[x]  **HSS Administration**

1445 Paul Bunyan Road

Susanville, CA 96130

(530) 251-8128

[ ]  **Grant and Loans Division**

1445 Paul Bunyan Road

Susanville, CA 96130

(530) 251-2683

[ ]  **Behavioral Health**

555 Hospital Lane

Susanville, CA 96130

(530) 251-8108/8112

**Chestnut Annex**

1400-A & B Chestnut Street

Susanville, CA 96130

(530) 251-8112

[ ]  **Patients’ Rights Advocate**

720 Richmond Road

Susanville, CA 96130

(530) 251-8322

[ ]  **Public Health**

1445 Paul Bunyan Road

Susanville, CA 96130

(530) 251-8183

[ ]  **Environmental Health**

1445 Paul Bunyan Road

Susanville, CA 96130

(530) 251-8183

[ ]  **Community Social Services**

PO Box 1359

Susanville, CA 96130

**LassenWORKS**

**Business & Career Network**

1616 Chestnut Street

Susanville, CA 96130

(530) 251-8152

**Child & Family Services**

1445 Paul Bunyan Road

Susanville, CA 96130

(530) 251-8277

**Adult Services**

**Public Guardian**

720 Richmond Road

Susanville, CA 96130

(530) 251-8158

[ ]  **HSS Fiscal**

PO Box 1180

Susanville, CA 96130

(530)251-2614

**Request for Proposal (RFP)**

**Provision of Behavioral Health/Friday Night Live**

**Wellness and One-on-One Peer Support Services**

**RFP No.: HSS-2021-01**

**RFP Issue Date: June 21, 2021**

**RFP Submission Date: July 19, 2021**

**Issued By: HSS Administration**

**Request for Proposal**

**Table of Contents**

**Lassen County, California**

Contents

[I. Intent 3](#_Toc26451976)

[II. Background Information 3](#_Toc26451977)

[III. Scope of Services 4](#_Toc26451978)

[A. Wellness Group Activities..................................................................................................... 4](#_Toc26451979)

[B. One-on-One Peer Support..................................................................................................... 5](#_Toc26451980)

[C. Additional Requirements...................................................................................................... 6](#_Toc26451981)

[D. friday night live/club live...................................................................................................... 6](#_Toc26451981)

[E. prevention and early intervention program: Suicide Prevention............................................10 F. additional Requirments……………………………………………………………………………………………………… 10](#_Toc26451981)

I[V. Schedule of Activities](#_Toc26451982) ..…10

[A. Bidders’ Conferences:........................................................................................................... 11](#_Toc26451983)

[B. Written Requests for Technical Assistance:........................................................................... 1](#_Toc26451984)2

[C. Proposal Opening:.............................................................................................................. 1](#_Toc26451985)2

[D. Post-Review Discussion with Bidders:.................................................................................. 1](#_Toc26451986)2

[V. Format of Proposal and Content 1](#_Toc26451987)3

[VI. evaluation requirement 16](#_Toc26451991)

**VII. FORMAT OF BUDGET REMPLATE AND NARRATIVE……………………………………………………………….. 16**

[VIII. Proposal Submission Guidelines 16](#_Toc26451992)

[IX. Modification or Withdrawal of Proposals 1](#_Toc26451993)7

[X. Selection Process 17](#_Toc26451994)

[XI. Selection Criteria 17](#_Toc26451995)

[XII. Proposal Review and Evaluation Process 18](#_Toc26451996)

[XIII. Eligible Respondents 18](#_Toc26451997)

[XIV. Suspension and Debarment 1](#_Toc26451998)8

[XV. Award Process 20](#_Toc26452001)

[XVI. Cancellation 21](#_Toc26452002)

[XVII. Appeal 21](#_Toc26452003)

[XVIII. List of Exhibits 21](#_Toc26452004)

[EXHIBIT A](#_Toc26452005)

[Proposal Summary And Statement Of Responsibility (Signature Page**)....................................................** **22**](#_Toc26452006)

[EXHIBIT B](#_Toc26452007)

[Proposal Checklist/Table of Contents**..................................................................................................2**](#_Toc26452008)**4**

[EXHIBIT C](#_Toc26452009)

[Budget Template and Narrative**...........................................................................................................2**](#_Toc26452010)**5**

**Request for Proposal**

**Provision of Peer Support Services**

**Lassen County, California**

 **RFP No.: HSS-2021-01**

 **RFP Issue Date: June 21, 2021**

 **RFP Submission Date: July 19, 2021 by 10:00 a.m.**

 **Issued By: HSS Administration**

# Intent

This Request for Proposal (RFP) announces the intent of the County of Lassen to contract for the provision of culturally and community based behavioral health peer and family support services designed to promote emotional recovery and wellness and to reduce the occurrence of and the stigma associated with mental illness and substance use disorders.

The purpose of the RFP is to seek proposals from qualified individuals or organizations experienced in providing wellness recovery programs/activities and one-on-one peer support to individuals and families.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA (2014).

The County may allocate funding to one organization or distribute funding among more than one organization, if a particular organization has specific expertise with one or more of the target populations identified in Section III (Scope of Service) of this RFP.

# Background Information

The Lassen County Behavioral Health Department (LCBH) of the Health & Social Services Agency strives to create, develop, and expand successful programs for unserved and underserved children, transitional aged youth, adults, and older adults. Specifically, we are seeking services designed and delivered by peers such as those who have experience with behavioral health disorders. Research findings indicate that trained peers are particularly successful in facilitating recovery and wellness. In addition, we know that peer support enhances engagement among individuals living with mental illness and substance use disorders and their families and communities when services are available in the individual’s community and provided in a culturally and linguistically competent manner.

# Scope of Services

## Wellness Group Activities

The successful bidder(s) (Organization) will provide an agreed-upon number of opportunities for group wellness activities, at no cost to the client, led by trained peers and designed to strengthen recovery, promote resiliency, and instill hope. Target populations include:

* Individuals with serious mental health disabilities
* Veterans
* Homeless Individuals/Families
* Transitional Age Youth (Lassen High School and Lassen College)
* Middle School Youth (Diamond View School)
* Older Adults
* Children 0-5 and parents
* Foster Youth
* Individuals incarcerated in the jail and juvenile hall
* Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) youth and adults

In recognition of the benefits of active participation and diversity in groups, the bidder shall provide services without regard to diagnosis, disability, ethnicity, religion, or sexual orientation.

The Organization’s staff shall take classes in evidence-based practices such as Whole Health Action Management (WHAM) or similar classes and facilitate the development of peer-run support groups.

The County shall approve the Organization’s wellness group activities and curricula prior to implementing such services. The County will reimburse groups based on a tiered structure as follows:

3 to 5 participants

6 to 11 participants

12 and up

## One-on-One Peer Support

The organization shall provide trained professional quality peer supports to provide non-clinical, person-centered, strength based, wellness focused, and trauma-informed support while helping to ensure the person’s wellness-recovery plan reveals the needs and preferences of the person being served to complete their measurable and personalized goals. Peer Supports serve adults with behavioral health challenges, parents and family members who provide support to family members and children who experience behavioral health challenges.

Peer Specialists support their peers both individually and in small groups.

* Use recovery-oriented tools to help their peers address challenges
* Assist others to build their own self-directed wellness plans
* Support peers in their decision-making
* Set up and sustain peer self-help and educational groups
* Offer a sounding board and a shoulder to lean on
* Advocate with individuals for what they need
* Work within integrated health settings
* Support people in crisis
* Share their personal stories of recovery
* Serve as a role model for recovery and wellness and self-advocacy. Provide feedback and insight into the value of every individual’s unique recovery experience.
* Assist in developing skills needed to identify a variety of groups that may be helpful and available in the community.
* Facilitate peer-to-peer evidence-based practices or best practices, such as, Dual Recovery, 12-Step groups, Whole Health Action Management (WHAM), Wraparound, etc.
* Facilitate non-clinical peer-to-peer recovery education and wellness coaching through group activities in topics such as stress management, healthy leisure activities, wellness, alternative treatment options, recovery, focusing on individual health and wellness strengths and needs, self-affirmation, treatment management techniques, community involvement strategies, etc.

## Additional Requirements: Specific Qualities of a Peer Support Specialist:

* Person who has progressed in their own recovery, or has three years of addiction recovery who is actively involved in recovery activities
* Willingness to self-identify
* Willingness to share knowledge and experience of recovery
* Exhibits signs of a spiritual awakening
* Can act as a role model
* Listens and learns from people served
* Create environments that promote recovery
* Works in partnership with the individual and with other agencies
* Promotes trauma-informed care
* Helps to navigate the government system
* Helps individuals to examine personal goals and define in achievable ways
* Motivates change desired by the individual

**Additional Requirements:**

* Background check (life scan) and fingerprinting
* Certification from an accredited State approved program
* Attend a County approved Peer Training annually

## Friday Night Live/Club Live

The California Friday Night Live (FNL) and Club Live (CL) Program is a youth/adult leadership program in partnership with the California Friday Night Live Partnership (CFNLP). FNL/CL utilizes a youth development framework built into the Roadmap Chapter Project Guide to implement community-based process strategies, media strategies, education, environmental strategies, and information dissemination.

By participating in FNL/CL, youth will play an essential part of achieving goals of improving the lives of those affected by alcohol and other drugs in their community.

## The primary focus of the FNL, CL, programs is to form youth-adult partnerships with young people, to provide programs rich in opportunities and support, so young people will be less likely to engage in problem behaviors (alcohol, tobacco and/or drugs), more likely to achieve in school, and more likely to attend higher education or secure a full-time job. FNL’s/Club Live vision is to work hand-in-hand with young people so they are both problem free and fully prepared for adulthood.

## The facilitator shall educate the community about underage drinking/tobacco/drug use consequences; empower the community to use evidence-based approaches, including environmental prevention, to reduce underage drinking/tobacco/drug use; and mobilize the community around prevention initiatives at the local, state, and national levels.

The facilitator shall provide professional quality peer supports to facilitate FNL and CL chapter’s with community youth. Duties include, but are not limited to the following:

* Create an emotionally, culturally and physically safe environment by implementing ongoing group process activities designed to create safe environments; by hosting a community cultural festival to honor a particular culture.
* Create chances for youth to contribute to their community, learn about what’s available and accessible to them, and how to navigate systems by developing service learning projects, joining community coalitions to bring about community change, or making policy recommendations to decision-making bodies.
* Create ways for youth to be leaders and advocates in their communities and to have an impact on chapter and community projects and policies by including youth in chapter and community development; by establishing a variety of channels for youth to share their ideas; by partnering with youth to turn ideas into reality.
* Practice new skills to enhance chapter action and community development efforts by providing progressive skill building training that relates directly to a project or action plan, so that youth learn by doing” each of the steps involved in the project.
* Create meaningful and caring relationships among youth and with adults by implementing group and cross-age events such as peer tutoring, team-building days, FNL Mentoring, and long-term processes or projects that deepen relationships; by incorporating group development activities into planned projects.

Specific duties for an FNL/CL advisor include but are not limited to:

* The facilitator coordinating and scheduling use of confidential space for both FNL and CL one time per week for a minimum of 2 hours for three or more youth signing in to FNL or CL.

* Provide evidence of community service learning and social action: Young people, in partnership with adults, develop and implement community projects designed to bring about real change. Projects might focus on a particular cause, increase awareness of an issue, or bring about real, lasting change in a targeted area.
* Provide evidence of youth in leadership and/or advocacy positions: Youth serve on community boards and hold intern or staff positions within FNL programs or local community programs that understand and support the FNL approach. Service can be on boards of directors, advisory councils, commissions, or any decision- or policy-making body.
* Provide evidence of youth-led projects and activities: Youth develop projects and activities designed to send a consistent positive message about youth culture. In addition to providing “safe and sober” activities, the chapter plans innovative, youth-led activities that celebrate young people’s contributions, such as Poetry Slams, Health Olympics, Youth Forums, talent showcases, and teambuilding exercises.
* Provide evidence of relationship building: Youth interact with their peers and with adults in structured and non-structured environments. The chapter can host group development activities such as retreats or team building days.
* Submitting spreadsheet with completed monthly activities and sign-in sheets as supporting documentation no later than the first (1st) of the month (i.e January activities submitted on the first (1st) of February)
* Attend monthly meeting/training with Lassen County Behavioral health (LCBH) when applicable.

* Attend California Friday Night Live (CFNL) webinar trainings
* Complete annual Youth Development Survey (YDS)
* Participate in the Leadership Training Institute yearly

## Prevention and Early Intervention Program – Suicide Prevention

Educate the community about suicide prevention for all age groups, empower the community to use evidence-based approaches, including environmental prevention, and mobilize the community around prevention initiatives at the local, state, and national levels.

* Describe how the organization will coordinate a suicide prevention activity within the community.

## Additional Requirements

* The organization shall state the hours of operation per week and also be available for on-call peer support services at the emergency room when needed.
* The organization shall attend all Behavioral Health Advisory Committee meetings and report on activities, outcomes, and relevant data.
* The Executive Director and Board Members of the organization shall attend a County sponsored Non-Profit Management Essentials workshop in Spring 2021/2022.
* Employees, volunteers, and board members of the organization are eligible to participate in services; however, the successful bidder may not include them in the participant activity count or receive reimbursement for said services.

# Schedule of Activities

The County intends to progress in this procurement in a series of orderly steps. The schedule that follows has been developed in order to provide adequate information for bidders to prepare definitive proposals and for the County to fully consider various factors that may affect its decision. This schedule is subject to change at the discretion of the County.

|  |  |
| --- | --- |
| **Scheduled Activity** | **Proposed Date** |
| Release of Request for Proposals | Monday, June 21, 2021 |
| Bidder’s Conference | Tuesday, June 29, 2021, 11:00 am- 12:00 pm. Conference call available |
| Last day to submit written requests for Technical Assistance | Wednesday, June 30, 2021, 4:30 p.m. |
| Proposal Submission Deadline and Opening | Monday, July 19, 2021 10:00 a.m. |
| Proposal Review and Selection | Week of July 20-22, 2021 |
| Post-Review Discussion with Bidders (if necessary) | Week of July 20-22, 2021 |
| Notification of Selection | Week of July 20-22, 2021 |
| Board of Supervisors Approval of Award and Contract | Tuesday, July 27, 2021 (approximately) |
| Approximate Contract Start Date | August 1, 2021 (When contacts are approved by the Board of Supervisors)  |

## Bidders’ Conferences:

**Tuesday, June 29, 2021, 11:00 a.m. – 12:00 p.m.**

Lassen County Health & Social Services Agency

336 Alexander Avenue

Susanville, CA

LCBH is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1610334159?pwd=dVBObXUrVFdRM1ZUTElFTDRDNHduUT09>

Meeting ID: 161 033 4159

Passcode: 963347

One tap mobile

+16692545252,,1610334159# US (San Jose)

+16692161590,,1610334159# US (San Jose)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

833 568 8864 US Toll-free

Meeting ID: 161 033 4159

Find your local number: <https://www.zoomgov.com/u/aKd0lNykp>

A written record of questions asked at the Bidders’ Conferences with responses by designated County staff will be provided to RFP recipients within five (5) working days of the Bidders’ Conferences. The County strongly recommends Bidders’ Conference attendance.

## Written Requests for Technical Assistance:

Requests for technical assistance must be submitted in writing by 4:30 p.m. **Wednesday, June 30, 2021** via U.S. Postal Service, email, or fax to:

Lassen County Behavioral Health

Attn: Holly Mackenzie

555 Hospital Ln, Susanville, CA 96130

hmackenzie@co.lassen.ca.us

Fax: 530-251-8487

Responders are encouraged to not wait until the last minute to seek technical assistance.

The questions submitted after the Bidders’ Conferences and answers will be provided by the County in writing to all RFP recipients within five (5) days of the **Wednesday,** **June 30, 2021** deadline. Such questions and answers issued by the County shall be sent via email, fax, and/or first-class U.S. Postal Service to the last known business address of each individual or organization that received this RFP.

Questions or requests for technical assistance submitted after the deadline of **4:30 p.m.,** **Wednesday June 30, 2021** will not be answered.

The County requires that other county management and employees *not* be contacted by bidders during the RFP process. Failure to comply with this requirement may disqualify those proposals from further consideration. Contact is limited to the County RFP Representative listed above for any and all inquiries.

## Proposal Opening:

Proposals will be opened publicly at the Lassen County Behavioral Health Office at, **10 a.m.,** **Monday, July 19, 2021**. The only information disclosed at the opening will be the identity of the bidders.

## Post-Review Discussion with Bidders:

Before making a final determination, bidders who submit proposals determined to be reasonably likely to be selected *may* be asked to meet with the evaluation committee to discuss and clarify elements of their proposal to ensure full understanding of the proposal and responsiveness to the RFP.

During such discussions, the County will not disclose rating information concerning competing bidders.

# Format of Proposal and Content

Proposals submitted in response to this RFP must be prepared as and include the elements indicated below:

**Format:** Printed in12-point Ariel font, paginated, and submitted with pages clipped together, *not* stapled or bound in a folder or notebook.

**Proposal Summary (Exhibit A):** Providing a clear and concise summary of the proposal, contact information, certifications, and signature.

**Completed Proposal Checklist/Table of Contents (Exhibit B):** Completed as indicated.

## Each proposal response must include the following items:

a. Title Page - Title page must show the RFP subject; the vendor’s name; the name, address, and telephone number of a contact person; and the date of the proposal.

b. Company Background: The vendor will provide a brief one-page company description, history, number of employees, summary of financial status and number of customer implementations vendor currently supports.

c. Executive Background: The vendor will describe their board and if they are non-profit or for-profit organization. Please provide and organizational chart.

d. Transmittal Letter - Submit a signed letter briefly addressing your understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the vendor believes itself to be best qualified to do the required work.

e. Vendor Representative - Include the name and title of the designated individual(s), along with respective telephone number(s) and email addresses, who will be responsible for answering technical and contractual questions regarding the proposal.

## Describe in detail the services you propose to provide for each population listed below, including:

* 1. serious mental health disabilities,
	2. homeless individuals/families,
	3. veterans,
	4. transitional age youth (Lassen High School and Lassen College),
	5. middle school youth (Diamond View School),
	6. older adults,
	7. children 0-5 and parents,
	8. foster youth,
	9. individuals incarcerated in the jail,
	10. LGBTQ populations.
* Describe the type of wellness activities your organization will provide for the sub-groups described in question one and approximately how many individuals and/or families of each group you will serve? Describe the location the wellness activities will be held? When will the wellness activities be offered? Will the wellness activities be offered during the weekends and evenings?

* Describe how services will meet the cultural and linguistic needs of those being served. (For example, how will your organization provide wellness activities for individuals who only speak a language other than English?
* Strategies your organization developed for identifying and engaging the communities under-served and unserved population. How will you market/advertise your wellness activities to the community so the community is aware of what you provide?
* Describe the qualifications of your one-on-one peer supports. Describe how the one-on-one peer support specialist will provide services? Will the peer supports be available to help talk to an individual in crisis when traditional services are closed?

* Describe in detail the evidence-based practices you plan on using for each wellness activity. Also list the curriculum your organization will be using for each wellness activity.
* Describe in detail strategies for providing education and training that reduces stigma; cultivates understanding and prevention of co-occurring disorders; and promotes wellness, resiliency, and recovery; for any staff or subcontractors your organization might use. Please state who will deliver the education and training to staff and sub-contractors and their qualifications.
* Describe in detail how data will be collected, analyzed, and provided to the County each month. Describe how your organization will monitor peer supports for fraud, waste and abuse. Describe how employees will be trained on cultural competency.

* Describe the organizations strategy for sustaining program services in the event funding is reduced or eliminated.
* Implementation plan and timeline for the services offered.

## Individual/Organizational Capacity:

## A brief description individual’s or organization’s history and capacity to

## provide the services proposed and résumés of proposed paid staff or

##  subcontracted organizations.

## Administrative Requirements:

Unless otherwise noted, the respondent must document all specified activities and services as directed by LCBH in accordance with the contract and instructions provided through LCBH training.

* Please provide an organizational chart of your organization.

* Provide written policies and procedures from your organization:
	1. Protected Health Information/HIPAA/Confidentiality,
	2. Compliance with State and Federal Guidelines,
	3. Outreach and Engagement,
	4. Cultural Competency,
	5. Grievances from the public,
	6. Handling crisis,
* The respondent's policy and procedures must address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, nonjudgmental, and confidential manner. The respondent must maintain current policies and procedures on file and make them available for review by LCBH upon request.
* The respondent's administrative site must post the hours and days of operation at all building entrances.
* The respondent must maintain documentation of continuing education units (CEUs) for paid staff in their personnel file, and make those available to LCBH for review.
* The respondent must have written job descriptions for paid staff and volunteers maintained in their personnel files for LCBH review.
* The respondent must maintain all documents that require participant or staff signatures in the participant's physical record for review by LCBH.

# Evaluation Requirements

1. Outcomes are an important part of all treatment services administered by LCBH. All programs approved through this RFP process will be subject to evaluation by LCBH. All awarded contracts will be subject to LCBH review throughout the course of their contract. By accepting the award under this RFP, respondents agree to comply with the evaluation requirements of LCBH. LCBH will establish a data reporting mechanism and system and awardees must agree to supply all the required data necessary for the evaluation. Successful respondents will also be required to meet all data reporting requirements established by LCBH.
2. While LCBH will create a system to collect all of the contractor's data, the proposal must specify how the respondent plans to submit data to LCBH. Specifically, respondents must indicate that they have the technological capacity as well as the staff capability to use technology related to entering data into a data system that will be designed specifically for this initiative. If applicable, the respondent should provide evidence of prior successful data submissions to LCBH.

**Letters of Support:** Maximum of three (3).

# Format of Budget Template and Narrative

The Budget Template and Narrative (Exhibit C) should briefly describe each of the following components: Personnel, Contracted Services, Office Expenses, Travel/Training, and Other. You may use a different budget format than the template included but please make sure whichever format you use includes everything listed on Exhibit C.

# Proposal Submission Guidelines

Bidders must submit five (5) hard copies of their proposal including one (1) with an original signature and one (1) electronic PDF copy. The proposal must be formatted in accordance with the instructions of this RFP. Promotional materials may be attached, but are not necessary and will not be considered as meeting any of the requirements of this RFP.

Proposals must be enclosed in a sealed envelope or package, clearly marked “Lassen County RFP No. HSS-2021-01 – Wellness and One-on-One Peer Support Services” and delivered by **Monday, July 19, 2021.** to:

Lassen County Behavioral Health

Lassen County RFP No. HSS-2019-05

Attn: Holly Mackenzie

555 Hospital Ln

Susanville, CA 96130

Late or electronically submitted proposals, including those submitted via facsimile, will be disqualified and not considered by the evaluation committee.

Expenses incurred in preparation of the proposal, attendance at bidders’ conferences, or any other actions related to responding to this RFP shall be the responsibility of the responder.

All proposals, response inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, displays, schedules, exhibits, and other documentation submitted by the respondent shall become the property of the County.

# Modification or Withdrawal of Proposals

Revisions of proposals will not be permitted after the deadline for submission of proposals except as provided by Lassen County. Permission to make any revisions must be sought from Lassen County in writing. If Lassen County initiates a revision, it will do so in writing.

# Selection Process

The County reserves the sole right to judge the contents of proposals. The selection process will be governed by the following criteria:

* + - The proposals must adhere to the instructions and format specified in this RFP.
		- The evaluation will include a review of all documents and information relating to the respondent’s services, organizational structure, capabilities, qualifications, past performance, and costs.
		- Respondents may be required to make an oral presentation to the evaluation panel before the final selection is made.
		- The County may evaluate any information from any source it deems relevant to the evaluation.

# Selection Criteria

The selection of a proposal and contract award will be based on the criteria contained in this RFP and as demonstrated in the submitted proposal. Respondents should submit information sufficient for the County to easily evaluate proposals with respect to the selection criteria. The absence of required information may cause the proposal to be deemed non-responsive and may be cause for rejection.

# Proposal Review and Evaluation Process

All proposals will be reviewed for completeness as described above in Section VII Proposal Submission Guidelines. Only those proposals deemed to be complete will be submitted to the evaluation panel.

# Eligible Respondents

An organization is not considered eligible to apply unless the respondent meets the

eligibility conditions to the stated criteria listed at the time the proposal is submitted.

Eligible respondents include public or private non-profit 501(c)(3) entities. All respondents must comply with the criteria listed below under this RFP.

* Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes, and must have the authority and be in good standing to do business in California and to conduct the activities described in the RFP.
* Respondent must be in good standing with the U.S. Internal Revenue Service.
* Respondent may not be eligible for contract award if audit reports or financial

statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by LCBH.

# Suspension and Debarment

## To be eligible to submit a proposal, a bidder must not be listed as an ineligible person on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities from federal programs or the California Department of Health Care Services Suspended and Ineligible Provider List for Medi-Cal program services. The Office of Inspector General defines an ineligible person as any individual or entity that is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs. They are also defined as any individual or entity that has been convicted of a criminal offense related to the provision of health care items/services and who has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility. The California Department of Health Care Services defines a suspended individual or entity as those that have:

## been convicted of a felony or misdemeanor involving fraud, abuse of a Medi-Cal program or any patient, or otherwise substantially related to the qualification, functions, or duties of a provider of services,

## been suspended from the federal Medicare or Medicaid programs for any reason, lost or surrendered a license, certificate, or approval to provide health care, or

## breached a contractual agreement with the California Department of Health Care Services that explicitly specifies inclusion on their Suspended and Ineligible Provider List as a consequence of the breach. LCBH will not review a proposal submitted by an individual or entity on either list.

1. LCBH plans to use the following links to identify individuals and entities that are

not eligible to contract with LCBH: http://exclusions.oig.hhs.gov/ and

http://files.medi­ cal.ca.gov/pubsdoco/Sandllanding.asp. Each respondent should

verify that it is not on either list prior to submitting a proposal. If a respondent is

erroneously listed on either sanction list, they will be responsible for correcting

the error prior to the submittal of their proposal.

1. LCBH requires that all potential contract entities self-disclose any pending

charges or convictions against them or any individual with their organization for

violations of criminal law, any sanctions, and any disciplinary actions by any

federal or state law enforcement agency, regulatory agency, or licensing agency

(including exclusion from Medicare and Medicaid programs).

1. If a contractor and/or individual within the contractor's organization become an

Ineligible person after LCBH has executed a contract with the entity/individual,

the contractor/individual shall be removed from any responsibility and

involvement with the LCBH contracted obligations that are related to federal or

state health care programs/funding.

1. Vendor Required Experience

A respondent must have a minimum of three (3) years’ experience in training and

employment of peer support coaching staff. In their proposals, bidders will need

to detail services, they have provided that are similar to the services outlined in

this RFP without contract failures.

# Award Process

## Evaluation

Proposals will be evaluated on six (6) elements totaling 200 points.

|  |  |
| --- | --- |
| **Proposal Element** | **Maximum Point Value** |
| Quality of respondent’s plan for performing the services and activities and addressing the questions in Section III. | 40 |
| Ability of respondent to perform services as demonstrated by related experience and past performance.  | 40 |
| Qualifications and characteristics of paid personnel and volunteers, including lived experience and status of recovery, background checks, education and training, and ability to engage the target population. | 30 |
| Capacity for internal quality assurance and improvement procedures to monitor and improve quality of services provided, documentation, record keeping, billing, etc. | 30 |
| Demonstration of collaboration, innovation, and creativity. | 30 |
| Quality of implementation plan and corresponding timeline. | 30 |
| **TOTAL** | **200** |

1. Each apparently qualified proposal will be evaluated by a panel consisting of no less than three or greater than five members. Respondents may be asked to make a presentation to the Evaluation Committee regarding their qualifications and/or proposal.
2. The award of a contract will be based on the quality of proposal and the ability to meet the County’s needs. The County may select to award a single county-wide contract or multiple contracts for specific areas, depending upon the evaluation of the proposals.
3. Each respondent will be notified in writing or by email of the decision regarding its proposal.
4. The successful respondent(s) and the County will enter into contract negotiations.
5. Negotiated contract(s) will be submitted to the Lassen County Board of Supervisors for final approval and award.

It is anticipated that delivery of services under the contract will begin, or soon thereafter. All RFP materials may be made public upon request.

# Cancellation

Lassen County reserves the right to reject any or all proposals received as a result of this request, to negotiate with any qualified individual/organization, or to modify or cancel in part or in its entirety the RFP it if is in the best interests of the County to do so.

# Appeal

Respondents will have ten (10) working days after notification of non-award to file an appeal. The appeal must be made in writing and specifically state the grounds for the appeal. Letters of Appeal should be directed to:

Director, Health & Social Services

336 Alexander Avenue

Susanville, CA 96130

Attn: Danielle Sanchez, Administrative Assistant

# List of Exhibits

Exhibit A - Proposal Summary and Statement of Responsibility (Signature Page)

Exhibit B - Proposal Checklist/Table of Contents

Exhibit C - Budget Template

### EXHIBIT A

### Proposal Summary And Statement Of Responsibility (Signature Page)

County of Lassen RFP No.

Health and Social Services Wellness and One-on-One Peer Support Services

 **RFP No:. HSS-2021-01**

 **RFP Issue Date: June 21, 2021**

 **RFP Submission Deadline: July 02, 2021**

Proposals must be enclosed in a sealed envelope or package, clearly marked “Lassen County RFP No. HSS-2021-01 – Wellness and One-on-One Peer Support Services” and delivered by **10:00 a.m. (Pacific Daylight Time),** **Monday, July 19, 2021**, to: Lassen County Behavioral Health; Lassen County RFP No. HSS-2019-05; Attn: Holly Mackenzie, 555 Hospital Ln Susanville, CA 96130.

**Questions regarding this RFP should be directed to:**

Holly Mackenzie

(530) 251-8487

hmackenzie@co.lassen.ca.us

**This Proposal Summary and Statement of Responsibility (Signature Page) must be included with your submittal in order to validate your proposal. Proposals submitted without this page will be deemed non-responsive**.

**Firm Authorized Representative**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Date: |  |
| Representative: |  | Title: |  |
| Address: |  |  |  |
|  |  |  |  |
| Phone: |  | Fax: |  |
| Federal Tax ID No.: |  | Email: |  |

**RFP Contact Information (if different then above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person: |  | Title: |  |
| Email Address: |  |  |  |
| Address: |  |
|  |  |
| Phone: |  | Fax: |  |
|  |  |  |  |

**Certifications:**

1. Do you certify that all statements in the proposal are true? This shall constitute a warranty, the falsity of which shall entitle the County to pursue any remedy authorized by law, and shall include the right, at the option of the County, of declaring any contract made as a result thereof to be void.

[ ]  YES [ ]  NO

1. Do you agree to provide the County with any other information the County determines is necessary for accurate determination of your qualifications to provide services?

[ ]  YES [ ]  NO

To the best of my knowledge and belief, the information provided in this initial determination of responsibilities is true and correct.

|  |  |  |
| --- | --- | --- |
| Authorized Representative: |  |  |
|  | (Printed Name) |  |
| Signature: |  |  |
|  |  |  |
| Date: |  |  |
|  |  |  |

### EXHIBIT B

### Proposal Checklist/Table of Contents

This proposal checklist identifies the various components that must be submitted with your proposal. This form is to be completed and included in the proposal and must be located directly behind Exhibit A.

Follow this sequence in presenting your proposal with the checklist serving as your table of contents.

|  |  |
| --- | --- |
| **Proposal Check List/Table of Contents** | **Page No.** |
| Proposal Summary and Statement of Responsibility (Signature Page), signed by authorized representative (Exhibit A) |  |
| Proposal Check List/Table of Contents (Exhibit B) |  |
| Program Narrative |  |
| Individual/Organization Capacity (including résumés) |  |
| Letters of Support |  |
| Budget Template and Narrative (Exhibit C) |  |

### EXHIBIT C

### Budget Template and Narrative

|  |  |  |
| --- | --- | --- |
| Applicant |  |  |

### Detail Budget -

|  |  |  |
| --- | --- | --- |
| CategoryItem/Service | Quantity (Year 1) | Cost (Year 1) |
| Personnel |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Contractual Services |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Office Expenses |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Travel & Training |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Other |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |