



County of San Luis Obispo

GENERAL SERVICES

Machelle Vieux, Interim Director

Cody VanDorn, Department Administrator

REQUEST FOR PROPOSAL #1300 SAN LUIS OBISPO COUNTY MENTAL HEALTH SERVICES ACT FULL SERVICE PARTNERSHIP PROGRAMS

December 30, 2014

The County of San Luis Obispo (County) is currently soliciting proposals for professional services for MENTAL HEALTH SERVICES ACT FULL SERVICE PARTNERSHIP PROGRAMS.

Each proposal shall specify each and every item as set forth in the attached specifications. Any and all exceptions must be clearly stated in the proposal. Failure to set forth any item in the specifications without taking exception may be grounds for rejection. The County reserves the right to reject any and all proposals and to waive any irregularity or informality in any proposal or in the Request for Proposal process, as long as, in the judgment of the County, such action will not negate fair competition and will permit proper comparative evaluation of the proposals submitted.

This Request for Proposal is posted on the County's Purchasing website at http://www.slocounty.ca.gov/GS/Purchasing/Current_Formal_Bids_and_Proposals.htm. Any changes, additions, or deletions to this Request for Proposal will be in the form of written addenda issued by the County. Any addenda will be posted on the website. Prospective proposers must check the website for addenda or other relevant new information during the response period. The County is not responsible for the failure of any prospective proposer to receive such addenda. All addenda so issued shall become a part of this Request for Proposal.

If your firm is interested and qualified, please submit one (1) electronic copy of your proposal, in Adobe Acrobat Portable Data Format (pdf), through the County's Purchasing website at the address listed above, by **3:00 p.m.** on February 6, 2015.

All questions pertaining to the content of this Request for Proposal must be made in writing through the County's Purchasing website. All questions will receive a response within five (5) business days. Questions and responses will be posted (anonymously) on the Purchasing website, and can be viewed by accessing the Request for Proposal. The County reserves the right to determine the appropriateness of comments / questions that will be posted on the website.

If you have any questions about the proposal process, please contact the Buyer directly.

PHILL HALEY
Buyer – GS Purchasing
phaley@co.slo.ca.us

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LOCAL VENDOR PREFERENCE

The County has established a local vendor preference. When quality, service, and other relevant factors are equal, responses to Requests for Proposals will be evaluated with a preference for local vendors. Note the following exceptions:

1. Those contracts which State Law or, other law or regulation precludes this local preference.
2. Public works construction projects.

A "local" vendor preference will be approved as such when, 1) The vendor conducts business in a fully staffed office with a physical address within the County of San Luis Obispo; 2) The vendor holds a valid business license issued by the County or a city within the County; and 3) The vendor has conducted business at the local address for not less than six (6) months prior to the due date of this Request for Proposal..

Proposals received in response to this Request for Proposal will be evaluated by the Selection Committee considering the local vendor preference described above when quality, service and other relevant factors are equal. The burden of proof will lie with proposers relative to verification of "local" vendor preference. Should any questions arise, please contact a buyer at (805) 781-5200.

	YES	NO
Do you claim local vendor preference?		
Do you conduct business in an office with a physical location within the County of San Luis Obispo?		
Business Address: _____ _____		
Years at this Address: _____		
Does your business hold a valid business license issued by the County or a City within the County?		
Name of Local Agency which issued license: _____		

Business Name: _____

Authorized Individual: _____ Title: _____

Signature: _____ Dated: _____

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PROPOSAL SUBMITTAL AND SELECTION

1. All proposals must be submitted to the County's Purchasing website in Adobe PDF format no later than 3:00 p.m. on February 6, 2015. Late proposals will not be considered.
2. All costs incurred in the preparation and submission of proposals and related documentation will be borne by the proposer.
3. Selection of qualified proposers will be by an impartial Selection Committee using an approved County procedure for awarding professional contracts. Selection will be made on the basis of the proposals as submitted, although the County reserves the right to interview applicants as part of the selection process. The proceedings of the Selection Committee are confidential, and members of the Selection Committee are not to be contacted by the proposers.
4. This Request for Proposal does not constitute an offer of employment or to contract for services.
5. The County reserves the option to accept or reject any or all proposals, wholly or in part, received by reason of this request, and make more than one award, or no award, as the best interests of the County may appear.
6. All documents submitted to the County in response to this Request for Proposal will become the exclusive property of the County.
7. All proposals shall remain firm for ninety, (90) days following closing date for receipt of proposals.
8. The County reserves the right to award the contract to the firm who presents the proposal which in the judgment of the County, best accomplishes the desired results, and shall include, but not be limited to, a consideration of the professional service fee.
9. Any contract awarded pursuant to this Request for Proposal will incorporate the requirements and specifications contained in this Request for Proposal. All information presented in a proposer's proposal will be considered binding upon selection of the successful proposer, unless otherwise modified and agreed to by the County during subsequent negotiations.
10. The successful proposer is expected to execute a contract similar to the contract in Appendix A. This sample contract is for reference to the anticipated terms and conditions governing the County and the successful proposer. The proposer must take exception in their proposal to any section of the attached contract they do not agree with. Failing to do so will be deemed as acceptance by the proposer to the terms spelled out in the sample contract. The County reserves the right, in its sole discretion, to add, delete, or modify, or negotiate additional terms and conditions to the attached contract. **BEFORE BEGINNING ANY WORK OR SUBMITTING A PROPOSAL IT IS ADVISED THAT PROPOSERS READ THE COUNTY INSURANCE AND INDEMNIFICATION REQUIREMENTS IN THE ATTACHED SAMPLE CONTRACT.** The selected proposer will be asked to provide evidence that County insurance requirements have been met.
11. Under the provisions of the California Public Records Act (the "Act"), Government Code section 6252 et seq., all "public records" (as defined in the Act) of a local agency, such as the County, must be available for inspection and copying upon the request of any person. Under the Act, the County may be obligated to provide a copy of any and all responses to this Request for Proposal, 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

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confidential trade secret [Government Code section 6254(k)] or contains other technical, financial or other data whose public disclosure could cause injury to the proposer's competitive position. If any proposer believes that information contained in its response to this Request for Proposal should be protected from disclosure, the proposer **MUST** specifically identify the pages of the response that contains the information by properly marking the applicable pages and inserting the following notice in the front of its response:

NOTICE: *The data on pages _ of this response identified by an asterisk (*) contain technical or financial information, which are trade secrets, or information for which disclosure would result in substantial injury to the proposer's competitive position. Proposer requests that such data be used only for the evaluation of the response, but understands that the disclosure will be limited to the extent the County considers proper under the law. If an agreement is entered into with the proposer, the County shall have the right to use or disclose the data as provided in the agreement, unless otherwise obligated by law.*

The County will not honor any attempt by proposer to designate its entire proposal as proprietary. If there is any dispute, lawsuit, claim or demand as to whether information within the response to the Request for Proposal is protected from disclosure under the Act, proposer shall indemnify, defend, and hold harmless, the County arising out of such dispute, lawsuit, claim or demand.

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PROPOSAL FORMAT

A qualifying proposal must address all of the following points and shall be in the format outlined in this section:

1. Cover Sheet

A Proposal must have a cover sheet which clearly identifies:

- a. Project Title
- b. Organization/Agency/Individual Name
- c. Executive Director and/or Program Contact Person
- d. Address
- e. Phone Number
- f. E-mail Address
- g. Amount of funds being requested
- h. A brief (50 words or less) description of proposed service (s)

2. Project Summary: Summarize your program/project by providing a brief description of proposed services based on project outlined in Project Scope section.

3. Organization: Briefly describe your organization and its mission.

4. Project Description: Based on project descriptions in following Project Scope section, describe the program or service being proposed, including:

- a. Summary of approach to be taken including strategies for ensuring adherence to the Guiding Principles of MHSA
- b. Target population to be served: Include demographics, geographic locations, and levels of risk
- c. Work Plan: Describe, in detail what activities will be conducted. Include descriptions of personnel, service location(s), and who will be responsible for each task, and qualifications of personnel to be assigned to this project. Please provide proposed staffing schedules, flowcharts, timelines, or any other documents outlining the proposed work plan.

*All projects are expected to start July, 2015 and carried out until June 30, 2018. However, contracts are issued annually by Fiscal Year and subject to renewal.

5. Data Collection and Performance Measurement: How will the service being proposed achieve its goals? Based on the strategies and work plan proposed, please provide a detailed response to the following:

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- a. What is the goal(s) of the proposed program? What data, feedback, or information was used to determine the program goal(s)?
 - b. What meaningful, measurable outcomes will be targeted to be achieved?
 - c. What are the program objectives to actualize the stated outcomes?
 - d. How will these results be measured? What information will be collected, and what tools or methods will be used to gather data? If available, please include a sample of a measurement instrument your organization would use in carrying out this service.
 - e. How will data be analyzed and reported to the County? How will the provider use data and measures to affect service delivery?
6. Organizational Capacity: Describe your organizational capacity to successfully carry out the proposed activities.
- a. If applicable, describe any current or past projects your organization has conducted in partnership with San Luis Obispo (SLO) County's Behavioral Health Department. If you have not worked in partnership with SLO County, please describe your activities working with other Counties or organizations to provide specialty mental health services.
 - b. Please describe your capacity to conduct activities using an electronic health record. What are your information technology resources, and/or what needs would you require to conduct the proposed activities.
 - c. Please describe your fiscal/accounting procedures and capacity. How will you conduct billing and auditing procedures? Please submit your last audited financial statements.
 - d. Provide three client/business references from recent related projects, including name, address, email, and phone number of individuals to contact for referral.
7. Cultural Competence: Describe your agencies cultural competence in program approach, staffing, and organization governance.
- a. Describe how services proposed will meet the requirements of cultural competence set forth in the County's MSHA plan.
8. Program/Project Budget:
- a. A line item budget is required that:
 - 1) Outlines revenue and expenditure projections for three fiscal years (July-June)
 - 2) Budget projection should include estimated Medi-Cal and other revenue reimbursement offsets if available
 - b. A budget narrative is required that:

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- 1) Describes each line item
- 2) Describes justification for each line item
- 3) If these funds will be used for a match required by other funding sources, please list the funding source and the amount of match required.

9. Fees and Insurance

Please provide information documenting your organization's assurances for the following:

- a. The selected Contractor will be required to provide insurance coverage in the amount of \$2,000,000.00 General Liability Insurance, \$ 1,000,000.00 of Professional Liability Insurance, \$1,000,000.00 Employer's Liability, and \$1,000,000.00 in Auto Policy (including owned, non-owned, and hire vehicles). This amount of insurance coverage shall be reflected in your budget.
- b. The selected Contractor shall provide within five (5) days after the Notice of Award is issued a certificate of liability insurance naming the County of San Luis Obispo and its employees and officers as additionally named insured. This shall be maintained in full force and effect for the duration of the contract, plus five (5) years after completion of the contract and must be in an amount and format satisfactory to the County.
- c. Contractor shall defend, indemnify and hold harmless the County, its officers and employees from all claims, demands, damages, costs, expenses, judgments, attorney fees, liabilities or other losses that may be asserted by any person or entity, including Contractor, and that arise out of or are made in connection with the acts or omissions, relating to the performance of any duty, obligation, or work hereunder. The obligation to indemnify shall be effective and shall extend to all such claims and losses, in their entirety, even when such claims or losses arise from the comparative negligence of the County, its officers and employees. However, this indemnity will not extend to any claims or losses arising out of the sole negligence or willful misconduct of the County, its officers and employees.
 - 1) The preceding paragraph applies to any theory of recovery relating to said act or omission by the Contractor, or its agents, employees, or other independent contractors directly responsible to Contractor, including, but not limited to the following:
 - i. Violation of statute, ordinance, or regulation
 - ii. Professional malpractice
 - iii. Willful, intentional or other wrongful acts, or failures to act
 - iv. Negligence or recklessness
 - v. Furnishing of defective or dangerous products
 - vi. Premises liability
 - vii. Strict Liability
 - viii. Inverse condemnation
 - ix. Violation of civil rights

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- x. Violation of any federal or state statute, regulation, or ruling resulting in a determination by the Internal Revenue Service, California Franchise Tax Board or any other California public entity responsible for collecting payroll taxes, when the Contractor is not an independent contractor.
- 2) It is the intent of the parties to provide the County the fullest indemnification, defense, and “hold harmless” rights allowed under the law. If any word(s) contained herein are deemed by a court to be in contravention of applicable law, said word(s) shall be severed from this contract and the remaining language shall be given full force and effect.

REVIEW AND SELECTION CRITERIA

Proposals will be reviewed and prioritized, among other things, on:

- a. Capacity to successfully provide services
- b. Organizational ability to carry out the proposed services, including experience with the target population
- c. Demonstration of understanding of the proposed service goals
- d. Capacity to collect relevant data and participate in project evaluation

PROJECT BACKGROUND

The San Luis Obispo County Behavioral Health Department (SLOBHD) invites proposals for community agencies and organizations to provide services as outlined in the San Luis Obispo County Mental Health Services Act (MHSA) Community Services and Supports (CSS) component of the Three-Year Program and Expenditure Plan. The complete MHSA plan was approved by the State of California Mental Health Services Oversight and Accountability Commission. The most current plan may be viewed at:

<http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf>

PROJECT SCOPE

The County of San Luis Obispo’s Behavioral Health Department is seeking proposals for the implementation of Full Service Partnership (FSP) programs ranging in age groups from Children to Older Adults. Service providers must be well-qualified, and highly trained to carry out clinical and/or field services. This includes, but is not limited to, mental health treatment, wellness and recovery supports, crisis intervention and care, and transitional life skill supports. Eligible providers must be community-minded, collaborative, and client-centered.

FSP provides comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services, or may have avoided utilization of these services while incurring high costs related to acute hospitalization or long term care. The intent of these services is to help clients and families increase their ability to function at optimal levels and independently, where appropriate. A principle of FSP is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client driven services and supports with each client choosing services based on individual needs. These individuals and their families often have co-existing difficulties, such as substance abuse,

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homelessness, and involvement with the judicial and/or child welfare systems. Key variables to FSP programs are a low staff to client ratio, crisis availability, and a team approach that is a partnership between mental health service providers and consumers.

San Luis Obispo County CSS programs include four distinct FSP programs based on focal age groups. Collectively, in 2012-2013, clients in the FSP programs yielded the following results: (1) A 40% reduction in homelessness; (2) An 86% reduction in emergency room visits and psychiatric hospitalizations; (3) An 83% reduction in jail days. In the following section each of the focal population (four distinct age-groups) FSP projects will be outlined.

Criteria for each of the four FSP Programs (Child & Youth, Transitional Aged Youth, Adult, and Older Adult) are outlined separately, with further distinction between the clinical and wellness services to be offered listed within the component descriptions below. Currently, the SLOBHD provides the clinical services and contracts with community organizations to provide wellness and recovery supports. Going forward, the County will continue to provide, at minimum, the psychiatry and medication support for enrolled FSP members. The components described in each scope are required to be delivered as part of the complete FSP project. However, if an individual or organization is interested in delivering only one or more of the components, please note this in the proposal. For instance, if the organization is only interested or capable of providing wellness and recovery supports, please present responses based on a relationship whereby the County provides FSP clinical services.

1. Children and Youth FSP (Ages 0-18)

- A. Individual has a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI) or has a parent/caregiver with SED or SPMI or a parent/caregiver who has a substance abuse disorder or co-occurring disorder, AND
- B. Individual has a history of high utilization of the system, including chronic psychiatric hospitalizations; frequent emergency room encounters; involvement with Public service agencies, OR
- C. Individual is in Foster Care with a history of multiple placements, OR
- D. Individual has been removed or is at risk of being removed from their home by DSS and/or is in transition to a less restrictive placement, OR
- E. Individual is homeless, at risk of being homeless, OR
- F. Individual is involved with the juvenile justice system or has a history of law enforcement involvement, OR
- G. Individual is new to the system (System of Care or Mental Health) and has not been served in the past.

2. Transitional Aged Youth (TAY) FSP (Age 16-25)

- A. Individual has a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI) or is experiencing the first psychotic break/major mental illness, or has a parent/caregiver with SED or SPMI or a parent/caregiver who has a substance abuse disorder or co-occurring disorder, AND
- B. Individual has a history of high utilization of the system including chronic history of psychiatric hospitalizations; frequent emergency room visits; involvement with Public service agencies, OR
- C. . Individual is in the Foster care system with multiple placements, has a history of Foster Care with multiple placements, and/or is aging out/has aged out, OR
- D. Individual is leaving long-term care (Level 10-14 group homes, Community Treatment Facilities, Institutes for Mental Disease, State Hospitals, Probation Camps, OR
- E. Individual is homeless, at risk of being homeless, OR
- F. Individual is involved with the juvenile justice system or has a history of law enforcement involvement OR
- G. Individual has co-occurring substance use/abuse issues, OR
- H. Individual is aging out of Educationally Related Mental Health Services; child mental health system; child welfare system; juvenile justice system, OR
- I. Individual is new to the system (System of Care or Mental Health) and has not been served in the past.

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3. Adult FSP (Ages 26-59)

- A. Individual has a current Axis I DSM-IV diagnosis of a major psychiatric disorder and demonstrates a need for an intensive FSP program based on their history and current level of functioning, AND
- B. Individual has a history of high utilization of the system including chronic history of psychiatric hospitalizations; frequent emergency room visits, OR
- C. Individual has been discharged from an Institution of Mental Disease (IMD) within the last 12 months, OR
- D. Individual is at risk for involuntary institutionalization to an IMD, OR
- E. Individual is homeless, at risk of being homeless, OR
- F. Individual is involved with the justice system or has a history of law enforcement involvement, OR
- G. Individual has Co-Occurring substance abuse disorder, OR
- H. Individual is new to the system (Mental Health) and has not been served in the past.

4. Older Adult FSP (Ages 60+)

- A. Individual has a current Axis I DSM-IV diagnosis of a major psychiatric disorder and demonstrates a need for an intensive FSP program based on their history and current level of functioning, AND
- B. Individual has a history of high utilization of the system including chronic history of psychiatric hospitalizations; frequent emergency room visits; frequent visits to their Primary Care Physician with mental health related issues, OR
- C. Individual is homeless or at risk of homelessness, OR
- D. Individual is homebound and unserved, OR
- E. Individual is involved with the justice system or has a history of law enforcement involvement, OR
- F. Individual has Co-Occurring substance abuse disorder, OR
- H. Individual is new to the system (Mental Health) and has not been served in the past.

Note: The components available in this RFP do not include the current Homeless Outreach FSP

1-4.A Clinical Services

1. The selected provider shall deliver services to discrete individuals in the following age groups:
 - a. Children and Youth FSP: Clients between the ages of 0-15
 - b. Transitional Aged Youth FSP: Clients between the ages of 16-25
 - c. Adult FSP: Clients between the ages of 26-59
 - d. Older Adult FSP: Clients over the age of 60
2. The San Luis Obispo County Behavioral Health Department (SLOBHD) will refer and assign clients to the FSP. The FSP will also conduct intensive outreach to individuals identified as having characteristics of this focal population.
3. The selected provider shall provide comprehensive integrated mental health services to all clients, based on the Individual Treatment Plan (ITP) developed for each client. Services provided to each client shall be based on the client's ISP, which shall be designed to meet the particular client's individual needs for one or more of a broad range of mental health services. The clinical services shall include, but are not limited to, the following:
 - a. Outreach and engagement of referred clients, and enrolled clients on an on-going basis, as needed
 - b. Culturally- and linguistically-appropriate services
 - c. Field-based clinical services
 - d. Trauma-informed/trauma-specific treatment
 - e. Evidence-/excellence-based practice models
 - f. Mental health services, including individual, family, group, collateral, psychological testing and targeted case management services
 - g. Integrated services for co-occurring mental health and substance abuse disorders
 - h. Client/family self-help and peer support services

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- i. Vocational and educational services and/or referrals
 - j. Support and consultation to clients' families and other major supports
 - k. 24/7 assessment and crisis response services
 - l. Interagency collaboration
 - m. Community partnerships
 - n. Linkage to other resources, as needed
 - o. Therapeutic Behavioral Services (TBS) This is for any full scope Medi-cal child or youth under the age of 21
 - p. Family Support Services (Child FSP only)
 - q. Specialized Interventions for Older Adults (Older Adult FSP only)
4. The selected contractor shall collect all data elements as required by the SLOBHD for the Child, Transition-age Youth (TAY), Adult, and Older Adult FSP. All future funding for the FSP will be dependent upon positive performance outcomes, which will be monitored by SLOBHD throughout the year. Data shall be collected in a timely manner and submitted to SLOBHD according to Department guidelines.
 5. The selected provider shall be evaluated on six (6) performance-based criteria that will measure performance related to program and operational measures that are indicative of quality mental health services. Proposals should identify processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels. The performance-based criteria are as follows:
 - a. Provider conducts a significant amount of field-based clinical services. At least 65% of direct services are provided in the field.
 - b. Provider responds to the individual needs of enrolled FSP members in a timely manner, 24/7. 100% of responses are within the required 72 hours. 100% of responses to hospitals, emergency rooms, urgent care centers, inpatient hospitals and other institutional settings are within 24 hours.
 - c. Provider uses its own staff to respond to 100% of the individual needs of enrolled FSP members 24/7.
 - d. Provider has appropriate client-to-direct service staff ratio. Currently, there is a 15:1 client-to-direct service therapeutic staff ratio to serve clients for adults and older adults; with a 10:1 ratio for Child and TAY FSP programs.
 - e. Provider delivers services to clients with co-occurring substance abuse disorders. At least 60% of clients with co-occurring substance abuse disorders shall be served.
 - f. At the time of admission, Provider shall serve uninsured and underinsured clients.
 6. Provider shall submit documentation of the following , along with written guidelines as how each relates to performance targets:
 - a. Required statistical reports related to FSP services
 - b. Required documents such as licenses, certification, etc., related to the services
 - c. Training schedules and curriculums

1-4.B Wellness and Recovery Services

1. The selected provider shall deliver services to discrete individuals in the following age groups:
 - a. Children and Youth FSP: Clients between the ages of 0-15
 - b. Transitional Aged Youth FSP: Clients between the ages of 16-25
 - c. Adult FSP: Clients between the ages of 26-59
 - d. Older Adult FSP: Clients over the age of 60
2. The San Luis Obispo County Behavioral Health Department (SLOBHD) will refer and assign clients

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to the FSP. The FSP will also conduct intensive outreach to individuals identified as having characteristics of this focal population.

3. Provider shall provide comprehensive integrated mental health services to all clients, based on the Individual Treatment Plan (ITP) developed for each client. Services provided to each client shall be based on the client's ISP, which shall be designed to meet the particular client's individual needs for one or more of a broad range of mental health services. The wellness and recovery services shall include, but are not limited to, the following:
 - a. Outreach and engagement of referred clients, and enrolled clients on an on-going basis, as needed
 - b. Culturally- and linguistically-appropriate services
 - c. Field-based wellness and recovery services
 - d. Trauma-informed/trauma-specific services
 - e. Evidence-/excellence-based practice models
 - f. Money management
 - g. Transportation services
 - h. Benefits establishment
 - i. Housing assistance
 - j. Assistance with access to physical health care
 - k. Client/family self-help and peer support services
 - l. Vocational and educational services and/or referrals
 - m. Support and consultation to clients' families and other major supports
 - n. Socialization, recreation and faith-based services
 - o. Interagency collaboration
 - p. Community partnerships
 - q. Linkage to other resources, as needed
 - r. Therapeutic Behavioral Services (TBS) (Child and Transition-age Youth FSP only)
 - s. Family Support Services (Child FSP only)
 - t. Specialized Interventions for Older Adults (Older Adult FSP only)
4. The selected provider shall collect all data elements as required by the SLOBHD for the Child, Transition-age Youth (TAY), Adult, and Older Adult FSP. All future funding for the FSP will be dependent upon positive performance outcomes, which will be monitored by SLOBHD throughout the year. Data shall be collected in a timely manner and submitted to SLOBHD according to Department guidelines.
5. The selected provider shall be evaluated on seven (7) performance-based criteria that will measure the Contractor's performance related to program and operational measures that are indicative of quality mental health services. Contractor shall provide processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels. The performance-based criteria are as follows:
 - a. Provider conducts a significant amount of field-based services. At least 65% of direct services are provided in the field.
 - b. Provider responds to the individual needs of enrolled members in a timely manner, 24/7. 100% of responses are within the required 72 hours. 100% of responses to hospitals, emergency rooms, urgent care centers, inpatient hospitals and other institutional settings are within 24 hours.
 - c. Provider uses its own staff to respond to 100% of the individual needs of enrolled members 24/7.

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- d. Provider has appropriate client-to-direct service staff ratio.
 - e. Provider delivers services to clients with co-occurring substance abuse disorders.
 - f. Provider offers clients, parents, and caregivers self-help, peer support, and caregiver support groups. 100% of clients are referred to self-help, peer support, and/or caregiver support groups. 25% of clients/their caregivers are actively involved with self-help, peer support and/or caregiver support groups.
 - g. Provider has paid staff who are consumers and/or family advocates. At a minimum, 10% of staff are consumers and/or family advocates.
7. Provider shall submit documentation of the following , along with written guidelines as how each relates to performance targets:
- a. Required statistical reports related to FSP services
 - b. Required documents such as licenses, certification, etc., related to the services
 - c. Training schedules and curriculums

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