

Community Defined Wellness Practices (CDWP) for Unhoused Individuals Served in 95820, 95823, and 95824 Letter of Interest (LOI) and Program Proposal (PP) Form

Request for LOI/PP No. MHSA/103

This completed LOI Form, PP, and INN7 Budget Template must be emailed to dhs-bhs-procurement@sacounty.gov with subject line: "LOI/PP MHSA103." Submission of this form serves as a notice that our organization is submitting interest and a program proposal for LOI/PP No. MHSA/103 for the CDWP for Unhoused Individuals Served in 95820, 95823, and 95824.

Organization's Legal Name:

Primary Point of Contact Name:

Title:

Address:

Must be currently providing services in an office hub located in either 95820, 95823, or 95824. Confirm organization zip code:

Telephone:

May we Text Message (SMS) you? Yes ☐ No ☐

Contact Email Address*:

*Email will be our primary method of contact

A. Below are the Minimum Eligibility Criteria:

Interested organizations must meet ALL of the following minimum requirements:

1. Organizational Criteria:

- a) Organization is registered with the California Secretary of State's Office; has an Employer Identification Number (EIN); and has a valid business license.
- b) Organization has never had a contract with Sacramento County Department of Health Services Behavioral Health Services.
- c) Organizations may have a business office located outside of ZIP code(s) 95820, 95823, and 95824; however, they must currently deliver a substantial portion of their services from a consistent, physical location within either ZIP code(s) 95820, 95823, or 95824 that currently serves as a trusted hub for individuals at risk of or experiencing literal homelessness.
- d) Demonstrates deep roots and trust, and provides wellness related activities within either 95820, 95823, or 95824 community.
- e) Proven history of community investment, such as:
 - i. Hiring staff who reside within either ZIP code(s) 95820, 95823, or 95824.

- ii. Employing peer workforce with lived experience similar to those experiencing homelessness that reside within either 95820, 95823, or 95824.
- iii. Staff demographics that reflect the population of either ZIP code(s) 95820, 95823, or 95824.
- iv. Participating in hands-on community projects within either 95820, 95823, or 95824.

2. Minimum Programmatic Requirements:

- a) Commitment to delivering the following services:
 - i. Medication support services (when needed and when clients consent).
 - ii. Therapy (individual, group, and/or family).
 - iii. Case management.
 - iv. Crisis intervention, including 24/7 crisis response capability.
 - v. Flexible funding mechanisms for concrete needs and non-Medi-Cal reimbursable services supporting wellness.
 - vi. Outreach in homeless encampments.
 - vii. Capacity to accept referrals from BHS and self-referrals via calls, emails or walk-ins.
 - viii. Services and supports that the organization recommends as a community defined practice.

3. Sustainability Commitment:

- a) Clear plan with *milestones* to transition services to Medi-Cal billing.
- b) Commitment to:
 - i. Achieving Medi-Cal staffing and documentation requirements.
 - ii. Developing billing infrastructure for sustainable service delivery.
 - iii. Finding ways to make community defined practices Medi-Cal reimbursable services by the final fiscal year.

4. Agreement with Administrative and Financial Requirements:

- a) At least 15% of the total Program Staff and Admin Support total expenses must be dedicated to administrative staff to support infrastructure.
- b) Invoice and claims management.
- c) Call handling and client intake support.
- d) Bookkeeping and financial oversight.
- e) Maximum of 15% allocated for indirect costs.
- f) The organization will be able to invoice for both costs and fee for service, titrating up Medi-Cal fee for service invoicing until the final fiscal year when Medi-Cal fee for service billing must be the bulk of the invoicing.
- g) The County will work with the organization on a short-term annual contract advance process and a rapid invoicing process to address cash flow issues.
- h) Annual financial audits will be a requirement after the end of the first full fiscal year.

5. Demonstrates Expertise in Community-Defined Practices:

- a) Use of evidence-informed, culturally responsive, community-defined practices.
- b) Ability to balance innovative approaches with the requirements for Medi-Cal compliance.
- c) Flexibility and responsiveness to evolving community needs.

- 6. Organization is willing and able to submit, meet, and abide by any applicable State, Federal, and County laws, statutes, regulations, and certifications necessary to the operations of Medi-Cal certification, claiming, denial processing, and documentation.

7. Organization can provide on-site supervision and services to clients at least 40 hours a week.
8. Organization is willing and able to coordinate with local homeless Continuum of Care and other homeless service efforts within the County.
9. Organization will enter data into the Homeless Management Information System (HMIS). HMIS will be utilized while also ensuring the safety of their clients where visibility in HMIS may be to the participants' detriment such as escaping domestic violence.
10. Organization will submit reports and monitoring requirements set forth by the County within 10 days of their due date as defined by policy and contract.
11. Organization will not use funds to supplant existing federal, state, or county funds.
12. Organization has at least two (2) years of experience providing trauma-informed and culturally responsive services to populations with significant safety issues such as survivors of domestic violence, gang violence, cult, commercial sexual exploitation, dating violence, sexual assault, or stalking. Organization is willing and able to manage safety needs and crisis intervention and coordinate with partners within the County.
13. Organization must be in good standing with any public agency (i.e., is not currently subject to a corrective action plan (CAP) for issues related to performance, compliance or fiscal accountability within the past 24 months.
14. Organization demonstrates a strong record of compliance, with no unresolved findings from audits, monitoring reviews, or investigations within the past 36 months.
15. Organization upholds high standards of integrity and accountability, with no substantiated issues related to fraud, misuse of funds, or ethical misconduct resulting in sanctions or program closures within the past five years.
16. Organization maintains transparency by disclosing any pending investigations, lawsuits, or known reputational concerns that may affect Sacramento County's ability to contract with or fund the organization.

B. Submission Requirements:

1. 4-Page Completed LOI Form
2. 6-Page (maximum) typed Program Proposal in font size 12 detailing:
 - a) Organization's history, mission, and connection to either ZIP code(s) 95820, 95823, or 95824 and helping meet the needs of the homeless population of all ages, including working with people in their homeless encampments.
 - b) Description and demonstration of the organization's community defined model(s) and impact strategy that address the community behavioral health/wellness and homeless needs and the organization's most recent outcomes related to the target population defined in this LOI.
 - c) Evidence of trust within the community zip code(s), including:
 - i. Delivering services from a consistent physical location within either 95820, 95823, or 95824.
 - ii. Staff and leadership demographics.
 - iii. Hiring practices prioritizing local residents.
 - iv. Peer workforce development strategies.
 - v. Participating in hands-on community project(s) within either 95820, 95823, or 95824.
 - d) Sustainability plan with *milestones* for transitioning to Medi-Cal billing.
 - e) Completed INN7 Budget Template using an operating budget amount of \$1,750,000 to highlight the program's model at full capacity, however it is non-binding. Budget outlines

administrative costs, indirect costs, and funding allocations that demonstrate balance between client programming and administrative and supervisory supports. At least 15% of the total Program Staff and Admin Support total expenses must be dedicated to administrative staff to support infrastructure. Total allocated and overhead costs may not exceed 15% of the total program services expenses.

Budgets and Program Proposals that do not align with the above proposal parameters will render the proposal ineligible for further consideration.

C. Proposals that are most aligned with this opportunity will demonstrate:

1. Strength of community ties and demonstrated trust.
2. Feasibility and innovation in service delivery.
3. Commitment to sustainability through Medi-Cal billing.
4. Organizational capacity to meet administrative and programmatic requirements.

Sacramento County DHS BHS encourages applications from organizations that embody the resilience, expertise, and dedication needed to address homelessness and behavioral health needs in either ZIP code(s) 95820, 95823, or 95824.

I hereby certify that my organization has the current ability (where indicated) or will have the ability to meet at the point of contracting all the above minimum qualifications:

☐ I have included my Program Proposal that includes focus population(s), data and evidence, staff demographics reflective of either ZIP code(s) 95820, 95823, or 95824, sustainability plan with milestones for transitioning to Medi-Cal billing, and the program design proposal that identifies community-defined practice(s) that will help expand access to and enrollment in behavioral health services for individuals unhoused or at risk of becoming unhoused.

☐ I have included my Proposed Budget using the INN7 Budget Template with the amount of flex funds to be spent by category and ongoing operations separated.

Signature of Organization Director or Designee

Printed Name/Title

Date