REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) NO. DMH030719B1
MENTAL HEALTH SERVICES ACT

ADDENDUM NUMBER THREE (3)

The Los Angeles County Department of Mental Health (DMH) is issuing Addendum Number Three (No. 3) to the Request for Statement of Qualifications (RFSQ) for Mental Health Services Act released on March 7, 2019 (BID #DMH030719B1).

The following revisions are being made to the RFSQ:

Section 1.1 Scope of Work, Paragraph A, shall be deleted in its entirety and replaced by the following:

A) Community Services and Supports (CSS) – MHSA Service Component
The CSS Plan provides a full array of mental health services, treatment and supports to individuals across the lifespan. These services are predicated on several fundamental commitments that include: (1) promoting recovery for all who struggle with mental health issues; (2) achieving positive outcomes for all who receive mental health services; (3) delivering services in culturally appropriate ways, honoring the difference within communities; and (4) ensuring that services are delivered in ways that address disparities in access to services, particularly disparities affecting ethnic and cultural communities.

The CSS Plan consists of six (6) focal areas:

1) Full Service Partnership Services (A.1)

2) Outpatient Care Services (A.2)
   • Transition-Age Youth Drop-In Centers (A.2.1)
   • Field-based and Client-based Mental Health Services and Supports (A2.2)
   • TAY Supported Employment Services (A.2.3)
   • Integrated Care Outpatient Programs (A.2.4)
   • Peer Run Centers, including Peer Run Respite Housing (A.2.5)
   • Wellness Services (A.2.6)
• Probation Camp Services (A.2.7)

3) **Alternative Crisis Services (A.3)**
   • Residential and Bridging (A.3.1)
   • Urgent Care Centers (A.3.2)
   • Enriched Residential Services (A.3.3)

4) **Planning, Outreach, and Engagement Services (A.4)**
   • Outreach and Engagement at the Service Area Level (A.4.1)
   • Outreach and Engagement of Underserved and Cultural Communities (A.4.2)

5) **Linkage to County-Operated Functions/Programs (A.5)**

6) **Housing Services (A.6)**
   • MHSA Housing Program (A.6.1)
   • Enhanced Emergency Shelter Program (A.6.2)

**Section 1.1 Scope of Work, Paragraph A.2,** shall be deleted in its entirety and replaced by the following:

**A.2 Outpatient Care Services**

Outpatient Care Services cross all age groups and include community-based, clinic-based, well-being and peer-run services geared toward reintegration into the community, including one or more of the following options:

- **A.2.1 Transition-Age Youth (TAY) Drop-In Centers:** Intended as entry points to the mental health system for TAY ages 16-25 who are living on the street or in unstable living situations. Drop-In Centers provide “low-demand, high-tolerance” environments in which youth can find temporary safety and basic supports (e.g. showers, meals, clothing, referrals, vouchers, etc). TAY accessing Drop-In Centers have an opportunity to build trusting relationships with staff persons who can, as the youth is ready and willing, connect them to the services and supports they need in order to work toward stability/recovery.
While Drop-In Centers are currently operated during normal business hours, MHSA funds are designated for the primary purpose of extending hours of operation and thus increasing access to basic supports through Outreach and Engagement activities.

A.2.2 Field-based and Clinic-based Mental Health Services and Supports: Outpatient services that are primarily provided in an outpatient clinic setting to a range of individuals who meet the criteria for Specialty Mental Health Services.

A.2.3 TAY Supported Employment Services: Assist and support mental health clients obtain and maintain competitive employment.

A.2.4 Integrated Care Outpatient Programs: Specialized mental health and primary care outpatient mental health services delivered in a team-based, integrated manner for clients with co-morbid mental health, primary care and, often, substance abuse conditions.

A.2.5 Peer Run Centers, including Peer Run Respite Housing: These programs are staffed and managed by clients in recovery from mental illness, with peer run centers providing an array of services that may include self-help support services, health navigation and housing support. Peer Respite housing are houses staffed by peers, operated 24 hours per day, 7 days per week providing an array of self-help support activities to individuals in need of short term respite housing for not greater than 30 days.

A.2.6 Wellness Services: Provide clients at higher stages of recovery who require less professional care and greater degrees of self-directed, peer support services geared toward community reintegration and an eventual exit from the formal mental health system. Activities, services and supports focus on relapse prevention, healthy living, maintaining or obtaining independent living and employment and wellness recovery action planning.

A.2.7 Probation Camp Services: Co-located mental health services and supports delivered on-site at the Probation Camps, delivered in conjunction with Juvenile Court Health Services and the Los Angeles County Office of Education services. Services, including medication support, case management, assessment and treatment including evidence-based individual and group therapy, including Aggression
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Replacement Treatment (ART), Adapted-Dialectical Behavior Therapy (DBT) and Seeking Safety (SS).

Appendix K – Statement of Qualifications (SOQ) Form shall be deleted in its entirety and replaced by the attached, revised Appendix K-3 – Statement of Qualifications (SOQ) Form.

Except for the revisions contained in this Addendum Number Three, there are no other revisions to the RFSQ. All other terms and conditions of the RFSQ remain in full force and effect.

Thank you for your interest in contracting with the County of Los Angeles.

Sincerely,

Management Analyst

c:  Jonathan E. Sherin, M.D., Ph.D.
    Gregory Polk
    Edgar Soto
    Vicki Kozikoujekian
    Stella Krikorian
    Otilia Holguin
REQUEST FOR STATEMENT OF QUALIFICATIONS
MENTAL HEALTH SERVICES ACT
STATEMENT OF QUALIFICATIONS (SOQ) CHECKLIST
RFSQ No. DMH030719B1

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<thead>
<tr>
<th>Proposer Name and Doing Business As (DBA) (if applicable):</th>
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<tbody>
<tr>
<td>Headquarter (HQ) Address:</td>
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<tr>
<th>Supervisorial District of HQ Address:</th>
<th>Service Area of HQ Address:</th>
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<tr>
<th>Name of Director, President or Chief Executive Officer:</th>
<th>Contact Number:</th>
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<td>E-mail Address:</td>
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<th>Date SOQ Submitted:</th>
<th>WebVen ID Number:</th>
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This serves as an application for the Mental Health Services Act Master Agreement. All details about this Request For Statement of Qualifications are available at:
- LACDMH - [https://dmh.lacounty.gov/contract-opportunities/](https://dmh.lacounty.gov/contract-opportunities/)
- LA County Doing Business With Us - [http://camisvr.co.ca.us/lacobids/BidLookUp/BidOpenStart.asp](http://camisvr.co.ca.us/lacobids/BidLookUp/BidOpenStart.asp)

To complete the Statement of Qualifications (SOQ), please check off all applicable boxes.

1. Please check the appropriate box if you are currently a DMH provider as a:

   - Legal Entity/Mental Health Services provider
   - Contract No. __________
   - Legal Entity/Institution for Mental Disease (IMD) provider
   - Contract No. __________
   - Fee-For-Service Individual or Group provider
   - Contract No. __________
   - Consultant provider - please describe: ___________ ___________
   - Contract No. __________
   - Other provider or N/A - please describe: ___________ ___________
   - Contract No. __________

2. Please check the 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 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 the appropriate box for your agency:

   - For Profit
   - Nonprofit
   - For Profit with a Nonprofit parent company or affiliate

4. Please check all target age groups with whom you have three (3) years’ experience within the last five (5) years. You will be considered only for the target age groups checked below.

   - Children (0-15)
   - Transition Age Youth (16-25)
   - Adults (26-59)
   - 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 below.

   - Service Area 1 (Antelope Valley)
   - Service Area 5 (West Los Angeles)
   - Service Area 2 (San Fernando Valley)
   - Service Area 6 (South Los Angeles)
   - Service Area 3 (San Gabriel Valley)
   - Service Area 7 (East Los Angeles)
   - Service Area 4 (Metro)
   - Service Area 8 (South Bay/ Harbor)
6. As referenced in the RFSQ, Section 1.1. (Scope of Work), below are the following MHSA Service Components and MHSA Infrastructure Components. Please check all categories of service where you have three (3) years’ experience within the last five (5) years.

### MHSA Service Component

**Community Services and Supports (CSS)**
The CSS Plan Consists of the following Six (6) Focal Areas

<table>
<thead>
<tr>
<th>Focal Areas</th>
<th>Full Service Partnerships</th>
<th>Outpatient Care Services</th>
<th>Alternative Crisis Services</th>
<th>Planning, Outreach and Engagement</th>
<th>Linkage</th>
<th>Housing</th>
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<td></td>
<td>Full Service Partnerships (FSP)</td>
<td>Transitional Age Youth (TAY) Drop-In Centers</td>
<td>Residential and Bridging</td>
<td>Outreach and Engagement at the Service Area level</td>
<td>Linkage to County Operated Functions/Programs</td>
<td>MHSA Housing program and other MHSA funded housing</td>
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<td>Field-based mental health services and supports and clinic-based mental health services and supports</td>
<td>Urgent Care Centers</td>
<td>Outreach and Engagement of Underserved and Cultural Communities</td>
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<td>Enhanced Emergency Shelter Program</td>
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<td>Service Categories</td>
<td>TAY Supported Employment Services</td>
<td>Enriched Residential Services</td>
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<td>Early Intervention</td>
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<td>Suicide Prevention</td>
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<td>Stigma and Discrimination Reduction</td>
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<td>Outreach for Increasing Recognition of Early Signs of Mental Illness</td>
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<td>Access and Linkage to Treatment</td>
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<th>MHSA Service Component</th>
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<td>Innovations (INN)</td>
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<th>MHSA Infrastructure Components</th>
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<td>Capital Facilities and Technological Needs</td>
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<td>Workforce Education and Training</td>
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<th>Evaluation</th>
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<td>Evaluation of MHSA Funded Programs</td>
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Please sign and attach to this SOQ Short Form the Settlement Agreement justification (if applicable) and all required forms listed under the RFSQ's Section 2.7 (Preparation and Format of the SOQ) and Section 2.8 (SOQ Submission). Incomplete forms or forms lacking necessary documentation will not be considered.

☐ I hereby acknowledge and confirm understanding that the submission of this SOQ constitutes acknowledgement and acceptance of, and willingness to comply with all terms and conditions of Appendix H – MHSA Master Agreement should a contract be eventually awarded by the County to provide services. Neither the RFSQ not this SOQ constitutes a Request for Proposal, Request for Services/Work Order solicitation or an offer of a contract.

On behalf of ______________________

I, ____________________________________________, certify that all statements 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 be subject to disqualification.

Submitted by: ________________________________

Print Name and Title of Authorized Agency Representative

Signature of Authorized Agency Representative

SOQ Submission Date