Los Angeles County Department of Mental Health

Request for Statement of Qualifications (RFSQ)

For

Mental Health Services Act (MHSA)

Master Agreement

RFSQ No. DMH030719B1
Accessing The Solicitation Documents

https://dmh.lacounty.gov
# OPEN SOLICITATIONS

Request for Statement of Qualifications (RFSQ) for Mental Health Services Act (MHSA)
RFSQ No. DMH030719B1 (Open date: 03/07/2019 Close date: Open and Continuous)

<table>
<thead>
<tr>
<th>Release memo – RFSQ MHSA</th>
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<td>1. RFSQ – MHSA</td>
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<td>2. Appendix A – Required Forms (Exhibits 1-14)</td>
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<td>3. Appendix B – Transmittal Forms to Request a Solicitation Requirements Review</td>
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<td>4. Appendix C – G – County Policies</td>
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<td>5. Appendix H – Sample MHSA Master Agreement and MHSA MA Exhibits (A – L)</td>
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<td>6. Appendix I – Background and Resources: California Charities Regulation</td>
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<td>7. Appendix J – Defaulted Property Tax Program</td>
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<td>8. Appendix K – Statement of Qualifications (SOQ) Form</td>
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<td>9. Addendum One – MHSA RFSQ Proposers’ Questions and Answers</td>
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https://dmh.lacounty.gov/contract-opportunities/open-solicitations/
The Los Angeles County Department of Mental Health (LACDMH) is issuing this Request for Statement of Qualifications (RFSQ) to enter into Master Agreements with qualified entities to provide an array of services that use Mental Health Services Act (MHSA) funding for LACDMH.

Services funded through MHSA must be client-centered, family-focused, community-based, linguistically and culturally competent and provided in an integrated manner.

THERE IS NO FUNDING ALLOCATION FOR THE MHSA MASTER AGREEMENT
### MHSA Master Agreement Term

<table>
<thead>
<tr>
<th>Effective Date</th>
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<tr>
<td>Upon Execution to June 30, 2027</td>
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### Extension

The County shall have the sole option to extend the Master Agreement term for up to two (2) additional one-year periods, through June 30, 2029, for a maximum total Master Agreement term of ten (10) years.
## MHSA Components

<table>
<thead>
<tr>
<th>MHSA Service Components</th>
<th>Infrastructure Components</th>
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<tbody>
<tr>
<td>• Community Services and Supports (CSS)</td>
<td>• Capital Facilities and Technological Needs</td>
</tr>
<tr>
<td>• Prevention and Early Intervention (PEI)</td>
<td>• Workforce Education and Training</td>
</tr>
<tr>
<td>• Innovations (INN)</td>
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RFSQ Section 1.1
Minimum Mandatory Qualifications

Proposer must have a minimum of three (3) years of experience within the last five (5) years providing mental health services as described in Section 1.1 (Scope of Work).

Submit three (3) signed letters of reference to substantiate Proposer’s experience.

Letters of Reference must be labeled as “Attachment I – MMQ.” LACDMH shall not be used as a reference.

RFSQ Section 1.4
Minimum Mandatory Qualifications (cont.)

WebVen Registration

Register in the County’s WebVen at http://camisvr.co.la.ca.us/webven/

Provide a copy of the WebVen Identification Number as “Attachment II - MMQ”.

What is WebVen

The WebVen contains the Proposer’s business profile and identifies the goods/services the business provides.
Minimum Mandatory Qualifications (cont.)

Debarment Lists

- Proposer must not be on the Listing Of Contractors Debarred In Los Angeles County
- Proposer must not be on the Office of Inspector General (OIG) Health and Human Services (HHS) List of Excluded Individuals/Entities
- LACDMH will verify to ensure Proposer is not on either list.


www.oig.hhs.gov/fraud/exclusions.asp

RFSQ Section 1.4
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 (6) 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.

**LACDMH will verify to ensure Proposer does not have disallowed costs and/or resolved disallowed costs.**
Preparation and Format of the Statement Of Qualifications (SOQ) (Proposal)

All SOQs must be bound (e.g., 3-ring binder) and submitted with tabbed sections labeling each part of the SOQ as specified throughout section 2.7 of the RFSQ.

Cover Page - The cover page shall identify the document as a SOQ stating “RFSQ – Mental Health Services Act – SOQ”, SOQ submission date, and the Proposer’s name.

RFSQ Section 2.7
The content and sequence of the SOQ (Proposal)

- Transmittal Letter
- Table of Contents
- Minimum Mandatory Qualifications
- Proposer’s Qualifications (Section A)
- Required Forms (Section B)
- Proof of Insurability (Section C)
- Proof of Licenses (Section D)
Transmittal Letter

The transmittal letter must be printed on the Proposer’s Letterhead and include the following information for the contact person and the Proposer’s authorized representative:

- The Proposer’s legal name and “Doing Business As” (DBA)
- Headquarter address
- Telephone number
- E-mail address
- Facsimile number

The transmittal letter must bear the signature of the person authorized to sign on behalf of the Proposer and to bind the Proposer in the MHSA Master Agreement.

RFSQ Section 2.7.1
The Table of Contents must be a comprehensive listing of material included in the SOQ. This section must include a clear definition of the material, identified by sequential page numbers and by section reference numbers.
Section A - Proposer’s Qualifications

Demonstrate that the Proposer’s organization has the experience to perform the required services. The following sections must be included:

**Proposer’s Background and Experience**

- Complete the Proposer’s Organization Questionnaire/Affidavit and CBE Information – Exhibit 1 in Appendix A.
- Maximum 5 page summary of relevant background information to demonstrate the proposer meets the MMQs and has the capability to perform the required services.
- Complete Appendix K
  Statement of Qualifications (SOQ) Form

**Required Supportive Documents**

- **Corporation or LLC**
  Certificate of Good Standing and Statement of Information
- **Limited Partnership**
  Certificate of Limited Partnership

RFSQ Section 2.7.3 A.1
## Section A - Proposer’s Qualifications (cont.)

<table>
<thead>
<tr>
<th>A.2 Proposer’s References</th>
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<tbody>
<tr>
<td>• Letters of Reference – 3</td>
</tr>
<tr>
<td>• Required Forms (Appendix A):</td>
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<tr>
<td>• Exhibit 6 (Prospective Contractor References),</td>
</tr>
<tr>
<td>• Exhibit 7 (Prospective Contractor List of Contracts),</td>
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<td>• Exhibit 8 (Prospective Contractor List of Terminated Contracts)</td>
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<tr>
<th>A.3 Proposer’s Pending Litigation and Judgments</th>
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<tr>
<td>• Identify by name, case number, and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer.</td>
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</table>
Section B – Required Forms

SOQs must include completed, signed, and dated forms as provided in Appendix A – Required Forms (Exhibits 1-14)

- Exhibit 1 Proposer’s Organization Questionnaire/Affidavit and CBE Information
- Exhibit 2 Certification of No Conflict of Interest
- Exhibit 3 Proposer’s Equal Employment Opportunity (EEO) Certification
- Exhibit 4 Request for Preference Program Consideration
- Exhibit 5 Familiarity with the County Lobbyist Ordinance Certification
- Exhibit 6 Prospective Contractor References
- Exhibit 7 Prospective Contractor List of Contracts
- Exhibit 8 Prospective Contractor List of Terminated Contracts
- Exhibit 9 Attestation of Willingness to Consider GAIN/GROW Participants
- Exhibit 10 Contractor Employee Jury Service Program Certification Form and Application for Exception
- Exhibit 11 Charitable Contributions Certification
- Exhibit 12 Certification of Compliance with the County’s Defaulted Property Tax Reduction Program
- Exhibit 13 Zero Tolerance Policy on Human Trafficking Certification
- Exhibit 14 Compliance with Fair Chance Employment Hiring Practices Certification

RFSQ Section 2.7.4
Section C – Proof of Insurability

For the purposes of this RFSQ, County is waiving the insurance requirements contained in Appendix H – Sample Master Agreement, sub-paragraphs 8.23 – General Provisions for all Insurance Coverage and 8.24 – Insurance Coverage until Proposer is awarded a contract.

Proposer must attest in Section C, Proposer will comply with the insurance requirements contained in Appendix H – Sample Master Agreement, sub-paragraph 8.22 and that Proposer shall procure, maintain, and provide to the County proof of insurance coverage for all the programs of insurance along with associated amounts specified in Appendix H – Sample Master Agreement, sub-paragraphs 8.23 and 8.24 should the Proposer be selected/awarded a contract through a Request for Services or Work Order Solicitation.

RFSQ Section 2.7.5
Section D – Proof of Licenses

Furnish a copy of all applicable licenses.
SOQ Submission

The SOQ Package must be hand-delivered to:

Attention: Solicitations Team
County of Los Angeles – Department of Mental Health
Contracts Development and Administration Division
550 South Vermont Avenue, 5th floor, Room 500
Los Angeles, CA 90020
Contact Us

Any contact regarding this RFSQ or any matter relating thereto must be in writing and must be e-mailed as listed below. Please specify “RFSQ – MHSA” in the subject title of the e-mail and send to:

SolicitationsTeam@dmh.lacounty.gov