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November 18, 2021

**ADDENDUM NUMBER 2  
TO  
REQUEST FOR STATEMENT OF QUALIFICATIONS  
FOR  
MARK RIDLEY-THOMAS BEHAVIORAL HEALTH CENTER AS-NEEDED  
SUBSTANCE USE DISORDER TREATMENT SERVICES RFSQ NO. 2020-003**

On November 20, 2020, the County of Los Angeles (County) Department of Public Health (Public Health) released a Request for Statement of Qualifications (RFSQ) for Mark Ridley-Thomas Behavioral Health Center As-Needed Substance Use Disorder Treatment Services.

As indicated in the RFSQ Section 1.8, County Rights and Responsibilities, the County has the right to amend the RFSQ by written addendum. This Addendum Number 2 amends the RFSQ as indicated below (new or revised language is **highlighted** and deleted language is shown in **strikethrough** for easy reference).

1. All references to the term “DPH” in this RFSQ shall now be amended to read “Public Health”.
2. RFSQ, Section 1.9, Contact with County Personnel, shall be amended as follows:

**“1.9 Contact with County Personnel**

Any contact regarding this RFSQ, or any matter relating thereto, must be in writing and may be mailed or e-mailed as follows:

**Karen Buehler, Chief** ~~Jessica Blackwood, Contract Analyst~~  
County of Los Angeles, Department of Public Health  
Contracts and Grants Division  
5555 Ferguson Drive, 2<sup>nd</sup> Floor, Suite 210  
Commerce, California 90022

E-mail: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov) ~~jblackwood@ph.lacounty.gov~~

If it is discovered that a Vendor contacted and received information from any County personnel, other than the person specified above, regarding this solicitation, County, in its sole determination, may disqualify their SOQ from further consideration."

3. RFSQ, Section 2.8, SOQ Submission, shall be amended as follows:

**“2.8 SOQ Submission (Hard Copy or Electronic Format)”**

**Hard Copy Submission**

For in-person submission, the SOQ shall be enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the vendor and bear the words:

**“SOQ FOR MRT BHC – SUD TREATMENT SERVICES”**

Hard-copy SOQ must be hand-delivered, or sent by a delivery service, (excluding United States Postal Service), and received by the deadline specified in Section 2.3, RFSQ Timetable, to:

**Karen Buehler, Chief** ~~Jessica Blackwood, Contract Analyst~~  
County of Los Angeles, Department of Public Health  
Contracts and Grants Division  
5555 Ferguson Drive, 2<sup>nd</sup> Floor, Suite 210  
Commerce, California 90022

**Electronic Format Submission**

PDF scanned SOQ are also accepted in the format prescribed herein, and it may be electronically submitted with the subject line “SOQ for MRT BHC – SUD Treatment Services” to:

**Karen Buehler, Chief** ~~Jessica Blackwood, Contract Analyst~~  
Contract and Grants Division

E-mail address: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov) ~~jblackwood@ph.lacounty.gov~~

**It is the sole responsibility of the submitting vendor to ensure that its SOQ is received before the submission deadline. Submitting vendors shall bear all risks associated with delays in delivery by any person or entity.**

The County may at its sole discretion continue to select vendors from this RFSQ process and, depending on service needs, may elect to accept SOQs throughout the duration of the Master Agreement to qualify vendors.

Until the SOQ submission deadline, errors in SOQs may be corrected by a request in writing to withdraw the SOQ and by submission of another SOQ with the mistakes corrected. Corrections to SOQs after the initial deadline for submission will not be accepted, but a new SOQ can be submitted and will be reviewed as described in the RFSQ timetable.”

4. RFSQ, Section 4.1.5, Existing Master Agreement Contractors Applying for Additional Category(ies) Abbreviated SOQ Submission (Hard Copy or Electronic Format)

**“4.1.5 Existing Master Agreement Contractors Applying for Additional Category(ies) Abbreviated SOQ Submission (Hard Copy or Electronic Format)**

**Hard-Copy Submission**

For in-person submission, the Additional Category(ies) abbreviated SOQ shall be enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the vendor and bear the words:

**“ABBREVIATED SOQ FOR MRT BHC – SUD TREATMENT SERVICES – ADDITIONAL CATEGORY(IES)”**

Hard-copy SOQ must be hand-delivered or sent by a delivery service (excluding United States Postal Service) to:

**Karen Buehler, Chief** ~~Jessica Blackwood, Contract Analyst~~  
County of Los Angeles, Department of Public Health  
Contracts and Grants Division  
5555 Ferguson Drive, 2<sup>nd</sup> Floor, Suite 210  
Commerce California 90022

**Electronic Format Submission**

PDF scanned SOQ are also accepted in the format prescribed herein, and it may be electronically submitted with the subject line “SOQ for MRT BHC – SUD Treatment Services” to:

**Karen Buehler, Chief** ~~Jessica Blackwood, Contract Analyst~~  
Contract and Grants Division  
E-mail address: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov)

**Note: Additional Category(ies) abbreviated SOQs shall be considered for review at the convenience of the County.**

All Additional Category(ies) abbreviated SOQs submitted to qualify for

additional as-needed Mark Ridley-Thomas Behavioral Health Center Substance Use Disorder Treatment Services categories are subject to a Modified Review Process consistent with the Review Process referenced in Section 3.1 (sub-sections 3.1.1, 3.1.3 and 3.1.5 of this RFSQ).

Please note that the abbreviated SOQs are still subject to Section 2.10, SOQ Withdrawals and Section 3.2, Disqualification Review.

**Public Health-~~DPH~~** will inform Existing Master Agreement Contractors deemed qualified for the additional category(ies) and will issue an amendment to their Master Agreement to add the additional services.

**It is the sole responsibility of the submitting vendor to ensure that its SOQ is received before the submission deadline. Submitting vendors shall bear all risks associated with delays in delivery by any person or entity.**

The County may at its sole discretion continue to select vendors from this RFSQ process and, depending on service needs, may elect to accept SOQs throughout the duration of the Master Agreement to qualify vendors.

Until the SOQ submission deadline, errors in SOQs may be corrected by a request in writing to withdraw the SOQ and by submission of another SOQ with the mistakes corrected. Corrections to SOQs after the initial deadline for submission will not be accepted, but a new SOQ can be submitted and will be reviewed as described in the RFSQ timetable.”

5. RFSQ, Appendix A, Required Forms, Exhibit 1, Statement of Qualifications (SOQ) Checklist, is deleted and replaced in its entirety with Exhibit 1 (Revised), Statement of Qualifications (SOQ) Checklist, attached hereto and incorporated by reference. Wherever Exhibit 1, Statement of Qualifications (SOQ) Checklist is referenced in the RFSQ shall be deemed amended to read Exhibit 1 (Revised), Statement of Qualifications (SOQ) Checklist.
6. RFSQ, Appendix A.1, Required Forms, Exhibit 1.1, Statement of Qualifications (SOQ) Additional Categories Checklist, is deleted and replaced in its entirety with, Exhibit 1.1 (Revised), Statement of Qualifications (SOQ) Additional Categories Checklist, attached hereto and incorporated by reference. Wherever Exhibit 1.1, Statement of Qualifications (SOQ) Additional Categories Checklist, is referenced in the RFSQ shall be deemed amended to read Exhibit 1.1 (Revised), Statement of Qualifications (SOQ) Additional Categories Checklist.

Addendum Number 2 – RFSQ 2020-003

November 18, 2021

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Pursuant to RFSQ, subsection 1.8, County Rights and Responsibilities, Addendum Number 2 has been made available on the Department of Public Health Contracts and Grants Division website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and Addendum Number 2, there are no other revisions to this RFSQ. All other terms and conditions of the RFSQ remain in full force and effect.

Attachments (2)

#06122

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
STATEMENT OF QUALIFICATIONS (SOQ)  
CHECKLIST – EXHIBIT 1 (REVISED)**

The purpose of this document is to ensure that the vendor has submitted all applicable sections, forms, exhibits, attachments, etc. with its SOQ. Please check the appropriate box(es).

Additionally, vendor is encouraged to complete the attached optional Vendor Survey Questionnaire, Exhibit 1 (Attachment A) (Revised).

VENDOR'S NAME (Legal Full Name):	Identify Service Category(ies) applying for: <input type="checkbox"/> Recovery and Respite Center <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Residential Services <input type="checkbox"/> Case Management <input type="checkbox"/> Recovery Support Services
<b>RFSQ Reference, Sub-section 2.7.1, Table of Contents (Vendor's SOQ)</b>	Included <input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 2.7.2, SOQ Transmittal Form and SOQ PAcKet</b>	
Statement of Qualifications (SOQ) Transmittal Form (Appendix K)	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 2.7.3, Vendor's Qualifications (Vendor's SOQ Section A.1)</b>	
Exhibit 1: Statement of Qualifications (SOQ) Checklist	<input type="checkbox"/> Yes
Exhibit 2: Vendor's Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/> Yes
Vendor's Organization Structure:	
➤ furnished a copy of a "Certificate of Good Standing" with the state <b>OR</b> provide a copy of a statement on status of the request	<input type="checkbox"/> Yes
furnished a copy of the most recent "Statement of Information" as filed with the California Secretary of State <b>OR</b> provide a copy of a statement that indicates the status of the request	<input type="checkbox"/> Yes
➤ furnished a copy of its "IRS 501(c)(3) Determination Letter" which must state that Vendor's organization qualifies for tax-exempt status under section 501(c)(3) of the Internal Revenue Code	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 2.7.3, B. Vendor's Pending Litigation and Judgments (Vendor's SOQ Section A.2)</b>	

Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.2 of SOQ)	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 2.7.4, Required Forms (Vendor’s SOQ Section B)</b>	
Exhibit 3: Certification of No Conflict of Interest	<input type="checkbox"/> Yes
Exhibit 4: Vendor’s Equal Employment Opportunity (EEO) Certification	<input type="checkbox"/> Yes
Exhibit 6: Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/> Yes
Exhibit 10: Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/> Yes
Exhibit 11: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/> Yes
Exhibit 12: Charitable Contributions Certification	<input type="checkbox"/> Yes
Exhibit 13: Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	<input type="checkbox"/> Yes
Exhibit 14: Zero Tolerance Policy on Human Trafficking Certification	<input type="checkbox"/> Yes
Exhibit 15: Vendor’s Compliance with Encryption Requirements	<input type="checkbox"/> Yes
Exhibit 16: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions	<input type="checkbox"/> Yes
Exhibit 18: Acceptance of Terms and Conditions Affirmation	<input type="checkbox"/> Yes
Exhibit 19: Compliance with Fair Chance Employment Hiring Practices Certification	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 2.7.5, Proof of Insurability (Vendor’s SOQ Section C)</b>	
Provided proof of insurability or a letter from a qualified insurance carrier indicating a willingness to provide the required coverage:	<input type="checkbox"/> Yes
<b>COMMERCIAL GENERAL LIABILITY</b>	<input type="checkbox"/> Yes
General Aggregate: \$2 million	
Products/Completed Operations Aggregate: \$1 million	
Personal and Advertising Injury: \$1 million	
Each Occurrence: \$1 million	
<b>AUTO LIABILITY</b>	<input type="checkbox"/> Yes
Auto Liability: \$1 million	
<b>WORKERS’ COMPENSATION</b>	<input type="checkbox"/> Yes
Each Accident: \$1 million	
<b>PROFESSIONAL LIABILITY</b>	<input type="checkbox"/> Yes
Not less than \$1 million per claim and \$3 million aggregate	
<b>RFSQ Reference, Sub-section 2.7.6, Proof of Licenses/Certifications (Vendor’s SOQ Section D)</b>	

Vendor provided proof of licensing/certification as required for Category 2: Outpatient Services under RFSQ Section 1.4.2.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>RFSQ Reference, Section 2.8, SOQ Submission (Hard Copy or Electronic Format)</b>	
Vendor hand-delivered or sent by a delivery service the SOQ enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR MRT BHC - SUD TREATMENT SERVICES"	<input type="checkbox"/> Yes
– OR –	
Vendor PDF scanned the original SOQ and electronically submitted with the above subject line to: <a href="mailto:Contracts-Grants@ph.lacounty.gov">Contracts-Grants@ph.lacounty.gov</a> <del>Jessica Blackwood;</del> <del>jblackwood@ph.lacounty.gov</del>	



**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
STATEMENT OF QUALIFICATIONS (SOQ)  
CHECKLIST – EXHIBIT 1 (ATTACHMENT A) (REVISED)**

**Vendor Survey Questionnaire**  
**Optional Survey: Your feedback is greatly appreciated.**

**Vendor Name (Optional):** \_\_\_\_\_

**How did your agency learn about this contracting opportunity with the County of Los Angeles Department of Public Health? Please check box(es) that apply.**

❖ Social Media (e.g., Twitter, Facebook, etc.)	<input type="checkbox"/> Yes
❖ Department of Public Health Workshop	<input type="checkbox"/> Yes
❖ County Vendor Fair	<input type="checkbox"/> Yes
❖ Contracting Opportunity flyer	<input type="checkbox"/> Yes
❖ Email Notification	<input type="checkbox"/> Yes
❖ Website (Department of Public Health Contracts and Grants)	<input type="checkbox"/> Yes
❖ Other Website ( <i>Please describe below</i> ):	<input type="checkbox"/> Yes
❖ Other ( <i>Please describe below</i> ):	<input type="checkbox"/> Yes

**Thank you!**

VENDOR'S NAME (Legal Full Name):	Identify Service Category(ies) applying for: <input type="checkbox"/> Recovery and Respite Center <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Residential Services <input type="checkbox"/> Case Management <input type="checkbox"/> Recovery Support Services
<b>RFSQ Reference, Sub-section 4.1.1, Table of Contents (Vendor's SOQ)</b>	Included <input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 4.1.2, As-Needed Mark Ridley-Thomas Behavioral Health Center Substance Use Disorder Treatment Services Master Agreement Contractors Applying for Additional Service Category(ies) – Abbreviated SOQ Transmittal Form and SOQ Packet</b>	
Abbreviated Statement of Qualifications (SOQ) Transmittal Form (Appendix K.1)	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 4.1.3, A. As-Needed Mark Ridley-Thomas Behavioral Health Center Substance Use Disorder Treatment Services Master Agreement Contractors Applying for Additional Service Category(ies) - Vendor's Qualifications (Vendor's Abbreviated SOQ Section A.1)</b>	
Exhibit 1.1: Statement of Qualifications Additional Category(ies) Checklist	<input type="checkbox"/> Yes
Exhibit 2.1 Vendor's Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 4.1.3, B. Vendor's Pending Litigation and Judgments (Vendor's Abbreviated SOQ Section A.2)</b>	
Exhibit 17.1: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 4.1.4, Proof of Licenses/Certifications (Vendor's SOQ Section B)</b>	
Vendor provided proof of licensing/certification as required for Category 2: Outpatient Services under RFSQ Section 2.7.6.	<input type="checkbox"/> Yes
<b>RFSQ Reference, Sub-section 4.1.5, Master Agreement Contractors Applying for Additional Category(ies) Abbreviated SOQ Submission (Hard Copy or Electronic Format)</b>	

APPENDIX A.1 - REQUIRED FORMS – EXHIBIT 1.1 (REVISED)

Public Health ~~DPH~~ Master Agreement Number: PH \_\_\_\_\_

Vendor hand-delivered or sent by a delivery service the SOQ enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: “ABBREVIATED SOQ FOR MRT BHC - SUD TREATMENT SERVICES – ADDITIONAL CATEGORY(IES)” – OR – Vendor PDF scanned the original SOQ and electronically submitted with the above subject line to: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov) ~~Jessica Blackwood;~~  
~~Jblackwood@ph.lacounty.gov~~

Yes