

Alameda County Behavioral Health

RFP No. 19-08, Addendum No. 1

ALAMEDA COUNTY BEHAVIORAL HEALTH

ADDENDUM No. 1

to

RFP No. 19-08 Santa Rita Jail Substance Use Disorder Treatment Pilot

**Specification Clarification/ Modification and Recap of the Networking/ Bidder's
Conferences held on**

Thursday May 30, 2019 and Friday May 31, 2019

This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at

https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

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The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and **highlighted**, and deletions made have a ~~strike through~~.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...

I. RFP

- **Section I.C. Scope/ Purpose on page 5** – Language added:
 - **The awarded Contractor shall provide services to all inmates in Unit 22 West at SRJ.** The awarded Contractor shall provide services to a maximum of 96 unduplicated individuals within 22 West Unit at any given time. **Additional clients discharged into the community (beyond the 96 maximum served within the unit), may receive follow-up services post-release from Santa Rita Jail (SRJ) for a period of two to four weeks depending on services needed.**

- **Section I.F.2 Service Delivery Approach on page 8:** Language added:
 - Discharge planning will include supporting clients with care transitions, ~~and~~ identifying and linking to resources post release, **and Medi-Cal enrollment support as appropriate.** Resources may include identifying eligible benefits, benefits enrollment, housing supports, health care resources including primary care, mental health, SUD treatment/ services, dental, case and care management, and other services as needed.

- **Section I.F.3. Planned Staffing and Organizational Capacity on page 9-** Language change:
 - The Intake ~~and~~ Discharge, ~~and Pre-Release~~ ~~Coordinator~~ **Case Manager** shall be a Licensed Practitioner of the Healing Arts (LPHA).

- **Section I.F.3. Planned Staffing and Organizational Capacity on page 9** Language change and additional information included:
 - Project staff must pass the Sheriff Office's ~~site clearance and background process~~ **long-term access and in depth background check** in order to provide services.
 - **There are a number of automatic disqualifiers for passing the in-depth background check, included below (please note, this list is not comprehensive/ exhaustive):**
 - **Heroin use in the past five years;**
 - **Cocaine use in the past five years;**
 - **Marijuana use in the past year;**
 - **Other drug use in the past year;**
 - **Any felony convictions or active parole;**

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- Engaged in sexual abuse in a prison, jail, juvenile facility, or other institution;
 - Any sexual assault conviction;
 - Failure to disclose a previous arrest or criminal conviction regardless of outcome; and
 - Failure to disclose a family relation to an inmate in the Alameda County jail system.
- **Section I.F.5. Ability to Track Data on page 11** – Language changed:
 - Bidders shall propose a benchmark measure for the following outcome and provide rationale: Percent of eligible post release program participants who will be connected with and receive post release services including, at a minimum, primary care, and Medi-Cal screening and enrollment if eligible. **The awarded Contractor is expected to maintain contact with clients post-discharge until successful linkage to primary care and Medi-Cal screening and enrollment OR a proposed number of attempts to determine successful linkage with services post release. The awarded Contractor, ACBH, and AC Care Connect will agree upon proposed benchmarks.**
 - ~~○ The awarded Contractor may also use their own Electronic Health Records (EHR) system as appropriate.~~
 - **Section II. Table 1 on pages 22** – Language changed:
 - 5.e.i.1.: Experience with data collection, tracking, and reporting including data tracking tools **or** systems, ~~or EHR~~;
 - 2. Plan for monitoring program measures and outcomes, including tracking ASAM level of care determination, treatment plan, client attendance, and client progress. If Bidder is proposing benchmark measures different from those included in RFP, provide rationale; and
 - 3. Plan for tracking clients released from SRJ receiving SUD treatment services in the community including proposed benchmarks for:**
 - i. Percent of eligible post release program participants who will be connected with and receive post release services including, at a minimum, primary care, and Medi-Cal screening and enrollment if eligible; and**
 - ii. Number of attempts to determine successful linkage with services post-release.**
 - **Section II. Table 3 on page 31** – Language changed:
 - **5.e.i. Track Data and Outcomes:**
 - How well does Bidder demonstrate experience with data collection, tracking, and reporting including data tracking tools, **and** systems? ~~, and/or EHR?~~

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- How well does Bidder describe their plan for monitoring program measures and outcomes, including tracking ASAM level of care determination, treatment plan, client attendance, and client progress?
- How appropriate is Bidder's plan to track clients released from SRJ receiving SUD treatment services in the community? **How realistic and appropriate are Bidder's proposed benchmarks for**
 - **Percent of eligible post release program participants who will be connected with and receive post release services including, at a minimum, primary care, and Medi-Cal screening and enrollment if eligible; and**
 - **Number of attempts to determine successful linkage with services post-release.**
- **Section III.B. Description of Service Modalities on page 39** – Language Removed: Level 1.0/Outpatient Services Support Requirements
Level 1.0/Outpatient Services programs include the following supports:
 - 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;
 - ~~Laboratory and toxicology collection services available on-site or through closely coordinated referral;~~
 - Directly affiliated with or closely coordinated referral to more intensive levels of care and medication management; and
- **Section III. Appendix K. Application for Grant Funds Expanding Access to MAT in County Criminal Justice Setting** – Grant application added to Addendum.

II. Budget Template

- ACBH will be deleting and replacing the Budget Template to include a line item for Professional and Specialized Services. Please use the revised Budget Template.

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RESPONSES TO BIDDERS QUESTIONS

General

Q1) What are ACBH Care Connect standards?

A1) AC Care Connect aims to increase care coordination and system improvement across all the County's systems of care, including the strengthening and supporting of the consumer's support networks in the care planning. Through standardization of practice, development of universal tools, and sharing of consumer health records, we expect to improve our consumers' experience while engaging in services. Care Connect Standards include:

- **Understanding of Whole Person Care skills across multiple sectors that serve complex clients**
- **Comprehensive assessment and treatment planning in keeping with Care Connect's BASIC framework**
- **Knowledge of resources across system that may be available to meet consumers' needs, and how to effectively access those services**
- **Understanding beyond awareness (cultural humility) and development of skills and practices to have a consumer-centered, culturally affirmative approach to care, particularly around engaging both the consumers' formal (health and human service providers) and informal (friend/kin) networks**
- **Understanding that sharing data in service to the consumer is critical to effective care and facilitates channels of data exchange within applicable regulations**
- **Engagement in collaborative professional relationships with relevant partners (medical, behavioral health, housing, MediCal, etc.) to link participants to needed services.**

Care Connect will provide resources and training tools to support the understanding of Care Connect standards.

Q2) Can the 12 month contract/ award amount be used to cover planning (ie for 6 months) and then the pilot delivery services (for 6 months)? What is the expectation of the pilot timeline?

A2) No, this is a 12 month pilot with the expectation that the awarded Contractor begin delivering services on the contract start date. There are no funds allocated to start-up costs.

Q3) Given this is a pilot and there is a commitment of funding for only one year, will the County consider continued funding if the pilot is successful?

A3) Yes, contingent on the availability of funds, awarded Contractor's performance, and continued prioritization of services.

Q4) Will there be any additional subgrantee requirements that the selected contractor will need to comply with, since there are several sources of State of California funding?

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- A4) Not at this time. Reporting requirements are included in the RFP Section I.F. 5. Data Tracking and Reporting. Bidders may also reference the grant application submitted to the state, added to the Appendix for more information.**

Program Eligibility and Clients

Q5) Who is housed in Unit 22 West? Women, men, both?

A5) Men and trans women.

Q6) Please confirm that the program participants may include individuals with co-occurring mental health disorders as well as those with SUD-only diagnoses.

A6) Yes. Clients with co-occurring mental health disorders are not automatically disqualified from this program. A variety of factors will be considered when considering placement within this unit including, among others, acuity and severity of mental health symptoms.

Q7) How will participants be identified from the general population?

A7) Please refer to Section I. F.2. on page 7 of the RFP. Referral sources include Wellpath, AFBH, and the Sheriff's Office. Wellpath may refer clients that are identified as needing SUD treatment services during medical screenings; AFBH may refer inmates identified during mental health screenings; and the Sheriff's Office may refer inmates on methadone at the time of booking in Santa Rita Jail. These groups (Wellpath, AFBH, and the Sheriff's Office) also meet weekly and will identify and refer appropriate inmates to the awarded Contractor for SUD treatment service.

Q8) Is it known at this time how many participants will require ASAM Level 1.0 versus Level 2.1 services?

A8) Not at this time. This is a pilot program and data will be used to assess the need of these two intensities of SUD outpatient treatment services at Santa Rita.

Q9) Is methadone maintenance the only type of Medication Assisted Treatment (MAT) that will be offered, or will others (e.g. suboxone) be offered as well?

A9) Yes, at this time. Santa Rita Jail is working to expand services in the future.

Service Delivery

Q10) Who assesses for SUD upon screening?

A10) Wellpath conducts medical screenings and will refer inmates to the awarded Contractor for further SUD assessment as needed. AFBH, as part of its comprehensive mental health assessments, will also identify clients who need SUD services and refer accordingly for ASAM assessment. The awarded Contractor's Intake, Discharge, and Pre-Release Case Manager will conduct the ASAM assessment and BASIC intake.

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Q11) Please provide additional information about the number of assessments that the program staff should plan for providing/ conducting assessments in other units or facilities within the jail" (page 7)?

A11) Assessments done outside Unit 22 West will be done in the clinic at SRJ. The Intake, Discharge, and Pre-Release Case Manager may need to do ASAM assessments and BASIC intake in the clinic, however it is unlikely they will need to be done in other housing units.

Q12) How will medications and care be coordinated for participants of this program who also require mental health treatment and/or medications?

A12) Medications are administered to clients by Wellpath. The awarded Contractor will collaborate with and regularly meet with Wellpath, AFBH, and the Sheriff's Office to coordinate client care. In addition, the awarded Contractor will receive access to Alameda County's mental health electronic health record system (Clinician's Gateway (Mental Health)) for purposes of coordinating care.

Q13) Are there no ratios for group counseling? E.g. Medical 2-12 clients.

A13) Groups should maintain at least a minimum of 1:15 ratio of SUD counselor to clients.

Q14) ASAM Level 2.1 includes laboratory and toxicology collection services. Which agency will be responsible for this: Wellpath or the contractor for this RFP?

A14) Please see Clarifications and Corrections section above. ACBH does not anticipate the provision of laboratory and toxicology collection services as part of pilot project services at this time.

Q15) Please confirm days of operation: 1.) Monday – Friday or 2.) Monday to Sunday.

A15) Services are to be provided Monday through Friday. Per Section I.F.2. Service Delivery Approach on page 8 of the RFP – Counseling, case management, and group work shall be provided to clients from 09:00 am to 3:00 pm.

Q16) It states on page 5, that "project staff will be onsite during project hours" which are later defined as 9 am to 3 pm. If outcome criteria include that 50% of program participants are connected to substance use disorder treatment within 30 days of discharge, how is this possible without field-based services? (I think that without intensive follow up, this will be impossible to achieve, particularly with up to 96 clients to be served onsite at any given time.)

A16) ACBH would like Bidders to provide their plan to support clients post-release to ensure successful linkage as part of their bid response under section 5.b.ii. of the Bid Response Template. Please include what follow-up services will look like, who will perform them, how & where they will be performed, as well as how you will leverage existing DMC-ODS resources (e.g. CJCM & Helpline SUD care

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navigation), and other probation and community resources to help in the work of engaging and connecting post-release clients.

Q17) Similarly, the rfp wants clients to be connected to the MediCal waiver services post-discharge. Yet clients are not on Medi-Cal during their incarceration. Again, how does this happen without field-based services?

A17) See response above to Q16 and Clarifications and Corrections section above.

Bidders discharge planning shall include a plan for pre-release services that will support Medi-Cal screening, application, and enrollment as appropriate and engagement or linkage with community and other relevant partners or providers to facilitate successful Medi-Cal application and enrollment processes for clients upon release.

Q18) The RFP indicates that the selected provider must offer "post release follow-up to ensure clients have successfully connected with SUD treatment, primary care, benefits enrollment, and other needed services." Could the County provide additional clarification on its expectations with respect to this requirement (eg. Duration of follow-up period, nature/ frequency of client contact, etc.)?

A18) Please see Clarifications and Corrections above regarding minimum requirements and responses to Q16 and Q17 for more information.

Q19) Upon discharge, does Wellpath make the referral to opioid replacement providers or is this the contractor's duty?

A19) The awarded Contractor makes the referral, please reference Section I.F.2. Service Delivery Approach in the RFP for additional information on discharge planning.

Q20) Pg 8, paragraph 2: "Adjunct services in support of whole person treatment (such as 12 Step Groups, education, training, mindfulness and spirituality groups) may also be offered to clients by other providers in the morning or afternoon." Q: Does this mean these may be offered by the contractor as part of this pilot, or offered by volunteers/other funding sources? If there are 12 Step Groups already in the jail, would additional groups need to be set in place?

A20) Adjunct services may be offered by the awarded Contractor, and/or by other providers or agencies at the discretion of the Sherriff's Department.

Q21) Who is responsible for the scheduling of adjunct providers who will be onsite during project hours? (I know room availability is an issue at SRJ.)

A21) Scheduling of adjunct providers must be coordinated with and approved by the Sherriff's Department.

Q22) Will a unified medical record be kept for each participant (used by other treatment/medical providers), or will this program have separate charts? If separate, is there a medical record area for the provider to store the charts?

A22) The awarded Contractor will utilize Clinician's Gateway (SUD) to maintain client's SUD treatment chart (ASAM, progress notes, treatment plan, etc.). Basic

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functions of the InSyst system will also be used to open and close the client episode. In addition, awarded Contractor will receive access to Alameda County's mental health electronic health record system (Clinician's Gateway (Mental Health)) for purposes of helping to coordinate a client's mental health care. Although the charts are separate, access will be granted to both.

Q23) AFBH and the contractor will both use Clinician's Gateway and InSyst for documenting client services. Will staff of the contractor have access to notes entered by AFBH staff (and vice versa) in order to ensure integrated and non-duplicated care?

A23) See response to Q22.

Staffing

Q24) On page 9, staffing, the rfp identifies an Intake, Discharge and Pre-Release Case Manager with detail beneath indicating an LPHA for the Intake and Discharge Coordinator. Is this the same position?

A24) Yes. Please see Clarifications and Corrections section above.

Q25) Has anyone determined whether the level of service requested is doable with this staffing pattern and a 65% productivity level?

A25) Please provide your proposal for services (addressing planned service intensity, frequency of treatment groups, anticipated groups facilitated by other agencies, etc.) to the identified population within the parameters of this RFP. Should you choose, you may employ additional staffing resources not directly funded by this RFP (e.g. non-licensed interns) to augment staff keeping in mind background checks and security clearance requirements at SRJ.

SLEB

Q26) Can the County please confirm that the SLEB subcontracting requirement will be waived for this procurement?

A26) ACBH may request a SLEB waiver after an awarded Contractor is recommended for award as appropriate. ACBH has been successful in obtaining approval to waive the SLEB subcontracting requirements.

Q27) Is the eligibility to apply for this RFP limited to Small Local Emerging Businesses? It appears so, but I wanted to be sure.

A27) Please see response to Q26 above. The County is vitally interested in promoting Small, Local, Emerging Businesses (SLEB). Preference points are awarded to Local Businesses (5%) and to certified SLEBs (5%).

Bidders not meeting the definition of a SLEB do not qualify for SLEB preference points and must subcontract with one or more County SLEB for at least twenty percent (20%) of the total bid amount in order to be considered for contract award.

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According to the SLEB program requirements, the following entities are exempt from the Small and Emerging Local business (SLEB) requirements and are not required to subcontract with a SLEB:

- Non-profit community based organizations (CBO) that are providing services on behalf of the County directly to County clients/residents;
- Non-profit churches or non-profit religious organizations (NPO);
- Public schools; and universities; and
- Government agencies.

Bidders who meet the exemption, please use Exhibit D Exceptions Clarifications and Amendments if you are taking any exception to items in this RFP. Please refer to this link for additional information:

<http://www.acgov.org/auditor/sleb/overview.htm>

Q28) If an agency meets the SLEB exemption status, do they get to receive the 10% bid preference as an exempt agency?

A28) No. Bidders that are SLEB certified at the time bids are due will receive an additional five percent to their score for being SLEB and five percent for being local for a total of 10 percent added to their final score. Per the SLEB Partnering Information Sheet (Section III.I. on page 57), Agencies that are SLEB exempt are not required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award.

Q29) Page 14, C. Small Local Emerging Business Preference Points - what is considered a local business? Is that local within the county?

A29) Please reference Exhibit A for more information on what is needed to receive the five percent bid preference points for agencies local to Alameda County.

Please include the following documentation to Exhibit A:

- Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
- Proof of six months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc.

Evaluation Panel

Q30) Page 24 - How are the evaluators chosen to be on the Evaluation panel?

A30) Panelists are selected based on Alameda County's General Services Agency County Selection Committee Guidelines. Additional information is available here: <https://www.acgov.org/gsa/documents/Goods-ServicePPManual2014.pdf>

Q31) Page 24 - Who are the evaluators for the panel?

A31) Panelist identity is confidential.

Budget Related

Q32) What work space, furnishings, phones, computers, etc are provided for pilot staff at SRJ?

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- A32) The awarded Contractor will be provided space at SRJ to conduct services. Sherriff's Department will install a moveable partition for individual counseling and case management sessions, and space for documentation. Any additional supplies such as laptops, cell phones, etc. will be budgeted and purchased by the awarded Contractor. Please note, at this time, ACBH strongly recommends the use of a laptop with mobile wifi/hotspot connection in the case the awarded Contractor cannot access wifi at SRJ.**
- Q33) Do we need to document indirect costs (break out the indirect cost details) in the reimbursement request/ invoice or can these be billed as the requested percent/ indirect rate?
- A33) Yes, the contract that results from this RFP will be reimbursed based on actual costs. This will require the awarded Contractor to submit indirect costs, as well as all actual cost detail, with the monthly reimbursement request/ invoice as stated in Exhibit B: Payment Provisions, section IV, A. 1b "Contractor shall attach the Trial Balance from the organization's financial accounting system" which can be found here: [N:\Forms and Templates\CONTRACT BOILERPLATES\Exhibit B\Exhibit B SUD FY 18-19.docx](#)**

APPLICATION FOR GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

PROGRAM DESCRIPTION

The California Department of Health Care Services, under its federal funding for the State Opioid Response “*Medication Assisted Treatment Expansion Project 2.0*” has provided funds to be distributed to county teams participating in the first cohort of *Expanding Access to MAT in County Criminal Justice Settings*. The table below provides the maximum funding allocated to each eligible county.

Maximum Grant	Counties
\$110,000	Mono, Plumas, Siskiyou, Tehama, Nevada, Mendocino, Marin, Shasta, Imperial, Kings, San Louis Obispo
\$160,000	Placer, Solano, Santa Barbara
\$210,000	Contra Costa
\$260,000	Ventura, Kern
\$310,000	Alameda, Santa Clara, Riverside, Orange
\$340,000	Los Angeles

FUNDING OBJECTIVES

Funds are intended to expedite implementation of SUD screening, assessment, treatment, and access to MAT in county jails and drug courts while local sustainable funds are secured. As each county has unique circumstance, there is flexibility in the use of funds so long as funds support the stated objective.

ELIGIBILITY REQUIREMENTS

Only one agency may apply from each team. To be responsive to unique county needs, any agency represented on the County Team is eligible to be the applicant for the funds. The Lead Agency for the project is not required to be the applicant agency for this funding.

Eligibility is contingent upon submittal of data from the county jail(s) for at least the period November 2018 – January 2019 to include all the following data elements. Full 2018 reporting is preferred but not required, and applicants should provide data for as many months as possible. This data will be tracked aggregated and tracked across jails, and no jail identifiers will appear in any use of this data.

- Average daily population
- Number of intakes
- Monthly # intakes requiring detox/withdrawal protocol for:
 - Alcohol
 - Opioids
 - Benzodiazepines
 - Methamphetamine
 - Other

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- Monthly # persons withdrawn from methadone
- Monthly # persons withdrawn from buprenorphine
- Monthly # persons withdrawn from naltrexone
- Monthly # persons continued on methadone
 - Pregnant women
 - Others
- Monthly # persons continued on buprenorphine
 - Pregnant women
 - Others
- Monthly # persons continued on naltrexone
- Monthly # persons inducted on methadone
- Monthly # persons inducted on buprenorphine
- Monthly # persons inducted on naltrexone
- Monthly # persons given Vivitrol injections
- Monthly # drug overdoses in jail
- # units of naloxone provided at release and/or to visitors

PROJECT TIMEFRAME

Application submittal	Friday February 15, 2019 at 5:00 p.m.
Notice of funding approval	Friday March 1, 2019
MOU issued to applicant	Friday March 15, 2019
MOU signed and returned by applicant	Friday April 5, 2019
Initial funds disbursed	No later than Friday April 26, 2019
Interim report due	Friday July 26, 2019
Remaining funds disbursed	Friday August 16, 2019

FUNDING DECISIONS

DHCS reserves the right to approve or deny funds under this grant and to recoup unspent funds after the grant period ends.

GRANT PAYMENTS

HMA will disburse 50% of project funds to award agencies no later than Friday April 26, 2019. Pending receipt of an acceptable interim report no later than July 26, 2019 the remaining 50% of funds will be disbursed no later than August 16, 2019.

SPENDING TIMEFRAME

Counties are expected to spend these funds by January 31, 2020. A no-cost extension may be granted upon the agency's request, contingent on extending reporting requirements and appropriate oversight. Extension requests will likely occur in November-December. Agencies will forward requests to HMA and HMA will seek approval from DHCS.

APPLICATION FOR GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

ELIGIBLE EXPENSES

The following expenses are eligible for grant funds. Refer questions about other expenses to your HMA team coach.

- Salary and benefits for permanent or limited term county employees, for duties that address grant objectives.
- Staff contracted through county-approved contractors, for duties that address grant objectives
- Equipment required by employees or contractors in carrying out duties that address grant objectives. This may include computers or software.
- Professional materials related to grant objectives, including subscriptions, manuals, and reference materials.
- Training expenses related to grant objectives.
- Travel expenses for agency staff or MAT team members related to grant activities, within state allowances
- Patient education materials specific to MAT and OUD
- Indirect expenses not to exceed 5% of the grant total may be used for administration and overhead costs related to the grant.
- Cost of Sublocade or other subcutaneous or injectable MAT medications if under a pilot which includes measurable outcomes and a specific time period
- Medication safes and lock boxes
- Telehealth expenses for hardware and provider fees directly related to providing MAT
- Minor facility improvements to enable administration and safeguarding of MAT in jail or drug court
- Improvements to electronic health records such as templates and data sharing functionality related to MAT
- Hosting or conducting outreach, meetings, and other events to engage stakeholders and directly related to MAT expansion in criminal justice
- Promotional materials related to expanding MAT in criminal justice settings
- Other expenses approved by HMA

INELIGIBLE EXPENSES

Funds may not be used to:

- Supplant existing activities or staff assignments
- Purchase methadone, oral or sublingual buprenorphine, oral naltrexone, or naloxone
- Supplant existing Vivitrol purchases
- Purchase equipment or supplies other than as noted above
- Indirect costs in excess of 5% of the grant total
- Telehealth kiosks
- Facility improvements unrelated to those named above
- Non-FDA approved medication or devices for treating OUD
- Alcoholic beverages

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FEDERAL AND STATE OF CALIFORNIA REGULATIONS/FUNDING

Agreements are subject to the approval of and the receipt by HMA of funding from the State of California's Department of Healthcare Services (DHCS). DHCS' funding of the Expanding MAT in County Criminal Justice Program is federal pass-through money from the Substance Abuse and Mental Health Services Administration (SAMSHA), a branch of the U.S. Department of Health and Human Services

(DHSS). Accordingly, site agreements will include standard federal rules and regulations, notably 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards., and applicable rules and regulations from the State of California. HMA will incorporate the applicable federal and state rules and regulations into the terms and conditions of the agreements.

Applicants are required to adhere to the budget guidelines included in the MAT in County Criminal Justice Program Budget Template (Attachment 2). Applicants must submit their budget in the template format. Applications that do not conform to this template may not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in US Dollars. Costs should remain valid for ninety (90) calendar days from application submission.

REPORTING REQUIREMENTS

Grant recipients will be required to submit the following:

- Monthly statistics for the period February 2019 –project end date for the data points noted in Eligibility Requirements.
- Interim Project Status Report and Financial Report by July 26, 2019. Reporting templates will be provided.
- Final Project Report and Financial Report within 30 days of project end date.

SUBMITTAL REQUIREMENTS

Applicant must submit the following completed forms via email to the County MAT HMA coach no later than Friday February 15 at 5:00 p.m.

- Attachment 1 Application Form
- Attachment 2 Project Budget
- Attachment 3 Jail Data (minimum Nov 2018 – Jan 2019)

APPLICATION FOR GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

ATTACHMENT 1: APPLICATION FORM

Section 1: Entity Information

Entity's Legal Name	Alameda County Behavioral Health Care Services
Doing Business As (If Applicable)	Alameda County Behavioral Health
Street Address	2000 Embarcadero Cove #400
City, State, Zip / Country	Oakland, CA, 94606 / USA
Mailing Address, If Different	
Email Address	Nathan.Hobbs2@acgov.org
Main Telephone Number	510-567-8127

Section 2: Entity Representatives

Primary Grant Director Individual leading the implementation of this grant in the county		Authorized Signatory Individual authorized to sign on behalf of the applicant entity		Contract Representative Individual responsible for agreement processing and negotiations	
Name	Nathan Hobbs	Name	James Wagner	Name	
Title	Interim County Alcohol & Drug Administrator	Title	Deputy Director	Title	
Email	Nathan.hobbs2@acgov.org	Email	James.wagner@acgov.org	Email	
Phone	510-567-8127	Phone	510-567-8125	Phone	

Section 3: Grant Proposal

Objective: State the specific objective(s) of the proposed activities.

Alameda County's Santa Rita Jail currently offers little in the way of in-custody substance use treatment. An important asset in the Jail is its existing Narcotic Treatment Program (NTP) license, which allows Wellpath medical staff to prescribe and dispense methadone. Current policy, however, dictates that inmates who enter the jail on methadone treatment receive an automatic 30-day methadone detox (except pregnant females). One reason for this policy has to do with the unavailability of in-custody substance use counseling resources, required when clients receive methadone maintenance.

As a result of participation in the Learning Collaborative, and in partnership with Sherriff's Department and Wellpath, Alameda County Behavioral Health (ACBH) plans to utilize the above mentioned funds to support a fuller implementation of MAT and to provide in-custody substance use counseling treatment for individuals with identified substance use disorders. Wellpath, in collaboration with ACBH and Sheriff's Department, will begin to provide methadone maintenance for all inmates who enter the jail on methadone, regardless of pregnancy status. This policy change will result in many more individuals receiving ongoing MAT services and in-custody substance use treatment.

With funds from this grant, ACBH will launch an in-custody SUD treatment program (providing up to 9 hours of substance use treatment per individual) in the 22-West housing unit at Santa Rita. Without this resource, MAT services alone are less effective, and there are no other venues in-custody to provide the required monitoring and counseling service provisions attached to MAT.

APPLICATION FOR GRANT FUNDS:

EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

Due to the location of the available space at Santa Rita Jail, only medium-clearance individuals will be residing in ward 22-West, where treatment groups will take place. All other individuals requiring MAT (low and high-clearance individuals) will receive individual counseling in a confidential space outside of ward 22-West from Wellpath's Opioid Treatment Coordinator, a certified SUD counselor. ASAM 1.0 services include at least 9 hours of treatment, of which at least 2-3 hours will be formal group counseling.

Project activities: State the specific activities that will be funded.

- Substance Use Group & Individual Counseling and educational programming provided to all inmates in 22 West by a Certified or Registered SUD counselor. This is inclusive of all medium security clearance individuals who will be receiving Methadone Maintenance.
- Pre-Release Case Management for 22 West program participants to facilitate re-entry into an appropriate treatment program within the Drug Medi-Cal Organized Delivery System
- Additional custody supervision required for the 22 West SUD program

Impact: Describe the precise desired impact of the proposed activities and how many persons in the jail and/or drug courts will gain increased access to MAT as a result of the activities. For activities that involve administering MAT, identify which medications will be used, the target population(s) and the number of people you will try to maintain and/or induct on MAT.

The desired impact is to better serve individuals entering custody on Medication Assisted Treatment by maintaining them on methadone dosing, and discontinuing a current policy of automatic detox. Currently, approximately (30) clients per month are receiving formal MAT in the community prior to incarceration. We estimate that approximately (50) inmates will receive Methadone Maintenance therapy on a monthly basis by the end of this grant period.

In addition, our intention is to provide in-custody substance use treatment to those inmates not receiving methadone maintenance, but with other identified substance use disorders. It is the goal of the Learning Collaborative to provide formal treatment for 96 individuals in the 22 West SUD Program, and to connect at least 75% of these individuals with post-release substance use treatment in the community.

Project oversight: Describe the oversight of these activities and how the agency and the County MAT in CJ Team will be kept apprised of project development, implementation, and outcomes.

Project oversight will consist of Alameda County's learning collaborative members meeting monthly starting in April 2019 to work on project development and implementation. To look at the program's outcomes, the collaborative's members will use data reports that are generated from the County's data systems, which will be used by the in-custody treatment provider. Some of the outcomes we intend to look at include:

- Number of individuals identified for services each month
 - Benchmark: Identify 96 individuals for services by December 31st, 2019
- Percent of clients receiving pre-release case management
 - Benchmark: At least 50% of active clients
- Percent of clients connected with post-release SUD treatment in the community
 - Benchmark: At least 75% of active clients

APPLICATION FOR GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

Project Staffing: For any staffing covered by these funds, describe the following for each position

- Permanent, limited term, or contracted
- Hiring and/or contracting timeframes
- % FTE
- If contracted, describe anticipated process and prospective pool of contractors
- Location
- Supervision

A competitive bid process will be conducted to select an SUD contractor with experience providing in-custody substance use counseling treatment services. We know of at least 3 local providers that have this experience primarily in other counties. Please refer to budget below for staffing model.

Time Line and Milestones

Provide a timeline for the period April 2019 – January 2020 that includes key project activities and milestones.

- April 2019 – RFP released for in-custody substance use counseling provider bids
- July 2019 – Provider selected and contracted through competitive bid
- July 26, 2019 – Interim Project Status Report and Financial Report
- Aug 2019 – In-custody treatment services begin 22-West
- Oct 2019 – Jan 2020 Evaluate and continually refine early implementation of program
- Nov 2019 – Secure source of funds for following year

Sustainability Plan

Describe intent to secure permanent funding for successful activities that arise from this grant.

Alameda County has begun the search for permanent, flexible funding from other sources. Currently, the County plans to augment the amount procured via this grant with additional county funds. Sources of sustainable funding we are exploring include County General Fund and Measure A dollars offset by MHSA funds. We will also explore funding availability with AB109 and Sheriff's Department programming resources.

APPLICATION FOR GRANT FUNDS:
EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

SIGNATURES

Do you certify that the funding received by your organization from HMA would be allocated solely for the programmatic implementation of the Expanding MAT in County Criminal Justice Systems?

YES NO

Do you certify that the funding received by your organization from HMA would be allocated solely to increase access to treatment for persons presenting to the jail or drug courts with opioid addiction?

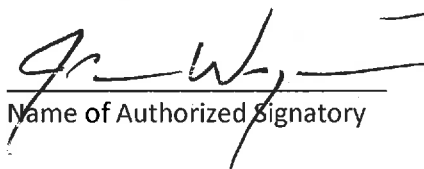
YES NO

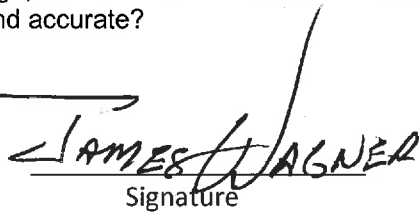
Do you certify that the individuals listed in this application budget (including employees, independent contractors, or third-party contractors) will receive the funding as outlined?

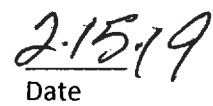
YES NO

Do you certify that to the best of your knowledge, the information included in this application form, budget form, and back-up documents are complete and accurate?

YES NO


Name of Authorized Signatory


Signature


Date

APPLICATION FOR GRANT FUNDS:
EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING
ATTACHMENT 2: PROJECT BUDGET

Submit budget using the following table format. Add lines as necessary. Refer to sample calculations. Complete the budget narrative below the table.

BUDGET: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SYSTEMS				
COUNTY NAME:		ALAMEDA COUNTY		
PERSONNEL				
Salary				
Position Title	% FTE	Annualized Salary	Number of Months	Project Cost*
LICESNSED CLINICAL SUPERVISOR	0.5	\$82,000	12	\$41,000
CERTIFIED SUD COUNSELOR	2	\$55,000	12	\$110,000
CUSTODY SUPERVISION (Sherriff's DPO)	.75	\$173,908	12	\$130,431
Subtotal Salary				\$281,431
NARRATIVE: ALL COSTS MENTIONED ARE COUNTY AVERAGES FOR GIVEN POSITION TYPES.				
Fringe Benefit Cost				
Position Title	Fringe Rate			Project Cost**
LICESNSED CLINICAL SUPERVISOR	30%			\$12,300
SUD COUNSELOR	30%			\$33,000
CUSTODY SUPERVISION	30%			\$39,129.30
Subtotal Fringe Benefit				\$84,429.30
NARRATIVE: FRINGE RATE IS A COUNTY AVERAGE.				
Total Personnel (subtotal salary + subtotal fringes)				\$365,860.30
Contractor/ Consultant				
Position Title	Hours/month	Number months	Hourly rate	Project Cost***
NARRATIVE:				
Total Contractor/Consultant				

**APPLICATION FOR GRANT FUNDS:
EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING**

Travel Expense				
Other Cost				
Supplies				
Equipment	2	Cubicles	\$1,000 each	\$2,000
Other (describe)				
Other (describe)				
Other (describe)				
NARRATIVE: TWO CUBICLES ARE NEEDED TO PROVIDE CONFIDENTIAL SPACE FOR INDIVIDUAL SERVICES.				
Subtotal Other				\$2,000
Indirect	Rate			Project Cost****
OPERATING COST	5%			\$18,393.02
NARRATIVE: TOTAL OPERATING COST IS CALCULATED AT 5% OF ALL OTHER COSTS SUMMATED.				
TOTAL PROJECT COST^				\$386,253.32

* % (FTE x annualized salary)/12 months x # months

Example .8 FTE at \$60,000 per year for 7 months: (.8 x \$60,000)/12 x 7 = \$28,000

** Project cost for salary x fringe rate

Example \$28,000 project cost for example above with fringe rate 32% = \$28,000 x .32 = \$8,960

*** Contractor project cost = hours per month x # months X hourly rate

Example 80 hours per month x 7 months \$ \$125 per hour = \$7,000

**** Indirect cost = Indirect rate X cost to which it is applied

Example = Indirect rate 5% applied to personnel costs of \$130,000 = \$6,500

^ TOTAL PROJECT COST = Total Personnel + Total Fringes + Total Contractors + Other + Indirect

Budget Narrative

- For each line in the budget, provide a narrative description of the expense, in reasonable detail.
- For travel expense, provide detail on mileage (reimbursed at state rate of \$0.545 per mile), lodging, meals, cab fare, parking, plane fare, and all other expenses.
- For Indirect, detail the expenses on which indirect costs are applied.

**APPLICATION FOR GRANT FUNDS:
EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING
ATTACHMENT 3 JAIL DATA**

- Applicants must provide data for all lines in the table below, for the period November 2018 – January 2019, at a minimum.
- A full year of data is preferred by not required. Add additional columns to report for more than six months.
- If some data elements are not available, enter NA and develop a means of collecting and reporting the element in the future.
- This data will be tracked aggregated and tracked across jails, and no jail identifiers will appear in any use of this data.

JAIL DATA REPORTING TEMPLATE						
COUNTY:	Insert month	Insert month	Insert month	Insert month	Insert month	Insert month
Average daily population	2173	2131	2119	2155	2092	2125
Intakes	2467	2417	2385	2279	2594	2300
Intakes requiring detox or monitoring for:						
Alcohol	203	174	189	182	182	186
Opioids	103	140	141	127	141	169
Benzodiazepines	0	0	0	0	0	0
Methamphetamine	0	0	0	0	0	0
Other						
Withdrawn from methadone	25	31	32	24	30	31
Withdrawn from buprenorphine	0	0	0	0	0	0
Withdrawn from naltrexone	0	0	0	0	0	0
Continued on methadone						
Pregnant	1	0	1	1	1	2
Not pregnant	0	0	0	0	0	0
Continued on buprenorphine						
Pregnant	0	0	0	0	0	0
Not pregnant	0	0	0	0	0	0
Continued on naltrexone	0	0	0	0	0	0
Inducted on methadone	0	0	0	0	0	0
Inducted on buprenorphine	0	0	0	0	0	0
Inducted on oral naltrexone	0	0	0	0	0	0
Received Vivitrol injections	0	0	0	0	0	0
Drug overdose (fatal and nonfatal)	0	0	1	1	0	0
Units naloxone given to detainees and/or visitors	0	0	13	8	12	5

Alameda County Behavioral Health

RFP No. 19-08, Addendum No. 1

INFORMATION SESSION ATTENDANCE

Company Name and Address	Representative Name	Contact Information
Alameda County Behavioral Health 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606-5235	Liz Delph	Phone: (510) 777-2146
		E-Mail: elizabeth.delph@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
Alameda County Behavioral Health 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606-5235	Rachel Garcia	Phone: (510) 383-1744
		E-Mail: rachel.garcia2@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
Alameda County Behavioral Health 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606-5235	Toki Buchanan	Phone:
		E-Mail: Toki.Buchanan@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
Alameda County Behavioral Health 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606-5235	Lena Fletcher	Phone:
		E-Mail: Lena.Fletcher@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
HealthRight 360 1563 Mission St 4 th Floor San Francisco, CA 94103	Regina Aberin Lauren McArdle Zora Kesich	Phone: 415-412-9918
		E-Mail: raberin@healthright360.org

Alameda County Behavioral Health

RFP No. 19-08, Addendum No. 1

Company Name and Address	Representative Name	Contact Information
		SLEB Certified: Yes <input type="checkbox"/>
Options Recovery Svcs 1835 Allston Way Berkeley, CA	Tom Gorham Diana Weston Porter Sexton	Phone: 510-823-6917
		E-Mail: tgorham@igc.org
		SLEB Certified: Yes <input type="checkbox"/>
Lifelong Medical 2344 6th St Berkeley, CA	Sye-Ok Sato	Phone: 510-560-4798
		E-Mail: ssato@lifelongmedical.org
		SLEB Certified: Yes <input type="checkbox"/>
Telecare Corporation 1080 Marina Village Pkwy Alameda, CA 94501	Shelagh Little Samantha Fitzsimmons	Phone: 510-769-4168
		E-Mail: slittle@telecarecorp.com
		SLEB Certified: Yes <input type="checkbox"/>
Wellpath 5325 Broder Rd CA	Juby Nawal	Phone: 209-543-4220
		E-Mail:
		SLEB Certified: Yes <input type="checkbox"/>

Alameda County Behavioral Health

RFP No. 19-08, Addendum No. 1

Company Name and Address	Representative Name	Contact Information
ACBH	Jacqline Murillo	Phone: 510-383-1794
		E-Mail: Jacqline.murillo@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
ACBH	Fonda Houston	Phone:
		E-Mail:
		SLEB Certified: Yes <input type="checkbox"/>
ACBH	Pat Chin	Phone: 510-777-2114
		E-Mail: patricia.chin@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
ACBH	Danielle Moore	Phone:
		E-Mail: Danielle.moore@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
ACBH	Helene Hoenig	Phone: 510-383-1748

Alameda County Behavioral Health

RFP No. 19-08, Addendum No. 1

Company Name and Address	Representative Name	Contact Information
		E-Mail: Helene.hoenig@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
ACBH	Laura Fultz Stout	Phone: 510-383-2765
		E-Mail: laura.fultz.stout@acgov.org
		SLEB Certified: Yes <input type="checkbox"/>
Lifelong EBCRP	Katie Mechem	Phone: 510-388-4012
		E-Mail: kmechem@lifelongmedical.org
		SLEB Certified: Yes <input type="checkbox"/>
ACBH	Edilyn Dumapias	Phone: 510-383-2873
		E-Mail:
		SLEB Certified: Yes <input type="checkbox"/>
Alameda County Care Connect	Elizabeth Taing	Phone: 510-346-1052
		E-Mail: Elizabeth.taing@acgov.org

Alameda County Behavioral Health

RFP No. 19-08, Addendum No. 1

Company Name and Address	Representative Name	Contact Information
		SLEB Certified: Yes <input type="checkbox"/>
FAS Services (Options)	Faith Fuller	Phone: 510-654-4558
		E-Mail: faith.fuller@gmail.com
		SLEB Certified: Yes <input type="checkbox"/>
Telecare Corporation 1080 Marina Village Pkwy, Suite 100 Alameda, CA 94501	Danielle Vosburg	Phone: 510-337-7950
		E-Mail: dvosburg@telecarecorp.com
		SLEB Certified: Yes <input type="checkbox"/>
Telecare Corporation 1080 Marina Village Pkwy, Suite 100 Alameda, CA 94501	Laura Wolff	Phone: 510-337-7950
		E-Mail: lwolff@telecarecorp.com
		SLEB Certified: Yes <input type="checkbox"/>