

COUNTY OF FRESNO
ADDENDUM NUMBER: ONE (1)
RFP NUMBER: 952-5412
CULTURAL-BASED ACCESS NAVIGATION AND
PEER/FAMILY SUPPORT SERVICES

Issue Date: February 10, 2016

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, PURCHASING
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON MARCH 1, 2016.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Louann M. Jones,**
phone (559) 600-7118 or e-mail CountyPurchasing@co.fresno.ca.us.

Note the following and attached additions, deletions and/or changes to the requirements of Request for Proposal Number: 952-5412 and include them in your response. Please sign in blue ink and return this addendum with your proposal.

- **BID CLOSING DATE HAS BEEN MOVED TO MARCH 1, 2016 AT 2:00 P.M.**
- Signup sheet from vendor conference attached after *Question and Answer* section.
- Utilize fillable file named "952-5412 Revised Exhibit A – Budget Narrative".

ACKNOWLEDGMENT OF ADDENDUM NUMBER One (1) TO RFP 952-5412

COMPANY NAME: _____ (PRINT)

SIGNATURE (In Blue Ink): _____

NAME & TITLE: _____ (PRINT)

Purchasing Use: LMJ:ssj

ORG/Requisition: 56304710 / 5631601511

QUESTIONS AND ANSWERS

Q1. Would DBH consider awarding the CBANS contract to one provider who then would hire, train and manage the CHWs and PSS CBANS staff?

A1. *Yes, DBH would consider such a proposal. That Vendor would need to clearly and completely substantiate claims of having the experience, ability and staff diversity to accomplish such culturally diverse services as sought by this RFP. In addition, that Vendor would need to clearly and concisely detail a plan for reaching the target groups proposed to serve.*

Q2. How many total staff (Community Health Workers and Peer Support Specialists) would DBH anticipate be hired for the contract amount?

A2. *The RFP (Scope of Work, P. 20, paragraph 5) states "Awarded providers shall identify at least two Peer Support Staff from each identified target population (examples include populations identified through the California Reducing Disparities Program: Latino, Southeast Asian, Native American, African American, Lesbian/Gay/Bisexual/ Transgender/Questioning (LGBTQ) and other underserved communities) to work within that population."*

Therefore, if a Vendor proposes to serve both the Native American and Latino populations, that Vendor should hire a minimum of 4 Peer Support Staff; 2 to work with the Native American population and 2 to work with the Latino population. There is no minimum set for Community Mental Health (CMH) Workers. The total staff would depend on how many unserved/underserved communities are to be served and the reach of the proposed services. The Full Time Equivalent (FTE) of each Peer Support Specialist and Community Mental Health Worker should be based on the proposed services to be delivered, geographic service areas to be covered, and the needs of the population(s) the Vendor proposes to serve.

Q3. Do you anticipate that the outcomes to be measured will be the same as we have tracked before?

A3. *Outcomes to be measured are addressed in the RFP (p. 22 – Performance Measures) and will, at a minimum, include outcomes currently measured and as indicated in the RFP on page 21 under Performance Measures. To be clear, contract award consideration includes the Vendor(s) identification and acknowledgment of the data they will collect, including how they anticipate collecting that data, and the Vendor's identification of how they will measure their own performance against their proposed standards. The Vendor's proposal should be clear on the performance goals to be achieved under their proposed service plan. The goal is to work on refining data collection and reporting methods to more accurately reflect service effectiveness, client participation, and overall performance measures. The goal of the Mental Health Services Act is to change and improve upon the way mental health systems and services have been developed and delivered in the past. It is a "whatever it takes" approach to revamping and improving the mental health system, service delivery and access, and improving lives of those who suffer from mental illness.*

Q4. How are long-term community performance measures addressed?

A4. *Long-term community performance outcomes are directly reflective of individual and program/system performance outcomes. Therefore, positive change and improvement in each of the areas (individual, program/system, and long term community) will directly impact performance outcomes of all components of the system.*

Q5. Are outcome measures driven by the State?

A5. *MHSA funding is State funding; therefore, performance and/or outcome measures for all MHSA programs are State driven.*

Q6. Can Providers get a copy of the Vendor's Conference sign-in sheet for the purpose of reaching out to partner/collaborate?

A6. *See attached list*

Q7. Will the Addendum be sent to all on the mailing list?

A7. An Addendum Notice will be sent to all programs on the original Request for Proposal mailing list. The Addendum will be posted at CountyPurchasing@co.fresno.ca.us website under Open Solicitations.

Q8. How many copies of each proposal are required?

A8. One original (signed in blue ink) and 6 copies of each proposal are required.

Q9. May Vendors offer an alternative proposal from what is requested by the RFP?

A9. Yes; however it is in the best interest of Vendors to fully respond to the Request for Proposal as written within the parameters of the Request for Proposal. Then, provide the alternative proposal for consideration, clearly stating if the alternative is your preferred method of providing services as sought by the Request for Proposal.

Q10. Referring to Administrative Policy #5 on page 1D of the Request for Proposal: The various data reports and outcome measures take considerable staff time. Is this staff time considered Administrative and to be calculated when determining the 15% Administrative cap?

A10. Data collection is typically done by Peer Support and Mental Health Workers as they are the front line staff working directly with community members, thereby giving these staff the knowledge to complete the reports. In addition, the data collection template currently used will automatically calculate totals as data is entered relieving staff of timely calculations. In this scenario, these report activities may be considered "Data Collecting/Reporting under Special Expenses, therefore not included in Administrative costs. However, if you have an Administrator completing/finalizing these reports after front line staff has entered their numbers, this Administrator time (non-direct service time) is included in the 15% Administrative cap. If an Administrator is splitting his/her work schedule between administrative duties and direct CBANS contracted services, that time spent conducting administrative duties/responsibilities shall be prorated and applied to the 15% Administrative cap.

Q11. Referring to the Scope of Work on page 20, following the 5th paragraph, it states "Educational session shall have an average of 25 unique individuals in attendance from the community." This "average of 25 unique individuals..." may be unrealistic as reported by some providers who stated "experience has shown the average per session may actually be from 8 to 12 unique attendees." Is this number negotiable?

A11. This number is negotiable and may be identified as an exception in the Vendor's proposal under Proposal Content Requirements in the Exceptions section on page 29 of the Request for Proposal. Any and all exceptions must be clearly identified with suggested alternatives provided. All suggested alternatives shall be clearly and completely justified. Provide relative statistics if available.

Q12. Regarding Scope of Work under the History section paragraph 2, clarify cost per client as it pertains to providers serving one or more populations where one population may be more expensive to serve than another (for example, serving homeless may be more expensive and time consuming than serving Southeast Asians).

A12. The cost per client provided in the Request for Proposal was calculated based on an 18 month period from January 1, 2014 through June 30, 2015, and included the actual expenditures divided by the actual number of unique individuals served. Proposal evaluators will consider all facets of a proposal (e.g. # served, types and #s of services, population location, population barriers, etc.) when determining the proposal strengths in comparison to others. Providers should clearly justify excess (and all) costs in proposals. For example, if proposing to serve clients in Coalinga vs those in suburban Fresno County, it is anticipated that travel costs may be considerably higher or when serving homeless it may be more costly and time consuming to serve this population based on numerous barriers to services and service needs.

Q13. Are training costs under operational costs?

A13. Yes, staff and/or community training costs are operational costs.

Q14. The Request for Proposals referred to the Promotores Model. Is this the service model to be used?

A14. The Promotores Model is just one example that may be used to provide services. It is up to each Vendor to clearly identify in their proposal how their services will be implemented and what model, if any, they intend to use.

Q15. Is there a page number limit to proposals, and can reports be inserted in the proposal where relevant, rather than a separate report section as directed in the Request for Proposal?

A15. There is no limit to the number of pages in a proposal. Yes, reports may be inserted in the proposal where relevant instead of in a separate report section.

Q16. What is the organization's goal with regard to numbers of clients/families served, including anticipated increase in numbers served each year?

A16. The goal is always to effectively serve as many as possible in a culturally and linguistically appropriate manner. The numbers served should typically increase with an increase in staff; however, there is no number of clients served associated with each staff person hired. It is the Vendor's responsibility in their proposals to clearly identify how many they can serve with their intended staff, including the way services will be delivered, the geographic service area, and the unserved/underserved population(s) they propose to reach.

Q17. Regarding the numbers served annually, is that unduplicated or duplicated client counts?

A17. Both. It is required to track the numbers of unduplicated/unique clients served, as well as duplicate/repeat clients. The Vendor should clearly identify how many unduplicated/ unique clients they anticipate serving, as well as how many duplicate/repeat clients they anticipate serving. Unique/new clients served may be directly linked to outreach work and new community collaborations.

Q18. Are the numbers of clients served and services provided dependent upon the number of staff?

A18. The numbers served should typically increase with an increase in staff; however, there is no number of clients served associated with each staff person hired. It is the Vendor's responsibility in their proposals to clearly identify how many they can serve with their intended staff, including the way services will be delivered, the geographic service area, and the unserved/underserved population(s) they propose to reach.

Q19. What is certification with regards to page 8 and page 9 of the Request for Proposal?

A19. The certification referenced is in regard to the Vendor agency/staff and whether or not they have been subject to debarment, suspension, and other responsibility matters. This document must be read, and signed (blue ink). Please note that if the Vendor cannot certify/sign to any of the statements in the certification, such prospective Vendor/participant shall attach an explanation to the proposal (see (2) on page 9).

Q20. Does the certification (page 8 and page 9 of the RFP) need to be notarized?

A20. It is not required to be notarized.

Q21. Clarification regarding collaboration with other vendor(s).

A21. Vendors may choose to collaborate and submit a proposal for collaborated services.

Q22. Where will selected Vendor(s) send required data/reports.

A22. All data and reports shall be submitted to the assigned Analyst and most will be due on the 10th of the month following the report month. For example, reports reflecting January data would typically be due by February 10th.

Q23. Will data not previously requested be requested from past service months?

A23. *It is unlikely that data collection not previously required in past months will be requested from past months. However, data requirements (collection and reporting methods) shall be outlined in the contract and are subject to change based on need and/or State requirements.*

Q24. Will data tracking, collecting, and reporting tools be given to contracted providers?

A24. *Yes, and as needed, training on use.*

Q25. Is the intended data tool similar to meaningful use?

A25. *Unsure of the term/tool meaningful use; however the types of data collection required include such data as (not all inclusive): number and types of events and services, numbers of duplicated and unduplicated clients served, locations of services, and client/population demographics, etc.*

Q26. Shall Vendor's include cost of living increases in proposed budgets over the contract terms?

A26. *If the Vendor anticipates annual costs to increase, the Vendor should include this in the proposed budgets. Each year's proposed budget should reflect the fiscal needs in that year; the line item allocations and total budget are not required to be the same year to year.*

Q27. Clarification on proposal requirements with regards to serving all populations versus serving only one.

A27. *A proposal may be to serve all of the target populations or any number of select populations. For example, there are currently six (6) CBANS providers, each serving a different target population. All proposals will be considered.*

Q28. When evaluating similar proposals, will quality of care be considered?

A28. *Absolutely; in addition to cost, service geographic reach, service delivery methods, linguistic and cultural relevance, experience, etc.*

Q29. If there are three (3) providers, will the contract maximum be divided three (3) ways?

A29. *Funding will be awarded based on the number of proposals, populations served, fiscal needs of awarded proposals, etc. Each Vendor shall clearly identify the fiscal needs of their proposal and the target population they propose to serve.*

Q30. Is there a funding match requirement?

A30. *No, however any addition funding sources should be sought and included in the proposed budgets, including income in-kind. In-kind income may be written in on the budget template under Other Revenue.*

Q31. Do all collaborating organizations have to be in the mental health arena?

A31. *No. Cross-collaboration is good as it contributes to community education, client support services, and stigma reduction.*

Q32. Is this a new program?

A32. *No, Culturally Based Access Navigation Systems (CBANS) started on October 11, 2011.*

Q33. Will you be emailing us with the Excel sheets to plug in the budget easier?

A33. *See the fillable Excel Budget file available under Bid # 952-5412 in the Open Solicitations at the following link: <https://www2.co.fresno.ca.us/0440/Bids/BidDocuments.aspx?bidID=3402>*

BID NO.: 952-5412

DATE: January 28, 2016

Cultural-Based Navigation and Peer/Family Support Services

DESCRIPTION OF BID

- ☐ JOB SITE INSPECTION
- ☒ **VENDOR CONFERENCE**
- ☐ BID OPENING

BID DUE DATE: February 12, 2016

BUYER: Louann Jones

CALIFORNIA HEALTH Collaborative

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Cultural-Based Navigation and Peer/Family Support Services

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☐ JOB SITE INSPECTION
☒ VENDOR CONFERENCE
☐ BID OPENING

BID DUE DATE: February 12, 2016

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