VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

REQUEST FOR PROPOSALS (RFP)

Youth

Crisis Stabilization Unit (CSU)

Program

ISSUED: July 29, 2026

DUE: September 9, 2026

Crisis Stabilization Unit (CSU) Program RFP

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1 RFP INTRODUCTION

Ventura County Behavioral Health (VCBH) is soliciting proposals from qualified providers to deliver high-quality behavioral health services that support the County Behavioral Health Plan and meet state and federal Medi-Cal requirements. This RFP seeks contractors capable of delivering evidence-based, culturally responsive, person-centered services in alignment with VCBH clinical, quality, data, and equity standards.

1.1 Program Purpose

The purpose of this Request for Proposal (RFP) is to solicit offers from qualified organizations to operate a 24 hour, 7 days a week, 365 days a year Youth Crisis Stabilization Unit (CSU)located at 2130 North Ventura Road, Oxnard, California, 93036, a County owned facility, in accordance with California Code of Regulations (CCR) Title 9.

Providing psychiatric crisis stabilization services for voluntary and involuntary detained youth, who are ages 6 through 17, inclusive, and who and are placed on a Welfare and Institutions Code (WIC) 5585.50 involuntary hold, or are exhibiting serious emotional disturbance (SED), acute psychiatric symptoms but have not been placed on a WIC 5585.50 hold (voluntary status) in accordance with California Code of Regulations (CCR) Title 9.

Services will include, but not be limited to, crisis assessment and evaluation for behavioral health and substance use disorders, emergency psychiatric evaluation and medication services, brief crisis interventions utilizing evidence-based skillsets, coordination of admissions to inpatient facilities when necessary,, coordination of care with individual support systems and community providers, referrals and linkage to community resources, and coordination of medical care support when necessary through area hospitals.

The purpose of the Youth CSU is to provide immediate therapeutic response on a short-term basis (lasting less than 24 hours) to stabilize an acute behavioral health crisis and to prevent acute psychiatric inpatient hospitalization for consumers ages 6-17 by alleviating problems and symptoms which, if not treated, present an imminent threat to the individual or other safety concerns, or substantially increase the risk of the individuals becoming gravely disabled.

1.1.1 COUNTY RESPONSIBILITY

The County will provide a fully-equipped facility that will include the following items at no cost to the Contractor:

Building and Structure: - Building space at 2130 North Ventura Road, Oxnard, CA 93036 - Building structure and structural integrity - Major building systems (e.g., HVAC, electrical, plumbing) - Building and property insurance - Property taxes and assessments - Major capital improvements and structural maintenance and repairs

Furniture and Fixed Equipment: - All client furniture (e.g., recliner chairs, side tables) - All seating for client and staff areas - All tables (e.g., work tables, conference tables) - All storage units (e.g., cabinets, shelving, lockers, file storage) - Security camera system (e.g.,

hardware and installation) - Television monitors for security monitoring of entire building - Fixed medical equipment as required for a CSU - Fire safety equipment (e.g., fire extinguishers, alarms, suppression systems)

Utilities and Facility Services: - Electric - Natural gas - Water - Sewer - Waste removal (regular/weekly trash collection) - Building maintenance and repairs - Landscaping and grounds maintenance - Parking lot maintenance - Pest control services

Other Building-Related Items: - Building access and security systems - Exterior signage (e.g., building identification) - Emergency lighting and exit signs - Building-wide safety and emergency systems

Repairs and Maintenance: - Repairs to building systems (e.g., HVAC, electrical, plumbing)

Access - Access control system management (e.g., management of keys, badges, lock changes)

Other County Responsibilities : - Coordination with DHCS for initial facility Medi-Cal site certification and provider credentialing - Final authority over medication governance policies (in coordination with Contractor's Medical Director) - Emergency preparedness planning and coordination with county emergency services - All billing rights for Medi-Cal and other payer sources - Collection of all revenue from Medi-Cal, Medicare, commercial insurance, and other payers.

1.1.2 CONTRACTOR RESPONSIBILITY

Repairs and Maintenance: Routine building maintenance items (e.g., air filter changes, light bulb replacement in building fixtures, etc.)

Furniture: - Additional furniture beyond what is provided as building standard - Specialized furniture needs based on Contractor's operational approach - Furniture replacement beyond normal wear and tear

Signage: - Interior wayfinding signage - Interior room identification signs
- Directional signage within service areas - Safety and regulatory signage beyond building code requirements, and other required postings

Security: - Security monitoring of County-provided camera system (e.g., 24/7 monitoring staffing/service) - Visitor management system - Additional security measures beyond camera system

Client Entertainment: - Television sets for client viewing in common areas (if desired) - Cable/streaming service for client TVs (if provided)

Window Treatments: - Blinds, curtains, or shades for privacy and light control in clinical areas

1.1.3 CONTRACTOR PROVIDES UNDER THIS SERVICE CONTRACT

(Covered by this RFP - included in rate proposals)

The Contractor will provide ALL items and services necessary to deliver CSU crisis stabilization services, including:

Staffing (All Positions & All Sub-Contracts): - All clinical, administrative, and support staff meeting CCR, Title 9, § 1840.348 - Recruitment, hiring, training, supervision, and retention of all staff - All staff wages, benefits, and payroll costs - All required licenses, certifications, and credentials for staff - Staff background checks, screening, and Medi-Cal practitioner credentialing per County standards - Professional liability insurance for all clinical staff - Workers' compensation insurance.

Technology and Equipment: - All computer equipment (e.g., computers, laptops, tablets) - All office equipment (e.g., printers, copiers, fax machines) - All phones and telecommunications equipment - Telecommunications services (e.g., phone lines, internet service) – Enrollment and maintaining access to the County's Electronic Health Record (EHR) system – as required by County (e.g., software, licenses, malware and virus protection and technical support) - IT infrastructure and network hardware - IT support and troubleshooting - Medical and clinical equipment (not fixed to building): - Vital sign monitors (e.g., blood pressure cuffs, thermometers, pulse oximeters) - Emergency medical equipment and supplies (e.g., crash cart contents, AED, emergency medications) - Diagnostic equipment - Medical instruments and devices - Wheelchairs, or other mobility equipment - Examination equipment - Equipment maintenance, calibration, repair, and replacement for all contractor-provided items.

Supplies and Consumables: - Medical supplies (e.g., syringes, needles, gauze, bandages, urine test kits, etc.) - Medications (as approved within medication governance framework) - Personal protective equipment (PPE) - Infection control supplies - Medical waste containers and biohazard bags - First aid supplies - Office and administrative supplies (e.g., paper, pens, forms, filing supplies, printer supplies, etc..) - Cleaning supplies and materials (e.g., chemicals, disinfectants, paper products, trash bags, cleaning equipment) - Linens and textiles (e.g., chair linens, blankets, pillows, towels, washcloths, patient gowns, laundry services) - Food and beverages (e.g., snacks, meals if provided, coffee, tea, utensils, plates, cups) - Personal care items (e.g., soap, shampoo, hygiene products, toothbrushes, toothpaste) - All other consumable operational supplies.

Facility Operations and Services: - Internal collection, containment, and staging of medical/biohazard waste for County-contracted disposal services; janitorial and cleaning services throughout facility - Daily cleaning of all areas - Terminal cleaning protocols - Deep cleaning schedules - Floor care, window cleaning - Restroom cleaning and restocking - Infection control cleaning protocols - Biohazard cleanup procedures - Routine facility maintenance for contractor-provided equipment - Facility cleanliness and sanitation meeting DHCS and infection control standards - Security monitoring if required beyond County-provided camera system.

Clinical and Administrative Operations (24/7/365): - All CSU crisis stabilization services as described in Section 4.2 - Development and implementation of all policies and procedures (e.g., clinical, operational, administrative) - Medication management within County-approved framework - Obtaining and maintaining DHCS certification for the

Oxnard facility - Quality assurance, performance monitoring, and data reporting - Medi-Cal eligibility verification and billing documentation - Verification of commercial insurance and ensuring commercial insurance is billed prior to Medi-Cal when applicable - Clinical documentation in Contractor's EHR system meeting County standards - Monthly reporting per Section 4.4 - Incident reporting to County - Participation in County emergency preparedness planning and drills - All operational compliance with DHCS, CCR Title 9, and applicable regulations.

Insurance: - Professional liability insurance per contract requirements - General liability insurance for operations - Workers' compensation coverage - Cyber liability insurance - Any other required insurance coverages.

Pre-Operational Activities: All costs associated with pre-operational activities must be built into the ongoing service rates. Pre-operational activities include: - Staff recruitment, hiring, and training - Policy and procedure development - Equipment procurement and setup - Supply procurement and inventory stocking - Mock drills and readiness demonstrations - DHCS certification preparation - Any other activities needed to achieve operational readiness.

No separate pre-operational compensation will be provided. Bidders should include these costs in their ongoing hourly rates.

1.1.4 REQUIRED RATE SUBMISSIONS

Bidders must submit rate proposal for rate structure for the service contract:

Hourly Rate Structure: - All-inclusive per-bed hourly rate covering ALL contractor-provided items and services listed above - Indicate payment methodology (occupied bed days, available bed days, or minimum guaranteed) - Show total monthly and annual costs - Include detailed breakdown of how hourly rate was calculated.

The County will evaluate rate structure submitted by each bidder to determine which provides best value considering cost, administrative efficiency, budget predictability, operational flexibility, and alignment with County financial systems.

Rate structure must: - Cover ALL contractor responsibilities listed above - Include all pre-operational costs (no separate pre-operational compensation) - Be sustainable over the 3-year contract term - Include appropriate escalation for Years 2 and 3 - Include contingency for minor cost variations.

1.1.5 IMPORTANT - EXPENSE CLARIFICATION REQUIREMENT

Bidders must carefully review the allocation of responsibilities between County and Contractor.

If any operational expenses, equipment, supplies, or service-related costs are not clearly allocated, bidders MUST submit questions during the Question Period through the Bonfire system.

Examples of items that may require clarification: - Specific telecommunications or internet service requirements - Specific EHR system requirements or integrations - Security personnel or monitoring beyond County-provided cameras - Signage requirements (e.g., interior wayfinding, room identification) - Additional furniture beyond what building provides - Any other costs not explicitly assigned to County or Contractor

Failure to raise questions about unclear expense allocations during the Question Period may limit the Contractor's ability to: - Request rate adjustments for these items during contract performance - Claim these items were not included in the original rate proposal - Seek additional compensation for expenses the Contractor claims were not their responsibility.

Bidders are responsible for including ALL reasonably foreseeable contractor expenses in their rate proposals, whether explicitly listed in this RFP or reasonably implied by the CSU service delivery requirements and contractor responsibilities described herein.

Assumption for Bidding Purposes:

Bidders should assume that a fully-equipped facility as described above will be available at contract start. Any questions about the facility or building-provided items should be submitted during the Question Period.

1.2 Timeline (Subject to Change)

Event	Date
Issue RFP	7/29/2026
Bidder indicating their intent to bid	9/9/2026
Bidder Questions Due to VCBH	8/7/2026
Question Response	8/24/2026
Proposals Due by 5 p.m.	9/9/2026
Contractor Selection/Notification	10/15/2026
Contract Finalized	10/29/2026
Board of Supervisors Approval Received	12/15/2026
Operations Initiated by Contractor	1/1/2027

1.3 Intent to Bid

Each bidder is responsible for indicating their intent to bid through the Ventura County Bonfire system at https://ventura.bonfirehub.com/opportunities/246913. To be able to submit a proposal, your organization must indicate its intent to bid. Any RFP addenda, Questions and Answers, or updated information will be made available through the Bonfire system.

1.4 Bidder RFP Questions

All questions related to this RFP may be directed to the assigned VCBH Contracts Administrator, through the Message section of the Bonfire system at https://ventura.bonfirehub.com/opportunities/246913 by August 7, 2026. The VCBH Contracts Administrator facilitating this RFP is the only individual authorized to answer questions related to this RFP.

1.5 Bidder Bonfire Technical Support

Any technical questions or issues related to the use of the Bonfire system may be sent to support@gobonfire.com.

2 GENERAL INFORMATION

2.1 Background and Need

VCBH, a division of the County of Ventura Health Care Agency, has identified a need to have a Youth Crisis Stabilization Unit (CSU). Location for this CSU is 2130 North Ventura Road, Oxnard, California, 93036, a County owned facility.

Aiming to treat and support youth experiencing a behavioral health crisis that would otherwise be interfering in their daily functioning and creating an unmanageable current environment. Treatment at the CSU is limited to 23 hours and 59 minutes and will reduce the number of youths in crisis being admitted to local emergency departments while awaiting psychiatric treatment. The Youth CSU will expedite appropriate treatment. The availability of CSU services will also mitigate unnecessary psychiatric inpatient admissions, reducing potential trauma and lengths of stay, and in turn, rendering treatment in a less restrictive environment with more individualized care.

2.2 Nomenclatures

The terms Bidder, Vendor, or Proposer may be used interchangeably in this RFP to designate an organization interested in responding to this RFP. The terms RFP, RFP Solicitation, or Solicitation refer to all proposal documents and related addenda produced by VCBH and provided to prospective Bidders. The terms Successful Proposer, Successful Contractor, and Contractor may be used interchangeably in this RFP and shall refer exclusively to the organization with whom VCBH enters into a contract because of this RFP.

Program-specific Terms:

Serious Emotional Disturbance (SED): Someone under the age of 18 years and having a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Co-Occurring Disorders: The presence of two or more conditions at the same time, most commonly a mental health disorder and substance use disorder.

Behavioral Health Crisis: A situation in which a person is experiencing an acute emotional, psychological, or behavioral distress that overwhelms their usual coping abilities and requires immediate support or intervention to ensure safety and stabilization.

Triage: The process of quickly assessing a situation or individual to determine the level of urgency, risk, and type of care needed.

Disposition: The outcome and next steps determined after an assessment and interventions.

2.3 Program Goals and Objectives

The goals of the Youth CSU are to provide timely, effective, and person-centered crisis intervention services to stabilize individuals between the ages of 6-17 who are experiencing behavioral health crises, reduce reliance on higher levels of care and law enforcement, and strengthen continuity within the county system of care.

Program objectives:

1. Provide quality crisis intervention and stabilization services and support to youth presenting with a behavioral health crisis.
2. Reduce the utilization of hospital emergency rooms, unnecessary psychiatric inpatient unit hospitalization, and reduce incarceration.
3. Reduce re-admission rates to psychiatric hospitals and re-hospitalization rates of youth who are served by the county Youth CSU program.
4. Reduce law enforcement involvement in behavioral health crisis calls, contacts, custodies and/or transports for assessment.
5. Provide a public facing digital bed-board and in-county placement options for local Emergency Departments.
6. Provide crisis intervention and crisis resolution with linkage to ongoing care within the 24-hours of admission.
7. Strengthen access, linkage, and transition between crisis services and community-based programs such as VCBH outpatient providers, triage case management services, and other needed supportive resources.
8. Provide appropriate and effective discharge planning.

2.4 Bidder Eligibility

2.4.1 Suspension and Debarment and Exclusion

To be eligible to submit a proposal, a Bidder must not be listed as an ineligible person on the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities from federal programs. VCBH will not review a proposal submitted by an individual or entity on this list.

VCBH plans to use the following links to identify individuals and entities that are not eligible to contract with VCBH: http://exclusions.oig.hhs.gov/ and https://sam.gov/SAM/pages/public/searchRecords/search.jsf. Each Bidder should verify that it is not on either list prior to submitting a proposal.

2.4.2 California Secretary of State Business Entities Search

Business entities registered with the California Secretary of State must have an active status designation. VCBH will not review a proposal submitted from an entity that has any other status designation. Verify status at: https://businesssearch.sos.ca.gov/

2.4.3 DHCS Certification and CSU Experience Requirements

Preferred Qualification - Existing DHCS Certification:

Bidders currently holding active DHCS certification to provide CSU services under CCR Title 9 at any location in California will receive preference in the evaluation process.

Facility-Specific Certification Requirement:

Regardless of existing certifications at other locations, the selected Contractor will be required to obtain DHCS Medi-Cal site certification and provider enrollment for the CSU program at the Oxnard facility before services can commence and billing can begin.

Alternative Qualification for Bidders Without Current DHCS CSU Certification:

Bidders without current DHCS CSU certification may still be considered if they demonstrate substantial experience providing crisis mental health services in 24/7 settings and experience with DHCS certification for other specialty mental health services.

3 INSTRUCTIONS TO BIDDERS/RULES GOVERNING COMPETITION

3.1 Submittal Deadline

Completed proposals should be submitted online through the Bonfire system (https://ventura.bonfirehub.com/opportunities/246913) no later than **September 9, 2026.**

Bidders are allowed to submit more than one proposal with different methods of meeting the RFP requirements. If a bidder submits more than one proposal, one proposal must be

marked “Base Proposal” and the others shall be marked “Alternate Proposal 1”, “Alternate Proposal 2”, etc.

The receiving time in the Bonfire System will be the governing time for acceptability of proposals - no late submittals will be allowed.

3.2 Proposal Response

Bidders must submit their proposals and all required information and forms by the submittal deadline. Proposals failing to provide complete information may be deemed non-responsive. Bidders should keep copies of their submittals for future reference.

3.3 Modification of Proposals

If a Bidder wishes to make modifications to a proposal that has already been submitted to VCBH online through the Bonfire System, they must withdraw the proposal in order to make the modifications. All modifications must be made in ink, properly initiated/executed by the Bidder's authorized representative, and submitted in accordance with the terms and conditions of this RFP. It is the responsibility of the Bidder to ensure that modified proposals are resubmitted through the Bonfire System before the submittal deadline. Proposals cannot be changed or modified after the submittal deadline.

Bidders may withdraw their proposals any time before the submittal deadline by submitting a notification of withdrawal that is signed by the Bidder's authorized agent.

3.4 Opening of Proposals

Proposals will not be opened publicly. However, a list of the names of the organizations that submitted a proposal will be available within a reasonable time after the submittal deadline. Proposals will be made public and may be inspected at the time of award.

3.5 Examination of the Request for Proposal

Bidders should carefully examine the entire RFP, any addenda thereto, and all related materials and data referenced herein or otherwise available to the Bidder.

Bidders shall be presumed to be familiar with all specifications and requirements of this RFP. Failure or omission to examine any form, instrument or document shall in no way relieve Bidders from any obligation with respect to this RFP.

3.6 Proposal Validity

Proposals submitted hereunder shall be firm for 90 calendar days from the due date and through the initial 33-month period of operation.

3.7 Proposal Content/Format

To be considered responsive, proposals should address all items identified in this RFP. Proposals should be prepared in such a way as to provide a straightforward and concise discussion of the Bidder's ability to provide the services described in this RFP and meet the needs of VCBH.

Please note that some RFP questions require that the Bidder provide a detailed response and/or attachments. Failure to provide a complete response may be grounds for the rejection of a proposal. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness/clarity of content.

In order to facilitate the evaluation and comparison of all submitted proposals, Bidder proposals should be submitted in the format described in this RFP. Specifically, Bidders should present their proposals in the order described in Section 5 of this RFP (each section and all attachments should be clearly labeled). Format instructions must be adhered to; all RFP requirements and requests for information in the proposal must be responded to; all requested data must be supplied. Failure to comply with this requirement may be cause for rejection.

Please respond to this RFP solicitation on 8 1/2" X 11" paper using either Times New Roman or Arial font and no smaller than 12-point font size. Margins should be one inch all around. All pages must be numbered. Single or double spacing is acceptable.

3.8 Costs Incurred in Responding

VCBH will not pay any costs incurred in proposal preparation, presentation, demonstration, or negotiation. Nor does VCBH commit to procure or contract for any services. All costs of proposal preparation shall be borne by the Bidder. It is understood that all proposals, inquiries, and correspondence relating to this RFP and all reports, charts, displays, schedules, exhibits, and other documentation will become the property of VCBH when submitted to VCBH and may be considered public information under applicable law. VCBH assumes no liability for any costs incurred by Bidders throughout the entire selection process.

3.9 Addenda

VCBH will issue written addenda in order to make changes, additions, or deletions to this RFP. Oral communications regarding this RFP will not be valid or binding, nor excuse the successful Bidder of any obligations hereunder, unless set forth in writing by VCBH. Addenda will be sent to all known Bidders that complete an intent to bid within the Bonfire System and said addenda will be made available through the Message Section (see Public Notices subsection) of the online Bonfire Systems at https://ventura.bonfirehub.com/opportunities/246913. It is the responsibility of each Bidder to ensure that VCBH has their correct business name, address, and contact information on file in the online Bonfire System. Any prospective Bidder who obtains a copy of the RFP documents from any other source other than online Bonfire System is responsible for advising VCBH that they have said documents and that they wish to receive subsequent Addenda.

3.10 Confidential and Proprietary Data

All materials received relative to this RFP will be kept confidential, until such time an award is made, or the RFP is canceled, at which time all materials received will be made available to the public. All received proposals will be subject to the California Public

Records Act, Government Code § 7920.000 et seq. Under the California Public Records Act, VCBH may be obligated to provide a copy of any and all responses to this RFP, if such requests are made after the contract is awarded.

One exception to this required disclosure is information which fits within the definition of a confidential trade secret (Government Code section 6254(k)) or contains other technical, financial, or other data whose public disclosure could cause injury to the Bidder's competitive position. If any Bidder believes that information contained in its response to this RFP should be protected from disclosure, the Bidder must specifically mark the pages of the response that contain the information. The County will not honor any attempt by the Bidder to designate its entire proposal as proprietary.

3.11 Commitments, Warranty, and Representations

The proposal submitted in response to this RFP will be included as part of the final contract. Bidders are cautioned that if a contract is awarded as a result of this procurement process, any written commitment by a Bidder within the scope of this procurement shall be binding upon the Bidder whether or not incorporated into a contract document. Failure of the Bidder to fulfill any such commitment shall render the Bidder liable for liquidated or other damages due to VCBH under the terms of the contract. For the purpose of this procurement, a commitment by a Bidder includes:

- Any modification, affirmation, or representation as to the above, which is made by a Bidder in or during the course of negotiation.
- Any representation by a Bidder in a proposal, supporting document, or negotiations about the services to be performed (regardless of the fact that the duration of such commitment may exceed the duration of the contract).

3.12 Proposal Validation/Evaluation/Award

Proposals will be checked for the information required to conform with this RFP. The absence of required information may be cause for rejection.

The successful Bidder shall be chosen in accordance with, but not limited to, the following criteria:

1. Proven Performance - The Bidder's background, experience, and organizational stability will be assessed. The evaluation will focus on the Bidder's record of successful service and support to accounts of comparable size and environment. The ability of the Bidder will be evaluated in terms of technical resources, staffing, and staff experience.

Bidder organizational references will be contacted, and their responses will become a part of the award/review process.

2. Compliance with Contract Terms and Conditions - The ability of the Bidder to meet and abide by the contract terms and conditions set forth in the attached agreement without requiring modification to the agreement.

3. Support Emphasis will be placed on the Bidder's ability to service and support the needs of VCBH and the clients/families we serve. The Bidder's organizational structure,

staffing plan, and method for meeting the requirements of this RFP, in the most efficient manner possible, will be an important consideration.

4. Requirements/Specifications (plan and approach) - Proposals will be evaluated on the following: general quality and responsiveness to the terms, conditions, and time of performance, completeness and thoroughness, grasp of the work to be performed, approach to be used, and ability to meet the requirements/specifications outlined in this RFP.

5. Cost - The proposals will be evaluated on the basis of the Bidder's rate reasonableness.

3.13 Award

The contract will be awarded to the Bidder offering the most advantageous proposal after consideration of all evaluation criteria set forth herein. The criteria are not listed in any order of preference. VCBH will establish an Evaluation Committee that will be responsible for evaluating all proposals received in accordance with the evaluation criteria. The Evaluation Committee may also:

- Contact and evaluate the Bidder's and any subcontractor's references • Contact any Bidder to clarify any response • Contact any current users of a Bidder's services • Solicit information from any available source concerning any aspect of a proposal • Seek and review any other information deemed pertinent to the evaluation process.

VCBH reserves the right to establish weight factors that will be applied to the criteria depending upon order of importance. Weight factors and summary of evaluation scores will not be released until after award of the contract. VCBH will not be obligated to accept the lowest priced proposal but will make an award in the best interests of VCBH after all factors have been evaluated. While VCBH intends to enter into a contract for these services, it will not be bound to do so. VCBH reserves the right to reject any or all proposals.

VCBH shall be the sole judge of the successful offers hereunder. VCBH reserves the right to award the contract to a Bidder that might not have submitted the lowest total price and negotiate with any or all Bidders. Bidders are advised that it is possible that an award may be made without discussion or any contact concerning the proposals received. Accordingly, proposals should contain the most favorable terms from a price and technical standpoint. DO NOT ASSUME that you will be contacted or afforded an opportunity to clarify, discuss, or revise your proposal.

Award will be by means of a written contract with the successful Bidder. A Notification of Intent to Award may be sent to any selected Bidder but does not obligate VCBH to award the contracts until the completion of the entire RFP process. Award is contingent upon the successful negotiation of the final contract terms. Negotiations shall be confidential and not subject to disclosure to competing Bidders unless an agreement is reached. If contract negotiations cannot be concluded successfully, VCBH may negotiate with the next highest scoring Bidder or withdraw the RFP. County Board of Supervisor's approval is required for all contracts that exceed $200,000.

The contractor shall not commence work until a meeting is held between representatives of the contractor and VCBH. The meeting will be held at VCBH, at a time and date to be established.

3.14 Presentations

Bidders may be invited to make presentations to VCBH, if needed.

3.15 Site Visits

VCBH reserves the right to schedule site visits to Bidder's facilities or current operational sites in order to assess the capability and ability of the Bidder to fulfill their contractual obligations with VCBH.

3.16 Additional Information

If during the evaluation process, VCBH is unable to determine a Bidder's ability to perform, VCBH has the option of requesting any additional information that VCBH deems necessary to determine the Bidder's ability. The Bidder will be notified and permitted five (5) business days to comply with any such request.

3.17 Errors/Defects in Proposals

If discrepancies between sections or other errors are found in a proposal, VCBH may reject the proposal. However, VCBH may at its sole option, correct any mathematical errors in price.

VCBH may waive any immaterial deviation or defect in a proposal. VCBH's waiver of an immaterial deviation or defect shall in no way modify the RFP documents or excuse the Bidder from full compliance with the RFP requirements, if awarded a contract.

3.18 Rejection of Proposals

VCBH reserves the right to reject the proposal of any Bidder who:

- Previously failed to perform adequately for the County or any other governmental agency within the previous twelve (12) months. • Submits false, incomplete, or unresponsive statements in a proposal. • Is in default on the payment of taxes, licenses, or other monies due to the County. • Submits a proposal that contains errors or discrepancies.

3.19 RFP Cancellation

VCBH reserves the right to cancel this solicitation at any time, prior to the submittal deadline.

3.20 Protest and Appeals Procedures

For a protest to be considered, the protest must be made in writing, signed by the Bidder's authorized representative, and delivered to the VCBH Contract Administrator at 1911 Williams Drive, Suite 200, Oxnard, CA 93036. The VCBH Contract Administrator reserves the right to refuse to hear protestors who have not followed the procedures listed below.

The following conditions apply to proposal protest:

a. Before Proposal Submittal Deadline. Protests of specifications, terms, conditions, or any other aspects of the RFP solicitation must be made before the proposal submittal deadline.

b. After Proposal Submittal Deadline. Protests of award must be made, no later than five (5) calendar days after the aggrieved party knows or should have known of the facts giving rise to the protest.

c. Protest Content. All protests must include the following information:

1. The name, address, and telephone number of the protestor.
2. The signature of the protestor or protestor's authorized representative.
3. The RFP solicitation or contract number.
4. A detailed statement of the legal and/or factual grounds for the protest.
5. The form of relief requested.

d. Protest Process

1. If the VCBH Contracts Administrator can resolve the issue, there is no further action required.
2. If there is no resolution, the issue will be referred to the VCBH Administrative and Financial Operations Chief for review and resolution. If the issue is resolved, there is no further action required.
3. If there is no resolution, the issue will be referred to the VCBH Director who will make a determination on the issue and render a determination. This determination will be final.

4 SCOPE OF WORK

The selected contractor will offer community-based Youth CSU Services through face-to-face contact 24 hours a day, 7 days per week and will address the emergency psychiatric needs of youth, dealing with a behavioral health crisis.

The recovery-oriented services offered in voluntary and involuntary treatment settings will promote the provision of behavioral health care and integrated triage for youth who may be in a situational crisis, may have primary diagnoses of serious emotional disturbance, and/or substance use disorders.

Youth will be given intensive crisis stabilization assistance onsite and offered an array of other services as needed, and appropriate discharge within 24 hours upon admission into the CSU.

The operating capacity shall be four (4) beds.

4.1 County vs Contractor Responsibilities

4.1.1 Items Provided by County

The following items will be provided by the County:

A. Building and Structure - Building space at 2130 North Ventura Rd. Oxnard, CA 93036 - Building ownership and structural integrity - Major building systems: - HVAC systems (heating, ventilation, air conditioning) - Electrical systems (main panels, primary wiring, building electrical infrastructure) - Plumbing systems (main lines, building plumbing infrastructure) - Structural components (roof, walls, foundation, load-bearing elements) - Building and property insurance - Property taxes and assessments - Major capital improvements (structural modifications, major system replacements) - Major structural repairs involving building systems

B. Furniture

Client Areas: - Recliner chairs for all bed capacity - Bedside tables - Seating (chairs, sofas, recliners for client areas) - Dining tables and chairs

Staff Areas: - Office desks and chairs - Waiting room furniture - Break room furniture

Storage and Clinical: - Storage units (cabinets, shelving, lockers) - File storage cabinets - fixed medication cabinets.

C. Fixed Equipment and Building Systems - Security camera system (hardware and installation) - Television monitors for security monitoring of entire building - Fixed medical equipment if required: - Wall-mounted oxygen systems - Wall-mounted suction systems - Other fixed emergency equipment as needed - Fire safety equipment: - Fire extinguishers - Fire alarm system - Fire suppression system (sprinklers) - Emergency lighting and exit signs - Building access and security systems - Building-wide emergency systems

D. Utilities and Facility Services

Utilities: - Electric - Natural gas - Water - Sewer

Waste Management: - Regular trash removal services - Medical/biohazard waste disposal services - Waste management contracts

Facility Maintenance: - Building maintenance and repairs (HVAC, electrical, plumbing, structural) - Landscaping and grounds maintenance - Parking lot maintenance and striping - Exterior walkways and entryways - Pest control services

Building Systems Maintenance: - HVAC system inspection, service, and repair - Electrical system maintenance - Plumbing system maintenance - Fire safety system inspection and testing - Security system maintenance

E. Signage (Building Level) - Exterior building signage (building identification) - Building directory - Emergency exit signage - ADA-compliant building signage

F. County Regulatory and Oversight Responsibilities

While not part of the GSA lease, the County retains the following responsibilities related to the service contract:

- Coordination with DHCS for initial facility Medi-Cal site certification and provider enrollment application submission
- Coordination of DHCS site visit scheduling
- Provision of facility documentation to support DHCS Medi-Cal site certification
- Final approval authority over medication formulary, high-risk medication protocols, and medication governance policies (developed in coordination with Contractor's Medical Director)
- Emergency preparedness planning and coordination with county emergency services
- Quarterly audits of medication practices with authority to require corrective actions
- Annual audits for Contract Compliance with authority to require corrective action
- All billing rights for Medi-Cal and other payer sources
- Collection of all revenue from Medi-Cal, Medicare, commercial insurance, and other payers
- Authority to recoup contract payments for claims denied due to Contractor's documentation deficiencies

4.1.2 Contractor Service Responsibilities Under Service Contract

The Contractor is responsible for ALL items and services necessary to deliver CSU crisis stabilization services 24/7/365. All costs for the following must be included in the Contractor's rate proposals:

A. Staffing - All Positions

Direct Service Staff: - All required staff for a CSU as identified in CCR Title 9, including staffing ratios.

Support Staff: - Administrative staff - Janitorial staff - Other support staff as needed.

Staffing Costs and Requirements: - Recruitment, hiring, training, supervision, and retention of all staff - All staff wages and benefits - All payroll costs - Overtime and on-call coverage - All required licenses, certifications, and credentials for every staff member - Background checks and screening per County standards - Initial and ongoing training for all staff including: - Crisis de-escalation - Trauma-informed care - Cultural humility and LGBTQ+ affirming practices - Documentation and medical necessity - Mandated reporting - Safety and emergency procedures - DHCS certification requirements - Other required trainings.

B. Technology and Equipment

Computers and Office Equipment: - All computer equipment (desktops, laptops, tablets as needed) - All office equipment (printers, copiers, fax machines) - All telecommunications equipment (phones, phone systems) - Computer hardware maintenance, repair, and replacement.

Communications and IT Infrastructure: - Telecommunications services (phone lines, phone service contracts) - Internet service (internet connection, service contracts) - IT

infrastructure and network hardware (routers, switches, cabling) - IT support and troubleshooting - Technology help desk support.

Software and Systems: - Electronic Health Record (EHR) system: - Software licenses - Software installation and configuration - User training - Technical support - System maintenance and updates - Practice management software (if needed beyond EHR) - Billing and documentation software (if separate from EHR) - Other operational software as needed.

Medical and Clinical Equipment: Contractor shall furnish, maintain, and ensure the continuous operational readiness of all medical and clinical equipment necessary to provide crisis stabilization services in compliance with California regulations.

C. Supplies and Consumables

Medical Supplies: - Medical consumables (syringes, needles, gauze, bandages, tape, etc.) - Medications (as approved within medication governance framework) - Personal protective equipment (PPE - gloves, masks, gowns, etc.) - Infection control supplies (hand sanitizer, disinfecting wipes, etc.) - Medical waste containers and biohazard bags - First aid supplies - Sharps containers.

Office and Administrative Supplies: - Paper, pens, pencils, clipboards - Forms and printed materials - Binders, folders, filing supplies - Printer ink/toner, copy paper - Computer supplies (cables, peripherals, etc.) - General office consumables

Facility and Cleaning Supplies: - Cleaning chemicals and disinfectants - Sanitizers and infection control products - Paper towels, toilet paper, tissues - Trash bags (regular and biohazard) - Cleaning equipment (mops, brooms, vacuum cleaners, etc.) - Air fresheners and odor control products - Restroom supplies

Linens and Textiles: - Bed linens (sheets, blankets, pillows, pillowcases) - Towels and washcloths - Patient gowns or clothing (if provided) - Kitchen/dining linens (if applicable) - Laundry services or equipment for cleaning linens

Food and Beverages: - Snacks and beverages for clients - Coffee, tea, and condiments - Food for meals if provided during stay - Dietary accommodations as needed - Utensils, plates, cups (disposable or reusable) - Kitchen supplies.

Personal Care Items: - Soap, shampoo, hygiene products - Toothbrushes and toothpaste - Comfort items as appropriate - Other personal care supplies.

D. Facility Operations and Services

Janitorial and Cleaning Services: - Daily janitorial services throughout the facility - Routine cleaning of all client areas, staff areas, restrooms, common areas - Terminal cleaning protocols for client discharge - Deep cleaning on established schedule.

Routine Facility Maintenance for Contractor-Provided Items: - Maintenance of all contractor-provided equipment - Repair or replacement of damaged contractor-provided items -

Furniture repair or replacement for contractor-provided or damaged furniture - Preventive maintenance schedules.

Interior Environment: - Minor interior repairs within service areas - Touch-up painting as needed - Maintaining cleanliness and professional appearance of all service areas.

Security (Beyond County-Provided Systems): - Access control management (keys, badges, access codes for staff and clients) - Security of medications and controlled substances - Perimeter checks and facility security protocols.

E. Clinical and Administrative Operations (24/7/365)

Service Delivery: - All CSU crisis stabilization services as described in Section 4.2 - Intake and triage 24/7/365 - Crisis assessment and evaluation - Brief crisis interventions and stabilization - Medication management and administration - Discharge planning and linkage to ongoing care - Coordination with law enforcement, emergency services, hospitals - Crisis residential stabilization services lasting less than 24 hours - Serving voluntary and involuntary (WIC 5585) youth.

Policies and Procedures: - Development and implementation of all clinical policies and procedures - Development and implementation of operational policies and procedures - Development and implementation of administrative policies and procedures - Emergency procedures and protocols - Medication policies and procedures (subject to County approval per Section 4.1.3) - Infection control policies - Safety policies and procedures - Documentation standards - All policies must meet or exceed DHCS, CCR Title 9, and applicable regulatory requirements.

Quality Assurance and Compliance: - Internal quality assurance program - Performance monitoring and improvement - Compliance with all DHCS requirements – Compliance with the VCBH Contract - Compliance with CCR, Title 9, § 1840.348 and related - Compliance with all applicable federal, state, and local regulations - Participation in DHCS site visits, mock drills, and certification readiness activities - Obtaining and maintaining DHCS certification for the Oxnard facility: - Demonstrating operational readiness (staffing, policies, procedures, training) - Participating in mock site visits and readiness assessments - Correcting any deficiencies identified during the certification process - Maintaining initial and ongoing compliance with all DHCS Medi-Cal site certification, provider enrollment, and LPS facility designation requirements - Managing all recertification activities per DHCS and County timelines

Documentation and Billing Support: - Verification of Medi-Cal eligibility for all individuals served - Verification of commercial insurance and ensuring commercial insurance is billed prior to Medi-Cal when applicable - Clinical documentation in VCBH's EHR system meeting County standards and requirements - Documentation completed within 24 hours of service delivery - Documentation meeting Medi-Cal billing standards and CCR Title 9 service definitions - Provision of supplemental documentation required for claims processing - Cooperation with County billing staff - Response to County documentation requests within 5 business days - Maintenance of documentation standards to achieve ≤2-3% claim denial

rate - Understanding that County may recoup contract payments for claims denied due to Contractor's documentation deficiencies (see Section 4.2.1).

Reporting and Communication: - Monthly service data and performance dashboards per Section 4.4 - Incident reporting to County within required timeframes (24 hours for sentinel events) - Participation in quarterly performance review meetings with County - Participation in all mandatory meetings with County clinical leadership, programs, and partners - Collaboration with VCBH clinical leads and access line - annual comprehensive outcomes reporting.

F. Insurance Requirements - Professional liability insurance per contract requirements - General liability insurance for facility operations - Workers' compensation coverage - Cyber liability insurance - Any other required insurance coverages as specified in contract - Provision of certificates of insurance to County.

G. Pre-Operational Activities

All costs for pre-operational activities must be built into the ongoing service rates. No separate pre-operational compensation will be provided. Pre-operational activities include:

- Staff recruitment, hiring, and onboarding
- Staff training completion and documentation
- Equipment procurement and installation
- Supply procurement and inventory stocking
- Policy and procedure development and County approval
- Facility setup and organization
- Mock operational drills
- DHCS certification preparation and readiness demonstrations
- Successful completion of mock site visits
- Demonstration of operational readiness at 4-bed capacity
- Any other activities necessary to commence CSU operations

4.1.3 Medication Governance

Medication governance operates within the following framework:

County Authority: - Final approval authority over medication formulary - Final approval authority over high-risk medication protocols - Final approval authority over medication governance policies - Quarterly audit rights of medication practices - Authority to require corrective actions based on audit findings.

Contractor Authority and Responsibilities: - Development of medication policies and procedures (subject to County review and approval prior to implementation) - Contractor's Medical Director has day-to-day clinical authority over individual medication orders and administration decisions - Maintenance of all required medication storage systems in compliance with regulations - Medication handling and security protocols - Medication administration documentation and monitoring - Compliance with all applicable medication

regulations - Medication error reporting and investigation - Quality improvement related to medication management.

Collaboration: - County and Contractor will collaborate on medication governance policies - Regular coordination meetings to review and approve policies - Quarterly medication practice audits conducted collaboratively - Shared commitment to safe medication practices.

4.1.4 Start-Up Timeline

Contractor Readiness Requirements:

Contractor must be operationally ready to commence CSU services at 4-bed capacity when: 1. County facility is ready 2. DHCS certification is approved 3. County provides written authorization to commence services Daily-rate payments under the service contract commence on the date of County written authorization to commence services. The final contract will specify whether, and at what reduced readiness rate, the Contractor is compensated for maintaining required staffing during any period between demonstrated operational readiness and DHCS certification approval.

4.2 Section 4.2 — Required Service Components

Operational readiness includes: - Staffing at CCR Title 9 required ratios with all required credentials verified - All contractor-provided equipment procured, installed, and tested - All contractor-provided supplies procured and stocked - EHR system operational and staff trained - All policies and procedures developed and County-approved - Staff training completion documented for all required topics - Mock operational drills completed successfully - Emergency preparedness plans in place and tested - Successful completion of County readiness assessment - Active participation in DHCS mock site visits and certification readiness reviews

All costs for achieving operational readiness must be built into the Contractor's ongoing service rates. No separate compensation will be provided for pre-operational activities.

DHCS Certification: - The selected Contractor is responsible for obtaining and maintaining all required DHCS certifications (e.g., Medi-Cal site certification, LPS facility designation) and approvals necessary to operate the CSU and bill for specialty mental health services - Services will commence only upon: - DHCS certification approval, AND - County written authorization - If DHCS certification is delayed beyond 90 days from contract execution due to reasons beyond Contractor's control, the contract timeline may be adjusted through bilateral amendment - County will support the certification process through coordination and facility documentation - Contractor is responsible for operational readiness demonstration and deficiency correction

4.2.1 Responsibility Allocation - Bidder Requirements

Bidders Must:

1. **Ask Questions:** If any operational expenses, equipment, supplies, or service-related costs are not clearly allocated, submit questions during the Question Period (deadline:) through the Bonfire system
2. **Include All Costs:** Include ALL costs for items listed in Section 4.1.2 in rate proposals, plus costs for any items that reasonably fall within Contractor service responsibilities
3. **Build in Pre-Op Costs:** Build all pre-operational costs into ongoing service rates (no separate pre-operational compensation will be provided)
4. **Include Contingency:** Include appropriate contingency (recommended 3-5%) for minor unforeseen expenses and cost variations

Consequences of Not Asking Questions:

Bidders who fail to raise questions about unclear expense allocations during the Question Period may have limited ability to: - Request rate adjustments for these items during contract performance - Claim these items were not included in the original rate proposal - Seek additional compensation for expenses the Contractor claims were not their responsibility

County Flexibility:

The County will negotiate in good faith with the Contractor regarding fair rate adjustments. However, this provision does not excuse Bidders from their obligation to thoroughly review the RFP and ask questions about any unclear allocations during the Question Period.

4.3 Required Service Components

Services to be provided:

- Offer patient intake options for walk-in, ED referrals and first responder drop-off options for individuals experiencing a behavioral health crisis, 24/7/365.
- Provide public facing digital “Bed Board” to ensure open and inclusive admissions opportunities.
- Provide quality crisis intervention and stabilization services and support to individuals presenting with a behavioral health crisis, Medi-Cal beneficiaries, with insurance eligibility verified and commercial insurance billed prior to Medi-Cal, as applicable.
- Perform a comprehensive assessment that will include mental-status exam, provision of a diagnosis or a need for medical services through medical screenings that will be available 24 hours a day and seven days a week.
- Conduct urine screening tests as needed.
- Determine immediate care needed, to diagnose, prevent, and subside crisis.
- Discharging in a timely and appropriate manner and within 24 hours of admittance into the CSU.

- Serve youth with ongoing assessment(s) during their visit and provide appropriate evidence-based short-term behavioral health interventions that support in stabilizing the individual.
- Medication management and administration, which may include intra-muscular injections of anti-psychotic and other appropriate medications.
- Provide appropriate and effective discharge planning.
- Referral and linkage may include: medical treatment, emergency services, residential programs, and other needed services such as transportation upon discharge when appropriate ensuring linkage to follow-up services.
- Facilitate collateral support to youth and their support system with the goal of discharging to the least restrictive environment.
- Serve to divert youth from County and private hospital emergency departments and avoidable engagement with law enforcement and incarceration.
- Coordinate with law enforcement, county services, and emergency services to provide most appropriate and least invasive care.
- Facilitate psychiatric hospitalization when treatment at a lower level of care is not appropriate.
- Create and maintain a safe space to provide social support systems as well as respect cultural competency.
- Provide parent/guardian notification, engagement, and consent processes consistent with WIC section 5585.50, minor consent law, and rights-advisement requirements for minors, including family participation in assessment, safety planning, and discharge planning whenever clinically appropriate.
- Coordinate with schools, child welfare, and juvenile probation as applicable, including discharge communication (with appropriate consent) to support the youth's return to home, school, or placement.
- Submit required documentation in the VCBH EHR within 24 hours of the delivery of services.
- Maintain appropriate staffing per CCR, Title, 9 § 1840.348.
- Provide culturally and linguistically appropriate Services.

4.3.1 Medi-Cal Billing and Revenue Management

- **County retains all billing rights** and will bill Medi-Cal and other payers directly for all CSU services
- County will collect all revenue from Medi-Cal, Medicare, commercial insurance, and other payer sources
- **Contractor is responsible for:**
  - Verifying Medi-Cal eligibility for all individuals served
  - Verifying commercial insurance coverage and ensuring commercial insurance is billed prior to Medi-Cal when applicable
  - Completing all clinical documentation in the County Electronic Health Record (EHR) system within required timeframes

  - Ensuring all documentation meets Medi-Cal billing standards and CCR Title 9 service definitions
  - Cooperating with County billing staff and responding to documentation requests within 5 business days
- **Claim Denial and Recoupment:** If Medi-Cal or other payer claims are denied due to Contractor failure to meet documentation requirements, the County will provide the Contractor written notice of the denial and no fewer than ten (10) business days to correct, supplement, or appeal the documentation where the payer permits. If the denial is not cured, the County reserves the right to recoup the proportional contract payment associated with the denied claim(s)

4.4 Staffing Requirements

As specified in CCR, Title 9, § 1840.348:

a) A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.

b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.

c) At a minimum there shall be a ratio of at least one licensed mental health or waivered/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.

d) If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.

e) Other persons may be utilized by the program, according to need.

f) If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.

g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

4.5 Administrative and Reporting Requirements

Monthly service data:

- Volume Metrics: Number of referrals received, number of individuals admitted, number of individuals discharged to ongoing placement of care within 23:59 hours/minutes.
- Demographics: Age, gender, race/ethnicity, language, and other relevant characteristics of individuals served to monitor equity and access.
- Service Outcomes: Disposition of each case

- Timeliness Metrics: Triage length, Admission rate, including adherence to established benchmarks.
- Clinical Indicators: Assessments completed, safety plans developed, and interventions provided.
- Quality and Compliance Metrics: Documentation of fidelity to evidence-based practices.
- Monthly invoice
- Monthly performance dashboard of enrollments, discharges, length of stay
- Participation in all mandatory meetings, per county direction

4.6 Performance Standards and Metrics

The Contractor must meet the following performance standards. Performance will be measured and reported monthly, reviewed quarterly, and formally evaluated annually. These standards are aligned with CCR Title 9 requirements, DHCS expectations, and behavioral health crisis care best practices.

4.6.1 Regulatory and Program Compliance

A. Service Model Compliance (CCR Title 9)

- Goal: Provide CSU crisis stabilization services that meet the CCR Title 9 definition of crisis stabilization (<24 hours) and are delivered at an approved/certified site
- Measure: Percentage of CSU encounters meeting service definition and site requirements in documentation and claims support
- Target: ≥98% compliant encounters per monthly utilization review
- Corrective Action: Required within 30 days of any audit finding

B. Operational Readiness and Availability

- Goal: Maintain continuous CSU operational readiness aligned to contract hours (24/7/365)
- Measures:
  - Unplanned downtime hours
  - Diversion status hours
  - Staffing fill rate vs. required schedule
- Targets:
  - ≤1% unplanned downtime per quarter
  - ≥95% staffing fill rate monthly at CCR Title 9 required ratios
  - Document and report root cause for any diversions

4.6.2 Access and Throughput Metrics

A. Timely Access from Arrival/Referral to Clinical Contact

- Goal: Ensure rapid engagement for individuals presenting in crisis
- Measures:
  - Median time from arrival/referral to triage start -

  - Median time from arrival/referral to licensed clinical assessment
- Targets:
  - Triage started within 15 minutes for ≥90% of arrivals
  - Clinical assessment within 60 minutes for ≥90% of arrivals
- Reporting: Monthly with stratification by referral source (law enforcement, ED, mobile crisis, walk-in)

B. Length of Stay Consistent with CSU Purpose (<24 hours)

- Goal: Use the CSU for stabilization and disposition planning within the crisis-stabilization window
- Measures:
  - Percentage of stays <24 hours (23 hours 59 minutes)
  - Average and median length of stay
  - "Overstay" root-cause analysis
- Targets:
  - ≥95% of stays discharged or transferred in <24 hours
  - Corrective action plans required when bed-search or system delays drive overstays
  - Monthly reporting of length of stay patterns and trends

C. Admission/Acceptance and Diversion Management

- Goal: Minimize inappropriate turn-aways and reduce avoidable ED/hospital utilization
- Measures:
  - Acceptance rate (excluding clinically inappropriate referrals as defined by County)
  - "Unable to accept" reasons documented (staffing, capacity, acuity mismatch, medical needs)
  - Percentage diverted to ED/inpatient due to CSU capacity constraints
- Targets:
  - ≥85% acceptance of clinically appropriate referrals
  - ≤5% ED diversion due to CSU capacity issues (excluding medical clearance needs)
  - 100% documentation of diversion rationale

4.6.3 Core Success Outcome Metrics

A. Disposition Mix Aligned to "Least Restrictive" Care

- Goal: Stabilize and connect people to the least restrictive safe setting
- Measure: Disposition distribution including:
  - Stabilized to community/home with outpatient follow-up

  - Crisis residential or step-down program
  - Psychiatric inpatient unit or psychiatric health facility
  - Emergency department transfer for medical needs
- Target: ≥70% discharged to community-based settings (non-inpatient), adjusted for acuity and local bed capacity
- Reporting: Monthly disposition dashboard with trend analysis

B. Linkage to Follow-Up Care After CSU Episode

- Goal: Ensure continuity after crisis resolution
- Measures:
  - Percentage of CSU discharges with documented follow-up appointment scheduled
  - Percentage completing a follow-up contact/visit within 7 days
- Targets:
  - ≥95% leave with scheduled follow-up appointment or warm handoff plan documented
  - ≥70% complete a follow-up contact/visit within 7 days of discharge
  - Baseline period allowed for first 3 months; phased targets may be implemented

C. 30-Day Repeat Crisis Utilization

- Goal: Reduce rapid recycle back to CSU/ED when avoidable
- Measure: Percentage with repeat CSU visit or ED psychiatric visit within 30 days of discharge (subject to data-sharing agreements)
- Target: Establish baseline in first 6 months; then reduce by 5-10% year-over-year (risk-adjusted/stratified)

4.6.4 Safety and Quality-of-Care Metrics

A. Safety Events and De-Escalation Performance

- Goal: Operate a trauma-informed, safe environment
- Measures: Rate per 1,000 visits of:
  - Restraints
  - Seclusion (if applicable), each in compliance with Health & Safety Code section 1180 et seq. and applicable CCR Title 9 requirements for minors
  - Staff or client injuries
  - Medication errors
  - Elopements
  - Assaults
  - Contraband incidents
- Targets:

  - Year-over-year reduction in all categories
  - Immediate reporting of sentinel events within 24 hours to County
  - Completed Root Cause Analysis (RCA) within 15 days of sentinel event
  - Zero tolerance for preventable sentinel events

B. Suicide Risk Screening and Safety Planning

- Goal: Standardize suicide risk identification and safety planning
- Measures:
  - Percentage screened with evidence-based suicide risk assessment tool
  - Percentage with documented safety plan when clinically indicated
  - Lethal means counseling documentation when indicated
- Targets:
  - ≥95% screening completion for all admissions
  - ≥90% safety plan completion among individuals screening positive for suicide risk

4.6.5 Operational and Workforce Expectations

A. Staffing and Training Requirements

- Goal: Maintain a trained workforce capable of crisis assessment, stabilization, and disposition planning
- Measures:
  - Staff credential and license compliance
  - Annual training completion rates for required topics: * Crisis de-escalation * Trauma-informed care * Cultural humility and LGBTQ+ affirming practices * Documentation and medical necessity * Mandated reporting * Safety and emergency procedures
- Target: 100% of staff complete required trainings within 60 days of hire and annually thereafter

B. Documentation Timeliness and Billing Integrity

- Goal: Ensure timely, audit-ready documentation supporting medical necessity and crisis-stabilization service definitions
- Measures:
  - Clinical notes completed within required timeframe
  - Medi-Cal claim denial rate
  - Internal audit pass rate
- Targets:
  - ≥95% of clinical notes completed within 24 hours of service delivery
  - Claim denial rate ≤2-3%
  - Internal audit pass rate ≥98%

4.6.6 Equity, Experience, and System Coordination

A. Equity Monitoring

- Goal: Identify and reduce disparities in access and outcomes
- Measure: All major metrics (wait times, dispositions, follow-up completion, repeat utilization) stratified by:
  - Age
  - Race/ethnicity
  - Primary language
  - Housing status
  - Insurance/payer type
  - Geographic area (if applicable)
- Target: Quarterly equity dashboard provided to County; disparity reduction plan required when statistically meaningful gaps persist for 2 consecutive quarters

B. Experience of Care (Consumer-Reported)

- Goal: Ensure respectful, person-centered crisis care
- Measures:
  - Brief post-visit survey response rate and satisfaction scores
  - Complaints and grievances rates
  - Percentage receiving rights/notice information as applicable
- Targets:
  - ≥85% positive experience ratings
  - Grievance acknowledgment within 5 business days
  - Grievance resolution within timelines specified in Provider Agreement
  - ≥30% survey response rate

4.6.7 Data and Reporting Requirements

Monthly Performance Dashboard shall include:

- Volume: Total encounters, referrals received, admissions, diversions
- Referral sources: Law enforcement, ED, mobile crisis, walk-in, other
- Arrival-to-assessment time: Median and distribution
- Length of stay: Mean, median, and percentage <24 hours
- Dispositions: Distribution across all disposition categories
- Safety events: All reportable incidents with brief narrative
- Follow-up: 7-day and 30-day follow-up completion rates
- Repeat utilization: 30-day returns
- Staffing: Fill rate, vacancies, overtime hours
- Billing: Claim submission, denial rate, revenue (if applicable)

Quarterly Quality Improvement Meeting:

- Review of trends, patterns, and performance against targets
- Root cause analysis for performance gaps
- Corrective action plans
- System-level barriers and recommended solutions

Annual Evaluation:

- Comprehensive outcomes analysis vs. baseline
- Equity analysis with disparity identification
- Quality improvement plan for subsequent year
  Stakeholder feedback summary

Performance Review and Consequences:

- Performance standards will be reviewed in quarterly meetings with County
- Failure to meet performance standards for two consecutive quarters will trigger a formal Performance Improvement Plan (PIP)
- Continued failure to meet standards after PIP implementation may result in contract penalties, remediation requirements, or contract termination as outlined in the Provider Agreement

5 PROPOSAL REQUIREMENTS

5.1 Cover Letter/Signature on Proposal (Maximum 1 page)

A cover letter, which shall be considered an integral part of the proposal, shall be signed by the individual(s) who is/are authorized to bind the Bidder contractually. The signature(s) must indicate the classification or position that the individual(s) hold in the Bidder's organization. The cover letter shall designate a person or persons who may be contacted during the period of evaluation with program/fiscal questions or contract issues. Include the contact name(s), type of questions/issues they can respond to, title, address, telephone number, fax number, and email address. The cover letter shall be on the Bidders' company letterhead with the legal name of the company that VCBH would be contracting with.

5.2 Executive Summary (Maximum 1 page)

Please provide an executive summary of your proposal that clearly shows that your organization is qualified to perform the services described in this RFP and that you fully understand the multiple components of the RFP.

5.3 Organizational Profile and Qualifications (Maximum 3 pages)

Required Information:

- Organization ownership, incorporation details, and office locations
- Number of employees locally and nationally

- Point of contact information for contract management
- Organization background and mission alignment
- Minimum 3 years' experience providing similar services
- Description of previous programs including staff size, locations, dates, and outcomes
- Complete disclosure of any contract failures, litigation, or sanctions
- Self-disclosure of pending charges, convictions, or disciplinary actions

5.4 Program Ramp-up, Approach, and Implementation Plan (Maximum 8 pages)

A. Ramp-up and transition plan:

- How CSU will be prepared to operate at full capacity of four (4) beds
- Readiness verification methods for both initial and full capacity

B. Service Delivery:

- Detailed description of proposed delivery service
- Approach to individualized service planning and case management
- Crisis intervention and safety planning protocols

C. Implementation and Transition Timeline:

- Staff recruitment and training timeline
- Community partnership development schedule
- Client recruitment and enrollment projections

D. Evidence-Based Practices:

- Description of evidence-based models and practices to be utilized
- Trauma-informed care implementation
- Cultural competency and accessibility considerations

5.5 Staffing Plan and Organizational Capacity (Maximum 6 pages excluding Resumes)

A. Organizational Structure:

- Proposed staffing plan with roles, responsibilities, and FTE allocations
- Organizational chart showing reporting relationships
- Staff recruitment and retention strategies
- Supervision and professional development plans

B. Key Personnel-Attachment C (provide resumes, job descriptions, salary information)

- Program Director/Manager
- Medical Director

- Nursing Lead (RN/LVN/Psychiatric Technician)
- Clinical Supervisor
- Case Manager(s)
- Peer Mentor Coordinator
- Administrative staff

Staff must satisfy staffing requirements listed in Section 4.3 Staffing Requirements and DHCS LPS facility designation standards.

5.6 Community Partnerships and Collaboration (Maximum 4 pages)

A. Existing Partnerships:

- Current relationships with service organizations
- Existing community resource networks
- Previous collaboration experience

B. Partnership Development Plan:

- Strategy for identifying and engaging new partners
- Formal partnership agreements and MOUs
- Resource sharing and coordination protocols
- Partnership sustainability planning

5.7 Cultural Competency and Accessibility (Maximum 3 pages)

A. Cultural Competency Framework:

- Approach to serving diverse racial, ethnic, and linguistic populations
- Staff training on cultural competency and implicit bias
- Accommodation strategies for clients with disabilities
- LGBTQ+ affirming practices and policies

B. Language Access:

- Interpretation and translation services
- Bilingual staff capabilities
- Culturally adapted materials and resources

5.8 Quality Assurance and Evaluation (Maximum 3 pages)

A. Data Collection and Management:

- Data collection protocols and tools
- Data security and privacy protection measures
- Outcome measurement strategies
- Quality improvement processes

B. Evaluation Participation:

- Commitment to participate in external evaluation
- Internal evaluation and monitoring systems
- Continuous quality improvement approach

5.9 Rate Proposal Requirements

The County is seeking performance-based contracting for CSU services under a service contract.

Bidders must submit rate proposals using rate structure described below. The County will evaluate rate structure to determine best value considering cost, operational flexibility, administrative efficiency, budget predictability, and alignment with County financial management systems.

5.9.1 REQUIRED RATE STRUCTURE (Attachment A)

Purpose: To provide County with predictable hourly per-bed payment option for CSU service delivery.

Required Submission Components:

A. Hourly Rate Structure

Provide an all-inclusive per-bed hourly rate covering all contractor-provided items and services for 24-hour crisis stabilization operations.

4-Bed Operations (Full Capacity): - Hourly rate per bed: $_____ per bed per day - Number of beds: 4 - Hourly cost (all beds, if paying for available beds): $_____ per day - Monthly cost (30 days): $_____ - Annual cost (Year 1, 2, & 3) – 12 months: $_____

B. Payment Methodology and Occupancy

Step 1: Specify your proposed payment methodology:

☐ **Option 1: Occupied Bed Days** - Payment based on actual bed days occupied - County pays hourly rate only for days a bed is occupied by a client - Provide projected occupancy rate: ____% - Financial risk: Lower guaranteed revenue for Contractor - Operational incentive: Maximizes utilization

☐ **Option 2: Available Bed Days** - Payment based on licensed/available beds regardless of occupancy - County pays hourly rate for all licensed beds whether occupied or not - Ensures 24/7/365 capacity is maintained - Financial risk: Higher County cost for lower utilization - Operational incentive: Ensures capacity always available

☐ **Option 3: Minimum Guaranteed + Occupied** - Minimum guaranteed payment (e.g., 50% of beds) + payment for additional occupied beds - Specify minimum percentage: ____% - Example: Minimum payment for 2 of 4 beds + actual payment for any occupied beyond minimum - Balances financial risk between County and Contractor

Selected Option: [Indicate which option and justify selection]

Rationale for Selected Option: [Explain why this payment methodology is optimal for County and provides fair compensation for Contractor]

Step 2: Convert to Hourly Rate

For 4-Bed Operations: - Total Annual Cost: $_____ - Divide by 365 days = Hourly operating cost $_____ - Payment methodology adjustment (if applicable): - If "Occupied Bed Days": Divide by projected occupancy rate ____% - If "Available Bed Days": No adjustment - If "Minimum Guaranteed": [Explain calculation] - Divide by 4 beds = **Hourly rate per bed $_____**

Step 3: Show All Assumptions - Projected annual occupancy rate (if applicable): _____% - Number of occupied bed days per year (4-bed): _____ - How fixed costs are allocated across available vs. occupied beds: - Any other assumptions used in hourly rate calculation:

C. What's Included in Hourly Rate

Provide a comprehensive checklist of everything included in the hourly rate:

Included in Hourly Rate: - ☑ All staffing at CCR Title 9 required ratios 24/7/365 - ☑ All contractor-provided equipment (computers, medical equipment, phones, etc.) - ☑ EHR system (software, licenses, support) - ☑ All contractor-provided supplies (medical, office, cleaning, linens, food/beverages) - ☑ Telecommunications and internet services - ☑ Janitorial and facility cleaning services - ☑ IT infrastructure and support - ☑ Administrative overhead and management - ☑ All required insurance (professional liability, general liability, workers comp) - ☑ Quality assurance and reporting - ☑ Training and professional development - ☑ Pre-operational costs (amortized into ongoing rates) - ☑ Contingency for cost variations - ☑ [Any other items included]

Any Exclusions or Additional Costs:

List any costs NOT included in hourly rate that would be billed separately: - ☐ None (all costs included in hourly rate) [PREFERRED] - OR: List specific exclusions and justification:

D. Rate Escalation

Year 2 Rate Increase: - Proposed escalation: _____% - Justification (CPI, wage inflation, other): - New hourly rate Year 2: $_____ per bed per day - Monthly cost Year 2: $_____ - Annual cost Year 2: $_____

Year 3 Rate Increase: - Proposed escalation: _____% - Justification: - New hourly rate Year 3: $_____ per bed per day - Monthly cost Year 3 (4-bed): $_____ - Annual cost Year 3: $_____

Three-Year Contract Total Cost (Hourly Rate Structure): - Year 1 (4-bed): $_____ - Year 2 (4-bed full year): $_____ - Year 3 (4-bed full year): $_____ - **TOTAL 3-YEAR COST:** $_____

E. Supporting Documentation

1. **Detailed Cost Calculation Methodology:** Provide detailed supporting documentation explaining how the proposed hourly rate was calculated
2. **Breakdown of all line-item expenses**

5.9.2 General Requirements for Rate Structure

The following information must be provided:

A. Comprehensive Cost Assumptions

Document all assumptions underlying your rate calculations:

1. **Staffing Assumptions:** - Specific staffing ratios (must meet or exceed CCR, Title 9 § 1840.348) - Staffing schedules and shift coverage model (e.g., 12-hour shifts, 8-hour shifts, overlapping coverage) - Average wages by position (based on market data for Ventura County area) - Benefits percentage and what's included (health insurance, retirement, payroll taxes, etc.) - Overtime assumptions and rates - On-call coverage structure and compensation - Recruitment and retention strategies - Turnover assumptions and replacement costs - Average time to fill vacancies
2. **Occupancy Assumptions (for hourly rate):** - Projected average occupancy rate: ___% - Basis for occupancy projection (market analysis, similar programs, VCBH data, etc.) - Sensitivity analysis (how rates would change if occupancy varies by ±10%) - Occupancy ramp-up timeline during Year 1 - Expected seasonal variations (if any)
3. **Projected Billable Hours**
4. **Equipment and Technology Assumptions:** - Equipment useful life and replacement cycles - Technology refresh cycles - Initial equipment procurement costs [built into ongoing rates] - Annual replacement reserves - Maintenance and support costs
5. **Supply Assumptions:** - Supply usage rates (per bed per day or per occupied bed day) - Unit costs for major supply categories - Inventory management approach - Procurement strategies and vendor relationships - Inflation assumptions for supplies
6. **Service Assumptions:** - Janitorial service frequency and scope - Internet bandwidth and service level requirements - Phone system capacity and features - EHR system specifications and user licenses - IT support response times and availability
7. **Inflation and Escalation Assumptions:** - Wage inflation rate: ___% - Supply cost inflation rate: ___% - Overall CPI assumption: ___% - Technology cost trends: ___% - Other escalation factors: _____ - Basis for escalation assumptions (historical data, market trends, economic forecasts, etc.)

8. **Other Operational Assumptions:** - Expected average length of stay: _____ hours - Annual admission volume (4-bed): _____ - - Peak vs. off-peak utilization patterns - Expected acuity mix of clients served - Pre-operational timeline and costs [included in rates]

B. Financial Sustainability Narrative (2-3 pages)

Provide a narrative explaining:

1. Sustainability Over 3-Year Term: - How do your proposed rates ensure financial sustainability? - What margins are included and why are they appropriate for CSU operations? - How do rates account for cost increases over time? - What financial reserves or contingencies are built in? - How does your organization's financial strength support contract performance?

2. Risk Mitigation Strategies: - What financial risks have you identified (occupancy variation, staffing costs, supply costs, etc.)? - How do your rates mitigate these risks? - What happens if costs exceed projections? - What happens if occupancy is lower than projected? - What cost control measures are in place? - What flexibility exists to adjust operations if needed?

3. Contingency Planning: - What contingency percentage is included in rates and why? - How will you manage unexpected costs? - What reserve funds or credit facilities are available? - What is your escalation process for addressing cost overruns?

4. Staff Retention Within Rate Structure: - How do your rates support competitive wages for the Ventura County market? - What retention strategies are funded within rates (training, benefits, career development)? - How do you balance cost control with staff recruitment and retention? - What happens if wage markets increase beyond projections? - What is your approach to minimizing turnover and maintaining quality?

5. Pre-Operational Costs: - Estimated total pre-operational costs: $_____ - How are these costs built into your ongoing rates? - Over what period are they amortized? - What activities are included (hiring, training, equipment setup, policy development, etc.)?

C. Payment Terms and Invoice Requirements

Proposed Payment Schedule: - ☐ Monthly in arrears:

Invoice Requirements You Can Meet: - Detailed invoice showing calculation (hours × rate or bed-days × rate) - Supporting documentation (timesheets, occupancy logs, service records) - Performance data attached to invoice (monthly dashboard) - Electronic invoice submission - Net 60 days payment terms - Compliance with County invoice format and requirements.

Billing Cycle: - Invoice submitted by the 10th day of the month for services provided in the prior month – must accurately include all supporting documentation with the invoice for payment. Payments are made Net 60 days from the receipt date of a correct invoice.

D. Billing and Revenue Acknowledgment

Confirm your understanding by checking each box:

☐ I understand that County retains all billing rights for Medi-Cal

☐ I understand that County will bill and collect all revenue from Medi-Cal

☐ I understand that Contractor rates under this service contract are calculated independently of billing revenue

☐ I understand that Contractor receives payment from County based on contracted rates, regardless of actual billing revenue collected

☐ I understand that Contractor is responsible for documentation quality to support successful claims processing by County

☐ I understand that County may recoup contract payments for claims denied due to Contractor's documentation deficiencies per Section 4.2.1

☐ I understand that Contractor must maintain documentation standards to achieve ≤2-3% claim denial rate

☐ I understand that Contractor will receive monthly reports from County on claim submission, approval, and denial rates

5.9.3 Required Financial Documents

All rate proposals must include:

A. Completed Attachment A: Rate Proposal Submission Template - Complete template for hourly rate structures - Follow all template instructions - Provide all required breakdowns and narratives - Include all supporting calculations

B. Financial Statements: - Audited financial statements for most recent completed fiscal year - Financial statements for prior fiscal year - Notes to financial statements - Management discussion and analysis (if available)

C. Proof of Financial Capacity: - Letter of credit, OR - Line of credit documentation, OR - Bank letter confirming financial capacity, OR - Other evidence of ability to manage cash flow during start-up and ongoing operations

D. Insurance Documentation: - Current insurance certificates for all required coverages, OR - Evidence of insurability (letters from insurance providers confirming ability to obtain required coverage) - List of proposed insurance carriers

E. Rate Calculation Supporting Documentation: - Detailed staffing models showing positions, FTEs, wages, benefits - Equipment cost estimates with vendor quotes or pricing sources - Supply cost estimates with unit costs and usage projections - EHR system pricing documentation - Any other supporting documentation referenced in rate calculations

5.9.4 Rate Proposal Evaluation Criteria

Rates will be evaluated based on:

1. Cost Reasonableness and Competitiveness (60%): - Are rates competitive within reasonable market range for CSU services? - How do rates compare to similar CSU programs (if data available)? - Are costs justified and well-documented? - Do rates reflect efficient operations? - Is the cost structure appropriate for the services required?

2. Value Proposition (20%): - What value does County receive for the proposed cost? - How do rates align with quality of services proposed in technical proposal? - Do rates support strong staffing and operational quality? - Is there appropriate balance between cost and quality? - Are proposed wages competitive enough to attract and retain quality staff?

3. Financial Sustainability and Risk Management (20%): - Do rates ensure Contractor's financial sustainability over 3-year term? - Are contingencies and risk mitigation strategies adequate but not excessive? - Are escalation assumptions reasonable and well-justified? - Is there a sound financial basis for the proposed rates? - Does the organization have financial strength to perform the contract?

IMPORTANT: The County will NOT automatically award to the lowest-cost proposal. Award decisions will be based on best value considering ALL evaluation criteria in Section 6, not cost alone. The County seeks the optimal balance of cost, quality, experience, and value.

5.9.5 County Rights Regarding Rates

The County reserves the right to:

Negotiate Rates: - Negotiate rates with top-ranked bidder(s) before making final award decision - Request clarification of any rate component - Request additional cost documentation to verify reasonableness - Request alternative rate structures or adjustments

Rate Structure Selection: - Select either hourly or daily rate structure for contract - Negotiate a hybrid approach if in County's best interest - Consider administrative efficiency and budget management needs in selection - Require rate modifications as condition of award

Rate Adjustments: - Approve or negotiate different escalation percentages than proposed - Adjust rates through bilateral amendment if unforeseen circumstances arise - Include performance-based rate adjustment provisions in contract - Adjust rates if GSA lease negotiations result in different allocation of responsibilities than indicated in RFP

No Obligation: - The County is not obligated to select the lowest-cost proposal - The County may reject any or all rate proposals if deemed not in County's best interest - Award will be based on best value considering all evaluation criteria - The County may cancel this procurement at any time prior to contract execution

Comparison Approach: Bidders must ensure each rate structure is accurately calculated and competitive - County will select the rate structure that provides best overall value

5.10 References-Attachment D

Bidders must provide a minimum of three (3) references from similar projects performed within the last three years. At least 1 reference must be from a government entity. Preference for references from CSU or crisis stabilization programs. Please note that references cannot be current Ventura County employees. Information provided should include:

1. Organization name
2. Project Manager's name and telephone number
3. Project description
4. Project dates (starting and ending)
5. Staff assigned to the project who will be assigned to the VCBH contract per this RFP
6. Dollar value of contract

5.11 Business Continuity Plan (Maximum 1 page)

Please provide a short description of the plans and procedures your organization has in place to keep operations running smoothly if: (1) one of your key staff members is on vacation or is temporarily or permanently incapacitated, (2) a natural or man-made disaster occurs that disrupts operations, or (3 State or local public health orders (including pandemic-related orders) impact the face-to-face delivery of services (Bidders are required to comply with the State and Local Public Health Ordinance).

5.12 Bidder Understanding (Maximum 2 pages)

Bidders may include an understanding of VCBH's needs or any other information deemed necessary which may not be required in any other section of the RFP.

5.13 Non-Collusion Affidavit (Attachment E)

Bidder proposals must include a signed original of the Non-Collusion Affidavit.

5.14 Compliance with County Standard Contract Terms and Conditions – Attachment B (Maximum 3 pages)

Bidders shall review the standard contract and state their acceptance of the contract terms as presented. Any comments, deviations, or exceptions to this contract must be provided in your proposal. Precise substitute wording must be offered in place of any section objected to. It is not enough to state merely that an exception is noted for a particular section. Deviations considered excessive by the County may reduce or eliminate Bidder.

5.15 Bidder Compliance Documentation

Bidders must provide the following documentation:

1. Provide a signed and current W-9 form reflecting the legal business name as registered with the California Secretary of State.

2. Provide current insurance certificates demonstrating compliance with the insurance requirements outlined in Section 8.3 of the RFP. Additional insured endorsements will be requested upon contract award.

6 PROPOSAL EVALUATION CRITERIA

Proposals will be evaluated using the following weighted criteria. The County will establish an Evaluation Committee responsible for scoring all responsive proposals.

6.1 Technical Approach and Program Design (35%)

- Quality and comprehensiveness of proposed service delivery model
- Alignment with program goals, evidence-based practices, and CCR Title 9 requirements
- Quality of ramp-up and implementation plan
- Feasibility and sustainability of proposed approach over 3-year contract term
- Innovation and creativity in program design that enhances outcomes
- Crisis intervention and safety protocols
- Discharge planning and linkage to ongoing care strategies
- Cultural competency integration throughout service model

Scoring Considerations:

- Demonstrates deep understanding of CSU service requirements and crisis continuum
- Proposes evidence-based practices appropriate for <24-hour stabilization
- Includes detailed, realistic implementation timeline with clear milestones
- Addresses potential challenges and mitigation strategies
- Shows innovation beyond minimum requirements

6.2 Organizational Capacity and Experience (25%)

A. CSU and Crisis Stabilization Experience (15%)

- Current DHCS certification to provide CSU services (strong preference)
- Demonstrated experience operating CSU programs or substantially similar crisis stabilization services
- Required experience: 24/7/365 operations, CCR Title 9 compliance, <24 hour service model, collaboration with law enforcement/EDs/mobile crisis teams
- Duration and outcomes of previous CSU or crisis programs operated
- Experience serving similar populations
- DHCS audit and certification history (compliance record, zero deficiencies preferred)

B. Organizational Stability and Financial Capacity (5%)

- Organizational track record and longevity
- Financial stability demonstrated through financial statements
- History of contract performance with government entities
- Absence of contract terminations, significant sanctions, or compliance issues
- Credit rating or proof of financial capacity
- Ability to obtain required insurance coverage

C. Quality and Qualifications of Proposed Staff (3%)

- Qualifications and experience of proposed Program Director/Manager
- Qualifications and experience of proposed Medical Director (if identified)
- Qualifications and experience of proposed Clinical Supervisor
- Overall staffing plan quality and appropriateness

D. Capacity to Meet All Contract Requirements (2%)

- Ability to meet all requirements in Scope of Work simultaneously
- Capacity to deliver services at proposed location
- Technology and systems capacity (EHR proficiency, data systems)
- Quality assurance and data management infrastructure

6.3 Community Engagement and Partnerships (15%)

- Existing relationships with behavioral health providers, hospitals, law enforcement, and community-based organizations
- Current community presence and reputation in Ventura County or similar communities
- Partnership development strategy and capacity to build new relationships
- Cultural competency and accessibility planning for diverse populations
- Stakeholder engagement approach including consumers, families, and community members
- Track record of successful collaboration in crisis systems of care
- Specific partnerships proposed to support CSU operations

6.4 Budget and Cost-Effectiveness (20%)

- **Rate reasonableness and competitiveness for hourly rate structure**
- Best value to County considering quality, outcomes, and cost
- Clarity and transparency of rate calculations and assumptions
- Financial sustainability of proposed rates over 3-year contract term
- Cost-effectiveness relative to performance standards and expected outcomes
- Appropriate allocation of resources across service components
- Realistic projections for 4-bed operations
- Risk management and contingency planning
- **Value proposition of rate structure (hourly)**

- **Administrative efficiency of each rate structure**
- **Budget predictability of each rate structure**

Note: County will evaluate rate structures submitted by each Bidder. The County is not obligated to select the rate structure with the lowest total cost. Selection will be based on best value considering cost, administrative efficiency, budget predictability, operational flexibility, and alignment with County financial management systems.

Note: Lowest cost proposal will not automatically receive highest score; evaluation focuses on best value.

6.5 Evaluation and Quality Assurance (5%)

- Data collection and evaluation plan quality and feasibility
- Quality improvement and monitoring systems
- Commitment to accountability and transparency
- Experience with performance measurement and reporting
- Approach to continuous quality improvement
- Willingness to participate in external evaluation (if applicable)

6.6 Scoring and Evaluation Process

- Each proposal will be scored by multiple evaluators using standardized scoring rubrics
- Scores will be averaged across evaluators for each criterion
- Weighted scores will be calculated by multiplying average criterion score by the weight percentage
- Total proposal score is the sum of all weighted criterion scores (maximum 100 points)
- Proposals scoring below 70 points may be deemed non-responsive

The County reserves the right to:

- Request clarifications, presentations, or additional information from any or all Bidders
- Conduct site visits to current Bidder operations
- Check references beyond those provided
- Adjust evaluation process based on number and quality of proposals received
- Negotiate with top-ranked Bidder(s) before making final award decision
- **Evaluate rate structure submitted by each Bidder**
- **Select rate structure based on best overall value**

Award will be made to the Bidder(s) whose proposal(s) represent the best value to the County based on these evaluation criteria. The County is not obligated to award to the lowest-cost Bidder.

7 SUBMISSION REQUIREMENTS

7.1 Submission Instructions

- **Deadline:** PM Pacific Time
- **Method:** Electronic submission through Bonfire system at https://ventura.bonfirehub.com/opportunities/246913
- **Format:** PDF files, 12-point font minimum, 1-inch margins
- **Page Limits:** Strictly enforced as specified in each section

7.2 Vendor Qualifications

Mandatory Requirements:

- Not listed on federal exclusion lists (OIG or SAM.gov)
- Active status with California Secretary of State (if applicable)
- Demonstrated capacity to manage multi-year contracts
- Current insurance and bonding capabilities

8 CONTRACT TERMS AND CONDITIONS

8.1 Contract Structure

- Initial three-year term with two optional one-year extensions
- Performance-based contract with outcome requirements
- Payment on reimbursement basis (Net 60 days)
- VCBH standard contract terms (see Attachment B)

8.2 Performance Standards

- Monthly reporting and data submission requirements
- Quarterly performance reviews
- Annual client satisfaction surveys
- Compliance with all applicable federal, state, and local regulations

8.3 Insurance Requirements

- General liability, professional liability, cyber liability insurance
- Workers compensation coverage
- Minimum coverage amounts as specified in standard contract

9 QUESTIONS AND CLARIFICATIONS

All questions must be submitted through the Bonfire system message center by August 7, 2026. Questions and responses will be posted publicly for all potential proposers.

Contact: VCBH Contracts Administrator

Technical Support: support@gobonfire.com

10 ATTACHMENTS

The following attachments are available through the Bonfire system at https://ventura.bonfirehub.com/opportunities/246913

10.1 Attachment A: Rate Proposal Submission Template

This template provides standardized format for submitting rate proposals for hourly rate structure.

NOTE: This attachment requires revision to match the new rate-structure approach.

10.2 Attachment B: Provider Services Agreement

Sample contract terms and conditions that will govern the awarded contract.

10.3 Attachment C: Key Staff Listing Template

Template for providing information on all proposed key staff members.

10.4 Attachment D: References Template

Template for submitting professional references with required information.

10.5 Attachment E: Non-Collusion Affidavit

Required affidavit confirming Bidder has not engaged in collusion or anti-competitive practices.

All attachments must be downloaded from the Bonfire system. Bidders are responsible for ensuring they have the most current version of all attachments. Questions about attachments should be submitted through the Bonfire message center by the deadline specified in Section 1.2.