LAC DMH
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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MARVIN J. SOUTHARD, D.S.W.
Director
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April 30, 2015

Dear Prospective Proposer:

ADDENDUM NUMBER TWO (2)
TO REVISE OTHER HOUSING AND RESIDENTIAL SERVICES,
REVISE INNOVATIONS PLAN,
AND ADD RESPITE CARE IN THE
REQUEST FOR STATEMENTS OF QUALIFICATIONS
FOR MENTAL HEALTH SERVICES ACT MASTER AGREEMENT LIST
(BID # DMH111505B1)

The Los Angeles County Department of Mental Health (DMH) is issuing this Addendum Number Two (2) to the Request for Statements of Qualifications (RFSQ), Bid # DMH111505B1, approved by your Board on November 15, 2005, for the Mental Health Services Act (MHSA). The original approved RFSQ was superseded with a revised RFSQ, approved by the Chief Executive Officer (CEO) and County Counsel (CC), effective August 12, 2010. This Addendum Number Two (2) revises Housing and Residential services, revises Innovations Plan, and adds Respite Care. It also creates Appendix I, Revision 2, Statement of Qualifications (SOQ) to reflect these changes. A Prospective Contractor's failure to incorporate the requirements of this Addendum Number Two (2) may result in not being qualified for the MHSA Master Agreement list.

The following changes are being made to the RFSQ:

1.0 GENERAL INFORMATION

Section 1.1 Scope of Work

The Scope of Work shall be amended to revise Housing and Residential Services, revise Innovation Plan, and add Respite Care (In-home) services.

Section 1.1.1 Community Services and Supports (CSS) Plan

Section 2 Housing and residential services, including temporary, supportive and permanent housing shall be deleted in its entirety and replaced with the following:

> "2. **Housing Related Supportive Services**: Under the CSS Plan, the provision of housing related supportive services is an essential component in supporting the wellness and recovery of adults and older

adults with severe mental illness and the resilience and stability of children and transition age youth with serious emotional disorders and their families to develop resiliency.

MHSA Housing Trust Fund Program was initiated to support the development of permanent supportive housing (PSH) by providing MHSA funding for the provision of onsite supportive services targeting the following four focal age groups:

- Families with children who are experiencing Severe Emotional Disturbance (SED) (ages 0 to 15)
- Transition-Age Youth (TAY) who are experiencing SED and/or serious mental illness (SMI)
- Adults with SMI, Axis I diagnosis (ages between 18 and 59)
- Older Adults with SMI, Axis I diagnosis (age 60 and older)

PSH is an evidence-based model that has proven that the availability of onsite support services in permanent affordable housing increases the housing stability and retention of individuals with mental illness and other special needs such as homelessness, co-occurring substance use disorders and/or other co-occurring primary health conditions. This funding for onsite services will be used to leverage capital funding and rental subsidies necessary for the development of new PSH. In addition, this funding will be used to maintain existing PSH units."

Section 1.1.4 Innovations (INN) Plan

Section 1.1.4 Innovations (INN) Plan shall be deleted in its entirety and replaced with the following:

"The MHSA INN Plan is the final MHSA plan to be implemented in Los Angeles County. The plan is focused on identifying new practices for the primary goal of learning and increasing the array of creative and effective approaches that can be applied to mental health services for specified populations. Given that the primary focus of INN funding is improving practice through learning, INN funded projects should seek to further develop: (1) novel, creative and/or ingenious mental health practices and approaches that contribute to learning; (2) mental health practices and approaches through a community informed process that are representative of the communities to be served, especially unserved, underserved and inappropriately served communities; and (3) new mental health practices and approaches that can be replicated and adapted to other populations and other counties if proven successful with specific populations. DMH and its stakeholders approved a plan for the creation and implementation of distinctive

place-based Health Neighborhoods as a method to support distinct communities to create the collective will to employ various strategies for people of diverse ages to decrease the risk of or reduce the degree of trauma experienced by community members.

The innovation proposed here is the development of health neighborhoods that center on building the capacity of the community to identify the correlates of trauma in its members and address trauma or trauma risk through building upon the assets of the community.

Collectively, the strategies associated with this Health Neighborhood project will seek to increase access to underserved groups, increase the quality of mental health services, including better outcomes and promote interagency or community collaboration related to mental health services and supports.

A Health Neighborhood, as defined for this proposed project, has five (5) key components:

1. It assumes there is a reciprocal inter-connectedness between the community's health and wellbeing and that of individual community members, so it promotes the community's wellness as a way to improve the health and well-being of individual members.
2. It draws upon research on the social determinants of health, which finds that health status is heavily mediated by socioeconomic status so that communities with greater levels of poverty tend to have members who are more disconnected from community supports and services, with fewer health resources and poorer health.
3. It deploys a set of upstream strategies to address the social determinants or root causes of mental illness, namely the trauma experienced by different age groups within a specific community.
4. It actively develops partnerships to engage communities and service systems, building upon the learning of Innovation 1 Integrated Care model outcomes.
5. It builds the community's capacity to take collective ownership and coordinated action to prevent or reduce the incidence of trauma-related mental illness by involving communities in promoting the health and well-being of their members.

The Health Neighborhood framework will be used to test out strategies associated with three (3) distinct innovation primary purposes, organized by age of intended service recipient, as well as intergenerational strategies.

Increasing access to underserved groups:

1. Community clubhouse for age 0-5 population
2. TAY Peer Support Networks

3. TAY outreach and engagement
4. Culturally competent non-traditional self-help activities for families with multiple generations experiencing trauma
5. Support Networks Without Walls for Older Adults with a Pre-Existing Mental Illness
6. Community-Based Strategies to Support Caregivers for older adults with a mental illness

Increase access to mental health services:

1. Veterans peer support via a social media application for smartphones

Promoting interagency or community collaboration related to mental health services:

1. Trauma-informed psycho-education and community support for school personnel in health neighborhoods
2. Coordinated employment within a health neighborhood
3. Community integration for individuals with a mental illness with recent incarcerations or who were diverted from the criminal justice system.

DMH is seeking agencies to serve as the lead agency for specific geographically-defined health neighborhoods.

Each of the five (5) Supervisorial Districts will have at least one, and not to exceed two (2), distinct health neighborhoods. Lead agencies that will organize the work of the health neighborhood will be selected through a solicitation process. Qualified organizations must have demonstrated experience working in a particular community for two (2) or more years. Each proposing organization will select specific strategies from the menu listed above to address trauma within their health neighborhood community, including a budget for those strategies.

As a separate component of the INN Plan, DMH seeks a qualified contractor to evaluate the effectiveness of each health neighborhood in achieving the outcomes set forth in the plan. The development of a data reporting structure allowing each health neighborhood lead agency to enter and transmit outcome measures at intervals specified by DMH, and the analysis and report generation of the outcome measures submitted in a format specified by DMH."

<u>Section 1.1.5 Respite Care (In-home) services</u>

Section 1.1.5 Respite Care (In-home) services shall be added as follows:

"1.1.5 Respite Care (In-home) services are positive, supportive services aimed at relieving families from the stress and family strain that results from providing constant care for a child with SED. Respite Care intends to reach four (4) goals:

- Assist the family members to enable the focus child to stay at home;
- Provide appropriate care and supervision in the absence of a family member(s);
- Provide relief to family members from the constant responsibility of providing care; and
- Attend to basic self-help needs and other activities that would ordinarily be performed by the family member.

Respite Care will allow caregivers to give more attention to the other members of the household or take care of their own needs. Caregivers can leave the home to take care of personal errands knowing that their child is safe and being supervised at home in a positive and healthy environment. The following is a list of activities provided by respite care:

- Assistance with activities of daily living;
- Performing personal care (bathing, grooming, dressing, etc.);
- Meal preparation;
- Address minor behavioral issues while following existing behavioral support plan;
- Performing light housekeeping;
- Providing companionship and entertainment; and
- Ability to provide emergency care such as CPR, first-aid response, and follow-up with appropriate emergency plan.

In addition to the services provided by the respite care agency, the agency should have appropriate protocols in place to ensure that respite care providers are suitable for the work. Respite staff should possess CPR and First Aid certification. The staff should meet applicable laws, regulations, and accreditation standards. Finally, all criminal backgrounds and drug screening should be conducted by the agency in order for service recipients to feel comfortable in leaving their children at home in the care of a responsible and safe respite care provider."

<u>Section 1.3.1 Under Proposer's Minimum Qualifications for the RFSQ:</u>

Section 1.3.1 (9) Innovation Plan (INN) Evaluation Component services shall be deleted in its entirety and replaced with the following:

"9. **Innovation Plan (INN) Evaluation Component services** will involve the development of a methodology for the collection of qualitative as well as quantitative outcomes for each health neighborhood in order to evaluate the effectiveness of each health

neighborhood in achieving the outcomes set forth in the plan. The evaluator would also be responsible for the identification and procuring of specific measures, implementing data collection strategies, data analysis and reports generation on the outcomes related to each health neighborhood in a format specified by DMH. Proposers with experience in INN Evaluation must submit as part of its SOQ a summary of an evaluation not exceeding two (2) pages demonstrating that Proposer meets the following requirements.

A. Experience within the last five (5) years in evaluating community-based partnerships, including partnership strength and community impact of partnership, and
B. Demonstrated experience in the development and use of secure web-based data systems, data analysis and reports development. Demonstrated experience conducting evaluations that are both population-based (changes at the community or population level) and client-based (changes to specific clients)."

Section 1.3.1 shall be amended to include the following:

"10. Proposers with experience in Respite (In-home) services must submit as part of its SOQ, a program narrative not exceeding two (2) pages demonstrating that Proposer meets the following requirements:

1. **Respite (In-home) services** is the provision of short-term, temporary relief to parents/caregivers that are providing in-home care for a child with SED and shall be available to parents/caregivers that are providing in-home care for a child or youth, age 0-15, with SED, who is receiving mental health.

   A. Proposers must demonstrate that they have experience in the delivery of in-home support services (e.g. attending to basic self-help needs and other activities that would ordinarily be performed by the family member, assisting with daily living needs, providing appropriate care and supervision to protect that person's safety in the absence of a family member, promote safety awareness within the home) and with successful outcomes; **or**
   B. Proposers must demonstrate that they have significant experience in the last five (5) years in the delivery of in-home support services to clients age 0-15 with involvement in Regional Center or Child Full

Service Partnership (FSP) or Department of Children and Family Services (DCFS); Such Proposers have current experience working with the County Mental Health system and demonstrate a readiness to immediately implement a Respite (In-home) services program Countywide."

"11. **MHSA Housing Trust Fund Program** provides funding for the provision of onsite supportive services in project-based, scattered site, or shared housing to assist the tenants maintain permanent housing, increase their skills and/or income through education, vocational training or employment opportunities and attain community reintegration. Proposers with experience in Housing Trust services must submit as part of its SOQ, a program narrative not exceeding two (2) pages demonstrating that Proposers meet the following experience.

A. Proposers must be able to demonstrate that they have developed affordable housing units over the past three (3) years through new construction, secured tenant-based certificates/vouchers or partnered with a housing developer/entity with affordable units;

B. Proposers must have a minimum of three (3) years of experience in providing onsite or scattered site supportive services in PSH;

C. Proposers must have a minimum of three (3) years of experience including, but not limited to:
   a. providing age appropriate integrated supportive services to at least one of the four (4) focal age groups as follows:
      - Families with children who are experiencing SED (ages 0 to 15);
      - TAY who are experiencing SED and/or SMI;
      - Adults with SMI, Axis I diagnosis (ages between 18 and 59); or
      - Older Adults with SMI, Axis I diagnosis (age 60 and older).
   b. working with individuals who are homeless/chronically homeless; and
   c. working with individuals who have co-occurring substance use disorders, and/or chronic primary health conditions.

D. Proposers must demonstrate that they have three (3) years of experience in obtaining/leveraging various funding resources to provide supportive services to individuals to those who were homeless and have transitioned into PSH. Such funding resources include federal, state, and other county funding streams such as Medi-Cal, Medicare, Substance Abuse, and Mental Health Services Administration grants, Department of Health Services Housing For Health, and community resources and organizational supports such as those from foundations and other philanthropic organizations; and

E. Proposers must provide evidence of working collaboratively with property management, housing developers and/or property owners to provide supportive services.

Appendix I, Revision 1, Statement of Qualifications Short Form

Appendix I, Revision 1, Statement of Qualifications (SOQ) Short Form, shall be deleted in its entirety and replaced with Appendix I, Revision 2. The following revision is being made to the SOQ Short Form:

1. 1c Fee-For-Service (FFS) Organizational provider was deleted;
2. Respite Care (In-home) shall be added as Service Category 3;
3. Housing Related Supportive Services shall be added as Service Category 4;
4. Housing Trust Fund Program shall be added as Service Category 4a;
5. Other housing and residential services besides Safe Havens Supportive Housing, Service Category 4 shall be deleted; and
6. 20a INN Evaluation Component (include a summary of an evaluation of a multi-site project) shall be deleted in its entirety and replaced with the following:

   "20a INN Evaluation Component (include a summary of an evaluation your agency completed of the impact a community based partnership on the community had as a whole or on specific individuals within the community)."

If you have already submitted an SOQ, for Respite Care (In-home) services, Housing Related Supportive Services, Housing Trust Program, INN, INN Evaluation Component, and would like to revise your SOQ based on Addendum No. 2, please submit a revised SOQ Short Form checking the appropriate boxes under Categories of Service, Target Group, and Service Area as soon as possible. Please submit an original and one copy (you do not need to submit required forms (Appendix A, Exhibits 1 – 12) or any insurance certificates unless DMH does not have current insurance certificates on file).

Except as provided by this addendum, all other terms and conditions of the RFSQ remain unchanged.

If you have any questions, please feel free to contact me at (213) 738-4684.

Sincerely,

Richard Kushi, Chief
Contracts Division

RK:OT:alm

Attachment (1)

c: Marvin J. Southard, D.S.W. (letter only)
Robin Kay, Ph.D. (letter only)
Margo Morales (letter only)
Dennis Murata, M.S.W. (letter only)
Deputy Directors (letter only)
District Chiefs (letter only)
Vincent Amerson (letter only)
James Sokalski (letter only)
Stephanie Reagan (letter only)

MENTAL HEALTH SERVICES ACT
STATEMENT OF QUALIFICATIONS SHORT FORM

Proposer Name: _____ Date: _____

If you currently have a mental health contract with the Department of Mental Health (DMH), you are eligible to file this Statement of Qualifications (SOQ) shortened form in response to DMH's Mental Health Services Act (MHSA) Request For Statement of Qualifications (RFSQ) No. DMH111505B1.

1. Please check the appropriate box if you are currently a DMH provider as a:
   - ☐ a. Legal Entity/Mental Health Services provider — Contract No: _____
   - ☐ b. Legal Entity/Institution for Mental Disease (IMD) — Contract No. _____
   - ☐ c. FFS individual or group provider — Contract No. _____
   - ☐ d. Consultant - please describe: _____ — Contract No. _____
   - ☐ e. Other - please describe_____ — Contract No. _____

2. Please check appropriate box pertaining to a Settlement Agreement with DMH.
   - ☐ **No**, I **do** not have a current Settlement Agreement with DMH.
   - ☐ **Yes**, I do have a current Settlement Agreement with DMH and I am aware that there is a moratorium on expansion and/or implementation of any new programs during the Settlement Agreement's repayment period and that any exemption from this penalty requires justification that this restriction will negatively impact planned program services.

3. Please check all categories of service where you have experience demonstrating that you meet the requirements under one or more of the following service categories as detailed in RFSQ Section 1.3.1. For categories 1, 2, 3, 4 and 4a, include a program narrative that does not exceed two (2) pages/per service category. For category 20a, include a summary of an evaluation your agency completed of the impact a community-based partnership had on the community as a whole or on specific individuals within the community:

   - ☐ 1. Full Service Partnerships (FSP)
   - ☐ a. FSP Enhanced Specialized Foster Care Mental Health Services
   - ☐ 2. IMD Step-down
   - ☐ 3. Respite Care (In-home)
   - ☐ 4. Housing Related Supportive Services
   - ☐ a. Housing Trust Fund Program

   (Categories of Service 1, 2, 3, 4 and 4a require program narratives)

   - ☐ 5. Peer support, peer counseling, and peer mentoring services
   - ☐ 6. Counseling, assessment, and other traditional mental health services (clinic and/or field-based)
   - ☐ 7. Alternative crisis services
   - ☐ 8. Bridging and support services
   - ☐ 9. Workforce training and development
   - ☐ 10. Drop-In Center (Transitional Age Youth (TAY) only)
   - ☐ 11. Housing – Emergency Vouchers and Project-based Subsidiaries (TAY only)
   - ☐ 12. Integrated Services for Co-Occurring MH & Substance Abuse Disorders (COD) (Children only)
   - ☐ 13. Probation Camp Services (TAY only)
   - ☐ 14. Wellness Centers/Client Run Centers
   - ☐ 15. Professional Development and Consultation Program for Integrated Services for COD and HIV/AIDS
   - ☐ 16. Older Adult Certificate Training Program
   - ☐ 17. Workforce Education and Training Plan (WET)
   - ☐ a. Regional Partnership
   - ☐ 18. Prevention and Early Intervention Plan (PEI)
   - ☐ 19. Under-Represented Ethnic Populations (UREP)
   - ☐ 20. Innovations (INN)
   - ☐ a. INN Evaluation Component **(include a summary of an evaluation your agency completed of the impact a community-based partnership had on the community as a whole or on specific individuals within the community)**

   (Categories 5 through 20 do not require program narratives)

MENTAL HEALTH SERVICES ACT
STATEMENT OF QUALIFICATIONS SHORT FORM

Proposer Name: _____ Date: _____

4. Please check all target age groups with whom you have recent experience. You will be considered only for target groups checked.
   - ☐ 1. Children (0 to15)
   - ☐ 2. TAY (16-25)
   - ☐ 3. Adults (25-59)
   - ☐ 4. Older Adults (60 Years +)

5. Please check all Service Areas where you provide services and those Service Areas where you do not currently provide services but have an interest in providing services. You will be considered only for service areas checked.
   - ☐ 1. Service Area 1
   - ☐ 2. Service Area 2
   - ☐ 3. Service Area 3
   - ☐ 4. Service Area 4
   - ☐ 5. Service Area 5
   - ☐ 6. Service Area 6
   - ☐ 7. Service Area 7
   - ☐ 8. Service Area 8
   - ☐ 9. Countywide

6. Proof of Insurance is attached to this SOQ - check appropriate boxes
   - ☐ a. Original certificate of insurance
   - ☐ b. 30-day notice of cancellation
   - ☐ c. Certificate of insurance with LA County as additional insured
   - ☐ d. AM Best Insurer Financial Rating not less than A

   6A. General Liability - check appropriate boxes
   - ☐ a. General aggregate $2 mil coverage
   - ☐ b. Products/Completed Operation aggregate $1 mil coverage
   - ☐ c. Personal and Advertising Injury $1 mil coverage
   - ☐ d. Each occurrence $1 mil coverage

   6B. Auto
   - ☐ a. Proof of insurance on ISO policy form CA 00 01 with a limit of liability of $1 million for each accident

   6C. Workers' Compensation - check appropriate boxes
   - ☐ a. Each accident $1 mil coverage/accident
   - ☐ b. Disease – policy limit $1 mil coverage
   - ☐ c. Disease – each employee $1 mil coverage
   - ☐ d. Letter stating no employees (if applicable)
   - ☐ e. Letter stating compliance with workers' compensation law for another state (if applicable)

   6D. Professional Liability - check appropriate boxes
   - ☐ Liability from any error, omission, negligent or wrongful act of the Contractor, its officers or employees with limits of not less that $1 million per occurrence and $3 million aggregate

   6E. Property Coverage
   - ☐ Such insurance shall be endorsed naming the County of Los Angeles as loss payee, provides deductibles of no greater than 5% of the property value, and shall be for the full replacement value of County-owned or leased property

7. Statement of Financial Viability
   - ☐ Yes, I am a financial viable company/organization, as defined in the RFSQ, that can continue in business through the term and can finance all costs of this contract for a period of sixty days at any time during the contract period.

8. Proposer is registered on the County's WebVen accessed at http://doingbusiness.lacounty.gov/main_db.htm or at http://camisvr.co.la.ca.us/webven/.

   - ☐ Yes, my WebVen Registration No. is: _____

MENTAL HEALTH SERVICES ACT
STATEMENT OF QUALIFICATIONS SHORT FORM

Proposer Name: _____ Date: _____

☐ Please check if you understand and agree that submission of this SOQ and the signed signature page of the Master Agreement/Amendment constitutes acknowledgement and acceptance of, and a willingness to comply with, all terms and conditions of Appendix H-A – Master Agreement/Amendment.

Please sign and attach to this Shortened SOQ service category narrative(s), Settlement Agreement justification (if applicable), and all required forms listed under the RFSQ's Appendix A, Exhibits 1 through 12.

On behalf of _____,
(Proposer's Name)

I _____ certify that all statements
(Name of Proposer's Authorized Official)

made in this SOQ submitted by my organization are true and complete to the best of my knowledge and belief. I understand that any false statement(s) of material facts or omissions may subject me to disqualification.

_____
Proposer Name:

_____
Authorized Official's Printed Name and Title:

_____ _____
Authorized Official's Signature: Date: