

COUNTY OF FRESNO
REQUEST FOR PROPOSAL
NUMBER: 952-5468
OPERATE MULTI-AGENCY ACCESS PROGRAM
(MAP) POINTS

Issue Date: April 8, 2016

Closing Date: MAY 13, 2016

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

Questions regarding this RFP should be directed to: Carolyn Flores,
phone (559) 600-7112 or e-mail countypurchasing@co.fresno.ca.us.

Check County of Fresno Purchasing's website at
<https://www2.co.fresno.ca.us/0440/Bids/BidsHome.aspx>
for any future addenda.

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 response at the prices and terms stated, subject to the attached "County of Fresno Purchasing Standard Instructions And Conditions For Requests For Proposals (RFP's) And Requests For Quotations (RFQ's)".

COMPANY

ADDRESS

CITY

STATE

ZIP CODE

()
TELEPHONE NUMBER

()
FACSIMILE NUMBER

E-MAIL ADDRESS

SIGNATURE (IN BLUE INK)

PRINT NAME

TITLE

PURCHASING USE: CF:HM

ORG/Requisition: 56302007 / 5631601519

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.
- F) Public Contract Code Section 7028.15

Where the State of California requires a Contractor's license, it is a misdemeanor for any person to submit a bid unless specifically exempted.

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.

Proposal No. 952-5468

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 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.

Proposal No. 952-5468

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.

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 and in Word format to gcornuelle@co.fresno.ca.us. Appeals should address only areas regarding RFP/RFQ 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).

Proposal No. 952-5468

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.

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:

ADMINISTRATIVE POLICY NUMBER 5

Contract Salary Limitation Fresno

County Administrative Policy No. 5 provides that in contracts with non-profit organizations that primarily serve Fresno County and professional service contracts where Fresno County is the sole client, the contractors must agree to the following contract language: "The contractor agrees to limit administrative cost 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 this agreement during the term of the agreement. Failure to conform to this provision will be grounds for contract termination at the option of the County of Fresno." Any bidder that wishes an exemption from this contract requirements must set forth the request for exemption, as

well as a complete explanation of why the exemption should be granted, in the bidder's response to the RFP. Only the Board of Supervisors can approve such exemption.

Policy Statement: Contractors shall be limited to a maximum 15% administrative cost as compared to the total program budget and employee benefits shall be limited to a maximum of 20% of salaries.

The following language will be included in each applicable contract:

"The contractor agrees to limit administrative cost 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 this agreement during the term of this agreement. Failure to conform to this provision will be grounds for contract termination at the option of the County of Fresno."

The above provision shall be applied to renewal or multi-year contracts with non-profit organizations which primarily serve Fresno County and professional services contracts where

Fresno County is the sole client, such as:

- Community based organization service contracts related to social services, health services, or probation services.
- Cultural art program contracts.
- Professional services contracts.

This policy will not apply to contracts between the County and the Federal or State governments; or one-time contracts. The Board of Supervisors will consider exemptions to this policy only upon the recommendation of the County Administrative Office.

Management Responsibility: It shall be the responsibility of any County official authorized by the Board of Supervisors to execute contracts or enter into agreements on behalf of the County to review all applicable contracts to insure that this policy is fully enforced.

It shall be the responsibility of the County Administrative Officer to review requests for exemptions to this policy and to make recommendations to the Board of Supervisors on such requests for exemption.

ADMINISTRATIVE POLICY NUMBER 34

Competitive Bids and Requests for Proposals

Fresno County Administrative Policy No. 34 provides that no person, firm or subsidiary thereof who has been awarded a consulting services contract by the County, may submit a bid for, or be awarded a contract for, the provision of services, procurement of goods or supplies, or any other related action which is required, suggested, or otherwise deemed appropriate in the end product of the consulting services contract. Any bidder that wishes an exemption from this contract limitation must set forth the request for exemption, as well as a complete explanation of why the exemption should be granted, in the bidder's response to the RFP. Only the Board of Supervisors, on a four-fifths (4/5) vote finding that such waiver is in the best interests of the County, can waive this policy.

Definitions: Purchasing Authority and Responsibility – In accordance with the State of California Government Code Section 25500 et seq., and the Fresno County Ordinance Code Chapter 2.56, the Board of Supervisors has established a County Purchasing Agent. The Board has designated the County Administrative Officer as the Purchasing Agent. Unless otherwise restricted, all necessary authority and responsibility has been delegated to the Purchasing Agent to satisfy the acquisition requirements of the County. The Purchasing Agent may defer day-to-day acquisition management to the Purchasing Manager as appropriate.

Proposal No. 952-5468

Policy Statement: Competitive bids or requests for proposals shall be secured for all contracts for goods or services which are proposed to be acquired by the County except when in unusual or extraordinary circumstances, a department head, requests an exception to competitive bidding. All such requests must be documented by the department head including a detailed description of the facts justifying the exception. The request must receive concurrence of the procurement authority who will sign that particular contract i.e. the Board of Supervisors or Purchasing Agent/Purchasing Manager. The following circumstances are examples which constitute "Suspension of Competition":

- In an emergency when goods or services are immediately necessary for the preservation of the public health, welfare, or safety, or for the protection of County property.
- When the contract is with a federal, state, or local governmental agency.
- When the department head, with the concurrence of the Purchasing Agent, finds that the cost of preparing and administering a competitive bidding process in a particular case will equal or exceed the estimated contract amount or \$1,000 whichever is more.
- When a contract provides only for payment of per diem and travel expenses and there is to be no payment for services rendered.
- When obtaining the services of expert witnesses for litigation or special counsel to assist the County.
- When in unusual or extraordinary circumstances, the Board of Supervisors or the Purchasing Agent/Purchasing Manager determines that the best interests of the County would be served by not securing competitive bids or issuing a request for proposal.

Contracts for services should not usually cover a period of more than one year although a longer period may be approved in unusual circumstances. Multiple year contracts must include provisions for early termination and must be contingent on available funding. Unless exempted as provided for above, no contract for service shall extend, either by original contract or by extension, beyond three years unless competitive bids have been sought or a Request for Proposal has been processed.

During any competitive bidding procedure, all bids shall be opened publicly and the dollar amount of each bid shall be read aloud. Under no circumstance shall a bid which is received at the designated place of opening after the closing time be opened or considered.

Contracts for goods or services shall not be effective until approved by the Board of Supervisors or, if appropriate, the Purchasing Agent/Purchasing Manager. Contractors and vendors shall be advised by the responsible department head that performance under the contract may not commence prior to such approval.

Medical Professional Contracts

The competitive recruitment process, annual performance evaluation, and periodic salary surveys are equivalent to competitive bids for independent physicians contracting with the County on a fee for service basis.

A salary survey for physician services shall be conducted every two years.

Contracts for physician services shall not extend, either by original contract or by extension, beyond five years unless competitive bids have been sought or unless exempted as provided above.

Contracts for Legal Services

The competitive recruitment process, annual performance evaluation, and

periodic salary surveys are equivalent to competitive bids for independent law firms and attorneys contracting with the County on a fee for service basis.

A salary survey for legal services shall be conducted every two years.

The selection of and contracting with firms to provide legal services shall be coordinated through the County Counsel's Office. The County Counsel shall assist in securing a law firm with the requisite legal expertise and price structure that would provide the best service to the County. County Counsel shall be involved throughout the process of selecting a firm, developing a contract, and monitoring the billing and services provided throughout the contract period.

Prohibited Bids Concerning End Product of Consulting Contracts

No person, firm, or subsidiary thereof who has been awarded a consulting services contract by the County, shall be awarded a contract for the provision of services, procurement of goods or supplies, or any other related action which is required, suggested, or otherwise deemed appropriate in the end product of the consulting services contract. This policy may be waived by the Board of Supervisors on a four-fifths (4/5) vote finding that such waiver is in the best interests of the County.

Management Responsibility: The County Administrative Officer is responsible for preparing and issuing written procedures to assure compliance with this policy by all County officials and departments.

ADMINISTRATIVE POLICY NUMBER 71

Prohibiting the Use of Public Funds for Political Advocacy

Fresno County Administrative Policy No. 71 provides that no County assets, including money, shall be used for political campaigns of any type. Political campaigns are defined as political advocacy for or opposition to a matter or person that has qualified for the ballot. No contract entered into by the County shall provide for use of County monies for political campaigns.

Policy Statement: Government assets, including money, grant funds, paid staff time, equipment and supplies, facilities or any other government asset shall not be used for political campaigns of any type. Political campaigns are defined as political advocacy for or opposition to a matter or person that has qualified for the ballot.

Management Responsibility: Department Heads shall be held responsible for ensuring that government assets within their control are not used to advocate for or against any matter or person that has qualified for the ballot.

This section does not prohibit the expenditure of government assets to create and provide informational or educational materials regarding a matter that has qualified for the ballot. Such information or educational materials shall provide a fair, accurate and impartial presentation of relevant information relating to the matter that has qualified for the ballot. However, government assets shall not be expended to create and provide such informational or educational materials in the 90 days prior to the election unless specifically authorized by the Board of Supervisors or required by the Public Records Act or other law.

TABLE OF CONTENTS

	<u>PAGE</u>
OVERVIEW	3
KEY DATES	4
TRADE SECRET ACKNOWLEDGEMENT	5
DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS	7
REFERENCE LIST	10
PARTICIPATION	11
GENERAL REQUIREMENTS	12
BIDDING INSTRUCTIONS AND REQUIREMENTS	18
SCOPE OF WORK.....	20
PROPOSAL CONTENT AND BIDDER'S RESPONSE	22
COST PROPOSAL.....	24
PROPOSAL CONTENT REQUIREMENTS.....	26
AWARD CRITERIA	29
CHECK LIST	30
EXHIBITS	31

OVERVIEW

The County of Fresno on behalf of the Department of Behavioral Health (DBH) is requesting proposals from qualified vendors and/or community-based organizations to operate Multi-Agency Access Program (MAP) Points in order to provide an integrated screening process connecting individuals and families facing mental health, substance use disorder, physical health, housing/homelessness, social service and other related challenges to supportive service agencies in Fresno County.

DBH seeks to streamline access processes to ensure that all individuals in need of behavioral health care have a timely, personal, relevant, clear and understandable path to care. By integrating behavioral health into other systems such as physical health settings, justice settings including courts and probation, schools, and other service delivery organizations, DBH can significantly increase access to care and improve the total health and wellness in the community.

A MAP provides an integrated screening process which connects individuals facing mental health, substance use disorder, physical health, or housing challenges to supportive services matching individuals and families to the right resources at the right time in the right location. This is accomplished through an established and formalized screening process, collaboration of service providers, leveraging existing community resources, eliminating barriers and assisting clients' access to supportive services.

In collaboration with the Hospital Council's Community Conversations and the Fresno-Madera Continuum of Care, Fresno's first pilot of a MAP, "MAP Point at the Poverello House (Pov)", opened February 17, 2015. MAP Point at the Pov is supported by full-time staff physically located on site coupled with the coordinated efforts of multiple community partners rotating in on a daily schedule. Screenings are completed by onsite staff or a community partner and consist of an intake questionnaire and, when needed, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), example attached as **Exhibit A**. The VI-SPDAT focuses on those who are experiencing homelessness and it assesses the clients' various health and social support needs quickly in order to match them with the appropriate housing intervention. The assessment and subsequent housing matching occurs through use of a data system called HOMELINK. The intake questionnaire looks at how the client(s) heard about MAP, where the client(s) usually sleeps and what brought the client to MAP. This information is collected and analyzed using Google Docs. The MAP Community Screening Tool Group is currently developing a common screening questionnaire to assess for all life domain needs, including but not limited to mental health, substance use, physical health, social services, employment and housing, including triggers for additional use of the VI-SPDAT. The Community Screening Tool is intended to identify life domains in which a client has a need and to trigger linkages to appropriate resources for further assessment or services as identified.

The County's intent of this project is to provide funds for multiple MAP Points at optimal strategic and geographic locations that have dense client flow to target underserved and un-served populations with critical access needs. Each MAP Point service provider (successful bidder) will be an access point and use a common screening process to serve individuals where they are. Each MAP Point agency will work within a centralized or coordinated system for linkages to further assessments and/or services for all persons who participate in the screening.

The funding for MAP Points shall include salaries and benefits for MAP Navigators, training, lease space, technology, transportation needs, and other acceptable expenses that carry out the intent of this project. MAP Navigators will provide on-site screening and linkage to community service providers and resources.

Target areas: optimal strategic and geographic locations that have a high volume of client flow/interaction that can target underserved and un-served populations with critical access needs. Proposed target areas can be in metropolitan and rural locations, law enforcement agencies, critical access points such as hospitals, service agencies, educational settings, or any other location that meets the intent of MAP Point project. Bidders are advised that proposed locations along with the overall bid responses will be evaluated heavily based upon the presented location(s).

Target populations: unserved or underserved groups within Fresno County; examples include but are not limited to cultural populations, LGBTQ community, and geographically isolated groups. Proposals should specify specific populations intended to be served.

Proposals should demonstrate the ability to collaborate and develop working relationships with other community-based organizations and government agencies to provide linkages for individual and family supportive services. Proposals should detail the bidder's working knowledge of the available network of services in the community.

The tentative start date is August 1, 2016 and the contract period will be for three years with two 12-month renewal periods. The total maximum funding available is \$1,000,000 annually.

The proposals will be evaluated and selected based on target areas and populations proposed, how the proposal addresses the required services, knowledge and relevant experience, exhibited sensitivity to and competency in serving the target populations within the response to this RFP, ability to leverage existing resources to maximize funds and enhance service, and the demonstrated knowledge of evidence-based strategies and data-driven programs.

KEY DATES

RFP Issue Date:	April 8, 2016
Vendor Conference: <i>Vendors are to contact Carolyn Flores at (559) 600-7112 if planning to attend vendor conference.</i>	April 20, 2016 at 10:00 A.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:	April 27, 2016 at 9:00 A.M. E-Mail: CountyPurchasing@co.fresno.ca.us
RFP Closing Date:	May 13, 2016 at 2:00 P.M. County of Fresno Purchasing 4525 E. Hamilton Avenue, 2 nd Floor Fresno, CA 93702

TRADE SECRET ACKNOWLEDGEMENT

All proposals received by the County shall be considered "Public Record" as defined by Section 6252 of the California Government Code. This definition reads as follows:

"...Public records" includes any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics "Public records" in the custody of, or maintained by, the Governor's office means any writing prepared on or after January 6, 1975."

Each proposal submitted is Public record and is therefore subject to inspection by the public per Section 6253 of the California Government Code. This section states that "every person has a right to inspect any public record".

The County will not exclude any proposal or portion of a proposal from treatment as a public record except in the instance that it is submitted as a trade secret as defined by the California Government Code. Information submitted as proprietary, confidential or under any other such terms that might suggest restricted public access will not be excluded from treatment as public record.

"Trade secrets" as defined by Section 6254.7 of the California Government Code are deemed not to be public record. This section defines trade secrets as:

"...Trade secrets," as used in this section, may include, but are not limited to, any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data or compilation of information that is not patented, which is known only to certain individuals within a commercial concern who are using it to fabricate, produce, or compound an article of trade or a service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it."

Information identified by bidder as "trade secret" will be reviewed by County of Fresno's legal counsel to determine conformance or non-conformance to this definition. Such material should be submitted in a separate binder marked "Trade Secret". Examples of material not considered to be trade secrets are pricing, cover letter, promotional materials, etc.

INFORMATION THAT IS PROPERLY IDENTIFIED AS TRADE SECRET AND CONFORMS TO THE ABOVE DEFINITION WILL NOT BECOME PUBLIC RECORD. COUNTY WILL SAFEGUARD THIS INFORMATION IN AN APPROPRIATE MANNER.

Information identified by bidder as trade secret and determined not to be in conformance with the California Government Code definition shall be excluded from the proposal. Such information will be returned to the bidder at bidder's expense upon written request.

Trade secrets must be submitted in a separate binder that is plainly marked "Trade Secrets."

The County shall not in any way be liable or responsible for the disclosure of any proposals or portions thereof, if they are not (1) submitted in a separate binder that is plainly marked "Trade Secret" on the outside; and (2) if disclosure is required or allowed under the provision of law or by order of Court.

Vendors are advised that the County does not wish to receive trade secrets and that vendors are not to supply trade secrets unless they are absolutely necessary.

TRADE SECRET ACKNOWLEDGEMENT

I have read and understand the above "Trade Secret Acknowledgement."

I understand that the County of Fresno has no responsibility for protecting information submitted as a trade secret if it is not delivered in a separate binder plainly marked "Trade Secret." I also understand that all information my company submits, except for that information submitted in a separate binder plainly marked "Trade Secret," are public records subject to inspection by the public. This is true no matter whether my company identified the information as proprietary, confidential or under any other such terms that might suggest restricted public access.

Enter company name on appropriate line:

	Has submitted information identified as Trade Secrets in a separate marked binder.**
(Company Name)	
	Has not submitted information identified as Trade Secrets. Information submitted as proprietary confidential or under any other such terms that might suggest restricted public access will not be excluded from treatment as public record.
(Company Name)	

ACKNOWLEDGED BY:

	()	
Signature (In Blue Ink)		Telephone
Print Name and Title	Date	
Address		
City	State	Zip

**Bidders brief statement that clearly sets out the reasons for confidentiality in conforming with the California Government Code definition.

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:
(in blue ink)

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. * **Note: This form/information is not rated or ranked for evaluation purposes.**

☐

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 in Blue Ink)

Title

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.

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

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.

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.

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, Dept. of Behavioral Health - Contracts Division, 3133 N. Millbrook, 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 and in Word format to gcornuelle@co.fresno.ca.us. Appeals should address only areas regarding RFP contradictions, procurement errors, proposal 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.

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 April 20, 2016 at 10 A.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 Carolyn Flores at County of Fresno Purchasing, (559) 600-7112, if they are planning to attend the conference.

NUMBER OF COPIES: Submit **one (1) original and seven (7) copies** of your proposal no later than the proposal closing date and time as stated on the front of this document to County of Fresno Purchasing. Each copy to be identical to the original, include all supporting documentation (e.g. literature, brochures, reports, schedules etc.). The cover page of each quotation is to be appropriately marked "Original" or "Copy".

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 April 27, 2016 at 9:00 a.m. Questions must be directed to the attention of Carolyn Flores, Purchasing Analyst .
- 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 CountyPurchasing@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.

PAYMENT: The County of Fresno, if appropriate, may use Procurement Card to place and make payment for orders under the ensuing contract.

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.

SCOPE OF WORK

The County of Fresno on behalf of the Department of Behavioral Health (DBH) is requesting proposals from qualified vendors and/or community-based organizations to operate Multi-Agency Access Program (MAP) Points in order to provide an integrated screening process connecting individuals and families facing mental health, substance use disorder, physical health, housing/homelessness, social service and other related challenges to supportive service agencies in Fresno County.

I. SERVICES

- A. A screening shall be provided for each client in order to understand their individual needs and motivation to be linked with services. Specific services shall include:
 - Use Motivational Interviewing (MI) to identify client's fundamental values and goals to stimulate change.
 - Develop a service or linkage plan for the client or family and monitor their success in connecting to assessments or services identified in the screening.
 - Meet individually with client or family when necessary to provide support and assistance towards achieving service or linkage plan goals.
 - Make linkages and appointments with appropriate service providers. A linkage is considered achieved when a client is confirmed to be connected with a service provider, not simply referred.
 - Maintain client files.
 - Transportation of clients to identified resource agencies and/or to initial scheduled appointment with identified service providers, as necessary.
- B. Assist clients in obtaining necessary documents such as State Identification Card, Social Security Card, Birth Certificate, etc. needed to link to appropriate services and support clients in developing an understanding how to utilize community supports in an ongoing fashion (such as public transportation system, community food banks, etc.).
- C. Be responsible for linking clients to the appropriate services based upon initial screening and linkage plan. Services to which clients may be linked range from mental health, substance use disorder, physical health, housing, social and/or other services. Methods for service coordination and communication between program and other service providers shall be developed and implemented consistent with Fresno County Mental Health Plan (MHP) confidentiality rules.
- D. Work collaboratively with the MAP Community Coordinator and other service providers to monitor client success, areas for growth and challenges with program linkage. Ensure a warm handoff between client and service providers.
- E. Maintain relationships with referring and supporting agencies and represent agencies at various community meetings as requested. Participate in all scheduled MAP Point community meetings. Attend scheduled meetings and presentations with referral agencies.
- F. Utilize evidence based practices in screening and serving clients.
- G. Utilize the standardized MAP Point Community Screening Tool and stay current in practice with any future revisions to this tool.

II. STAFFING

The staffing plan of the proposed MAP Point should be clear and concise and allow for full implementation of all items described in the proposal. It is expected that MAP Point Navigator(s) shall complete the services and linkages as identified above. In addition, the Navigator shall work collaboratively with other service components and programs in the MAP system. Navigators shall be knowledgeable of cultural sensitivity/competency and well versed in community resources.

Staff work schedules shall be responsive to client needs and shall permit staff to be available at times/locations that are convenient for the client and/or respond to family members' concerns.

There is no mental health treatment currently offered or anticipated at MAP Points. As such, specific licensures related to behavioral health are not required. The proposed staffing plan should describe the specific positions which will be utilized as MAP Point Navigators, including background and/or education. The staffing plan should additionally articulate a plan for supervision of MAP Point Navigators.

III. PERFORMANCE MEASURES/PROGRAM OUTCOMES

DBH is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or at the risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Five (5) Work Plans are utilized to support the DBH's mission statement. The work plans were developed as a concept of a Transformation Plan that would encompass system planning, implementation and oversight to be reflective of a comprehensive system of care. These work plan titles are provided here as a reference to be utilized by the bidders to help guide bidders in the development of program measureable goals and program success: 1. Behavioral Health Integrated Access; 2. Wellness, Recovery and Resiliency Supports; 3. Culturally/Community Defined Practices; 4. Behavioral Health Clinical Care; and 5. Infrastructure Supports.

Bidders shall propose their own outcomes measures/indicators that are deemed to best evaluate the success of the clients and program. DBH may adjust the outcome measurements needed under this program periodically, so as to best measure the success of clients and program as determined by the County.

Bidders are to submit as part of their proposals: goals, indicators, potential outcomes and analysis. The outcomes identified below are suggestions and/or examples.

Proposed and recommended outcomes may be reviewed for input and approval by a designated DBH work group upon contract execution. The purpose of this input process is to ensure a comprehensive system wide approach to the evaluation of programs through an effective outcome reporting process.

The selected bidder(s) will be expected to comply with all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. Selected bidder(s) shall be notified in writing by County if any changes in procedures occur. Selected bidder(s) will utilize the standardized MAP Point Community Screening Tool (including staying current with any future revisions) as well as a computerized tracking system within which outcome measures and other relevant client data, such as demographics, will be maintained. At a future date, when the Community Screening Tool is transitioned from its current form into a software-based system, selected bidder(s) will utilize the software system for the screening and linkage process. Selected bidder(s) will provide, at minimum, the MAP data measures found in **Exhibit B** and use DBH outcome reports such as **Exhibit C** and **Exhibit C-1**, for evaluating and reporting to the County the effectiveness of its strategies and efforts to provide MAP Point services. Data required and tools utilized may be modified by County as needed. All reports shall be submitted to the DBH assigned Analyst in addition to any other requested reports.

PROPOSAL CONTENT AND BIDDER'S RESPONSE

As part of the Scope of Work response, the proposals should clearly and concisely address each of the questions and requests below. Responses should include, as applicable, how the program / practices / procedures will be established, implemented, and measured for program performance and effectiveness. In the proposal response, include relative/comparable, current and/or prior experience; current and/or prior successes; and current/prior weakness/failures, including what was learned and how you have/would proceed differently to obtain more desirable results.

- Demonstrate understanding of the philosophy of the MAP concept (*i.e. one stop for screening followed by linkage, system navigation*).
 - Participation in the MAP Community Group is required. Participation is encouraged for other local planning organizations, initiatives, activities and assessments.
 - Use a standardized screening tool. Selected bidders must commit to remain current with future revisions of the MAP Community Screening Tool and participate in any training needed on the tool itself or data systems used. Current draft is attached as **Exhibit D**.
 - Navigation of community resources. Bidders must demonstrate understanding of community resources, how to access, how they would link clients, etc.
 - Preference may be given to bidders who can demonstrate effective plans for leveraging of resources and relationships.
 - Collection and sharing data.
- 1 Provide a brief overview of your organization's history. Describe your organizational plan and management structure to operate a MAP Point program.
 - a. What similar type of program(s) does your organization currently operate or has operated in the past? Provide dates, locations, and performance outcomes.
 - 2 Describe your organization's participation in Community Conversations, Fresno-Madera Continuum of Care, and/or MAP Community Group. If your organization has not been a participant, describe your organization's knowledge of these groups. Are there any other local planning organizations, initiatives, coordinating or assessment activities your organization participates in that will benefit the operation of a MAP Point?
 - 3 Provide an overview of the MAP Point your organization proposes to develop and implement.
 - a. Who will administer the program?
 - b. Which target locations and populations identified by this RFP will the program serve?
 - i. Why do you wish to serve your identified location(s) and population(s)?
 - ii. Describe relevant data which supports the need for a MAP Point for the identified location and/or population that your organization will target.
 - iii. What is your experience in serving your identified location(s) and population(s)?
 - iv. Services shall be provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. How will your proposed MAP Point and staff meet these requirements?
 - v. What unique challenges have you identified for the target location(s) and population(s) you propose to serve and what are your agency strategies/plans to successfully meet and overcome those challenges?
 - c. In addition to screening services, what specific system navigation services will your organization deliver, and how are the services culturally, and/or geographically unique to your target location(s) and population(s)?
 - d. What are your organization goals and specific objectives for these services? Please provide a projected number of clients to receive these services from the program on an annual basis.

- e. What tools will your organization utilize to measure performance outcomes?
- f. Describe your program staffing plan.
- 4 Identify any Evidence Based Practice (EBP) to be utilized at the MAP Point. How will your organization support the EBP such as through staff trainings and technical support?
- 5 Describe gaps in the service delivery system of our county and explain how your organizations' MAP Point will remedy the gaps in service.
- 6 What is your organizational strategy for client/family linkage and transportation to the supportive agencies and services identified?
 - a. How will you measure the effectiveness of your strategy?
 - b. Will linkages include a "warm" in-person handoff; how might this differ based on the culture/ethnicity/language of the population your agency proposes to serve?
 - c. Will there be follow-up for linkages to ensure services were appropriately provided and effective?
 - d. What is your organization's policy and procedure for transportation services?
 - e. Identify specific community-based organizations, County programs, and supportive agencies that will provide the following services to clients: mental health treatment, substance use disorder services, primary health care, housing, employment, education, justice system supports, etc. Describe your organization's coordinated activities, relationships with, and policies for interfacing with those organizations.
- 7 Selected bidder(s) shall maintain a continuous caseload record of all service activities, provide measurement of outcomes, and provide program and other demographic information to the County upon request or as part of the scheduled or routine reporting requirements. Reports are to be submitted to the DBH Analyst on a monthly basis. Describe how the organization will measure client/family, system, and program success (see Performance Measures above).
 - a. What tools will be used to gather data, measure effectiveness, and report back to County?
 - b. What process measures will be utilized (e.g., number of clients served, length of service time, goals met/exceeded, etc.)?
 - c. What is the organization's goal with regards to numbers of clients/families served, including anticipated increase in numbers each year?
 - d. What goals will be set regarding the percentage of those served reporting positive results (i.e., results will show X% clients will have attained services after being linked, clients will report a Y% satisfaction rate of program services, etc.)?
- 8 Describe or identify a plan, if any, for leveraging existing or additional resources for program success and sustainability.
- 9 Selected bidder(s) shall secure the services of trained translators/interpreters as may be necessary. Fresno County has three threshold languages of English, Spanish, and Hmong; services and printed materials must be available in these languages. Additionally, translators/interpreters may prove invaluable for other common languages in Fresno County including, but not limited to American Sign, Russian, Arabic, Armenian or Punjabi. Interpreters/translators shall be appropriately trained in providing services in a culturally sensitive manner. What is your organization's plan to address these needs?
- 10 What is your timeline for start-up of services?

COST PROPOSAL

The bid proposal must include a detailed cost proposal and an accompanying comprehensive cost proposal budget narrative. The cost proposal must include a precise breakdown of all expenses, revenues, and leveraging (such as in-kind match and/or facility space), including but not limited to: staffing, equipment, materials, trainings, technical assistance, and travel expenses. Selected bidder(s) will be expected to incorporate any costs associated with use of data systems such as Homeless Management Information System (HMIS) or other systems as required and/or developed by the MAP Community Group.

Services are expected to begin August 1, 2016. The initial contract award will be for three (3) twelve (12)-month terms (July 1, 2016 through June 30, 2017; July 1, 2017 through June 30, 2018; and July 1, 2018 through June 30, 2019) and two (2) twelve (12)-month renewal terms (July 1, 2019 through June 30, 2020; and July 1, 2020 through June 30, 2021). A separate line-item detailed cost proposal/budget and budget narrative must be submitted for each twelve (12)-month contract term utilizing the Budget Template, attached as **Exhibit E**.

The maximum amount of Mental Health Realignment funds available for all selected bidder(s)/award(s) combined is \$1,000,000 per fiscal year (as identified above). Any advance of funds required for program start-up must be requested in the bid response, with the amount and need justified in the Budget Narrative. Note that any advance amount approved and issued is drawn from the selected bidder's fiscal year allocation and will eliminate or reduce monthly invoice payments until such advance balance is fully expended.

The amount of Mental Health Realignment funds awarded to each organization will be based on bidder's response and be subject to negotiations with the County. The total amount of funds awarded to one or any organization(s) shall not exceed the annual amount as stated above.

COMPENSATION

Selected bidder(s) shall be reimbursed based on actual costs not to exceed the contract maximum. A general ledger detailing all expenditures shall be submitted monthly with the relative invoice. The County shall only reimburse selected bidder(s) on actual claim/cost amounts based on actual invoices submitted on a monthly basis, up to contract maximum. With the exception of advance payments requested with the bid proposal, payments by County shall be in arrears for services provided during the preceding month. Payments will be made within forty five (45) days after receipt and verification from selected bidder(s) of invoices and general ledgers detailing and substantiating each monthly invoice.

Funding for each twelve (12)-month period will be contingent upon the availability of funds and approval by the Department and the Board of Supervisors. If for any reason the proposed County Agreement is cancelled or terminated, County's maximum liability shall be limited to actual costs not to exceed the maximum compensation stated in the proposed agreements.

In order to receive any payment under the proposed County Agreement, selected bidder(s) shall submit reports and claims as stated in this RFP and proposed Agreement in such form as may be required by the County of Fresno, DBH. The County shall not certify payment in a lesser amount than is requested; however, selected bidder(s) may not invoice and request payment in excess of available and allocated line item funds. If sufficient funds are not available for identified line items, selected bidder(s) may request reallocation of funds between line items without exceeding the maximum award of selected bidder(s).

ADMINISTRATIVE AND EMPLOYEE BENEFIT COSTS

The selected bidder(s) agrees to limit both local and corporate administrative County-reimbursable costs to a maximum of 15% of the total program budget; and to limit employee benefits County-reimbursable costs to a maximum of 20% of total salaries for those employees working under the proposed Agreement. Note that the employee benefits cap applies only to agencies where County funds make up more than 50% of the agency's total funding; and where applicable, this exception to the benefit cap should be clearly stated in the bid response. Submit **Exhibit F** to determine exemption status from County's Administrative Policy No. 5. Failure to conform or address this provision may be grounds for contract termination at the option of the County of Fresno. (Note any exceptions and provide detail justification and explanation. Each agency exception shall be evaluated on a case-by-case basis.)

OTHER NOTES

All fixed assets funded by the proposed Agreement 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 the agreement term expires and approved by DBH Director or designee.

Selected bidder(s) shall submit to the County within thirty (30) calendar days all fiscal and program reports for the preceding month. Selected bidder(s) shall also furnish to County such statements, records, reports, data, and other information as county may request pertaining to matters covered by the agreement. In the event that selected bidder(s) fails to provide such reports or other information required herein, it shall be deemed sufficient cause for County to withhold monthly payments until there is compliance. In addition, selected bidder(s) 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 agreement.

Selected bidder(s) agrees to extend to County and the State Department of Health Care Services, 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 proposed agreement.

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. **The Contractor must provide a statement addressing 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. Does the proposal identify staffing pattern, operational expenditures, estimated expenditures, revenues and budget narrative?
- B. Does the budget include costs for training and data system support?
- C. Is the budget for program operations cost effective? Does it demonstrate fiscal responsibility?

CAPABILITY AND QUALIFICATIONS

- A. Do the service descriptions address all the areas identified in the RFP?
- B. Will the proposed services satisfy County's needs and to what degree?
- C. Does the proposal demonstrate prior experience, knowledge and/or a solid plan in providing the services desired?
- D. Are proposed services available at times and locations accessible to the community?
- E. Does the bidder clearly explain how they will provide the identified services?

MANAGEMENT PLAN

- A. Is the organizational plan and management structure adequate and appropriate for overseeing the proposed services?
- B. How does the organization's proposal tie into other initiatives or related services provided?

SERVICE OUTCOME MEASURES

- A. Does the organization clearly identify outcomes, how they will be measured and how the outcome measures data will be tracked and used to improve services and satisfaction of service provision?
- B. Does the organization provide the number of clients who are anticipated to be served and/or how many units of services are to be delivered each year?
- C. Does the bidder demonstrate knowledge of the Department of Behavioral Health as well as local community and government resources?

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. _____ All signatures must be in **blue ink**.
2. _____ The Request for Proposal (RFP) has been signed and completed.
3. _____ Addenda, if any, have been completed, signed and included in the bid package.
4. _____ **One (1) original plus seven (7) copies** of the RFP have been provided.
5. _____ Provide a Conflict of Interest Statement.
6. _____ The completed *Trade Secret Form* as provided with this RFP (Confidential/Trade Secret Information, if provided must be in a separate binder).
7. _____ The completed *Criminal History Disclosure Form* as provided with this RFP.
8. _____ The completed *Participation Form* as provided with this RFP.
9. _____ The completed *Reference List* as provided with this RFP.
10. _____ Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP
11. _____ The completed Budget Template (**Exhibit E.**)
12. _____ The completed Admin Policy No. 5 (**Exhibit F**)
13. _____ 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>952-5468</u>
Closing Date: <u>May 13, 2016</u>
Closing Time: <u>2:00 P.M.</u>
Commodity or Service: <u>Operate Multi-Agency Access Program (MAP) Points</u>

Return Checklist with your RFP response.

EXHIBITS

- A VI-SPDAT Consent form**
- B MAP Point at the POV**
- C Fresno County Department of Behavioral Health- Outcomes
C-1 Outcomes Effectiveness Form**
- D Multi-Agency Access Program Community Screening Tool**
- E Budget Template**
- F Admin Policy No. 5**

VI-SPDAT Consent form

Consent for Interview

My name is _____ and I'm with the Fresno Madera Continuum of Care. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date

Signature (or Mark) of Participant

Printed Name of Participant

Please sign below if you also agree to have your picture taken

Signature (or Mark) of Participant

Authorization to Use or Disclose Personal Identifiable Information

Section 1. Who is the participant?

Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YYYY)	Phone Number	

I hereby authorize the use or disclosure of protected health information about the individual named above.

I am: ☒ the individual named above (complete section 8 below to sign this form)
☐ a person representative because the patient is a minor, incapacitated, or deceased (complete Section 9 below)

Section 2. Who Will Be Disclosing Information About the Individual?

The following entity may use or disclose the information:

AspiraNet, CA Department of Rehabilitation, Central California Legal Services, City of Fresno, City of Madera, Clearview Outreach, Community Action Partnership of Madera County, Community Medical Center, County of Fresno Department of Social Services, County of Madera, Fresno Economic Opportunities Commission, Fresno Rescue Mission, Fresno Unified School District, Fresno County Office of Education, Hospital Council of California, Fresno Housing Authority, Kaiser Permanente, Madera County Workforce Investment Corporation, Madera Rescue Mission, Madera Unified School District, Mental Health Systems Inc., Poverello House, Saint Agnes Medical Center, Social Security Administration, Spirit of Women, Turning Point, Valley Teen Ranch, WestCare California	
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Section 3. Who May Be Receiving Information About the Individual?

The information may be disclosed to:

AspiraNet, CA Department of Rehabilitation, Central California Legal Services, City of Fresno, City of Madera, Clearview Outreach, Community Action Partnership of Madera County, Community Medical Center, County of Fresno Department of Social Services, County of Madera, Fresno Economic Opportunities Commission, Fresno Rescue Mission, Fresno Unified School District, Fresno County Office of Education, Hospital Council of California, Fresno Housing Authority, Kaiser Permanente, Madera County Workforce Investment Corporation, Madera Rescue Mission, Madera Unified School District, Marjaree Mason Center, Mental Health Systems Inc., Poverello House, Saint Agnes Medical Center, Social Security Administration, Spirit of Women, Turning Point, Valley Teen Ranch, WestCare California	
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Section 4. What Information About the Individual Will Be disclosed?

Please specify the type of behavioral health and/or substance abuse services information to be disclosed, including any relevant dates. Self reported information that may assist in supportive services and/or housing.

Section 5. What is the Purpose of the Disclosure?

Please give the reason the information is being requested or disclosed.

to work with collaborative agencies to provide services to the individual identified in this release

Section 6. What is the Expiration Date or Event?

This authorization must expire within 1 year, on either a specific date or upon a specific event. Please choose either:

☐ the following expiration date (no more than 1 year from today): _____

☐ the following specific event (needs to happen within 1 year): _____

Section 7. Important Rights and Other Required Statements You Should Know

- ❖ You can revoke this authorization at any time by writing to [Fresno Housing Authority]. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- ❖ The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- ❖ You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- ❖ This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- ❖ You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing to Fresno Housing Authority.
- ❖ If you have any questions about anything on this form, or how to fill it out, we can help. Please call (559)457-4109

Section 8. Signature of the Individual

Signature _____ Date (required) _____

Section 9. Signature of Personal Representative (if applicable)

Signature _____ Date (required) _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Fresno County
**AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Name: _____

Date of Birth: _____ Social Security Number: _____

Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Name of the organization or individual **authorized to use or disclose** the information: _____

_____ Fresno County Department of Behavioral Health
Address: _____ 4441 E. Kings Canyon Rd., Fresno CA 93702

Name of the organization or individual **authorized to receive and use** the information: _____

_____ Housing Authority
Address: _____ PO BOX 11985 Fresno, CA 93776-1985

The **type and amount of information** to be used or disclosed is as follows:

<input checked="" type="checkbox"/> Diagnosis	<input type="checkbox"/> Lab Report	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Medication Record	<input type="checkbox"/> Progress Note
<input type="checkbox"/> Assessment	<input type="checkbox"/> Plan of Care	<input checked="" type="checkbox"/> Other: verbal/written _____

Dates of information from: _____ ALL _____ to: _____ Present _____

Exception or information I do not want disclosed: _____

This information will be used for the following **purpose**: _____ Housing _____

**Authorized for Use and Disclosure of
Protected Health Information**

Fresno County of Fresno

FCH -2910-eng

Name _____
Record/DMH # _____

Restrictions

California law does not allow the organization or individual receiving this information to make further disclosure of my protected health information unless the organization or individual obtains another authorization from me or unless disclosure is specifically required or permitted by law.

Rights

I understand that I have the following rights with respect to this Authorization:

1. I may refuse to sign this authorization.
2. I have a right to receive a copy of this authorization.
3. I may revoke this Authorization at any time by signing the revocation at the bottom of this form or by a written notice of revocation signed by me or on my behalf. I can mail it or personally deliver to the following address:
4441 E. Kings Canyon Rd., Fresno CA 93702
- I understand that the revocation will be effective upon receipt. I understand that the revocation will not apply to information that has already been released in response to this authorization.
4. I may not be required to sign this Authorization as a condition to obtaining treatment, payment, or my eligibility for benefits.
5. I am entitled to notice if Fresno County will use or disclose the protected health information for marketing and receive payment for the use or disclosure of my protected health information.
6. I understand that I may request a restriction or limitation on the protected health information to be used or disclosed.

Expiration

This Authorization will expire on: _____ If I do not specify an expiration date or event, this authorization will expire in six months.

Signature

I knowingly and voluntarily sign this authorization.

Signature _____ Date _____

Printed Name _____ Telephone Number _____

Address _____

If signed by someone other than client/consumer, state your legal relationship to the client/consumer:

Witness/Language Interpreter

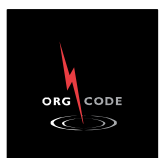
☐ I revoke this authorization. _____
Signature _____ Date _____

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**Prescreen for Individuals****GENERAL INFORMATION/CONSENT**

1. Interviewer's First Name	2. Interviewer's Last Name
3. Interviewer's Email	4. Interviewer's Phone Number
Has client signed a release of information <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
5. When was this survey conducted? _____/_____/_____ Time: _____	6. Referring Agency: <i>If applicable</i>
7. Location of Survey:	
1. In what language do you feel best able to express yourself?	
First Name	Last Name
2. Unique Client Identifier	
Social Security Number	3. Date of Birth: _____/____/_____

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS	RESPONSE	REFUSED
1. How many months have you lived on the streets, in shelters or in a Safe Haven?		<input type="checkbox"/>
2. In the past three years, how many separate times have you been homeless and then housed again?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Doesn't know	<input type="checkbox"/>
3. In the past three years, what is the total number of months you have been homeless (living on the street, in Emergency Shelters or Safe Haven)?		<input type="checkbox"/>
4. During the last three years, have you been continuously homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	<input type="checkbox"/>

**100,000
HOMES**For 100,000 homeless
individuals and families**POWERED BY COMMUNITY SOLUTIONS**

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**Prescreen for Individuals****B. RISKS**

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS	RESPONSE		REFUSED
1. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>
2. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>
3. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>
4. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>
5. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>
	YES	NO	REFUSED
6. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does anybody force or trick you to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):		

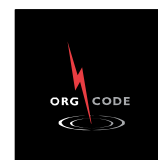
C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS	YES	NO	REFUSED
12. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have any money coming in on a regular basis, through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have enough money to meet all expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**100,000
HOMES**

For 100,000 homeless
individuals and families

POWERED BY COMMUNITY SOLUTIONS



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**Prescreen for Individuals**

17. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVE ONLY. DO NOT ASK!	YES	NO	
18. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>	

D. WELLNESS

QUESTIONS	RESPONSE		
1. Where do you usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care		
<i>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:</i>	YES	NO	REFUSED
2. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK:	<input type="checkbox"/>	<input type="checkbox"/>	
14. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>	

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**Prescreen for Individuals**

SUBSTANCE ABUSE	YES	NO	REFUSED
15. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK: 21. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	
MENTAL HEALTH	YES	NO	REFUSED
22. Have you ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK: 28. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>	

If YES to question 29, score 1.	YES	NO	REFUSED
29. Have you had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to question 50, score 1.	YES	NO	REFUSED
30. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**Prescreen for Individuals****E. DEMOGRAPHIC INFORMATION**

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you ever been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Theatre of Operations: World War II (1940-45) <input type="checkbox"/> Theatre of Operations: Korean War (June 1950-January 1955) <input type="checkbox"/> Theatre of Operations: Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Theatre of Operations: Persian Gulf (August 1991-Present) <input type="checkbox"/> Theatre of Operations: Afghanistan (2001-Present) <input type="checkbox"/> Theatre of Operations: Iraq (2003-Present) <input type="checkbox"/> Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, how many consecutive months were you on active duty?</i>	
<i>If yes, what was the character of the discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify)
<i>If yes, to serving in the US Military, are you currently receiving services at the VA Hospital?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
1. Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
2. Are you currently subject to a registration requirement under a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**Prescreen for Individuals**

state sex offense registration program?	
3. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults (use local name) <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify): _____
4. Are you currently receiving services from Fresno County Department of Behavioral Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

F. CONTACT INFORMATION

1. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. If yes, what is his/her name?	
3. What agency do they work for?	
4. What is their phone number?	
5. What is their email address?	
6. On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
7. Is there a phone number and/or email where someone can get in touch with you or leave a message? <u>(DO NOT ENTER NUMBER OR EMAIL IN PMCP)</u>	<input type="checkbox"/> Yes
8. Which documents do you currently have on you?	<input type="checkbox"/> CA ID card or Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Income <input type="checkbox"/> Disability Verification
9. To finish, may I take your picture so that we can better find you if housing turns up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. SURVEYOR: Any final notes that you'd like to convey?	

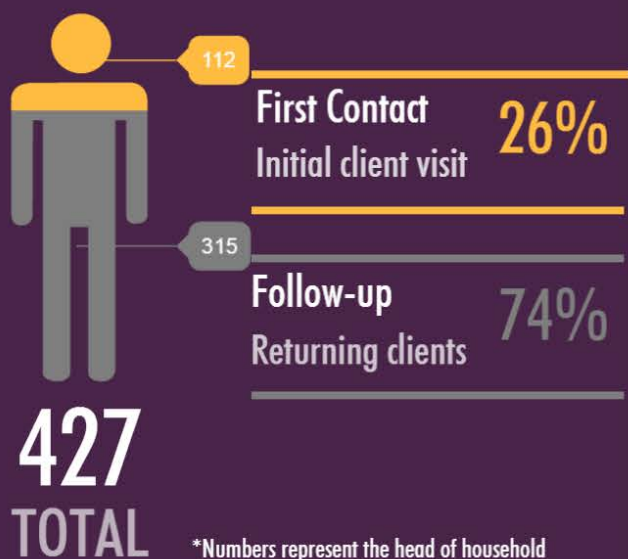
MAP Point at the Pov

Multi-Agency Access Program (MAP) Point at the Pov is the physical location of the Coordinated Entry System (CES). This CES serves as a community access point with knowledgeable staff providing linkages to services surrounding homelessness and behavioral and physical health issues.

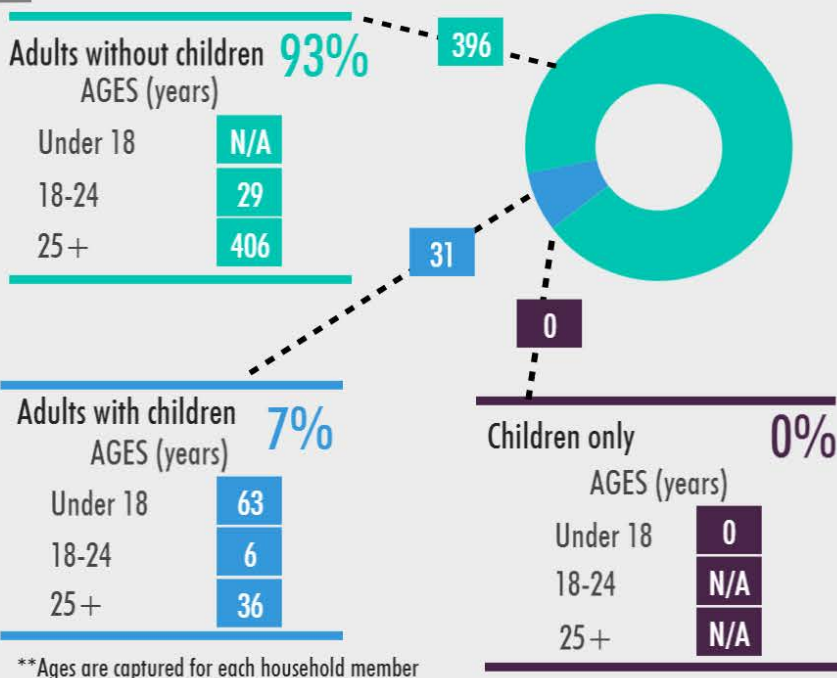
January 2016

ALL CLIENTS

PERSONS SERVED *

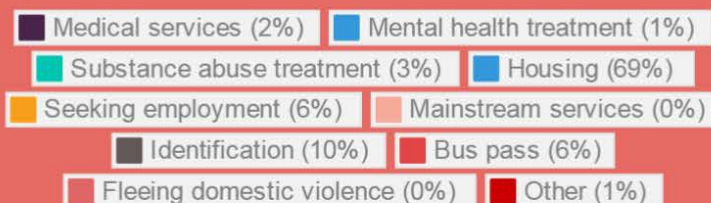


HOUSEHOLDS SERVED **



FIRST CONTACT

What brings you to MAP Point at the Pov?



How did you hear about MAP Point at the Pov?



Probation 13

Veterans



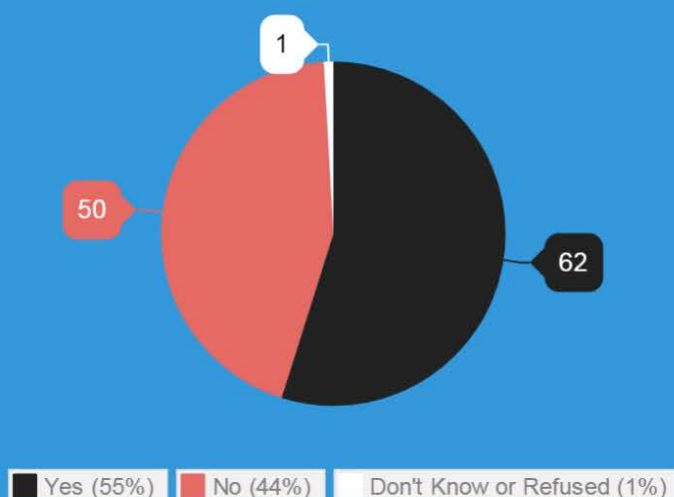
6

Parole

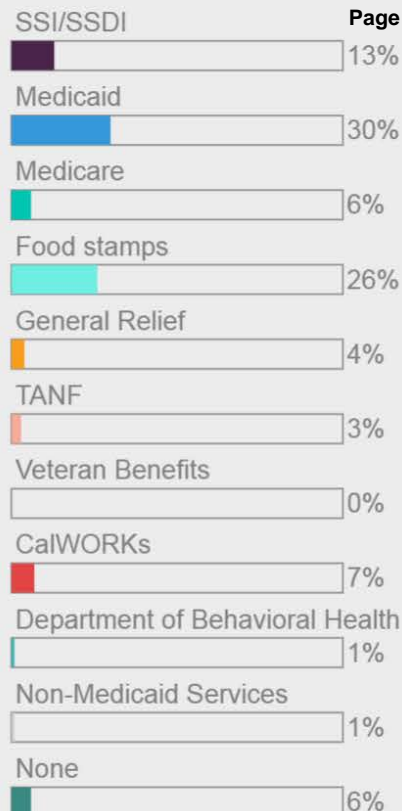
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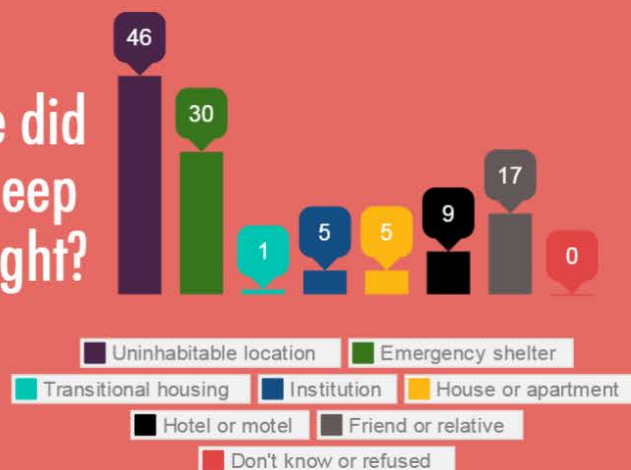
Do you usually sleep on the street, in a shelter, or in a place not meant for human habitation?



What services
do you
already
have?



Where did
you sleep
last night?



LITERALLY HOMELESS*



MONTHS

(Mean)
10.2

(Mode)
1

(Median)
3

(Range) 71

HOUSEHOLDS



Emergency shelter	88%
Uninhabitable Location	11%

*Persons sleeping in an uninhabitable location, emergency shelter, or residing in aforementioned location prior to being institutionalized less than 90 days

What is MAP Point at the Pov linking you to?*



*Linkages are made for first contact and follow-up clients

PRESENTED BY The Fresno Housing Authority
Contact cmorgan@fresnohousing.org with any questions.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE

PROVIDER

PROGRAM DESCRIPTION

AGES SERVED

☐ Children
☐ Adult

☐ TAY
☐ Older Adult

DATES OF OPERATION

OUTCOME GOAL

DATES OF DATA REPORTING PERIOD

OUTCOME DATA

Outcomes Effectiveness Form

Name of Program:

What is the Program/Contract Goal?

Funding Source:

- | | |
|---|--|
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Community Services and Supports |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> EPSDT |
| <input type="checkbox"/> Realignment | <input type="checkbox"/> Innovations |
| <input type="checkbox"/> Other: | |
-

Fiscal Information:

Budget Amount:

Source(s) of Funding:

Number of Unique Clients Served During Time Period:

Number of Services Rendered During Time Period:

Cost Per Client:

Type of Program:

- | | | |
|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Other |
| <input type="checkbox"/> DBH-Operated | <input type="checkbox"/> Contract-Operated | |
-

Level of Care Information:

Level of Care: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please Describe:

Target Population Information:

Target Population:

Clinical Information:

Does the Program Utilize Any of the Following?

☐ Evidence Based Practice ☐ Evidence Informed Practice ☐ Best Practice

Please Describe:

Outcomes and Effectiveness:

What Outcome Measures Are Being Used?

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness?

Describe the Program's Effectiveness (i.e. have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc):

What Barriers Prevent the Program from Achieving Better Outcomes?

What Changes to the Program Would You Recommend to Improve the Effectiveness?

For Committee Use Only:

Recommendations: [Click here to enter text.](#)

Multi-Agency Access Program

Community Screening Tool

Suggested statements for welcome and explanation of screening process:

- My name is _____ and I'm here to support you today.
- To best support you I need to get to know a little about you.
- I will ask some questions covering different topics.
- The purpose is to consider different areas of life in which you may find supports or services would be helpful.
- It might seem like a lot of questions, but the idea of is to save you time of going to a lot of different places.
- You may skip any question that makes you feel uncomfortable.
- Let me know if I am going too fast or too slow or if you aren't sure what I mean with any of the questions.

General Information

1. What is your name?

First:	Last:
--------	-------

2. What brings you here today? (Self-report by client. Check all that apply)

<input type="checkbox"/> Physical Health	<input type="checkbox"/> Need food	<input type="checkbox"/> SSI or SSDI
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Employment	<input type="checkbox"/> Veteran's benefits or services
<input type="checkbox"/> Substance use	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> General Assistance/Relief
<input type="checkbox"/> Housing	<input type="checkbox"/> Health insurance	<input type="checkbox"/> Legal
<input type="checkbox"/> Other:		

3. What is your household composition?

<input type="checkbox"/> Living alone (if selected, skip to question 6)	<input type="checkbox"/> Living with a spouse, partner or other adult who is not your child
<input type="checkbox"/> Living with children under 18	<input type="checkbox"/> Living with children over 18

4. How many adults and children are in your household? (include all persons who sleep in the same location, including the person being interviewed):

Number of adults 18 or older:

Number of children 17 and younger:

Multi-Agency Access Program

Community Screening Tool

5. List other members of the household in the spaces below:			
Person 1: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:	Person 2: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:	Person 3: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:	Person 4: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:
Person 5: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:	Person 6: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:	Person 7: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:	Person 8: First Name: Last Name: Date of Birth: Relation to client: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married Partner <input type="checkbox"/> Child <input type="checkbox"/> Don't know or decline to state <input type="checkbox"/> Other:
6. What is your date of birth?			
7. Is this your first time coming to a MAP Program or MAP Point?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Multi-Agency Access Program

Community Screening Tool

8. How did you hear about the MAP Program?

<input type="checkbox"/> Friend or family	<input type="checkbox"/> News outlet	<input type="checkbox"/> Internet
<input type="checkbox"/> Referred by an Name or type of agency:		<input type="checkbox"/> Other:

9. In what part of the city/county are you staying?

Cross streets:

10. If you have a home or place that you stay, what is the address?**11. What is your phone number? If you don't have a phone, this can be a number where a message can be left.)****12. How do you identify your race?**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Don't Know or Decline to state	<input type="checkbox"/> Other:

13. How do you identify your ethnicity:

<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Doesn't Know or Decline to state
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14. What is your preferred language:

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Hmong
<input type="checkbox"/> Other		

15. How do you identify your gender:

<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Transgender
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Multi-Agency Access Program

Community Screening Tool

☐ Decline to State☐ Other**16. How do you identify your sexual orientation:**☐ Heterosexual/Straight☐ Gay☐ Lesbian☐ Bisexual☐ Queer☐ Questioning☐ Decline to State☐ Other:**17. What is your relationship status:**☐ Single☐ Married☐ Cohabiting☐ Separated☐ Widowed☐ Divorced☐ Decline to state☐ Other:**Veteran's Status:****18. Have you ever served in the United States Armed Forces or been called into active duty as a member of the National Guard or as a Reservist?**☐ Yes☐ No**Housing Needs****19. Where do you usually sleep (what is your primary nighttime residence)?**☐ My house or apartment (owned or rented)☐ My house/apartment (subsidized)☐ Hotel or motel (no emergency voucher)☐ With a friend or relative☐ Transitional☐ Emergency shelter (include motel/hotel)☐ Street or sidewalk☐ Uninhabitable location / place not meant for human habitation (i.e. car, park, abandoned

Multi-Agency Access Program

Community Screening Tool

<input type="checkbox"/> Institution		
(If institution is checked, complete items 19.1 through 19.3 below)		
19.1 Which type of institution did you stay in last night?		
<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	<input type="checkbox"/> Treatment facility for mental health
<input type="checkbox"/> Treatment facility for substance use	<input type="checkbox"/> Hospital	<input type="checkbox"/> Don't know or won't say
<input type="checkbox"/> Other		
19.2 Were you there in that facility for less than 90 days?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19.3 If yes to the question above, were you homeless immediately prior to being in that facility?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20. Are your current living arrangements a concern for you?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical Health Needs:		
21. Do you have a current or past illness or other physical health concern which need medical attention?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22. Do you have any disability which needs medical attention?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23. Are you pregnant or do you think that you might be pregnant?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24. Do you need support or assistance in connecting to a doctor for any health or medical reasons?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Multi-Agency Access Program

Community Screening Tool

Social Service and Employment Needs:

25. Do you have Medi-Cal or other health insurance?

☐ Yes☐ No

26. Do you have enough money to pay for food and other household expenses?

☐ Yes☐ No

27. Do you have enough food to eat today and in the next couple of days?

☐ Yes☐ No

28. Do you need help in getting clothes to wear?

☐ Yes☐ No

29. Are you working?

☐ Yes☐ No

30. If you aren't working, are you interested in finding a job?

☐ Yes☐ No

Transportation Needs:

31. How do you get where you need to go?

☐ My own car or truck or motorcycle☐ Rides from family or friends☐ Public Transportation☐ Bicycle☐ Walk☐ Other

Multi-Agency Access Program

Community Screening Tool

32. Do you need assistance in using public transportation or do you have barriers to using transportation?

☐ Yes

☐ No

Needs Related to Spirituality or Religion

33. If spirituality is important to you, do you need assistance in connecting with others who share your beliefs?

☐ Yes

☐ No

Needs Related to Mental Health (questions adapted from the Modified Mini Screen, MMS)

34. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?

☐ Yes

☐ No

35. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?

☐ Yes

☐ No

36. Have you felt sad, low or depressed most of the time for the last two years?

☐ Yes

☐ No

37. In the past month did you think that you would be better off dead or wish you were dead?

☐ Yes

☐ No

38. Have you ever had a period of time when you were feeling 'up', hyper or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol).

☐ Yes

☐ No

39. Have you ever been so irritable, grouchy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?

Multi-Agency Access Program

Community Screening Tool

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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40. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way? Did these intense feelings get to be their worst within 10 minutes? (If “yes” to both questions, answer “yes”, otherwise check “no”).

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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41. Do you feel anxious, frightened, uncomfortable or uneasy in situations where help might not be available or escape might be difficult? Examples include:

- ___ being in a crowd,
- ___ standing in a line,
- ___ being alone away from home or alone at home,
- ___ crossing a bridge,
- ___ traveling in a bus, train or car?

Note: “Yes” to any example or to the general question counts as one (1) yes.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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42. Have you worried excessively or been anxious about several things over the past 6 months? (If you answered “no” to this, please skip to Question 44.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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43. If you answered yes to the previous question, are these worries present most days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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44. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples include:

- ___ speaking in public,
- ___ eating in public or with others,
- ___ writing while someone watches,
- ___ being in social situations.

Note: “Yes” to any example or to the general question counts as one (1) yes.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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45. In the past month, have you been bothered by thoughts, impulses, or images that you couldn’t get rid of that were unwanted, distasteful, inappropriate,

Multi-Agency Access Program

Community Screening Tool

intrusive or distressing? Examples include:

- ☐ Were you afraid that you would act on some impulse that would be really shocking?
☐ Did you worry a lot about being dirty, contaminated or having germs?
☐ Did you worry a lot about contaminating others, or that you would harm someone even though you didn't want to?
☐ Did you have any fears or superstitions that you would be responsible for things going wrong?
☐ Were you obsessed with sexual thoughts, images or impulses?
☐ Did you hoard or collect lots of things?
☐ Did you have religious obsessions?

Note: "Yes" to any example or to the general question counts as one (1) yes.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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46. In the past month, did you do something repeatedly without being able to resist doing it? Examples include:

- ☐ Washing or cleaning excessively;
☐ Counting or checking things over and over;
☐ Repeating, collecting, or arranging things;
☐ Other superstitious rituals.

Note: "Yes" to any example or to the general question counts as one (1) yes.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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47. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples include:

- ☐ serious accidents;
☐ sexual or physical assault;
☐ terrorist attack;
☐ being held hostage;
☐ kidnapping;
☐ fire;
☐ discovering a body;
☐ sudden death of someone close to you;
☐ war;
☐ natural disaster

Note: "Yes" to any example or to the general question counts as one (1) yes.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Multi-Agency Access Program

Community Screening Tool

48. Have you re-experienced the awful event in a distressing way in the past month? Examples include:

- ☐ Dreams;
- ☐ Intense recollections;
- ☐ Flashbacks;
- ☐ Physical reactions.

Note: "Yes" to any example or to the general question counts as one (1) yes.

☐ Yes☐ No

49. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?

☐ Yes☐ No

50. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?

☐ Yes☐ No

51. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?

☐ Yes☐ No

52. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper OR Have you believed that someone you did not personally know was particularly interested in you?

☐ Yes☐ No

53. Have your relatives or friends ever considered any of your beliefs strange or unusual?

☐ Yes☐ No

54. Have you ever heard things other people couldn't hear, such as voices?

☐ Yes☐ No

55. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?

Multi-Agency Access Program

Community Screening Tool

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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56. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Needs Related to Substance Use (adapted CAGE-AID):

When thinking about drug use, include illegal drug use and the use of prescription drugs other than prescribed.

57. Have you ever felt that you ought to cut down on your drinking or drug use?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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58. Have people annoyed you by criticizing your drinking or drug use?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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59. Have you ever felt bad or guilty about your drinking or drug use?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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60. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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61. Does your use of alcohol or drugs cause other problems in your life?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Needs of Children and Adolescents in the Household:

62. If you have a young child, do you have any concerns about your child's learning, development, or behavior?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Multi-Agency Access Program

Community Screening Tool

63. If you have a child or teenager, do you have concerns about his or her mental health (thinking, feeling, or behavior)?

☐ Yes☐ No

Needs Related to Domestic Violence and Human Trafficking:

64. Are you afraid of someone you are in a relationship with or do you feel in danger in any of your relationships?

☐ Yes☐ No

65. Has someone you are in a relationship with threatened to hurt you?

☐ Yes☐ No

66. Do fights with anyone you are in a relationship with ever become physical?

☐ Yes☐ No

67. Does anyone you are in a relationship with ever hit, kick, slap, push, shove, or hurt you?

☐ Yes☐ No

68. Do you feel controlled or isolated by someone you are in a relationship with?

☐ Yes☐ No

69. Have you been touched by someone you are in a relationship with in a way that made you feel uncomfortable?

☐ Yes☐ No

70. Is someone forcing you to do anything that you do not want to do?

☐ Yes☐ No

71. Has someone you are in a relationship with ever deprived you of food, water, sleep or medical care?

☐ Yes☐ No

Multi-Agency Access Program

Community Screening Tool

72. Has someone you are in a relationship with taken your identification or documentation from you?☐ Yes☐ No

Legal Needs:

73. Do you have a valid California Driver's License or Identification Card?☐ Yes☐ No**74. Are you on probation or parole?**☐ Probation☐ Parole☐ Not on probation or parole☐ Don't know or won't say**75. Do you need assistance in connecting with a probation officer or parole agent?**☐ Yes☐ No**76. Do you have any legal issues that you need assistance with?**☐ Yes☐ No

Information Related to Current Services or Supports:

77. Are you currently working with any agency, program, healthcare provider, or case manager?☐ Yes☐ No**78. If yes, would you be willing to allow me to talk with them?**☐ Yes☐ No

If yes, list agencies, programs, healthcare providers, case managers or other services and supports identified here:

Multi-Agency Access Program**Community Screening Tool**

Others in the Household (complete if client identified that others are present in client's household)

79. Earlier I asked if there are others living in your household. Is there anyone else in your household who may need support or services?

☐ Yes

☐ No

SERVICE/LINKAGE PLANNING

Algorithms based on screening responses

General Information - Reason for visit

Question 2

Offer linkage to resources to meet specific needs identified in question 2.

Veteran Status

Question 18

Offer linkage to Veterans Service Office to determine possible Veterans benefits if yes to question 18.

<http://www.co.fresno.ca.us/DepartmentPage.aspx?id=3216>

Housing

Question 19:

Complete the VI-SPDAT if the following items are checked on Question 19:

- Emergency shelter (includes motel/hotel vouchers)
- Street or sidewalk
- Uninhabitable location

Questions 19.1 – 19.3:

Complete the VI-SPDAT if the answer is yes to both Question 19.2 and Question 19.3

Multi-Agency Access Program**Community Screening Tool**

Question 20:

Offer assistance linking to low-income housing resources if yes to Question 20.

Physical Health

Questions 21-24:

Offer linkage to an appropriate physical health provider if yes to any of Questions 21-24. (Resources may include: FQHC, Health Clinic, etc.)

Social Service

Questions 25 and 26 :

Offer assistance to complete application in Benefits CalWin system if no to either question 25 or 26. <https://www.mybenefitscalwin.org/>

Question 27:

Offer linkage to food banks or other appropriate/immediate food resources if yes to question 27.

Question 28:

Offer linkage to appropriate resources for clothing supports if yes to question 28.

Question 30:

Offer linkage to employment services if yes to question 30.

Transportation

Question 32:

Offer linkage to transportation supports (bus pass, learning how to use public transportation, etc.) if yes to question 32.

Spirituality

Question 33:

Assist in linking to appropriate spiritual resources if yes to Question 33.

Mental Health

Multi-Agency Access Program

Community Screening Tool

Questions 34-56:

Offer linkage to mental health assessment and/or services if ANY of the following bullet points apply:

- Yes to Question 37
- Yes to both Questions 47 & 48
- Yes to total of 6 or more questions in Mental Health section (Questions 34 -56)

Substance Use

Questions 57-61:

Offer linkage to an assessment for services if yes to any question in Substance Use section (Questions 57-61).

Needs of Children and Adolescents

Question 62:

Offer assistance calling One Call for Kids if yes to question 62. (559) 225-1102 <https://www.epuchildren.org/programs-services/one-call-for-kids/>

Question 63:

Offer assistance in linking to Behavioral Health, Children's Mental Health if yes to question 63.

Domestic Violence and Human Trafficking:

Questions 64-72:

Offer assistance in linking to Marjorie Mason Center or Domestic Violence hotline if yes to any question 64-72.

Central Valley Domestic Violence Hotline: 559-233-HELP (559-233-4357)

National Domestic Violence Hotline: 1.800.799.SAFE (7233)

Legal

Question 73:

Offer linkage to DMV or other resource if no to question 73.

Question 75:

Multi-Agency Access Program

Community Screening Tool

Offer linkage to appropriate agency if yes to question 75.

Question 76:

Offer linkage to legal aid if yes to question 76.

Current Services or Supports

Question 78:

Obtain signed authorization to release information and follow up with identified agencies, programs or case managers as needed.

Others in the Household

Question 79:

Complete the Community Screening Tool for identified persons if yes to Question 79.