

Please Read Immediately
Addendum #1
Request for Proposal
Outpatient Treatment Services

1. This addendum adds an application submission option to the Outpatient Treatment Services RFP. Applicants may now submit proposals for any or all of the following:
 - A. Level 1 – Outpatient Services;
 - B. Level 2.1 – Intensive Outpatient Services;
 - C. Opioid Treatment Program; and
 - D. Naltrexone Medication Assisted Treatment Program.**

Addition to **Scope of Work** section of RFP

D. Naltrexone Program Overview

Naltrexone is a Medication Assisted Treatment (MAT) program and is restricted to the treatment of alcohol dependence and prevention of relapse in opioid dependent patients. Naltrexone MAT is combined with Outpatient Level 1, Outpatient Level 2.1 or Opioid Treatment Program services. Naltrexone MAT is a combination of medication with behavioral therapy/counseling.

i. Naltrexone Service Requirements

Naltrexone programs include all of the following:

- a. Physical examination, including any necessary medical tests, by certified medical personnel to determine medical indication of naltrexone;
- b. Client consent;
- c. Diagnosis of moderate to severe alcohol use disorder and opioid use disorder;
- d. Daily administration of naltrexone under the supervision of authorized medical personnel; and
- e. Behavioral treatment and psychosocial support in combination with medication within existing DMC Outpatient or Intensive Outpatient Treatment service regimen.

ii. Naltrexone Program Requirements

A Naltrexone MAT program:

- a. Must be certified by the State of California Department of Healthcare Services (DHCS) for Drug Medi-Cal (DMC) to be paid as a covered DMC benefit;
- b. Is limited to 100 tablets and 3 refills in 75 days;
- c. Will be reimbursed in alignment with DHCS DMC rates and claiming requirements for each Fiscal Year.

iii. Required Naltrexone Program Staffing

Naltrexone staff must include an interdisciplinary team of staff trained in treatment of opioid use disorder, including, at a minimum, a medical director, counselors, and a physician, or his/her appropriately licensed supervisee, who is available for medication dispensing and clinic operating hours in person or via telephone. The team can include social workers, professional counselors, and licensed psychologists depending on clients' needs.

All staff members must be knowledgeable in the assessment, interpretation and treatment of the biopsychosocial dimensions of substance use disorders and receive supervision appropriate to their level of training and experience.

iv. Required Naltrexone Assessment Treatment Plan Review Elements

Naltrexone assessment and treatment plan review elements must include at a minimum the following:

- a. A comprehensive medical history, physical examination, and laboratory tests in accordance with federal regulations;
- b. An individual biopsychosocial assessment;
- c. An appropriate regimen of medication at a dose established by a physician or his/her appropriately licensed supervisee at the time of admission and monitored carefully until the client is stable and an adequate dose has been established and reviewed as indicated by a client's course of treatment;
- d. Continuing evaluation and referral for care of any serious biomedical problems; and
- e. An individualized, client-centered and recovery-focused treatment plan including client challenges and short-term, measurable treatment goals and interventions designed to achieve the goals developed in collaboration with the client.

Additions to **Proposal Submission Template**:

3. Treatment Program Narrative (80 Points) – 20 Pages Maximum		
<p>A. Please check the ASAM Level of Care proposed to be provided and whether the program is Drug Medi-Cal certified.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ASAM 1/Outpatient Services Adult/Older: Adult or Adolescent <input type="checkbox"/> ASAM 1/Opioid Treatment Program <input type="checkbox"/> Naltrexone Medication Assisted Treatment Program <input type="checkbox"/> ASAM 2.1/Intensive Outpatient Services Adult/Older: Adult or Adolescent 	<p>Drug Medi-Cal Certified Program?</p> <p>(10 points for yes and 5 points for no with description of status)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, applicant must describe status of DMC application.</p>

10. Program Budget (30 points) – Templates (Staffing Schedule, Budget Worksheet, Rate Worksheet, and Treatment Hours) and up to five pages for Narrative
<p>Using the budget template in Exhibit B, please provide projected budgets and explanatory budget notes showing the fiscal basis on which your organization would develop and operate this program. Budget spreadsheets may be set forth in attachments to the application. All other information should be set forth in the narrative of the application itself. Fiscal information should at minimum include:</p>
<p>A. Budget Spreadsheets (see Exhibit B) – 10 points</p> <ul style="list-style-type: none"> i. Provide a budget for the development of the program, which covers activities up to the date service delivery commences. The budget should reflect the amount of time that you project for pre-opening development activities. ii. Provide a salary worksheet to indicate the number of FTEs and salary costs for both direct service staff and non-direct service staff. iii. Provide a budget for operation of the program for the twelve month period following the commencement of service delivery. The

budget should show any capital expenditures that you anticipate funding out of operating revenues. Please indicate if there are material planned changes in revenue or expense anticipated in future years.

iv. Provide a proposed budget for each type of program listed below:

- a. Level 1 Outpatient Treatment Services (OTS)
- b. Level 2.1 Intensive Outpatient Treatment Services (IOT)
- c. Opioid Treatment Program (OTP)
- d. **Naltrexone Medication Assisted Treatment Program**

And if applicable, within each type of program, include budgeted costs for the following:

- e. Case Management,
- f. Recovery Services,
- g. MAT,
- h. Physician Consultation.

v. Provide a spreadsheet listing the budget for each service, units of service in 15 minute increments, and cost per 15 minute unit of service for each type of service is required (a, b, c and if applicable d, e, f, g).

2. The Proposal DUE DATE has been changed from Friday, April 13, 2018, at 3:00 PM to Friday, April 27, 2018 at 3:00 PM.
3. The posting date of the Request for Proposal and Bidder's Conference questions has been changed from April 5, 2018 to April 12, 2018, at 5:00 PM.

- See below for revised timeline for the Outpatient Treatment Services Request for Proposal:

March 13, 2018:	Release of Request for Proposal
March 22, 2018:	Bidders' Conference
March 29, 2018:	Responses to Questions Due to Behavioral Wellness by 3:00pm
April 12, 2018:	Response to Questions posted to Behavioral Wellness RFP website by 5:00 pm
April 27, 2018:	Proposals Due to Amber Foschaar, Contracts Analyst, by 3:00 pm
April 30 – May 11, 2018:	Proposal Review by Committee
May 18, 2018:	Notification of Intent to Award
May 21 – June 1, 2018:	Appeals Period
June 11, 2018:	Notification of Appeals Period
June 12, 2018:	Contract service negotiations begin

To access all related documents to this RFP, please go to:
<http://countyofsb.org/behavioral-wellness/bids.sbc>

Or contact:
Amber Foschaar, Contracts Division
805-681-5225 or bwellrfp@co.santa-barbara.ca.us