Santa Barbara County  
Department of Behavioral Wellness  
Division of Alcohol and Drug Programs  

Request for Proposal (RFP)  
Drug Medi-Cal (DMC) Intensive Outpatient Treatment Services  
(Non-Perinatal)  
Through Fiscal Year: 2016-2017  

Proposals due: August 31, 2016  
Applicant Selection: September 23, 2016  
Anticipated Commencement: November 14, 2016  

Contact: Stephanie Diaz, ADP Team Supervisor  
805-681-4775 stdiaz@co.santa-barbara.ca.us
Santa Barbara County  
Department of Behavioral Wellness  
Division of Alcohol and Drug Programs  

Request for Proposal (RFP)  
Non Perinatal  
Intensive Outpatient Treatment (IOT) Services  
Fiscal Year 2016-2017

Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Background and Authority</td>
<td>3</td>
</tr>
<tr>
<td>II</td>
<td>Basic Summary and Goals</td>
<td>3</td>
</tr>
<tr>
<td>III.</td>
<td>Functional Requirements and Minimum Qualifications</td>
<td>3</td>
</tr>
<tr>
<td>IV.</td>
<td>Program Parameters and Expected Outcomes</td>
<td>4</td>
</tr>
<tr>
<td>V.</td>
<td>Quick Facts About Your RFP Response</td>
<td>7</td>
</tr>
<tr>
<td>VI.</td>
<td>Who Is Encouraged to Apply</td>
<td>7</td>
</tr>
<tr>
<td>VII.</td>
<td>Reporting Requirements and Related Program Parameters</td>
<td>7</td>
</tr>
<tr>
<td>VIII.</td>
<td>Proposal Requirements</td>
<td>9</td>
</tr>
<tr>
<td>IX.</td>
<td>Proposal Timeline, Submission, Review &amp; Appeal Process</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Application Form</td>
<td>13</td>
</tr>
</tbody>
</table>
The Santa Barbara County Alcohol and Drug Programs (ADP), a division of the Department of Behavioral Wellness, is seeking qualified applicants to provide Non-Perinatal Intensive Outpatient Treatment (IOT) Services in Santa Maria, California. The length of the contract award will be one (1) year, renewable each year. The initial amount funded for this program will be $125,000 per year; serving 25 clients in IOT for 180 days with a transition to Outpatient Drug-Free Services (ODF) as deemed necessary by the ASAM Criteria and medical necessity.

I. BACKGROUND AND AUTHORITY

In order to implement various provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act), effective January 1, 2014, the Department of Health Care Services (DHCS) has adopted additional DMC services included in the essential health benefits package, as adopted by the state and approved by the United States Secretary of Health and Human Services.

II. BASIC SUMMARY AND GOALS

The County of Santa Barbara Behavioral Wellness IOT is an outpatient treatment model. The IOT encourages timely admission and assessment, the use of motivational interviewing techniques to engage clients, client-centered and strength based treatment planning, psycho/educational group counseling that encourages peer interaction, relapse prevention, random urinalysis to validate client abstinence and to promote accountability, recovery-focused celebratory activities, and after care linkages for support. The primary goal of the program aligns itself with the overall mission of Behavioral Wellness and seeks to help clients reduce the harm and eliminate substance use and abuse.

ADP seeks an admission process that engages clients in a welcoming manner in order to develop a comfort level with the treatment service. Each client will be led through a biopsychosocial interview and assessment based on the Addiction Severity Index (ASI) and American Society of Addiction Medicine (ASAM) criteria. The client will assist in the development of a treatment and discharge plan that is reality based and responsive to what the client is capable of accomplishing. Throughout the treatment experience, the successful provider will maintain a client-focused approach and encourage the use of ancillary services to further encourage successful completion of treatment and aftercare support.

III. FUNCTIONAL REQUIREMENTS AND MINIMUM QUALIFICATIONS

1. Applicant must be certified by the State of California Department of Health Care services (DHCS) for Drug Medi-Cal (DMC) Intensive Outpatient Treatment services;
2. Applicant must be familiar with Outpatient Drug Free (ODF) treatment models including Motivational Interviewing, cognitive behavioral interventions and recovery oriented systems of care;
3. Applicant must be a private (certified or registered) non-profit entity;
4. Applicant must be able and willing to provide a welcoming and hopeful approach and attitude to potentially complex clients;
5. Applicant must be a Co-Occurring Disorder (COD) capable entity or agency per ASAM criteria. Behavioral Wellness requires the selected provider to be proficient in the delivery of substance use treatment and mental health services for clients with co-occurring disorders demonstrated by provider’s staff competencies;
6. Demonstration of Cultural Proficiency: Behavioral Wellness has a stated commitment to ensuring that all services are culturally competent and available in the County’s primary threshold language, Spanish.
7. Applicant must integrate and comply with share Behavioral Wellness values and provide services that are welcoming, hopeful, client focused, inclusive, culturally competent, seamless, recovery-based, collaborative, accessible, and innovative and complexity capable as defined by the Behavioral Wellness Consensus Agreement (not finalized yet) and MHSA plan. (Ctrl+click to access link) Santa Barbara County Behavioral Wellness.

IV. PROGRAM PARAMETERS AND EXPECTED OUTCOMES

A. Drug Medi-Cal Funded Alcohol and Drug Treatment and Recovery Services
Providers must be certified by DHCS to participate in the Title 22, Drug Medi-Cal (DMC) treatment service system and must comply with all program requirements. This includes, at a minimum:

1. Identifying the DSM IV/DSM 5 or ICD 9/ICD 10 diagnostic code;
2. Establishing the medical necessity for SUD treatment
   a. A statement of problems to be addressed;
   b. Goals to be reached which addresses each problem;
   c. Action steps that will be taken by the provider, and/or beneficiary to accomplish identified goals;
   d. Target dates for the accomplishment of action steps and goals;
   e. A description of services, including the type of counseling, to be provided and the frequency thereof;
   f. Including the goal of obtaining a medical examination if none has been done within the 12 month period immediately prior to the treatment admission date;
   g. The assignment of a primary therapist or counselor.
   h. All plans shall be entered into the ADP Electronic Health Record system, Clinician’s Gateway and electronically signed & dated by the counselor, the physician, and the beneficiary within 30 days of admission.
3. Applying Title 22, DMC admission criteria and procedures;
4. Developing and updating treatment plans;
5. Preparing weekly progress notes;
6. Providing group, and when it meets certain criteria, individual counseling;
7. Justification of the need to continue services; and completing a discharge plan and summary.

Contractor agrees to comply with all aspects of the most current California Department of Health Care Services Drug Medi-Cal Plan, State of California Standards Drug Treatment Programs, State Negotiated Net Amount (NNA) contract, and all pertinent state and federal statutes and regulations as they pertain to these services.

Contractor agrees to use the Behavioral Wellness ADP Electronic Health Record system, Clinician’s Gateway. Staff will document all treatment interventions in Clinician’s Gateway.

B. Drug Medi-Cal Intensive Outpatient Treatment (IOT) Services:
IOT services include outpatient counseling and rehabilitation services provided at least three (3) hours per day, three (3) days per week to clients with substance abuse diagnoses and have co-occurring mental health disorders. It is the expectation that services and the service duration will be delivered based on medical necessity and that the determination of the appropriate level of care will be based on the ASAM Criteria (see below).

1. IOT services are indicated for clients who’s treatment needs cannot be met in less intensive outpatient treatment services as evidenced by the following indicators:
   a. History of one or more unsuccessful treatment episodes in Outpatient Drug Free (ODF) treatment;
   b. COD requiring a more intensive need for structure and intervention than ODF
   c. Severe substance use disorder as defined by the DSM IV/DSM-5 or ICD 9/ICD 10

2. The service shall consist of regularly assigned, structured, and supervised treatment.

3. Assessment using the Addiction Severity Index (ASI), including:
   a. An assessment of each individual’s physical condition shall be made within thirty (30) days of admission and documented in the individual’s record in one of the following ways:
   b. A physical examination by a physician, registered nurse practitioner or physician’s assistant according to procedures prescribed by state law. Extensive group and individual counseling and other appropriate activities and services will include:
      a. Nine (9) hours per week of scheduled, formalized services (e.g., a work program, treatment techniques, urine surveillance, creative recreational activities, and ancillary services) shall be available for each program participant.
      b. All treatment services provided to the individual must occur within the regularly scheduled array of activities. As such, only one (1) unit of service may be claimed per day. Exceptions may include emergency and crisis visits and must be documented as such in the individual’s record.

4. Physician direction:
   a. Physician formulation of, approval of, or involvement in each DMC individual’s plan of care within thirty (30) calendar days from the date of initial service.
   b. Evidence of physician’s direction must be documented by the physician’s electronically signed and dated approval of treatment plan or signed and dated notation indicating concurrence with the plan of treatment in the individual’s clinical record. This must occur:
      i) Within fifteen (15) days of the date the plan was developed;
ii) Whenever there is a significant change in the treatment plan (i.e., change in mode or modality) of service, problem identification, or focus of treatment;

iii) At least once within every ninety (90) days (prior to the start of a new ninety [90] day period) whichever comes first.

5. Urine surveillance:
   a. For those situations where substance abuse screening by urinalysis is deemed appropriate and necessary by the program director or supervising physician, Contractor shall:
      i) Establish procedures which protect against the falsification and/or contamination of any urine samples; and
      ii) Document urinalysis results in the program participant’s file.

6. Progress Notes:
   a. Weekly individual narrative summary notes shall be recorded for each individual. Progress on individual treatment plan problems, goals, objectives and ancillary services shall be included, and client attendance shall be noted.
   b. The beginning and ending time of each program participant’s participation shall be clearly recorded. Daily program participant sign-in sheets shall be maintained to track the schedule of services delivered to each participant.

7. Follow-up requirements:
   a. All IOT services are required to develop a follow-up procedure. Whenever individuals discontinue treatment for any reason, a follow-up procedure should go into the participant’s discharge summary.

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<thead>
<tr>
<th>ASAM Client Placement Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria Dimensions</strong></td>
</tr>
<tr>
<td><strong>Intensive Outpatient</strong></td>
</tr>
<tr>
<td><strong>Dimension 1</strong>: Alcohol Intoxication and/or Withdrawal Potential</td>
</tr>
<tr>
<td><strong>Dimension 2</strong>: Biomedical Conditions and Complications</td>
</tr>
<tr>
<td><strong>Dimension 3</strong>: Emotional, Behavioral or Cognitive Conditions and Complications</td>
</tr>
<tr>
<td><strong>Dimension 4</strong>: Readiness to Change</td>
</tr>
<tr>
<td><strong>Dimension 5</strong>: Relapse, Continued Use or Continued Problem Potential</td>
</tr>
<tr>
<td><strong>Dimension 6</strong>: Recovery Environment</td>
</tr>
</tbody>
</table>
V. QUICK FACTS ABOUT YOUR RFP RESPONSE

1. Limit your RFP response to no longer than 10 pages in length.
2. Such application must contain the agency’s written treatment program protocol in general policies and procedure for Intensive Outpatient Treatment in particular, and a program curriculum.
3. The conclusion of this RFP will result in the establishment of a one year contract for Behavioral Wellness ADP Intensive Outpatient Treatment services with a desired start date of November 14, 2016 and concluding June 30, 2017. Renewal beyond this point will be contingent on performance.

VI. WHO IS ENCOURAGED TO APPLY

Existing Behavioral Wellness contract providers and other qualified substance abuse treatment agencies in the State of California are encouraged to apply and can clearly demonstrate the following:
1. The Agency is legally registered as a non-profit tax exempt organization with the State of California and current with their exempt status with the IRS;
2. Knowledge of the key components of Intensive Outpatient Treatment services;
3. Explicit experience in conducting outpatient substance use treatment services to a potentially complex and culturally diverse population;
4. DMC State Certification as an approved substance use treatment facility to provide IOT services.
5. Experience in providing co-occurring treatment services with an emphasis on primary substance use conditions;
6. Familiarity with drug testing practices.

Preference - Priority will be given to applicants that can demonstrate:
1. The ability and skills to engage and maintain clients in treatment. DMC IOT requires that a client be in treatment for a minimum of three (3) days nine (9) hours per week. Client engagement and maintenance in treatment is therefore paramount;
2. A demonstrated history of agency leadership that is committed or capable to providing culturally competent services;
3. A history providing substance abuse treatment and recovery services.
4. A demonstrated history of providing DMC, Title 22 services.

VII. REPORTING REQUIREMENTS AND RELATED PROGRAM PARAMETERS:
Applicants selected will be subject to the following County contract terms and requirements:
1. At the end of each fiscal year of the contract period, contractors shall be required to submit an annual cost report, annual performance report, annual audit report and final data reports to Behavioral Wellness.
2. Funding is subject to satisfactory contract performance. Contracts may be discontinued by Santa Barbara County, with 30 days written notice, with or without cause.
3. Behavioral Wellness reserves the right to adjust the amount of funding at any time during the negotiation or contract period due to funding adjustments, changes in service priorities or lack of performance by the contractor.
VIII. PROPOSAL REQUIREMENTS:

Proposals must be submitted to: Stephanie Diaz, 300 N. San Antonio Rd. Bldg., 3, Santa Barbara, CA 93110, mailto: stdiaz@co.santa-barbara.ca.us

Submit the original proposal (clipped, pages double spaced with 12 point font, on standard white paper, single sided, with pages numbered, by Wednesday, August 31, 2016 at 5:00 pm. The proposal application must include the following:

A. Application Form (Signed by Executive Director and Board President) (5 points) 1 page

B. Narrative – (25 points) 5 pages
   The proposal narrative should include the following information:
   1. Summary of Project including the number of treatment slots that will be provided and the number of unique clients that will be served through this project;
   2. History and qualifications in providing Outpatient Treatment Services;
   3. Ability to secure an approved facility with appropriate State certification and licensure and local permits and to expedite Start-up;
   4. History of successful program compliance and treatment outcomes;
   5. A commitment to or demonstrated history of cultural competency, including but not limited to the number of bilingual staff employed and on the agency Board of Directors, and the number of individuals and or family members with lived experienced employed by or associated with the agency.

C. Work Plan, Goals and Objectives (10 points) 2 pages
   1. The work plan should reflect the timeline and details for start-up and implementation of the outpatient program, including facility acquisition, furnishings, staff hiring and training, drug testing, State and local certification and permitting and should be prepared in a landscape format.

D. Project Budget (10 points) 2 pages
   1. The proposal budget, on the attached Excel spreadsheet, should include the following information (one page):
      a. The total budget amount for this project;
      b. List other secured funding sources that will support this project. If your organization has applied for additional support but has not received confirmation, state when confirmation is expected;
      c. Expenses which reflect the necessary costs to operate the proposed project. Include in the budget narrative an average treatment slot cost per year (based on the total program cost divided by the total number of available treatment slots operating during a 12 month annual period). While proposals will not be rated solely on the basis of cost, a competitive analysis of the proposal will note the average cost per slot and the total number of slots provided.
d. Provide proof of overall financial strength of the agency as evidenced by a current (last closed period) working capital ratio. The working capital ratio is a measure of financial strength, as it is a basic tool used to measure an organization’s ability to pay for its current liabilities with its current assets.

2. A budget narrative explaining other revenue sources and significant expense line items.

IX. PROPOSAL TIMELINE, SUBMISSION, REVIEW AND APPEAL PROCESS

A. The RFP Timeline (TBD)
   1. Release Date: July 31, 2016
   2. Bidders Conference: August 15, 2016 (Location TBD)
   3. Proposal Due: August 31, 2016
   6. Project Award: November 1, 2016 (after BOS approval)
   7. Anticipated Contract Start-up: Tuesday, November 14, 2016

B. Submission of RFP
   1. Hand deliver or mail hard copies of required documents prior to the deadline to:

   Request for Proposal Intensive Outpatient Treatment
   Santa Barbara County Behavioral Wellness
   ADP Attn: Stephanie Diaz
   300 N. San Antonio Rd. Bldg. 3, Santa Barbara, CA 93110

   AND

   2. Email required documents prior to the deadline to stdiaz@co.santa-barbara.ca.us

   Subject Heading of: Intensive Outpatient Treatment Services RFP

   Attachments must include:

   ➢ Application Form
   ➢ Narrative
   ➢ Work Plan
   ➢ Project Budget (Excel spreadsheet)
   ➢ Budget narrative

C. Proposal Review Process
   The methodology for application evaluation will be approved by the Behavioral Wellness Director or designee. Successful applications for funding will go through a four level review process:

   1. Technical Review: A review for completeness will be conducted in the Alcohol and Drug Program office. Any application omitting any item listed on page 5-6 Proposal Requirements in this application will be considered incomplete, will not receive further review, and will not be considered; Those RFP’s passing the technical
review phase, will be forwarded to the RFP Proposal Review Committee for consideration.

2. **Proposal Review:** An RFP Proposal Review Committee comprised of a mix of ADP staff, ADP Advisory Board Members, and community members, which will consist of five (5) appointees or designees of the Advisory Board on Alcohol and Other Drug Problems, Behavioral Wellness staff, and other interested but non-conflicted partners will review and rate proposals for clarity, meeting preferential consideration, basis for measuring outcomes, cost effectiveness, and overall quality;

3. **Selection Criteria:**
   a. **Selection:** Taking the recommendations of the Proposal Review and Interview under advisement, Behavioral Wellness will make the final selection of applicants. In awarding points, the reviewers will consider responsiveness and thoroughness of the proposal, services provided and expertise in the field, cost competitiveness, and perceived ability to meet the program outcomes, as detailed in Attachment 1. ADP will notify all applicants of their status by fax and/or email correspondence and issue a “Notice of Intent to Award.”
   b. **Contract Approval:** The Santa Barbara County Board of Supervisors has final authority to approve any IOT contract service agreements on behalf of the County of Santa Barbara, Behavioral Wellness-Alcohol and Drug Program. Failure to secure this approval may result in the re-negotiation of the service agreement, the re-advertisement of the solicitation process or other appropriate actions.

D. **Appeal Process**

1. A “Notice of Intent to Award” will be posted on the Behavioral Wellness website and at the ADP/Behavioral Wellness Administrative offices on September 23, 2016 and an email will be sent to all applying agencies.
2. After the “Notice of Intent to Award” has been posted, applicants may appeal a selection decision made by Behavioral Wellness during the seven (7) day period from September 26-September 30, 2016.
3. The appeal must be in writing and directed to Behavioral Wellness Contract Unit in care of Denise Morales, Administrative Analyst, stating the law, rule, regulation or practice on which the protest is based. ADP will notify the applicant of receipt of the appeal. To be considered, appeals must be submitted to the Behavioral Wellness Administrative Services Division electronically (via email to dmorales@co.santa-barbara.ca.us) or by fax to (805) 681-5222 by 5:00 p.m. on September 26, 2016.
4. Appeals made prior to the “Notice of Intent to Award” on September 23, 2016 or after the seventh day of the appeal period on September 26, 2016 will not be considered. The Appeal Committee, made up of the Director of Behavioral Wellness or her designee, and a representative of Advisory Board on Alcohol and Other Drug Problems will review and resolve all protests. The Appeal Committee may or may not meet with the appealing applicant.
5. The Appeal Committee’s decision will be final and may not be appealed. Behavioral Wellness will give written notice to each appealing applicant, setting forth the final outcome of their appeal.
6. The final Project Award will be posted on the Behavioral Wellness website on November 1, 2016.

**Attachments:**

1. **Scoring Criteria**
2. California Code of Regulation, Certification and Renewal Requirements for AOD Counselor
3. Santa Barbara County Alcohol & Drug Program Drug Testing Policy & Procedures
4. Budget Excel Template
Application Form

Date __________ Agency _______________________________________________________

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<thead>
<tr>
<th>Total Agency Budget: $</th>
<th>Proposed Project Cost: $</th>
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Agency Mailing Address__________________________________________________________

City________________________________________ CA Zip Code_____________________

Agency Telephone Number:
________________________________ Fax: _________________________________

Email address: ________________________________________________________________

Website address: ______________________________________________________________

Name and Title of Project Director/Lead Staff

Name of Executive Director       Signature/Date

Name of Board President/Chair    Signature/Date

FOR ADP STAFF USE ONLY

Technical Review:

Date and Time Received (Stamp Here)

Met Date and Time Requirement       Yes  No
Met Format/Cover Page Submission Requirement       Yes  No
Met Narrative Requirement: Items 1-6       Yes  No
Met Work Plan Requirement       Yes  No
Met Budget Requirement: Items 1 & 2       Yes  No
Staff Signature _________________________________