

All Fresno County Behavioral/Mental Health Employees, Contractors (including Contractor's Employees/Subcontractors), Volunteers and Students will:

1. Read, acknowledge, and abide by this Code of Conduct.
2. Be responsible for reviewing and understanding Compliance Program policies and procedures including the possible consequences for failure to comply or failure to report such non-compliance.
3. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule, or guideline. Conduct yourself honestly, fairly, courteously, and with a high degree of integrity in your professional dealings related to their employment/contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County and the services it provides.
4. Practice good faith in transactions occurring during the course of business and never use or exploit professional relationships or confidential information for personal purposes.
5. Promptly report any activity or suspected violation of this Code of Conduct, the policies and procedures of the County, the Compliance Program, or any other applicable law, regulation, rule or guideline. All reports may be made anonymously. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County.
6. Comply with not only the letter of Compliance Program and mental health policies and procedures, but also with the spirit of those policies and procedures as well as other rules or guidelines adopted by the County. Consult with your supervisor or the Compliance Office regarding any Compliance Program standard or other applicable law, regulation, rule or guideline.
7. Comply with all laws governing the confidentiality and privacy of information. Protect and retain records and documents as required by County contract/standards, professional standards, governmental regulations, or organizational policies.
8. Comply with all applicable laws, regulations, rules, guidelines, and County policies and procedures when providing and billing mental health services. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided. Ensure that no false, fraudulent, inaccurate, or fictitious claims for payment or reimbursement of any kind are prepared or submitted. Ensure that claims are prepared and submitted accurately and timely and are consistent with all applicable laws, regulations, rules and guidelines. Act promptly to investigate and correct problems if errors in claims or billings are discovered.
9. Immediately notify your supervisor, Department Head, Administrator, or the Compliance Office if you become or may become an Ineligible/Excluded Person and therefore excluded from participation in the Federal health care programs.

Revised: 7/9/10

**Fresno County Mental Health Plan
Compliance Program**

ACKNOWLEDGEMENT AND AGREEMENT – (Attachment B)

I hereby acknowledge that I have received, read and understand Fresno County's Code of Conduct, Code of Ethics (County employees only), and have received training and information on the Compliance Program and understand the contents thereof. I further acknowledge that I have received, read and understand the Compliance Program policy titled "Prevention, Detection, and Correction of Fraud, Waste and Abuse". I agree to abide by the Code of Conduct, Code of Ethics (County employees only) and all Compliance Program requirements as they apply to my responsibilities as a County employee, contractor/subcontractor, volunteer or student.

I understand and accept my responsibilities under this Acknowledgment and Agreement and understand that any violation of the Code of Conduct, Code of Ethics (County employees only), or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of these policies can result in disciplinary action, up to and including termination of my employment or contractual agreement with the County.

County Employees Only – Complete this Section

Full Name (printed): _____

Job Title: _____

Discipline (for licensed staff only): ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT ☐ JNP ☐ RN ☐ LVN ☐ LPT

Department: DBH: ☐ Adult MH ☐ Children MH ☐ Business Office/ISD ☐ Managed Care ☐ MHSA
☐ Public Health ☐ Other: _____

Cost Center# _____ Program Name: _____

Supervisor Name: _____

Employee Signature: _____ Date: ____/____/____

Phone: _____

Contractors/Contractor Staff, Volunteers, Students only – Complete this Section

Agency Name (If applicable): _____

Full Name (Printed): _____

Discipline (Indicate below if applicable):

Licensed: ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT

Unlicensed: ☐ Psychologist ☐ ASW ☐ IMF

Other _____

Job Title (If different from Discipline): _____

Signature: _____ Date: ____/____/____

Phone: _____

New Emp/Contr Ack Rev: 7/9/10

MEDI-CAL ORGANIZATIONAL PROVIDER STANDARDS

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the COUNTY to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
9. The organizational provider has as head of service a licensed mental health professional of other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
10. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.
 - D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
11. For organizational providers that provide day treatment intensive or day rehabilitation, the provider must have a written description of the day treatment intensive and/or day

treatment rehabilitation program that complies with State Department of Mental Health's day treatment requirements. The COUNTY shall review the provider's written program description for compliance with the State Department of Mental Health's day treatment requirements.

12. The COUNTY may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The COUNTY may also conduct additional certification reviews when:

- The provider makes major staffing changes.
- The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
- The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
- There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
- There is change of ownership or location.
- There are complaints against the provider.
- There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.