

COUNTY OF FRESNO REQUEST FOR PROPOSAL

NUMBER: 962-5212

CO-OCCURRING DISORDERS MENTAL HEALTH SERVICES

September 25, 2013

ORG/Requisition: 56304562/ 5631401402

PURCHASING USE
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HEALTH SERVICES.DOC

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

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

CLOSING DATE OF BID WILL BE AT 2:00 P.M., ON OCTOBER 25, 2013.

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

Proposals will be opened and publicly read at that time. All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: Brian D. Tamblin, phone (559) 600-7117, e-mail CountyPurchasing@co.fresno.ca.us, fax (559) 600-7126.

GENERAL CONDITIONS: See "County Of Fresno Purchasing Standard Instructions And Conditions For Request For Proposals (RFP'S) and Requests for Quotations (RFQ'S)" attached. Check County of Fresno Purchasing's Open Solicitations website at <https://www2.co.fresno.ca.us/0440/Bids/BidsHome.aspx> for RFQ/RFP documents and changes.

BIDDER TO COMPLETE

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

Except as noted on individual items, the following will apply to all items in the Proposal Schedule.

1. Complete delivery will be made within _____ calendar days after receipt of Order.
2. A cash discount _____ % _____ days will apply.

COMPANY

ADDRESS

CITY

STATE

ZIP CODE

()

TELEPHONE NUMBER

()

FACSIMILE NUMBER

E-MAIL ADDRESS

SIGNED BY

PRINT NAME

TITLE

COUNTY OF FRESNO PURCHASING

STANDARD INSTRUCTIONS AND CONDITIONS FOR REQUESTS FOR PROPOSALS (RFP'S) AND REQUESTS FOR QUOTATIONS (RFQ'S)

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

GENERAL CONDITIONS

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

1. BID PREPARATION:

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

2. SUBMITTING BIDS:

- A) Each bid must be submitted on forms provided in a sealed envelope/package with bid number and closing date and time on the outside of the envelope/package.
- B) Interpretation: Should any discrepancies or omissions be found in the bid specifications or doubt as to their meaning, the bidder shall notify the Buyer in writing at once. The County shall not be held responsible for verbal interpretations. Questions regarding the bid must be received by Purchasing at least five (5) working days before bid opening. 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. 962-5212

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. 962-5212

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

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

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

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

19. OBLIGATIONS OF CONTRACTOR:

A) CONTRACTOR shall perform as required by the ensuing contract. CONTRACTOR also warrants on behalf of itself and all subcontractors engaged for the performance of the ensuing contract

that only persons authorized to work in the United States pursuant to the Immigration Reform and Control Act of 1986 and other applicable laws shall be employed in the performance of the work hereunder.

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

20. AUDITS & RETENTION:

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

21. DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS:

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

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

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

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

22. DATA SECURITY:

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

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

No storage of COUNTY's private, confidential or sensitive data on any hard-disk drive, portable storage device or remote storage installation unless

Proposal No. 962-5212

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.

TABLE OF CONTENTS

	<u>PAGE</u>
OVERVIEW	3
KEY DATES	4
PROPOSAL IDENTIFICATION SHEET	5
TRADE SECRET ACKNOWLEDGEMENT	6
DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS.....	8
REFERENCE LIST.....	11
PARTICIPATION.....	12
GENERAL REQUIREMENTS	13
SPECIFIC BIDDING INSTRUCTIONS AND REQUIREMENTS.....	20
SCOPE OF WORK.....	23
REQUIRED SERVICE COMPONENTS	26
MINIMUM REQUIREMENTS	35
COST PROPOSAL.....	39
COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS	43
PROPOSAL CONTENT REQUIREMENTS	45
AWARD CRITERIA	48
CHECK LIST	49
EXHIBITS A – H.....	50

OVERVIEW

The County of Fresno on behalf of the Department of Behavioral Health (DBH) is requesting proposals from qualified vendors to provide a welcoming, recovery oriented, co-occurring disorder capable Full Service Partnership (FSP) program specifically designed and targeted towards adult and older adult clients with active co-occurring disorders and symptoms who have failed out of other drug treatment programs, including methadone and residential treatment. Provision of an integrated, comprehensive, welcoming, client-centered co-occurring service delivery is the unique goal of this specialized team.

This program will be a part of the Mental Health Services Act (MHSA) division of DBH. The selected vendor must be thoroughly familiar with the provisions of the MHSA, including but not limited to State MHSA regulations, policies interpretation, and definition. Vendors can view the State's MHSA policies and procedures and other information at http://www.dmh.ca.gov/prop_63/mhsa/docs/mental_health_services_act_full_text.pdf. The selected vendor must be able to work with and have knowledge and understanding of Fresno County's diverse and unique population. The selected vendor will use MHSA funds to reach unserved and underserved clients and their family members.

The selected vendor will be expected to provide services to adult and older adult clients with co-occurring DSM IV-TR Axis I mental health and substance abuse disorders. Referrals to the program will primarily be clients that have frequently accessed crisis, detox services and/or have required law enforcement intervention related to their substance abuse. The selected vendor will be expected to serve a *minimum* of 98 clients per year.

This FSP will provide services to clients that have not been successfully engaged and linked to co-occurring capable services in the past. This service program will be designed to enroll clients after they have utilized crisis services (post-crisis). Also, these clients will have already been referred to outpatient substance abuse services, but may not have completed the waiting period or may have "failed out" of treatment in the past. The vendor will ensure FSP staff will be properly trained in the area of co-occurring disorders and some of the staff will be substance abuse specialists.

Contract services shall begin July 1, 2014. The contract awarded will be for an initial three (3) years period with provision for two (2) one (1) year automatic renewal periods based on satisfactory outcomes performance and adequate funding. The contract for Co-Occurring Disorders Full Service Partnership mental health services will be funded with Medi-Cal FFP Revenue, Client Rents/Fees Revenue, and MHSA funds. MHSA funds shall not exceed \$1,197,668.

KEY DATES

RFP Issue Date:	September 25, 2013
Vendor Conference: <i>Vendors are to contact Buyer at (559) 600-7110 if planning to attend vendor conference.</i>	October 9, 2013 at 10:00 County of Fresno Purchasing 4525 E. Hamilton Avenue Fresno, CA 93702
Deadline for Written Requests for Interpretations or Corrections of RFP:	October 14, 2013 at 9:00 A.M. Phone (559) 600-7117 E-Mail: CountyPurchasing@co.fresno.ca.us
RFP Closing Date:	October 25, 2013 at 2:00 P.M. County of Fresno Purchasing 4525 E. Hamilton Avenue, 2 nd Floor Fresno, CA 93702

PROPOSAL IDENTIFICATION SHEET

RESPONDENT TO COMPLETE AND RETURN WITH PROPOSAL

Our proposal is attached and identified as: _____

The undersigned agrees to furnish the service stipulated at the prices and terms stated in the cost proposal.

Work services will commence within _____ calendar days after signing of the final contract.

Company: _____

Address: _____

_____ Zip: _____

Signed
by: _____

Print Name

Print Title

() ()

Telephone Fax Number E-mail Address

Date: _____

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:

(Company Name) 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.

ACKNOWLEDGED BY:

Signature () 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:

(Printed Name & Title)

Date:

(Name of Agency or Company)

VENDOR MUST COMPLETE AND RETURN WITH REQUEST FOR PROPOSAL

Firm: _____

REFERENCE LIST

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

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

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

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

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

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

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

PARTICIPATION

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

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

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

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

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

(Authorized Signature)

Title

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

GENERAL REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ORDINANCE 3.08.130 – POST-SEPARATION EMPLOYMENT PROHIBITED

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

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

EVALUATION CRITERIA: Respondents will be evaluated on the basis of their responses to all questions and requirements in this RFP and product cost. The County shall be the sole judge in the ranking process and reserves the right to reject any or all bids. False, incomplete or unresponsive statements in connection with this proposal may be sufficient cause for its rejection.

SELECTION PROCESS: All proposals will be evaluated by a team consisting of representatives from appropriate County Department(s), and Purchasing. It will be their responsibility to make

the final recommendations. Purchasing will chair or co-chair the evaluation or evaluation process.

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

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

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

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

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

PRICE RESPONSIBILITY: The selected vendor will be required to assume full responsibility for all services and activities offered in the proposal, whether or not they are provided directly. Further, the County of Fresno will consider the selected vendor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. The contractor may not subcontract or transfer the contract, or any right or obligation

arising out of the contract, without first having obtained the express written consent of the County.

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

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

INSURANCE:

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

A. Commercial General Liability

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

B. Automobile Liability

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

C. Professional Liability

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

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

D. Worker's Compensation

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

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

Within thirty (30) days from the date Contractor executes this Agreement, Contractor shall provide certificates of insurance and endorsement as stated above for all of the foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, 4441 E. Kings Canyon Road, Fresno, CA 93702, 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, Fresno, California 93702-4599. Appeals should address only areas regarding RFP contradictions, procurement errors, quotation rating discrepancies, legality of procurement context, conflict of interest, and inappropriate or unfair competitive procurement grievance regarding the RFP process.

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

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

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

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

RIGHTS OF OWNERSHIP

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

SPECIFIC BIDDING INSTRUCTIONS AND REQUIREMENTS

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

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

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

VENDOR CONFERENCE: On October 9, 2013 at 10:00 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 Brian D. Tamblin at County of Fresno Purchasing, (559) 600-7117, if they are planning to attend the conference.

NUMBER OF COPIES: Submit one (1) original, with two (2) *reproducible compact disc enclosed and Seven (7) copies of your proposal no later than the proposal acceptance date and time as stated on the front of this document to County of Fresno Purchasing. The cover page of each document is to be appropriately marked "Original" or "Copy".

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

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

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

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

- a. Such questions are submitted in writing to the County Purchasing not later than October 14, 2013 at 9:00 a.m. (cut-off). Questions must be directed to the attention of Brian D. Tamblin, Buyer III.
- 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, faxed to (559) 600-7126 or delivered to County of Fresno Purchasing. If faxing, the bidder must confirm receipt by phone ((559) 600-7110) within one-half (1/2) hour of transmission.

NOTE: The bidder is encouraged to submit all questions at the Vendor Conference. Time limitations can prevent a response to questions submitted after the cut-off date and time.

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 provision for (2) additional one (1) year periods, based on satisfactory outcomes, performance and adequate funding. Renewal periods shall be by written mutual consent of both parties. 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 may be requested. 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.

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

SCOPE OF WORK

The County of Fresno, on behalf of the Department of Behavioral Health, is requesting proposals from qualified vendors to provide a welcoming, recovery oriented, co-occurring disorder capable Full Service Partnership (FSP) program specifically designed and targeted towards adult and older adult clients with active co-occurring disorders and symptoms. Provision of an integrated, comprehensive, welcoming, client-centered co-occurring service delivery is the unique goal of this specialized team.

The Vision and Values of the Mental Health Services Act (MHSA)

All programs described in the Community Services and Supports Plan are designed to fulfill the vision of the Mental Health Services Act. This vision includes funding programs that will make significant changes in mental health delivery system such as:

- Increase the level of participation of clients and families in all aspects of the public mental health system;
- Increase the numbers of client and family operated services;
- Increase outreach to and expansion of services to client populations to eliminate ethnic disparities and more adequately reflect prevalence estimates; and
- Increase the array of community service options for individuals diagnosed with severe mental illness and serious emotional disturbance (and their families) to avoid unnecessary institutionalization and out of home placements.

This vision requires that MHSA programs *increase opportunities for client recovery, resilience and wellness* by funding services and supports that encourage:

- Meaningful use of time and capabilities, including things such as employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with families for children and youth; and reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including in times of crisis;
- Reduction in incarceration in jails and juvenile halls;
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

MHSA services are designed to help adults and older adults with severe mental illness (SMI), children with serious emotional disturbance (SED) and their families, and transition age youth (TAY) who either have SMI or SED. MHSA services are oriented towards clients who are currently un-served and underserved by mental health systems. The services and supports provided must reflect community collaboration; they must be culturally competent and be client/family member driven with a wellness/recovery/resiliency focus.

As a component of Fresno County's vision for a recovery oriented system, DBH is partnering in the implementation of a system wide initiative using the Comprehensive Continuous Integrated System of Care (CCISC) (may be found at: <http://www.samhsa.gov/co-occurring/topics/healthcare-integration/ccisc-model.aspx>). In this process, all adult, TAY, child, mental health, and AOD programs in the system are engaged in a quality improvement process, in partnership with each other and with the County, to become welcoming, recovery oriented,

co-occurring disorder capable programs, in which all treatment staff are becoming welcoming, recovery oriented, and co-occurring competent treatment providers.

This service is part of Fresno County's crisis services delivery system which acknowledges the needs of clients and family members and creates a 'no wrong door' approach to access and linkages.

The FSP Co-Occurring Team will focus on clients who are frequent users of crisis services, emergency rooms, detoxification services, jails, or hospitals, and have also been identified as having a co-occurring diagnosis. The focus includes clients who have failed out of other drug treatment programs, including methadone and residential treatment. The primary mental health disorder must coincide with Fresno County's target populations. Program emphasis will be the provision of comprehensive and integrated behavioral health and substance abuse treatment services, featuring a unified team approach with the following essential components:

- **The selected vendor for the co-occurring team must be available 24/7 and spend at least 35% of their time on billable activities on behalf of the clients.**
- When substance disorder and psychiatric disorder co-exist, each disorder should be considered **primary**; an **integrated dual treatment** approach is recommended, where each disorder receives appropriately intensive diagnosis-specific treatment.
- The approach must be delivered with a focus of "meeting the client where they are" utilizing a "whatever it takes" approach. It must also be culturally/linguistically competent, values-driven, evidence-based and co-occurring capable.
- The team shall use a strength-based approach which will help clients build on their current skills and the client will actively participate in their individual treatment planning. The goal will be to help the client towards growth, stability, wellness, and recovery.
- **The selected vendor or sub-contractor will be required to either have Medi-Cal certification or become Medi-Cal certified within 60 days of the start of the contract.**

Comprehensive and welcoming community services and supports will include, but are not limited to co-occurring capable and welcoming crisis intervention, outreach, symptom assessments, personal service coordination, and supportive counseling, all provided with a unified team approach in a culturally/linguistically competent manner.

Furthermore, the FSP Co-Occurring Team will provide services to adults/older adults, ages 18 and older, and their families, with the highest priority given to individuals in a complex crisis. The selected vendor will offer an array of integrated mental health and substance abuse services that are need driven, not appointment driven and that involve case management and recovery based peer support. Community and family support will also enhance the services provided by this FSP.

The selected vendor shall include in their response a detailed explanation regarding their experience, including but not limited to:

1. Experience with managing and operating a program that implements the Assertive Community Treatment (ACT) model approach of providing integrated, comprehensive co-occurring services for adult mental health clients or a similar program;
2. Experience and knowledge of working with the Latino, African American, Southeast Asian, and other minority populations;

3. Experience in securing bilingual and culturally competent staff;
4. Experience with providing professional team management and client/family-centered services;
5. Experience with providing services based on a wellness and recovery model; and
6. Direct experience in the provision of integrated services.

The mental health system seeks to improve the ability to understand the specific histories, traditions, beliefs, languages and values of diverse groups, which are helpful to engage and provide successful treatment/wellness for adults and older adults.

Selected vendor shall be knowledgeable in the mental health, primary care/health clinics as well as other client/family needed services – such as employment, education, housing, food, dual diagnosis, transportation, culturally sensitivity, etc.

REQUIRED SERVICE COMPONENTS

Service Delivery Framework:

The FSP Co-Occurring Team will utilize the Comprehensive, Continuous, Integrated System of Care (CCISC) model to provide services to a *minimum* of 98 adult clients.

- A. The FSP Co-Occurring Team shall be available to provide the following services, including but not limited to:
- Personal service coordination and supportive counseling for both mental health and substance abuse issues;
 - Services that clearly address both substance dependence and serious mental illness using a wellness and recovery model with parallel phases of recovery;
 - Ongoing integrated assessment of the client's mental illness, substance abuse issues and response to treatment and/or intervention;
 - Educating the client regarding his/her co-occurring disorder and the effects (including side effects) of prescribed medications;
 - Educating the client and his/her support structure/family regarding FSP Co-Occurring Disorders services and the associated challenges, as well as encouraging the client and his/her family members to take an active role in the treatment and recovery process; and
 - Services designed with evidence of a parallel recovery framework that may include, but not be limited to:
 - PHASE 1: **Stabilization**
 - Stabilization of active substance use or acute psychiatric symptoms
 - Intensive, daily, individual, group and peer support services over an extended duration of time
 - PHASE 2: **Engagement/Motivational Enhancement**
 - Outreach and case management services
 - Engagement in treatment
 - Contemplation, preparation, persuasion
 - PHASE 3: **Prolonged Stabilization**
 - Active treatment, maintenance, relapse prevention, peer support and social support
 - PHASE 4: **Recovery & Rehabilitation**
 - Continued sobriety, relapse prevention progress, peers support, social support and stability
- B. The FSP Co-Occurring Team shall be available to provide crisis assessment and intervention twenty-four (24) hours per day, seven (7) days per week, including telephone and face-to-face contact as needed. The following crisis response measures shall also be followed:
- Provision of a minimum of three (3) crisis residential treatment beds;

- Response to crisis shall be rapid and flexible;
 - When additional crisis housing is necessary for short-term care and inpatient treatment (either voluntary or involuntary), the staff shall collaborate with the treatment staff in such facilities. Support shall be provided, including accompanying the client to the facility, remaining with the client during assessment, and beginning the process of planning with the client for discharge to the community as soon as possible; and
 - Usage of crisis services and hospitalizations shall be monitored to ensure that interventions were initiated and that discharge planning took place in collaboration with the admitting facility. Monitoring can include and lead into costs to the service provider for inpatient days in the event discharge is delayed due to lack of response or discharge options for enrollees.
- C. The Provider will contract for housing services for those with co-occurring substance use issues and disorders. Money will be available for temporary emergency housing. Housing services will include, but may not be limited to:
- Training and assistance to clients in locating, securing and inhabiting housing which is appropriate to their level of functioning.
 - Housing options that are matched to clients choices, decisions, and skills regarding the use of substances, including options utilizing harm reduction models that are abstinence expected (dry), and those in which clients may choose to use as long as they are able to maintain their housing, and are encouraged to work collaboratively with staff to discuss their use and how it is working for them, in order to be able to make those choices successfully ("damp" or "wet" housing).
 - Training and instruction including individual support, problem solving, skill development, modeling and supervision, in home and community settings to teach clients to finance and maintain safe, clean and affordable housing.
 - Supported independent and permanent housing as appropriate for clients in their community throughout the metropolitan, and rural (western and eastern areas) of Fresno County where clients prefer to reside and
 - Emergency housing voucher for clients.
- D. The FSP Co-Occurring Team shall provide services in the areas of medication prescription, administration, monitoring, and documentation.
- The medical team shall assess each client's mental illness and prescribe appropriate medication, regularly review and document symptoms as well as the client's response to the prescribed medications, educate the client and family members, and monitor, treat and document any medication side effects.
 - The medical team shall establish medication policies and procedures which identify processes to administer medications, train other team members, and assess regularly other team members' competency in this area.
 - All team staff shall document client's mental illness symptoms and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.
 - Medication provision and psychiatric services are the full responsibility of the selected provider.

- E. The FSP Co-Occurring Team shall provide whatever direct assistance is necessary and reasonable to ensure that the client obtains the basic necessities of daily life, such as food, housing, clothing, medical/mental health/substance abuse services, and other financial support.
- F. The FSP Co-Occurring Team shall provide intensive and comprehensive alcohol, tobacco and drug abuse treatment services in accordance with harm reduction principles. The provision of integrated dual recovery substance abuse/mental health services is a key ingredient in the FSP service delivery model (as defined in Exhibit A). This will include, but is not limited to individual and group interventions to assist clients in:
- Identifying alcohol, tobacco, and drug abuse effects and patterns;
 - Recognizing interactive effects of alcohol, tobacco, and/or drug use on mental health symptoms;
 - Recognizing potential side-effects of psychotropic medications and how alcohol, tobacco, and/or drug use may affect prescribed medications;
 - Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
 - Achieving periods of abstinence and stability;
 - Attending appropriate recovery and/or self-help meetings: and
 - Moving towards achieving an alcohol and drug free lifestyle, if at all possible.
- G. The FSP Co-Occurring Team shall provide integrated, co-occurring capable alcohol, tobacco and drug abuse services as needed, in accordance with harm reduction principles. The provision of substance abuse/mental health services is a key ingredient in Assertive Community Treatment (ACT) type services <http://www.dhs.state.il.us/page.aspx?item=30471>. This will include, but is not limited to individual and group interventions to assist clients in:
- Feeling safe discussing their substance use with staff;
 - Feeling that staff are empathic with their experiences with regard to both the positive and negative effects of substance use;
 - Identifying their choices regarding substance use, and connecting those choices to their recovery goals;
 - Identifying stage of change for their substance use, and participating in stage matched individual and group interventions;
 - Identifying alcohol, tobacco, and drug abuse effects and patterns;
 - Recognizing interactive effects of alcohol, tobacco, and drug use, psychiatric symptoms and psychotropic medications;
 - Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
 - Achieving periods of abstinence and stability;
 - Attending appropriate recovery or self-help meetings: and
 - Achieving and alcohol and drug free lifestyle, if consistent with client choice, and consistent with client need (such as if the client has the diagnosis of substance dependence and is unable to use substances safely).

- H. The FSP Co-Occurring Team shall provide wrap-around services that are clearly designed to be comprehensive and integrated specific to co-occurring disorders. Services will be intensive treatment and rehabilitation case management services to promote adaptive functioning in the community and prevent unnecessary re-admissions to IMD's, acute inpatient, jail, detoxification, emergency rooms or other higher levels of care.

Integrated wrap-around services shall include:

- The development of a client centered personal service/care plan which considers behavioral health and substance abuse issues (including risk assessments);
 - The development, location, coordination, and maintenance of independent or other appropriate independent housing for all clients enrolled in the program;
 - The development, maintenance and involvement of all client's in lower levels of care in a peer-to-peer support network and social engagement activities;
 - The development and maintenance of a 24/7 mobile crisis intervention service;
 - The development and maintenance of integrated mental health and substance abuse treatment services for all individuals with co-occurring disorders;
 - The development and maintenance of supported employment and/or supported education with involvement of all clients who can benefit from these services;
 - The development and maintenance of "wrap around" funds to provide for the client's immediate basic needs or to purchase specialized services that are required to reduce the client's risk factors when no other funding source is available;
 - The development and provision of family involvement/support services for all interested families working as part of the treatment team;
 - The development and provision of case management services that will access all entitlements or make referral to any support services for which a client is eligible;
 - The development and provision of transportation and other support services clients may need to access health care, mental health services, education, employment, rehabilitation, peer support, recreational or other services within the community;
 - The development, maintenance and/or linkage to a "representative payee" service for all clients who would benefit from this service;
 - The provision of integrated medical support services including psychiatric assessments, psychopharmacological treatment, and education and monitoring for all clients;
 - The provision of all other mental health services that may be needed or required by clients; and
 - The integration of mental health recovery principles and practices promoting employment; and facilitation of a client-centered approach in all treatment services.
- I. The FSP Co-Occurring Team members shall provide emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items for clients, as needed. The team shall also provide client assistance funds for deposits, furniture purchases, and other items. The FSP will utilize sound accounting practices for recording and monitoring the use of these funds.

- J. The FSP Co-Occurring Team shall work with an outside agency to serve as “representative payee” for clients as needed. The FSP will utilize sound accounting practices to monitor these situations. The team may utilize client assistance funds to assist clients with short-term loans or grants, as necessary. The team shall link clients to appropriate social services, provide transportation as necessary, and link the client to appropriate legal advocacy representation.
- K. The FSP Co-Occurring Team shall provide training and instruction to support and assist the client in developing personal skills, including but not limited to:
- Carry out personal hygiene tasks;
 - Perform household chores, including housekeeping, cooking, laundry and shopping;
 - Develop or improve money management skills;
 - Use community transportation;
 - Locate, finance and maintain safe, clean and affordable housing; and
 - Healthy Choices and decisions regarding substance use, and skills to implement those decisions in order to reach his or her goals.
- L. The FSP Co-Occurring Team shall develop and support the client’s participation in recreational and social activities and in relationships that promote wellness and recovery. Staff shall provide integrated and co-occurring capable support and help individual clients to establish positive social relationships and activities in community settings. Such services shall include, but not be limited to, assisting clients in:
- Developing social skills and, where needed, the skills to develop meaningful personal relationships;
 - Planning appropriate and productive use of leisure time including familiarizing clients with available social and recreational opportunities;
 - Interacting effectively and appropriately with landlords, neighbors and others;
 - Developing assertiveness and self-esteem;
 - Helping clients to identify non substance using social support and leisure time activities that do not rely on substance use; and
 - Using existing self-help centers, self-help groups and other social, church, and recreational groups to combat isolation and withdrawal experienced by many persons coping with co-occurring disorders.
- M. The FSP Co-Occurring Team shall work to minimize the client’s involvement in the criminal justice system, with services to include, but not be limited to:
- Helping the client identify precipitants to client’s criminal involvement;
 - Providing necessary treatment, support and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the client’s behaviors; and
 - Collaborating with police, court personnel, and jail officials to ensure appropriate use of legal and mental health services. Also, coordination and provision of services in conjunction with Behavioral Health Court activities will be provided if appropriate for client.

- N. Outcomes will be monitored to see if the client has meaningful use of their time and/or stays in school or maintains employment. Homelessness, hospitalizations and incarcerations will also be monitored to see if there are reductions. The Department of Behavioral Health will use State criteria for measuring these outcomes. The team will be monitored regarding services delivered and if they meet the goals of the MHSA.
- O. The FSP Co-Occurring Team will empower clients to take an active role in the recovery process. The FSP Co-Occurring Team will provide housing options and maintain clients in independent living by providing needed services, accessing resources and encouraging clients to be independent, productive and responsible.
 - The vendor will establish a program to provide rent subsidies for independent housing that is co-occurring capable and welcoming when the cost of housing exceeds the client's social security or other income. The vendor should include these costs as proof of the response to the RFP.

Staffing Requirements:

One of the most critical features of this service is the team delivery method, which shall be the unified team approach with a client/family centered focus. With this approach, the multiple staff members that make up the team shall "unify" their diverse skills in order to address each client's mental health and substance abuse needs. Staffing responses and program design should show evidence of client/family support as provided through client/family specialists

The FSP Co-Occurring Team staff to client ratio shall be set at or between 1:10 to 1:15, or one staff serving no more than ten to fifteen clients. All treatment staff will be included in the ratio. The FSP Co-Occurring Team must meet the ratio requirements. Proposed vendor's response shall include identification of psychiatric services and the design of a team that meets the needs of adult/older adult clients with co-occurring disorders.

The FSP Co-Occurring Team shall be available twenty-four (24) hours per day, seven (7) days per week. The staff shall have hours that allow them to work evenings and weekends. Staff shall be on-call during off-hour periods, on a rotating basis in order to respond immediately to clients by telephone or in person, as dictated by client needs. The Psychiatrist, or Psychiatric Nurse Practitioner, shall be available during normal business hours and on-call during off-hours periods.

Key Staffing Requirements For Co-Occurring Full Service Partnership:

All proposals submitted must meet all staffing requirements for all services identified in the RFP and must include staffing patterns with job descriptions for each position. Descriptions must contain education, experience and licensure and/or certification standards. The organization shall provide trained personnel who can deliver FSP services in accordance with all applicable State, Federal and local laws, rules and regulations.

Service/Program Expectations:

Vendor(s) will describe and include in response to RFP the following strategies:

1. Client and family members shall have active engagement in program planning and service delivery.
2. Ability to provide and document referrals regarding the integration of physical , substance abuse and mental health services in collaboration with primary care physicians as needed;

3. Outline program goals and objectives that include, but are not limited to:
 - Enrollment time from Assessment and length of stay in program correlated with Key Event Tracking identifiers as required in FSP Reporting (see Full Service Partnership Requirements in the Minimum Requirements section below);
 - Tracking specific substance use patterns;
 - Tracking utilization of substance abuse treatment services;
 - Tracking self-report of sobriety by clients;
 - Track attendance to AA, NA or 12-step meetings;
 - Track engagement of clients in relapse prevention programs;
 - Tracking and reporting of recidivism to crisis, emergency rooms, jails, detox/assessment center, including the identification of goals and objectives of reduction; and
 - Tracking clinical outcomes by discharge disposition.

4. The integration of mental health and substance abuse services. Integrating mental health and substance abuse services for the life span of those that we serve is a challenging process. We approach this challenge as partners with a shared vision: to create a coordinated and comprehensive service delivery. All providers contracted with Fresno County Department of Behavioral Health shall perform the following:
 - Sign on and abide to Comprehensive, Continuous, Integrated System of Care (CCISC) model CCISC "Charter Document" (<http://www.samhsa.gov/co-occurring/topics/healthcare-integration/ccisc-model.aspx>); and
 - Develop a formal written Continuous Quality Improvement (CQI) action plan to identify measurable objectives toward the achievement of Co-Occurring Disorder (COD) capability that will be addressed by the program during the contract period. These objectives should be ACHIEVABLE and REALISTIC for the program and should be based on the self-assessment and the program priorities, but need to include attention to making progress on the following issues, at minimum:
 - Welcoming policies, practices, and procedures related to the engagement of individuals with co-occurring issues and disorders;
 - Removal or reduction of access barriers to admission based on co-occurring diagnosis or medication;
 - Improvement in routine integrated screening, and identification in the data system of how many clients served have co-occurring issues;
 - Developing the goal of basic co-occurring competency for all treatment staff, regardless of licensure or certification; and
 - Documentation of coordination of care with collaborative mental health and/or substance abuse providers for each client.

5. **Culturally Competent Services meet the needs of culturally and linguistically diverse communities:**

As related to Cultural and Linguistic Competence the vendors response should include information communicating the means by which the following would be addressed:

- a. The selected vendor shall be required to ensure compliance with Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance from discriminating against persons based on race, color, national origin, sex, disability or religion. This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and participation in federally funded programs through the provision of comprehensive and quality bilingual services.
- b. The selected vendor shall develop and implement policies and procedures for ensuring access and appropriate use of trained interpreters and material translation services for all LEP clients, including, but not limited to, assessing the cultural and linguistic needs of its clients, training of staff on the policies and procedures, and monitoring its language assistance program. The vendor procedures must include ensuring compliance of any sub-contracted providers with these requirements.
- c. The selected vendor agrees that minors shall not be used as interpreters.
- d. The selected vendor shall be required to conduct and submit to County an annual cultural and linguistic needs assessment to promote the provision and utilization of appropriate services for its diverse client population. The needs assessment report shall include findings and a plan outlining the proposed services to be improved or implemented as a result of the assessment findings, with special attention to addressing cultural and linguistic barriers and reducing racial, ethnic, language, abilities, gender, and age disparities.
- e. The selected vendor shall develop internal systems to meet the cultural and linguistic needs of the vendor's client census including the incorporation cultural competency in the vendor's mission; establishing and maintaining a process to evaluate and determine the need for special - administrative, clinical, welcoming, billing, etc. - initiatives related to cultural competency
- f. The selected vendor shall develop recruitment and retention initiatives to establish contracted program staffing that is reflective and responsive to the needs of the program and target population.
- g. The selected vendor shall establish a designated staff person to coordinate and facilitate the integration of cultural competency guidelines and attend the Fresno County Department of Behavioral Health and Children and Family Services Cultural Competency Committee monthly meetings. The designated person will provide an array of communication tools to distribute information to staff relating to cultural competency issues
- h. The selected vendor will keep abreast of evidence-based and best practices in cultural competency in mental health care and treatment to ensure that the vendor maintains current information and an external perspective in its policies. The vendor will evaluate the effectiveness of strategies and programs in improving the health status of cultural-defined populations.
- i. The selected vendor will make sure that an assessment of a client's sexual orientation is included in the bio-psychosocial intake process. Vendor staff will assume that the population served may not be in heterosexual relationships. Gender sensitivity and sexual orientation must be covered in annual training.
- j. Vendor staff may utilize existing community supports, referrals to transgender support groups, etc., when appropriate.

- k. The selected vendor shall deliver services in the client's home community, drawing on formal and informal resources to promote the client's successful participation in the community. Community resources include not only mental health and co-occurring disorders professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.
- l. The selected vendor is required to annually attend the Cultural Competence, Compliance, Billing, and Documentation training provided by DBH. Other trainings may be required.
- m. The selected vendor will report its efforts to evaluate cultural and linguistic activities as part of the vendor's ongoing quality improvement efforts in the monthly activities report. Reported information may include clients' complaints and grievances, results from client satisfaction surveys, and utilization and other clinical data that may reveal health disparities as a result of cultural and linguistic barriers.
- n. Prospective vendor staff shall be recruited and hired that have demonstrated experience working with culturally and linguistically underserved minority populations and have knowledge about the culture and languages of these intended groups as well as other diverse communities.

Grievances and Incident Reports:

The selected vendor shall log all grievances and the disposition of all grievances received from a client or a client's family in accordance with Fresno County Mental Health Plan policies and procedures (Exhibit B). Vendor shall provide a summary of the grievance log entries concerning County-sponsored clients to the Department of Behavioral Health Director or designee as requested, in a County approved format. Vendor shall post signs, provided by the County, informing clients of their right to file a grievance and appeal.

The selected vendor will notify County of all incidents or unusual occurrences reportable to state licensing bodies that affect County clients within twenty-four (24) hours. The vendor shall use the vendor specific form for such reporting.

Within fifteen (15) days after each grievance or incident affecting County-sponsored clients, The selected vendor shall provide County with the complaint and vendor's disposition of, or corrective action taken to resolve the complaint or incident.

Within fifteen (15) days after the vendor submits a corrective action plan to a California State licensing and/or accrediting body concerning any sentinel event, as the term is defined by the licensing or accrediting agency, and within fifteen (15) days after the vendor receives a corrective action order from a California State licensing and/or accrediting body to address a sentinel event, the vendor shall provide a summary of such plans and orders to County.

MINIMUM REQUIREMENTS

- Prospective vendors shall have a good understanding of Proposition 63 (MHSA) and its subsequent regulations and protocols. One of the criteria for selecting a vendor shall be the prospective vendors' understanding of Proposition 63 and the regulations following the passage of the proposition. Prospective vendors can view the State's MHSA policies and procedures and other informational items at the following web site http://www.dmh.ca.gov/prop_63/mhsa/docs/mental_health_services_act_full_text.pdf.
- Prospective vendors shall demonstrate familiarity with the County CCISC consensus document, and with the process of CCISC implementation, both in terms of county level activities, as well as the continuous quality improvement process that each program organizes in order to make progress toward co-occurring disorder capability.
- Prospective vendors shall be fully knowledgeable of all Medi-Cal regulations, policies, and procedures as it pertains to the proposed program and services described in this RFP. One of the criteria for selection of a vendor shall be the vendors' understanding of Medi-Cal regulations. In addition, to be fully knowledgeable of all other applicable State and Federal regulations pertaining to the proposed program and services stated in this RFP. Selected vendor will also be fully knowledgeable regarding Medi-Care and private-insurance billing.
- Prospective vendors shall clearly identify how they plan on providing Co-occurring FSP Services which include Wrap Around Services and housing activities as stated in this RFP. Detailed plans shall embody the requirements of the MHSA and this RFP.
- Prospective vendors shall identify and understand alternative needs of the targeted populations. These alternative needs identification may include, but is not limited to, the need for education, faith-based, employment, dual diagnosis, housing, food, medication, transportation, translation, anger management, etc. related services. It is important to note that targeted populations may have a multitude of complex issues. Selected vendor will need to identify what the unique needs of the targeted population is in order to lead to a wellness and recovery plan which will be culturally competent and unique to the client/family. Selected vendor shall refer and link targeted populations to these alternative resources as appropriate.
- Prospective vendors shall show understanding and awareness of supported employment and supported education services for the targeted population, at least one Personal Service Coordinator will specialize in vocations/supported educational services. Prospective vendors will display understanding of the proposed supportive services offered through approved Fresno County work plan titled, Adult – Family and Peer Support (http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/Adult_Peer_Family_Support.pdf).
- Prospective vendors shall identify how they will refer and link clients to needed services in Fresno County.
- Prospective vendors shall identify how they will address transportation barriers for clients, especially in rural areas. One of the criteria for selecting a vendor shall be the prospective vendors outreach and service provision plan.
- Prospective vendors shall provide a comprehensive timeline showing completion dates for all activities/strategies/reports identified in their plans.

- Prospective vendors shall demonstrate prior extensive Wrap Around and housing activities or similar services, including demonstrating prior experience in providing the full array of support services stated in this RFP.
- Prospective vendors shall provide a program that shall consist of 24 hours a day, 7 days a week comprehensive array of services. Each individual identified as a FSP client shall be assigned to the ACT team that consists positions/specialties that include, but may not be limited to a Registered Nurse, Licensed Vocational Nurses/Licensed Psychiatric Technicians, Mental Health Worker/Advocates, Supported Education and Employment Specialists, Personal Services Coordinators, Substance Abuse Specialists, Licensed Mental Health Clinicians with office support staff and psychiatrist time made available. Each FSP client will participate in the development of their individualized services and supports plan. The FSP will be designed to do “whatever it takes” to engage with the client. Services shall be provided throughout the year.
- Positions identified above shall be recruited based on linguistic and cultural needs of the targeted population (Latinos, South East Asian, African American, Native American). Through the hiring of mental health specialist for providing direct mental health services, greater opportunities for members of the Latino, Southeast Asian, African American, and Native American communities will exist to be part of the service delivery system and to reduce the ethnic disparities amongst service providers. Through the referral process, clients would not need to negotiate services from multiple agencies creating a seamless service delivery. This will enable clients to move towards recovery and develop resiliency.
- The selected vendor shall hire Mental Health Workers/Advocates/Peer Specialist/Parent Partner of which all positions will be occupied by Client/Family members. These positions shall be recruited based on linguistic and cultural needs of the targeted population (Latinos, South East Asian, African American, Native Americans, etc.). This will enable clients to move towards recovery and develop resiliency.
- The selected vendor, as part of the Full Service Partnership (FSP) requirements as stated in this RFP, shall provide a full array of community services and support to clients and families. This shall meet the MHSA requirements for FSP that allow for a “whatever it takes” philosophy to assist the FSP clients. In support of this requirement, the selected vendor shall provide additional services such as: crisis services 24 hours a day, 7 days a week, collaborations with community based organizations and educational institutions, transportation for clients as well as provision of bus tokens for clients, clothing, food, and hygiene vouchers along with utility assistance, supportive housing assistance (short-term and emergency in nature), education classes for family members, services and supports in the community and in the home, peer support groups for clients and families, respite care, purchase of needed household items, and translation services as needed for clients and families.
- The selected vendor shall link and refer FSP clients as identified that would benefit from peer support, vocational training and educational supportive services as coordinated by Blue Sky Wellness Center and Fresno County’s SEES program as described in the Fresno County MHSA approved work plan.
- The selected vendor shall provide supportive housing vouchers and referrals for safe and adequate affordable housing with wraparound services for those deemed homeless by virtue of their co-occurring disorder.
- The selected vendor shall be familiar with and located within the communities targeted in this RFP. Organizations that reside in the priority populations identified in this RFP will enable specific client/family needs to be appropriately assessed.

- The selected vendor shall seek input from targeted un-served and underserved populations as to their specific cultural and linguistic needs.

REPORTING REQUIREMENTS:

Deliver all MHSA required reporting in data collection format that reflects MHSA and Data Infrastructure Grant (DIG) requirements in a timely and accurate manner. Reporting information should include demographics and attendance, as well as track unduplicated and duplicated client counts as required by DHCS reporting standards.

Ensure billable Mental Health Specialty Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards. Provide all pertinent and appropriate information in a timely manner to County to bill Medi-Cal for services rendered. Selected vendor must meet all requirements set forth in the Cost Proposal section of this RFP.

The selected vendor will be required to closely monitor and report monthly the utilization of services by clients to insure the dollars available during each term of the agreement provides the level of program services as identified in their proposal and the agreement. The vendor will be required to submit a monthly report to the County of the units of service provided by service function code and dollars billed, actual expenses, revenues generated from non Medi-Cal billed services (such as collecting client rents), the number of clients served and waiting list for the purpose of contract monitoring within 30 days after the last day of the previous month. Selected contract vendor will be required to submit Quality Improvement reports within the timeframe as specified by the Fresno County Mental Health Plan.

The selected vendor shall submit a complete and accurate State of California Department of Health Care Services (DHCS) Short/Doyle Medi-Cal Cost Report for each fiscal year ending June 30th affected by the proposed agreement. The cost report must be submitted to the County's DBH Business Office within 90 days following the end of each fiscal year. All cost reports must be prepared in accordance with general accounting principles and the standards set forth by the DHCS and the County.

The selected vendor shall complete all Full Services Partnership Reporting according to DHCS regulations. Vendor's response must have evidence of staffing and program design to complete these in a timely manner.

The selected vendor shall maintain an up to date caseload record of all clients receiving services from the Co-Occurring FSP program, and provide client, programmatic, and other demographic information to the County. Reports are to be submitted to the DBH MHSA Administrative Staff Analyst or the DBH Director or designee on a monthly basis. Prior to contract award, County shall provide the selected vendor a timeline on when each report is due to the County. If the successful vendor fails to provide the reports when due to the County, County at its sole discretion may withhold future amounts payable to the selected vendor, until such time that all reports are satisfactorily received by the County. Reports will be due by the 10th of each month unless otherwise directed by DBH Director or designee.

The selected vendor shall provide information regarding project status and action plans upon request by the County and shall provide reports/presentations to the Fresno County Board of Supervisors, Mental Health Board (MHB), MHB sub-committees, DCFS, and Department of Behavioral Health as requested by the County's MHSA staff.

Full Service Partnership Requirements:

As required by the Mental Health Services Act, the selected vendor shall be responsible for correctly completing the following Full Service Partnership Forms (Exhibits C1, C2, D1, D2, E1, and E2) into the State web-based database on a monthly basis:

- 1) Partnership Assessment Forms (PAF) - completed once, when partnership is established with a client (baseline).
- 2) Key Event Tracking Form (KET) - completed when change occurs in key areas.
- 3) Quarterly Assessment Form (3M) - completed every 3 (three) months.

Outcome Measurements:

Selected vendor shall measure the outcomes as stated under Service/Program Expectations #3. Outcome Reports (Exhibit F) will include baseline and subsequent activity. Selected Vendor, shall at a minimum, show a:

- 75% reduction in hospitalizations;
- 75% reduction in incarcerations;
- 75% reduction in homelessness;
- 75% reduction in crisis episodes; and
- A significant increase in LOCUS client functioning.

The identified outcomes will be instituted in the proposed contracted service and monitored regarding services delivered and if they meet the goals of the MHSA.

COST PROPOSAL

THE COST PROPOSAL SHALL PROVIDE A BREAKDOWN OF ALL ANTICIPATED REVENUES AND EXPENSES.

Contract services shall begin July 1, 2014. The contract awarded will be for an initial three (3) years period with provision for two (2) additional one (1) year automatic renewal periods based on satisfactory outcomes performance and adequate funding. Additional renewal period to be mutual written consent by both parties

The contract for Co-Occurring Disorders Full Service Partnership mental health services will be funded with Medi-Cal FFP Revenue, Client Rents/Fees Revenue, and MHSA funds. MHSA funds shall not exceed \$1,197,668.

BUDGET

This Request for Proposal requires a cost proposal that includes a line item budget and budget narrative, including a projection of all anticipated revenues and expenses. A cost proposal must be submitted for each of the following contract Fiscal Years (FY): **July 1, 2014 to June 30, 2015; July 1, 2015 to June 30, 2016; July 1, 2016 to June 30, 2017; July 1, 2017 to June 30, 2018; and July 1, 2018 to June 30, 2019.** Prospective vendors should use the attached sample Budget and Budget Narrative – Exhibit G.

Selected vendor shall be reimbursed based on actual costs not to exceed the contract maximum. Selected vendor shall invoice the County based on actual costs. Items such as costs of staffing, supplies, mileage, etc. are examples of costs that selected vendor would bill the County.

The County shall only reimburse selected vendor on actual claim/cost amounts based on actual invoices submitted on a monthly basis. Payments by the County shall be in arrears for services provided during the preceding month, within 45 days after receipt and verification of selected vendor invoices.

Prospective vendors shall include in their budget forms estimated revenues. Anticipated revenues generated by selected vendor in the provision of Co-Occurring Disorders mental health services as identified in this RFP shall be clearly identified and narratives explaining the methodology used to calculate their revenue amounts shall be included using attached Budget Narrative - Exhibit G.

All revenues generated shall partially offset the costs of the Co-Occurring Disorders program budget and expenditures. Revenues generated shall apply to Medi-Cal clients that receive specialized mental health services as a means to estimate what the vendor can generate in revenues when billing the County.

Clients that do not have Medi-Cal or another form of insurance/payment are encouraged to fill out and submit an UMDAP eligibility worksheet to determine an individual's ability to pay for services provided. MHSA dollars are available for specialty mental health services. MHSA funds shall also be used to offset costs associated with the FSP/client support services (non-specialty mental health services) delivered to all clients (Medi-Cal and non Medi-Cal clients) served by the selected vendor(s).

Medi-Cal Revenue

Section 1903(a) of the Social Security Act provides, in part, that the Federal Government shall pay to the State a percentage “of the total amount expended” for providing medical assistance (which includes specialty mental health services). This percentage is referred to as the Federal Medical Assistance Percentage (FMAP).

The State Department of Health Care Services (DHCS) may use public funds expended by the County for purposes of claiming Federal Financial Participation (FFP) funds for the cost of Medicaid services and activities. For example, in a state with a 50 percent FMAP rate, if the expenditure amount certified is \$100, then the claim would be for \$50 in FFP (.50 x 100).

The State DHCS claims federal reimbursement (FFP) for Medi-Cal specialty mental health services based on public expenditures certified by the County. When the County submits an interim claim for FFP reimbursement to the State for a service provided by a contract provider, the County is expected to know its interim cost. After a contract provider renders a specialty mental health service to a Medi-Cal beneficiary, it will invoice the County for payment. The County must pay the provider before submitting a claim to DHCS for federal reimbursement.

The interim cost to the County is equal to the amount it paid the provider for the service rendered. This cost to the County is the amount the County may certify as its public expenditures. State DHCS expects the claim for reimbursement to equal the amount the County paid the provider for the service rendered less any funding sources not eligible for federal reimbursement.

Interim claims for payment of federal reimbursement for specialty mental health services provided after June 30, 2012, will not be limited by the Schedule of Maximum Allowances (SMA). The County must submit claims for reimbursement of services provided by contract providers that are equal to the lowest of 1) the amount the County paid the provider, 2) an estimate of the provider's reasonable and allowable cost to provide the service, or 3) the provider's usual and customary charge for the service.

If a Medi-Cal client has dual coverage, such as Other Health Coverage (OHC) or Medicare, the provider will be responsible for billing the carrier and obtaining a payment/denial or have validation of claiming with no response 90 days after the claim was mailed before the service can be entered into AVATAR. A copy of explanation of benefits or CWM 1500 is required as documentation.

Interim Settlement

The amount of federal reimbursement due to a contracted provider as determined in its cost report will continue to be compared to all interim payments made to the contracted provider. If the interim payments are less than the amount of federal reimbursement determined in the cost report, the contracted provider will receive a payment for the amount due. If the interim payments made to the contracted provider are greater than the federal reimbursement determined in the cost report, the County will require the contracted provider to repay the overpayment.

If the amount of federal reimbursement generated does not meet threshold stipulation, the provider's maximum reimbursement will be reduced by the difference. For example, if \$100,000 of FFP reimbursement was the threshold and the provider generated \$80,000 in FFP, provider's final reimbursement would be reduced by \$20,000.

Final Settlement

Within three years after the contracted provider submits the reconciled cost report, the County will settle all payments to the contracted provider's finalized, audited spending year cost report. If at the final settlement, the County determines that the contracted provider has been underpaid, the contracted provider will receive a payment for the amount due. If at the end of the final settlement, the County determines that it overpaid the contracted provider, it will require the contracted provider to repay the overpayment.

Monthly Billing

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

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

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

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

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

Monthly Invoicing

Monthly invoices shall show a detailed line item breakout showing selected vendors' costs. This line item breakout will allow the County to analyze if the program is on track according to the contract requirements.

Selected vendor shall be fully reimbursed for expenditures incurred by selected vendor in arrears each month following approval of each monthly invoice. Any revenue, i.e., Medi-Cal, Medicare, etc. generated by selected vendor will be used to offset the funding used to make payments to the selected vendor.

All fixed assets such as vehicles; equipment etc. will remain County property at the end of the agreement term. However, the County and successful vendor can discuss the utility of the fixed assets as the agreement term expires.

Administrative Cost/Employee Benefits:

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

COST OF MEDICATIONS

This request for proposal includes the vendor paying for all medication for non-Medi-Cal eligible clients. Vendor shall include the cost of medication as part of their response to this request for proposal. During FY 12-13 the County paid approximately \$20,000 for non-Medi-Cal client medications in the current contracted Co-Occurring Disorders program.

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

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

Medi-Cal Organizational Provider Standards

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

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

PROPOSAL CONTENT REQUIREMENTS

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

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

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

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

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

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

- I. RFP PAGE 1 AND ADDENDUM(S) PAGE 1 (IF APPLICABLE) completed and signed by participating individual or agency.
- II. PROPOSAL IDENTIFICATION SHEET (as provided)
- III. 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.
- IV. TABLE OF CONTENTS
- V. CONFLICT OF INTEREST STATEMENT: The Contractor may become involved in situations where conflict of interest could occur due to individual or organizational activities that occur within the County. In this section the bidder should address the potential, if any, for conflict of interest and indicate plans, if applicable, to address potential conflict of interest. This section will be reviewed by County Counsel for

compliance with conflict of interest as part of the review process. The Contractor shall comply with all federal, state and local conflict of interest laws, statutes and regulations.

VI. TRADE SECRET:

A. Sign where required.

VII. CERTIFICATION – DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS

VIII. REFERENCES

IX. PARTICIPATION

X. 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.

XI. 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.

XII. 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.

XIII. 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.

XIV. CHECK LIST

AWARD CRITERIA

COST

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

CAPABILITY AND QUALIFICATIONS

- A. Do the service descriptions address all the areas identified in the RFP? Will the proposed services satisfy County's needs and to what degree?
- B. Does the vendor demonstrate knowledge or awareness of the problems associated with providing the services proposed and knowledge of laws, regulations, statutes and effective operating principles required to provide this service?
- C. The amount of demonstrated experience in providing the services desired in a California County.

MANAGEMENT PLAN

- A. Is the organizational plan and management structure adequate and appropriate for overseeing the proposed services?

SERVICE OUTCOME MEASURES

- A. Does the vendor demonstrate the knowledge and experience required to produce the desired reductions in client homelessness, incarcerations and use of crisis mental health services?
- B. Does the vendor demonstrate a clear understanding of the challenges and barriers to successfully serving clients with co-occurring disorders?
- C. Does the vendor demonstrate a commitment and ability to deliver co-occurring disorder services utilizing a "whatever it takes approach" to assist the client's progress towards growth, stability, wellness, and recovery?
- D. Does the vendor demonstrate the commitment and ability to deliver co-occurring services in a linguistically and culturally appropriate manner?

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. _____ Page one (1) of the Request for Proposal (RFP) has been signed and completed (original signature).
2. _____ Any/all addenda have been completed, signed and included in the bid package.
3. _____ One (1) original plus Seven (7) copies of the RFP have been provided.
4. _____ Submit two (2) CD's of your entire response and attach with your original response.
5. _____ The completed *Proposal Identification Sheet* as provided with this RFP.
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. _____ 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>962-5212</u>
Closing Date:	<u>October 25, 2013</u>
Closing Time:	<u>2:00 P.M.</u>
Commodity or Service:	<u>Co-Occurring Disorders Mental Health Services</u>

Return Checklist with your RFP response.

EXHIBITS A – H

Exhibit A – Full Service Partnership Service Delivery Model

Exhibit B – Compliance Program Policy and Procedure

Exhibit C1 – Transition Age Youth Partnership Assessment Form

Exhibit C2 – Adult Partnership Assessment Form

Exhibit D1 – Transition Age Youth Quarterly Assessment Form

Exhibit D2 – Adult Quarterly Assessment Form

Exhibit E1 – Transition Age Youth Key Event Tracking Form

Exhibit E2 – Adult Key Event Tracking Form

Exhibit F – Outcomes

Exhibit G – Budget Template

Exhibit H - Medi-Cal Organizational Provider Standards

RFQ 962-5212
EXHIBITS A
FULL SERVICE PARTNERSHIP
SERVICE DELIVERY MODEL

FULL SERVICE PARTNERSHIP SERVICE DELIVERY MODEL

This document outlines requirements for Full Service Partnership collaborations and can be found in its entirety at http://www.dmh.ca.gov/MHSA/docs/CSSfinal_8.1.05.pdf.

Full Service Partnerships (FSP) are designed as a partnership between enrollees and the service provider. The FSP service delivery ethic incorporates recovery and cultural competence into the services and supports offered to consumers. In this partnership, the service provider commits to do "whatever it takes" and to "meet the client where they are" in order to assist the enrollee achieve their personal recovery/resiliency and wellness goals.

1. The Target Population is consistent with the population identified in the Fresno County MHSA Community Planning Process

The target population must meet requirements for SMI/SED diagnosis; and must address reduction of specific ethnic disparities, as indicated in the MHSA Community Services and Supports proposal on which the RFP is based.

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

- Homeless
- At risk of homelessness – such as youth aging out of foster care or
- persons coming out of jail
- Involved in the criminal justice system (including adults with child
- protection issues)
- Frequent users of hospital and emergency room services

or are so underserved that they are at risk of:

- Homelessness – such as persons living in institutions or nursing homes
- Criminal justice involvement
- Institutionalization

Diagnoses that serve as criteria for inclusion in the target population will be based on definitions found in 5600.3 California Welfare and Institutions code defining severe mental disorder. The operational definition of "diagnosis" for programs serving the chronically homeless may also include: co-occurring disorders, personality disorders, general anxiety/mood disorders, and Post Traumatic Stress Disorder).

2. FSP Program Components:

All MHSA FSP Programs must include the following in their program descriptions

- **Providers who are part of the multidisciplinary, community based "treatment" teams serve as an ally to the consumer's recovery process.** The partnership allows clients and family members opportunities for informed choice
 - The team description must demonstrate commitment and capacity to do "whatever it takes" to assist the enrolled member, specifically:
 - Low staff to client ratio (approximately 1:12; or the ratio that has been specified in the RFP's statement of work)
 - 24/7 availability of the multidisciplinary team;
 - Team culture is created where each member of the team knows each client and the clients are familiar with each member of the team.

- Members of the team speak the client's language, are familiar with community resources that reflect the healing beliefs of the client's culture, and are positioned to assist the client make meaningful connection with those resources.
 - Crisis response comes from a person known to the client.
 - Staff is given the administrative flexibility and flex-funding to connect consumers with non-mental health services and same day needs. Examples include: Housing; Primary Care; Dual Disorder Services, Education Services and Supports; Vocational services and supports; Payee services/benefits advocacy; Community recreational activities (YMCA classes, libraries, movie theaters); Social Services, Food, Transportation, and Clothing.
 - Availability of Integrated Dual Diagnosis Treatment or other dual recovery intervention that will provide effective treatment for the target population.
- **Outreach and engagement.** The team's outreach and engagement strategy must be voluntary and driven by the values of client culture. This means that consumers will be engaged "where they are" in terms of their community location, their need for clinical and non-clinical services/supports and their phase of recovery. Outreach workers will have culturally competent language skills and will function as an ally to the consumer's decision to receive services. Peer Support will be included in the outreach and engagement of new clients.
 - **Procedures for enrollment and dis-enrollment will be easily understood, clearly communicated and non-coercive.** Enrollment is voluntary. A condition of enrollment is that the client indicates that they want services from the assertive-community treatment model team.
 - **Each adult, older adult, and transition age youth enrollee must have a Personal Service Coordinator (PSC).** The PSC is an ally to the enrollee and acts as a "single point of responsibility" within the multidisciplinary team for coordinating services and supports. *"Personal Service Coordinators (PSCs) for adults – case managers for children and youth – must have a caseload that is low enough so that: (1) their availability to the individual and family is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can give the individual served and/or family member considerable personal attention... PSCs/case managers must be culturally competent, and know the community resources of the client's racial ethnic community."* (Source: DMH Planning Requirements, Section III Identifying Populations for Full Service Partnerships, Aug 2005)
 - **Each enrollee must have an Integrated Services and Supports Plan that is developed with their Personal Services Coordinator.** This ISSP is a planning tool that builds on the consumer's strengths. It includes goals and provides a map of the steps that the enrollee identifies as necessary to move along his/her recovery path. *"Integrated Services and Supports Plans must operationalize the five fundamental concepts(identified listed in section three of this Exhibit) and should reflect community collaboration, be culturally competent, be client/family driven with a wellness/recovery/resiliency focus and they must provide an integrated service experience for the client/family. In addition, the ISSP will be person/child-centered, and give individuals and their families' sufficient information to allow them to make informed choices about the services in which they participate. Services should also include linkage to, or provision of, all needed services or benefits as defined by the client and or family in consultation with the PSC/case manager. This includes the capability of increasing or decreasing service intensity as needed."* (Source: DMH Planning Requirements, Section III Identifying Populations for Full Service Partnerships, Aug 2005)
 - **Peer support services will be made available to the client.** At least two staff (a minimum of 1 FTE) who act in peer support roles will be employed in each MHSA program.
 - The enrollee is given significant access to peer recovery and self-help services. Tools such as Advanced Directives are made available to adult and older adult clients, and

Wellness Recovery Action Plans (WRAP) are made available to adult, transition age youth and older adult clients.

- Peer Counselors are included as equal partners in the multidisciplinary team, and play a critical role in developing the recovery culture and client orientation of the team.

3. The Five (5) Core MHSA Concepts are embedded in each program

Concept 1: Recovery/resiliency orientation:

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

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

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

Concept 2: Cultural Competence Orientation: The program's structure, staffing and service delivery values will reflect the cultural values and orientation of the program's target populations.

The FSP program will embody principals of cultural competence including:

- Diverse staff, representative of the primary ethnic groups to be reached through the program
- Staff trained regarding common access barriers for racial and ethnic groups targeted (including the impact of housing discrimination)
- Links to community-based organizations that share the healing beliefs and practices of ethnic communities served by the FSP.

The FSP program must also be able to deal with gender and sexual orientation diversity. Training in sensitivity to gender and sexuality issues is a key component for staff on the Team.

Concept 3: Community Collaboration: FSP Collaborations ensure that community resources are made available to enrollees. These collaborations include subcontracts between the vendor and other agencies, memoranda of understanding with community non-profits and businesses regarding providing services to clients, and informal relationships built between FSP staff and community stakeholders that result in improved access and decreased discrimination.

Concept 4: Client/Family Driven program: In FSPs, the Integrated Services and Supports Plan (ISSP) is used by adult clients and families of children and youth to identify their needs and preferences which lead to the services and supports that will be most effective for them. Providers work in full partnership with clients to develop these ISSPs. Their needs and preferences drive the policy and financing decisions that affect them.

Concept 5: Integrated Service Experience: FSP programs were incorporated into the MHSA to ensure that these dollars funded "integrated service experiences." This means that services are "seamless" to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The

integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family's needs using the full range of community-based treatment, case management, and interagency system components required by children/transition age youth/adults/older adults.

RFQ 962-5212
EXHIBITS B
COMPLIANCE PROGRAM
POLICY AND PROCEDURE

**Fresno County Mental Health Plan
Compliance Program**

Policy and Procedure

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

POLICY:

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

PURPOSE:

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

DEFINITIONS:

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

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

PROCEDURE:

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

**Fresno County Mental Health Plan – (Attachment A)
Compliance Program**

CODE OF CONDUCT:

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

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

**FRESNO COUNTY MENTAL HEALTH PLAN
COMPLIANCE PROGRAM**

Acknowledgment and Agreement – (Attachment B)

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

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

County Employees Only – Complete this Section

Full Name (printed): _____

Job Title: _____

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

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

Cost Center# _____ Program Name: _____

Supervisor Name: _____

Employee Signature: _____ Date: ____/____/____

Phone: _____

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

Agency Name (If applicable): _____

Full Name (Printed): _____

Discipline (Indicate below if applicable):

Licensed: ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT

Unlicensed: ☐ Psychologist ☐ ASW ☐ IMF

Other _____

Job Title (If different from Discipline): _____

Signature: _____ Date: ____/____/____

Phone: _____

MEDI-CAL ORGANIZATIONAL PROVIDER STANDARDS

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

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

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

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

RFQ 962-5212
EXHIBITS C1
TRANSITION AGE YOUTH
PARTNERSHIP ASSESSMENT FORM

FULL SERVICE PARTNERSHIP
Transition Age Youth Partnership Assessment Form
FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number CSI County Client Number

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--	--	--	--	--	--	--	--	--	--

Unique County ID (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Youth's First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Youth's Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Partnership Date (mmddyyyy)

--	--	--	--	--	--	--	--	--	--

Youth's Date of Birth (mmddyyyy)

--	--	--	--	--	--	--	--	--	--

Who referred the youth? (mark one)

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

ADMINISTRATIVE INFORMATION

Provider Site ID

--	--	--	--

Full Service Partnership Program ID

--	--	--	--

Partnership Service Coordinator ID

--	--	--	--	--	--	--	--	--	--	--	--

In which programs is the youth CURRENTLY involved? (mark all that apply)

- ☐ AB2034 ☐ Governor's Homeless Initiative (GHI) ☐ Transition Age Youth Program

RESIDENTIAL INFORMATION

(includes hospitalization and incarceration)

Setting	TONIGHT	YESTERDAY (as of 11:59 p.m. the day BEFORE partnership)	DURING THE PAST 12 MONTHS		PRIOR TO THE LAST 12 MONTHS (mark all that apply)
			indicate the TOTAL: # Occurrences	# Days (must = 365)	
GENERAL LIVING ARRANGEMENT					
With one or both biological/adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
With adult family member(s) other than parents - non-foster care	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
RESIDENTIAL PROGRAM					
Group Home (Level 0-11)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Group Home (Level 12-14)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Community Treatment Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Long-Term Institutional Care (IMD, MHRC)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
JUSTICE PLACEMENT					
Juvenile Hall / Camp / Ranch	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
California Youth Authority	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Prison	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

EDUCATION

Highest level of education completed:

- | | | | |
|------------------------------------|--------------------------------------|---|--|
| <input type="radio"/> Day Care | <input type="radio"/> 6th Grade | <input type="radio"/> High School Diploma/GED | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> Pre-School | <input type="radio"/> 7th Grade | <input type="radio"/> Less than 2 years college / | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> Kindergarten | <input type="radio"/> 8th Grade | Some Technical/Vocational Training | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.) |
| <input type="radio"/> 1st Grade | <input type="radio"/> 9th Grade | <input type="radio"/> AA degree | <input type="radio"/> Level Unknown |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 10th Grade | <input type="radio"/> Technical/Vocational Degree | (e.g., youth in non-public school) |
| <input type="radio"/> 3rd Grade | <input type="radio"/> 11th Grade | <input type="radio"/> 3-4 years college | |
| <input type="radio"/> 4th Grade | <input type="radio"/> 12th Grade | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | |
| <input type="radio"/> 5th Grade | <input type="radio"/> GED Coursework | <input type="radio"/> Less than 2 years graduate school | |

Is the youth **CURRENTLY** receiving special education due to serious emotional disturbance? ☐ Yes ☐ No

Is the youth **CURRENTLY** receiving special education due to another reason? ☐ Yes ☐ No

FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:
**Estimate the youth's attendance* level
DURING THE PAST 12 MONTHS:**

- ☐ Always attends school (never truant)
☐ Attends school most of the time
☐ Sometimes attends school
☐ Infrequently attends school
☐ Never attends school

**Estimate the youth's attendance* level
CURRENTLY:**

- ☐ Always attends school (never truant)
☐ Attends school most of the time
☐ Sometimes attends school
☐ Infrequently attends school
☐ Never attends school

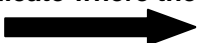
CURRENTLY, his/her grades are: ☐ Very Good ☐ Good ☐ Average ☐ Below Average ☐ Poor

DURING THE PAST 12 MONTHS, his/her grades were: ☐ Very Good ☐ Good ☐ Average ☐ Below Average ☐ Poor

DURING THE PAST 12 MONTHS, how many times has s/he been suspended?

DURING THE PAST 12 MONTHS, how many times has s/he been expelled?

FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:

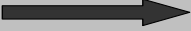
For the educational settings below, indicate where the youth... 	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind	<input type="text"/> <input type="text"/>	<input type="radio"/>
High School / Adult Education	<input type="text"/> <input type="text"/>	<input type="radio"/>
Technical / Vocational School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Community College / 4 year College	<input type="text"/> <input type="text"/>	<input type="radio"/>
Graduate School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Other	<input type="text"/> <input type="text"/>	<input type="radio"/>

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

*excludes scheduled breaks and excused absences

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

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

CURRENT EMPLOYMENT

Indicate the youth's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	\$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	\$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	\$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	\$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
Other Gainful/Employment Activity: Any informal employment activity that increases the youth's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	\$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

Check here if the youth is not employed at this time: ☐

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

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the youth:	<u>DURING THE</u> <u>PAST 12 MONTHS</u> <i>(mark all that apply)</i>	<u>CURRENTLY</u> <i>(mark all that apply)</i>
Caregiver's Wages	<input type="radio"/>	<input type="radio"/>
Youth's Wages	<input type="radio"/>	<input type="radio"/>
Youth's Spouse / Significant Other's Wages	<input type="radio"/>	<input type="radio"/>
Savings	<input type="radio"/>	<input type="radio"/>
Child Support	<input type="radio"/>	<input type="radio"/>
Other Family Member / Friend	<input type="radio"/>	<input type="radio"/>
Retirement / Social Security Income	<input type="radio"/>	<input type="radio"/>
Veteran's Assistance Benefits	<input type="radio"/>	<input type="radio"/>
Loan / Credit	<input type="radio"/>	<input type="radio"/>
Housing Subsidy	<input type="radio"/>	<input type="radio"/>
General Relief / General Assistance	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program	<input type="radio"/>	<input type="radio"/>
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>
State Disability Insurance (SDI)	<input type="radio"/>	<input type="radio"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

LEGAL ISSUES / DESIGNATIONS**JUSTICE SYSTEM INVOLVEMENT****ARREST INFORMATION**Indicate the number of times the youth was arrested DURING THE PAST 12 MONTHS: Was the youth arrested anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**PROBATION INFORMATION**Is the youth CURRENTLY on probation? ☐ Yes ☐ NoWas the youth on probation DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth on probation anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**PAROLE INFORMATION**Is the youth CURRENTLY on parole? ☐ Yes ☐ NoWas the youth on parole DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth on parole anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**CONSERVATORSHIP / PAYEE INFORMATION****CONSERVATORSHIP INFORMATION**Is the youth CURRENTLY on conservatorship? ☐ Yes ☐ NoWas the youth on conservatorship DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**PAYEE INFORMATION**Does the youth CURRENTLY have a payee? ☐ Yes ☐ NoDid the youth have a payee DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoDid the youth have a payee anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**Is the youth CURRENTLY a dependent of the court? ☐ Yes ☐ NoWas the youth a dependent of the court DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ NoIf the youth was ever a dependent of the court, indicate the year
the youth was first placed on W & I Code 300 status:**CUSTODY INFORMATION**

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

Placed on W & I Code 300 Status:
(Dependent of the court) Placed in Foster Care: Legally reunified with partner: Adopted out:

EMERGENCY INTERVENTION

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

--	--

Physical Health Related

--	--

Mental Health / Substance Abuse Related

HEALTH STATUS

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

Did the youth have a primary care physician DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the youth have a co-occurring mental illness and substance use problem? ☐ Yes ☐ No

Is this an active problem? ☐ Yes ☐ No

Is the youth CURRENTLY receiving substance abuse services? ☐ Yes ☐ No

COUNTY USE QUESTIONS

To be tracked on the KEY EVENT TRACKING form:

County Use Field #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

To be tracked on the QUARTERLY ASSESSMENT form:

County Use Field #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RFQ 962-5212
EXHIBITS C2
ADULT PARTNERSHIP ASSESSMENT FORM

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

Exhibit C2

PARTNERSHIP INFORMATION

County Number

--	--

CSI County Client Number

--	--	--	--	--	--	--	--	--	--

Unique County ID (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Partner's First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Partner's Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Partnership Date (mmddyyyy)

--	--	--	--	--	--	--	--	--	--

Partner's Date of Birth (mmddyyyy)

--	--	--	--	--	--	--	--	--	--

Who referred the partner? (mark one)

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

ADMINISTRATIVE INFORMATION

Provider Site ID

--	--	--	--

Full Service Partnership Program ID

--	--	--	--

Partnership Service Coordinator ID

--	--	--	--	--	--	--	--	--	--	--	--

In which programs is the partner CURRENTLY involved? (mark all that apply)

- ☐ AB2034
 ☐ Governor's Homeless Initiative (GHI)

RESIDENTIAL INFORMATION


(includes hospitalization and incarceration)

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

EDUCATION

Highest level of education completed:

- | | | |
|---|--|--|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> AA degree | <input type="radio"/> Less than 2 years graduate school |
| <input type="radio"/> GED Coursework | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> 3-4 years college | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> Less than 2 years college /
Some Technical / Vocational Training | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.) |

For the educational settings below, indicate where the partner... 	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind	<input type="text"/> <input type="text"/>	<input type="radio"/>
High School / Adult Education	<input type="text"/> <input type="text"/>	<input type="radio"/>
Technical / Vocational School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Community College / 4 year College	<input type="text"/> <input type="text"/>	<input type="radio"/>
Graduate School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Other	<input type="text"/> <input type="text"/>	<input type="radio"/>

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

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

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

CURRENT EMPLOYMENT

Indicate the partner's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
Competitive Employment: Paid employment <u>in the community in a position that is also open to individuals without a disability.</u>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Transitional Employment/Enclave: Paid jobs <u>in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.</u>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs <u>open only to program participants with a disability.</u> A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
Other Gainful/Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Check here if the partner is not employed at this time: ☐

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

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:	<u>DURING THE</u> <u>PAST 12 MONTHS</u> <i>(mark all that apply)</i>	<u>CURRENTLY</u> <i>(mark all that apply)</i>
Partner's Wages	<input type="radio"/>	<input type="radio"/>
Partner's Spouse / Significant Other's Wages	<input type="radio"/>	<input type="radio"/>
Savings	<input type="radio"/>	<input type="radio"/>
Other Family Member / Friend	<input type="radio"/>	<input type="radio"/>
Retirement / Social Security Income	<input type="radio"/>	<input type="radio"/>
Veteran's Assistance Benefits	<input type="radio"/>	<input type="radio"/>
Loan / Credit	<input type="radio"/>	<input type="radio"/>
Housing Subsidy	<input type="radio"/>	<input type="radio"/>
General Relief / General Assistance	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program	<input type="radio"/>	<input type="radio"/>
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>
State Disability Insurance (SDI)	<input type="radio"/>	<input type="radio"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

LEGAL ISSUES / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT

ARREST INFORMATION

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

--	--

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No

PROBATION INFORMATION

Is the partner CURRENTLY on probation? ☐ Yes ☐ No

Was the partner on probation DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No

PAROLE INFORMATION

Is the partner CURRENTLY on parole? ☐ Yes ☐ No

Was the partner on parole DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION:

Is the partner CURRENTLY on conservatorship? ☐ Yes ☐ No

Was the partner on conservatorship DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No

PAYEE INFORMATION:

Does the partner CURRENTLY have a payee? ☐ Yes ☐ No

Did the partner have a payee DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No

CUSTODY INFORMATION

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

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

--	--

Placed in Foster Care:

--	--

Legally Reunified with partner:

--	--

Adopted out:

--	--

EMERGENCY INTERVENTION

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

--	--

Physical Health Related

--	--

Mental Health / Substance Abuse Related

HEALTH STATUS

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

Did the partner have a primary care physician DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

SUBSTANCE ABUSE

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

Is this an active problem? ☐ Yes ☐ No

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

COUNTY USE QUESTIONS

To be tracked on the KEY EVENT TRACKING form:

County Use Field #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

To be tracked on the QUARTERLY ASSESSMENT form:

County Use Field #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RFQ 962-5212
EXHIBITS D1
TRANSITION AGE YOUTH
QUARTERLY ASSESSMENT FORM

FULL SERVICE PARTNERSHIP

Exhibit D1

Transition Age Youth Quarterly Assessment Form

FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number

--	--

CSI County Client Number

--	--	--	--	--	--	--	--	--

Unique County ID (optional)

[illegible]

Youth's First Name

[illegible]

Youth's Last Name

[illegible]**Date Completed (mmddyyyy)****Youth's Date of Birth (mmddyyyy)**

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-

--	--

-

--	--	--	--

EDUCATION

Is the youth CURRENTLY receiving special education due to serious emotional disturbance? ☐ Yes ☐ No

Is the youth CURRENTLY receiving special education due to another reason? ☐ Yes ☐ No

FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:

Estimate the youth's attendance level
CURRENTLY:

- ☐ Always attends school (never truant)
- ☐ Attends school most of the time
- ☐ Sometimes attends school
- ☐ Infrequently attends school
- ☐ Never attends school

CURRENTLY, his/her grades are:

- ☐ Very Good
☐ Good
☐ Average
☐ Below Average
☐ Poor

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support that are CURRENTLY used to meet the needs of the youth (mark all that apply):

- ☐ Caregiver Wages
- ☐ Youth Wages
- ☐ Youth's Spouse / Significant Other's Wages
- ☐ Savings
- ☐ Child Support
- ☐ Other Family Member / Friend
- ☐ Retirement / Social Security Income
- ☐ Veteran's Assistance Benefits
- ☐ Loan / Credit
- ☐ Housing Subsidy
- ☐ General Relief / General Assistance
- ☐ Food Stamps
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
- ☐ Social Security Disability Insurance (SSDI)
- ☐ State Disability Insurance (SDI)
- ☐ American Indian Tribal Benefits
(e.g., per capita, revenue sharing, trust disbursements)
- ☐ Other

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION

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

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

Placed in Foster Care:

Legally Reunified with partner:

Adopted out:

HEALTH STATUS

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

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the youth have a co-occurring mental illness and substance use problem? ☐ Yes ☐ No

Is this an active problem? ☐ Yes ☐ No

Is the youth CURRENTLY receiving substance abuse services? ☐ Yes ☐ No

COUNTY USE QUESTIONS

Indicate NEW County Use Field #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Indicate NEW County Use Field #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Indicate NEW County Use Field #3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RFQ 962-5212
EXHIBITS D2
ADULT QUARTERLY ASSESSMENT FORM

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

Exhibit D2

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Partner's First Name	Partner's Last Name	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date Completed (mmddyyyy)	Partner's Date of Birth (mmddyyyy)	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support that are CURRENTLY used to meet the needs of the partner (mark all that apply):

- ☐ Partner's Wages
- ☐ Partner's Spouse / Significant Other's Wages
- ☐ Savings
- ☐ Other Family Member / Friend
- ☐ Retirement / Social Security Income
- ☐ Veteran's Assistance Benefits
- ☐ Loan / Credit
- ☐ Housing Subsidy
- ☐ General Relief / General Assistance
- ☐ Food Stamps
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
- ☐ Social Security Disability Insurance (SSDI)
- ☐ State Disability Insurance (SDI)
- ☐ American Indian Tribal Benefits
(e.g., per capita, revenue sharing, trust disbursements)
- ☐ Other

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION

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

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

Placed in Foster Care:

Legally reunified with partner:

Adopted out:

HEALTH STATUS

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

SUBSTANCE ABUSE

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

Is this an active problem? ☐ Yes ☐ No

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

COUNTY USE QUESTIONS

Indicate NEW County Use Field #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Indicate NEW County Use Field #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Indicate NEW County Use Field #3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RFQ 962-5212
EXHIBITS E1
TRANSITION AGE YOUTH
KEY EVENT TRACKING FORM

FULL SERVICE PARTNERSHIP

Transition Age Youth Key Event Tracking Form

FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth's First Name	Youth's Last Name	
<input type="text"/>	<input type="text"/>	
Date Completed (mmddyyyy)	Youth's Date of Birth (mmddyyyy)	
<input type="text"/>	<input type="text"/>	

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

Is the youth CURRENTLY involved in:

AB2034	YES <input type="radio"/>	NO <input type="radio"/>	Date of AB2034 change (mmddyyyy): <input type="text"/>
Governor's Homeless Initiative (GHI)	YES <input type="radio"/>	NO <input type="radio"/>	Date of Governor's Homeless Initiative (GHI) change (mmddyyyy): <input type="text"/>
Transition Age Youth Program	YES <input type="radio"/>	NO <input type="radio"/>	Date of Transition Age Youth Program change (mmddyyyy): <input type="text"/>
Date of Provider Site ID Change (mmddyyyy): <input type="text"/>	NEW Provider Site ID <input type="text"/>		
Date of Full Service Partnership Program ID Change (mmddyyyy): <input type="text"/>	NEW Full Service Partnership Program ID <input type="text"/>		
Date of Partnership Service Coordinator ID Change (mmddyyyy): <input type="text"/>	NEW Partnership Service Coordinator ID <input type="text"/>		
Date of Partnership Status Change (mmddyyyy): <input type="text"/>	Indicate new partnership status: <input type="radio"/> Discontinuation/Interruption of Full Service Partnership and/or community services / program (indicate reason below) <input type="radio"/> Reestablishment of Full Service Partnership and/or community services / program		

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

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

RESIDENTIAL INFORMATION - *includes hospitalization and incarceration* **(skip this section if there are no changes)**

Date of Residential Status Change (mmddyyyy): - -

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

- ☐ With one or both biological/adoptive parents
- ☐ With adult family member(s) other than parents - non-foster care
- ☐ In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
- ☐ Single Room Occupancy (must hold lease)
- ☐ Foster Home (with relative)
- ☐ Foster Home (with non-relative)

SHELTER / HOMELESS

- ☐ Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
- ☐ Homeless (includes people living in their cars)

SUPERVISED PLACEMENT

- ☐ Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
- ☐ Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- ☐ Licensed Community Care Facility (Board and Care)

HOSPITAL

- ☐ Acute Medical Hospital
- ☐ Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
- ☐ State Psychiatric Hospital

RESIDENTIAL PROGRAM

- ☐ Group Home (Level 0-11)
- ☐ Group Home (Level 12-14)
- ☐ Community Treatment Facility
- ☐ Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)
- ☐ Skilled Nursing Facility (physical)
- ☐ Skilled Nursing Facility (psychiatric)
- ☐ Long-Term Institutional Care (IMD, MHRC)

JUSTICE PLACEMENT

- ☐ Juvenile Hall / Camp / Ranch
- ☐ California Youth Authority
- ☐ Jail
- ☐ Prison
- ☐ Other
- ☐ Unknown

EDUCATION

(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mmddyyyy)

		-			-				
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Level of education completed:

- | | | | |
|------------------------------------|--------------------------------------|--|--|
| <input type="radio"/> Day Care | <input type="radio"/> 6th Grade | <input type="radio"/> High School Diploma / GED | <input type="radio"/> Less than 2 years graduate school |
| <input type="radio"/> Pre-School | <input type="radio"/> 7th Grade | <input type="radio"/> Less than 2 years college / | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> Kindergarten | <input type="radio"/> 8th Grade | Some Technical / Vocational Training | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> 1st Grade | <input type="radio"/> 9th Grade | <input type="radio"/> AA degree | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.) |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 10th Grade | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Level Unknown |
| <input type="radio"/> 3rd Grade | <input type="radio"/> 11th Grade | <input type="radio"/> 3-4 years college | (e.g., youth in non-public school) |
| <input type="radio"/> 4th Grade | <input type="radio"/> 12th Grade | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | |
| <input type="radio"/> 5th Grade | <input type="radio"/> GED Coursework | | |

SUSPENSION INFORMATION

Date of Suspension (mmddyyyy)

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EXPULSION INFORMATION

Date of Expulsion (mmddyyyy)

		-			-				
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FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mmddyyyy)

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Indicate the new educational setting(s) (mark all that apply):

- ☐ Not in school of any kind
- ☐ High School / Adult Education
- ☐ Technical / Vocational School
- ☐ Community College / 4 year College
- ☐ Graduate School
- ☐ Other

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

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

EMPLOYMENT

(skip this section if there are no changes)

Date of Employment Change (mmddyyyy):

--

CURRENT EMPLOYMENT

Indicate the youth's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
Competitive Employment: Paid employment <u>in the community in a position that is also open to individuals without a disability.</u>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Transitional Employment/Enclave: Paid jobs <u>in the community that are 1) open only to individuals with a disability AND 2)</u> are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs <u>open only to program participants with a disability.</u> A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
Other Gainful/Employment Activity: Any informal employment activity that increases the youth's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Check here if the youth is not employed at this time: ☐Does one of the youth's current recovery goals include any kind of employment at this time? ☐ Yes ☐ No

LEGAL ISSUES / DESIGNATIONS

(skip this section if there are no changes)

ARREST INFORMATION

Date Youth Arrested (mmddyyyy): - -

PROBATION / PAROLE INFORMATION

Date of Probation Status Change (mmddyyyy):

- -

Indicate new probation status:

☐ Removed From Probation ☐ Placed on Probation

Date of Parole Status Change (mmddyyyy):

- -

Indicate new parole status:

☐ Removed From Parole ☐ Placed on Parole

CONSERVATORSHIP / PAYEE INFORMATION

Date of Conservatorship

Status Change (mmddyyyy):

- -

Indicate new conservatorship status:

☐ Removed from conservatorship ☐ Placed on conservatorship

Date of Payee Status Change (mmddyyyy):

- -

Indicate new payee status:

☐ Removed from payee status ☐ Placed on payee status

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Date of W & I Code 300

Status Change (mmddyyyy):

- -

Indicate new W&I Code 300 status:

☐ Removed From ☐ Placed on
W & I Code 300 Status W & I Code 300 Status

EMERGENCY INTERVENTION

(skip this section if there are no changes)

Date of Emergency Intervention (mmddyyyy):

- -

Indicate the type of emergency intervention:

(e.g., emergency room visit, crisis stabilization unit)

☐ Physical Health Related ☐ Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS

Date of County Use Field #1 Change (mmddyyyy):

- -

Indicate NEW County Use Field #1

Date of County Use Field #2 Change (mmddyyyy):

- -

Indicate NEW County Use Field #2

Date of County Use Field #3 Change (mmddyyyy):

- -

Indicate NEW County Use Field #3

RFQ 962-5212
EXHIBITS E2
ADULT KEY EVENT TRACKING FORM

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

Exhibit E2

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's First Name	Partner's Last Name	
<input type="text"/>	<input type="text"/>	
Date Completed (mmddyyyy)	Partner's Date of Birth (mmddyyyy)	
<input type="text"/>	<input type="text"/>	

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

Is the partner **CURRENTLY** involved in:

YES **NO**

AB2034

☐ ☐

Date of AB2034 change (mmddyyyy):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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YES **NO**

Governor's Homeless Initiative (GHI)

☐ ☐

Date of Governor's Homeless Initiative (GHI) change (mmddyyyy):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Provider Site ID Change (mmddyyyy):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NEW Provider Site ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Full Service Partnership Program ID Change (mmddyyyy):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NEW Full Service Partnership Program ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Partnership Service Coordinator ID Change (mmddyyyy):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NEW Partnership Service Coordinator ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Partnership Status Change (mmddyyyy):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Indicate new partnership status:

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

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

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

RESIDENTIAL INFORMATION - *includes hospitalization and incarceration* (skip this section if there are no changes)

Date of Residential Status Change (mmddyyyy): - -

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

- ☐ In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
- ☐ With one or both biological/adoptive parents
- ☐ With adult family member(s) other than parents
- ☐ Single Room Occupancy (must hold lease)

SHELTER / HOMELESS

- ☐ Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
- ☐ Homeless (includes people living in their cars)

SUPERVISED PLACEMENT

- ☐ Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
- ☐ Assisted Living Facility
- ☐ Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- ☐ Licensed Community Care Facility (Board and Care)

HOSPITAL

- ☐ Acute Medical Hospital
- ☐ Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
- ☐ State Psychiatric Hospital

RESIDENTIAL PROGRAM

- ☐ Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)
- ☐ Skilled Nursing Facility (physical)
- ☐ Skilled Nursing Facility (psychiatric)
- ☐ Long-Term Institutional Care (IMD, MHRC)

JUSTICE PLACEMENT

- ☐ Jail
- ☐ Prison
- ☐ Other
- ☐ Unknown

EDUCATION

(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mmddyyyy)

 - -

Level of education completed:

- | | | |
|---|--|--|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> AA degree | <input type="radio"/> Less than 2 years graduate school |
| <input type="radio"/> GED Coursework | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> 3-4 years college | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> Less than 2 years college /
Some Technical / Vocational Training | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.) |

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mmddyyyy)

 - -

Indicate the new educational setting(s) (mark all that apply):

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

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

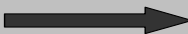
Does one of the partner's current recovery goals include any kind of education at this time? ☐ Yes ☐ No

EMPLOYMENT

(skip this section if there are no changes)

Date of Employment Change (mmddyyyy): - -

CURRENT EMPLOYMENT

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

Check here if the partner is not employed at this time: ☐

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

LEGAL ISSUES / DESIGNATIONS

(skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mmddyyyy):

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PROBATION / PAROLE INFORMATION

Date of Probation Status Change (mmddyyyy):

		-			-				
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Indicate new probation status:

☐ Removed From Probation ☐ Placed on Probation

Date of Parole Status Change (mmddyyyy):

		-			-				
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Indicate new parole status:

☐ Removed From Parole ☐ Placed on Parole

CONSERVATORSHIP / PAYEE INFORMATION

Date of Conservatorship

Status Change (mmddyyyy):

		-			-				
--	--	---	--	--	---	--	--	--	--

Indicate new conservatorship status:

☐ Removed from conservatorship ☐ Placed on conservatorship

Date of Payee Status Change (mmddyyyy):

		-			-				
--	--	---	--	--	---	--	--	--	--

Indicate new payee status:

☐ Removed from payee status ☐ Placed on payee status

EMERGENCY INTERVENTION

(skip this section if there are no changes)

Date of Emergency Intervention (mmddyyyy):

		-			-				
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Indicate the type of emergency intervention:

(e.g., emergency room visit, crisis stabilization unit)

☐ Physical Health Related ☐ Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS

Date of County Use Field #1 Change (mmddyyyy):

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Indicate NEW County Use Field #1

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Date of County Use Field #2 Change (mmddyyyy):

		-			-				
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Indicate NEW County Use Field #2

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Date of County Use Field #3 Change (mmddyyyy):

		-			-				
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Indicate NEW County Use Field #3

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RFQ 962-5212
EXHIBITS F
OUTCOMES

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE:

PROVIDER:

PROGRAM DESCRIPTION:

AGES SERVED:

☐ Children

☐ Adult

☐ TAY

☐ Older Adult

DATES OF OPERATION:

DATES OF DATA REPORTING PERIOD:

OUTCOME GOALS

OUTCOME DATA

RFQ 962-5212
EXHIBITS G
BUDGET TEMPLATE

ENTER PROGRAM NAME PER CONTRACT
 ENTER AGENCY NAME
 ENTER FISCAL YEAR

Budget Categories -		FTE %	Total Proposed Budget		
Line Item Description (Must be itemized)			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Title	0.00			\$0
0002	Title	0.00			\$0
0003	Title	0.00			\$0
0004	Title	0.00			\$0
0005	Title	0.00			\$0
0006	Title	0.00			\$0
0007	Title	0.00			\$0
0008	Title	0.00			\$0
0009	Title	0.00			\$0
0010	Title	0.00			\$0
0011	Title	0.00			\$0
0012	Title	0.00			\$0
SALARY TOTAL		0.00	\$0	\$0	\$0
PAYROLL TAXES:					
0030	OASDI				\$0
0031	FICA/MEDICARE				\$0
0032	SUI				\$0
PAYROLL TAX TOTAL			\$0	\$0	\$0
EMPLOYEE BENEFITS:					
0040	Retirement				\$0
0041	Workers Compensation				\$0
0042	Health Insurance (medical, vision, life, dental)				\$0
EMPLOYEE BENEFITS TOTAL			\$0	\$0	\$0
SALARY & BENEFITS GRAND TOTAL					\$0
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$0
1011	Rent/Lease Equipment				\$0
1012	Utilities				\$0
1013	Building Maintenance				\$0
1014	Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL					\$0

OPERATING EXPENSES:

1060	Telephone	\$0
1061	Answering Service	\$0
1062	Postage	\$0
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$0
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$0
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$0
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$0

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$0
1082	Liability Insurance	\$0
1083	Administrative Overhead	\$0
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$0

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Medication Supports	\$0
SPECIAL EXPENSES TOTAL		\$0

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$0
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$0
2002.2	Client Transportation & Support (SFC 72)	\$0
2002.3	Education Support (SFC 72)	\$0
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$0
2002.7	Utility Vouchers (SFC 72)	\$0
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$0
TOTAL PROGRAM EXPENSES		\$0

MEDI-CAL REVENUE:

		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	0	\$0.00	\$0
3100	Case Management	0	\$0.00	\$0
3200	Crisis Services	0	\$0.00	\$0
3300	Medication Support	0	\$0.00	\$0
3400	Collateral	0	\$0.00	\$0
3500	Plan Development	0	\$0.00	\$0
3600	Assessment	0	\$0.00	\$0
3700	Rehabilitation	0	\$0.00	\$0
Estimated Medi-Cal Billing Totals		0		\$0
% of Federal Financial Participation Reimbursement			0.00%	\$0
% of Early and Periodic Screening, Diagnostic, and Treatment Reimbursement			0.00%	\$0
MEDI-CAL REVENUE TOTAL				\$0

OTHER REVENUE:

4000	Other - (Identify)	\$0
4100	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MHSA FUNDS:

5000	Prevention & Early Intervention Funds	\$0
5100	Community Services & Supports Funds	\$0
5200	Innovation Funds	\$0
5300	Workforce Education & Training Funds	\$0
MHSA FUNDS TOTAL		\$0
TOTAL PROGRAM REVENUE		\$0

ENTER PROGRAM NAME PER CONTRACT
ENTER AGENCY NAME
ENTER FISCAL YEAR

PROGRAM EXPENSES**Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042**

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

(\$xxx,xxx.xx)

Facilities/Equipment Expenses – Line Items 1010-1014

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

(\$xxx,xxx.xx)

Operating Expenses - Line Items 1060-1077

Identify and detail the expenses for each item utilized for program.

(\$xxx,xxx.xx)

Financial Services Expenses – Line Items 1080-1085

Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.

(\$xxx,xxx.xx)

Special Expenses – Line Items 1090-1092

Detail each line item in Special Expenses.

(\$xxx,xxx.xx)

Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

(\$xxx,xxx.xx)

Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8

Detail any anticipated expenditures for clients.

(\$xxx,xxx.xx)

TOTAL PROGRAM EXPENSE: (\$X,XXX,XXX.XX)

ENTER PROGRAM NAME PER CONTRACT

ENTER AGENCY NAME

ENTER FISCAL YEAR

Medi-Cal Revenues - Line Item 3000-3700

Medi-Cal Revenue projected based on Short-Doyle/Medi-Cal Reimbursement Rates. To follow are a series of tables that delineate the methodology for determining projected revenue. (For services to individuals under 21 years old).

Unduplicated Patient Caseload		#
Estimated Total Number of Unduplicated Patients (0-21 years) to be served		

Patient Caseload by Insurance Type	%		#
Medi-Cal			0
Uninsured - Sliding Fee Full Discount			0
Other			0
<i>Total Number of Unduplicated Patients</i>			0

Determining Units of Service for Medi-Cal Patients				#	#	#
				Minutes	Patients	Units
Total Visits each Year for each Patient						
Assessments Visit(s)/Patient @		minutes/each for a total of		0	0	0
Treatment Visit(s)/Patient @		minutes/each for a total of		0	0	0
Patient Exit Visit(s)/Patient @		minutes/each for a total of		0	0	0
<i>Total Number of Billable Minutes Per Year</i>				0		0

Determining Service Type for Medi-Cal Patients		%	#
		Units	Units
Mental Health Services (Individual/Family/Group Therapy)			0
Case Management			0
Crisis Services			0
Medication Support			0
Collateral			0
Plan Development			0
Assessment			0
Rehabilitation			0
<i>Total Number of Billable Minutes Per Year</i>		0%	0

Determining Reimbursement for Units of Service for Medi-Cal Patients		#	\$	\$
		Units	Unit Rate	Amount
Mental Health Services (Individual/Family/Group Therapy)		0		\$ -
Case Management		0		\$ -
Crisis Services		0		\$ -
Medication Support		0		\$ -
Collateral		0		\$ -
Plan Development		0		\$ -
Assessment		0		\$ -
Rehabilitation		0		\$ -
<i>Total Reimbursement for Billable Minutes Per Year</i>		0		\$ -

<i>Estimated % of Federal Financial Participation (FFP) Reimbursement</i>	0%
<i>Estimated % of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Reimbursement</i>	0%

TOTAL ESTIMATED MEDI-CAL REVENUE	\$ -
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Other Revenues - Line Items 4000-4300**\$**

Other: Private Insurance - ____ patients @ ____ visits/yr/patient at \$ ____ a visit

MHSA FUNDS - Line Items 5000-5300**\$****TOTAL REVENUE****#VALUE!**

RFQ 962-5212
EXHIBITS H
MEDI-CAL ORGANIZATIONAL
PROVIDER STANDARDS

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the County to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
9. The organizational provider has as head of service a licensed mental health professional of other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
10. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.

- D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
11. For organizational providers that provide day treatment intensive or day rehabilitation, the provider must have a written description of the day treatment intensive and/or day treatment rehabilitation program that complies with State Department of Mental Health's day treatment requirements. The COUNTY shall review the provider's written program description for compliance with the State Department of Mental Health's day treatment requirements.
12. The COUNTY may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The COUNTY may also conduct additional certification reviews when:
- The provider makes major staffing changes.
 - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
 - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
 - There is change of ownership or location.
 - There are complaints against the provider.
 - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.