

REQUEST FOR PROPOSAL (RFP)

RFP 14MHSOAC003

Recovery Orientation of Programs Evaluation



WELLNESS • RECOVERY • RESILIENCE

www.mhsoac.ca.gov

State of California
Mental Health Services Oversight and Accountability Commission
June 30, 2014

TABLE OF CONTENTS

I. Introduction	6
A. Purpose and Brief Overview of Contract Opportunity.....	6
B. Key Activities and Date.....	8
C. Contract Term and Available Funding.....	8
D. Written Questions.....	8
E. Responses to Written Questions.....	9
F. Mandatory Letter of Intent.....	9
G. Contact Information.....	9
II. Scope of Work and Deliverables	9
A. About this Section.....	9
B. Background	9
B.1 Mental Health Services Act (MHSA or ACT)	9
B.2 MHSA Values (“General Standards”)	10
B.3 Adult System Care and Recovery Vision.....	11
B.4 MHSA Funding.....	12
B.5 Roles and Responsibilities of Counties and MHSOAC.....	12
B.6 Community Services and Supports.....	13
C. Plan to Complete Scope of Work and Deliverables.....	14
C.1 Possible Data Sources.....	14
C.2 Data Collection and Evaluation Methodology Requirements	15
C.3 Coordination, Collaboration, and Consistency with MHSA Values	15
C.4 Communication.....	16
D. Scope of Work	16
D.1 Identify, Describe, and Assess Existing Measures of Recovery Orientation	18
D.2 Evaluate the Recovery Orientation of Services/Programs Utilizing Identified Measure(s) of Recovery Orientation	19
D.3 Develop Policy and Practice Recommendations for Ensuring, Maintaining, and Strengthening Recovery Orientation of Programs/Services and Individual Client Recovery Throughout the State	21

E. Deliverables	22
E.1 Deliverable #1: Report on Existing Measures of Recovery Orientation.....	23
E.2 Deliverable #2: Report of Proposed Research Design and Analytic Plan to Evaluate the Recovery Orientation of Programs and Services.....	23
E.3 Deliverable #3: Report of Evaluation Results	24
E.4 Deliverable #4: Resources for Evaluation Recovery Orientation and Dissemination Plan	25
E.5 Deliverable #5: Resources for Promoting Practices that Encourage Recovery Orientation and Dissemination Plan	26
E.6 Deliverable #6: Report of Policy and Practice Recommendations for Ensuring, Maintaining, and Strengthening the Recovery Orientation of Programs and Services	26
III. Proposal Format, Required Documents, and Delivery	27
A. About this Section.....	27
B. Required Documents	28
C. Required Format for a Proposal	28
D. Number of Copies	28
E. Packaging and Labeling.....	29
F. Minimum and Desired Qualifications for Proposers.....	29
G. Proposal Narrative	30
IV. Scoring Process.....	30
A. About this Section.....	30
B. Proposal Scoring	30
B.1 Stage 1: Administrative Submission Review	30
B.2 Stage 2: Review of Proposer’s Qualifications and Proposal Narrative	31
B.3 Stage 3: Reference Interviews.....	32
B.4 Stage 4: Evaluation of Cost Proposal	33
B.5 Stage 5: Combining Proposer’s Proposal Narrative Score with Cost Proposal Score	33
B.6 State 6: Adjustments to Score Calculations for Bidding Preferences....	33

C. Preference Programs	34
C.1 Disabled Veteran Business Enterprise Incentive.....	34
C.2 Small or MicroBusiness Preference	34
C.3 Non-Small Business Preference.....	34
C.4 Small Business Language.....	35
D. Proposal Scoring Tools	35
E. Award Procedures	35
V. Administration	36
A. RFP Defined	36
B. Cost of Developing Proposal	36
C. Printing Services	36
D. Confidential Information.....	36
E. Darfur Contracting Act of 2008	36
F. RFP Cancellation and Amendments	37
G. Errors	37
H. Modifying or Withdrawal of Proposal	37
I. Immaterial Defect	37
J. Disposition of Proposal	38
K. Proposer’s Admonishment.....	38
L. Rejection of Proposal	38
M. Protest Procedures	38
N. Agreement Execution and Performance	39
VI. Attachments.....	40
Attachment 1: Required Attachment Checklist/Table of Contents.....	41
Attachment 2: Mandatory Letter of Intent to Apply	42
Attachment 3: Proposal/Proposer Certification Sheet	43
Attachment 4: Proposer Cover Letter	44
Attachment 5: Proposer Qualifications	45
Attachment 6: Proposal Narrative	47
Attachment 7: Cost Proposal Sheet	49
Attachment 8: Bidder Declaration (GSPD-05-105)	50
Attachment 9: Darfur Contracting Act Certification	51
Attachment 10: Secretary of State Registration	52

Attachment 11: Proposal Scoring Tools	53
Attachment 12: Sample of Standard Agreement Contract (STD 213) with Exhibits A through E.....	65
Attachment 13: Sample Payee Data Record (Std. 204).....	87
Attachment 14: Sample Contractor Certification Clauses (CCC-307).....	88
Attachment 15: California Disabled Veteran Business Enterprise (DVBE) Bid Incentive Instructions	93

I. INTRODUCTION

The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) is seeking an experienced Contractor with demonstrated success performing large-scale evaluations of mental health systems to evaluate the recovery orientation of services/programs provided within the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA or Act), including direct services provided to individuals (e.g., Full Service Partnerships) and indirect services/programs (e.g., outreach and engagement), among other activities and deliverables to be named in this Request for Proposals (RFP). Through a response to this RFP, the successful Proposer will demonstrate that they have personnel and organizational capacity to effectively carry out a contract of this scope and magnitude. The successful Proposer will describe how they meet minimum and desired qualifications, including their breadth of experience evaluating programs and service delivery systems for quality improvement purposes. The successful Proposer will also showcase their ability to design robust evaluations and creatively overcome common obstacles to completing such activities.

All agreements entered into with the State will include by reference General Terms and Conditions (GTC) and Contract Certification Clauses (CCC). A copy of each of these documents is included in the RFP as **ATTACHMENT 12**, Exhibit C, and **ATTACHMENT 14**. Subcontractors are permitted by the MHSOAC for this contract. The Contractor shall manage and coordinate subcontractor activities. Proposers are encouraged to carefully read the entire RFP. The need to verify all documentation and responses prior to the submission of proposals cannot be overemphasized. Please note that no verbal information given will be binding upon the State unless such information is issued in writing as an official addendum. In the opinion of MHSOAC, this RFP is complete and without need of explanation. All questions must be submitted directly to the MHSOAC RFP Contracts Unit through BidSync.

A. Purpose and Brief Overview of Contract Opportunity

The principle of recovery is a cornerstone of the MHSA. The MHSA requires planning for services to be consistent with the philosophy, principles, and practices of recovery. However, it is not known how this vital value of the MHSA has been translated into practice throughout the State. The purpose of this evaluation effort by the MHSOAC is threefold:

1. To identify, describe, and assess existing measures and methods of evaluating the recovery orientation of programs and services with the goal of providing recommendations and resources to providers, counties, and the State regarding the most optimal measures and methods to use for evaluating recovery orientation;
2. To conduct an evaluation of the recovery orientation of direct and indirect services/programs provided within the CSS component (focused on the adult system of care) that will achieve the following:

- a. Describe the extent to which CSS component programs/services are using recovery orientated approaches and attaining the MHSA value of offering recovery oriented programs/services;
 - b. Identify predictors (e.g., types and characteristics of training, staff, programs, services) that promote and encourage recovery orientation; and
 - c. Identify client-level outcomes (e.g., individual mental health status and recovery, individual functioning) that result from program/service recovery orientation or predictors of recovery orientation;
3. To use results from the evaluation to provide recommendations to providers, counties, and the State for achievement/promotion of recovery orientation in programs/services, as well as recovery and wellness of the clients that are served via these programs/services.

Ultimately, the results of these efforts would equip the State, counties, and providers with valuable information that would contribute to their ability to independently evaluate the recovery orientation of services/programs and use the results of those efforts for the purpose of quality improvement (i.e., to improve upon the recovery orientation of programs and associated positive outcomes). Results would also highlight potential practices (i.e., the predictors) that could likely help the State, counties, and providers encourage recovery orientation within their services/programs, and ultimately lead to better mental health, functional outcomes, and recovery for clients served via the CSS component. Findings from the evaluation will also provide a preliminary understanding of the extent to which the MHSA goal and value of offering recovery-oriented programs and services is being achieved within this one component. Furthermore, the results will inform a set of recommendations for policies, protocols, and procedures that could or should be in place to support such recovery orientation and associated positive outcomes throughout the State, acknowledging inherent limitations, barriers, and challenges to such an endeavor.

The CSS component includes both direct and indirect client and family driven services that have a focus on wellness and integrated service experiences for clients and families, as well as serving the un-served and underserved. The CSS component includes Full Service Partnerships (FSP), which are designed to provide comprehensive services to the highest-need clients in the system (e.g., those with severe mental illness/emotional disturbance who have histories of homelessness, incarceration, and institutionalization). In addition, the CSS component includes services for individuals with serious mental illness/emotional disturbance and their family members who may not qualify for FSP services. The CSS component also includes a large focus on housing, as well as outreach and engagement efforts.

This evaluation represents another step toward continuous assessment of the MHSA and broader public community-based mental health system, focused on accountability and quality improvement, guided by MHSA values and principles. The ultimate goal of this project will be to take steps to promote identification and adoption of practices that ultimately encourage recovery orientated programs/services and service delivery strategies that promote recovery at the client level, which is a core MHSA value, as well as other positive outcomes.

B. Key Activities and Dates

Key activities including dates and times for this RFP are presented below. An addendum will be released if the dates change for the asterisked (*) activities.

Activity	Action Date & Time
RFP Release	June 30, 2014
Deadline for Written Questions*	July 7, 2014 by 4:30 p.m.
Distribute Questions/Answers and Addenda (if any) to RFP	July 14, 2014 by 4:30 p.m.
Mandatory Letter of Intent	August 1, 2014 by 4:30 p.m.
Deadline to Submit Proposals	September 5, 2014 by 4:30 p.m.
Notice of Intent to Award	September 25, 2014
Contract Start Date	November 1, 2014

C. Contract Term and Available Funding

The maximum funding allowed will be \$500,000.00. For this RFP, the MHSOAC is requesting proposals for a Contractor to complete the Deliverables and Scope of Work described herein. It is necessary for this contract to commence in late 2014 (expected start date is November 1, 2014) and be fully completed prior to May 31, 2017 (all contract work needs to be fully completed, approved, and invoiced by May 31, 2017; as such, final Deliverables should be scheduled for submission approximately 2-3 months prior to this date). Payment to the Contractor shall be based on the satisfactory completion and delivery of each project deliverable for a lump sum or fixed price for the total project. It is the policy of the MHSOAC that indirect costs for evaluation contracts shall not exceed 15 percent of the total project budget.

D. Written Questions

During the RFP process, questions of clarification about this RFP must be directed to the Contracts Unit listed in the Contact Information section below. Inquires shall be put in writing and communicated through www.bidsync.com by 4:30 p.m. Pacific Standard Time (PST) July 7, 2014. At its discretion, MHSOAC reserves the right to contact a Proposer to seek clarification of any inquiry received. If a Proposer fails to report a known or suspected problem with this RFP, or fails to seek clarification and/or correction of the RFP, the Proposer submits a proposal at his/her own risk.

Any questions which, in the judgment of the MHSOAC, materially alter the RFP requirements will be answered in writing. The questions and answers will be posted on www.bidsync.com. Any material changes to the RFP will be made in the form of an addendum. Please note that no verbal information given will be binding upon the MHSOAC unless such information is confirmed in writing as an official addendum to all parties/participants.

E. Responses to Written Questions

The MHSOAC Contracts Unit will provide responses to written inquiries about this RFP that are received through BidSync and post the responses on www.bidsync.com and the MHSOAC website (www.mhsoac.ca.gov) by 4:30 p.m. Pacific Standard Time (PST) July 14, 2014.

F. Mandatory Letter of Intent

A Letter of Intent (**ATTACHMENT 2**) for the Recovery Orientation of Programs Evaluation Contract is due by August 1, 2014 to the MHSOAC Contracts Unit, or if by mail postmarked by August 1, 2014. This is a mandatory letter that indicates a Proposer's intent to submit a proposal. Proposals will not be accepted by the MHSOAC unless a letter of intent is received or postmarked by the date listed above. Please note that this mandatory letter will not be accepted via fax or email.

G. Contact Information

Gina Van Nes, Contracts Analyst
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
Telephone: (916) 445-8798
FAX: (916) 445-4927
E-mail: gina.vannes@mhsoac.ca.gov

II. SCOPE OF WORK AND DELIVERABLES

A. About This Section

This section describes the contract scope of work and deliverables. The deliverable due dates and funding for each of the deliverables are to be determined by the Proposer and listed in **ATTACHMENT 7**.

B. Background

B.1 Mental Health Services Act (MHSA or Act)

In 2004, the MHSA was approved through a voter initiative (Proposition 63). The MHSA was designed to support and encourage system-wide change in California's public community mental health system that would foster a positive impact on the state's prevention of and response to mental illness. The MHSA was crafted to finance culturally and linguistically competent, new-generation, promising-practice mental health services for Californians of all

ages using approaches that incorporate the critical elements of hope, personal empowerment, respect, social connection, self-responsibility, and self-determination. The MHSA is intended to encourage early identification of and response to indicators of mental illness, help individuals recover from mental illness, treat mental illness, reduce the duration of mental illness, prevent the negative impact of untreated mental illness, and reduce stigma and discrimination associated with mental illness.

The Act and regulations emphasize an expectation for participatory planning that engages a broad range of stakeholders, including diverse individuals with mental illness and their families, representatives of communities that are un-served and underserved by the public community mental health system, and representatives of service systems that are affected by untreated mental illness. The engagement and participation of these stakeholders should be meaningful and play a partnership role in all MHSA funded efforts, including evaluation.

B.2 MHSA Values (“General Standards”)

The MHSA articulates values that are expected to be embedded throughout planning, policy development, implementation, and evaluation of the MHSA. These values are codified in Title 9, California Code of Regulations, Section 3320 and/or by actions of the MHSOAC.

1. *Community Collaboration*—Diverse clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources to create and fulfill a shared vision and goals.
2. *Cultural Competence*—All aspects of policy-making, program design, administration, and service delivery in the public mental health system incorporate and include work to achieve equal access to services, equal quality of services, and equal outcomes of services, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
3. *Client- and Family-Driven*—The client or the parent/guardian/family of children and youth has the primary decision-making role in identifying needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that are most effective and helpful.
4. *Wellness-, Recovery-, Resilience-Focused Service Delivery*—Public mental health services promote and increase resilience, recovery, and wellness.
5. *Integrated Service Experiences*—Clients, and when appropriate a client’s parent/caregiver and family, access a full range of services in a comprehensive and coordinated manner, even when these services are provided by multiple agencies, programs, and funding sources.
6. *Co-occurring Disorder Services Competency*—Services incorporate appropriate methods to ensure that co-occurring disorders (e.g., mental illness and substance abuse) are treated efficiently and in a cost-effective manner.

B.3 MHSA Adult System of Care and Recovery Vision

In 1996, the California Legislature enacted The Adult and Older Adult Mental Health System of Care Act (herein referred to as the “Adult System of Care”), promoting a comprehensive and coordinated system of care, including community-based treatment, case management, and outreach services to those with psychiatric disabilities. Recognizing inadequate access to services by the severely mentally ill resulting in homelessness, incarceration, and hospitalization, the Adult System of Care was further amended by Assembly Bill 34, Chapter 617, Statutes of 1999 (Steinberg) and Assembly Bill 2034, Chapter 518, Statutes of 2000 (Steinberg) to provide funds supporting, for example, outreach, mental health service delivery, housing assistance, and vocational rehabilitation.

The MHSA Adult System of Care, which is part of the CSS component, was established within this existing model and expanded upon recovery-oriented service provisions. Specifically, according to the Act, and subject to the availability of funds from the Mental Health Services Fund, the state shall distribute funds for the provision of services under Welfare and Institutions Code (WIC) Sections 5801, 5802, and 5806 to county mental health programs. Services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria in subdivisions (b) and (c) of WIC Section 5600.3. For purposes of this act, seniors means older adult persons identified in Part 3 (commencing with WIC Section 5800) of this division. Section 5813.5 of WIC states:

- (a) Funding shall be provided at sufficient levels to ensure that counties can provide each adult and senior served pursuant to this part with the medically necessary mental health services, medications, and supportive services set forth in the applicable treatment plan.
- (b) The funding shall only cover the portions of those costs of services that cannot be paid for with other funds including other mental health funds, public and private insurance, and other local, state, and federal funds.
- (c) Each county mental health program’s plan shall provide for services in accordance with the system of care for adults and seniors who meet the eligibility criteria in subdivisions (b) and (c) of WIC Section 5600.3.
- (d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:
 - (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self- responsibility, and self-determination.
 - (2) To promote consumer-operated services as a way to support recovery.
 - (3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
 - (4) To plan for each consumer's individual needs.
- (e) The plan for each county mental health program shall indicate, subject to the availability of funds as determined by Part 4.5 (commencing with WIC

Section 5890) of this division, and other funds available for mental health services, adults and seniors with a severe mental illness being served by this program are either receiving services from this program or have a mental illness that is not sufficiently severe to require the level of services required of this program.

(f) Each county plan and annual update pursuant to WIC Section 5847 shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons. When included in county plans pursuant to WIC Section 5847, funds may be used for the provision of mental health services under WIC Sections 5347 and 5348 in counties that elect to participate in the Assisted Outpatient Treatment Demonstration Project Act of 2002 (Article 9 (commencing with WIC Section 5345) of Chapter 2 of Part 1).

(g) The department shall contract for services with county mental health programs pursuant to WIC Section 5897. After the effective date of this section the term grants referred to in WIC Sections 5814 and 5814.5 shall refer to such contracts.

B.4 MHSAs Funding

The Act establishes a one percent (1%) tax on personal income in excess of one (1) million dollars. To date, more than 9.6 billion dollars in new resources for the public community mental health system have been generated.

These funds are dedicated in specified proportions for the following components: Community Services and Supports (CSS), which includes children (and transition-aged youth), adult, and older adult systems of care; Prevention and Early Intervention (PEI); Workforce, Education and Training (WET); Capital Facilities and Technological Needs (CF/TN); and Innovation (INN). In addition, up to five percent (5%) of funding received is provided for state administrative activities, including evaluation.

B.5 Roles and Responsibilities of Counties and MHSOAC

California counties directly plan, administer, and implement public community mental health system services. (Note, two city-based programs also implement these systems; hereinafter, they will be included in the term “county”.)

The MHSAs established the MHSOAC to provide oversight and accountability for the California community mental health system. The Commission is committed to:

- Effective oversight and accountability that may be achieved via evaluation of MHSAs values and outcomes, as well as the community mental health system.
- An approach of continuous evaluation, where learning takes place based on completed evaluations, and forthcoming evaluations are built upon previously

completed evaluations and the results and recommendations that stem from those evaluations.

- An approach of continuous quality improvement—tracking and evaluating outcomes in a manner that supports critical system-wide improvements.

The MHSOAC will be the entity contracting for the evaluation funded pursuant to this RFP.

B.6 Community Services and Supports (CSS)

CSS is the largest component of the MHSA. The CSS component includes client and family driven services that have a focus on wellness and integrated service experiences for clients and families, as well as serving un-served and underserved populations. The CSS component includes Full Service Partnerships (FSP), which are designed to provide comprehensive services to the highest-need clients in the system (e.g., those with severe mental illness/emotional disturbance who have histories of homelessness, incarceration, and/or institutionalization). In addition, the CSS component includes services for individuals with serious mental illness/emotional disturbance and their family members who may not qualify for FSP services. Housing is also a large part of the CSS component.

In their MHSA Three-Year Program and Expenditure Plans, counties are required to submit a listing of all programs for which MHSA funding is being requested that identifies the proposed expenditures for each type of CSS funding (Full Service Partnership, System Development, and Outreach and Engagement) and for each target age group (Adult, Children and Youth, Older Adult, and Transition Aged Youth).

Within their MHSA Three-Year Program and Expenditure Plans, counties are required to embed and continuously address five fundamental concepts, including a wellness focus, which includes the concept of recovery. Specifically:

- “Recovery refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope.” (MHSA Community Services and Supports Three-Year Program and Expenditure Plan Requirements, FY 05-06, 06-07, 07-08).

In addition, for each program developed or expanded in the CSS component, counties are required within their MHSA Three-Year Program and Expenditure Plans to “describe how the proposed program will advance the goals of recovery for adults and older adults” and to “explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.”

C. Plan to Complete Scope of Work and Deliverables

This RFP calls for an experienced Contractor that shall provide research and evaluation services for the MHSOAC that allow the Contractor to complete the scope of work and Deliverables described herein. Once a contract is awarded, the Contractor will be expected to first provide recommendations to the MHSOAC on how to complete the scope of work and deliverables described below based on Contractor expertise (including ideas shared within the context of the response to this RFP) and feedback obtained from stakeholders. As such, Deliverables are designed so that some require recommended/proposed courses of action that must be approved prior to execution, whereas others require results/summaries of previously approved and already executed actions. Due to the collaborative nature (between the Contractor, MHSOAC, and stakeholders) in which all goals of this RFP are to be carried out, what Proposers describe within their proposals regarding plans to complete Deliverables will be preliminary in nature and may not reflect exactly what occurs within the scope of the to-be-awarded contract.

In order to enable Proposers to put forth within their proposals ideas for completion of this work that are closely aligned with MHSOAC intentions for this project and cost proposals that are as accurate as possible, a variety of information is provided below that should be considered during preparation of proposals, including, for example, potential data sources that may be available for this work, MHSOAC expectations for Contractor performance (i.e., methodological, communication, and other requirements), and potential challenges that may need to be overcome as the work is carried out. Again, note that the tasks described below will need to be further developed in collaboration with stakeholders and MHSOAC staff within the scope of the project once a contract is awarded; as such, ideas for completion of these tasks described within proposals should be considered preliminary.

C.1 Possible Data Sources

This contract will require the collection of new data (i.e., data collection that is directly administered by the Contractor) that will be used to determine recovery orientation; data that measures other constructs relevant to this evaluation that is not otherwise available may also be necessary to collect. However, there are several possible sources of information/data that may be available and relevant to use for the purpose of this work (as listed below). So as not to place an unnecessary burden of collection of new data onto counties and providers (in instances when needed data may otherwise be available), the Contractor will be expected to review and consider use of data that is already available at the local county and statewide levels.

Below are possible sources of data that may be available and relevant to this work:

- a. Completed and ongoing surveys or inventories conducted by counties and their providers, contractors, or constituent groups
- b. External state and county data sources (e.g., census data, population and county demographics, the California Health Interview Survey, etc.)

- c. Internal state and county data sources (e.g., Client and Service Information system—CSI—for all CSS clients; Data Collection and Reporting System—DCR—for FSP clients; Consumer Perception Survey; Medi-Cal claims data, Annual Reports on Involuntary Detentions, etc.)
- d. County MHSA three-year plans, annual updates, annual Revenue and Expenditure Reports, and cultural competence plans (which may or may not be readily available for all counties and most recent fiscal years); and
- e. Any other publicly-available data/information available to the Proposer

C.2 Data Collection and Evaluation Methodology Requirements

The approach to data collection and evaluation for relevant Deliverables must include the following:

- a. When possible, data should be disaggregated to determine the impact, if any, on various populations/sub-groups, including groups based on age, gender, spoken language, cultural heritage, race, ethnicity, and any other meaningful demographics.
- b. All data used should be timely and of a high quality. Appropriate methods should be taken to ensure that all data used for this project is valid, reliable, and non-biased.
- c. All research methods, findings, and associated implications and recommendations should be communicated in understandable terms when possible. All reports and Deliverables need to be comprehensible to the broad spectrum of those interested in the MHSA (including, for example, policymakers, clients and family members, and researchers). Technical reports also need to be accurate and fully describe intended and/or used/applied methods in a sound manner.
- d. All proposed and/or used/applied methods must be technically accurate and in line with MHSOAC goals for this evaluation. Whenever relevant (i.e., in proposed research plans), the Contractor shall include the rationale for all proposed methods. The Contractor shall also clearly tie all methods (proposed and/or used) to MHSOAC goals for this evaluation.
- e. Data must be handled in accordance with human subjects' protection, confidentiality, privacy, security and Health Insurance Portability and Accountability Act (HIPAA) requirements. The Contractor must include a statement that this requirement was/will be met in all Deliverables that include and/or describe evaluation, research, data collection, and/or use of data.

C.3 Coordination, Collaboration, and Consistency with MHSA Values

In conducting all facets of this project, it will be critical for the Proposer to bring an approach and philosophy to the research that mirrors the innovation, vision, and values of the MHSA. The end result of this project should further strengthen and support efforts to enhance and expand community-based mental health systems and services in ways that further/promote recovery and wellness, and transform the public's perception of and support for mental health issues.

Beyond being able to conduct credible research and evaluation that meets the terms and conditions of the RFP's scope of work and Deliverables, the selected Proposer must especially

be ready and able to work with MHSA stakeholders to conduct research that is guided and informed by those who are knowledgeable about the California mental health system. Specifically, it will be expected that stakeholders will be consulted throughout the contract. For the purpose of this project, stakeholders are defined as adults and older adults with severe mental illness, including those who have used or may be in need of services offered via the MHSA CSS component, and those in recovery; families of adults and older adults with severe mental illness, and those in recovery; providers of services for adults and older adults; county representatives; representatives of diverse groups, including un/underserved populations; and researchers/evaluators with expertise in recovery and/or recovery-oriented services for adults and older adults. A description of how this MHSA value was/will be incorporated into each aspect of this project may be required within specific Deliverables.

C.4 Communication

The selected Proposer is expected to adhere to a method and timetable for ongoing communication with the MHSOAC and relevant constituents regarding progress within all facets of this project. Specifically, the Proposer shall:

- a. Maintain ongoing interaction with MHSOAC staff and other MHSOAC constituents (e.g., Evaluation Committee) as requested by the MHSOAC;
- b. Participate in bi-weekly briefing calls with MHSOAC staff to discuss project progress and the status of Deliverables;
- c. Provide written quarterly status updates;
- d. Provide periodic updates and presentations to MHSOAC Committees and Commissioners as requested by the MHSOAC;
- e. Present the final results/conclusions of this work to Commissioners and the public at a Commission meeting; and
- f. Develop and provide a plan for dissemination of key Deliverables to MHSOAC stakeholders that shall be provided to the MHSOAC at the time the key Deliverables are submitted to the MHSOAC (key deliverables within the scope of this contract, at a minimum, are defined as Deliverables 3, 4, 5 and 6).

D. Scope of Work

The following overarching questions should guide all activities carried out via this work:

- What are the existing measures and methods in which recovery orientation of services/programs and service delivery models can be captured? What do those measures and methods entail, and in what contexts might they be most useful? What are the pros and cons associated with use of existing measures and methods to capture recovery orientation? What measures and methods would be most useful within the context of California's public community-based mental health system and the CSS component specifically and why? What recommendations can be provided to the State, counties, and

providers regarding the most optimal methods and measures to use to capture recovery orientation?

- What resources can and should be created based on lessons learned from the identification/description/assessment of existing measures of recovery orientation that would be beneficial to the State, counties, and providers? What resources would ultimately facilitate the ability to effectively evaluate recovery orientation at the State, county, and provider levels? What resources would facilitate the ability for these entities to use evaluation of recovery orientation to improve the quality of programs/services, including promotion of recovery orientation?
- What is the extent to which services/programs are being planned and delivered with a recovery orientation? How well are providers/counties/the State currently achieving the MHSA value of offering recovery-oriented services/programs? What does recovery orientation look like in practice, and how does that vary based on county and service/program characteristics? What factors (e.g., policies and procedures, staff attitudes/culture, program/service characteristics, use of evidence-based practices/models, tracking of fidelity) predict and promote recovery orientation? How and to what extent does recovery orientation impact client-level outcomes (e.g., quality of life, mental health status and functioning, individual recovery)?
 - What resources can and should be created based on lessons learned from the identification of factors that predict and promote recovery orientation that would be beneficial to the State, counties, and providers? What resources would ultimately facilitate the adoption of promising practices that have been shown to predict/promote recovery orientation and other positive outcomes?
- What policies, practices, and procedures should be established and/or modified in order to ensure, maintain, and strengthen the recovery orientation of program and service delivery within the CSS component of the adult system of care, and promote a culture of recovery? What are the current county- and state-level challenges to collecting data on recovery orientation in a systematic way, and how can these challenges be overcome? What research/evaluation efforts are still needed to ensure programs and services are being delivered with a recovery vision as described in the MHSA? What resources and technical assistance are needed to ensure optimal evaluation of recovery orientation that leads to quality improvement processes at the provider, county, and State levels? What are the current county- and state-level challenges to offering recovery oriented programs/services, and how can these challenges be overcome? What policy changes may be needed to ensure programs and services are being delivered with a recovery vision as described in the MHSA? What resources and technical assistance are needed that may better foster a recovery orientation culture in public mental health services offered throughout the State?

In order to address the above listed questions, the following activities shall be carried out within the scope of this to-be-awarded contract (each activity is described further below):

- 1) Identify, describe, and assess existing measures of recovery orientation; use information learned via this process to develop and disseminate resources that will help the State, counties, and providers adopt sound evaluation approaches that facilitate quality improvement and recovery orientation of services;

- 2) Evaluate the recovery orientation of services/programs utilizing identified measure(s) of recovery orientation; use information learned via this process to develop and disseminate resources that will help the State, counties, and providers adopt promising practices that predict/promote recovery orientation and other positive outcomes;
- 3) Develop policy and practice recommendations for ensuring, maintaining, and strengthening recovery orientation of programs/services and individual client recovery throughout the State; recommendations should include suggestions for ensuring high quality and relevant evaluation of recovery orientation that leads to quality improvement, as well as suggestions that pertain to adoption of recovery oriented practices.

D.1 Identify, describe, and assess existing measures of recovery orientation; use information learned via this process to develop and disseminate resources that will help the State, counties, and providers adopt sound evaluation approaches that facilitate quality improvement and recovery orientation of services.

The Contractor will be expected to identify and review existing measures of recovery orientation. Identified measures shall be assessed for their utility in a variety of contexts pertinent to this work. Conclusions drawn via assessment of the measures shall be used to select a measure or measures to use in the evaluation portion of this contract (see section D.2 on page 19 below). Conclusions drawn should also be used to identify relevant measurement and methodological options that could be used throughout the State (by the State, counties, and providers) to facilitate quality improvement of recovery orientation of services (e.g., for future Statewide and county-level evaluations). In addition, this review and assessment will be used to inform the creation of resources that will support the State, counties, and providers in the independent and ongoing evaluation of the recovery orientation of their services.

Information and expectations that pertain to the identification, review, and assessment of existing measures are noted below:

- The identification of existing measures of recovery orientation shall be extensive and exhaustive. The Contractor shall identify, review, and consider past/present, public/private, and state/national/global efforts to evaluate the recovery orientation of services/programs and use those evaluation efforts for quality improvement purposes. The identification of existing measures of recovery orientation shall not be limited to methods used in the State of California; nor shall this review be limited to recovery within the context of mental health.
- The assessment of all materials identified shall be carried out using an explicit method (e.g., set of criteria) that is developed by the Contractors (in consultation with stakeholders) and shared with and approved by the MHSOAC prior to its use. In developing the assessment method, the Contractor shall consider factors relevant to the ultimate goals of choosing measures for the evaluation that is part of the current work, as well as use more broadly within State, county, and provider contexts.
- Regarding assessment of measures for use more broadly within State, county, and provider contexts, factors including but not limited to the following shall be considered:

the overall advantages and disadvantages of each measure, the degree to which each measure is easy to complete by the intended respondent, established psychometrics of each measure, the type of respondent the measure is directed towards (e.g., administration, providers, clients), cost for use of each measure, the potential burden placed on users (e.g., county administration, service providers, clients) via use of each measure, the potential use of the measures within a variety of contexts (i.e., by the State, counties, and providers for evaluation of the various services offered within the CSS component), and issues relating to cultural and linguistic competency.

Information and expectations that pertain to the development of State, county, and provider resources are noted below:

- Resources may likely need to be developed for each of the audiences of focus (i.e., State, counties, providers). Within these three audiences, a variety of resources may also need to be developed (e.g., for small, medium, versus large counties; providers of FSP programs versus other CSS component services).
- The format of developed resources can vary (e.g., fact sheets, webinars, and tool-kits). The Contractor shall consider the most appropriate means of sharing/disseminating various content to various audiences when developing resources, as well as the usefulness/utility of various resource formats.

D.2 Evaluate the recovery orientation of services/programs utilizing identified measure(s) of recovery orientation; use information learned via this process to develop and disseminate resources that will help the State, counties, and providers adopt promising practices that predict/promote recovery orientation and other positive outcomes.

Using the measure, or combination of measures, evaluate the recovery orientation of services/programs within the CSS component adult system of care (i.e., Full Service Partnership, system development, outreach and engagement, housing services/programs). A representative sample of counties/providers shall be used for this purpose. The evaluation shall include an analysis of the predictors of recovery orientation, the impact on client-level outcomes, and a descriptive analysis of the extent of and variation in the recovery orientation of services/programs.

Information and expectations that pertain to the representative sample of counties are noted below:

- In consultation with stakeholders, counties, and MHSOAC staff, the Contractor shall identify a representative sample of volunteer counties/providers in which to conduct the evaluation. Although the MHSOAC will not dictate which counties/providers should be involved in the evaluation, selection of counties/providers that represent the variety of counties/providers within the state will be necessary (e.g., small, medium, and large counties; providers ranging from FSPs to wellness centers; etc.). The MHSOAC will assist the Contractor with identification of counties/providers to volunteer for this purpose.
- The Contractor shall provide training to participating counties/providers in the administration and completion of all data collection methods (i.e., measurement(s) of

recovery orientation) and will be expected to guide the data collection process and make it as easy as possible on the counties/providers.

- The Contractor shall work with participating counties/providers to provide technical assistance during the data collection period. If participating counties/providers experience difficulties carrying out the steps needed to complete data collection, the Contractor will be expected to overcome these difficulties and work with the counties/providers to resolve any and all issues.
- The Contractor shall develop a process for volunteer counties/providers that lessens the burden on them. This process shall include a method via which counties/providers will provide the Contractor with collected data in a secure fashion.
- The evaluation will be dependent on the cooperation of a sample of counties/providers that are willing to volunteer for participation and provide the Contractor with the collected data, as well as any existing client-level data. These counties and providers will likely be at various stages in terms of their ability to participate fully in this evaluation. As such, the Contractor must be prepared to overcome obstacles that may appear as a result of this variability.

Information and expectations that pertain to the evaluation are noted below:

- Using an existing measure or measures of recovery orientation, the Contractor will be expected to provide a description of recovery orientation characteristics of the counties/providers included in the sample, as well as basic understanding of the extent to which services/programs are being delivered with a recovery orientation. Evaluation analyses shall explore variation by county, provider, and service type, although the overarching goal of this evaluation is to provide a general understanding of the extent to which California is meeting the MHSA goal of providing recovery oriented services that lead to recovery in clients.
- Using an existing measure or measures of recovery orientation, the Contractor will be expected to identify predictors (e.g., types and characteristics of training, staff, programs, services) that promote and encourage recovery orientation, including, but not limited to, cultural and linguistic competency.
- Using an existing measure or measures of recovery orientation, the Contractor will evaluate the link between recovery orientation of services/programs and client-level outcomes (e.g., quality of life, meaning of life). The Contractor shall consider goals and outcomes that have been defined within the MHSA when identifying client-level outcomes for this evaluation.
- When applicable, the Contractor will also be expected to evaluate the relationship between recovery orientation and the delivery of an evidence-based practice, including the degree to which that evidence-based practice is implemented with fidelity.
- The evaluation will result in new data being collected, but also may rely on currently collected data (i.e., data reported in the CSI or DCR). Consideration should be given to the timing at which measures are collected and the means by which the data is collected (e.g., by clinical staff, by groups of staff members, by administrative staff, by peers).

- Lessons learned via the evaluation shall also be used to generate policy and practice recommendations for ensuring, maintaining, and strengthening the recovery orientation of services/programs and services planned and delivered within the CSS component adult system of care.

Information and expectations that pertain to the development of State, county, and provider resources are noted below:

- Resources may likely need to be developed for each of the audiences of focus (i.e., State, counties, providers). Within these three audiences, a variety of resources may also need to be developed (e.g., for small, medium, versus large counties; providers of FSP programs versus other CSS component services).
- The format of developed resources can vary (e.g., fact sheets, webinars, and tool-kits). The Contractor shall consider the most appropriate means of sharing/disseminating various content to various audiences when developing resources, as well as the usefulness/utility of various resource formats.
- Resources shall consider and incorporate the results of the evaluation (i.e., characteristics and predictors of recovery orientation).

D.3 Develop policy and practice recommendations for ensuring, maintaining, and strengthening recovery orientation of programs/services and individual client recovery throughout the State; recommendations shall include suggestions for ensuring high quality and relevant evaluation of recovery orientation that leads to quality improvement, as well as suggestions that pertain to adoption of recovery oriented practices.

Based on the completion of all other facets of this contract, including the identification and assessment of existing measures of recovery orientation and the evaluation, develop policy and practice recommendations for the MHSA that aim to ensure, maintain, and strengthen the recovery orientation (i.e., the MHSA value of recovery) of planned and delivered services/programs offered within the CSS component to adults.

- The Contractor must draw from what was learned collectively via the scope of this project to provide recommendations regarding policies or practices that could/should be in place to help ensure, maintain, and strengthen the recovery orientation of programs and services, and promote a culture of recovery. Links between project conclusions/lessons learned and recommendations should be provided.
- Recommendations shall speak to the current challenges and limitations of counties/providers to collect data on the recovery orientation of their services/programs, and how those limitations and challenges could be addressed to reduce burden on the counties while ensuring services/programs are being delivered with a recovery vision as described in the MHSA.
- Recommendations shall include suggestions for ensuring high quality and relevant evaluation of recovery orientation, at the statewide and county/provider levels that lead

to quality improvement as well as suggestions that pertain to adoption of recovery oriented practices.

- While the focus of this evaluation effort is on recovery orientation of services/programs delivered within the adult system of care, the Contractor shall consider and recommend how a similar evaluation approach could be developed to address resiliency within the children's system of care.
- Recommendations shall also include suggestions for future research in this area, such as specific ongoing and limited-time evaluations that should be done via systematic evaluation of recovery oriented service delivery, including but not limited to, changes in extent and variation of recovery orientation over time (e.g., effects of staff turnover on maintaining recovery orientation and how that does/does not impact client-level outcomes).
- The Contractor shall recommend a plan for ongoing technical assistance to counties/providers (e.g., creation of a resource center, establishing contracts with a public or private entity, building a "train-the-trainer" model) that may ultimately strengthen evaluation of recovery orientation and provision of recovery oriented services throughout the State, and the role of the State in implementing such a plan.

In summary, the end results the MHSOAC hopes to achieve with this project include an analysis of existing measures of recovery orientation, and an evaluation demonstrating potential practices (i.e., the predictors) that promote recovery orientation and positive clinical and functional client-level outcomes. Using the information learned via the review of existing measures and literature, and the evaluation, the Contractor will provide the State, counties, and providers with resources to conduct their own evaluations of recovery orientation, which will enable promotion of a recovery oriented culture throughout the State and improve the quality of services offered to adult clients and the system through which the services are offered.

E. Deliverables

Below is a list of Deliverables requested through this RFP. Further details regarding expectations for these Deliverables can be found in the above "Scope of Work" and earlier sections of this document. Please note the following regarding submission of all Deliverables:

- All Deliverables from the Proposer shall be presented in an electronic format (to be agreed upon prior to start of work) that is easily posted on the MHSOAC website, pursuant to Government Code Section 11135 in compliance with accessibility requirements of Section 508 of the Rehabilitation Act of 1973, as amended and regulations implementing that act.
- All Deliverables shall include a title that specifies the Deliverable number and label used within the contract, the name of the contractor, and relevant background information. Background information should be detailed enough to enable a wide audience of MHSOAC stakeholders to understand the project's overarching goal(s) and the main objective(s) of the Deliverable.

- All Deliverables shall be free of typos and grammatical errors.
- All Deliverables shall be readable by a wide audience of MHSOAC stakeholders, including and ranging from evaluation experts and professionals to the general public. Exceptions to this (e.g., technical reports) shall be agreed upon by the MHSOAC and Contractor prior to submission of Deliverables and associated drafts.
- A full draft of all Deliverables shall be submitted to the MHSOAC minimum of two weeks prior to final Deliverable due dates, in order to allow MHSOAC staff to review and provide feedback that shall then be considered for incorporation into final Deliverables by the Contractor prior to final submission.

E.1 Deliverable #1: Report on Existing Measures of Recovery Orientation

This report shall identify, describe, and assess existing measures of recovery orientation. The report shall list all identified existing recovery orientation measures, fully describe those measures (e.g., name of tool, author/creator, how tool is intended to be used and within what context and with what population, how tool can be obtained, validity/reliability of tool, citations and/or links to related articles/websites/instruction manuals, etc.), and assess their utility for use in contexts within California's public community-based mental health system (e.g., applicability and utility within various programs/services, counties, target populations, etc.). All methods used to identify, describe, and assess existing measures of recovery orientation should be described in this report.

This report shall fully describe how all facets of the previous "Scope of Work" section that pertain to the identification, description, and assessment of existing measures of recovery orientation were considered and implemented in order to complete this task and associated report.

Development of this report shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

E.2 Deliverable #2: Report of Proposed Research Design and Analytic Plan to Evaluate the Recovery Orientation of Programs and Services

This report shall fully describe all facets of the proposed research design and data analytic plan and shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the evaluation. In addition, the proposed research design and corresponding data analytic plan shall include a description of all methods the Contractor intends to use, including, but not limited to, the following:

- Research questions to be addressed via the evaluation;
- Primary variables of interest and how they will be measured;
- Research participants and the procedures they will go through;
- A timeline for completion of all facets of the data collection process;
- A copy of all research stimuli (e.g., survey/interview questions);

- An analytic plan that describes how the collected data will be cleaned and prepared for use, how it will be used to answer the research questions, and a brief rationale for the proposed data analytic methods; and
- Any additional information that the Contractor believes would enable the MHSOAC and its stakeholders to understand the research/evaluation method and rationale for its use in this context.

This Deliverable may be split into two separate reports—one focused on the proposed research design and one focused on the proposed analytic plan—if the Proposer believes it would be beneficial to first finalize the research design and then develop the analytic plan.

It is important to allocate resources to this Deliverable in a manner that will ensure a high quality evaluation because ultimately the results of the evaluation will be used to create recommendations and resources (i.e., Deliverable 5) that will directly help the State, counties, and providers adopt promising practices that may promote/facilitate recovery orientation of services/programs offered via the CSS component, as well as individual recovery and other positive outcomes for clients who engage in those services/programs. The evaluation may also lead to the future development of additional recommendations and resources that would be outside the scope of work of this contract.

Development of this report(s) shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

E.3 Deliverable #3: Report of Evaluation Results

Using the approved process developed via Deliverable #2, the Contractor shall complete the work and describe the results of the research done to evaluate program/service recovery orientation. This report shall fully describe the final methods used to evaluate the recovery orientation of all services/programs within the CSS component adult system of care and the results of that evaluation. This report shall include enough background information to be a stand-alone document (i.e., research questions, research rationale, methods that were carried out, rationale for those methods data analytic techniques, findings/results/answers to research questions, and implications of those results shall be presented and discussed, at a minimum). Any data collected by the Contractor per this contract (i.e., databases) shall be submitted to the MHSOAC along with this report. It is preferred that the data to be submitted to the MHSOAC be individual (non-aggregate) data. The Contractor shall work with the MHSOAC to identify an appropriate and secure method of sharing this data.

This report shall fully describe all facets of the proposed evaluation and address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the evaluation.

Development of this report shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

E.4 Deliverable #4: Resources for Evaluating Recovery Orientation and Dissemination Plan

Using the information that is learned from the identification, description, and assessment of recovery oriented measures, recommendations and resources (e.g., trainings, webinars) shall be created that will help the State, counties, and providers adopt sound evaluation approaches that facilitate quality improvement and recovery orientation of services/programs offered via the CSS component. Resources that are developed shall be created with specific audiences in mind (e.g., providers, counties, State agencies) and shall be stand-alone materials that can be disseminated and used by the intended audience without assistance. Resources shall provide explicit instructions and materials that facilitate ease of use for the intended purpose (i.e., to identify and implement sound and relevant evaluation approaches that enable assessment of program/service recovery orientation that can promote/facilitate improvements in the quality and recovery orientation of programs/services being evaluated). Accordingly, the recommendations and resources developed via Deliverable 4 (compared to Deliverable 5) could potentially require a greater percentage of the overall budget.

Prior to full development of resources that the Contractor intends to develop in order to complete this Deliverable, the Contractor shall submit an outline of recommendations to MHSOAC staff for their approval. Upon approval of this outline of resource recommendations, the Contractor shall proceed to develop approved resources and shall disseminate those accordingly.

The Contractor shall create a plan for dissemination of the resources developed via this deliverable. The dissemination plan, at a minimum, shall include recommendations for who should receive the resources, and how and when the resources should be disseminated to those audiences. The dissemination plan shall include suggestions for recommendations that the Contractor shall carry out within the scope of this work, and may also include recommendations that may be carried out by others outside of this contract. This dissemination plan shall be approved by MHSOAC staff prior to implementation by the Contractor (for recommendations regarding items that the Contractor shall carry out).

Final approval of this Deliverable will be contingent upon dissemination of resources that were approved by MHSOAC staff via the outline of recommended resources and dissemination plan.

This Deliverable shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the creation of resources to support evaluation of recovery orientation.

Development of the resources shall include collaboration with stakeholders.

E.5 Deliverable #5: Resources for Promoting Practices that Encourage Recovery Orientation and Dissemination Plan

Using the information that is learned from the evaluation of recovery orientation of CSS programs/services, recommendations and resources (e.g., white papers, toolkits) shall be created that will help the State, counties, and providers adopt promising practices that may promote/facilitate recovery orientation of services/programs offered via the CSS component, as well as individual recovery and other positive outcomes for clients who engage in those services/programs. Resources that are developed shall be created with specific audiences in mind (e.g., providers, counties, State agencies) and shall be stand-alone materials that can be disseminated and used by the intended audience without assistance. Resources shall provide explicit instructions and materials that facilitate ease of use for the intended purpose (i.e., to identify and implement relevant promising practices that have been shown to bring about program/service recovery orientation, as well as positive client outcomes).

This report shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the creation of resources to promote adoption/implementation of promising practices that have been shown to encourage recovery orientation and positive client outcomes.

Development of the resources shall include collaboration with stakeholders.

The Contractor shall create a plan for dissemination of the resources developed via this deliverable. The dissemination plan, at a minimum, shall include recommendations for who should receive the resources, and how and when the resources should be disseminated to those audiences. The dissemination plan can include suggestions for recommendations that the Contractor shall carry out within the scope of this work, as well as recommendations that may be carried out by others outside of this contract.

E.6. Deliverable #6: Report of Policy and Practice Recommendations for Ensuring, Maintaining, and Strengthening the Recovery Orientation of Programs and Services

This report shall fully describe policy and practice recommendations intended to ensure, maintain, and strengthen the recovery orientation (i.e., the MHSA value of recovery) of planned and delivered services/programs within the CSS component adult system of care.

Recommendations shall focus on issues pertaining to evaluation of recovery orientation and associated quality improvement efforts, as well as adoption/implementation of practices that have been shown to promote/facilitate recovery orientation and positive client outcomes. The report shall describe challenges to evaluation of recovery orientation and implementation of practices that may encourage recovery orientation, as well as suggestions for how to overcome such challenges. The report shall describe future research that may be needed in the area of recovery orientation at the county and State levels. The report shall include suggestions for policy changes that may promote recovery orientation of services. Recommendations shall include ideas/suggestions for additional resources, as well as training and technical assistance

that may strengthen statewide evaluation of recovery orientation and associated quality improvement efforts. Recommendations shall also include ideas/suggestions for additional resources, as well as training and technical assistance, that may strengthen adoption/implementation of recovery oriented services/programs statewide.

As the final report of this project, this Deliverable shall briefly summarize major activities and findings from all prior reports/Deliverables and project stages. All recommendations included in this report shall extend from conclusions that were drawn from other facets of this project (e.g., the identification/description/assessment of recovery oriented measures; the evaluation of recovery orientation). The rationale for all recommendations shall be provided within the report. Suggestions shall be provided that describe who the recommendations are intended for (e.g., policymakers/Legislatures, various State entities, counties, providers). Recommendations shall be framed in an action-oriented and easy to understand manner that would ultimately facilitate potential adoption or follow-through by the appropriate parties. If it is deemed appropriate/preferable, in lieu of a single all-encompassing report, a series of reports or associated briefs may be created that are designed for specific audiences. In either case (i.e., this Deliverable is satisfied via a single report or a series of reports/briefs), the resultant document(s) shall be stand-alone document(s) that can be disseminated independently and understood within the greater context of this larger project. Thus, it/they shall include all necessary background information needed to provide a wide array of stakeholders (including policymakers) with a solid understanding of recovery orientation, support offered within the CSS component for adults that is intended to be recovery oriented, the role of the MHSA in provision of recovery oriented services, how the current work intends to contribute to it, how all recommendations were developed, and any other information that would ultimately enable the report(s) to achieve their desired goals, including facilitation of recommended policy change.

The report shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to creation of policy and practice recommendations.

Development of this report shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

III. PROPOSAL FORMAT, REQUIRED DOCUMENTS, AND DELIVERY

A. About this Section

This section contains the format requirements and instructions on how to submit a proposal. The format is prescribed to assist the Proposer in meeting State bidding requirements and to enable the Commission to evaluate each proposal uniformly and fairly. Proposers must follow all Proposal format instructions, answer all questions, and supply all required documents.

B. Required Documents

The Proposer must provide with the Proposal the Required Attachments Checklist/Table of Contents, **ATTACHMENT 1** and all of the required items listed on **ATTACHMENT 1**.

ATTACHMENTS 1 through 10 are required to be included with the proposal. **ATTACHMENTS 11 through 15** are not required submittals for the proposal, but are reference materials useful to the Proposer.

An individual who is authorized to bind the proposing firm contractually shall sign **ATTACHMENT 3: Proposal/Prosper Certification Sheet**. The original signature must indicate the title or position that the individual holds in the firm. An unsigned proposal may be rejected.

Proposals not including the proper required attachments shall be deemed non-responsive. A non-responsive proposal is one that does not meet the basic proposal requirements and may be rejected.

C. Required Format for a Proposal

All proposals submitted under this RFP must be typewritten on white bond paper using 12-point font. Left and right margins shall be at least one inch. Paper size shall be standard letter, 8 ½ by 11 inches. Bind each proposal set in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable.

An electronic copy of the proposal on CD-ROM must be submitted to MHSOAC.

Proposals must comply with all RFP requirements. Before submitting a response to this RFP, Proposers should review the proposal, correct all errors, and confirm compliance with the RFP requirements. Not complying with all of the RFP requirements is cause for a proposal to be rejected.

D. Number of Copies

Proposers must submit one (1) original proposal plus five (5) paper copies of the proposal. The original proposal must be marked "**ORIGINAL**." All documents contained in the original proposal package must have original signatures and must be signed by a person who is authorized to bind the proposing firm. All additional proposal sets may contain photocopies of the original package.

E. Packaging and Labeling

Proposals must be received by **September 5, 2014** no later than 4:30 p.m. PST by the MHSOAC Contracts Unit. Proposals must be in a sealed package and must be delivered in person, by mail, or by overnight delivery. Faxed and emailed proposals will not be accepted. It is not sufficient to postmark proposals by this date or to leave the proposals at the MHSOAC Contract Office without a MHSOAC staff member confirming delivery. This office is open 8:00 a.m. to 5:00 p.m., Monday-Friday except state holidays. Please mail or deliver the proposal to the address listed below. Include the following label information and deliver your proposal, in a sealed package:

Person's Name, Phone #
Proposer's Name
Street Address
City, State, Zip Code
FAX #

DO NOT OPEN
RFP 14MHSOAC003
Recovery Orientation of Programs Evaluation
Gina Van Nes, Contracts Unit
Mental Health Services Oversight and
Accountability Commission
1325 J Street, Suite 1700
Sacramento, California 95814

Note: All proposals must be submitted under sealed cover and received by MHSOAC Contracts Unit by the date and time shown above. Proposals received after this date and time will not be considered.

F. Minimum and Desired Qualifications for Proposers

Each of the minimum qualifications listed in **ATTACHMENT 5: Proposer Qualifications** must be met by one or more individuals within the Proposer's team/organization and listed in **ATTACHMENT 5**. Instructions provided in **ATTACHMENT 5** should be used in order to describe how the Proposer's team/organization meets the listed criteria/qualifications.

Proposer's Federal Employer Identification Number (FEIN) and evidence that Proposer is registered with the California Secretary of State (SOS) to do business in California is required. If the Proposer is a sole proprietorship, partnership, or corporation, the Proposer shall submit a copy of its current active status with the SOS Business Certification program and included with **ATTACHMENT 10**.

Note: An organization must be registered with California’s SOS if it is a corporation that will be doing business in California. The registration can be pending at the time of bid submission, but must be complete by the time at which a contract is awarded.

The proposal shall be complete and accurate. Omissions, inaccuracies, or misstatements may be sufficient cause for rejection of a proposal. MHSOAC will determine the responsiveness of a proposal by whether or not it addresses the requirements of this RFP, not by its volume, packaging or colored displays.

G. Proposal Narrative

Instructions provided in **ATTACHMENT 6: Proposal Narrative** must be followed in order to describe qualifications of the organization and key personnel and provide a description of the strategies and activities associated with the development and completion of this contract.

IV. SCORING PROCESS

A. About this Section

This section explains how the proposals will be scored. It describes the scoring stages and preference points.

B. Proposal Scoring

A Proposer’s proposal will be reviewed and scored based on their response to the information requested in this RFP. The entire scoring process from receipt of proposals to posting of the Notice of Proposed Award is confidential. All proposals and all evaluation and scoring sheets will be considered public documents after the announcement of the intent to award on **September 25, 2014**.

The Proposals will be evaluated in six stages:

B.1 Stage 1: Administrative Submission Review

Each proposal will first be checked by the MHSOAC for the presence or absence of all required documents and conformance with the general submission requirements of this RFP (**ATTACHMENT 1: Required Attachment Checklist/Table of Contents**). This first Stage will be scored on a pass/fail basis.

Those proposals that pass the requirements of Stage 1 will be reviewed under Stage 2 by a Review Panel. Those proposals that do not meet the requirements of Stage 1 will be deemed non-responsive and will not be reviewed at the Stage 2 level.

B.2 Stage 2: Review of Proposer Qualifications and Proposal Narrative

The Review Panel will review all proposals that passed Stage 1 to assess the Proposer's ability to carry out the proposed work, including whether or not they meet the Minimum Qualifications, as specified in **ATTACHMENT 5: Proposer Qualifications**. In addition, the Review Panel will review all proposals that passed Stage 1 to assess the quality of the submitted Proposal Narrative (see **ATTACHMENT 6**).

- a. The Review Panel will individually review and score all aspects of the Proposer Qualifications and Proposal Narrative, including the ability of the Proposer to carry out the proposed scope of work and the technical components of the proposal on the basis of completeness, responsiveness, clarity of presentation, and adequacy of the degree to which it complies with the RFP requirements and Proposer Minimum and Desired Qualifications.
- b. In assigning points for individual components, the Review Panel members may consider issues including, but not limited to, the extent to which a proposal:
 - Is fully developed, comprehensive, and has few, if any, weaknesses, defects or deficiencies.
 - Includes or lacks information of depth and breadth, and includes or lacks significant facts and/or details.
 - Demonstrates that the Proposer understands and is responsive to the MHSOAC's needs, the services sought, and/or the Proposer's responsibilities.
 - Illustrates the Proposer's capability to perform all services and meet all Scope of Work and Deliverables requirements.
 - Is consistent with expectations outlined in the RFP Scope of Work and Deliverables.
 - Demonstrates the Proposer's capacity, capability, and/or commitment to exceed regular service needs (e.g., enhanced features, approaches, or methods, creative or innovative business solutions, etc.).
 - Proposes cost allocations for each deliverable that are cost/value effective and cost adequate.
- c. Please note that Stage 2 scoring is based on specific segments of information requested via this RFP described in **ATTACHMENTS 5 and 6**. Please properly label all information requested via this RFP so that relevant information may be easily identified and scored. Reviewers will base scores only on information provided within each of these specific sections.
- d. An overall maximum of 340 possible points may be achieved in this stage and a minimum of 238 points (i.e., 70%) must be achieved to move to Stage 3 (**ATTACHEMENT 11, Stage 2**).
- e. The scores from each Review Panel member will be added together and the average of the scores will be calculated. The average score of the Review Panel members will be the final score assigned to the proposal.

Those proposals that pass the requirements of Stage 2 review will be reviewed under Stage 3. Those proposals that do not meet the requirements of Stage 2 will be deemed non-responsive and will not be reviewed at the Stage 3 level.

B.3 Stage 3: Reference Interviews (RI)

Once the Proposer has reached the minimum point value of 238, the Review Panel members will collectively contact two of the four references provided within the Proposer Qualifications by telephone. For each reference a total of 30 points may be achieved for an overall maximum of 60 possible points in this stage. (Scores will be averaged) Six questions listed below will be asked of the randomly selected references and scored using the criteria listed in the table below.

Score	Description
1	Low Endorsement of the Proposer
2	Low to Medium Endorsement of the Proposer
3	Medium Endorsement of the Proposer
4	Medium to High Endorsement of the Proposer
5	High Endorsement of the Proposer

Interview Questions :	Possible Points: 30				
1. Please describe how well the Proposer was able to work with large datasets and how the Proposer was able to ensure proper handling of confidential and protected health information when working with those large datasets.	1	2	3	4	5
2. Please describe the Proposer’s capability to successfully manage a project, including, but not limited to, the ability of the Proposer to met deadlines, deliver quality products, and adhere to agreed upon timelines and budgets.	1	2	3	4	5
3. Please describe the Proposer’s ability to understand and use culturally competent approaches to evaluation that maximizes inclusion/representation of diverse groups, including un/underserved populations.	1	2	3	4	5
4. Please describe your experience working with the Proposer to successfully complete a contract and/or report.	1	2	3	4	5
5. Please describe the Proposer’s ability to make use of research and evaluation to inform public policy and/or to make research-based and action-oriented policy recommendations.	1	2	3	4	5
6. Would you work with the Proposer again? Why or why not?	1	2	3	4	5

B.4 Stage 4: Evaluation of Cost Proposal

The Cost Proposal Sheet (**ATTACHMENT 7**) will be evaluated along with the Proposal Narrative. The Review Panel may use information from the Cost Proposal to judge the cost/value effectiveness and adequacy of the proposed work. In addition, the Cost Proposal will be used to generate an associated score as described below.

A maximum of 80 points will be awarded for the cost proposal. The proposal offering the lowest total cost earns the maximum of 80 points. The remaining proposals earn cost proposal points through a cost conversion formula. The following formula is used for the award of cost points:

SAMPLE COST SCORE CACULATION

Proposer	Bid Amount	Low Bid = Maximum points 80 Low Bid /Current Bid x 80 = cost points
A	\$22,900	Low Bid = Maximum of 80 points
B	\$26,000	$\$22,900 \div \$26,000 \times \text{Max. pts.} = 70.46 \text{ pts.}$
C	\$29,700	$\$22,900 \div \$29,700 \times \text{Max. pts.} = 61.68 \text{ pts.}$

B.5 Stage 5: Combining Proposer’s Proposal Narrative Score with Cost Proposal Score

The MHSOAC will combine the Stages 2 and 3 points that achieve a passing score to the Stage 4 cost proposal points earned and will identify the proposal that has the highest combined scores.

B.6 Stage 6: Adjustments to Score Calculations for Bidding Preferences

MHSOAC will determine and confirm which entities, if any, are eligible to receive a bidding preference (i.e., small business, DVBE).

To confirm the identity of the highest scored responsible Proposer, the preference points for applicable claimed preference(s) will be calculated and will readjust the total score of those Proposers eligible for bidding preferences. Preference adjustments to eligible Proposers will be applied according to State regulations following verification of eligibility with the appropriate office of the Department of General Services. More information about the allowable bidding preferences appears in Section C: Preference Programs.

Points for eligible small business and DVBE participation preferences, as explained in Section C, will be calculated and applied after the Stage 5 score has been calculated.

The amount of the small business preference is five percent (5%). The amount of the DVBE participation incentive is based on the percentage of participation; up to five percent (5%) (See

ATTACHMENT 15). The preference and/or incentive will be calculated by adding points to the score, as in the following example:

Example: If the highest total score is 238, then the small business preference would be $238 \times .05 = 11.90$ points. The points are then added to the score of the proposal with the preference.

Example: If the highest total score is 238, and the DVBE participation is four percent (4%), then the DVBE preference would be $238 \times .04 = 9.52$ points. The points are then added to the score of the proposal with the incentive.

C. Preference Programs

A Proposer may qualify for preference points described below. Each qualifying Proposer passing the minimum requirements of Stages 2 and 3 will receive the applicable preference points.

C.1 Disabled Veteran Business Enterprise Incentive

The DVBE Incentive program was established pursuant to Military & Veterans Code Section 999.1 et seq and Department of General Services' Regulations 2 CCR 1896.98 et.seq.

This RFP offers an incentive for Proposers who provide DVBE participation; however, participation is NOT mandatory. See **ATTACHMENT 15** for complete instructions. The Small Business Preference (if any) is calculated separately from the DVBE incentive and then both are added to the point total.

C.2 Small or MicroBusiness Preference

Proposers that are certified as a small business in California are encouraged to apply. A certified small business may claim a five percent (5%) cost preference when submitting a proposal on a state contract. An explanation of small business certification, and information on how to become certified as a small business, and other related information can be found on the Internet at <http://www.dgs.ca.gov/pd/Programs.aspx>. Proposers qualifying for this preference must submit a copy of their Small Business Certification.

C.3 Non-Small Business Preference

Government Code Section 14838(b)(2) provides for a non-small business preference. The preference to a non-small business Proposer that commits to small business or micro-business subcontractor participation of twenty-five percent (25%) of its total proposal amount shall be five percent (5%) of the highest responsive responsible Proposer's total score. A non-small business, which qualifies for this preference, may not take an award away from a certified small business. The small business regulations are located in Title 2 of the California Code of Regulations Section 1896.

To be considered a valid small business in an applicable state contract bid competition, a complete certification application package must be received by the Office of Small Business and DVBE Services (OSDS) no later than 5:00 p.m. on the proposal submission deadline date. The certification will be effective on the date the application is properly received and deemed complete by the OSDS. Incomplete application submittals will delay certification status and may result in the loss of the five percent (5%) preference eligibility. Applications are processed on a “first-in,” “first-out” basis unless an expedite is requested. Expedite requests will be considered by the OSDS as follows: Proposer must be actively bidding on an upcoming State of California solicitation. The law allows certification applicants until 5:00 p.m. on the proposal submission deadline date to properly submit a complete certification application and all required supporting documents to the OSDS. However, the OSDS prefers to receive the written expedite request and complete certification application package a minimum of five to ten working days prior to the proposal submission deadline date. Further information can be found on the Internet at <http://www.dgs.ca.gov/pd/Programs/OSDS.aspx>.

C.4 Small Business Language

In accordance with Government Code Section 14838.5, et seq. and California Code of Regulations, Title 2, Section 1896, et seq., a five (5) percent preference will be granted to a Proposer who is properly certified as a California Small Business, Micro-business, or Non-Small Business with a Small Business subcontracting for a minimum of twenty-five percent (25%) of the proposal amount. A five percent (5%) preference will be granted to a proposer who is certified as a Non-Profit Veteran Service Agency in accordance with the Military and Veterans Code Section 999.50. Applications must be on file at the OSDS by 5:00 p.m. on proposal opening day.

D. Proposal Scoring Tools

Using the Proposal Scoring Tools (**ATTACHMENT 11**), the Review Panel will give a score for each criterion.

E. Award Procedures

An award, if made, will be made to the highest scoring proposal. A maximum of one (1) award may be made. If there are two or more proposals with the same total score, the tie will be broken by a coin toss administered by the MHSOAC.

Prior to awarding the contract, a Notice of Intent to Award will be posted in the lobby of the MHSOAC office building located at 1325 J Street, 1st Floor, Sacramento, CA 95814 and on MHSOAC’s website (www.mhsoac.ca.gov) on **September 25, 2014** for a period of no less than five (5) working days.

V. Administration

A. RFP Defined

The competitive method used for this procurement of services is a Request for Proposal (RFP). A Proposal submitted in response to this RFP will be scored and ranked based on the Scoring Criteria. Every Proposal must establish in writing the Proposer's ability to perform the RFP tasks.

B. Cost of Developing Proposal

The Proposer is responsible for the cost of developing a proposal, and this cost cannot be charged to the State.

C. Printing Services

Per Management Memo State of Administrative Manual 07-06, State Agencies must procure printing services through the Department of General Services, Office of State Publishing (OSP). Proposers shall not include printing services in their proposals.

D. Confidential Information

The Commission will not accept or retain any Proposals that are marked confidential in their entirety.

E. Darfur Contracting Act of 2008

Effective January 1, 2009, all solicitations must address the requirements of the Darfur Contracting Act of 2008 (Act). (Public Contract Code sections 10475, *et seq.*; Stats. 2008, Ch. 272). The Act was passed by the California Legislature and signed into law by the Governor to preclude State agencies generally from contracting with "scrutinized" companies that do business in the African nation of Sudan (of which the Darfur region is a part), for the reasons described in Public Contract Code section 10475.

A scrutinized company is a company doing business in Sudan as defined in Public Contract Code section 10476. Scrutinized companies are ineligible to, and cannot, bid on or submit a proposal for a contract with a State agency for goods or services. (Public Contract Code section 10477(a)).

Therefore, Public Contract Code section 10478 (a) requires a company that currently has (or within the previous three years has had) business activities or other operations outside of the

United States to certify that it is not a “scrutinized” company when it submits a bid or proposal to a State agency. (See option #1 on **ATTACHMENT 9**).

A scrutinized company may still, however, submit a bid or proposal for a contract with a State agency for goods or services if the company first obtains permission from the Department of General Services (DGS) according to the criteria set forth in Public Contract Code section 10477(b). (See option #2 **ATTACHMENT 9**).

F. RFP Cancellation and Amendments

If it is in the State’s best interest, the MHSOAC reserves the right to do any of the following:

1. Cancel this RFP
2. Amend this RFP as needed; or
3. Reject any or all Proposals received in response to this RFP.

If the RFP is amended, the MHSOAC will send an addendum to all parties who requested the RFP and will also post it on the MHSOAC’s Web Site www.mhsoac.ca.gov and the Department of General Services Web Site www.bidsync.com.

G. Errors

If a Proposer discovers any ambiguity, conflict, omission, or other error in the RFP, the Proposer shall immediately notify the Commission of such error in writing and request modification or clarification of the document. Modifications or clarifications will be given by written notice to all parties who requested the RFP, without divulging the source of the request for clarification. If a Proposer fails to report a known or suspected problem with this RFP or fails to seek clarification and/or correction of the RFP, the Proposer submits a proposal at his/her own risk.

H. Modifying or Withdrawal of Proposal

A Proposer may, by letter to the Contact Unit at the MHSOAC, withdraw or modify a submitted Proposal before the deadline to submit proposals. Proposals cannot be changed after the deadline to submit.

I. Immaterial Defect

The MHSOAC may waive any immaterial defect or deviation contained in a Proposer’s proposal. The MHSOAC’s waiver shall in no way modify the proposal or excuse the successful Proposer from full compliance.

J. Disposition of Proposals

Upon proposal opening, all documents submitted in response to this RFP will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

K. Proposer's Admonishment

The RFP contains the instructions governing the requirements for a firm quotation to be submitted by interested Proposers, the format in which the technical information is to be submitted, the material to be included, the requirements which must be met to be eligible for consideration, and Proposer responsibilities. Proposers must take the responsibility to carefully read the entire RFP, ask appropriate questions in a timely manner, submit all required responses in a complete manner by the required date and time, make sure that all procedures and requirements of the RFP are followed and appropriately addressed, and carefully reread the entire RFP before submitting proposal.

L. Rejection of Proposal

Deviation, whether or not intentional, may cause a proposal to be non-responsive and not considered for award. The MHSOAC may reject any or all proposals and may waive any immaterial deviation or defect in a proposal. The MHSOAC's waiver of any immaterial deviation or defect shall in no way modify the RFP documents or excuse the Proposer from full compliance with the RFP specifications if awarded a contract. Final proposals not received by the date and time specified in the Key Activities and Dates or not sealed will be rejected.

M. Protest Procedures

This RFP is solicited in accordance with the Welfare and Institutions Code Section 5897(e) which exempts the MHSOAC from the Public Contract Code and the State Administrative Manual and the Department of General Services approval. Therefore, the protest provisions for this RFP shall be as stated below:

Notice of Intent to Award	Intent to Protest Letter
September 25, 2014	October 2, 2014

An Intent to Protest letter from a proposer must be received at the following address not later than five (5) working days (excluding the first day and including the last day) from the date of the posting of Notice of Intent to Award. The only acceptable delivery method for Intent to Protest letter is by a postal service (United States Post Office, Federal Express, etc). The Intent to Protest letter cannot be hand delivered by the Proposer, faxed, or sent by electronic mail. Any letter received without an original signature and/or by a delivery method other than a

postal service will not be considered. Include the following label information and deliver your Intent to Protest, in a sealed envelop:

Person's Name, Phone #	
Proposer's Name	
Street Address	
City, State, Zip Code	
FAX #	
	INTENT TO PROTEST
	RFP 14MHSOAC003
	Recovery Orientation of Programs Evaluation
	Gina Van Nes, Contracts Office
	Mental Health Services Oversight and
	Accountability Commission
	1325 J Street, Suite 1700
	Sacramento, California 95814

Within five (5) working days from the date the MHSOAC receives the Intent to Protest Letter, the protesting Proposer must file with the MHSOAC at the above address a Letter of Protest detailing the grounds for the protest. The only acceptable delivery method for the Letter of Protest is by a postal service (United States Post Office, Federal Express, etc.). The Letter of Protest cannot be hand delivered by the Proposer, faxed or sent by electronic mail. Any letter received without an original signature and/or by a delivery method other than a postal service will not be considered.

The Letter of Protest must describe the factors that support the protesting Proposer's claim that the protesting Proposer would have been awarded the contract had the MHSOAC correctly applied the prescribed evaluation rating standards in the RFP or if the MHSOAC had followed the evaluation and scoring methods in the RFP. The Letter of Protest must identify specific information in the proposal that the Proposer believes was overlooked or misinterpreted. The Letter of Protest may not provide any additional information that was not included in the original proposal.

If a Letter of Protest is filed, the contract shall not be awarded until the MHSOAC has reviewed and resolved the protest.

The Executive Director of the MHSOAC will render a decision within ten (10) working days of the receipt of the Letter of Protest and the decision will be considered final.

N. Agreement Execution and Performance

Performance shall start on the date set by MHSOAC and the Contractor, after all approvals have been obtained and the agreement is fully executed. Should the Contractor fail to commence

work at the agreed upon time, upon five (5) days written notice to the Contractor, the MHSOAC reserves the right to terminate the agreement.

All performance under agreement shall be completed on or before the termination date of the agreement. The current term of the agreement is 24-32 months. A Sample Standard Agreement, **ATTACHMENT 12 (Exhibits A-E)**, is attached for review. The proposer who is awarded a contract will be required to sign a Standard Agreement and related documents.

VI. Attachments

Attachments 1 through 10 are required to be included with the proposal.

1. **Attachment 1:** Required Attachment Checklist/Table of Contents
2. **Attachment 2:** Mandatory Letter of Intent to Apply
3. **Attachment 3:** Proposal/Proposer Certification Sheet
4. **Attachment 4:** Proposer Cover Letter
5. **Attachment 5:** Proposer Qualifications
6. **Attachment 6:** Proposal Narrative
7. **Attachment 7:** Cost Proposal Sheet
8. **Attachment 8:** Bidder Declaration (GSPD-05-105)
9. **Attachment 9:** Darfur Contracting Act Certification (if applicable)
10. **Attachment 10:** Secretary of State Registration

The following are not required submittals for the proposal, but are reference materials useful to the proposer.

11. **Attachment 11:** Proposal Scoring Tools
12. **Attachment 12:** Sample of Standard Agreement Contract (STD 213) with Exhibits A through E
13. **Attachment 13:** Sample Payee Data Record (Std. 204)
14. **Attachment 14:** Sample Contractor Certification Clauses (CCC-307)
15. **Attachment 15:** California Disabled Veteran Business Enterprise (DVBE) Bid Incentive Instructions