

Request for Proposals Bidder's Conference:

Outpatient Treatment Services

March 22, 2018



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

INTRODUCTIONS

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AGENDA

- Purpose and Scope of RFP
- Outpatient Treatment Services Statement 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 Substance use disorder (SUD) Outpatient Treatment Services.
- To ensure that the Department of Behavioral Wellness has a competitive provider selection process for Outpatient 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*
- The current RFP is intended to determine contract awards for the following timeframe: July 1, 2018 – June 30, 2023



Outpatient Treatment Services

Overview: Outpatient Treatment Services (Level 1.0, 2.1 and OTP)

- 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:

- **Culturally competent services** that demonstrate respect for individual dignity;
- Interventions that **reduce negative consequences** of substance abuse and misuse;
- Strategies to **engage, motivate and intervene** with potential and current clients;
- Strategies that **reduce harm** for clients who are unable or unwilling to stop using;
- Recognize **relapse as part of the recovery process** not as “failure of treatment”; and
- Allow **full access** to treatment services for **clients prescribed medications** for the treatment of medical and psychiatric conditions, including addiction.



Outpatient Treatment Services- ASAM Levels of Care

ASAM Level 1.0- Outpatient Services:

- **Outpatient counseling services** are provided to beneficiaries, up to nine (9) hours a week for adults and less than six (6) hours a week for adolescents, when determined to be medically necessary and in accordance with an individualized treatment plan.

ASAM Level 2.1- Intensive Outpatient Services:

- **Intensive Outpatient Services** are structured programming services provided to beneficiaries, a minimum of nine (9) hours with a maximum of 19 hours a week for adults and a minimum of six (6) hours with a maximum of 19 hours a week for adolescents, when determined to be medically necessary and in accordance with an individualized treatment plan.

Opioid (Narcotic) Treatment Program Services (OTP/NTP)

- **Opioid Treatment Program Services** are opioid medication assisted treatment services for beneficiaries addicted to opiates, when determined to be medically necessary and in accordance with an individualized treatment plan.



ASAM Level of Care Placement:

Initial authorization from the Department for Outpatient Services is required prior to the provision of services. Authorization for services and referral for Outpatient Services is completed by Quality Care Management (QCM) staff using the ASAM Level of Care Screening.

- After receiving the initial referral, a LPHA or AOD counselor employed by the contracted provider, shall administer a comprehensive assessment and periodic reassessments, using the ASAM Criteria, to determine the need for services and continuation of services.
- A LPHA (physician or non-physician) will be responsible for the determination of medical necessity.
- Assessment is an ongoing process and all documentation must reflect that the client meets medical necessity at any point in treatment.
- Reassessment is particularly important anytime there is a significant change in the client's status or diagnosis. Reassessment may be requested by the Department's QCM division, the Medical Director, assigned LPHA, and/or the beneficiary. A beneficiary found to no longer meet medical necessity shall be transitioned to a lower level of care or to community supports.



Outpatient Treatment Services- Required Components

ASAM Level 1.0, 2.1 and OTP: Required Components

- **Intake, Assessment and Treatment Planning** to determine that a client meets the Medical Necessity criteria and admit them to treatment
- **Group Counseling** with a minimum of two (2) clients and a maximum of twelve (12) clients using approved evidence-based practices
- **Patient Education** to provide research-based education on addiction, treatment, recovery and associated health risks
- **Family Therapy of Family Counseling/Education** to provide education about factors that are important to the patient's recovery, as well as their own recovery, so that family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well
- **Medications Services** including either the prescription and administration of medication related to substance use treatment services or the assessment of the side effects or results of that medication



Outpatient Treatment Services- Required Components

ASAM Level 1.0 : Required Components- Continued

- **Collateral Services** with significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary (“significant persons” are individuals that have a personal, not official or professional, relationship with the beneficiary)
- **Crisis Intervention Services** which focus on alleviating crisis problems; “crisis” means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse
- **Treatment Planning** in order for the provider to prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process and updated every subsequent 90 days unless there is a change in treatment modality
- **Discharge Services** in order to prepare the beneficiary for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.



Additional Required Components for OTP/NTP

Opioid Treatment Services (OTP/NTP): Required Components

- Opioid (Narcotic) Treatment Program Services (NTP) will provide opioid medication assisted treatment to those persons addicted to opiates to help the patient become and/or remain productive members of society.
- Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber and approved and authorized according to the State of California requirements per Title 9, Chapter 4.
- Opioid (Narcotic) Treatment Program Services (NTP) are delivered to beneficiaries in a licensed Narcotic Treatment Program and in accordance with regulatory requirements in Title 9, Chapter 4.
- Opioid (Narcotic) Treatment Programs are required to offer and prescribe medication to patients, covered under the DMC-ODS formulary including: Methadone, Buprenorphine, Naloxone, and Disulfiram.
- Opioid (Narcotic) Treatment Programs must provide patients with a minimum of fifty minutes of counseling sessions with a LPHA or counselor for up to 200 minutes per calendar month.



Case Management Services

Case Management Services:

- Case Management services are available in all levels of care within Outpatient Treatment Services including Outpatient Services (Level 1.0), Intensive Outpatient Services (Level 2.1 and Opioid Treatment Programs (OTP/NTP).
- Case Management services are based on medical necessity and per the SB County DMC-ODS Implementation Plan, it is anticipated that only about 50% of clients may qualify for case management services with special populations, including adolescent and perinatal populations, most often meeting this criteria.
- Case Management services must assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder (SUD) care, integration around primary care (especially for beneficiaries with a chronic SUD), and interaction with the criminal justice system, if needed.
- All Case Management services must link back to the stated goals and interventions described in the client's treatment plan and are to be provided by an LPHA or certified AOD counselor.



Recovery Services

Recovery Services:

- Recovery Services are available to beneficiaries ***after completing*** their course of Outpatient Treatment Services including Outpatient Services (Level 1.0), Intensive Outpatient Services (Level) 2.1 and Opioid Treatment Programs (OTP/NTP).
- Recovery Services are based on medical necessity and it is not anticipated that all DMC-ODS clients will need recovery services, rather only those clients whose recovery will be jeopardized without recovery services and who are motivated to be engaged in said services shall be provided those services.
- Recovery Services must address beneficiaries who are triggered, have relapsed, or as a measure to prevent relapse and shall assist beneficiaries in the recovery and wellness process.
- All recovery services should be provided in the context of an individualized client plan that includes specific goals and identifies Substance Abuse Assistance services including peer-to-peer services and relapse prevention as needed.



Additional Medicated Assisted Treatment

Medication Assisted Treatment (MAT):

The DMC-ODS Pilot supports expanded access to MAT services and requires greater management of patient compliance with medication to support the goals of improved patient outcomes, a better patient experience and reduced healthcare costs. Providers must demonstrate MAT capacity within their organization and priority will be given to providers who can provide MAT on-site.

- Providers must conduct an assessment of every client for MAT services using the ASAM criteria.
- Providers must have procedures and protocols in place to provide MAT onsite or care coordination and linkage of MAT services.
- Providers must use case management practices to support regular communication, consultation, and coordination between SUD treatment staff and physicians of patients that are prescribed medications (MAT).
- For those providing MAT on-site, providers must have practices and process to prescribe, monitor, adjust, and manage MAT for patients as medically necessary. MAT medications may include the following: buprenorphine, naloxone, acamprosate, naltrexone, and disulfiram.



Evidence Based Practices

Evidence Based Practices:

The DMC-ODS Pilot project requires the use of evidence-based practices for SUD treatment to improve client outcomes. Applicants must demonstrate their experience in the provision of evidence-based practice and the capacity to provide at least two (2) of the approved DMC-ODS evidence-based practices (EBPs) as follows:

- **Motivational interviewing:** A client-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment.
- **Cognitive Behavioral Therapy/Counseling:** Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.
- **Relapse Prevention:** A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse.
- **Seeking Safety/Trauma-Informed Treatment:** Services must take into account an understanding of trauma and place priority on trauma survivors' safety, choice and control.
- **Psycho-Education:** Psycho-educational groups are designed to educate clients about substance abuse and related behaviors and consequences.



Special Populations

Perinatal Services:

Perinatal services shall be provided in accordance with the “**Perinatal Service Network Guidelines**”, and shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.

- Provided in a “perinatal certified substance use disorder program”, meaning a Medi-Cal certified program which provides substance use disorder services to pregnant and postpartum women with substance use disorder diagnoses.
- Medical documentation that substantiates the beneficiary’s pregnancy and the last day of pregnancy shall be maintained in the beneficiary record.

Perinatal services shall include:

- Mother/child rehabilitative services (i.e. development of parenting skills, training in child development);
- Services access (i.e. provision of or arrangement for transportation to and from medically necessary treatment);
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant;
- Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, education/vocational training and other services which are medically necessary to prevent risk to fetus or infant).



Special Populations- Continued

Adolescent Services:

Outpatient Treatment Services provided to adolescents shall be provided in accordance with the “Youth Treatment Guidelines”.

- Must meet the ASAM adolescent treatment criteria.
- Provider staff must be knowledgeable about adolescent development and have experience in working with and engaging adolescents.
- Providers must have successful strategies for engaging parents, caregivers or other significant resources to obtain information for beneficiary intake/assessment, treatment planning, and to support beneficiary recovery.

Beneficiaries receiving MAT:

- No client who meets medical necessity and who is authorized for Outpatient Treatment Services and receiving Medication Assisted Treatment (MAT) will be denied services. Level 1.0 and Level 2.1 services may provide MAT services including MAT assessment, medication prescription and medication management. Opioid (Narcotic) Treatment Program Services (NTP) will be required to provide MAT services to clients who meet medical necessity.



Staffing Requirements

Staffing Requirements:

Outpatient Services program are staffed by an interdisciplinary team of appropriately credentialed and/or licensed treatment professionals who assess and treat substance-related disorders.

- Staff must be experienced in gathering and interpreting information regarding a client's biopsychosocial needs and are knowledgeable about the biophysical dimensions substance use disorders including how to assess a client's readiness for change.
- Professional staff must also be capable of monitoring stabilized mental health challenges a client may have and recognizing instability in clients with co-occurring mental health conditions.
- There must also be at least one professional staff member on the multi-disciplinary team with authority to prescribe medication either on-site or through closely coordinated consultation services.
- OTP/NTP providers 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.



Staffing Requirements- Continued

Staffing Requirements Continued:

Providers are expected to meet minimum staffing requirements by having credentialed and/or licensed treatment professionals including: LPHA physician, LPHA non-physician, counselors peer support specialists as described below.

- Alcohol and Other Drug (AOD) Counselor – an individual employed or contracted by the county who has obtained credentials from an organization accredited by the National Commission For Certifying Agencies (NCCA) and recognized by the State Department of Health Care Services (DHCS) to provide AOD counseling services in a DHCS-licensed or certified facility.
- Licensed Practitioner of the Healing Arts (LPHA) – an individual employed or contracted by the county who is licensed in the state of California as a: physician (MD/DO); nurse practitioner (NP); physician’s assistant (PA); registered nurse (RN); registered pharmacist (RPh); licensed clinical psychologist; licensed clinical social worker (LCSW); licensed professional clinical counselor (LPCC); licensed marriage and family therapist (LMFT); or license-eligible practitioner working under the supervision of a licensed clinician.
- SUD Peer Support Staff – an individual who completes training and receives county designation as SUD peer support staff as specified in the DHCS- approved County SUD Peer Support Training Plan.



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 & Quality Management

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 & Quality Management

Evaluation data will be collected on:

- Timeliness of first initial client face-to-face appointment;
- Timeliness of services for the first dose of Narcotic Treatment Program services;
- Timeliness from ASAM assessment to treatment initiation;
- Reliability and timeliness of data entry;
- Costs of care;
- Coordination with physical, mental health and recovery services;
- Utilization management/appropriate level of care;
- Client experience; and
- Cultural Competence of services.



Evaluation & Quality Management

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



RFP REQUIREMENTS

Overview of Application Elements:

Part	Description	Maximum Points (245 points total)	Maximum # Pages
0	RFP Application Cover Sheet	0	1
1	Service Populations Descriptions	10	2
2	Geographic Service Areas Description	15	4
3	Treatment Program Narrative	80	20
4	Evidence Based Practices	10	2
5	Policies and Regulations	10	2
6	Electronic Health Records & Data Systems	10	3
7	Evaluation & Quality Improvement	10	4
8	Workforce Development and Staffing	20	5
9	Fiscal Capability and Experience of the Applicant	15	5
10	Program Budget	30	5
11	Management and Reporting Capabilities	15	3
12	Policies & Procedures	5	1
13	Legal Information	5	1
14	Supportive Information	5	n/a
15	Attachments	5	n/a



RFP REQUIREMENTS

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 B)
- H. Pre Award Risk Assessment (Exhibit E)
- I. California Department of Health Care Services (DHCS) & Santa Barbara County Department of Behavioral Wellness SUD Treatment Provider Required Elements Certification Checklist (Exhibit F)



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 (April 13, 2018 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
 - 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
 - Panel members will sign Confidentiality Agreements and Conflict of Interest Agreements prior to participation
 - 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 (245 pts) to be considered for an award



RFP TIMELINE

Anticipated Schedule:

March 13, 2018	RFP Released
March 22, 2018	Bidder's Conference
March 29, 2018	RFP Questions due to Behavioral Wellness
April 13, 2018	Applications due by 3 pm
May 2, 2018	Notice of Intent to Award is posted
May 3-16, 2018	Appeal Period
May 23, 2018	Notification of Appeal Results

* 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.*



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