



**COUNTY OF INYO  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Request for Qualifications (RFQ)**

**Substance Abuse Block Grant- American Rescue Plan Act Consultant**

For the purpose of identifying the needs and gaps in county Substance Abuse Block Grant (SABG) service continuum including conducting an internal needs assessment and analysis for the development of an Action Plan, to include policies and procedures related to the program.

**Deadline for submission of RFQ:**

**December 21st , 2022 at 5:00pm**

*Applications received after 5:00pm on December 21, 2022 will not be considered.*

*Applications may be submitted via US mail or email.*

***Return RFQ to:***

Kimball Pier  
Inyo County Health & Human Services  
1360 N. Main Street, Ste.124  
Bishop, CA 93514  
(760) 873-3305  
Kpier@inyocounty.us

## INTRODUCTION

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### **About the Inyo County Department of Health and Human Services –**

The mission of the Inyo County Department of Health and Human Services (HHS) –*Strengthening Resilience and Well-Being*. This purpose of this funding is aimed at developing policies and procedures that relate to identified needs and gaps in our SABG continuum of care.

### **Purpose of this Request for Qualification (RFQ)**

The purpose of this RFQ is to solicit proposals from qualified individuals and organizations to conduct an organizational assessment and needs assessment related to the Substance Abuse Block Grant. This includes addressing service gaps, establishing action plans, stakeholder engagement, building relationships across divisions, and working with SUD leadership to develop policies, procedures, reporting templates and workflows.

### **General Overview of Services Inyo County HHS is Seeking:**

Inyo County HHS seeks to identify individuals or organizations capable of evaluating the operations that fall under the Substance Abuse Block Grant within Inyo County HHS and developing an Action Plan. The contractor will plan and conduct operational focused organizational assessments and work with our SUD Supervisor to identify gaps and develop strategies for implementing the Substance Abuse Block to fidelity.

## PROPOSED SERVICES

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### **Contractor will:**

- A. Evaluate the quality of effectiveness of services and operations of the Inyo County SUD SABG Program
  1. Plan and conduct organizational assessment;
  2. Discuss gaps and opportunities with program staff and administrators;
  3. Strategize with SUD Supervisor on building organizational and service capacity;
  4. Evaluate program designs including compliance.
- B. Develop Action Plan in conjunction with program staff based on needs analysis and recommends modifications in accordance with local, state, and/or federal grant requirements
  1. Develop and prepare comprehensive Action Plan;
  2. Advise program staff on existing best practices, and ensure appropriate feedback from the program staff and community agency partners;
  3. Provide guidance in addressing gaps in capacity;
  4. Develop a policy and procedure manual with SUD Supervisor and Prevention Program Manager for staff to ensure that services provided meet standards and regulations;
  5. Prepare template reports on program activities, achievements and progress toward overall goals.

## PROGRAM REQUIREMENTS DESCRIPTION

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Inyo County is seeking an individual or organization that has the ability to:

- Perform the collection, analysis, interpretation, and evaluation of quantitative and qualitative data;
- Understand the unique challenges of a small rural county;
- Ability to independently formulate long-range objectives and manage varied projects.
- Interpret local, state, and federal laws, regulations, and ordinances and develop standard operating procedures;

- Identify barriers based upon data analyzed, and identify and initiate strategies to help improve the organizational equity capacity;
- Prepare detailed written reports of findings, conclusions, and recommendations and to express ideas effectively both orally and in writing;
- Possess a deep understanding of the substance use disorder treatment system and the individuals it serves, including an understanding of co-occurring disorders and prevention strategies.

## **CONTRACT AMOUNT AND DURATION**

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The estimated amount of contract compensation shall not exceed \$21,268.36, based upon services provided. The term of the resulting contract is estimated to begin on or about Jan 1, 2023 and terminate June 30, 2023.

Funding from the California Department of Healthcare Services (DHCS), Substance Abuse Block Grant (SABG) will be used to pay this contract. These funds will be subject to all applicable requirements that govern federal monies associated with SABG set forth in United States Code (USC) Title 42 Part B, and the Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200, as codified by the U.S. Department of Health and Human Services in 45 CFR Part 75. This contract is a sub-award of the federal award to DHCS to County of Inyo. SABG CFDA #: 93.959

Applicants selected will be subject to the County's standard contract 116 terms and requirements.

## **WHO IS ELIGIBLE TO APPLY**

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Inyo County established community organizations and other qualified individuals and/or organizations outside of Inyo County are eligible to apply. The Contractor selected to provide the service must currently reside in the Pacific Standard time zone (PST/PDT), must be insured, and be able to enter into a contract with the County of Inyo.

### **Minimum Qualifications:**

Minimum of four years administrative experience implementing, directing, and overseeing substance use disorder treatment/prevention programs or leading organizational and policy development programs in a human services organization or a similar role in a public health, behavioral health, and/or community-based health environment. Any combination of experience in a behavioral health system or formal education that meets the requires skills and abilities will be considered.

## **SUBMITTAL REQUIREMENTS**

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By **5:00p.m. on December 21<sup>st</sup>, 2022** application packets must be received in the Health & Human Services office via email at [vincent@inyocounty.us](mailto:vincent@inyocounty.us) and [kpier@inyocounty.us](mailto:kpier@inyocounty.us). Faxed applications will **not** be accepted. Application packets must include:

- **Cover page** (format attached)
- **Brief (no more than three pages) narrative presentation**
  - Letter of Introduction
  - Experience
  - References
  - Indicate the date the applicant is available to begin service provision.

## SELECTION PROCESS AND CRITERIA

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Under the direction of the HHS Director, an Evaluation Committee will be convened to review applications. The committee will be responsible for identifying the best-qualified contractor that has demonstrated capacity to provide the services/activities sought through this Solicitation. Will be evaluated based on the following criteria:

- **Letter of Introduction (30 Points)** - Letter of introduction should include a brief description of education; include level and field of degree and major course work. Please note minimum qualifications detailed above.
- **Experience (40 Points)** - Describe your experience performing program analysis work in a behavioral health, public health, and/or community-based health environment; including the number of relevant years of experience. This contract position requires a minimum of two-years of experience.
- **References (30 Points)** - A list of references from public agencies and/or other clients from whom similar work has been performed within the past twenty-four months. The reference list should include firm/client name, address, telephone number, and contact person(s).

The County reserves the right to select a Contractor based solely on submitted application packets. Interviews may or may not be conducted. The County reserves the right to reject all applications.

Application Packet Cover Page  
for

**Substance Abuse Block Grant- American Rescue Plan Act Consultant**

To:

Inyo County Health & Human Services  
1360 N. Main Street, Ste. 124  
Bishop, CA 93514  
(760) 873-3305  
[vincent@inyocounty.us](mailto:vincent@inyocounty.us) and [kpier@inyocounty.us](mailto:kpier@inyocounty.us)

**Legal Name of Organization:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

I certify to the best of my knowledge and belief that the information in this application is true and correct and that submittal of this application has been authorized by the legal owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Title