ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 18-01
SPECIFICATIONS, TERMS & CONDITIONS
For
SUBSTANCE USE DISORDER SERVICES

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Thursday February 15, 2018	**9:30 am - 12:00 pm**	**Alameda County Behavioral Health Care Services 2000 Embarcadero Cove, Oakland Gail Steele Room**
Friday February 16, 2018	**1:00 pm – 3:30 pm**	**Alameda County Public Works Agency 951 Turner Court, Hayward Conference Room 230ABC**

PROPOSALS DUE
by 2:00 pm on Tuesday March 20, 2018
to
RFP# 18-01 c/o Rachel Garcia
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date/time will NOT be accepted
Contact: Rachel Garcia
Email: Rachel.Garcia2@acgov.org Phone: 510.383-1744

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter BHCS or County) to seek proposals for the provision of Substance Use Disorder (SUD) treatment and recovery residence services to adolescents, adults and older adults who are residents of Alameda County.

BHCS will use this Request for Proposals (RFP) to establish contract awards for one year, (with an option to renew through June 30, 2020), with the agencies selected as the most responsible Bidders whose responses conform to the RFP and meet the County's requirements.

A projected total of $26,111,347 is available under this RFP. This estimated annual amount is subject to funding availability which may increase or decrease at any given time.

This RFP includes a wide range of SUD treatment levels of care that together will create an integrated continuum of treatment for the entire BHCS system (a full description of services can be found in Appendix B). Table 1 details the breakdown of population and county region that the SUD treatment programs will serve. New providers, previous providers and existing BHCS-contracted providers that meet the minimum qualifications published in this RFP are eligible to apply for funds.

Bidders can bid on one or more service modalities in Table 1 below and the corresponding American Society of Addiction Medicine (ASAM) Level of Care. See Section II. E. Instructions on Bid Submittal for more information.

For the Adult, Adolescent and Perinatal Outpatient/Intensive Outpatient service modalities (ASAM Level of Care 1.0/2.1), a detailed table of the geographical priority areas, number of required unique clients to serve and the maximum amount for each program can be found in the Table 2 below.

Any contracts that result from this RFP process will be rate-based and prorated for the fiscal year at the contract start date.

Proposals shall form the basis for any subsequent awarded contracts. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. BHCS reserves the right to terminate a contract if/when Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to renew any awarded contract. Any renewal of an awarded contract shall be contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS. The County reserves the right to include performance based payments in any future contract renewal.

Table 1: Summary of SUD Service Modality, Programs and Restrictions

SUD Service Modality	ASAM[1] Level of Care	County Region[2]	Maximum Number of Programs	Maximum Number of Contract Award per unique Community Based Organization (CBO)
Adult Outpatient Treatment Intensive Outpatient Treatment (IOT) plus Recovery Support Services	1.0 2.1	North, Central, South and East	9	No more than 50% of the programs in each County Region, with the exception of East County
Adolescent Outpatient Treatment IOT Plus Recovery Support Services	1.0 2.1	North, Central/East and South	3	One contract
Perinatal Outpatient Treatment IOT plus Recovery Support Services	1.0 2.1	North & Central/South	2	One contract
Adult Residential	3.1	At least one location in North County and one in	108 Beds	If County receives more than one bid, then no bid may receive more than 50 percent of the total beds.

[1] American Society of Addiction Medicine (ASAM): https://www.asam.org/
[2] See Appendix A for cities included in each County Region and Table 2, 3, 4 for corresponding geographic priorities for Outpatient Treatment/IOT and Recovery Support Services.

SUD Service Modality	ASAM[1] Level of Care	County Region[2]	Maximum Number of Programs	Maximum Number of Contract Award per unique Community Based Organization (CBO)
	3.5	Central County		However, BHCS reserves the right to award all beds to one unique CBO if only one bid meets the RFP requirements.
Perinatal Residential	3.1 3.5	At least one location in North County and one in Central County	38 Beds	If County receives more than one bid, then no bid may receive more than 50 percent of the total beds. However, BHCS reserves the right to award all beds to one unique CBO if only one bid meets the RFP requirements.
Adult Recovery Residence	N/A	At least one location in North County and one in Central County	64 Beds	31 of the total beds are earmarked for Criminal Justice clients. If County receives more than one bid, then no bid may receive more than 50 percent of the total beds. However, BHCS reserves the right to award all beds to one unique CBO if only one bid meets the RFP requirements.
Perinatal Recovery Residence	N/A	At least one location in North County and one in Central County	25 Beds	If County receives more than one bid, then no bid may receive more than 50 percent of the total beds. However, BHCS reserves the right to award all beds to one unique CBO if only one bid meets the RFP requirements.

Table 2: Adult Outpatient Treatment/IOT/Recovery Support Priority Population, Geographical Coverage and Amounts

Program Identifier	Zip Code	Neighborhoods	Priority Population	Total Medi-Cal Beneficiaries	Percentage of Total Clients in Priority Areas	Required Number of Clients Served per Year	Maximum Award
NORTH							
A-1	94606 and 94501	San Antonio/Clinton/Highland and Alameda	Criminal Justice, TAY, Older Adults and Asians	36,147	11.0%	305	**$1,228,739**
A-2	94601	Fruitvale/Jingletown	Criminal Justice, TAY, Latinos	30,239	9.2%	255	**$1,027,909**
A-3	94621 and 94605	Lockwood/Coliseum and Eastmont/Millsmont/Bancroft	Criminal Justice, TAY, Latino and Black/African American	44,511	13.5%	375	**$1,513,055**
A-4	94607 and Berkeley	West Oakland/Downtown Oakland and City of Berkeley	Criminal Justice, TAY, Black/African American and Asian	33,725	10.3%	284	**$1,146,408**
		TOTAL NORTH		144,622		1219	**$4,916,111**
CENTRAL							
A-5	94541 and 94544	Hayward	Criminal Justice, TAY, Latino, Older Adults	56,766	17.3%	478	**$1,929,637**
A-6	94603, 94578 and 94577	Southeast Oakland and San Leandro	Criminal Justice, TAY, Latino and Black/African American	52,751	16.0%	444	**$1,793,156**
		TOTAL CENTRAL		109,517		922	**$3,722,792**
SOUTH							
A-7	94587	Union City	TAY, Latinos and Asian	20,220	6.1%	170	**$687,335**
A-8	94538/ 94536/ 94560	Fremont/Irvington/ Cabrillo/Newark	TAY, Latinos, Asian and Older Adults	40,750	12.4%	343	**$1,385,208**
		TOTAL SOUTH		60,970		513	**$2,072,543**
EAST							
A-9	94551 and 94550	Livermore	TAY, Latinos	13,915	4.2%	117	**$473,010**
		TOTAL EAST		13,915		117	**$473,010**
	TOTAL ADULT PROGRAMS			**329,024**	**1.00**	**2771**	**$11,184,456**

Table 3: Adolescent Outpatient Treatment/IOT Programs Priority Population, Geographical Coverage and Amounts

Program Identifier	# Field-Based Sites (e.g. schools)	Community Clinic Site	Priority Population	Total Adolescent Medi-Cal Beneficiaries	Percentage of Total Clients in Priority Areas	Required Number of Clients Served per Year	Maximum Award
NORTH							
Ad-1	12	Oakland	Juvenile Justice, Black/African American, Latino, Asian	25,664	46.2%	244	**$1,059,207**
		TOTAL NORTH		25,664		244	**$1,059,207**
CENTRAL/EAST							
Ad-2	8	Hayward	Juvenile Justice, Latino and Asian	20,854	37.5%	198	**$860,688**
		TOTAL CENTRAL		20,854		198	**$860,688**
SOUTH							
Ad-3	2	Fremont	Juvenile Justice, Latino and Asian	9,067	16.3%	86	**$374,214**
		TOTAL SOUTH		9,067		86	**$374,214**
	ADOLESCENT PROGRAMS			**55,585**	**1.00**	**528**	**$2,294,109**

Table 4: Perinatal Outpatient Treatment/IOT/Recovery Support Priority Population, Geographical Coverage and Amounts

Program Identifier	Zip Code	Clinic Sites	Priority Population	Total Perinatal Medi-Cal Beneficiaries	Percentage of Total Clients in Priority Areas	Required Number of Clients Served per Year	Maximum Award
NORTH							
P-1	N/A	Oakland	All	1,800	51.0%	121	**$594,408**
		TOTAL NORTH		1,800		121	**$594,408**
CENTRAL/EAST							
P-2	N/A	Hayward	All	1,281	49.0%	117	**$571,098**
		TOTAL CENTRAL		1,281		117	**$571,098**
	TOTAL PERINATAL PROGRAMS			**3,081**	**1.00**	**238**	**$1,165,506**

B. BACKGROUND

With the publication of this RFP, BHCS intends to procure SUD treatment services congruent with the Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements, along with Recovery Residence services. The DMC-ODS Pilot program, authorized under California's Section 1115(a) Medicaid Bridge to Reform Demonstration Project, seeks to: (a) test a new paradigm for the organized delivery of health care services for Medi-Cal eligible individuals with a substance use disorder and (b) demonstrate how an organized SUD system of care increases the success of DMC beneficiaries while decreasing other system health care costs. Critical elements of the DMC-ODS Pilot include:

- Providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD services;
- Increasing local control and accountability with greater administrative oversight;
- Creating utilization controls to improve care and efficient use of resources;
- Increasing program oversight and integrity;
- Expanding the SUD treatment workforce by including Licensed Practitioners of Healing Arts (LPHA) for the assessment of clients and other functions within the scope of their practice;
- Requiring evidence-based practices (EBPs) in SUD treatment; and
- Increasing coordination with other systems of care, including primary care and mental health.

With the addition of the above critical elements under the DMC-ODS, BHCS expects to improve access to high quality care for eligible individuals in need of SUD treatment. Building bridges for care coordination to support whole person care is one of the guiding principles under the DMC-ODS Pilot. Accordingly, SUD providers will be expected to connect clients to services other than SUD treatment to meet their physical health, mental health, and ancillary service needs. Through this new approach, BHCS seeks to transform its SUD treatment and recovery residence network into a continuum of care that provides high quality, cost effective, sustainable SUD treatment and recovery-focused services and supports.

BHCS administers a broad network of contracted SUD services as well as BHCS-operated and contracted SUD and mental health prevention, early intervention, and treatment and recovery programs. CBOs deliver all SUD services in the provider network through contracts developed by BHCS and approved each year by the County Board of Supervisors. The current total budget for SUD services in Fiscal Year 17-18 is $37.5 million dollars. The SUD DMC-ODS system is funded through a combination of various funding streams: Drug Medi-Cal, Motor Vehicle Fees, Proposition 47, Measure A, County General Fund, 2011 Realignment and Substance Abuse Prevention and Treatment Block Grant. The latter prohibits the County from funding services delivered through a for-profit organization. BHCS reserves the right to allocate categorical funds across contract awardees in a manner that best meets the County's needs as determined solely by BHCS.

BHCS will be responsible for the execution of Alameda County's DMC-ODS Implementation Plan in collaboration with partners such as Alameda Care Connect, managed care health plans, consumers, public agency partners, and BHCS' network of behavioral health providers. The vision for SUD services, outlined in the County's DMC-ODS Implementation Plan, aligns with the mission of BHCS, which is to maximize the recovery, resilience and wellness of eligible Alameda County residents who are developing or experiencing serious mental health conditions, and/or SUD concerns.

Alameda County's DMC-ODS Implementation Plan is available here: http://www.acbhcs.org/wp-content/uploads/2017/11/AC_DMC-DS_Implementatio_Plan.pdf)

C. SCOPE

1. Goal and Objectives

The overarching goal of the DMC-ODS Pilot is to transform the current BHCS SUD system into an organized delivery system that will improve and increase the treatment success of DMC beneficiaries while driving down other system health care costs.

BHCS supports this goal in part by applying the "Quadruple AIM" to behavioral health services through the lenses of cultural humility, wellness and recovery. The Quadruple AIM includes:

- Improving the client experience of care (including quality, engagement, and satisfaction), especially for the SUD priority populations and geographical areas;
- Improving the overall health and wellness of SUD beneficiaries;
- Reducing the per capita cost of care through responsibly managed and value-focused operations; and
- Enhance and develop a well-trained, effective, and sustainable SUD workforce.

In addition to these four objectives, BHCS also aims to achieve the following:

- Improve system access to services for eligible Medi-Cal beneficiaries, especially for priority populations that may not have been able to successfully access or engage SUD services in the past;
- Increase post-treatment abstinence and reductions in substance use;
- Foster and strengthen collaboration with other service providers for SUD clients (i.e., AC Probation Department, Drug Court, Child Welfare Services, primary care, mental health, Alameda County Care Connect-funded programs, etc.); and
- Increase culturally responsive service design and delivery.

2. SUD Treatment Foundational Principles and New Practices

The values underlying BHCS' DMC-ODS Pilot are intended to be incorporated into all aspects of SUD services which will lead to an integrated behavioral healthcare system. **All SUD treatment Bidders are expected to integrate these SUD treatment foundational principles and practices in their proposed program and service delivery.**

BHCS values are as follows:

- Maintain a trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our clients to the staff who serve them;
- Equally value all clients who seek our services and make a consistent commitment to practice cultural humility, understand different cultures, maintain an openness and responsiveness to someone else's cultural identity, and acknowledge that each of us brings our own belief/value systems, biases, and privileges to our work;
- Provide whole person care that integrates and coordinates SUD treatment with mental health, physical care, and other individualized needs of a client. This care includes addressing the needs of a client's identified family and other significant relationships; and
- Provide SUD treatment in the context of shared decision making to provide the best possible coordinated care, where clients and their providers collaborate as part of a team to make care decisions together.

The BHCS DMC-ODS Pilot will fund a continuum of services for all eligible adolescent and adult clients modeled after the ASAM Criteria which is the most widely used and comprehensive set of guidelines for placement, continued stay, and the transfer and discharge of clients with addiction and co-occurring conditions.

Consistent with the ASAM Criteria, the SUD treatment system will be guided by a set of foundational principles and best practices that represent a shift in how SUD treatment clients are assessed, treated, and supported in their recovery.

Under the DMC-ODS Pilot, BHCS is moving towards the following model:

- A **multi-dimensional assessment** using the ASAM Criteria.
    - Diagnosis alone is not a sufficient justification for entering a certain modality or intensity of treatment; client assessment will support treatment that is holistic and able to meet the multiple and changing needs a client may have across six life domains or "dimensions" ("whole person" care). See Appendix C for the six dimensions of multi-dimensional assessment.
- **Clinically-driven individualized treatment.**
    - Treatment will be **individualized, person-centered** and responsive to specific client needs identified in the ASAM multi-dimensional assessment.

This is a departure from focusing on "placement" in a program, with a pre-defined length of stay. It represents a shift toward lengths of stay that are individualized and based on the severity of a client's illness, **level of functioning** at treatment entry, and response to treatment over time.

  - The goal of interventions and treatment will determine the methods, intensity, frequency and types of services provided. Decisions about client discharge (or a client's transfer to another level of care) will be made in collaboration with the client, and based on how the treatment and duration both resolves a client's presenting challenges and affects a client's prognosis for long-term recovery. Treatment services are expected to stabilize a client's condition and promote wellness and recovery.

- A **broad and flexible continuum of care.**
  - Levels of care will represent intensities of services along the continuum of treatment and reflects the varying severity of illnesses treated, client's level of functioning and support needs and the intensity of services required. See Section I.C.4. on pages 14-16 of this RFP which provide a brief description of each level of care on the SUD treatment continuum. Clients can move between levels along the continuum, depending on their unique needs and response to treatment. A client may **begin at one level of care but step up or step down to another level of care.** The ASAM Criteria uses a separate criteria for adult clients and adolescent clients due to the different stages of emotional, mental, physical, and social development adolescents may be in.
- A treatment referral system where referrals to a specific level of care will be based on a **careful and comprehensive assessment of client needs** across six ASAM dimensions with the primary goal of placing clients in the most appropriate level of care.
  - The preferable level of care will be the least intensive, while still meeting treatment objectives and providing safety and security for the client. The levels of care are defined under the ASAM. SUD treatment providers will be required to have the capacity to transition clients across the treatment continuum either in-house or to another contracted network of SUD service provider within BHCS' DMC-ODS.
- An **interdisciplinary team approach** to client care.
  - As part of the standard of care and with the provision of case management services, all SUD treatment professionals will be required to collaborate and coordinate care with other client-serving providers (i.e. physicians, mental health clinicians, etc.), as well as those individuals important to a client's recovery. This includes developing partnerships with primary care, mental health, other SUD treatment programs, housing, educational, vocational and other providers. In some cases this will require formal partnerships (e.g. with criminal and juvenile justice systems, schools) with written approved Memorandum of Understanding (MOU).

- An **outcomes-based treatment system**.
    - BHCS SUD treatment providers are required to implement at least two of the DMC-ODS approved **evidence-based practice (EBP) in their program** (see Section I.E.4 on pages 22-23 for the list of EBPs) and apply **the ASAM Criteria** to client assessment, treatment, transitions among levels of care and discharge; invest in **quality management** activities and processes; **actively engage clients** on their paths to wellness and recovery; and collect and **report client and program outcomes**.
- A **Recovery-Oriented** System of Care
    - Providers will offer developmentally, culturally, and gender-appropriate care to support and build relationships that promote recovery. They will be guides rather than directors of services in treatment planning and service provision; they will assist clients in defining what wellness in recovery means for them and support the attainment of wellness.
    - Providers in the DMC-ODS will address lapse and relapse as learning opportunities for consumers in treatment and recovery services. To the greatest extent possible, clients will not be dismissed from programs as a result of lapse or relapse, which is often a part of recovery.
    - Providers will promote a greater responsibility on the part of the client and encourage them to practice decision making skills and roles, thereby enhancing self-confidence and self-efficacy.
    - Programs will assist clients with linkages to outside services including life skills training, employment services, job training, education services, housing assistance, transportation, and case management. This will be accomplished through the integration of **case management** within SUD treatment services to both coordinate care and proactively link clients to community-based **wellness and recovery services** that emphasize their role in managing their health.
    - **Recovery Support Services** will be available after formal treatment is completed; these services can continue as a form of post-treatment aftercare that: (a) foster health and resilience in individuals and families by helping them to navigate systems of care, and reduce barriers to employment, housing, education, and other life goals; (b) incorporate a broad range of support and social services that facilitate recovery; and (c) wellness, and linkage to and coordination among service providers.
- Expanded **access to Medication Assisted Treatment (MAT)**.
    - Clients will be able to access MAT services (buprenorphine, methadone, naloxone and disulfiram) through the county's existing Opioid Treatment Programs (not being procured under this RFP) or through primary care physicians authorized to prescribe MAT. Under the DMC-ODS, clients who receive MAT may be eligible to receive other forms of SUD treatment concurrently in the DMC-ODS (e.g. residential, intensive outpatient, etc.). While the MAT provider will be responsible for evaluating, administering, adjusting, and monitoring client medication support services, it is the

responsibility of all SUD treatment providers in the DMC-ODS to communicate and coordinate care with the MAT provider regardless of whether the MAT provider is a formally contracted provider within BHCS' DMC-ODS system.

3. SUD Treatment Level of Care

BHCS seeks proposals from qualified Bidders to provide SUD treatment services for certain ASAM levels of care. The table below lists by ASAM level of care the annual estimate of unduplicated clients to be served, the number of residential treatment beds required, and other SUD treatment system requirements. The information is intended to assist prospective Bidders in developing their proposals and budget justification documents. The County has the sole, absolute discretion in determining how many clients for each level of care to serve and system capacity requirements. Please see DHCS DMC-ODS Standard Terms and Conditions for more information and specific requirements. http://www.dhcs.ca.gov/provgovpart/Pages/Special-Terms-and-Conditions.aspx

4. ASAM Descriptions of Level of Care

Level of Care	Adolescent	Adult	Service Description & Requirements
1.0	**Outpatient Services**	**Outpatient Services**	Recovery or motivational enhancement therapies/strategies provided to client less than 9 hours a week (adults) and less than 6 hours a week (adolescents) and includes all of the following components: a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Family Therapy; e) Family Contact (Adolescent Programs Only) f) Psycho Education Group; g) Treatment Group h) Multi-Family Group (Adolescent Programs Only) i) Medication Services;* Not included in this RFP j) Collateral Services; k) Crisis Intervention Services; l) Treatment Planning and Update m) Screening/Engagement (Adolescent Programs Only) n) Case Management o) Recovery Services p) Discharge Services

Level of Care	Adolescent	Adult	Service Description & Requirements
2.1	**Intensive Outpatient Services**	**Intensive Outpatient Services**	Structured programming services to treat multidimensional instability not requiring 24-hour care for a minimum of 9 or more hours with a maximum of 19 hours a week (adults) and 6 hours or more with a maximum of 19 hours per week (adolescents). See Level 1.0/Outpatient Services for Level 2.1 program service components.
3.1 Level of Care includes perinatal residential services.		**Clinically Managed Low Intensity Residential Services**	24-hour structure with available trained personnel and providing at least 5 hours of clinical service per week with the goal of preparing client for outpatient treatment. All Residential treatment and length of stay needs prior authorization. For perinatal residential, length of stay includes duration of pregnancy and 2 months post-partum. This includes all of the following program service components: a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Family Therapy; e) Safeguarding Medications; f) Collateral Services; g) Case Management h) Crisis Intervention Services; i) Treatment Planning; j) Transportation Services; and k) Discharge Services.
3.5 Level of Care includes perinatal residential services.		**Clinically Managed High- intensity Residential Services**	24-hour care with trained counselors to stabilize multidimensional clients considered to be in imminent danger with goal to prepare clients for outpatient treatment. Able to tolerate and use full milieu or therapeutic community. See Level 3.1/Clinically Managed Low Intensity Residential for program service components. For perinatal residential, length of stay can include duration of pregnancy and 2 months post-partum. All Residential treatment and length of stay needs prior authorization.

Level of Care	Adolescent	Adult	Service Description & Requirements
Recovery Residence includes Perinatal recovery residence		**Sober, Safe, and Healthy Living Environments with Peer to Peer Support**	Recovery Residence includes 24 hour on-site supervision (through designated house manager) designed to support and promote recovery and prevent relapse. Clients must be concurrently participating in Outpatient or IOT or Recovery Support Services. Maximum Length of stay 6 months.

5. Priority Service Populations

Successful Bidders will have demonstrated experience and capacity to work with all populations, including the priority service populations specified below, in their bid submission. However, for designated geographic areas with higher concentrations of the priority service population, Bidders must demonstrate documented experience and staffing expertise in providing substance use services to these populations. SUD treatment for these priority service population requires in-depth experience of the strengths and challenges related to substance use treatment that are unique to these populations. A description of each priority population is below.

Priority Service Populations for Adult SUD Programs
For the purposes of this RFP, adults are defined as individuals age 18 years and over.

- **Persons who are involved with the Criminal Justice System, including Drug Courts -** Adults in these systems represent a longstanding priority service population for BHCS and continues to be a high priority under the DMC-ODS Pilot.

- **Transitional Age Youth (TAY) –** Young adults, ages 18-24, had the highest prevalence for past month binge alcohol use and use of illicit drugs other than marijuana, past year cocaine and nonmedical prescription pain reliever use, and past year dependence or abuse of alcohol or illicit drugs. Though the TAY population is usually seen as its own system, for purposes of this RFP, TAY is one of the priority populations under Adults.

- **Persons who are Black/African American –** Although this population has a higher SUD penetration rate compared with other racial/ethnic groups, BHCS is seeking to improve the quality and efficacy of care provided to this group through culturally affirming practices and services.

- **Persons who are Latino –** This encompasses people of Latin American origin or descent. This group is historically underserved, with low SUD penetration rates. BHCS

seeks to improve access for this population, increase utilization and improvement in the quality of services.

- **Persons who are Asian–** This encompasses people of Asian origin or descent. This group is historically underserved, with low Medi-Cal penetration rate. BHCS seeks to improve access for this population, increase utilization and improve the quality of services. This population covers a wide variety of ethnicities and languages. Bidders should be familiar with the subpopulation(s) of the Asian population within the area for which they are submitting a bid.

- **Older Adults (Age 60+) –** People over the age of 60, this group is historically underserved with low SUD penetration rates. BHCS seeks to improve access for this population, increase utilization and improve the quality of services. Though the older adult population is usually seen as its own system, for purposes of this RFP, older adult is one of the priority population under Adults.

Priority Service Populations for Adolescent SUD Programs
For the purposes of this RFP, adolescents are defined as individuals aged 12-17 years of age

- **Adolescents who are involved with Child Welfare or Juvenile Justice System -** Adolescents in these systems represent a longstanding priority service population for BHCS and continue to be a priority under the DMC-ODS Pilot.

- **Adolescents who are Black/African American –** Although this population has higher SUD penetration rates in comparison to other racial/ethnic groups, BHCS is seeking to improve the quality and efficacy of care provided to this group through culturally affirming practices and services.

- **Adolescents who are Latino –** This encompasses people of Latin American origin or descent, this group is historically underserved and with low penetration rates. BHCS seeks to improve access for this population, increase utilization and improvement in the quality of services.

- **Adolescents who are Asian** – This encompasses people of Asian origin or descent, this group is historically underserved and with low penetration rates. BHCS seeks to improve access for this population, increase utilization and improve the quality of services. This population covers a wide variety of ethnicities and languages. Bidders should be familiar with the subpopulation of the Asian population within the area for which they are submitting a bid.

Priority Service Populations for Perinatal
For the purposes of this RFP, perinatal is defined as a pregnant, post-partum, or parenting woman of a child under the age of 5.

- **Women who are involved with the Criminal Justice System, including Drug Courts -** Perinatal women in these systems represent a longstanding priority service population for BHCS and continue to be a high priority under the DMC-ODS Pilot.

- **Perinatal women who are involved or at risk of being involved with Child Welfare System -** This includes women who are in the process of reunification with their children; who have active dependency court cases and are at risk of losing their children; or who are at risk of becoming involved with the Child Welfare System due in part to addiction to alcohol and/or drugs.

- **Women who are Black/African American –** Although this population has higher SUD penetration rates in comparison to other racial/ethnic groups, BHCS is seeking to improve the quality and efficacy of care provided to this group through culturally affirming practices and services.

- **Women who are Latino –** This encompasses women of Latin American origin or descent, this group is historically underserved and with low SUD penetration rates. BHCS seeks to improve access for this population, increase utilization and improve the quality of services.

- **Women who are Asian –** This encompasses women of Asian origin or descent, this group is historically underserved and with low penetration rates. BHCS seeks to improve access for this population, increase utilization and improve the quality of services. This population covers a wide variety of ethnicities and languages. Bidders should be familiar with the subpopulation of the Asian population within the area for which they are submitting a bid.

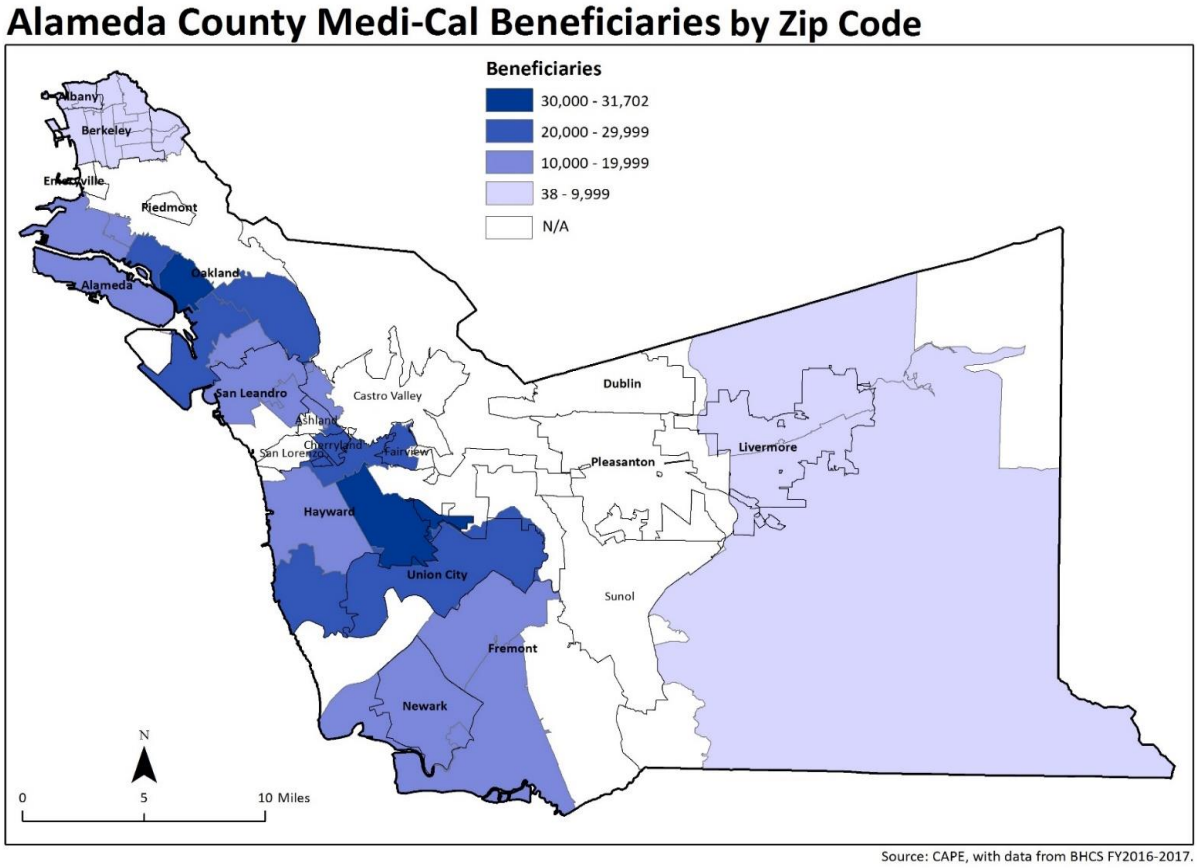
6. Priority Geographic Service Area

Alameda County is divided into four geographic regions: North, Central, South, and East. Although Medi-Cal beneficiaries live throughout the County, the northern and central parts of the County are where the highest concentrations of beneficiaries reside (age 12 years and up).

BHCS' FY 2016-17 Medi-Cal beneficiaries' data indicates that 49.3% (225,367) live in the North, and 28.3% (129,715) live in the Central region; consequently the bulk of SUD service sites will be located in the principal cities of these regions such as Oakland and Berkeley in the North County and Hayward in the Central County. Smaller but sizable parts of the Medi-Cal population also live in the southern part of the county, 16.0% (73,394), and the eastern part, 6.3% (28,685).

Figure 1 from the same data set indicates the areas with the highest number of Medi-Cal beneficiaries by zip code, along with the highest density of BHCS's priority service populations. Please see http://www.acbhcs.org/Providers/SUD/docs/medi-cal/Med-Cal_Beneficiaries_Data.pdf for a spreadsheet of FY 2016-17 Medi-Cal beneficiary data disaggregated by zip code, age and ethnicity.

Figure 1:



Tables 2, 3 and 4 on pages 6 and 7 indicate the specific geographic service area by zip code for each Adult, Adolescent and Perinatal Outpatient Treatment and IOT (ASAM Level of Care 1.0 and 2.1) program. The table includes priority service populations for each geographic area based on density of these populations within Alameda County. **Bidders are required to serve the number of clients per program as indicated in Tables 2, 3, and 4 and to have the capacity to serve the priority populations described under Section I.C.5. Priority Service Populations above**. Bidders submitting bids for Outpatient Treatment/IOT services must clearly indicate in their proposal the Program Identifier/Geographic Area they are bidding on.

D. BIDDER MINIMUM QUALIFICATIONS

1. Drug Medi-Cal Certification

Consistent with State DMC-ODS required elements of provider selection, all Bidders must show evidence of current DMC certification in California for the ASAM covered services they are applying for. Successful Bidders must also be DMC site certified for the awarded services in Alameda County no later than October 1, 2018 (three months after the start date of the award).

Bidders must include in their proposal a copy of their current DHCS DMC Certification Approval Letter for the services they are bidding on. For more information about DMC certification, visit: http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx.

2. ASAM Designation

Residential only – Bidders applying for Residential services are **required to have Residential ASAM designation from DHCS, at an Alameda County site, by the contract start date of July 1, 2018**. Bidders must submit documentation of the ASAM certification or progress toward this DHCS designation with their bid submission. Please see http://www.dhcs.ca.gov/provgovpart/Pages/ASAM-Designation.aspx for more information.

3. Past Experience in Proposed Modality

Bidders must have at least five years of consistent experience in delivering services for the modality/ASAM Level of Care. Bidders must include a description of their organizational experience in each specific modality/ASAM Level of Care in which they are applying for.

4. Agreement to Use Clinician's Gateway and InSyst

Clinician's Gateway is currently being developed for the SUD system in preparation for the DMC-ODS Pilot, and is expected to be fully operational by July 1, 2018, with continual updates being incorporated after July 1, 2018. Clinician's Gateway will serve as a commonly shared electronic health record to facilitate improved client transitions within the DMC-ODS through shared ASAM assessments, and other common electronic forms (e.g. assessments, treatment plans, etc.). BHCS requires an ability to view a number of client level data elements in order to assess timely access to treatment, as well as engagement, service quality and outcome measures. For these reasons, BHCS is requiring providers to use Clinician's Gateway and InSyst in the delivery of SUD services under the DMC-ODS Pilot. BHCS will provide the Clinician's Gateway software to the awardees. To meet this requirement, Bidders must sign the agreement in Appendix D stating that they will use Clinician's Gateway and InSyst to enter the appropriate client information.

Successful Bidders will be required to sign a Qualified Service Organization Agreement with BHCS, which addresses confidentiality and the ability to share client data in compliance with 42CFR, Part 2.

5. Federal Exclusion

Bidders must not be identified on the list of federally debarred, suspended or other excluded parties located at the following databases:

- https://www.sam.gov/portal/SAM/#1
- https://exclusions.oig.hhs.gov/
- https://files.medical.ca.gov/pubsdoco/SandIlanding.asp

Upon checking, any Bidder who has a confirmed match will be disqualified from moving on to the evaluation phase and their submitted bids will not be reviewed nor scored and evaluated by the County Selection Committee.

E. SPECIFIC REQUIREMENTS

Bidders must include in their proposal how they meet or plan to meet the following requirements:

1. Drug Medi-Cal Certification in Alameda County

The ideal Bidders will have current DMC certification in Alameda County for the ASAM levels of care they are applying for at the time of bid submission. This mitigates unnecessary delay associated with the DMC certification process. **All Bidders must be DMC certified in Alameda County for the services (and related sites) they are bidding on by October 1, 2018.** Bidders must submit documentation that either indicates that they are already DMC certified in Alameda County or, if in process, the current status of their submission at the time of bid. Preference points will be given to those providers who are already DMC certified for the ASAM level of care they are applying for.

Bidders applying for services to the Perinatal population, will need to be DMC certified to provide Perinatal and Non-Perinatal services.

2. Cultural and Linguistic Responsiveness

Cultural and linguistic responsiveness impacts access to treatment, program adherence, and successful recovery of SUD treatment clients. All SUD treatment services are required to adhere to the National Culturally and Linguistically Appropriate Services (CLAS) Standards. Cultural and linguistic responsiveness requires, at a minimum, the provision of services and information in the client's preferred language that is appropriate to his or her educational and literacy level and delivered within the context of the individual's cultural identity. Cultural humility, which is the willingness to acknowledge the limit of one's own

knowledge, and learn from another, is a necessary condition for becoming culturally competent. Cultural humility demonstrates a respect, awareness and acceptance of and an openness to learn the beliefs, practices, traditions, religions, history, languages, and current needs of each individual and communities they serve.

Cultural responsiveness must be reflected throughout all levels of the Bidder's organization including its mission and vision statements, board and staff recruitment, planning and policy making, staff skills development and training, administrative and policy implementation, service delivery and evaluation.

Bidders must describe specific practices or examples of how their organization and SUD treatment services meet National CLAS Standards. For more information, visit the following websites:
http://minorityhealth.hhs.gov/assets/pdf/checked/executive.pdf
https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

3. *Americans with Disabilities Act (ADA) and Access Requirements*

BHC requires ADA compliance and implementation of access to persons with the broadest possible range of abilities. Bidders must demonstrate compliance with this requirement along with the 2010 Standards for Accessible Design, by describing in detail the implementation of ADA access program, including specific mobility/physical, deaf/hard of hearing, vision, cognitive, intellectual, speech, invisible (hidden), substance use and mental health disability accommodation strategies, policies and procedures. This should also include a description of policies and practices on client's use of service animals within SUD treatment settings. Please refer to the Pacific ADA Center, www.adapacific.org for more information on ADA requirements.

4. *Evidence Based Practices (EBP)*

The DMC-ODS Pilot project requires the use of EBPs for SUD treatment to improve client outcomes. Bidders must demonstrate capacity to provide at least two (2) of the following DMC-ODS Pilot evidence-based practices per service modality:

- Motivational Interviewing (MI)

A client-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on clients' past successes. For more information, please see www.motivationalinterviewing.org.

- Cognitive Behavioral Therapy (CBT)

Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned. This therapeutic approach has been effective in preventing relapse.

- Relapse Prevention

A behavioral self-control program that teaches individuals with SUDs how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program and can be incorporated within recovery support services to sustain gains achieved during initial substance use treatment.

- Seeking Safety/Trauma-Informed Treatment

Services must take into account an understanding of trauma and place priority on trauma survivors' safety, choice and control - www.seekingsafety.org.

- Psycho-Education

Psycho-educational groups are designed to educate clients about substance abuse and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to clients' lives; to instill self- awareness, suggest options for growth and change, identify community resources that can assist clients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

Required EBPs in Serving Priority Service Populations:

Criminal and Juvenile Justice Systems Populations

For clients involved in the criminal and juvenile justice systems, SUD treatment providers shall incorporate CBT and Seeking Safety/Trauma-Informed Treatment modalities that also address criminogenic needs presented.

Adolescent Populations

For Adolescent clients, SUD treatment providers shall provide at least MI and CBT, both of which are approved DMC-ODS Pilot EBPs.

5. Office of Inspector General (OIG) and Other Exclusion List Background Checks – Monitoring, Oversight and Reporting

In accordance with BHCS' Policy and Procedure on OIG and Exclusion List Monitoring and prior to contract execution, Bidder will check and verify all licensed staff for:

- National Plan and Provider Enumeration System (NPPES)
- Licenses verified no restrictions
- Exclusion list is the Office of Inspector General's List of Excluded Individuals and Entities (OIG/LEIE) database
- System for Award Management/Excluded Parties List System (SAM/EPLS) database
- Medi-Cal and Suspended and Ineligible Provider List database
- Social Security Death Master File

Upon notification of contract award, awardees shall submit a printout of their staff and license information and submit to BHCS for review and validation. If there are issues, BHCS

reserves the right to terminate contract negotiations and award to the next best qualified bidder.

More details regarding this policy and procedure can be found on BHCS QA website: http://www.acbhcs.org/providers/QA/memos.htm

6. Client Confidentiality Requirements

All federal, state and local client confidentiality requirements must be adhered to by SUD treatment providers. Bidders must have policies, practices, and workforce training in place that are consistent with and in full compliance with confidentiality requirements. This includes ensuring clients have signed a consent for a 42 CFR, Part 2 compliant release of information to allow for the sharing of client information for the purpose of multi-disciplinary treatment planning, treatment, medication management, mental health monitoring and management, medical monitoring and management, and transitions to other levels of care or treatment program discharge. Bidders should also describe in their proposals how compliance with client confidentiality requirements is monitored and specific provider strategies for obtaining consent in cases where a client has refused or unable to provide consent (e.g. severity of functioning limits ability to comprehend consent). Awarded Bidders will be required to sign a Qualified Service Organization Agreement with BHCS, which address confidentiality and the ability to share client data with regards to 42 CFR, Part 2.

7. Communication

BHCS is required to publish, on a monthly basis, a list of all organizations and individual providers delivering services to Medi-Cal beneficiaries that includes the following information:

- Provider's capacity to accept new clients
- Clinical staff names, credentials and titles --
- Language proficiency of organization and staff
- Service staff specialty i.e. youth, older adults, perinatal

Upon award, contractor must update BHCS with the above information each month.
Contractors are required to provide the full list to clients either electronically or in printed copy upon request.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Experience in Serving the Priority Service Population

BHCS expects awarded Contractors to have the experience and capacity to serve the general and priority populations described under Section I. C. 5 on pages 16-18. Bidders must describe how the proposed programs will address the challenges of working with these populations, current evidence-based practices and other strategies being utilized and the

most up-to-date research on how best to serve these populations. Bidders should also include information on their current outreach activities to help further expand coverage to these populations. Bidders will be evaluated based on the description of their expertise and knowledge in serving the priority service populations, a breakdown of the priority service populations as a percentage of their overall clients for FY 2016-17 and their experience serving each of the priority population. Bidders might have greater knowledge in one of the priority service populations but are expected to have the expertise to appropriately serve all Medi-Cal beneficiaries.

Bidders for Adolescent, Perinatal, Older Adults, and/or Criminal Justice services must include additional information on their experience and knowledge of addressing the specific needs of these populations, including:

- For adolescents, the Bidder's knowledge and experience of providing developmentally appropriate treatment that addresses the multiple biopsychosocial needs of adolescents, and involves families. They must also describe organizational capacity, staff knowledge, experience and professional qualifications to meet DHCS Youth Treatment Guidelines (2002). http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

- For perinatal, the professional qualifications to meet DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children. http://www.acbhcs.org/providers/SUD/docs/perinatal/PSN_Guidelines.pdf

- For criminal justice and juvenile justice, the Bidder's understanding and experience addressing client's criminogenic needs within the context of SUD treatment. In addition, experience and comfort providing drug and alcohol treatment as part of an Interdisciplinary Treatment Team that includes strong collaborative relationships with corrections and/or probation.

- For older adults, the Bidder's experience providing treatment with following age-specific considerations, including: mobility issues, medication and medical problems, social isolation, hearing, vision, and loss of other abilities, age-related stigma associated with addiction, and age specific treatment approaches

2. Experience in Geographical Priority Area

It is critical to BHCS that SUD services reach the needs of the priority populations, which requires physical proximity to those populations. Services are more likely to be accessed by clients if they are physically located nearby. BHCS has identified priority geographical areas throughout Alameda County. BHCS would prefer that all services are located within the identified priority areas, and is a requirement for Outpatient/IOT services. Bidders must demonstrate experience in effective strategies for reaching and engaging clients in the geographic service area being proposed in the bid.

If Bidder's current service location is not physically located within the designated priority geographical area(s), Bidder should describe how the needed services to the priority populations will be delivered within the identified geographical locations. If not currently located within the priority geographical area(s), the bidder should clearly indicate in its response the timeline to have a presence in that area(s). Bidders will be evaluated on their physical infrastructure in and/or proximity to the priority geographical area(s), as well as their experience and knowledge of the priority service populations in those areas. In addition, Bidder's should include current practices to ensure that the proposed service location meets the ADA and other access requirements.

For Residential and Recovery Residence services, Bidder's must have facilities within or close proximity to the geographical priority areas in order to improve access to Outpatient/IOT treatment services.

3. Planned Service Delivery Approach

One of the core components of the DMC-ODS Pilot is to improve the quality of care to clients, including individualized treatment, easier and seamless transitions between levels of care ("warm hand-offs") and effective and efficient referrals. Within the DMC-ODS Pilot the implementation of ASAM Criteria is essential throughout all stages of clinical decision making. Bidders must adhere to therapeutic and staffing requirements associated with the service modality/ASAM Level of Care they are bidding upon (please see Appendix B. Description of Service Modalities for full details and requirements of each modality).

Bidders will be evaluated on their knowledge and experience of the service modalities being proposed, their outreach activities plan, commitment to individualized treatment, an integrated approach to care including coordination with MAT and other forms of healthcare, their plan to reach the required number of clients, the mix of program services, including any specialized service approach to the general and priority populations, and the extent to which they have appropriate staffing levels needed to implement their plan. Bidders must show that they are familiar with DHCS policies, procedures, guidelines and requirements regarding therapeutic best-practices and services. Planned approach must be tailored to meet the needs of the priority population and/or meet compliance with the following guidelines:

- For adolescents, the DHCS Youth Treatment Guidelines (2002). http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

- For perinatal, the DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children. http://www.acbhcs.org/providers/SUD/docs/perinatal/PSN_Guidelines.pdf

- For criminal justice and juvenile justice, active coordination with Deputy Probation Officers to plan and participate in the Interdisciplinary Treatment Team (ITT) and conducting field-based treatment services at co-located probation sites.

- For residential, Bidder's ASAM Residential LoC Designation Questionnaire. http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_Designation_Questionnaire_8-19-15.pdf

- For Recovery Residence, the National Association of Recovery Residence standards.

If Bidder does not currently own or lease the physical location where services will be delivered, Bidders must include their plan for obtaining full site control of the proposed site and how accessibility to public transportation, ADA and access requirements will be met. For outpatient treatment programs, Bidders must include outreach and engagement plan for the geographic area, including those neighborhoods within the geographic area in which Bidder does not have a physical location at the time of submission.

One of the key tenets of providing better care to clients is a referral system that is efficient and effective. Too many clients are lost due to a poor referral system. Bidders must show how they will ensure timely access to treatment, including any strategies to quickly engage new referrals and follow up with those clients who are difficult to engage. Bidders should describe their ability to successfully transition clients to other ASAM levels of care either within their own organization, or to another program within the ODC provider network.

All SUD treatment providers are expected to proactively engage clients in all aspects of their care from intake and treatment planning, treatment plan review, to discharge and transitions across levels of care or into the community. Bidders should describe client engagement strategies, including any culturally or population specific tools and resources that will be used to support therapeutic alliances with clients to improve client wellness and recovery.

Bidders should also address plan for implementing, monitoring and ensuring adherence to the required EBPs as part of the service delivery approach.

4. Forming Partnerships and Collaboration with Other Agencies

An important focus of the DMC-ODS Pilot is strengthening partnerships with BHCS and community partners that can support client recovery. Many of the BHCS general and priority populations work with or touch multiple city and county agencies, such as the Alameda County Probation Department and Department of Children & Family Services (DCFS), and schools. Bidders must describe their experience, ability and approach in collaborating with these and other agencies. Bidders should describe which agencies

will be key partners and how the services being proposed will help strengthen the coordination with multiple agencies that provide services to the priority populations. Bidders will be evaluated on their experience and expertise in collaborating with other agencies that serve the general population and priority service populations within the geographical area(s) of the bid.

Bidders should be aware of the DMC-ODS Pilot's emphasis on collaborating with the following systems:

- **Whole Person Care** – Alameda County Care Connect is one of the State of California's Whole Person Care pilots. It is the coordination of health, behavioral health, and social services, in a consumer-centered manner with the goals of improved health and well-being through more efficient and effective use of resources. Care Connect integrates care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes. Through collaborative leadership and systematic coordination among HCSA, Social Services, Probation, Housing services and other county entities, Care Connect identifies Medi-Cal beneficiaries most in need of better coordinated and integrated care; high utilizers, typically homeless and medically fragile and/or those with severe and persistent illness and more often than not have substance use disorder. With these populations in mind, Care Connect is developing methods to share data between systems, coordinate care real time, and evaluate individual and population progress – with the goal of providing comprehensive and coordinated care that will result in better client health outcomes.

- **Mental Health Service Providers** – BHCS' SUD works closely with its Mental Health providers in a variety of ways including collaborating on clients with co-occurring disorders. The Acute Crisis Care and Evaluation for System-Wide Services (ACCESS) Center provides centralized call screening and referrals for treatment of both mental health and substance use conditions; collaboration between Psychiatric Emergency Service and Cherry Hill detox program, among others partnerships.

- **Physical Health Service Providers** – The DMC-ODS Pilot will continue to coordinate with BHCS' Integrated Behavioral Health programs in 30 primary care clinic sites. Integrated Behavioral Health strengthens primary care-based services for clients with mild to moderate mental health conditions and will be a source of referrals for patients identified through the Screening Brief Intervention Referral to Treatment (SBIRT) process as having a substance use issue.

- **Criminal Justice Systems** – The DMC-ODS Pilot is partnering with the Alameda County Probation Department to improve coordination of SUD care with other probation–related case plan services and activities. For probation involved clients, SUD providers will be expected to actively coordinate with Deputy

Probation Officers (DPO) for case planning purposes. SUD Providers will also be expected to participate in Interdisciplinary Treatment Teams convened by Probation Department to better coordinate client care. Finally, SUD providers will be invited to conduct ongoing field-based treatment services at co-located probation sites including possible office sites in Oakland, Hayward, San Leandro and Pleasanton. Site selection to be finalized prior to July 1, 2018.

5. Organizational Infrastructure

Bidders shall demonstrate their current and planned organizational infrastructure to successfully implement the program in accordance with applicable regulatory requirements. **Bidders must be very familiar with the federal managed care and beneficiary protection requirements outlined in 42 CFR and the Centers for Medicare & Medicaid Services (CMS) Final Medicaid Managed Care ("Mega Regs").** Services shall be provided by an organization with thoughtful and appropriate operations in terms of capacity, infrastructure, staffing and hiring. Appropriate infrastructure, staffing and hiring includes:

a) ***Overall Organizational Structure***

It important that the DMC-ODS Pilot fits within the overall structure of the Bidder's organization. Bidders should include an overarching **Organizational Chart** that delineates where the proposed DMC-ODS Pilot program(s) fits within t**he overall organization. In addition, Bidder's must submit an** Organizational Staffing Chart that clearly shows the hierarchy and lines of authority/responsibility (and FTEs) for all positions related to the proposed program(s) (including IT, quality management, finance, communications/website management, admin and other support staff).

b) ***Capacity for Billing Medi-Cal***

Bidders must have the capacity to bill Medi-Cal and manage operations to maximize revenue generation while maintaining quality of care. Bidders should describe in detail their capacity to meet the Medi-Cal billing and claiming activities.

c) ***Quality Management***

BHCS conducts a range of quality measurement and improvement initiatives on an on-going basis for the purpose of ensuring quality of network services and the quality and safety of clinical care. Selected providers are expected to cooperate with quality assurance review activities and should areas of improvement be identified, develop and implement plans of correction (POC) that address the identified areas of improvement. Examples of quality measurement and improvement initiatives in which BHCS requires provider participation include:

- Health record reviews based on clinical documentation and record standards;
- Outcome data collection;

- On-site program reviews; and
- Investigation and resolution of critical incidents, complaints, and grievances.

Clinical Quality Review Team (CQRT) Participation:
It is the expectation that all SUD Providers implement internal Quality Assurance (QA) practices and that the contracted providers have sufficient experience to train their new staff. The following circumstances require contracted organizational providers to attend BHCS CQRT within the first three months of the contract start date:

- A program that is new to Drug Medi-Cal claiming or
- Existing Drug Medi-Cal and Non-Drug Medi-Cal SUD Treatment Providers with
  < 95% compliance in Chart Reviews and/or other identified problems, etc. or as determined by BHCS.

The goals of these monthly three-hour sessions are to provide oversight, authorization, and clinical feedback in regard to chart documentation and quality. A Provider must demonstrate consistent competency in the CQRT process and have their internal CQRT Policy & Procedure approved by the QA office in order to be permitted to continue with this monthly process independent from BHCS' QA office.

Organizational providers with operational QA practices and that also demonstrate 95 percent or higher compliance in BHCS System of Care chart reviews may be exempted from participation in the CQRT process.

Quality Improvement (QI)
QI is the County's plan to monitor the provider's service delivery and capacity as evidenced by a description of the current number, types of and geographic distribution of SUD services. The goals of the QI Program are to establish and maintain a systematic process for monitoring and tracking key indicators for client care and administrative support functions; support organizational decision-making; implement and evaluate ongoing quality improvement activities across BHCS; develop communication strategies to share information with providers and other appropriate stakeholders; and create quality improvement capability across programs and services. Bidders must describe the organization's QI activities that include but are not limited to staffing, supervision, training and leadership.

Upon award, Contractors are encouraged to participate in BHCS Quality Improvement Committee (QIC) meetings and related activities. QIC is the platform which guides BHCS quality improvement processes through the QI Work Plan, and is facilitated by the BHCS Quality Manager. The QIC recommends policy decisions; review and evaluate results of QI activities,

including performance improvement projects; institute needed QI actions; and ensure follow-up of QI processes.

Documentation Requirements

BHCS administers both fiscal and programmatic oversight to support a viable and efficient DMC-ODS Pilot for the treatment of SUDs. BHCS reviews and monitors the service delivery system to ensure compliance for both programmatic and fiscal aspects.

All contracted SUD service providers within the DMC-ODS Pilot shall follow the Clinical Record Documentation Standards set forth by BHCS QA Office. Service providers may develop additional policies in order to adapt these standards to their specific needs. If variance from the Clinical Documentation Standards is needed, approval must be obtained from the QA Administrator.

The BHCS QA Office provides oversight to the county's SUD and mental health systems by conducting, at least annually, regularly scheduled chart audits of all BHCS contracted providers. Chart audits may be performed in varied frequencies and audits are typically comprised of both a claims compliance review and a chart quality review. BHCS will hold providers accountable for implementing County, State and Federal Requirements. BHCS is ultimately responsible for maximizing effectiveness of publicly-funded SUD treatment services including but not limited to recoupment of disallowed claims to the funder/s. The goal of these reviews is to inform, train, promote, and evaluate provider's compliance to DMC-ODS regulatory standards and the BHCS Documentation Standards, as well as to support the provision of quality services that continually enrich the lives of Alameda County residents through accessible, responsive and effective services. Bidders are expected to attend QA trainings, and participate in technical assistance. Bidders must describe their systems of quality assurance as it related to clinical chart documentation and compliance.

d) *Electronic Health Records and Data Systems*

Under the DMC-ODS Pilot, counties and their treatment providers will be required to enter timely and accurate data to support the DMC-ODS Pilot evaluation and other quality improvement activities. The UCLA Integrated Substance Abuse Programs Center has identified multiple data sources to evaluate outcomes of the DMC-ODS Pilot across multiple electronic record and data systems.

BHCS also requires SUD providers to enter timely and accurate client registration and episode opening and closing data in InSyst and client treatment information into Clinician's Gateway. Awarded Bidders will be trained on InSyst and Clinician's Gateway in the interim between receiving notification of their award and the start of the pilot on July 1, 2018. For this reason, Bidders will be

evaluated on their organizational capacity, including adequate staff and hardware, for data system training at the time of bid submission.

Bidders must demonstrate their organizational capacity to collect and report data to BHCS within five business days of a request and in compliance with all other State and BHCS data system reporting requirements. This includes employing trained staff who are able and knowledgeable about collecting, analyzing and reporting data for the following systems (and the data collected):

- InSyst – BHCS' electronic data collection, claiming and billing system;
- Clinicians Gateway – BHCS' electronic health record;
- DHCS' Drug and Alcohol Treatment Access Report data system (DATAR); - SUD treatment capacity, access and wait lists; and
- DHCS' California Outcome Measurement System (CalOMS) – SUD treatment data system

Bidders must demonstrate that they have program capacity to support data collection and evaluation activities, including the necessary hardware, software, and information technology (IT) resources to support these activities. This includes, at a minimum, demonstrated organizational capacity to:

- Provide data for the DMC-ODS Pilot evaluation;
- Use DHCS and County data collection systems such as InSyst, Clinician's Gateway, CalOMS Treatment and DATAR;
- Use EHR to review client information and enter screening, admission, treatment and progress information directly into Clinician's Gateway and InSyst, as well as complete required surveys and assessments to meet all billing documentation, outcomes, quality improvement, and performance measurement and reporting requirements;
- Identify and train staff required to provide registration and eligibility verification functions within the electronic recordkeeping system in order to meet all scheduling, registration and eligibility related billing, reporting, quality management, and program evaluation and monitoring requirements; and
- Provide for other required data collection including client perception surveys, ASAM level of care assessments, as well as other data collection requirements not yet identified.

All Bidders must demonstrate that they have sufficient capacity and resources including:

Hardware including a computer on each workstation or desk with sufficient processing power to support electronic healthcare record and eligibility verification applications;

Software including current internet browser software, Windows 7 or above operating system, Microsoft Office applications to support practice management functions;

Security including policies, procedures and software that describes the use of electronic records, the signing of confidentiality agreements by staff, requirement to change their passwords every 90 days, ability to send secure emails and the ability to protect client data.

Connectivity including high speed internet and local area networking within facilities; and

Information Technology (IT) support services sufficient to the level of IT resources within programs and facilities including desk top support, computer break fix, security breach notification, networking support, and basic computer training.

All awarded Bidders will be required to use Alameda County's E.H.R., (Clinician's Gateway) and claiming systems (InSyst) or any future replacement of those systems.

e) *Staffing and Workforce Development and Support*

The DMC-ODS Pilot establishes the framework for a series of fundamental changes in the SUD treatment service delivery system in California. SUD treatment providers will transition to a new set of business and clinical practices, new regulatory requirements with DMC certification, and new relationships within integrated service delivery models. Recognizing the need to train the existing SUD workforce to support the adoption of new addiction treatment systemic reform under the DMC-ODS Pilot, the State has provided funding to the UCLA Integrated Substance Abuse Programs (ISAP) and by the California Institute of Behavioral Health Solutions (CIBHS) to provide technical assistance and training services to SUD treatment agencies in California. In addition, BHCS provides workforce training and technical assistance.

For more information about available training and technical assistance, please visit:

- For UCLA ISAP, please visit: www.uclaisap.org.
- For CIBHS: http://www.cibhs.org/dmc-ods-waiver-trainings.
- For BHCS: www.acbhcs.org

Proposals must demonstrate capacity for having qualified professional staff to: 1) meet ASAM Level of Care; 2) bill Medi-Cal; 3) undertake Quality Assurance activities; 4) support the IT needs of an E.H.R and other data systems; and 5) enter, track and use data for monitoring, evaluation and decision making.

f) *Staffing to Support Threshold Languages of Priority Populations*

Threshold languages in Alameda County include Spanish, Mandarin, Cantonese, Farsi & Vietnamese Korean and Tagalog. Bidders are contractually required to conduct services in accordance with the National CLAS Standards in Health and Health Care, included providing easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the area the Bidder proposes to work within. Bidders can use outside or contracted resources to meet the language requirements of the priority populations; however, preference will be given to Bidders who have professionally certified/licensed staff who are designated to meet client primary language needs other than English**.** Bidders should avoid use of untrained individuals and/or minors as interpreters.

For the priority populations they seek to serve, Bidders should specify in their proposals the number of staff, staff members' positions, languages of staff, level of written and spoken fluency in each language, along with other services they intend to implement to meet the threshold language requirements. Bidders will be evaluated on their overall capacity to provide services in the languages of their priority service populations in the corresponding geographical area(s) and the level of fluency of their staff in those language(s).

g) Policies and Procedures

Proposals must include description of policies and procedures around organizational CLAS practices and client confidentiality requirements, including monitoring activities for client confidentiality and strategies for obtaining consent if client is not capable to provide consent. Bidders should also include current and/or proposed practices for credentialing/re-credentialing and monitoring of licenses and workforce training to be in compliance with federal and State regulations.

h) *Communications*

Bidders must demonstrate the ability to inform and communicate with the public and clients regarding services. Bidders are required to have a webpage that has the following:

- States that they are accepting new Medi-Cal beneficiaries
- Clinical staff names, credentials and titles
- Language proficiency of organization and staff
- Service staff specialty i.e. youth, older adults, perinatal

i) *Financial Management Capacity & Fiscal Integrity*

Bidders must demonstrate a consistent high standard of financial management and fiscal integrity. Bidders should provide their most recent financial audit under

the proposal appendix. Please provide written explanation of audited financial statements indicating any of the following:

- Auditor presents a qualified audit opinion
- Balance sheet liabilities exceed assets
- There are overdue payments due to a State or Federal agency
- There is a Federal or State account currently in collections
- There is current pending litigation for fraud, misrepresentation, errors or omissions involving one or more current or former employees of the organization
- Auditor notes or footnotes that indicate:
    - Organizational instability or uncertainty as to its ability to continue in its current business
    - Overdue State/Federal amounts
    - Pending litigation involving organizations' employees, management, director or Board of Directors.

6. Ability to Track Data and Outcomes

The ability to collect, monitor and analyze data is a core component to providing services that meet the needs of client. BHCS SUD places a high importance on ensuring that accurate data is collected and analyzed on a regular basis and used for data-driven decision making and service improvements.

BHCS will be collecting and tracking data from the following data sources: CalOMS, InSyst, DATAR, Clinician's Gateway, site visits, and other sources as determined by BHCS.

At a minimum, BHCS will be reviewing the following data on a monthly basis:

Measure	Data Source
# of beneficiaries • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	InSyst
# of new beneficiaries (not treated before in the county's SUD system) • by zip code, ethnicity, race, language, gender, and sexual orientation	InSyst
# of clients discharged and reason for discharge • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	InSyst/EHR
# of hours provided by service modality (including case management) • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	InSyst
# of ASAM assessments received per client • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	InSyst

Measure	Data Source
# of overall referrals • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	EHR
# of overall successful care transitions (referrals to other SUD programs at which client actually landed) • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	EHR
# of referrals per client • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	EHR
# of individualized treatment plans per client	EHR
# of days to first DMC-ODS service at appropriate level of care after referral • # of days from initial call/contact to first face to face visit or triage detox visit (if both present whichever is first contact). • # of days from initial ASAM assessment • by zip code, ethnicity, race, language, gender, and sexual orientation, service modality/ASAM LOC	InSyst/EHR
Access to after-hours care • # of SUD calls taken at crisis line and Residential Helpline that roll over from 8:00 p.m. 9a.m. • # of detox admissions after hours	InSyst/Provider reports
Availability of services in client's primary languages • # of clinical staff who are fluent in language other than English	Provider reports, Site audits
Timeliness/accuracy/quality of CalOMS treatment data, DATAR.	Provider reports, CalOMS, DATAR
Client satisfaction	UCLA survey

In addition, BHCS will collect data on the following items using a variety of methods including administrative data queries, client interviews and/or focus groups, chart and program audits, and other data sources to be determined:

- Appropriate client utilization of services/ASAM assessments (level of care placements);
- Collaborative treatment planning with managed care;
- Case management/navigation support for clients;
- Improved reliability and timeliness of data entry;
- Client engagement and participation; and
- Coordination with physical, mental health, other SUD services (e.g. MAT & NTP), and recovery support services.

At a minimum, data will be collected on the following Evaluation/Outcome benchmarks:

Measure	Data Source
Functioning a) % of clients with a lower ASAM Level of Care at 6 months and 12 months b) % of clients with improved ASAM dimension at 6 months and 12 months.	InSyst
Discharge Rate a) % of clients who were successfully discharged (75% of treatment goals reached) • by zip code, ethnicity, race, language, gender, and sexual orientation	InSyst
Penetration Rate • by zip code, ethnicity, race, language, gender, and sexual orientation	InSyst/Medi-Cal Beneficiaries from State Data Source

Awarded Contractors shall attend quarterly meetings with SUD providers to discuss success stories, areas of improvement and lessons learned in order to create an open and supportive learning environment for all provider network. In addition, Contractors are expected to fully participate and share their data on a quarterly basis at these quarterly SUD provider meetings.

The University of California Los Angeles (UCLA) Integrated Substance Abuse Programs has been retained by the State to conduct an evaluation to measure and monitor outcomes from the DMC-ODS Pilot program. All DMC-ODS Pilot counties and their providers are required to participate in the UCLA evaluation. Consistent with the goals of the DMC-ODS Pilot, the design of the evaluation will focus on four key areas: 1) increased access; 2) higher service quality; 3) more appropriate costs (e.g., reduced inpatient and ER use); and 4) improved integration and coordination of care with primary care, mental health and recovery support services. For more information about the scope of UCLA DMC-ODS Pilot evaluation, please see: http://www.uclaisap.org/ca-policy/assets/documents/DMC-ODS-evaluation-plan-Approved.pdf.

Bidders must demonstrate capacity to collect and submit, as well as monitor and analyze the program's own performance and outcome data for the purposes of quality improvement. BHCS, in conjunction with providers in the DMC-ODS Pilot, will be responsible for evaluating the quality and effectiveness of the programs. Bidders should demonstrate their plan for program evaluation.

7. Implementation Plan, Timeline and "Ready to Go" status

Alameda County's implementation of the DMC-ODS Waiver is July 1, 2018. It is critical that services to clients currently provided through existing BHCS-contracted providers are not interrupted and have seamless transition, if needed, during the

implementation of the DMC-ODS Waiver. The transition to the DMC-ODS will run smoothly if services are operational (i.e., “ready-to-go”) on July 1, 2018.

Bidders will be evaluated on their ability to fully implement the DMC-ODS services at the launch of the waiver on July 1, 2018 which will include: 1) the submission of evidence of ownership or lease/rental agreements for facilities being used under DMC-ODS; 2) evidence of personnel already employed to meet the requirement under this proposal; 3) evidence of ASAM and other trainings completed by staff; and 4) evidence of organizational experience in using electronic health records.

Bidders must include an implementation plan and timeline for meeting specific milestones such as: obtaining Alameda County DMC certification (does not apply to Recovery Residence), community outreach activities, staff recruitment and hiring, staff training, site-related work, projected service delivery goals, and other related steps necessary to serve the targeted numbers of clients the Bidder is proposing to serve.

Bidders must also include a description of challenges and barriers they may encounter and mitigation strategies they will use to address those challenges.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

All contact during the competitive RFP process shall be through the RFP contact, only.

The BHCS website http://www.acbhcs.org/Docs/docs.htm#RFP and the General Services Agency (GSA) website https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp are the official notification and posting places for this RFP and any Addenda.

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby CSC/Evaluation Panelists during the evaluation process. Attempts by Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

All questions regarding these specifications, terms and conditions shall be submitted in writing, preferably via e-mail, as specified in the Calendar of Events to:

Rachel Garcia
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: Rachel.Garcia2@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Thursday, February 8, 2018	
Bidder's Written Questions Due	By 5:00 pm on the day of 2nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1st Bidders' Conference	Thursday February 15, 2018	9:30 am – 12:00 pm 2000 Embarcadero Cove, Oakland Gail Steele Room
2nd Bidders' Conference	Friday February 16, 2018	1:00 pm – 3:30 pm 951 Turner Court, Hayward Conference Room 230 ABC
Addendum Issued	Tuesday, February 27, 2018	
Proposals Due	**Tuesday, March 20, 2018 by 2:00 pm**	
Review/Evaluation Period	March 20, 2018 – Friday May 11, 2018	
Oral Interviews (as needed and are subject to change)	Panel 1: Wednesday, April 25, 2018 Panel 2: Wednesday, April 25, 2018 Panel 3: Friday, April 27, 2018 Panel 4: Wednesday, May 2, 2018 Panel 5: Wednesday, May 2, 2018 Panel 6: Friday, May 4, 2018 Panel 7: Friday, May 4, 2018 Panel 8: Thursday, May 10, 2018	
Award Recommendation Letters Issued	Monday, February 21, 2018	
BOS Agenda Date	June 2018	
Contract Start Date	July 1, 2018	

Note: *Award Recommendation, Board of Supervisors Agenda and Contract Start dates are approximate. Other dates are subject to change. Bidders will be notified of any changes via email. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, Bidder certifies that if awarded a contract Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.*

C. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements in order to be considered for the contract award. These requirements can be found online at: http://acgov.org/auditor/sleb/overview.htm

For purposes of this proposal, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Codes: 621420, 623220 and 624190.

A small business is defined by the United States Small Business Administration (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

D. BIDDERS' CONFERENCES

BHCS strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. BHCS shall hold two Bidders' Conferences. Bidders' Conferences will be held to:

- Provide an opportunity for Bidders to ask specific questions about the program and request RFP clarification; and
- Provide the County with an opportunity to receive feedback regarding the program and RFP.

BHCS shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders Conferences, whenever possible at the Bidders' Conferences. BHCS shall address all questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

Bidders are not required to attend the Bidders' Conferences. However, attendance to at least one Bidders' Conference is strongly encouraged in order to receive information to assist Bidders in formulating proposals.

Failure to participate in a Bidders' Conference shall in no way relieve the Bidder from furnishing program and services requirements in accordance with these specifications, terms and conditions and those released in any Addenda.

F. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be SEALED and received by BHCS **no later than 2:00 pm Pacific Standard Time on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. BHCS cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

   BHCS shall only accept proposals at the address and by the time indicated on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or date or at a place other than the stated address cannot be considered and shall be returned to the Bidder unread/unopened.

   All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery address prior to the time designated. BHCS' timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bidders must submit proposals which clearly state Bidder and RFP name. Bidders must complete and submit their proposal using the Fillable Forms Template[3] for every SUD service modality and priority population they are applying for. Proposals shall include:
   - **a.** One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the binder);
     - The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.
   - **b.** Seven copies of proposal. Copies must be unbound without a three-ring binder.
   - **c.** Enclosed with the hard copy include, a USB flash drive clearly marked with the Bidder and RFP name with the following saved on it:
     - An electronic copy of the proposal, saved with Bidder's name;
     - An electronic Excel copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

   BHCS requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.[4]

   Bidders shall use the Fillable Forms Template for submittal of proposals to ensure that proposals are:

[3] The Fillable Forms Template was created using Adobe Acrobat Pro which is not compatible with Google Chrome. In order for the fillable fields to work properly, open the Template using other web browser such as Internet Explorer, Safari, etc.

[4] Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

- Single spaced;
- Use 11-point Arial font; and
- Conform to the maximum page limits.

3. The County will not consider telegraphic, electronic or facsimile proposals.

4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.

5. Submitted proposals shall be valid for a minimum period of eighteen months.

6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.

7. Proprietary or Confidential Information: No part of any proposal is to be marked as confidential or proprietary. BHCS may refuse to consider any bid response or part thereof so marked. Proposals submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of "trade secrets" protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).

8. All other information regarding proposals shall be held as confidential until such time as the CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.

9. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.

10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the Bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and

Professions Code), arising from purchases of goods, materials, or services by the Bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the Bidder.

11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.

12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.

13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).

14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

G. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the **Fillable Forms Templates (posted on the BHCS and GSA websites)** to submit proposals. This section provides the point system that the CSC/Evaluation Panel will use to evaluate proposals. BHCS encourages Bidders to reference that section when responding to this RFP.

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to the page maximum for each section and sub-section indicated in Table 5. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP, the Required Documentation and Submittals Checklist (see Appendix F) and any Addenda shall be deemed incomplete and may be rejected.

Proposals shall be complete, substantiated, concise and specific to the information requested. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at BHCS' sole discretion.

The proposal sections, instructions and page maximums are contained in Table 5.

Table 5

Section	Instructions	Page Max.
1. *TITLE PAGE*	Use the Fillable Forms Template to complete and submit the requested information.	1
2. *EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE*	Use the Fillable Forms Template to complete and submit the requested information.	1
3. *LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY*	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	1
4. *BIDDER MINIMUM QUALIFICATIONS*	Use the Fillable Forms Template to complete and submit the information below. **a.** Describe and demonstrate how Bidder meets current Drug Medi-Cal Certification in California for modality/ASAM Level of Care (LoC) bid on. This does not apply to Recovery Residence bids. (ATTACHMENT 1) **b.** If bidding on Residential services, include evidence of ASAM designation. (ATTACHMENT 2) **c.** Describe Bidder's experience in providing services for the modality/ASAM Level of Care applying for. **d.** Agreement to Use Clinician's Gateway and InSyst (ATTACHMENT 3) **e.** Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases: • https://www.sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/SandIlanding.asp	2 Not including Attachments and Debarment and Suspension Certificate

Section	Instructions	Page Max.
5. *REFERENCE*	***Supply Reference sections in the original proposal only.***	N/A
	a. *References* Use the Fillable Forms Template to provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process. Do not include BHCS staff as references.	2
6. *BIDDER EXPERIENCE, ABILITY AND PLAN*	Use the Fillable Forms Template to complete and submit the information below.	N/A
	1. Describe, in detail, Bidder's ***Experience with the Priority Population Needs*** including:	**(8)**
	Describe Bidder's experience, including length of time, working with each of the priority population (and any subpopulation) including a. Risk factors, challenges and barriers that impact access to treatment for each population b. Past and current outreach activities to each population and how they will improve access to services and treatment c. Demographic breakdown of clients served in FY 2016-17 (as a percentage of overall clients served in FY 2016-17) d. Staffing expertise to serve each of the priority populations (4 pages) *If bidding on Adolescent services,* please include experience of developmentally appropriate treatment that address their multiple needs. (1 additional page) *If bidding on Perinatal services,* please also include experience working	4 not including the additional page for each priority population

Section	Instructions	Page Max.
	with pregnant and/or parenting women with dependent children (1 additional page) *If bidding on Older Adults,* please also include experience proving treatment with age-specific considerations for older adults (1 additional page) *If bidding on Criminal Justice*, please also include experience addressing criminogenic needs within context of drug and alcohol treatment and collaboration with corrections and/or probation. (1 additional page)	
	2. Describe, in detail, Bidder's ***Experience in Geographical Priority Area***, including:	(3)
	Describe Bidder's physical location where services will be provided according to the geographic area(s) applying for including: a. Whether current building(s) is owned and/or leased and what is it currently used for b. Accessibility of current location(s) to public transportation c. Bidder's actions and practices that meet ADA and other access requirements d. For outpatient programs, Bidder's outreach and engagement plan for the geographic area e. Partnership and organizational relationships that will be accessed to reach and engage clients in the specified geographical area(s)	
	3. Describe, in detail, Bidder's ***Service Delivery Approach***, including:	(6)
	Describe Bidder's experience and plan to deliver specific service modality/ASAM LoC including: a. Plans for ensuring proposed services match with the ASAM Criteria treatment standards b. Mix of proposed program services for priority populations and sub-populations (e.g., adolescent, perinatal, etc.), in which the Bidder has expertise, that takes into account compliance with	

Section	Instructions	Page Max.
	the following: If bidding on Adolescent, the DHCS Youth Treatment Guidelines. If bidding on Perinatal, the DHCS FY 2016-17 Perinatal Service Network Guidelines and child development needs. If bidding on Criminal and/or Juvenile Justice, include plan to actively coordinate with Deputy Probation Officers for planning, participation in Interdisciplinary Treatment Teams and conduct field-based treatment services at co-located probation sites. If bidding on Residential Services, include Bidder's ASAM Residential Level of Care Designation Questionnaire (ATTACHMENT 4) If bidding on Recovery Residence, include Bidder's plan to meeting the National Association of Recovery Residences standards. c. Plan to develop patient individualized treatment plans including identified strengths and needs of client and continuous re-assessment of six life dimensions d. Strategies to reach and serve required number of clients e. Proposed outreach activities to each population and geographic area, including those neighborhoods where Bidders is not currently located, to improve access to treatment and services f. Proposed location of services, if site(s) is not currently owned and/or leased, what the site if currently used for, and how ADA and other access requirements will be met g. Coordinating treatment with MAT and other treatment providers h. Ensuring timely access to treatment for client and strategies for difficult to engage clients i. Transition of clients to different LoC including making and	

Section	Instructions	Page Max.
	tracking referrals and strategies to reduce the number of clients who drop out of treatment during referrals j. Plan for case management k. Capacity and plan for providing Recovery Support Services for outpatient programs only l. Plan and strategies to engage clients, including tools and resources, to form therapeutic alliances with clients especially for the priority population. m. Plan for using EBPs in the delivery of services that are well-matched with the priority population including Bidder's plan for implementing, monitoring and ensuring adherence to EBP.	
	4. Describe, in detail, Bidder's ability and experience ***Forming Partnerships and Collaboration***, including:	(2)
	Describe Bidder's established partnership and ability to cultivate relationships with other providers (mental health, physical health, AC Care Connect) and other County, City and State government agencies. Describe how these partnerships enhance the service delivery needs of the priority population. Please include letters of support from existing and/or proposed partnerships as **ATTACHMENT A.**	2 (Not including Attachments)
	5. Describe, in detail, Bidder's ***Organizational Structure***, including	(10)
	i. Describe how the DMC-ODS pilot integrates into existing organizational structure, include *Organizational Chart* as **ATTACHMENT B** (Bidder's chart of how DMC-ODS pilot fits into overall structure) and *Organizational Staffing Cha*rt as **ATTACHMENT C** (Bidder's chart of all staff connected to DMC-ODS pilot and FTE for each staff member).	1 (Not including Attachments)
	ii. Describe Bidder's experience and capacity to deliver, track and bill Medi-Cal services and manage operation.	1
	iii. Describe Bidder's experience with Quality Management, including: a. Plan and capability to adhere to Medi-Cal documentation	3

Section	Instructions	Page Max.
	standard and requirements b. Staffing, supervision, training and leadership c. Systems of quality assurance as it relates to clinical chart documentation and compliance d. Capacity and plan to perform quality improvement activities, data entry, data and outcome tracking and program evaluation.	
	iv. Demonstrate Bidder's capacity to collect and regularly report performance and outcome data, including: a. Familiarity or plan to use systems such as Clinicians Gateway, InSyst, DATAR and CalOMS b. Staff capacity to provide electronic registration and eligibility verification functions as well as scheduling, billing, reporting, monitoring and evaluation c. Description of current hardware and software and any software or hardware needed to implement the DMC-ODS pilot, along with IT resources and staff to support the program	1
	v. Bidder's staffing capacity to perform all functions under the DMC-ODS pilot, including: a. Submission of SUD Treatment Staffing Plan (shows proposed SUD treatment FTEs by profession and where reporting structure, clinical supervisor to staff ratios, staff to client ration, professional credentialing and staff specialization in priority population needs) (**ATTACHMENT D**) b. Job Descriptions and Resume (if already hired) of key clinical staff (**ATTACHMENT E**) c. QM Staffing Plan including staff for QI activities, data entry, data and outcomes tracking, and program evaluation functions. (**ATTACHMENT F**) d. Staff Supervision Model that includes a description of the role of the clinical supervisor(s) in staff coaching, client care, and QI and service utilization activities.	1 Not including Attachments

Section	Instructions	Page Max.
	e. Treatment Services Staff Training Schedule and Technical Assistance Plan (**ATTACHMENT G**)	
	vi. Bidder's staffing to support threshold languages of the priority population, including: a. Proposed staffing that takes into account cultural and linguistic needs of the priority population including percentage of staff formally trained in CLAS and any plans to continuously train staff in CLAS b. Plan for meeting the threshold language requirements • Include a list of clinical staff and their language fluency, spoken and written, based on the priority population in the geographic area applying for. (Use **ATTACHMENT H**)	1
	vii. Bidder's organizational policies and procedures that describes: a. CLAS practices; b. Client confidentiality requirements including monitoring activities for client confidentiality, strategies for obtaining consent if client is unable to provide consent; c. Credentialing/re-credentialing and monitoring of licenses; and d. Workforce training practices to be in full compliance with Federal and State requirements.	1
	viii. Describe Bidder's communication plan and ability to inform and communicate with the public and beneficiaries regarding services.	1
	ix. Bidder's audited financial statements as **ATTACHMENT I** and provide written explanation of any of the following findings: *a. Auditor presents a qualified audit opinion* *b. Balance sheet liabilities exceed assets* *c. There are overdue payments due to a State or Federal agency* *d. There is a Federal or State account currently in collections* *e. There is current pending litigation for fraud, misrepresentation, errors or omissions involving one or more*	3

Section	Instructions	Page Max.
	current or former employees of the organization *f. Auditor notes or footnotes that indicate:* ○ Organizational instability or uncertainty as to its ability to continue in its current business ○ Overdue State/Federal amounts ○ Pending litigation involving organizations' employees, management, director or Board of Directors.	
	x. Describe Bidder's ability to track data, performance and outcomes including: a. Current system in use b. Experience with data collection in prior programs for purposes of program improvement and data-driven decision making. c. Plan for data collection, tracking and analysis in order to evaluate performance measures	1
7. *COST*	**Budget and Budget Narrative**	
	Bidder's Budget ***a.*** Cost-Coefficient – Bidder does not need to submit anything additional for this. ***b.*** Complete and submit the ***EXHIBIT B-1: BUDGET WORKBOOK*** (saved in MS Excel). See ***EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS*** in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.	N/A
	c. Bidder's detailed ***Budget Narrative*** to explain the costs and calculations in the ***B-1: BUDGET WORKBOOK***. i. Bidder's narrative on how the proposed program budget is aligned with the requirements of this RFP taking into account how calculations were made on the following and explanation on any variances in costs: 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses	2

Section	Instructions	Page Max.
	4. Administrative and/or Indirect Costs 5. Revenue expectation	
8. *IMPLEMENTATION SCHEDULE AND PLAN*	Use the Fillable Forms Template to complete and submit the following:	N/A
	a. Bidder's Implementation Schedule and Plan including responsible persons, milestones, due dates and percentage completed around the following activities: • Program Site Control - if building is not currently owned, Bidder must describe how they plan to obtain full site control (i.e., appropriate city and zoning licenses and/or permits for intended site, lease agreement must state that the Bidder has full site control, etc.) • Staff Hiring and On-boarding • ASAM and other Training • IT Infrastructure Identify who will oversee the implementation of the program in the first year.	3
	<u>If bidding on Outpatient Treatment, IOT, and Residential:</u> Bidder's current DMC certification in Alameda County, or submitted DMC certification application, of proposed service delivery site(s). If application is pending, Bidder must describe how they plan to be site certified by July 1, 2018.	1
	b. Bidder's identification and strategies for mitigation of risks and barriers and when they will be resolved, which may adversely affect the program's implementation	2
EXHIBITS	Using the Fillable Forms Template complete and submit the following:	N/A
	EXHIBIT C: INSURANCE REQUIREMENTS	
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	

H. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment, Suspension and Exclusion Requirements) shall be evaluated by the CSC/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the BHCS contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

The CSC will evaluate each proposal separately, and by geographical area for Outpatient Treatment, IOT and Recovery Residence services, as follows:

Evaluation Panel	Population/SUD Modality	Geographical Area
Panel 1	Adult Outpatient/Intensive Outpatient/Recovery Services	North - San Antonio/ Clinton/Highland/Alameda; and Fruitvale/ Jingletown
Panel 2	Adult Outpatient/Intensive Outpatient/Recovery Services	North - Lockwood/Coliseum and Eastmont/ Millsmont/ Bancroft; and West Oakland/ Downtown
Panel 3	Adult Outpatient/Intensive Outpatient/Recovery Services	Central – Hayward; and Ivywood/ Cox/ Stonehurst/ Elmhurst and San Leandro
Panel 4	Adult Outpatient/Intensive Outpatient/Recovery Services	South and East – Union City and; Fremont/ Irvington/ Cabrillo/ Newark; and Livermore
Panel #5	Adolescent Outpatient/Intensive Outpatient/Recovery Services	North (Oakland); Central/East (Hayward); and South (Fremont)
Panel #6	Adult Residential	N/A
Panel #7	Adult Recovery Residence	N/A
Panel #8	Perinatal Outpatient/Intensive Outpatient/Recovery Services, Residential and Recovery Residence	North (Oakland); Central/ East (Hayward);

As a result of this RFP, the County intends to award a contract to the responsible Bidder whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidder that demonstrates the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified in Section II. F. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed in II. F. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a zero to five-point scale shown in Table 6. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 7, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of Bidders that will continue to the final stage of oral interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, and oral interview.

If the two-stage approach is used, the three Bidders that receive the highest preliminary scores and with at least 200 points may be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in Table 6.

Table 6

Score	Label	Description
0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score shall result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This shall be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/ Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent/ Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

The evaluation criteria and respective weights for this RFP are contained in Table 7.

Table 7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. TITLE PAGE	Reviewed for completeness	Complete/Incomplete Meets/Does Not Meet Minimum Qualification • Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete. Additionally, bid responses that do not conform to the page limitations in Table 1, will be rated a Fail in the Evaluation Criteria and will receive no further consideration.	**Pass/Fail**
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
3. LETTER OF TRANSMITTAL / EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS	***a.*** **Current Drug Medi-Cal Certification in California for the ASAM covered services they are bidding on**		
	b. **ASAM Designation for Residential services** – For those bidding on Residential services or Perinatal Residential services must show Residential ASAM designation from Department of Health Care Services boy July 1, 2018	• Did the Bidder submit evidence of ASAM designation for Residential services? • Did the Bidder submit evidence of progress towards receiving ASAM designation for Residential services by implementation date of July 1, 2018?	**Pass/Fail**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	c. **At least five years' experience in providing services for the modality/ASAM Level of Care bidding on**	• Does the Bidder have at least five prior years of continual experience in providing services for the modality/ASAM level bidding on?	**Pass/Fail**
	d. **Agreement to Use Clinician's Gateway and InSyst**	Bidder has signed agreement to use Clinician's Gateway and InSyst.	**Pass/Fail**
	a. Debarment and Suspension	To be considered for contract award, Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at the following databases. • https://www.sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/SandIlanding.asp	**Pass/Fail**
5. REFERENCES	***a.*** BHCS will check ***references*** for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.	How do the Bidder's references rate the following: • Bidder's capacity to perform the services as stated; • Areas in which the Bidder did well; • Areas in which the Bidder could have improved; • Communication and Responsiveness; Accuracy and completeness of Reporting; Accuracy and completeness of Invoicing; Client Satisfaction; Compliance with program, legal, and/or funding requirements; Staff retention; Awareness and responsiveness to community needs; Overall Satisfaction with Bidder on a scale of one to five; • Is/Was Bidder within their budget and meeting deadlines; • Experience with the priority population in the RFP • Experience with the geographic location as stated in the RFP	**2**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
6. BIDDERS EXPERIENCE, ABILITY AND PLAN	***a.*** The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the Bidder's Experience, Ability and Plan		**Sub-section Total (44)**
	1) Experience in Serving the Priority Service Population	• How comprehensive is the Bidder's understanding and years of experience working with each priority service population (and any subpopulations)? • How well does the Bidder's define risk factors, challenges and barriers that impact access to service and treatment for each priority population? • How well does the Bidder's past, current and proposed outreach actives expand services to priority populations specifically associated with geographic areas that are bid upon? • Did the Bidder include the demographic/ethnic breakdown of clients served in FY 2016-17 (as a percentage of overall clients served in FY 2016-17)? • How extensive is the Bidder's staffing expertise for population? **For Adolescents** • Does the Bidder show knowledge and experience of developmentally appropriate treatment for adolescents that addresses their multiple biopsychosocial needs, and involves families? **For Perinatal** • Does the Bidder's show knowledge and expertise with pregnant women and/or parenting women with dependent children? **For Older Adults** • How extensive is the Bidder's experience providing treatment with following age-specific considerations for	**5**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		older adults, including: mobility issues, medication and medical problems, social isolation, hearing, vision, and loss of other abilities, age-related stigma associated with addiction, age specific treatment approaches? **For Criminal Justice** • How extensive is the Bidder's knowledge and experience addressing criminogenic needs within context of drug and alcohol treatment? • How extensive is the Bidders experience with providing drug and alcohol treatment as part of an interdisciplinary team that includes strong collaborative relationships with corrections and/or probation?	
	2) Experience in Geographical Priority Area	• Does the Bidder have physical services located in the geographical area(s)? Does their response include locations and how reasonable and feasible are these locations (including the ability to have them up and running by start date)? • Does the Bidder show that it has locations that are easily accessible (public transportation, walk, etc.) to priority populations in the geographical area(s)? • Does the Bidder provide evidence to meet site compliance with ADA standards including the 2010 Standards for Accessible Design? • How extensive is the Bidder's experience, including any partnerships and organizational relationships with community-based institutions, that will be of use in reaching and engaging clients in the specified geographical area(s)?	**5**
	3) The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under **Planned Service Delivery Approach:**		**Sub-section Total (31)**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		• How well does the Bidder's plan for program services match ASAM Criteria treatment standards for the level(s) of care that is being proposed? (2) • How adequate and appropriate is the mix of program services for the priority populations, especially any priority populations for which the bidder is claiming a specialized expertise, that also that takes into consideration the following: (2) **For Adolescents (in addition to above)** o Does the Bidder describe proposed services that are tailored to the priority population and meets the DHCS Youth Treatment Guidelines (2002)? **For Perinatal (in addition to above)** o Does the Bidder describe proposed services that are tailored to the priority population and meets the DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children? **For Criminal and Juvenile Justice (in addition to above)** o Does the Bidder demonstrate plan to actively coordinate with Deputy Probation Officers (DPO) for case planning purposes? o Does the Bidder agree to participate in Interdisciplinary Treatment Teams (IDTT) convened by Probation Department to better coordinate client care? The IDTT consists of a Behavioral Health clinician(s), DPO, and one to two collateral contacts (e.g. Unit Supervisor, Community Provider, Family Member, etc.). Does the Bidder show willingness to conduct field-based treatment services at co-located probation sites including possible office sites in Oakland, Hayward, San Leandro and Pleasanton. Site selection to be finalized prior to July 1, 2018. **For Residential Services (in addition to above)**	

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		○ Did the Bidder submit a completed DHCS ASAM Residential Level of Care Designation Questionnaire? ○ Does the Bidder have an addiction physician on staff to review admission decisions to confirm clinical necessity of services? **<u>For Recovery Residence (in addition to above)</u>** ○ How well does the proposed service meet the standards for National Association of Recovery Residences? • To what extent does the Bidder's plan reflect a commitment to individualized treatment based on identified client strengths and needs, and an approach to continuous re-assessment of the six life dimensions (ASAM Criteria) throughout the course of treatment? (2) • How likely is it that the Bidder will adequately serve and reach the required number of clients with their proposed staffing mix and levels? (3) • How well does the Bidder describe outreach activities to each population? (4) • How well does the Bidder describe outreach activities in the geographic area to improve access to treatment and services? (4) • Does the Bidder show that the proposed locations are easily accessible (public transportation, walk, etc.) to priority populations in the geographical area(s) that meet site compliance with ADA standards including the 2010 Standards for Accessible Design? (2) • How well does the Bidder's plan address coordination of treatment with MAT providers, and other treatment providers? (1) • How does the Bidder's plan ensure timely access to treatment? What strategies are proposed to quickly engage new referrals, and follow up with those who are difficult to	

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		engage? (2) • To what extent does bidder have the ability to transition clients to other ASAM levels of care within own organization, or to another provider within the Organized Delivery System? (3) • How well does the Bidder integrate effective and proactive case management services into their treatment programs at all ASAM Levels of Care? (2) • How well does the Bidder indicate the capacity to provide Recovery Support Services not only for clients who may have completed treatment in their programs, but also to clients referred to them from a different program? (Outpatient/IOT only) (1) • How well does Bidder strategies to engage clients and how appropriate are the tools and resources that Bidder plans to use in relation to the clients' needs? (2) • How well-matched are the EBPs to the priority population and how well does the Bidder describe implementation, monitoring and adherence to the EBPs? (1)	
	4) Forming Partnerships and Collaboration	• How well does the Bidder describe established partnership/s or ability to cultivate strong relationships with other health providers (i.e. mental health, physical health, Alameda County Care Connect)? • To what extent does the Bidder have established partnerships or ability to cultivate strong relationship with other County, City or State government agencies (i.e. Alameda County Probation Department, Department of Children and Family Services, School Districts, etc.)? • Does the Bidder include letters of support from these partnerships? Are the letters provided on agency letterhead and include authorized signature/s. •	**3**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	5) The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under **Organizational Infrastructure:**		**Sub-section Total (26)**
	a) Overall Organizational Structure and References	• How well does the proposed program integrate into Bidder's existing organizational structure, business operation, and services? • Did the Bidder include an organizational chart that includes structure of the overall organization and how this program fits into their organization? • How well does Bidder demonstrate experience with or capacity to deliver, track and bill for Medi-Cal services and manage operations to maximize revenue generation while maintaining quality of care? • How well does the Bidder integrate the SUD treatment foundational principles and practices within their proposals?	**1**
	b) Capacity to billing Medi-Cal	• How adequate is the Bidder's system and activities to maximize revenue generation while maintaining quality of care?	**2**
	c) Quality Management	• How realistic and feasible is the Bidder's experience, plan and capability to adhere to Medi-Cal documentations standards and requirements? • Does the bidder describe the organization's QI activities that include but are not limited to QI staffing, supervision, training and leadership • Did the Bidder adequately describe their systems of quality assurance as it related to clinical chart documentation and compliance? • How well does the Bidder allocate sufficient resources and staffing to ensure meeting the requirements for quality management under the DMC-ODS system? • How well does the Bidder's quality management workforce	**5**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		perform the necessary QI activities, data entry, data and outcomes tracking, and program evaluation functions?	
	d) Electronic Health Records and Data Systems	• Does the Bidder demonstrate how they have systems and information technology infrastructure to collect and regularly report data? • How familiar is Bidder with the following systems? - InSyst– billing and claiming data - State Drug and Alcohol Treatment Access Report data system (DATAR); - SUD treatment capacity, access and wait lists - State CalOMS Treatment data system • Does the bidder demonstrate appropriate staff capacity to provide electronic registration and eligibility verification functions, as well as scheduling, billing, reporting, quality management, monitoring, and program evaluation requirements? • Does the Bidders show they have the organizational capacity, including adequate staff and hardware, for data system training at the time of bid submission?	**4**
	e) Staffing and Workforce Development and Support	• Is the Bidder's SUD treatment staffing plan adequate to meet the needs of the proposed program, and the priority service populations (shows proposed SUD treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider's organization, clinical supervisor to staff ratios, staff to client ratio, professional credentialing, staff specialization in priority population needs)? • How well does the Bidder's QM Staffing Plan adequately address the number and diversity of the QM activities (staffing plan should include QM administrative staff, including Quality Improvement activities, data entry, data and outcomes tracking, and program evaluation functions)? • How adequate is the Bidder's supervision model to meet the needs of the program?	**5**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		• How adequate is the Bidder's SUD treatment staff training and technical assistance plan to meet the needs of the program? ○ How well does Bidder demonstrate capacity to provide access to continuous training and support for staff within the organization?	

	f) Staffing to meet threshold languages	• What percentage of staff are knowledgeable and formally trained in CLAS?
		  ○ How does the Bidder plan for training staff on cultural responsiveness to meet the needs of the priority population?
		• To what extent does the Bidder's staffing language abilities reflect the size and needs of the priority service populations?
		  ○ Does the Bidder describe adequate and appropriate services to provide interpreters and translation services if staff do not speak the languages of priority populations?
		  ○ Does the Bidder provide a list of staff fluency of the languages spoken by priority population within geographical area(s) including title of staff, languages and verbal and written fluency in each language?
			3

	g) Organizational Policies and Procedures	• How well does bidder's current organizational practices take into account the CLAS standards; client confidentiality requirements; proper credentialing/re-credentialing and monitoring of licenses; and workforce training needed to be in full compliance with the Federal and State regulations?	**1**
	h) Communications	• How well does the Bidder demonstrate the ability to inform and communicate with the public and beneficiaries regarding services?	**1**
	i) Financial Management Capacity & Fiscal	• How well does the Bidder's audited financial statements demonstrate its fiscal management and controls in order to maintain good fiscal standing?	**2**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	Integrity	• How adequately does the Bidder explain any issues related to their audited financial statements?	
	j) Tracking Data and Outcomes	• How developed is the Bidder's current systems to collect, monitor and analyze data? • How well does Bidder describe prior experience in data collection to make mid-course correction in order to achieve positive outcomes and for continuous quality improvement? • How thoughtful and realistic is Bidder's plan to collect data to monitor the proposed measures and desired outcomes?	**2**
COST	*The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how the Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.*		**Sub-section Total (8)**
	***a.* Cost Co-Efficient**	• Low bid divided by low bid x 5 x weight = points *For example:* *$100,000 / $100,000 = 1 x 5 x 5 = 25 points* • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points Low bid divided by fourth lowest bid x 5 x weight = points	**2**
	***b.* Budget and** ***c.* Budget Narrative Review**	• How well-matched is Bidder's budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does the Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder "show the work"? •	**6**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
IMPLEMENTATION SCHEDULE AND PLAN	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score *under Implementation Plan and Schedule*		**Sub-section Total (10)**
	a. **Implementation Plan Review**	• How complete and realistic is the implementation plan (should contains major activities, milestones and deadlines) submitted by the Bidder? • How likely is the Bidder to be fully functioning at the launch of the waiver on July 1, 2018? • How many facilities will the Bidder need to acquire or set-up in order to be fully operational by the start of the pilot? What percentage of total sites proposed by Bidder are already owned or leased/rented? • What percentage of the staff required to operate the program are already hired and how many still need to be hired?	*If bidding on Outpatient, IOT, Residential* **5**
		• What are the bidder's plans for staff hiring and training in preparation for the July 1, 2018 start date? Is the plan realistic with regard to the amount of time required to hire and train staff for program readiness? • What percentage of the staff have training in ASAM and other appropriate trainings in order to be fully operational in their position at the start date? • How experienced is the Bidder with the use of using electronic health records software?	*If bidding on Recovery Residence only* **8**
	DMC Certification in Alameda County *(If bidding on Outpatient Treatment, IOT and Residential only)*	• To what extent is the Bidder appropriately DMC Certified in location for which programmatic services are being proposed in submission? • Did the Bidder attachment of copies of certification or evidence of status if in process of submission? • How well is the Bidder following-up regularly with DHCS if in process of receiving certification and timeline to receive	**3**

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		certification? NOTE: Only a proposal with ALL sites that are DMC certified in Alameda County will get a rating of 5 under this section. The rating will be adjusted according to the proportion of proposed sites that are DMC certified in Alameda County versus those that are non-certified.	
	c. Identification and Strategies for Mitigation of Risks and Barriers	• How thorough, thoughtful and realistic is Bidder's identification of challenges and barrier mitigation strategies? • How creative and solution-oriented are Bidder's strategies?	**2**
EXHIBITS	**Exceptions, Clarifications and Amendments**	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	**N/A**
ORAL INTERVIEW, IF APPLICABLE	Criteria are created with the CSC/Evaluation Panel.		**10**
PREFERENCE POINTS, IF APPLICABLE	SLEB		**(5%)**
	Local (not SLEB certified)		**(5%)**

I. CONTRACT EVALUATION AND ASSESSMENT

During the initial sixty (60) day period of any contract, which may be awarded to a successful Bidder ("Contractor"), the CSC and/or other persons designated by the County may meet with the Contractor to evaluate the performance and to identify any issues or potential problems.

The County reserves the right to determine, in its sole discretion, (a) whether Contractor has complied with all terms of this RFP and (b) whether any problems or potential problems are evidenced which make it unlikely (even with possible modifications) that the proposed program and services will meet the County requirements. If, as a result of such determination the County concludes that it is not satisfied with Contractor, Contractors' performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

The County also reserves the right to re-bid these programs if it is determined to be in its best interest to do so.

J. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel shall be ranked in accordance with the RFP section II.G. of this RFP.

2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that best conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.

3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.

4. The County reserves the right to award to a single or multiple Contractors.

5. The County has the right to decline to award a contract in whole or any part thereof for any reason.

6. BOS approval to award a contract is required.

7. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.

8. Final terms and conditions shall be negotiated with the Bidder recommended for award. The successful Bidder may request a copy of the Master Agreement template from the BHCS RFP contact. The template contains the agreement boilerplate language only.

9. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

K. PRICING

Federal and State minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

L. INVOICING

a. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.

b. Payment will be made within thirty days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.

c. County shall notify Contractor of any adjustments required to invoice.

d. Invoices shall contain County purchase order (PO) number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.

e. Contractor shall utilize standardized invoice upon request.

f. Invoices shall only be issued by the Contractor who is awarded a contract.

g. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the Purchase Orders.

M. NOTICE OF INTENT TO AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders will be notified in writing by e-mail, fax, or US Postal Services mail of the contract award recommendation, if any, by BHCS. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to Award shall provide the following information:

- The name of the Bidder being recommended for contract award; and
- The names of all other Bidders that submitted proposals.

At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful Bidders will be scheduled and provided upon written request and will be restricted to discussion of the unsuccessful Bidder's proposal.

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder.

All submitted proposals shall be made available upon request no later than five (5) calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

N. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, will be one year and may be renewed thereafter, contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS.

II. APPENDICES

A. GLOSSARY & ACRONYM LIST

AA/Black	African American/Black
AB109	Assembly Bill 109
ACCESS	Acute Crisis Care and Evaluation for System-wide Services
ACRA	Adolescent Community Reinforcement Approach
ADA	Americans with Disabilities Act
Adults	Individuals between the ages of 18 and 59.
Agreement	The formal contract between BHCS and the Contractor
AOD	Alcohol and Other Drugs
ASAM	American Society of Addiction Medicine
Beneficiary	The recipient of services; used interchangeably with client
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	The bidders' response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
BOS	Board of Supervisor - refers to the County of Alameda Board of Supervisors
CalOMS	California Outcome Measurement System
CAP	Corrective Action Plan
Care Coordination	Documenting placement into the appropriate level of care; planning for post-treatment transition support; making formal referrals for services outside the scope of comprehensive SUD treatment, but identified as necessary to the participant's attainment of treatment goals, including: education, vocational training, medical and dental treatment, pre- and post-counseling and testing for infectious diseases, legal aid, etc., throughout the entire treatment process. These resources and activities are documented in the client's treatment plan and/or case notes.
CBO	Community Based Organizations
CBT	Cognitive Behavioral Therapy - Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned. A type of time-limited talking therapy

	that aims to help people look at the way they think and behave in order to better manage symptoms, problems and difficulties they are experiencing.
Central County	Includes cities of Hayward, San Leandro and San Lorenzo and the unincorporated areas of Ashland, Castro Valley, Cherryland
CFR	Code of Federal Regulations
CIBHS	California Institute of Behavioral Health Solutions
CLAS	Culturally and Linguistically Appropriate Services National Standards
Client	The recipient of services; used interchangeably with beneficiary
CMS	Centers for Medicare & Medicaid Services
Contractor	When capitalized, shall refer to selected bidder that is awarded a contract
Co-occurring conditions	For the purposes of this RFP, co-occurring refers to mental health and substance use issues simultaneously experienced by a client
County	When capitalized, shall refer to the County of Alameda
CQRT	Clinical Quality Review Team
CSC	County Selection Committee or Evaluation Panel
Cultural Humility	Consistent commitment to understanding different cultures and focus on self-humility, maintaining an openness to someone else's cultural identity, and acknowledge that each of us brings our own belief/value systems, biases, and privileges to our work;
Cultural Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care
DATAR	Drug and Alcohol Treatment Access Report
DCFS	Department of Children & Family Services
DGS	Department of General Services
DHCS	Department of Health Care Services
DMC	Drug Medi-Cal
DMC-ODS	Drug Medi-Cal Organized Delivery System
DPO	Deputy Probation Officers
DSM 5	Diagnostic and Statistical Manual of Mental Disorders
East County	Includes the cities of Dublin, Livermore, Pleasanton and Sunol.
E.H.R./HER	Electronic Health Record
EBP	Evidence Based Practice

EQRO	External Quality Review Organization
Federal	Refers to United States Federal Government, its departments and/or agencies
FFP	Federal Funds Participation
FQHC	Federally Qualified Health Center
FTE	Full Time Equivalent
FY	Fiscal Year
GSA	General Services Administration
IDTT	Interdisciplinary Treatment Teams
IMS	Incidental Medication Services
Individual Treatment Plan	A document that contains treatment goals, progress notes, and specific services and activities needed, based on an assessment of the client's addiction severity and life situation relative to their SUD. The treatment plan must contain overall goals, as well as objectives to achieve those goals, and specific activities that the client and treatment program will take to achieve those objectives. The objectives and activities must be specific, achievable, relevant, and time-limited. For each service and/or activity the beginning and ending dates including frequency are required. The Treatment Plan must meet all of the criteria, and include all of the data elements, that are specified in the Alcohol and Other Drug Program Certification Standards promulgated by ADP.
Individual/Group/ Family Counseling	Counseling is face-to-face interaction involving one or more substance use treatment counselors and one or more participants and/or significant others focusing on the personal recovery of the participant(s). Individual counseling is a private meeting of a participant with one or more staff. Group counseling is a meeting involving more than one participant and one or more staff. Family counseling is a private meeting of a participant, one or more program staff, and one or more persons related to the participant through family affiliation or as a significant other. Interaction in individual, group, and family counseling, shall involve processing of individual or common group issues and themes, which may include anger management, criminal thinking and thinking errors, sexual abuse, domestic violence, death and grief, relapse prevention, or co-dependence.
InSyst	Alameda County's billing and claiming software
IOT	Intensive Outpatient Treatment
IS	Information Systems
ISAP	Integrated Substance Abuse Programs – a program by UCLA that provides technical assistance, training and evaluation activities.
IT	Information Technology
LCP	Licensed Clinical Psychologist

LMFT	Licensed Marriage and Family Therapist
LOC/LoC	Level of Care
LPCC	Licensed Professional Clinical Counselor
LPHA	Licensed Practitioner of the Healing Arts
LPOC	Licensed Professional Clinical Counselor
MAA	Medical Administrative Activities
MAT	Medication Assisted Treatment
Measure A	A Measure that authorized Alameda County of Alameda to raise its sales tax by one-half cent in order to provide for additional financial support for emergency medical, hospital inpatient, outpatient, public health, mental health and substance abuse services to indigent, low-income, and uninsured adults, children, families, seniors and other residents of Alameda County.
Medi-Cal	California's Medicaid program. It provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services. People enroll in Medi-Cal through their county social services department.
MI	Motivational Interviewing - A client-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on clients' past successes.
MOU	Memorandum of Understanding
NAICS	North American Industry Classification System - classifies business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. economy.
North County	The cities of Alameda, Albany, Berkeley, Emeryville, Oakland and Piedmont. For this RFP, the focus is on Alameda, Berkeley and sections of Oakland.
NPPES	National Plan and Provider Enumeration System
NTP	Narcotic Treatment Program
OIG	Office of the Inspector General
OIC-LEIE	Exclusion list is the Office of Inspector General's List of Excluded Individuals and Entities
ODS	Organized Delivery System
Older Adults	Person age 60 and older
PATH	Promoting Access to Health
Perinatal Services	SUD services provided to pregnant or parenting females with children up to age five years.

POC	Purchase Order
POC	Plans of Corrections
Proposition 47	A proposition that created a Safe Neighborhoods and Schools Fund
Proposal	Shall mean bidder/contractor response to this RFP; used interchangeable with bid.
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QM	Quality Management
Response	Shall refer to bidder's proposal submitted in reply to RFP.
RFP	Request for Proposal
SAM/EPLS	System for Award Management/Excluded Parties List System
SBA	Small Business Administration - having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.
SBIRT	Screening, Brief Intervention, Referral and Treatment
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to participants and patients under an agreement or contract with BHCS.
SLEB	Small, Local, and Emerging Businesses
South County	Includes the cities of Fremont, Newark and Union City
SoW	Statement of Work
State	Refers to State of California, its departments and/or agencies
STCs	Standard Terms and Conditions
SUD	Substance Use Disorder
System Of Care	A multi-disciplinary, multi-agency delivery system of services that supports a consumer through a continuum of care and that uses a "person-centered" approach that includes periodic reassessments of client needs, customizing treatment for each client to match those needs, and coordinating care between providers as needed in a manner that the client experiences to be efficient and effective. For the purposes of this RFP, System of Care refers to Adults and Adolescents
TAY	Transition Age Youth (People between the ages of 18-24)

TA	Technical Assistance - Operational or management assistance given to an organization. It can include fundraising assistance, budgeting and financial planning, program planning, legal advice, marketing and other aids to improve the organization's functions, processes and/or outcomes.
UA	Urine Analysis
UCLA	University of California, Los Angeles
WM	Withdrawal Management
WPC	Whole Person Care pilot

B. DESCRIPTION OF SERVICE MODALITIES

Following is a summary of ASAM level of care treatment service components and requirements excerpted from The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions (American Society of Addictive Medicine, Third Edition, 2013). Bidders must demonstrate capacity to meet all ASAM level of care service components and requirements in their proposals and all Drug Medi-Cal certification requirements. Where DMC and ASAM Criteria requirements differ, DMC certification requirements take precedence.

1. Outpatient and Intensive Outpatient Services

a. Experience and Service Delivery Approach

BHCS is seeking proposal from qualified providers for Outpatient Services/ASAM Level 1.0 and Intensive Outpatient Services/ASAM Level 2.1. Bidders must include both levels of services (Level 1.0/Outpatient and Level 2.1/Intensive Outpatient Services) in their bid. This requirement applies to Bidders submitting bids for either adult/older adult and/or adolescent outpatient services. BHCS does not intend to award separate contracts for ASAM Level 1.0 (Outpatient) and Level 2.1 (Intensive Outpatient) Services.

b. Level 1.0/Outpatient Services Requirements

Level 1.0/Outpatient Services are benchmarked at the lower end of the ASAM treatment continuum and include organized outpatient treatment services which can be delivered in a variety of settings such as addiction programs, behavioral health homes and clinics, and schools, and other field-based sites. Services are provided less than 9 hours per week for adults and less than 6 hours per week for adolescents.

In Level 1.0 programs, a multi-disciplinary team provides services. Members of the team could include addiction, mental health treatment, recovery support specialists, and general health care personnel, including addiction credentialed physicians. The team provides professionally directed screening, evaluation, treatment and ongoing recovery and disease management services. Please refer to DMC-ODS staff service categories for more information.http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/ODS_Staffing_Grid_032017.pdf

Like all ASAM Levels of Care, Level 1.0 services are tailored to each client's level of clinical severity and function and are designed to help the client achieve changes in his or her alcohol and/or other drug use or addictive behaviors. Treatment addresses major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or impair the client's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs.

These services provide greater access to care for individuals who have a substance use disorder as diagnosed in the DSM V. This may include individuals with co-occurring substance use and physical and mental health conditions, individuals not interested in recovery that are mandated to treatment, and individuals in early stages of readiness to change. Level 1.0/Outpatient Services also provide access to needed care for clients in early recovery that need education about addiction and person-centered treatment, as well

as clients in ongoing recovery who need monitoring and continuing disease management. Some characteristics of clients in Level 1.0 include those who are able to complete professionally directed addiction and/or mental health treatment, those who are stepping down from a more intensive level of care, those who are in early stages of change and not yet ready to commit to full recovery, and those who have achieved stability in recovery.

Level 1.0/Outpatient Services Support Requirements

Level 1.0/Outpatient Services programs include the following supports:

1. Linkage to and coordination with medical, psychiatric, psychological services; medical and psychiatric consultation is available by telephone or in person within a timeframe appropriate to the severity and urgency of the consultation requested;

2. Laboratory and toxicology collection services available on-site or through closely coordinated referral;

3. Directly affiliated with or closely coordinated referral to more intensive levels of care and medication management; and

4. Emergency services available by telephone 24 hours a day/7 days a week.

Level 1.0/Outpatient Services Required Therapies

Level 1.0/Outpatient Services involve skilled treatment services which are provided in an amount, frequency and intensity appropriate to a client's needs, and include at a minimum:

1. Intake;
2. Individual and group counseling;
3. Patient education
4. Family therapy;
5. Family contact (Adolescent Program Only)
6. Psycho educational groups;
7. Treatment group
8. Multi-family group (Adolescent Program Only)
9. Medication services;
10. Collateral services;
11. Screening/Engagement (Adolescent Program Only)
12. Crisis intervention;
13. Treatment planning and update;
14. Discharge services;
15. Case management services; and
16. Recovery Services

Level 1.0/Outpatient Services Assessment/Treatment Plan Review Requirements

For Level 1.0 programs, the assessment and treatment plan review must include:

1. Individualized, comprehensive biopsychosocial assessments of a comprehensive substance use and addictive behaviors history reviewed by the Medical Director or LPHA, and if determined needed by a client's medical condition, a referral for a physical examination within a reasonable amount of time;

2. Individualized treatment plans developed in partnership with the client that includes: all challenges identified during the intake and assessment, area(s) of difficulty (Alcohol and/or drugs; family & social skills; legal; employment & support; recovery

environment; and emotional, behavioral and/or cognitive conditions & complications. Treatment Plans must identify attainable goals of the client that focuses upon their personal vision of recovery, wellness, and the life they envision for themselves and includes strengths. Goals should preferably be observable, measurable, and with an expected timeframe for accomplishment. Challenges from reaching the goals may include specific symptoms and impairments of the approved diagnosis and must indicate Level of Difficulty: Mild, Moderate, or Severe. If a challenge is not going to be addressed during the treatment plan period, provide the reason why and indicate the challenge as deferred.

3. Monitoring, including toxicology testing; and

4. A review of a client's most recent psychiatric history and a mental status examination performed within a reasonable timeframe for clients with co-occurring mental disorders, conducted by an LPHA, or Medical Director.

Level 1.0/Outpatient Services Staffing Requirements

Level 1.0/Outpatient Services program are staffed by appropriately credentialed and/or licensed treatment professionals who assess and treat substance-related, mental, and addictive disorders.

Professional staff are experienced in gathering and interpreting information regarding a client's biopsychosocial needs and are knowledgeable about the biophysical dimensions of alcohol and other drug and addictive disorders including how to assess a client's readiness for change. Professional staff also are capable of monitoring stabilized mental health challenges a client may have and recognizing instability in clients with co-occurring mental health conditions.

Drug Medi-Cal certified outpatient sites must comply with DMC and other staffing requirements including but not limited to:

1. Appropriately credentialed and/or licensed treatment professionals including addiction- credentialed physicians, counselors, psychologists, social workers, and others to assess and treat substance-related, mental, and addictive disorders;

2. Recovery Support Specialists provided by a LPHA, SUD Counselor, or Peers (for substance abuse assistance services only). Peer support specialists with lived experience in substance use treatment can provide peer-to-peer services and relapse prevention as a form of substance abuse assistance, a component of recovery support services. Clients may access these services, when medically necessary, after completing their course of treatment.

3. Credentialed LPHA professionals, working within their scope of practice to assess, manage, and monitor client mental health disorders for clients with co-occurring disorders preferably on-site or via closely coordinated referrals.

c. Level 1.0/Outpatient Services Special Population: Requirements for Adolescents

In addition to Outpatient Services practice expectations, Bidders must demonstrate in their proposals experience successfully meeting all of the following requirements:

1. At a minimum, each regionally selected provider (North, Central/East and South) must consist of at least one Alameda County site certified DMC community-based clinic authorized to provide both Level 1.0 outpatient and Level 2.1 intensive outpatient modalities for adolescents. The community-based clinic sites must be physically separate from adult treatment facilities so as to prevent commingling of adult and adolescent clients.

2. Each regional provider has a unique number of field-based outpatient service sites associated with its site certified DMC community-based clinic. Field based sites can be high schools and continuation high schools (identified by the school district), and other juvenile settings such as juvenile hall. The Bidder may propose additional sites for adolescent field based services in areas that would represent a high need for adolescent SUD outpatient services. Proposed sites in the county's pre-defined geographic regional priority areas will receive priority consideration.

3. Experience conducting adolescent outpatient substance use treatment in at least one of the following settings: a DMC or AOD certified clinic, school, juvenile hall, or another child/adolescent serving institution.

4. Staff knowledgeable about adolescent development and experience in working with and engaging adolescents;

5. Engagement and integration of families, caregivers and other important resources in treatment planning, services, and transition planning to support client recovery;

6. Proactively transitioning adolescents in need of continued SUD treatment to TAY specific SUD and/or mental health services including partnering with adolescents and their families in developing comprehensive transition plans that address the wide range of treatment and support needs such as housing, vocational services, and other community supports;

7. Collaborative working relationships with child welfare, mental health, court, schools, primary care, and juvenile justice to meet multi-system treatment goals and outcomes for adolescents

8. Bidders must demonstrate capacity to provide Motivational Interviewing and Cognitive Behavioral Therapy, both of which are approved DMC-ODS Pilot evidence-based practices (EBPs). In addition Bidders may optionally provide any one of the following evidence based practices including: Adolescent Community Reinforcement Approach (ACRA), Assertive Continuing Care, Contingency Management, Family Support Network, Functional Family Therapy, and Motivational Interviewing/enhancement therapy.

9. Bidders shall ensure compliance with the DHCS Youth Treatment Guidelines

Adolescent SUD referrals may come from BHCS administration, secondary prevention programs such as Bridge to Treatment, Alameda County Social Services (SSA) Department of Children & Family Services, school system, probation officers, shelters, police officers or departments, health care providers, Willow Rock Psychiatric Hospital, ACCESS, residential

programs such as Thunder Road, and other community sources. Clients and families may also directly self-refer to adolescent SUD treatment services.

d. Level 1.0/Outpatient Services Special Population: Requirements for Perinatal

Level 1.0/Outpatient Services for perinatal clients are composed of the same components as adult services with the addition of ensuring compliance with DHCS Perinatal Service Network Guidelines, including but not limited to:

1. Arrange for primary medical care, including a referral for prenatal care to pregnant and parenting women receiving SUD treatment services;

2. Arrange for primary pediatric care, including immunization for the children of pregnant and parenting women, while the women are receiving SUD treatment;

3. Provide/arrange for gender-specific SUD treatment services and other therapeutic interventions;

4. Provide/arrange for transportation to ensure that pregnant and parenting women, and their children, have access to primary medical care, primary pediatric care, gender-specific treatment and therapeutic services for children.

Please see DHCS Perinatal Service Network Guidelines for more information.

e. Level 1.0/Outpatient Services Special Population: Requirements for Criminal Justice

Level 1.0/Outpatient Services for criminal justice clients are composed of the same components as adult services with the addition of:

1. For probation involved clients, SUD providers will be expected to actively coordinate with Deputy Probation Officers (DPO) for case planning purposes.

2. SUD Providers will be expected to participate in Interdisciplinary Treatment Teams (IDTT) convened by Probation Department to better coordinate client care. The IDTT consists of a Behavioral Health clinician(s), DPO, and one to two collateral contacts (e.g. Unit Supervisor, Community Provider, Family Member, etc.).

3. SUD providers will be invited to conduct field-based treatment services at co-located probation sites including possible office sites in Oakland, Hayward, San Leandro and Pleasanton. Site selection to be finalized prior to July 1, 2018.

f. Level 2.1/Intensive Outpatient Services (IOT) Requirements

Intensive Outpatient Services (IOT) offer a higher intensity of outpatient services with the goal of stepping clients down to Level 1/Outpatient Services or discharge. Level 2.1/IOT programs offer services during the day, after school, in the evening, and/or on weekends.

Generally, 9-19 hours of structured programming per week is provided to adults, and 6-19 hours a week for adolescents. Although programming consists primarily of counseling and education about addiction-related and mental health problems, providers must demonstrate capacity to provide all required Level 2.1/IOT service components.

Client psychiatric and medical service needs are provided through consultation and closely coordinated referrals if a client is stable and requires only maintenance monitoring. Bidders must demonstrate on-site capacity or formal partnerships with mental health and healthcare providers to meet the needs of clients with co-occurring mental disorders.

Level 2.1/IOT Support Requirements

Level 2.1/IOT programs include all of the following:

1. Linkage to and coordination with medical, psychiatric, psychological services; medical and psychiatric consultation is available by telephone or in person within 72 hours;

2. Laboratory and toxicology collection services available on-site or through closely coordinated referral;

3. Emergency services that are available by telephone 24 hours a day/7 days a week when the treatment program is not in session;

4. Direct affiliation with or close coordination through referral to more and less intensive levels of care and supportive housing services; and

5. Ongoing psychiatric services that are appropriate to a client's mental health condition are available by telephone or on-site or closely coordinated off-site.

Level 2.1/IOT Required Therapies

Level 2.1/IOT programs must provide the following therapies:

1. A minimum of 9 hours per week for adults and 6 hours per week for adolescents of skilled treatment services which may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies provided in amounts, frequencies, and intensities appropriate to the objectives of a client's treatment plan;

2. Family therapy which involves family members, guardians, or significant others in the assessment, treatment and continuing care of the client; and

3. A planned format of evidence-based therapies/practices delivered on an individual or group basis and adapted to the client's developmental stage and comprehension level.

Level 2.1/IOT Assessment/Treatment Plan Review Requirements

For Level 2.1/IOT programs, client assessment and treatment plan reviews include:

1. Individualized, comprehensive biopsychosocial assessment of a comprehensive substance use and addictive behaviors history reviewed by a physician and if

determined needed by a client's medical condition, a physical examination within a reasonable amount of time;

2. An individualized treatment plan developed in partnership with the client that includes challenges, needs, strengths, skills, priority formulation and articulation of short-term, measurable treatment goals (including the client's treatment goals), preferences and activities designed to achieve those goals;

3. Monitoring, including biomarkers and toxicology testing; and

4. A review of a client's most recent psychiatric history and a mental status examination performed within a reasonable timeframe for clients with co-occurring mental disorders, conducted by an LPHA, or Medical Director

Level 2.1/IOT Staffing Requirements

Level 2.1/IOT programs are staffed by an inter-disciplinary team of appropriately credentialed addiction treatment professionals and can include counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders. Physicians treating clients in Level 2.1/IOT should have specialty training and experience in addiction medicine or addiction psychiatry, and if treating adolescents, experience with adolescent medicine.

All program staff should have access to and be able to interpret information regarding a client's biopsychosocial needs. Some staff should have sufficient cross-training to understand the signs and symptoms of mental disorders and understand and be able to explain the uses of psychotropic medications and their interactions with substance use and other addictive disorders.

g. Level 2.1 Intensive Outpatient Services Special Population: Requirements for Adolescents

The ASAM Criteria recognize adolescent specific needs across the continuum of treatment. Level 2.1/IOT programs serving adolescents must demonstrate capacity in their proposals to meet Level 2.1/IOT adolescent-specific considerations including:

1. Staff knowledgeable about adolescent development and experience in working with and engaging adolescents;

2. Assessment and treatment staff experienced in recognizing adolescent needs for specialty evaluation and treatment for intoxication or withdrawal and that are able to arrange for these evaluation and treatment services in a timely manner;

3. Successful strategies for engaging parents, caregivers or other significant resources to obtain information for client assessment and treatment planning and support client recovery;

4. Assessment and support to address client lingering subacute withdrawal symptoms; and

5. Bidders must demonstrate capacity to provide Motivational Interviewing and Cognitive Behavioral Therapy, both of which are approved DMC-ODS Pilot evidence-based practices (EBPs).

h. Level 2.1 Intensive Outpatient Services Special Population: Requirements for Perinatal

Level 2.1/IOT for perinatal clients are compose of the same components as adult services with the addition of the following:

1. Arrange for primary medical care, including a referral for prenatal care to pregnant and parenting women receiving SUD treatment services;

2. Arrange for primary pediatric care, including immunization for the children of pregnant and parenting women, while the women are receiving SUD treatment;

3. Provide/arrange for gender-specific SUD treatment services and other therapeutic interventions; and

4. Provide/arrange for transportation to ensure that pregnant and parenting women, and their children, have access to primary medical care, primary pediatric care, gender-specific treatment and therapeutic services for children.

Please see DHCS Perinatal Service Network Guidelines for more information.

i. Level 2.1 Intensive Outpatient Services Special Population: Requirements for Criminal Justice

Level 2.1/IOT for criminal justice clients are composed of the same components as adult services with the addition of:

1. For probation involved clients, SUD providers will be expected to actively coordinate with Deputy Probation Officers (DPO) for case planning purposes.

2. SUD Providers will be expected to participate in Interdisciplinary Treatment Teams (IDTT) convened by Probation Department to better coordinate client care. The IDTT consists of a Behavioral Health clinician(s), DPO, and one to two collateral contacts (e.g. Unit Supervisor, Community Provider, Family Member, etc.).

3. SUD providers will be invited to conduct field-based treatment services at co-located probation sites including possible office sites in Oakland, Hayward, San Leandro and Pleasanton. Site selection to be finalized prior to July 1, 2018.

2. Residential Services

a. Residential Services Experience and Service Delivery Approach

BHCS is seeking proposals from qualified providers for Residential Services/ASAM Level 3, sublevels 3.1 and 3.5 for adults. All proposals for residential treatment must demonstrate capacity to provide both level 3.1 and level 3.5 intensity of services. It is the County's expectation that clients may transfer within a residential treatment facility between ASAM levels 3.5 and 3.1 depending upon changes to their situation and condition. The transfer will be regarded as within the same episode. Client transfers within levels of residential care will constitute only one admission of the maximum two admissions per year allowed.

Both Level 3 sublevels have 24-hour staff, with Level 3.1 providing a 24-hour supportive living environment, and Level 3.5 providing 24-hour treatment settings. Each sublevel differs in intensity, but the defining differences between ASAM 3.1 and 3.5 are based on the limitations clients have across the six ASAM dimensions and the services provided to address those limitations. Bidders must demonstrate an understanding of the range of intensities that make up ASAM Level 3 and client placement in the appropriate sublevel of Residential Services.

Level 3 Residential Services create a positive recovery environment where clients are able to develop, practice, and demonstrate the recovery skills they need to prevent immediate relapse and not to continue substance use after transitioning. Level 3.1 and 3.5 programs promote continuity of care and community reintegration through seamless and overlapping intensities of outpatient services. Programs make admission, continued service and discharge decisions based on the clinical evaluation of a client's assessed needs and treatment progress. When a client has improved sufficiently to be ready for discharge or transfer to a lower level of care, staff are advocates for client discharge and transition, including engagement with the courts if needed.

Residential treatment services for adults may be authorized for a total of two non-continuous episodes of up to 90 days (with a one month extension possible) for ALL residential services (3.1 and 3.5). Any exception to these length of stay maximums must be authorized and approved by BHCS.

All Level 3 providers must have capacity to provide case management services conducted by on- site staff, coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (provided concurrently) and the integration of services with other levels of care. Bidders must demonstrate capacity within their proposals to provide the required service, coordination and integration components of Residential Services. In addition, the most qualified applicant will be capable of providing a full continuum of care with the intention of offering other Organized Delivery System services in the County. Examples of this include the ability to link and coordinate clients to Medicated Assisted Treatment (MAT) throughout a client's stay in Residential Treatment Services and linkage of clients to outpatient services upon discharge. Although this is not a disqualifying requirement, an applicant must show capacity to provide the linkage to other service providers in the County during and after Residential Treatment Services.

Residential treatment services for adults may be authorized for a total of two non-continuous episodes of up to 90 days (with a one month extension possible) for ALL residential services (3.1 and 3.5). Any exception to these length of stay maximums must be authorized and approved by BHCS.

b. Referral Source

Level 3.1 and 3.5 residential services will receive referrals from the SUD Residential Helpline as well as any of the three additional access portals: AB109 Criminal Justice Case Management, Drug Court, and Cherry Hill Detox. The SUD Residential Helpline and designated access portals are staffed by SUD certified counselors or other licensed practitioners of the healing arts (LPHA) trained in conducting ASAM screenings and level of care assessments.

The SUD Residential Helpline is accessible 24 hours a day, 7 days a week through a toll-free number. Counselors staff the Helpline from 8:00 am to 9:00 pm on weekdays. Crisis Support Services staff the Helpline during the weekday nighttime hours and on weekends. The primary purpose of the Helpline is to conduct ASAM-based screenings to ensure placement in the appropriate ASAM level of care for persons requesting SUD residential treatment or SUD recovery residences combined with SUD outpatient treatment. If callers request other types of treatment, the Helpline counselors will provide the same information and referral services as ACCESS.

c. Prior Authorization and Reauthorization

Both Residential Services (Levels 3.1 and 3.5) and Recovery Residence Services will require prior authorization. BHCS will be the authorizing and reauthorization body for these services. Under the DMC-ODS requirements, Residential authorization is required within 24 hours of the submission of request from the Residential provider. Within 24 hours of receiving the request, BHCS will render an authorization decision and inform the residential or recovery residence provider. Re-authorizations for a one-time 30 day extension will be completed by BHCS' Utilization Management Department.

BHCS is still in the process of determining the process and timeline for Recovery Residence Services authorization.

Level 3.1 and 3.5/Residential Services providers must demonstrate the capacity to:

1. Monitor and dispense medications. If providers have an Incidental Medical Service (IMS) certification, may provide prescribing services under medication management activities.

2. Closely coordinate with psychiatry &/or primary physician for psychiatric or medical problems in order to facilitate a client's continued participation in treatment services, as indicated by client needs; and

3. Provide closely coordinated access to clinically managed withdrawal management (ASAM WM 3.2) services for drug and alcohol withdrawal, and more complicated medical WM, as indicated by client needs.

In addition to compliance with all federal, state and local laws, regulations and policies governing SUD treatment services, Level 3 Residential Services providers must have capacity to make required client accommodations to comply with the Americans with Disabilities Act. This includes having in place practices, policies and procedures to allow clients to have companion animals in treatment facilities. Providers must describe their strategies for accommodating client companion animals and ensuring the safety of all treatment clients and provider staff in the residential environment.

All Level 3/Residential Services licensed treatment facilities also must complete the *DHCS ASAM Residential Level of Care Designation Questionnaire.* For more information please see: http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_Designation_Questionnaire_8-19-15.pdf

Level 3.1 and 3.5 Requirements

The following is a description of the ASAM Criteria required components, staffing, support/collaborative partnerships, therapies, and assessment and treatment plan review for Levels 3.1 and 3.5. Bidders must review requirements for each level of care carefully and demonstrate organizational and staffing capacity to meet all requirements for the Level 3.1 and 3.5 Residential Service proposed to be provided.

d. Level 3.1/Residential Services Requirements

Level 3.1 program services are usually offered in a freestanding, appropriately licensed facility located in the community. The length of stay in Level 3.1 programs should be based on an individualized assessment of client needs and based on medical necessity.

Level 3.1 programs are supportive living environments with 24-hour staff and closely integrated clinical/treatment services.

Clients served in Level 3.1 programs are usually assessed as having severe SUD and who typically experience challenges in applying recovery skills, self-efficacy or lack connections to work, education or family life. The 24-hour structure under Level 3.1 provides clients the opportunity to develop and practice their interpersonal and group living skills, strengthen their recovery skills, reintegrate into the community and family, and begin or resume employment or academic pursuits. Clients placed in Level 3.1 also may not yet acknowledge that they have a substance use or other addictive challenge. They could be living in a recovery environment that is too unstable to permit treatment in an outpatient

setting, needing Residential Treatment Services to minimize continued substance use and/or other addictive behavior. In addition, Level 3.1 clients are often at early stages of readiness to change, requiring monitoring and motivating strategies to prevent deterioration, engage them in treatment and facilities their progress through the stages of change to recovery.

Desired characteristics of recovery-focused, supportive Residential Treatment Services include:

1. A physically and emotionally safe, secure and respectful environment;

2. Sobriety requirements that are supported by clients to support their wellness;

3. Facilities based in the community, with clients being supported in connecting with services, supports, employment and social activities;

4. Providers and clients who value the voice and experience of peers who have experienced addition challenges;

5. Client rights and responsibilities are clear and consistent;

6. Clients are accountable for how their behaviors impact their residential stability and the wellness of others in housing; and

7. A priority on residential stability to address recovery and prevent relapse – if a client is leaving treatment by choice or transitioning to another level of care, every effort is made to connect him or her to safe housing and recovery supports.

Level 3.1 Required Components

There are two primary components of Level 3.1 programs: clinical services component and a recovery board and care services component as follows:

1. Clinical Services Component:
   Level 3.1 provides at least 5 hours planned program clinical activities per week with the intensity determined by a client's clinical needs. Treatment services focus on improving a client's readiness to change and/or functioning and coping skills. Services may include individual, group and family therapy/counseling, medication management and medication education, mental health evaluation and treatment, vocational rehabilitation, job placement and either introductory or remedial like skills workshops.

2. Recovery Board and Care Component:
   The second component of Level 3.1 care requires a structured residential environment, staffed 24 hours a day, which provides support and stability to prevent or minimize relapse or continued use and continued problem potential. Client interpersonal and group living skills generally are promoted through the use of community or house meetings of residents and staff to facilitate bonding and cohesion among recovering clients, reinforce recovery concepts and norms, and introduce clients to the larger recovery community and recovery-oriented resources.

Level 3.1 Support Systems

Level 3.1 Residential Treatment Services must demonstrate capacity for the following supports:

1. 24-hour structure with available trained personnel providing at least 5 hours clinical services. 24/7 telephone or in person consultation with physicians and emergency services;

2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, such as ASAM 2.1/Intensive Outpatient Services, as well as other services such as adult education; and

3. Capacity to provide appropriate mental health services, including medication evaluation and laboratory services, on-site or closely coordinated off-site via formal partnerships for clients with co-occurring disorders.

Level 3.1 Staffing Requirements

Level 3.1 programs must demonstrate sufficient levels of staffing capacity including:

1. Health Professional staff such as counselor aides or group living workers who are available onsite 24-hours per day or as required by licensing regulations;

2. Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment and are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation;

3. A multi-disciplinary team comprised of appropriately trained and credentialed medical, addiction and mental health professionals;

4. On-site or closely coordinated referrals to appropriately credentialed medical staff to assess and treat co-occurring client biomedical disorders and monitor client administration of medications; and

5. On-site or closely coordinated referrals to appropriately credentialed mental health professionals to assess and treat co-occurring disorders in consultation with addiction- trained psychiatrists.

Level 3.1 Assessment/Treatment Plan Review Components

In addition to providing required case management, service coordination and integration with other Level 3 services and ASAM levels of care, Level 3.1 programs must demonstrate capacity for assessment and treatment plan review as follows:

1. Individualized, comprehensive biopsychosocial assessment of each client's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;

2. An individualized treatment plan developed in partnership with the client that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;

3. A biopsychosocial assessment, treatment plan, and updates that reflect a client's clinical progress; and

4. A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a client's medical condition.

Level 3.1 Therapy Requirements

Level 3.1 programs include the following therapies

1. Services designed to improve the client's ability to structure and organize tasks of daily living and recovery such as personal responsibility, personal appearance and punctuality;

2. At least 5 hours of weekly planned clinical program activities of professionally directed treatment to stabilize and maintain the stability of client substance use disorder symptoms and to develop and apply recovery skills such as relapse prevention, exploring interpersonal choices, and development of social network for recovery;

3. Random drug screening to monitor and reinforce treatment progress;

4. Motivational enhancement and engagement strategies tailored to the client's stage of readiness to change and

5. Counseling and clinical monitoring to support successful initial involvement or re-involvement in regular, productive daily activity and reintegration into family living, if appropriate, including health education services;

6. Regular monitoring of client medication adherence;

7. Services for the client's family and significant others; and

8. Opportunities for the client to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage addictive disorders.

e. Level 3.5/Residential Services Requirements

Level 3.5 is clinically-managed high-intensity residential treatment that serves clients who need 24-hour safe and stable living environments to gain recovery skills to prevent

immediate relapse or continued use in an imminently dangerous manner upon transfer to a lower level of care.

Clients in Level 3.5 have addiction challenges that have escalated to the point that they need a 24-hour supportive environment to either begin or continue a recovery process that has not progressed. Client needs across the ASAM Dimensions are of such severity that they cannot be treated safely in less intensive levels of care and require comprehensive, multi-faceted treatment approaches to address the interrelated challenges client have. Defining characteristics of clients needing Level 3.5 services: a) are having emotional, behavioral and cognitive conditions (ASAM Dimension 3); and b) their living environments (ASAM Dimension 6).

Clients needing Level 3.5 services also tend to have multiple limitations that may include substance use and addictive disorders, criminal activity, psychological challenges, impaired functioning, and disaffiliation from mainstream values. Mental health challenges usually involve serious and chronic mental health disorders, such as schizophrenia, bipolar disorders, and major depressive disorders, and personality disorders.

The main treatment goals of Level 3.5/Residential Services are to promote abstinence from substance use, reduce other addictive and antisocial behaviors, and support change in client lifestyles, attitudes and values. Substance-related and other addictive problems are viewed as disorders of the "whole person" that are reflected in problems with conduct, attitudes, moods, values, and emotional management. Treatment is tailored to the client's level of readiness for change which for some clients could include becoming aware for the first time of the nature of their substance use disorder and/or mental health challenges, and for others, could include a focus on maintaining abstinence and preventing relapse.

Level 3.5 Clinical Services Component

Level 3.5 is generally considered as providing high-intensity services (daily clinical services) which may be provided in a deliberatively repetitive way to address the special needs of clients for whom a Level 3.5 program is considered medically necessary. This includes clients who are elderly, cognitively impaired, or developmentally delayed or those with chronic, intense primary diseases that require allowing for sufficient time to integrate lessons into their daily lives. Typically, these clients require a slower pace of treatment and may be homeless, though homelessness alone is not a sufficient indication for Level 3.5 admission.

Level 3.5 Support Systems

Level 3.5 Residential Services must demonstrate capacity for the following supports either provided by the provider or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

1. 24/7 telephone or in person consultation with physicians, or a physician assistant or nurse practitioner and emergency services;

2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, as well as other services such as adult education;

3. On-site medical, psychiatric, and psychological services or access to these services through closely coordinated referral (as documented by written, approved MOUs that identify roles and responsibilities) as appropriate to the severity and urgency of a client's condition; and

4. Psychiatric services, medication evaluation and laboratory services for clients with co- occurring disorders by telephone consultation within 8 hours and on-site or closely coordinated offsite within 24 hours (through formal partnerships as documented by written, approved MOUs).

Level 3.5 Required Therapies

In addition to providing required case management, service coordination and integration with other Level 3 services and levels of care, Level 3.5 programs must demonstrate capacity to offer the following therapies:

1. Daily clinical services to improve the client's ability to structure and organize the tasks of daily living and recovery and develop and practice prosocial behaviors;

2. Planned clinical program activities (a minimum of 12 hours/week) designed to stabilize and maintain the stability of client addiction symptoms and develop/apply recovery skills such as relapse prevention, exploration of interpersonal and choices, and development of a social network supportive of recovery;

3. Counseling and clinical monitoring to assist client with successful initial involvement or re-involvement in regular, productive daily activities and reintegration into family living, if appropriate, and health education services;

4. Random drug screening to monitor progress and reinforce treatment progress as appropriate to the client's treatment plan;

5. A range of cognitive, behavioral, and other evidence based therapies administered on an individual and group basis, medication education and management, educational groups, and occupational or recreational activities adapted to the client's developmental stage and level of understanding;

6. Regular monitoring of client adherence to taking prescribed medications and/or any permitted over-the-counter medications or supplements;

7. Motivational enhancement and engagement strategies appropriate to a client's stage of readiness and desire to change;

8. Counseling and clinical interventions to facilitate teaching a client the skills needed for productive daily activity and successful reintegration into family living, if indicated, and health education services;

9. Daily scheduled professional addiction and mental health treatment services designed to develop and apply recovery skills;

10. Planned clinical activities to enhance a client's understanding of his or her substance use and/or mental health disorders;

11. Services for client families and significant others; and

12. Planned clinical activities designed to stabilize a client's mental health challenges and psychiatric symptoms and maintaining stabilization for clients with co-occurring disorders.

Level 3.5 Assessment/Treatment Plan Review Requirements

Level 3.5 programs must demonstrate capacity to support regular assessment of client needs and progress on treatment goals including:

1. Individualized, comprehensive biopsychological assessment of each client's substance use disorder to on, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.5 and to help guide the individualized treatment planning process;

2. An individualized treatment plan developed in partnership with the client that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;

3. A biopsychosocial assessment, treatment plan, and updates that reflect a client's clinical progress, reviewed by a multi-disciplinary treatment team;

4. A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a client's medical condition; and

5. A review of a client's recent psychiatric history and a mental status examination for clients with co-occurring disorders.

Level 3.5 Staffing Requirements

Level 3.5 programs must demonstrative sufficient levels of staffing capacity including:

1. Licensed or credentialed clinical staff such as addiction counselors, social workers, or licensed professional counselors working in multi-disciplinary teams with allied

health professionals;

2. Professional staff such as counselor aides or group living workers who are available on-site 24-hours a day or as required by licensing regulations including one or more clinicians with competence in SUD treatment available on-site 24 hours or available by phone;

3. Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation, and have specialized training in behavior management techniques; and

f. Level 3.1/3.5 Special Population: Requirements for Pregnant Women and Parenting Women with Dependent Children

a. Experience and Service Delivery Approach

BHCS is seeking proposals to provide a Level 3.1/3.5 Residential Services program for pregnant and parenting women with young children, birth to age five, where women receive addiction treatment, the parent-child relationship is supported and the age appropriate developmental and treatment needs of the child are supported. BHCS acknowledges that the addition of children to a residential setting presents a number of challenges to creating a supportive environment for increasing parenting skills, supporting parent-child bonding, and promoting child development. At the same time, BHCS recognizes that motivating parents to engage with and remain in treatment strengthens the parent-child relationship and healthy outcomes for families.

Special treatment service requirements for serving pregnant women and parenting women with dependent children include:

1. Staff with training, experience, and knowledge in perinatal issues;

2. Compliance with the Fiscal Year 2016-17 Perinatal Services Network Guidelines (see http://www.dhcs.ca.gov/services/adp/Documents/PSNG%20FY%202016-17.pdf);

3. Provide (or facilitate via referral) primary medical care for women, including referral for prenatal care;

4. Child care while women are receiving such services;

5. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;

6. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and

physical abuse, and neglect;

7. Sufficient case management and transportation services to ensure that women and their children have access to medically necessary services;

8. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;

9. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;

10. Trained staff in couples and family therapy to support clients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;

11. Connections with supportive resources early in treatment to support client recovery and transitions to other levels of care;

12. Engagement of client family members including significant others; and

13. Collaborative partnerships with family and child serving agencies to put into place supports and services that support client transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

b. Referral Source and Prior Authorization

Perinatal Level 3.1 and 3.5 referrals will also take place through the SUD Residential Helpline, or one of the three additional designated portals (AB109 Criminal Justice Case Management, Drug Court, and Cherry Hill Detox). Prior authorization is also required for Perinatal Residential Services Level 3.1 and 3.5.

3. Recovery Residence

Recovery Residence programs are designed to support and promote recovery and prevent relapse through a maximum of 6 months and while the client participates in outpatient treatment services. The combination of a safe environment, provided by the Recovery Residence, and participation in outpatient treatment gives the client needed support, knowledge and skills to promote and sustain recovery. Recovery Residences offer peer-based social, emotional, and/or supportive services to prevent relapse and promote recovery. The overall goals are to remove barriers to recovery and to create a positive space where recovery can grow. Recovery Residence programs are designed to complement treatment services

Recovery Residence Requirements and Support Systems

Recovery Residence services must demonstrate capacity for the following supports either provided by the provider

1. House Manager equal to 1 FTE.

2. Written guidelines outlining policies i.e., drug testing protocols, conflict resolution, resident responsibilities, schedules, meetings, smoking policy for each recovery residence location.

3. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, as well as other services such as adult education; housing; vocational or occupational services;

4. Random drug testing; and

5. Compliance with all city, county, state, federal ordinances and contractual agreements.

Required Therapies

The Recovery Residence must demonstrate capacity to offer the following:

1. Regularly ensure active participation in Outpatient or Intensive Outpatient or Recovery Support services.

2. Weekly house meetings

Staffing Requirements

Recovery Residence programs must demonstrate sufficient levels of staffing capacity including:

1. Daily management of residence by a 1.0 FTE house manager (Peer Specialists, SUD Counselors (certified or registrant) or LPHA;

2. House manager must be able to conduct randomized drug testing; and

3. Documented supervision of staff and minutes of weekly client/beneficiary house meetings is required. House managers may be Peer Specialists, SUD Counselors (certified or registrant) or LPHA.

In addition, it is strongly encouraged to have a 24/7 on-site supervision of the residence.

4. Case Management

The DMC-ODS Pilot requires all counties to offer case management services to ensure that the "whole person" needs of SUD treatment clients are met. Case management services are considered effective and proactive when they directly link clients to needed services and supports through "warm hand-offs" that ensure clients are connected and stay connected to mental health, primary care, and other needed services through closely coordinated referrals by SUD counselors. This includes proactive management of client withdrawal and medication compliance working in partnership with a client's primary care home while clients are in treatment, as well as regular check-ins after treatment discharge with primary care homes and mental health providers to support continued client recovery and prevent relapse. It may include interactions with the criminal and juvenile justice systems, school

student success teams, or child welfare, as well as participation in multi-disciplinary treatment teams with client-serving professionals from these systems.

Bidders must integrate effective and proactive case management services into their treatment programs at all ASAM Levels of Care. Goals of case management services include:

1. Addressing the comprehensive needs of SUD clients including medical, psychosocial, behavioral, and spiritual needs;

2. Partnering with clients to problem-solve and explore treatment options;

3. Improving coordination of care and communication among members of the care planning team;

4. Promoting client self-advocacy, self-care, and self-determination;

5. Proactively ensuring that transitions to other levels of care are effective, safe, timely and complete ("warm hand-offs");

6. Improving client safety and satisfaction; and

7. Helping clients reach their optimal level of health, well-being and recovery.

Case management includes services that assist a client in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and focus on coordination of SUD care and integration around primary care and interaction with the criminal justice system if needed. Service components include all of the following:

1. Comprehensive assessment and periodic reassessment of individual needs for continuation of case management;

2. Transition to a higher or lower level of care;

3. Development and periodic revision of a client plan that includes service activities;

4. Communication, coordination, referral and related activities;

5. Monitoring service delivery to ensure client access to service and service delivery system;

6. Monitoring client progress; and

7. Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

5. Recovery Support Services

Outpatient and Intensive Outpatient Proposers must demonstrate capacity to provide Recovery Support Services not only for clients who may have completed treatment in their programs, but also to clients referred to them from a different program, including ASAM Level 3.1, or 3.5 or 3.3 residential treatment program. Recovery Support Services are available to clients, as medically necessary, after their formal course of treatment. These services are available whether clients are triggered, have relapsed, or as a measure to prevent relapse. Recovery Support Services must be provided in the context of an individualized client plan that includes specific goals. This may include the plan for ongoing recovery and relapse prevention that was developing during discharge planning when treatment was completed. Medical necessity criteria for recovery services must be appropriately documented in the medical record.

Recovery Support Services are designed to emphasize the beneficiary's role in managing their health, to promote the use of effective self-management support strategies, and to develop both resources internal to the individual client and client use of community resources to support ongoing self-management. Services may be delivered or provided in the community, as long as the provider delivering the service is linked with a physical site/facility which is DMC certified.

The client will meet with their primary counselor and their assigned Recovery Support Specialist or Peer Specialist to help with their treatment plan, and begin the transition to their individualized "recovery plan". The focus of the recovery plan is: 1) the client's transition from treatment to Recovery Support services; 2) the development of a personal network of support; and, 3) identifying on-going treatment plan goals and objectives. Recovery Support Services may be provided, as medically necessary, following the course of treatment in outpatient, intensive outpatient, or residential level 3.1 or 3.5.

Recovery Support Services Components

1. Individual and Group Outpatient Counseling - engage, stabilize and reassess if further care is needed;

2. Recovery Monitoring - recovery coaching and monitoring via telephone/telehealth, as a field service at the clinic. When clinically indicated, the client may be referred back to treatment. Urine analysis (UA) testing may be conducted when reasonable suspicion of client's use exists. In addition, periodic and voluntary urine analysis (UA) testing, and mobile phone monitoring applications may be used;

3. Substance Abuse Assistance Services – Can be provided by peer professionals, encompassing peer-to-peer and face-to-face service provides continuing support that includes information and resources for relapse prevention;

4. Support for Education and Job Skills - assistance and guidance are offered by providing linkages to life skills, employment service, job training, and education services.

5. Family Support - assistance and guidance are offered by providing linkages to childcare, parent education, child development support services, and family/marriage education

6. Support Groups - assistance and guidance are offered by providing linkages to self-help, faith-based and culturally appropriate support services and/or groups; and

7. Ancillary Services - assistance and guidance are offered by providing linkages to housing assistance, transportation, and case management.

Recovery Support Services Requirements

1. Minimum of two contacts per thirty (30) day period except when the LPHA determines that either of the following apply: 1) Fewer contacts are clinically appropriate, and 2) the beneficiary is progressing toward treatment plan goals.

2. Forty (40) hours per twelve month period is considered the maximum duration of this service. This average of 2.5 hours per month may be spread across the twelve month period and services must be linked with a DMC certified service program.

3. Request for an extension are considered on a case-by-case request. The beneficiary must meet criteria for medical necessity to qualify for an extension.

4. Services shall be delivered by: 1) a certified Peer Specialist (for substance abuse assistance services only); 2) an SUD counselor registered for SUD certification who is linked to a DMC-certified site / facility and/or a Licensed Practitioner of the Healing Arts (LPHA).

C. ASAM SIX DIMENSIONS CHART

D. CLINICIANS GATEWAY and InSyst AGREEMENT FORM

CBO/FSP - DATA COLLECTION AGREEMENT

BHCS Contact for Indirect/Direct Services Reporting &
Technical Support for InSyst or Clinician's Gateway
BHCS System Support/Help Desk
Phone 510-567-8181 Fax 510-567-8161
his@acgov.org

CBO/FSP Technical Readiness

Name of Organization and Program: _____

Program Contact: _____
Phone _____

Fiscal Contact: _____
Phone _____

Technical Contact: _____
Phone _____

Reporting Unit(s) _____

Current System Used

Environment	☐ Mental Health or	☐ Substance Use
Clinical Notes System	☐ Clinician's Gateway	
Individual Daily Staff Log System	☐ Clinician's Gateway	☐ We are required to report MAA time
Bed Reservation System	☐ Adding Availability	☐ Requesting Reservations
FSP/Special Data Collection System	☐ Clinician's Gateway Only	(FSP site? : ☐ YES ☐ NO)
Other Comments, Forms Used	☐ Referrals Tracking	☐ UELP ☐ CFE

Provider Acknowledgement of Clinical Records Responsibility using Clinician's Gateway:
Provider must maintain all chart documentation as specified in the contractual agreement with ACBHCS.

_____ _____
Signature (Provider Director) Date

ISSUES
CBO programs will use Clinician's Gateway's data collection tools. In order to do this:

1. Clinics will establish Clinician's Gateway accounts for each individual who will be data entering forms.
2. Certain programs using special data collection tools will submit a Staff List containing names, staff ID #s, and RUs for each staff person to be recorded on the data collection tool. (i.e. CFE, UELP, FSP forms, etc.).
3. Clinics will establish in-house Clinician's Gateway Expert Users who will train new staff as needed.
4. CBO clinics will adhere to BHCS Confidentiality Agreements.

E. DHCS and BHCS SUD Treatment Provider Required Elements Certification Checklist

DHCS requires counties to ensure that all SUD treatment providers meet a set of provider selection elements. Bidders must demonstrate that they meet these requirements by completing the following certification checklist and submitting it under the proposal appendix.

California Department of Health Care Services (DHCS) & Alameda County Behavioral Health Care System (BHCS) SUD Treatment Provider Required Elements Certification Checklist

The DMC-ODS Waiver and 42 CFR Section 438 require that counties have policies and procedures for provider selection. Bidders must certify that the following elements are incorporated into their policies and procedures by checking all of the boxes below.

- ☐ Bidders have a documented process for credentialing and re-credentialing of providers (i.e., individual practitioners);
- ☐ Proposer has a license and/or certification issued by DHCS that is in good standing;
- ☐ Proposer, prior to the furnishing of services under this RFP, has enrolled with, or revalidated their current enrollment with, DHCS as a DMC provider under applicable federal and state regulations, has been screened in accordance with 42 CFR 455.450(c) as a "high" categorical risk prior to furnishing services under this pilot, has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107, and has complied with the ownership and control disclosure requirements of 42 CFR 455.104;
- ☐ Proposer is not under investigation for Medi-Cal fraud;
- ☐ Proposer has a Medical Director who, prior to the delivery of services under this RFP, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to serving as a Medical Director under this pilot, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107;
- ☐ Proposer accepts BHCS right to revoke delegation of county responsibilities to a proposer or impose other sanctions if a contractor's performance is inadequate;
- ☐ Proposer meets state standards for timely access to care and services, taking into account the urgency of the need for services;
- ☐ Proposer offers hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-services, if the provider serves only Medicaid enrollees;
- ☐ Proposer agrees that any decision issued by DHCS with regard to a bidder's appeal to DHCS following the BHCS contract protest procedure shall be final and not appealable.

The agency named below acknowledges it has read and understands all of the requirements above and certifies that the agency and its agents, employees and contractors will comply with each of the requirements.

_____ _____

Agency Name Date

_____

Printed Name of Agency Authorized Representative

_____

Signature of Agency Authorized Representative

F. REQUIRED DOCUMENTATION AND SUBMITTALS CHECKLIST

All of the specific documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

☐ **1. Exhibit A - Fillable Forms Bid Response Packet:**
Every bidder must fill out and submit the complete Fillable Forms and Documentation Submittal – Bid Response Packet.

☐ a. **Bidder Information and Acceptance:**
Every Bidder must select one box under Item 10 of Exhibit A and must fill out and submit a **signed** page 4 of Exhibit A.

☐ **b. Bidder Minimum Qualifications:**
Every Bidder must demonstrate how Bidders meet all of the criteria.

☐ **c. References:**
Bidders must use the templates on the Exhibit A – Bid Response Packet to provide references.

- Bidders are to provide a list of three current and three former references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.

☐ **d. Attachments:**
Bidders must submit all Attachments as part of their bid packet.

- ☐ ATTACHMENT 1 - (Except Recovery Residence bids) Drug Medi-Cal Certification in California
- ☐ ATTACHMENT 2 - (For Residential bids only, ASAM Designation)
- ☐ ATTACHMENT 3 - Signed CG and INSYST Use Agreement Form
- ☐ ATTACHMENT 4 - (For Residential bids only) completed DHCS ASAM Residential Level of Care Designation Questionnaire
- ☐ ATTACHMENT A - Letters of Support
- ☐ ATTACHMENT B - Organizational Chart
- ☐ ATTACHMENT C - Organizational Staffing Chart
- ☐ ATTACHMENT D - SUD Treatment Services Staffing Plan
- ☐ ATTACHMENT E - Resumes and/or job descriptions for key clinical staff
- ☐ ATTACHMENT F - QM Staffing Plan
- ☐ ATTACHMENT G - Treatment Services Staff Training Schedule and Technical Assistance Plan
- ☐ ATTACHMENT H - List of staff and languages fluency (written and verbal)
- ☐ ATTACHMENT I - Audited Financial Statements
- ☐ ATTACHMENT J - Signed State Required Providers Section

☐ **2. Exhibit B-1: Budget**
Bidders must complete all tabs, according to the services and/or population they are applying for, in the budget workbook.

☐ **3. SLEB Partnering Information Sheet:**
Every bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Fillable Forms Template, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

☐ **4. Exceptions, Clarifications, Amendments:**
Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template in Exhibit A – Bid Response Packet.
THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

☐ **5. Original Proposal**
One original hard copy of the proposal in a three-ring binder with original signatures. Original proposal is to be clearly marked on the cover.

☐ **6. Copies of Proposal**
Seven copies of the proposal. Copies must be unbound without a three-ring binder.

☐ **7. Electronic copy of Proposal**
Enclosed with the hardcopy of the proposal, include a USB flash drive clearly marked with the Bidder and RFP name and with the following saved on it:

- An electronic copy of the proposal, saved with the Bidder's name;
- An electronic copy of the completed Exhibit B-1 Program Budget, saved in excel with the Bidder's name.

Return checklist with your RFP response.