



SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Alan Yamamoto, LCSW, Director

1131 Community Parkway • Hollister, CA 95023 • Phone: 831-636-4020

Date: Tuesday, March 6, 2022
To: All Contractors Submitting Proposal Packages for RFP #BH22-001 for Youth Services
From: Juan Gutierrez-Cervantes, Staff Analyst
Subject: Addendum No. 4

This Addendum No. 4 consists of **PRELIMINARY QUESTIONS/WRITTEN RESPONSES** for RFP #BH-2101 for Youth Services

- This acknowledgement signature page of Addendum No. 4 must be submitted with your proposal package.
- If this acknowledgement signature page is not submitted with your proposal package, your entire proposal package may be considered non-responsive.

RECEIPT IS HEREBY ACKNOWLEDGED OF ADDENDUM No. 4, RFP #BH22-001

Authorized Company Signature

Printed Name and Title

Company Name

Date



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Question #	Question	San Benito County Behavioral Health Response
1	<p>I came across your flyer requesting proposal for Youth Services and was wondering if you could give me more information about what it is that you are looking for.</p>	<p>Our department is looking for an CONTRACTOR to provide prevention and early intervention (PEI) services to youth in our county. We are searching for a provider to implement ongoing facilitation of peer-to-peer support groups at assigned local elementary, middle schools, and high schools, as well as provide implementation and ongoing facilitation of family-to-family support groups to family members. The CONTRACTOR shall integrate PEI project activities with ongoing school activities, and with after-school activities. The CONTRACTOR should use an evidence-based curriculum that consists of male and female Latino(A)/Youth development and leadership enhancement programming.</p> <p>The CONTRACTOR is expected to provide a culturally based program designed to work with youth in the development of life skills, cultural identity, positive character, and leadership skills. Additional focus and outcomes of program implementation shall emphasize providing mentoring and leadership to youth who are considered at risk of using drugs, at risk for mental illness, and poor academic achievement because of mental health issues.</p> <p>For the school-based services, the CONTRACTOR will provide mental health screening using the Mental Health Screening Tool (MHST). After the use of the screening tool and if it is determined that symptoms are mild to moderate, the CONTRACTOR will provide brief supportive counseling for those youth/children with mild to moderate symptoms. If symptoms cannot be resolved at the lower supportive counseling level offered, a referral to the COUNTY will be made for continued mental health services. The CONTRACTOR will follow-up to ensure appropriate linkage to services has been provided when needed.</p> <p>The CONTRACTOR will also have one (1) licensed or licensed waived clinician who will provide availability of after-hours/evening hours to allow for appointments for individuals and/or implementation of group therapy/support. The licensed or waived clinician evening services shall total a maximum of up to twelve hours and thirty minutes (12.5 hours) per week and shall occur within a period of three (3) evenings per week. The location of Clinician appointments availability and /or group activities shall be at the CONTRACTOR facility located within the County of San Benito.</p>



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		The CONTRACTOR, through the implementation of the contract identified PEI project components shall build collaboration between the schools, health services, preschools, community organizations, probation, and mental health services.
2	If this is an active contract, which agency has it currently?	Yes, this is a current contract in the department. Hollister Youth Alliance is the current provider for these services.
3	Do you know which schools will be served by this contract?	The schools currently being targeted in this contract are all the rural schools, San Benito High School, and Maze Middle School. However, the assigned schools may change depending on the need of the schools.
4	Is this involving Medi-Cal billing? If not, what is the source of the funds?	No, Medi-Cal billing will not be required as this is a Prevention & Early Intervention service which is funded fully by our Mental Health Services Act funds
5	On the 1:1 counseling done by Case Managers. Are they expected to be clinicians or are they Case Management Support?	The supportive counseling that is expected is to be performed by the Case Managers and do not have to be done by clinicians. This is a supportive service and not meant to serve as a therapy support.
6.	Are Case Manager and Therapist credentials expected to align with state standards or not?	We have no specific credentialing criteria for Case Managers. We do expect the align with state expectations of credentialing for clinical staff. Therapists can be a Licensed Marriage & Family Therapist or a Licensed Clinical Social Worker, or an Associate Marriage & Family Therapist or Associate Clinical Social Worker.
7.	Can a 2 nd year student be allowed to provide services?	No, because we only expect Associate or Licensed level clinicians, the 2 nd year students do not meet that criteria.
8.	Is there a County Credentialing process that needs to be completed?	We trust the contractor does their own credentialing process. When submitting an Organizational Chart, the license number on the Therapist should be listed there and we will be able to verify credentialing on our end at that point.



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9.	Are the services being rendered, whether they are Case Management or direct, are they Fee-For-Service or is the expectation that we are going to leverage third party coverage like Medi-Cal? Are you going to accept the rates that we charge?	This is a prevention program so Medi-Cal will not be billed for services. The Contractor will have to write on the fiscal sheet that is required to submit what the charging rate is. Once a contractor is selected, a further negotiation can be discussed depending on the proposal. For the most part, it is a set amount that aligns with services that are provided and ties with the goals outlined in the contract.
10.	Case Management lists 2 FTE's and the clinician is listed as hours. Based off the number of client hours, is the clinician position expected to be ½ FTE or a full-time person?	We are looking at 12.5hrs per week, which is about .3FTE. We do have 2 FTE per Case Managers, but expectation is that those FTE's are to provide service to all assigned schools. When submitting budget spreadsheet, you will incorporate any other administrative fees beyond the 12.5hrs per week.
11.	Will Behavioral Health be pulling back services, or are they going to retain assigned schools and therefore BH will be assigning the schools.	Behavioral Health is not decreasing services. However, this contract is being envisioned as Case Managers providing services to rural schools primarily. Behavioral Health will be assigning the schools individually and any other exceptions may be given at any point.
12.	Whether or not we currently have involvement or current MOU with rural schools, we will just be enhancing services or paying through services through additional funding stream?	As part of Behavioral Health Youth Services contract, individual MOU's will not be required. As a contractor of Behavioral Health, there will not need to be a need to create an MOU as this will already be in place with Behavioral Health. Whatever MOU a contractor may have had with schools, it would have been outside of this scope so this will be an individual contracted service.
13.	With the schools that will be contracted, is there a possibility to remain in schools where existing partnerships are underway? Will presence at San Benito High School be reduced to increase services in Rural Schools	Without getting into detail on current services being provided, SBHS will probably be another school being targeted through this contract. Rural schools are the focus but other locations may be added as needed. School assignments can be discussed once a contract is awarded.



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14.	Are there any exclusionary categories of youth that can be served?	Youth to be served are those who attend the assigned schools. A list of schools will be provided to the contracted agency to reference. Case Management will be provided to specific assigned schools, and the Clinical services can be provided to youth at any of the schools we service which will be on the approved school list.
15.	If a youth has been identified under the IRMS program 3632 program, are those excluded since they are managed by the district?	This contract is for prevention service. Because some youth already have an IEP and may be receiving services through the schools or other agencies, they will not be eligible for these services.
16.	In section 5.3.2.1, it states contractor needs to provide evidence to conduct business in California. What documentation is needed?	A California Business license or letter of Incorporation.
17.	In Section 5.3.2.8, it asks for a technical proposal. Can you walk us through what that means? And is there a page limit?	This would be a mini business plan describing how your agency is going to execute what we are listing in our scope of work. Describe how the implementation is going to look like on your end. It can be as long as needed to clearly describe what is needed.
18.	In section 5.3.2.1.7 it references a description on ability to demonstrate ability to apply State training and technical assistance.	An example would be Cultural Competence that is required by the state. You should demonstrate the ability to provide required information and training to staff. Behavioral Health can help by inviting contractors to trainings held for Behavioral Health staff as well.
19.	Will the CANS be required as part of an assessment?	No, this contract will only require a PHQ-9 and GAD-7. Contractors can add any other tool they see fit but won't be required as part of this contract.
20.	Do services have to be provided at the contractor facility? Can arrangements be made to provide services at a site that is closer to the clients?	The specifics on that can be negotiated once the contract has been awarded.



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21.	To submit an implementation plan seems to duplicate questions in the proposal narrative. Can you please clarify?	The proposal narrative is the County's expectations. The narrative will be the contractor explaining how they intend to implement what the County is asking. It will be more of an implementation plan.
22.	Is the budget intended to be annual? Or for the entire three-year initial period?	The budget can be a detailed budget that encompasses the 3 years, identifying the costs associated with each year.
23.	Would you be able to help me understand what "Fully executed federal subrecipient risk assessment questionnaire" means on the Submittal Checklist? Is this something you can provide to us? Or can it be submitted without it?	Because the risk assessment was not included in the RFP packet, we will not be requiring it to be submitted. No penalties will be applied to applicants as a result.