**ATTACHMENT II**

**MOBILE CRISIS OUTREACH TEAMS METRO PROPOSAL**

**1.0 INSTRUCTIONS**

Provide your organization’s complete responses in the following text entry fields below.

**2.0 PROPOSER CONTACT**

Proposer shall identify a primary point of contact as part of its Proposal as follows: Organization Name: Click or tap here to enter text.

Headquarters

Address: Click or tap here to enter text.

Click or tap here to enter text.

Organization

Website: Click or tap here to enter text. Principal Point of Contact:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Click or tap here to enter text. Email Address: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

* 1. **PROPOSAL**

# Proposer's Minimum Mandatory Qualifications (MMQ)

# Failure to substantiate ALL MMQs will immediately disqualify the proposal from further review.

* + 1. Must have a minimum of five years’ experience (within the last seven years) delivering field-based, face-to-face behavioral health care services (suicide, mental health, and/or substance use related) in community-based settings (i.e. non-facility). At least one clinician team member must be Lanterman-Petris-Short (LPS) certified or be able to become LPS certified prior to beginning work under the Contract.

Narrative:

Click or tap here to enter text.

**Please provide a brief description of experience and provide either business documentation, contracts, and/or service pamphlets that substantiate this requirement. Submissions must clearly show five years’ experience.**

* + 1. Must have an electronic health record (eHR).

**Please provide a copy of eHR/IT contract, including its term. A letter from the IT contractor verifying this contract and term is also acceptable.**

* + 1. Must have at least one licensed mental health care professional capable of billing/claiming Medi-Cal crisis intervention services.

**Please provide a listing of licensed professional(s) and copies of their licensure to substantiate this requirement.**

* + 1. Must have medical consultation support staff.

**Please provide a staff roster with licensure information.**

* + 1. If Proposer’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

**Submission is not necessary. DMH will verify this requirement.**

G. The Department will review the County’s Contractor Alert Reporting Database (CARD), reflecting past performance history on County contracts. This review may result in disqualification if there are current, uncured/outstanding items on CARD.

**Submission is not necessary. DMH will verify this requirement.**

* 1. **References**

Please provide three signed letters of references where the same or similar scope of services were provided as referenced in the Statement of Work, Mobile Crisis Outreach Teams. The Department of Mental Health shall not be used a reference. Letters shall not exceed one page.

Proposer will be evaluated on the verification of references provided.

# Cost Proposal

Using the attached budget template (Attachment II – Proposal Budget Template), provide an estimated annual budget for the provision of MCOT Metro services included in the Statement of Work.

The maximum allowable indirect cost is 15% of the direct costs.

Please note: If/when a contract is awarded, LACDMH shall request and work with awardee to develop provisional rates for these services.

* 1. **Financial Viability**

Attach copies of the organization's most current and prior two years' financial statements (for example 2020 and 2021). Financial statements should include the company’s assets, liabilities, and net worth. At a minimum, include the Balance Sheet (Statement of Financial Positions), Income Statement (Statement of Operations), and the Retained Earnings Statement. If audited statements are available, these should be submitted. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential if so stamped on each page.

If/when Proposer does not meet this financial viability assessment, a corrective action plan (CAP) may be requested to address this deficiency. If the requested CAP is not received by the due date provided, the proposal may be deemed non-responsive and may be disqualified completely.

**Proposer's Declaration and Signature**

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with this proposal, the proposal may be rejected. The evaluation and determination in this area shall be at the Department Head's sole judgment, which shall be final.

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROPOSER/AGENCY NAME:** | | | | | | | **COUNTY WEBVEN NUMBER:** |
| **ADDRESS:** | | | | | | | |
| **PHONE NUMBER:** | | | **E-MAIL:** | | | | |
| **INTERNAL NUMBER:** | **REVENUE** | **SERVICE** | | **EMPLOYER** | **IDENTIFICATION** | **CALIFORNIA BUSINESS LICENSE NUMBER:** | |
| **PROPOSER’ AUTHORIZED OFFICIAL - NAME AND TITLE (PRINT):** | | | | | | | |
| **SIGNATURE** |  |  | |  |  |  | **DATE** |