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| **Request for Qualifications # 2020-BH02**  **Solano County Health & Social Services**  **Behavioral Health Division**  **EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)**  **MENTAL HEALTH SERVICES FOR YOUTH AGES 6-21** | |
| **ATTACHMENT B - Qualifications and Program Narrative** | |
| **Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Section 1: Qualifications and Experience — 50 Points**  **Instructions: Please complete Questions 1-7 one-time for each Outpatient Program submissions. 5-page Maximum for Questions 1-7** | |
|  | **Please describe your organizational background.** Please include:   * Organizational history * Years in business performing services to youth with a serious mental illness * Experience in providing treatment to youth with a wide variety of Mental Health needs.   Experience in linking consumers to services i.e. long-term mental health services, substance abuse services, eligibility services, general assistance, etc. |
|  | **Describe your organization’s infrastructure related to the maintenance of medical records or program clinical records**; i.e. electronic health record (EHR), database system, or other method. Describe how you ensure the security of protected health information (PHI). |
|  | **Describe your organization’s infrastructure related to data and performance outcome tracking.** |
|  | **Describe any experience engaging in quality improvement processes that may include voluntary performance improvement plans and/or plans of correction to address performance issues.** |
|  | **Describe information related to contract sustainability including organization’s infrastructure to support the program if awarded the contract.** Please include:   * Administrative, management and supervisory infrastructure specifically focused on programmatic deliverables including clinical oversight. * Provide information regarding agency contracts that were terminated due to poor performance and the context surrounding the performance issues. |
|  | **Provide the name and title of the individual responsible for fiscal management and cost control. Describe this person’s training, experience, and tenure in this position.** |
|  | **Describe the fiscal and operational infrastructure and experience to support this program. This** may include number of employees in leadership and the fiscal department, tenure of each employee, and any relevant information that supports the depth and breadth of the fiscal and operational infrastructure of the organization. Infrastructure should be described within the context of the proposer’s entire set of business that relies upon that infrastructure. |

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| **Section 2: Program Narrative – 40 Points**  **Instructions:** Complete one (1) **Section 2** Program Narrative for **EACH** outpatient component that you are applying for (up to 2 Program Narratives total). 8 pages maximum for Questions 1-13 for **EACH** component | |
| **Check only one of the proposed EPSDT programs below:**   * Outpatient Counseling * Therapeutic Visitation Services | |
|  | **Describe the proposed program that meets the requirements of this RFQ. This description shall include the following:**   * + - The name of the proposed program and how specifically this program will address the needs of the target population of this RFQ;     - An estimate of how many clients will be served each year of the contract; and how that estimate was determined. |
|  | **Describe the proposed program including the specific activities performed by personnel hired through this proposed program.**   * + - Mental health assessments;     - Mental health treatment;     - Case coordination. |
|  | **Identify evidence-based practices (EBP) or specific models that will be utilized in the program.** |
|  | **Identify what validated instruments will be utilized, and cycle of administration, to determine that the services provided made a positive impact. Include copies of instruments to be used.** |
|  | **List the goals and intended outcomes of the proposed program, how they will be measured, and the timeframe for accomplishing the goals and outcomes.** |
|  | **Describe how individuals will access EPSDT services. Clearly state the proposed access points for the program.** |
|  | **How the program will demonstrate cultural and linguistic competence as outlined in the national Culturally and Linguistically Appropriate Services (CLAS) standards;**   * + Describe how the program will ensure that the cultural and linguistic needs of consumers will be met including strategies to meet the needs of Spanish-speaking (Solano County threshold language) and Tagalog-speaking populations.   + Provide a plan for providing appropriate services to lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ) adults.   Include a program staff roster that exhibits the cultural diversity of staff reflecting the community served. |
|  | **A Staffing Plan to include the number of personnel needed for the proposed program.** |
|  | **Describe any training that will be provided for program personnel related to addressing the needs of the target population, compliance, cultural competency, crisis intervention, etc.** |
|  | **Describe the program implementation plan which should illustrate the critical steps needed to start the proposed program and to identify any challenges associated with implementation.** |
|  | **How the proposed vendor will ensure the security of protected health information (PHI)** |
|  | **How the proposed vendor will ensure adequate contract oversight and supervision of program personnel to include:**   * + Describe how the contract will be managed to ensure contract deliverables are met.   + Describe how the clinical staff providing direct care will be supervised and supported. |
|  | **Other relevant information that demonstrates that proposed vendor is specifically qualified to provide the services being solicited in this RFQ.** |