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**Request for Proposals #2019-BH02:**

**Solano County Health & Social Services:**

**Behavioral Health Division**

**Mobile Crisis Services**

# **ATTACHMENT B: QUALIFICATIONS AND PROGRAM NARRATIVE**

MAXIMUM FIFTEEN (15) PAGES

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|  | | **Qualifications & Experience** |
|  |  | **Provide a description for each of the following:** |
| **1** | **a** | Proposer’s background or organizational history |
|  | **b** | Tenure of Current Leadership team |
|  | **c** | Years in business performing community mental health services, emphasizing experience with community-based crisis intervention services |
|  | **d** | Experience coordinating care and working collaboratively with community partners including other mental health providers, schools, law enforcement, emergency rooms, etc. |
| **2** |  | Organization’s infrastructure related to the maintenance of medical records, clinical records, and other data associated with performance outcome tracking and quality improvement. Infrastructure should be described within the context of the proposer’s entire set of business that relies upon that infrastructure. |
| **3** |  | Organization’s experience engaging in quality improvement processes that may include performance improvement activities and/or plans of correction to address performance issues. Infrastructure should be described within the context of the proposer’s entire set of business that relies upon that infrastructure. |
| **4** |  | Information related to contract sustainability, including organization’s infrastructure to support the program if awarded the contract. This includes administrative, management and supervisory infrastructure specifically focused on programmatic deliverables and clinical oversight. |
|  | **a** | Provide information regarding agency contracts that were terminated due to poor performance and the context surrounding the performance issues. |
| **b** | A statement as to whether there is any pending litigation against the Proposer. |
| **5** |  | A list, if any, of all current contractual relationships with the County of Solano and all those completed within the previous five-year period the list must include:   * Contract number * Contract term * Core service/s being delivered * Description of any corrective action plans that have been in place for any of the associated contracts.   (NOTE: Current or prior contracts with the County are NOT a prerequisite to being awarded the maximum available points for the Proposer Qualifications and Experience category.) |

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|  | | **PROGRAM NARRATIVE** | |
|  |  | **Provide a response or description for each of the following:** |  |
| **1** |  | The name of the proposed program and a brief 4-6 sentence description of the overall program and its approach to the core service delivery. |  |
| **2** |  | Evidence-based practices (EBP) or specific models of intervention that will be utilized in the program, including the training and oversight of fidelity to the models. |  |
| **3** |  | Plans for coordination with Law Enforcement, hospitals, CSU, and other mental health agencies. |  |
| **4** |  | Validated instruments that will be utilized in service delivery or outcome measurement and the cycle of administration.  **Include copies of instruments to be used as an Attachment.** |  |
| **5** |  | Goals and intended outcomes of the proposed program, how they will be measured, and the timeframe for accomplishing the goals and outcomes. |  |
| **6** |  | Describe how individuals will access services, including technology and other logistical issues. Clearly state the proposed access points for the program and the mechanisms for operation. |  |
| **7** |  | Describe the methodology to be used for telephone screening, intervention, and subsequent triage for in-person service delivery. Include strategies for prioritization and when there is demand that is greater than the existing staffing. |  |
| **8** |  | Describe how the program will demonstrate cultural and linguistic competence outlined in the National CLAS Standards. |  |
| **9** |  | Describe the staffing model and how the staff are appropriate to the service delivery planned. |  |
| **10** |  | Describe how staff with lived experience (consumer or family) will participate in the delivery of services. |  |
| **11** |  | Outline the training that will be provided for program personnel related to crisis evaluation, de-escalation crisis intervention, suicide prevention, compliance, cultural competence, HIPAA, etc., and any other aspects of service delivery. |  |
| **12** |  | Describe leadership or supervisory staff dedicated to ensuring adequate contract oversight and supervision of program personnel. For staff not fully dedicated to this project, describe the scope of their responsibilities. |  |
| **13** |  | Provide a detailed program implementation plan to include time frames and milestones. This should include but not be limited to: the critical pre-implementation steps needed to start the proposed program; approach to identify and respond to any anticipated challenges associated with implementation; and the indicators of readiness and strategies spread implementation across the county. |  |