



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

Curley L. Bonds, M.D.
Chief Medical Officer

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 (A.2.2)
- 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**

Proposer Name and Doing Business As (DBA) (if applicable):	
Headquarter (HQ) Address:	
Supervisorial District of HQ Address:	Service Area of HQ Address:
Name of Director, President or Chief Executive Officer:	Contact Number: E-mail Address:
Date SOQ Submitted:	WebVen ID Number:

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/>
- LA County Doing Business With Us - <http://camisvr.co.la.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:

- | | |
|-------------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Legal Entity/Mental Health Services provider | Contract No. _____ |
| <input type="checkbox"/> Legal Entity/Institution for Mental Disease (IMD) provider | Contract No. _____ |
| <input type="checkbox"/> Fee-For-Service Individual or Group provider | Contract No. _____ |
| <input type="checkbox"/> Consultant provider - please describe: _____ | Contract No. _____ |
| <input type="checkbox"/> 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.

- | | |
|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Children (0-15) | <input type="checkbox"/> Adults (26-59) |
| <input type="checkbox"/> Transition Age Youth (16-25) | <input type="checkbox"/> 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.

- | | |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Service Area 1 (Antelope Valley) | <input type="checkbox"/> Service Area 5 (West Los Angeles) |
| <input type="checkbox"/> Service Area 2 (San Fernando Valley) | <input type="checkbox"/> Service Area 6 (South Los Angeles) |
| <input type="checkbox"/> Service Area 3 (San Gabriel Valley) | <input type="checkbox"/> Service Area 7 (East Los Angeles) |
| <input type="checkbox"/> Service Area 4 (Metro) | <input type="checkbox"/> Service Area 8 (South Bay/Harbor) |

**REQUEST FOR STATEMENT OF QUALIFICATIONS
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6. As referenced in the RFSQ, Section 1.1. (Scope of Work), below are the following MHA Service Components and MHA Infrastructure Components. Please check all categories of service where you have three (3) years' experience within the last five (5) years.

MHA Service Component						
Community Services and Supports (CSS)						
The CSS Plan Consists of the following Six (6) Focal Areas						
Focal Areas	Full Service Partnerships	Outpatient Care Services	Alternative Crisis Services	Planning, Outreach and Engagement	Linkage	Housing
Service Categories	<input type="checkbox"/> Full Service Partnerships (FSP)	<input type="checkbox"/> Transitional Age Youth (TAY) Drop-In Centers	<input type="checkbox"/> Residential and Bridging	<input type="checkbox"/> Outreach and Engagement at the Service Area level	<input type="checkbox"/> Linkage to County Operated Functions/ Programs	<input type="checkbox"/> MHA Housing program and other MHA funded housing
		<input type="checkbox"/> Field-based mental health services and supports and clinic-based mental health services and supports	<input type="checkbox"/> Urgent Care Centers	<input type="checkbox"/> Outreach and Engagement of Underserved and Cultural Communities		<input type="checkbox"/> Enhanced Emergency Shelter Program
		<input type="checkbox"/> TAY Supported Employment Services	<input type="checkbox"/> Enriched Residential Services			
		<input type="checkbox"/> Integrated Care Outpatient Programs				
		<input type="checkbox"/> Peer Run Centers, including Peer Run Respite Housing				
		<input type="checkbox"/> Wellness Services				
	<input type="checkbox"/> Probation Camp Services					

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 MENTAL HEALTH SERVICES ACT
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<u>MHSA Service Component</u>		
Prevention and Early Intervention (PEI)		
The PEI Plan Consists of the following Six (6) Focal Areas		
<input type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Suicide Prevention
<input type="checkbox"/> Stigma and Discrimination Reduction	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness	<input type="checkbox"/> Access and Linkage to Treatment

<u>MHSA Service Component</u>	
Innovations (INN)	
<input type="checkbox"/> Innovations (INN)	

<u>MHSA Infrastructure Components</u>	
<input type="checkbox"/> Capital Facilities and Technological Needs	<input type="checkbox"/> Workforce Education and Training

<u>Evaluation</u>	
<input type="checkbox"/> Evaluation of MHSA Funded Programs	

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 nor this SOQ constitutes a Request for Proposal, Request for Services/Work Order solicitation or an offer of a contract.

On behalf of _____,
 (Proposer's Name)

I, _____, certify that all statements made in this SOQ
 (Name of Proposer's Authorized Official)

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