Request for Proposals Bidder’s Conference:

Residential Treatment Services

October 25, 2017

SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
INTRODUCTIONS

• John Doyel, MA, LAADC, ADP Program Administrator

• Chris Ribeiro, MBA, Chief Financial Officer

• Lindsay Walter, JD, Deputy Director of Administration & Operations

• Qiuana Lopez, PhD, Contracts

• Amber Foschaar, JD, Contracts
AGENDA

- Purpose and Scope of RFP
- Residential Treatment Services Scope of Work
- Electronic Health Records
- Evaluation Process
- Budget information
- RFP Requirements
- RFP Review Process
- RFP Timeline
- Questions
PURPOSE AND SCOPE OF THE RFP

Purpose:
• To Select qualified providers to provide clinically managed Residential Withdrawal Management and Treatment Services
• To ensure that the Department of Behavioral Wellness has a competitive provider selection process for Residential Treatment Services that is fair and cost effective
• To ensure that gaps in services and community needs are addressed

Scope:
• The RFP process will be in alignment with the Department’s Competitive Procurement Policy http://countyofsb.org/behavioral-wellness/policy/4007
• The current RFP is intended to determine contract awards for the following timeframe: July 1, 2018 – June 30, 2021
Overview: Level 3 Residential Treatment Services

• Create a positive recovery environment where clients are able to develop, practice, and demonstrate the recovery skills they need

• Promote continuity of care and community reintegration

• Must be authorized by the Santa Barbara County Department of Behavioral Wellness Quality Control Management Division (QCM)

Applicants must have the 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
• the integration of services with other levels of care

Components include:

• Intake, Individual and Group Counseling, Patient Education, Family Therapy, Safeguarding Medications, Collateral Services, Treatment Planning, Transportation Services, and Discharge Services
Level 3.1 Residential Treatment Services

Level 3.1: Clinically Managed Low Intensity Residential Treatment Services

• Required Components
  1. Clinical Services Component
  2. Recovery Board and Care Component

• Support Systems
  1. 24-hour structure with available trained personnel providing a minimum of fourteen (14) hours clinical services.
  2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care
Level 3.1 Residential Treatment Services

• **Staffing Requirements**  
  1. Health Professional staff  
  2. Clinical staff  
  3. A multi-disciplinary team (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

• **Assessment/Treatment Plan Review Components**  
  1. An individualized, comprehensive biopsychosocial assessment of each client’s substance used disorder  
  2. An individualized treatment plan developed in partnership with the client  
  3. A biopsychosocial assessment, treatment plan and updates  
  4. A physical examination performed as defined by a program’s policy or DMC requirements
Additions for perinatal services:

- knowledgeable in perinatal issues
- gender specific treatment services
- childcare and transportation services will be provided
- trauma informed counseling services will be emphasized
Clinically Managed Population Specific to High-Intensity Residential Services:

• Level 3.3 Residential Treatment Services
  1. 24 hour care in an intensive environment
  2. Emotional, Behavioral or Cognitive Conditions or Complications are so severe that they cannot be treated in less intensive levels of care
  3. Minimum of 20 hours of treatment services per week

• Level 3.5 Residential Treatment Services
  1. 24 hour safe and stable living environments
  2. Addiction challenges that have escalated to the point that they need 24-hour supportive environment
  3. Promote abstinence from substance use and support change in client lifestyles, attitudes and values
• **Staffing Requirements:**
  1. Licensed or certified clinical staff
  2. Health professional staff

• **Clinical Components**
  1. Multiple therapies such as: daily clinical services, planned clinical program activities, counseling and clinical monitoring, random drug screening, regular monitoring of client adherence to taking medications, etc.

• **Assessment/Treatment Plan Review Components**
  1. See Level 3.1
Support Systems
1. 24/7 telephone, telepsychiatry, or in person consultation with physicians, PA, or NP
2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more intensive levels of care
Withdrawal Management Levels 3.2 & 3.7

Components of WM services include:

• Intake, Observation, Medication Services, and Discharge Services

• Level 3.2 Clinically-Managed Residential Withdrawal Management
  1. Moderate withdrawal services, including 24-hour support
  2. Intoxication and withdrawal symptoms that require 24-hour structure

• Level 3.7 Medically Monitored Inpatient Withdrawal Management
  1. Provides 24 hour evaluation and withdrawal management in permanent facility inpatient beds

• Required Supports:
  1. Specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive challenges
  2. Protocols that allow for medical and nursing interventions
  3. Formal relationships with other levels of care
  4. Ability to provide appropriate laboratory and toxicology tests
Withdrawal Management Levels 3.2 & 3.7

• Required Staff:
  1. Credentialed staff that are trained and competent in implementing physician-approved protocols for client observation and supervision
  2. Protocols that allow for medical and nursing interventions
  3. Knowledgeable about symptoms of alcohol and other drug intoxication, withdrawal and appropriate treatments
  4. Ability to monitor withdrawal conditions as well as support a client’s entry into ongoing care

• Required therapies:
  1. Range of cognitive, behavioral, mental health, and other therapies on an individual or group basis
  2. Multi-disciplinary individualized assessment and treatment
  3. Health education services;
  4. Services to families and significant others.
Withdrawal Management Levels 3.2 & 3.7

• Required Assessment and Treatment Plan:
  1. An addiction-focused client history
  2. A physical examination conducted by a physician, PA, or NP
  3. Sufficient biopsychosocial screening assessments to determine the level of care placement
  4. An individualized treatment plan including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities
  5. Daily assessment of progress during withdrawal management
  6. Discharge/transition planning beginning at the admission to WM services
  7. Referrals as needed

• Applicants for 3.2 & 3.7 services must describe their length of service and discharge criteria:
  1. Withdrawal signs and symptoms are sufficiently resolved
  2. Clients signs and symptoms of withdrawal have failed to respond to treatment
  3. Clients are unable to complete withdrawal management at Level 1 (for 3.7 – Level 3.2)
Electronic Health Records & Data Collection

UCLA Integrated Substance Abuse Programs Center

• Organizational capacity to collect and report data
  • ShareCare and Clinician’s Gateway
  • State Drug and Alcohol Treatment Access Report data system (DATAR)
  • CalOMS Treatment data system
  • Data for DMC-ODS Pilot evaluation
  • EHR to review client information
  • Client satisfaction surveys, ASAM level of care assessments
  • Hardware
  • Software
  • Connectivity
  • Information Technology
Evaluation Design:

- Increased access
- Higher service quality
- More appropriate costs (e.g. reduced inpatient and ER use)
- Improved integration and coordination of care with primary care, mental health and recovery support services
Evaluation data will be collected on:

- Client engagement and participation
- Client access to treatment services within 72 hours
- Client treatment progress and recovery
- Client compliance with medications/Mat use
- Appropriate client utilization of services
- Successful care transitions and discharges
- Collaborative treatment planning with managed care
- Case management/navigation support for clients
- Client perceptions of service access/quality
- Accuracy/quality of CalOMS Treatment, DATAR, and EHR data
DATA will be collected on the following QI benchmarks

- Timeliness of first initial client contact to face-to-face appointment
- Access to after-hours care
- Improved reliability and timeliness of data entry
- Reduction in avoidable client hospitalizations
- Coordination with physical, mental health, other SUD (MAT, NTP) and recovery services
- Utilization management/appropriate level of care
- Client experience
- Services available in client primary languages
Program Budget

• Provide a proposed 12-month budget for each type of service you apply for

• List the rates that you anticipate charging the County for services under the contract
  • Explain relationship between rates and budget projects

• Identify whether you will need start-up costs
  • Describe the proposed start-up costs
## Overview of Application Elements:

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<th>Part</th>
<th>Description</th>
<th>Maximum Points (175 points total)</th>
<th>Maximum # Pages</th>
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<td>Management and Reporting Capabilities</td>
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<td>Policies &amp; Procedures</td>
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<td>Legal Information</td>
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<td>Bonus Points</td>
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### Required Attachments:

A. Organizational Chart  
B. Certificates of Insurance  
C. References (Exhibit C)  
D. Current Board Member List  
E. Annual audited Financial Statement (most recent)  
F. Tax Return (most recent filed)  
G. Cultural Competence Information (Exhibit D)  
H. Pre Award Risk Assessment (Exhibit E)
RFP REVIEW PROCESS

Initial Application Review:
• Failure to meet any one of the following criteria will eliminate an application from consideration:
  ➢ Proposal(s) must be received by due date (November 13, 2017 by 3pm)
  ➢ All sections of proposal(s) must be completed as outlined in RFP and within specified page limits
  ➢ All required attachments must be included and complete

Scoring of Proposals:
• A panel of reviewers will score each proposal
  o The panel will include a minimum of 5 participants including representatives from the Department of Behavioral Wellness, the Behavioral Wellness Commission, and subject matter experts
  o Panel members will sign Confidentiality Agreements and Conflict of Interest Agreements prior to participation
  o Panel members will receive a formal orientation and the Contracts Department will facilitate the scoring process
• Proposals must score at least 75% of total points (175 pts) to be considered for an award
RFP TIMELINE

Anticipated Schedule:

<table>
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<th>Date</th>
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<tr>
<td>October 9, 2017</td>
<td>RFP Released</td>
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<tr>
<td>October 25, 2017</td>
<td>Bidder’s Conference</td>
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<td>October 27, 2017</td>
<td>RFP Questions due to Behavioral Wellness</td>
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<tr>
<td>November 13, 2017</td>
<td>Applications due by 3 pm</td>
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<td>December 1, 2017</td>
<td>Notice of Intent to Award is posted</td>
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<td>December 4-14, 2017</td>
<td>Appeal Period</td>
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<td>December 22, 2017</td>
<td>Notification of Appeal Results</td>
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* Note: dates are subject to change; revisions or new dates will be made available online
Questions?

Follow up:

- Minutes will be taken from this Bidder’s Conference and distributed to all potential applicants via the Department’s website: http://countyofsb.org/behavioral-wellness/bids.sbc

- All additional inquiries will be directed to one point of contact; all responses to inquiries will be provided in writing and placed on Department’s website: http://countyofsb.org/behavioral-wellness/bids.sbc

RFP contact information:

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Thank you for your attendance.