Creating an
Organized Adult System of Care for Substance Use Disorder (SUD) Services: The Experience in Santa Clara County

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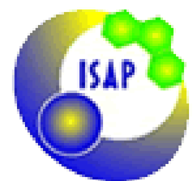

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The opinions, findings, and conclusions stated in this summary are those of the authors, and not necessarily those of the California Department of Health Care Services or the University of California, Los Angeles.

Introduction

The implementation of the 1115 Drug Medi-Cal Organized Delivery System Waiver promises to revolutionize the way that publicly-funded substance use disorder (SUD) treatment is structured and delivered across California. Counties that participate in the Waiver will need to organize their Drug Medi-Cal services into a system that provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD services. For most California counties, this will be a daunting task. Traditionally, publicly-funded SUD programs in California have operated independently of one another, without ensuring that services are coordinated or that client flow between levels of care is clinically appropriate. Consequently, SUD services in most counties have not constituted an actual *system*, but rather a patchwork of independent programs and treatment modalities.

One exception can be found in Santa Clara County, which began developing an organized system of SUD care over twenty years ago. In March and April 2015, leaders from the Santa Clara County Department of Alcohol and Drug Services (DADS) and Santa Clara County service providers shared their experience constructing an organized system of SUD care with researchers from UCLA's Integrated Substance Abuse Programs, policymakers from the California Department of Health Care Services, and SUD administrators and program leaders from across California in a webinar and a day-long meeting.

This document outlines the steps that Santa Clara County took to create its system of SUD care, delineates its various components, and lays out considerations for other California counties as they develop their own organized SUD delivery systems tailored to their community's needs.

Development of Santa Clara County's SUD System of Care

In 1994, publicly-funded SUD services in Santa Clara County were not systematically organized or coordinated. The County's SUD services were provided by a mix of directly-operated and contract providers who functioned independently of each other, with no standardization of services, little oversight, and minimal accountability. Access to SUD services was decentralized, with clients often being left on their own to find a treatment program that could meet their needs. Often, judges would mandate individuals to a specific program or level of care, but without appropriate assessment of clients' clinical needs. Furthermore, most treatment programs provided services that were based on their own clinical philosophies and approaches, and utilized a "one size fits all" approach to SUD service delivery. Consequently, many clients fell through the cracks, either because they were unable to access SUD treatment, or because the services they received were incongruent with their clinical needs and personal preferences.

In 1995, administrators from DADS collaborated with treatment providers from both directly-operated and contract agencies to develop a blueprint for a model SUD system and how it would function. They set out to create a roadmap to transform Santa Clara's seemingly "random" array of SUD services into a system of care that offered a continuum of services that clients could utilize for a period of four-to-six months. At the end of this process, DADS and its collaborators established several principles that would guide the creation of an organized system of SUD care:

- There needed to be a call center to assist clients and place them in the appropriate level of care.

- Residential care needed to simultaneously serve stabilization and program placement functions; in addition to stabilizing clients, residential services would facilitate client discharge to an appropriate outpatient program upon completion.
- Transitional housing was an essential service for many clients.
- If clients needed to access a higher level of care (e.g. move from outpatient to residential), procedures would be in place so that they could make this transition without needing to exit and then re-enter the system of care.

Using these principles as starting points, the County established an "Innovative Partnership"—an open collaboration between DADS and providers—to facilitate the process of transforming Santa Clara's SUD service system. As challenges related to system design and client flow emerged, the Innovative Partnership created "Hot Groups"—subcommittees that included both county and provider staff—to plan and design action steps. Hot Groups brainstormed, tried ideas, and reported findings back to the Innovative Partnership in order to inform the development of DADS' system of care. Hot Group activities helped create and refine screening tools, intake procedures, referral processes, assessment protocols, and policies that facilitated client movement along the DADS continuum of SUD care. According to both DADS administrators and contract providers, collaboration between the County and providers in Innovative Partnerships and Hot Groups was central to assuring the success of transformation; meaningful provider participation ensured provider buy-in into the changes being made to the DADS system, and it also helped improve providers' understanding of the County's expectations as it made major changes to the service delivery system.

In 1995-1996, DADS established a Quality Improvement (QI) team to monitor the effectiveness of its screening and referral procedures, authorize client movement into and through the system of care, and assist in care coordination services that helped clients remain engaged in and flowing through the treatment system. In addition, QI staff provides ongoing technical assistance to support providers' operating as part of the DADS system of care. As explained below, QI continues to play a critical function in maintaining the efficiency and effectiveness of the DADS continuum of SUD services.

Services Offered in the DADS Continuum of Care

Outpatient Counseling is the primary modality offered by DADS, and clients' average length of stay in outpatient services is between three and six months. All outpatient service providers are Drug Medi-Cal certified, though the County also uses other funding streams to support the delivery of outpatient treatment.

Residential Services (RS) are available for clients who need more intensive treatment or supervision. In the DADS continuum, RS serve a dual function, as they a) stabilize clients, and b) provide discharge and linkage services to assure that clients are linked to other services they will need to continue on their road to recovery. The average length of stay in RS is 35 days, though with approval from the County's QI Department, client stays can be extended. All staff in RS facilities are licensed or certified, and all RS facilities have staff on-call to immediately respond to inquiries, complaints, extension requests, and emergency situations. All RS providers are required to accept and support patients who are receiving medication-assisted treatment.

Transitional Housing Units (THUs) are available for clients who require housing assistance in order to support their safety, health, and recovery. THUs do not provide any formal treatment, and the general expectation is that THU residents will also be actively participating in outpatient

treatment during their stay. Clients who successfully complete outpatient treatment may remain in THUs up to a maximum allowable stay determined by the County. Each THU has a resident house manager living on site and provides clients with basic staples, linens, and personal hygiene and household supplies for the duration of their stay. In addition, THUs provide food and beverages, or the ingredients needed to prepare three meals a day, for clients and their families for the first 30 days of clients' stays or until clients find gainful employment. Once employed, clients pay 35% of their net income for THU services. Some of the funds clients receive from food stamps or general relief also help defray the costs of THU services. Clients who are unemployed and/or unable to work because of mental or physical conditions are expected to participate in other productive activities, such as school, training, or volunteer work, during their stays at THUs. Overall, DADS has 300 THU slots.

In addition, DADS offers ***detoxification services*** for clients who are actively using and/or need assistance and supervision in reducing substance use, ***perinatal services*** for pregnant women and mothers of newborn children, school-based and clinic-based ***youth services***, and ***narcotic treatment services*** for clients who are found to have an interest in/need for treatment with methadone, Suboxone®, or Vivitrol®.

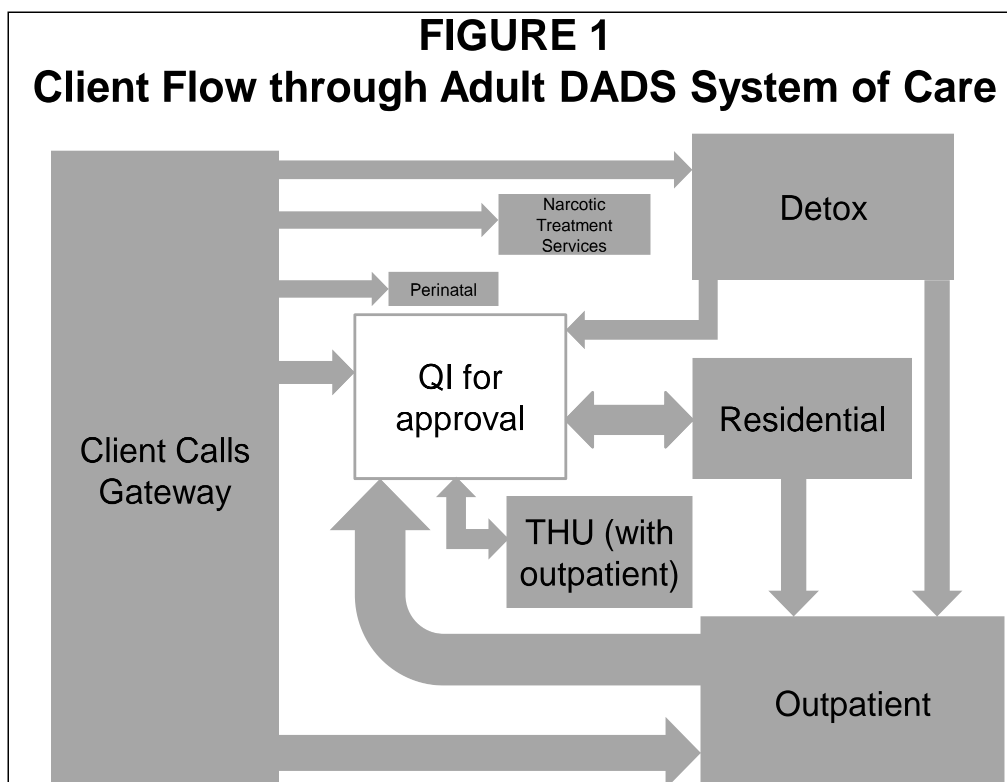
System Organization and Flow

Using ASAM to Organize the System of Care: In 2000, DADS began consulting with Dr. David Mee-Lee, the Chief Editor of the ASAM criteria, to get in-depth, long-term technical assistance on how to structure its system of care. For approximately six months, Dr. Mee-Lee trained both county staff and providers on the ASAM criteria and its applications on an almost weekly basis. After the initial training period, Dr. Mee-Lee continued providing ongoing trainings every month. According to providers, the regular trainings on ASAM were critical: they conveyed important information; they helped minimize resistance to change since they gave providers support they needed to successfully use ASAM; and they communicated the County's willingness to invest in the process of transforming its service delivery system.

Though DADS does not offer every treatment modality or level of care recommended in the ASAM criteria, it uses ASAM principles to structure its system of care and procedures related to client placement and flow. In particular, DADS utilizes the six ASAM dimensions to evaluate client needs, place clients in the appropriate level of care, and design treatment plans:

- Dimension One: Acute Intoxication and/or Withdrawal Potential
- Dimension Two: Biomedical Conditions and Complications
- Dimension Three: Emotional, Behavioral, or Cognitive Conditions and Complications
- Dimension Four: Readiness to Change
- Dimension Five: Relapse, Continued Use, or Continued Problem Potential
- Dimension Six: Recovery/Living Environment

The flow of clients through the DADS system is illustrated in Figure 1, and explained below.



Gateway Screening and Placement: Clients enter the DADS system through the Gateway, a toll-free number operated by DADS that conducts brief screening and links clients to the appropriate level of care. The Gateway receives approximately 60,000 calls per year. At the beginning of each call, Gateway operators assure that clients are registered in Unicare (the County's registration/documentation/billing system for mental health and SUD services), and if they are not registered, operators register clients in the system. Operators then conduct an initial assessment over the phone utilizing a "DADS Referral for Services" form (Attachment A) that has four main components: Client Demographic Information, Screening Questions, In Custody/Detox Questions, and Referral. This assessment gathers information on clients' clinical needs and also information that is used to determine what funding sources can be utilized to support client care. Operators are able to refer clients to a crisis hotline or a counselor if the assessment indicates that clients need immediate or emergency services. In consultation with Dr. Mee-Lee, DADS developed decision trees that Gateway staff uses to make referrals based on information gathered during intake (Attachments B-E). According to internal data gathered by DADS, the decision trees are highly accurate, as they lead to correct treatment recommendations 96% of the time based on rates of agreement with full ASAM assessments performed at the provider level. The average intake through Gateway takes approximately 5-6 minutes to complete.

Referral procedures for clients who are not in the correctional system at the time they call Gateway are outlined in Attachments B and C. If clients are referred to outpatient treatment, Gateway staff make intake appointments for clients using an Outlook calendar that has access to the appointment schedules of all outpatient programs that operate as part of the DADS continuum of care. If screenings indicate that clients need RS or THU services, Gateway

operators begin the process of initiating RS/THU services through the Quality Improvement department (see below). In the event a client needs detoxification/withdrawal services, Gateway staff send Detox providers a DADS referral form, and the client calls the provider to check for availability.

A parallel set of procedures is in place for clients who call the Gateway while in custody of the correctional system (see Attachments D-E). To facilitate referrals for these clients, DADS collaborated with the County Jail to set up a dedicated line that individuals in custody could use to call the DADS Gateway line.

When the Gateway system was initiated, it was open 24 hours a day, 7 days a week, and it was staffed by clinicians and counselors. However, the County found that the Gateway did not receive many calls outside of regular business hours, so it decided to limit the Gateway line's hours to 8 AM-5 PM, Monday through Friday. DADS administrators also found that when clinicians and counselors answered the Gateway line, they often wanted to counsel clients directly over the phone instead of quickly and efficiently completing the screening process. Consequently, DADS decided to switch responsibility for answering Gateway calls to clerical staff members, who are appropriately empathic but do not engage clients in long or detailed conversations. Moreover, given the monotony of answering calls all day and the emotional intensity involved in doing intakes, DADS found that it was difficult for any one individual to be answering Gateway calls all day every day, and that burnout was a problem for Gateway staff. To address this problem, DADS altered its staffing strategy or the Gateway line, and has clerical staff and interns answering Gateway calls only part-time.

For clients with special needs or circumstances or who are in specific programs (e.g. Drug Courts, Medical Homes, Re-entry from incarceration), alternative screening services are available in addition to the Gateway line.

Using Quality Improvement to Manage Residential and THU Service Utilization: DADS Quality Improvement (QI) staff—which consists of a mix of clinicians and SUD counselors—play a critical role in managing the DADS system of care. QI staff access real-time data on the capacity and utilization of all levels of care every day, and they use these data to maintain and facilitate client flow through the DADS continuum of care. In addition to monitoring the effectiveness of DADS screening and referral procedures, DADS QI authorizes client utilization of RS and THUs; they review all referrals for RS and THU services from Gateway, Detox providers, and outpatient providers, and they also review requests for RS and THU service extensions. By reviewing all cases, QI assures that the most costly and scarce services offered in the DADS continuum of care (RS and THU) are utilized efficiently.

By tracking RS and THU utilization, QI is able to coordinate care for clients as they transition out of RS into outpatient treatment. Experience taught DADS administrators that most clients needed THU services upon discharge from RS and that waits to get in to THU housing posed a significant challenge for RS clients as they transitioned to outpatient care. To address this issue, QI staff tries to coordinate RS and THU utilization, so that whenever clients leave RS, there is a THU slot available for them to transition to immediately upon discharge. In addition, DADS administrators work to assure that clients are able to get into outpatient treatment at the same time they move in to THU programs. DADS staff report that this process poses one of the more significant challenges for their system, as wait times for both RS and THU services sometimes persist. In particular, DADS staff report that it is often difficult to contact clients who are waiting for RS and THU services, and that often, they are unable to notify clients that a RS or THU bed has opened up for them. As a result, between 17% and 28% of DADS RS slots are vacant at

any given time. However, by systematically tracking and managing utilization of these services, DADS facilitates client flow through its system of care as much as possible, and it currently has Hot Groups working to address barriers that prevent clients from accessing RS slots in a timely manner.

Assessment and Treatment Planning: After being referred through the call center or QI, clients complete a formal intake at their first appointment with their treatment providers. Regardless of treatment modality (outpatient, residential, detox), providers complete formal intakes using the Treatment Assessment form (Attachment F). Assessment forms are explicitly modeled on the ASAM criteria, requiring providers to evaluate clients' level of severity on each of the six ASAM domains. As part of his work consulting with DADS, Dr. Mee-Lee provided county staff and providers extensive training on how to evaluate clients' severity in each domain. In the event clients face minimal challenges or have problems that are significant but being well-managed in a domain, providers rate clients' severity as "low." In domains where clients are assessed as having "medium" or "high" severity, treatment plans are required to explicitly address client challenges in those areas. Providers reported that it took approximately 6 months for staff to learn how to do assessments appropriately. Currently, assessments take approximately 45-60 minutes and are completed by counselors, who then submit them to supervisors for review before clients begin receiving services. In the event that assessments reveal clients have been referred to the wrong level of care, providers either transfer clients to a different level of care or refer cases to QI for review if RS or THU services are needed.

Keys to Making the System Function

Financing: Since the creation of the continuum of care, DADS administrators have utilized flexible forms of funding to finance services that are not covered by Drug Medi-Cal or inadequately reimbursed by it. Block Grant, AB 109, grants, and County General Funds have been used to support many functions of the system of care and ensure that providers are given appropriate compensation for the services they provide. In particular, the County uses alternative forms of funding to subsidize Drug Medi-Cal reimbursement rates in order to make it financially feasible for providers to operate as part of the DADS system of care.

DADS pools all funding that is distributed to providers and tracks which providers are receiving funding from which funding source; as a result, service providers do not have to take responsibility for tracking funding sources or determining which types of clients are covered for various types of service. Though some grant programs do require providers to enter specific eligibility data, the DADS QI and Finance staff assist providers with most data and reporting requirements; QI and Finance staff are on call during business hours to assist providers with questions about beneficiary coverage, and they offer ongoing technical assistance and supervision for providers if needed. Each provider within the DADS system has a direct contact with a designated QI staff person who ensures that their questions and concerns about billing and financial issues are addressed in a timely manner. Consequently, providers can focus more on providing client care and less on devoting energy and resources to issues related to eligibility requirements and funding streams.

Contracting: In its contracts, DADS stipulates that providers need to follow countywide rules and procedures that are related to the continuum of care in order to receive county funding. In Requests for Proposals (RFPs) to provide DADS-funded services, DADS lays out minimum requirements for all providers and each level of service, and it stipulates that all contractors must gather data related to DADS performance measures and meet performance standards. In addition, as of January 2016, all providers will be required to utilize electronic health record

systems that are capable of electronic data exchange that directly communicates client ASAM and utilization-related data to the County. Until these systems are in place, providers will continue directly inputting data into the county system. RFPs also define performance measures, the scope of services for each level of care, and specific expectations related to ASAM levels of care that providers are expected to meet (see Attachment G). In their proposals, providers are responsible for determining their capacity to provide these services and the funding they will need to meet county standards. Program selection is then based on provider costs for service, client data, and geographic need. To bill, providers are required to enter services into the County's electronic system within five days.

Though providers contracting with DADS need to give up a certain degree of autonomy and adhere to highly specific standards, they also get a significant benefit from contracting with DADS. In contracts, DADS commits to purchase a designated number of program slots, meaning that providers do not have to worry about getting clients or keeping their programs full. In addition, DADS handles issues related to identifying funding sources to support each client's care. Both DADS and providers report that this arrangement is a "fair trade off" and that providers are happy to alter their operations to meet DADS requirements in exchange for the security and administrative assistance that contracting with DADS offers their programs.

Ongoing Training: In addition to providing training on ASAM, DADS has continued offering training in order to ensure that all service providers remain updated on service standards and are trained in the same manner by the same people. Over the years, the County has brought in experts to provide trainings on cognitive behavioral therapy, motivational enhancement, SUD privacy regulations, and other issues and best practices related to SUD treatment. The County began requiring internal certification to assure that everyone working within the system was proficient in key areas. At the end of each training, the County gave brief tests on key concepts, and it issued trainees certificates after they completed all required trainings and tests. Recently, DADS has moved away from this model since state-level certification requirements have changed, but it still offers workshops for new employees.

Considerations for other Counties

For California counties preparing to develop their SUD continuum of care under the 1115 Drug Medi-Cal Organized Delivery System Waiver, there are many lessons learned from the experience in Santa Clara County that can be instructive.

Strong central leadership is important. Engaging providers who are accustomed to operating as their own entities in a coordinated and broader system of care requires significant leadership from county administrators. Santa Clara County led its system-wide transformation by putting concrete cooperative requirements in their RFPs and contracts that covered referrals, data sharing, and meetings, and by establishing a strong centralized QI team to monitor utilization and performance on an ongoing basis.

Providers are critical partners for transformation. Creating a system of care requires providers to significantly alter their administrative and clinical operations. Including providers in system redesign and implementation processes can facilitate transformation by incorporating provider input and maximizing buy-in. Both providers and administrators in Santa Clara County highlighted that having regular meetings between providers and the County can help facilitate and maintain bidirectional communication.

Counties need to use data to make systems of care function. For a system of care to truly function as a system, its operations need to be consistently informed by real-time data. Utilization, performance, and cost data are the lynchpins of system design in Santa Clara County, and information systems and data gathering protocols that facilitate real-time access to information are key to ensuring that county SUD services operate as a cohesive whole. DADS staff regularly engage in data quality checking and training activities in order to assure that the data being used to inform system-wide decisions are as timely and accurate as possible. DADS administrators recommend that for counties beginning to organize their SUD services into a system of care, efforts should be made to establish a data infrastructure that can be used to support system design at the outset. Counties should think about what data will need to be collected and where in order to make their SUD systems function, and they should establish protocols to ensure that all data they need are reportable and usable for administrative functions.

Ongoing training is key. By providing ongoing training to providers, counties can assure that they are proficient in all clinical and administrative matters that are critical to the functioning of the system of SUD care. Furthermore, county investment in training can help keep lines of communication between county administrators and providers open, and reinforces the message that counties are invested in assuring that providers have the knowledge and skills they need to contribute to the SUD system of care.

Funding sources other than Medi-Cal must be braided to make the system function optimally. In Santa Clara County, administrators used flexible funding sources to provide services that were not covered by Medi-Cal or to supplement Medi-Cal reimbursement rates. Though the 1115 Drug Medi-Cal Organized Delivery System Waiver will expand the range of SUD services covered by Medi-Cal, counties may still need to utilize other types of funding to supplement Medi-Cal dollars in order assure the financial viability of their systems of care.

A vision is needed to guide transformation. In Santa Clara, county staff collaborated with stakeholders to envision the key principles to guide the development of the new system of care, and they used these principles to inform system redesign from the outset. Developing a vision statement and/or a set of key principles that are central to the task of system redesign is an important first step in assuring conceptual clarity for all stakeholders. Vision statements and/or key principles can guide the development of steps counties will take to reform their SUD treatment systems.

Continuous Quality Improvement is critical. Though developing a strong vision for system transformation is important at the outset, it is also critical for counties and stakeholders to continuously monitor progress and make modifications when necessary. In Santa Clara, county policymakers and providers noted that "it is not QA (quality assurance), it's *QI* (quality *improvement*)" and continuously engaged in data monitoring and quality improvement efforts by using process improvement strategies (e.g. those used by the Network for the Improvement of Addiction Treatment, NIATx) to identify and address problems. Throughout the process of designing and implementing an organized SUD system, counties should utilize continuous quality improvement strategies to make adjustments to policies and procedures as needed. In addition, DADS administrators recommended that all quality improvement activities be well-documented, so that lessons learned in the past can be used to inform the development of future policies and procedures.

Quality Improvement needs to be clinical, not just administrative. Throughout the process of transforming into an organized system of care, DADS administrators made sure that the

processes of change and quality improvement focused on matters of clinical care as well as administrative functions and system design. To ensure that clinical matters were continuously being monitored and addressed, DADS created a position for a “Clinical Standards Coordinator” to help spark innovation and disseminate clinical practices. The Clinical Standards Coordinator held monthly meetings with clinical supervisors from every provider agency in the County to share systemwide data, teach them about new clinical practices, gather information on areas where providers needed assistance, and provide case consultation services. As one DADS administrator reported, this process was critical in “keeping the Innovative Partnership innovative,” and maintaining focus on the long-term goal of improving service delivery and client care. As other counties begin the process of creating organized systems of SUD care, similar steps to assure that structural change is continually guided by ongoing clinical innovation and improvement can help assure both the quality and sustainability of efforts to improve SUD services in the age of health care reform.

DADS Referral for Services

Screening Date [ ] Unicare Client ID: [ ]
Screening Site: Gateway Screener: [ ]

A. Client Demographic Information

First Name: [ ] Last Name: [ ] Middle Initial: [ ]
Date of Birth (MM/DD/YYYY): [ ] SSN: [ ] Gender (M/F): [ ] TAY(Y/N)? [ ]
Race: No Choice Selected Hispanic Origin: No Choice Selected Language: No Choice Selected
Number of Children Living with Client Under 18 Years Old: [ ] How many are 5 years or younger: [ ]
Homeless (Y/N) [ ] In a group home/facility (SLE/THU/Res. Tx) (Y/N): [ ] Other: [ ]
In the past 60 days [if jail then before] were you homeless, living in a place you don't own/rent? No
Address: Street: [ ] APT #: [ ]
City: [ ] Zip: [ ] Phone: [ ] Phone 2: [ ]
MediCal (Y/N): [ ] Private Insurance (Y/N): [ ] VHP Funding (Y/N): [ ] Valley Care (Y/N): [ ]
Do you require any accommodations we need to inform the provider of: [ ]

Have you ever served in the military? No If yes, ask if they're in department 64. If in dept. 64, refer to veterans assessor.

Criminal Justice Status: Not Criminal Justice Criminal Justice Consent on File: NA

Are you on parole No If yes, ask if they're in department 64. If in dept. 64, check parolee re-entry grant list.

If on Parole, list name of parole agent. [ ]

If on Probation, list name of probation officer. [ ]

Do you have a dependency Case? No If yes, refer to dependency assessor. Do not continue the screen.

Are you on CalWORKs? No Are you on the Welfare-To-Work Program? No

Referral Source: Choose one only Client was referred by: No Selection

B. Screening Questions

1. We are going to complete the screening process which consists of me asking you a few questions. Before we start I have to ask,
   Do You Consent to Releasing Your Information to the Providers we refer you to? (Y/N): No Selection
2. In the past 3 weeks have you had any symptoms of night sweats, coughing, fever, or unexplained weight loss? No
   Have you had a positive T.B. Test in the last 90 days? No
3. Are you calling because you are interested in methadone or suboxone? No
   If Yes, do you have a medical problem where opioid dependency developed? No
   If Yes, continue with screening and offer other resources.
   If No, provide referral phone number.
4. Are you pregnant? NA
   If Yes, and referring to OP, refer to PSAP or Blossoms for Assessment..
5. Are you requesting substance abuse services for someone who is age 18 or younger? No
6. In the past 30 days, have you been clean and sober most of those days? No
   If Yes, was it because you were incarcerated? NA
   If Yes, in the two weeks prior to jail, were you clean and sober most of those days? NA

Have you used in the last 3 days? No

If Yes, would you like to be referred to Detox?. No

If Yes, client is referred to Detox.

7. Do you have a clean and sober place to live? No

8. Right now, are you in danger of hurting yourself or others? No

C. In Custody/Detox Questions

Case JD# Case Name (Dependency Court Cases):

PFN:	Case#:	CDC# (Parolees):
Judge:	Court Rm. #	Ret. Crt. Date (MM/DD/YYYY):

DIM-2. Biomedical Conditions:

Severity Rating: No Choice Selected

Current Conditions: No

If in-custody, are you currently on medication? No

Explain: (Include TBI)

Treatment/Medication Status:

DIM- 3.Emot./Behav./Cognitive Conditions:

Severity Rating: No Choice Selected

Are You Conserved: No

Current Conditions: No

List Symptoms/Diagnosis/Meds

DIM-6. Recovery Environment:

Severity Rating: No Choice Selected

Notes:

D. Referred To

Client was Referred to: No Selection No Selection

Appt. Date: Time:

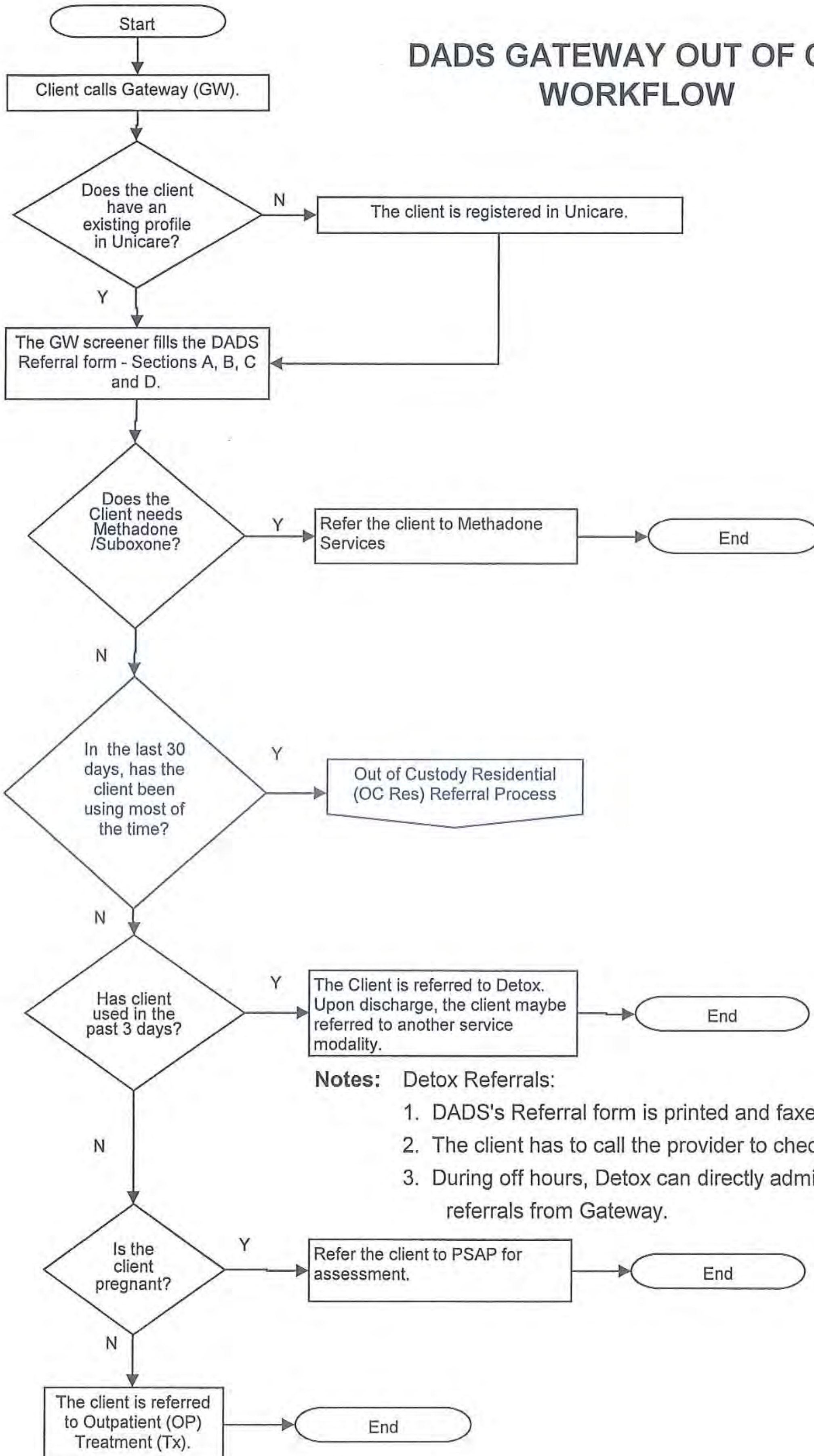
Call Back Date	Received By

Add Callback Info

Save and Close Print Cancel

Attachment B

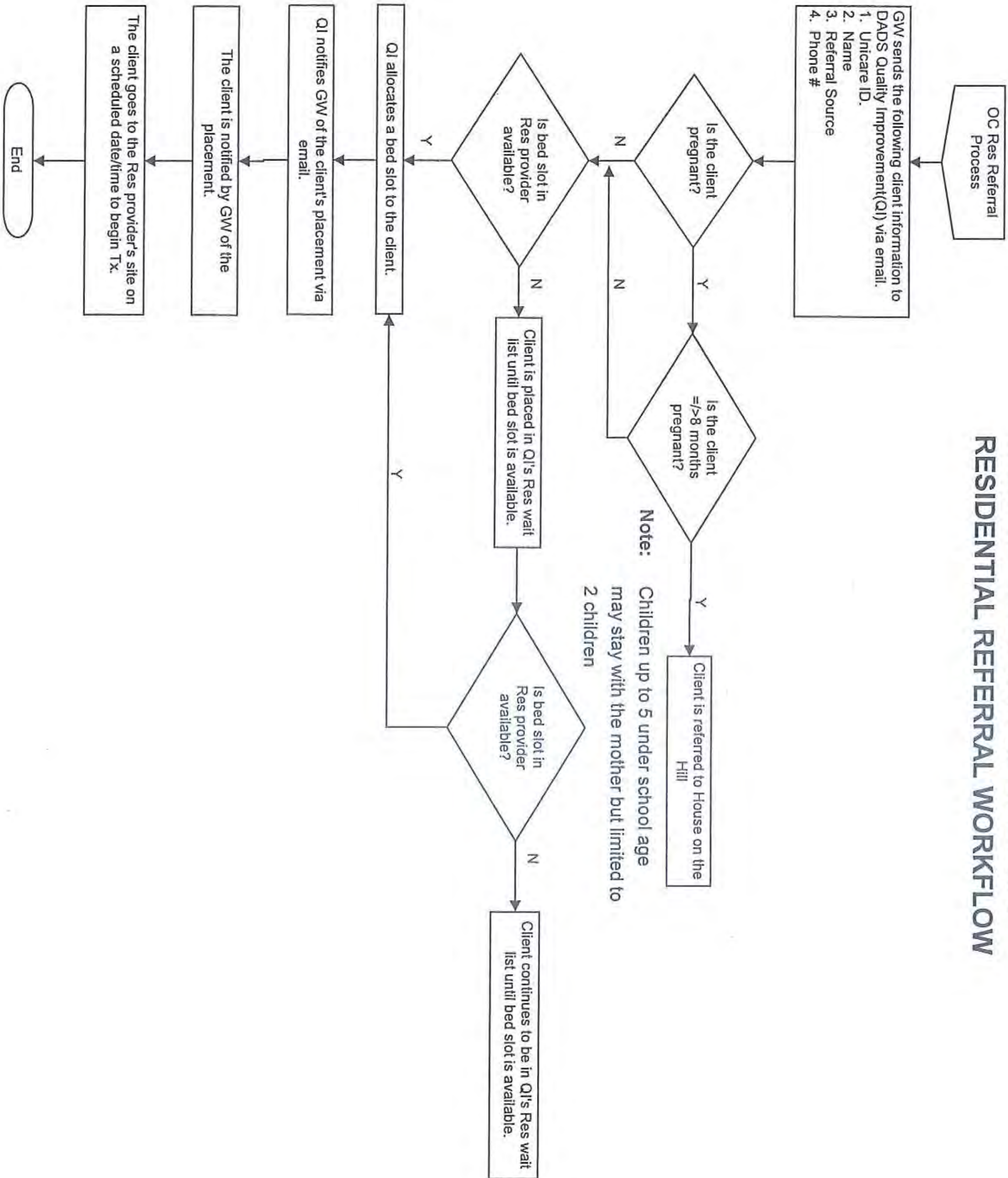
DADS GATEWAY OUT OF CUSTODY WORKFLOW



Notes: Detox Referrals:

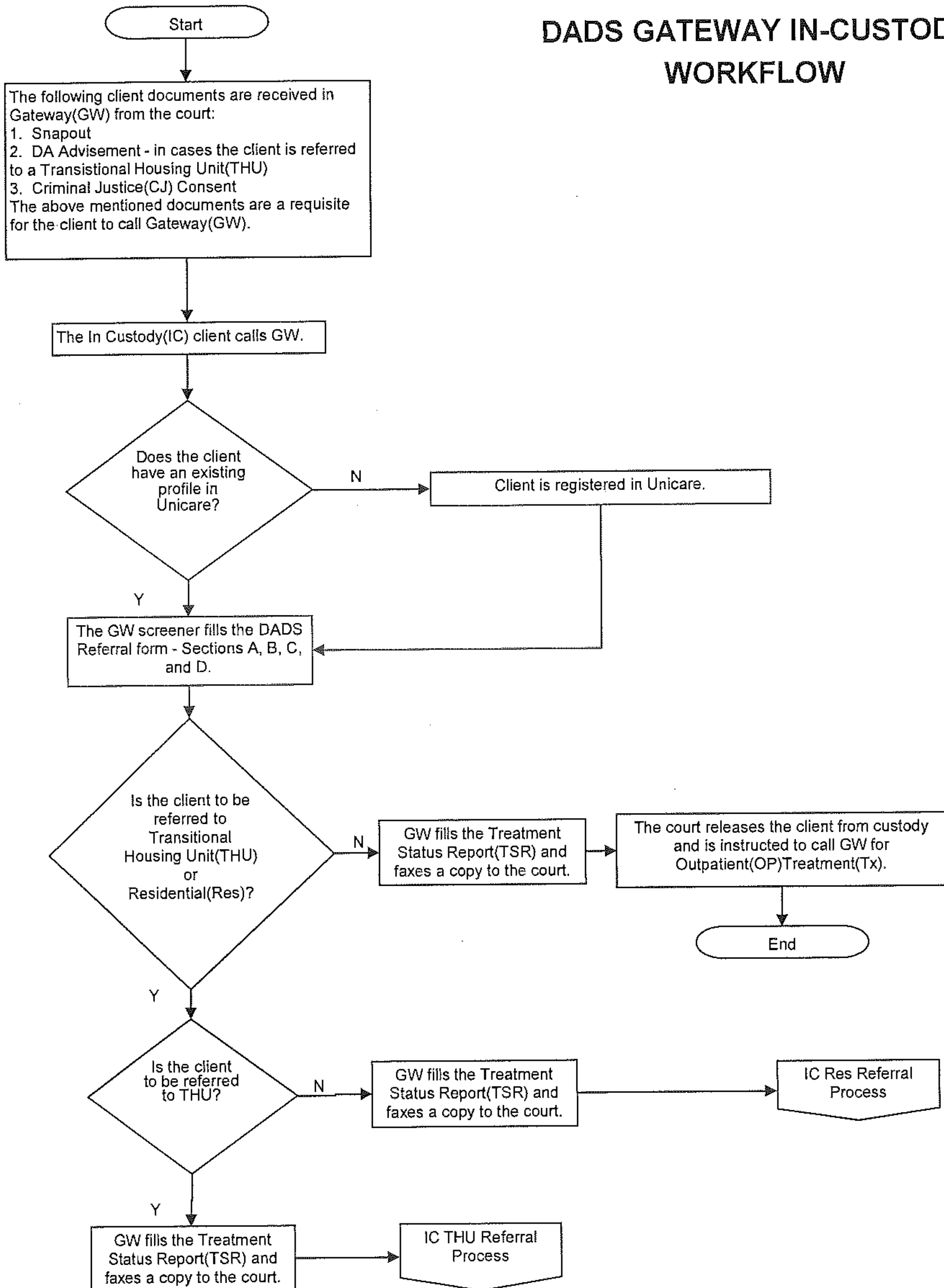
1. DADS's Referral form is printed and faxed to the provider.
2. The client has to call the provider to check for availability.
3. During off hours, Detox can directly admit clients without referrals from Gateway.

Attachment C



Attachment D

DADS GATEWAY IN-CUSTODY WORKFLOW



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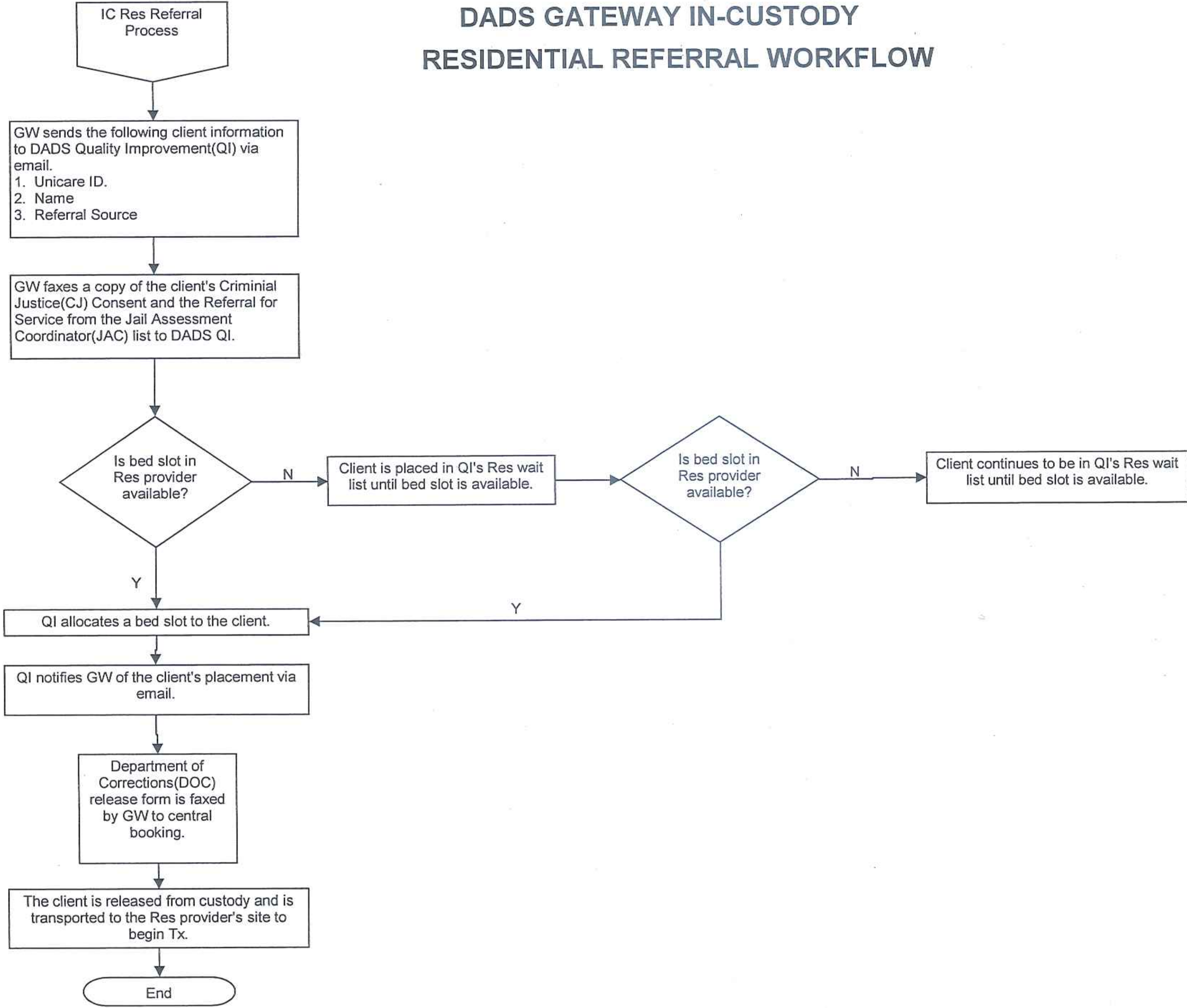

Treatment Assessment

SCVHHS **Department of Alcohol and Drug Services Managed Care System** Revised 12/22/05

⇨ Client Companies – Your Company – Episodes – Current Episode- Cost Center Location- Cost Center –Profile of Cost Center Location – User Defined Forms Tab – New – Select Category DADS, Type CALOMS. Form TX Assessment – Edit Data

Preliminary questions

➢Is there a consent form allowing future possible contact signed by the client on file within your agency? ☐Yes ☐ No

➢Transaction type: Is this an ☐Initial Admission ☐ Transfer or Change of Service (Check one)

➢How many days were you on a waiting list before being admitted to this treatment program? **(0-999) or 99901:Don't Know/Not Sure**

➢What is the number of prior episodes in any alcohol or drug treatment/recovery program in which you have participated? **(0 – 99) or 900:Deline to State or 901: Don't Know/Not Sure**

➢Are you a CalWORKS recipient? ☐Y ☐ N ☐ Don't Know/Not Sure

➢Are you receiving substance abuse treatment services under the CalWORKS welfare-to-work plan? ☐Y ☐N ☐Don't Know/Not Sure

1. Acute Intoxication/Withdrawal Potential..................................Severity Rating:...☐H...☐M..☐L

➢AOD use during past 30 days: **(See Code Sheet)**

	Substance/ Code	Substance Name	Last 30 Days (# of Days)	Amount/ Frequency	Age at First Use	(1.Oral 2.Smoking 3. Inhal 4. Inject 5. Other)
Primary						
Secondar						
Tertiary						
Other						

➢ **(If Alcohol is not primary or secondary drug then ask next question)**
How many days in the past 30 days have you used alcohol? Days **(0-30) or 902: Not Applicable**

➢Have many days have you injected drugs in the last 30 days? Days **(0-30) or 900: Decline to State**

➢Have you used needles during the past twelve months? ☐Y ☐N

Date of last use:

Number of times: had DT's overdosed on drugs

Comments:

2. Biomedical Conditions/Complications.......................................Severity Rating: ☐H...☐M..☐L

➢What type of disability/disabilities do you have?

☐ None ☐ Visual ☐ Hearing ☐ Speech
☐ Mobility ☐ Mental ☐ Developmental ☐ Other (not AOD)
☐ Declined to State ☐ Unable to Answer

➢Are you a Medi-Cal Beneficiary? ☐Y ☐ N

➢Are you Pregnant? ☐Y ☐ N ☐ Don't Know/Not Sure Receiving prenatal care? ☐Y ☐N

Name, address, phone # of MD:

Ever hospitalized? ☐Y ☐N Note dates/illness(es):

Client Name : **UniCare ID #:**

"➢" **CalOMS Required Data**

Confidential Client Information: California Welfare and Institutions Code Section 5328 - 42 CFR and Title 42, Code of Federal Regulations, Part 2

Treatment Assessment

Attachment F

:VHHS **Department of Alcohol and Drug Services Managed Care System** **Revised 12/22/05**

Have you been diagnosed with: (check all that apply):

Hepatitis C	STDs	Tuberculosis	Allergies	Seizure(s)
☐Yes ☐No ☐ Decline to State	☐Yes ☐No ☐ Decline to State	☐Yes ☐No ☐ Decline to State	☐Yes ☐No	☐Yes ☐No

ecify dates/types for any checked (above):

Have you been tested for HIV/AIDS? ☐Y ☐N ☐Decline to State **Note: Do not ask the results of the test.**

Did you receive the results of the HIV/AIDS Test? ☐Y ☐N ☐ Decline to State **Note: Do not ask the results of the test.**

llergic to any medications? ☐Y ☐N Specify:

ver had a head injury and been treated for it? ☐Y ☐N

Describe:

How many days in the past 30 days have you experienced physical health problems? (Please include such problems as flu, colds, and ıysical ailments related to drugs or alcohol such as cirrhosis of the liver or abscesses from needles) **(0-30) days**

How many times have you visited the emergency room in the past 30 days for physical health problems? **(0-99) days**

How many days in the last 30 days have you stayed overnight in a hospital for physical health problems? **(0-30) days**

Notes:

. **Emotional/Behavioral/Cognitive Conditions/Complications............Severity Rating:** ☐**H..**☐**M..**☐**L**

➢Have you ever been diagnosed with a mental illness? ☐ Y ☐ N ☐ Not Sure/Don't Know If yes, what is your diagnosis?

:ver hospitalized for psychological/emotional problems? ☐Y ☐N When/where/diagnosis/duration of hospital stay(s):

Ever experienced significant periods of:	Past 30 days?	Lifetime:Yes/No	When/Comments (please note if drug related)
Serious depression			
Serious anxiety/tension			
Hallucinations			
Trouble understanding/ concentrating/remembering			
Trouble controlling violent behavior			
Serious thoughts of suicide			
Attempted suicide			
Been prescribed medication for any Psychological or emotional			

Client Name : **UniCare ID #:**

"➢" **CalOMS Required Data**

Confidential Client Information: California Welfare and Institutions Code Section 5328 - 42 CFR and Title 42, Code of Federal Regulations, Part 2

Attachment F

Treatment Assessment

SCVHHS | Department of Alcohol and Drug Services Managed Care System | Revised 12/22/05

➢How many times in the past 30 days have you received outpatient emergency services for mental health needs? 0 times **(0-99)**

➢Days in the past 30 days you've been hospitalized for psychiatric or mental health needs? days **(0-30)**

➢In the past 30 days, have you taken prescribed medication for mental health needs? ☐ Y ☐ N

If yes, which ones and who is prescribing them:

(If there is a mental health problem, ask the client the next questions) ***If N/A, check this box*** ☐

Has your mental health condition interfered with:

☐ Social Functioning ☐ Ability for self care ☐ Addiction recovery efforts ☐ Ability to work

Has the course of your mental health condition been (check as many as applicable):

☐ Stable w/ meds ☐ Stable w/out meds ☐ Recent acute episode ☐ Chronic ☐ Chronic, low functioning

Review previous Psych/Emotional/Behavioral Status Eval (on LOC) and note any differences apparent now:

Notes:

4A. Readiness To Change................................**Severity Rating (Subs Abuse):.**☐**H..**☐**M..**☐**L**

How important to you now is treatment for?:

Alcohol problems ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

Drug problems ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

Stage of Change for substance abuse:

☐Pre-contemplation ☐Contemplation ☐Preparation ☐Action ☐Maintenance ☐ Relapse

Explain your selection above. Review previous Stage of Change (on LOC) and note any differences apparent now:

Notes:

4B. Readiness To Change..**Severity Rating (Mental Health).**☐**H..**☐**M..**☐**L**

(If applicable, i.e., the client has a mental health problem) ***If N/A, check this box*** ☐

How important to you now is treatment for:

Mental health problems: ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

Stage of Change for Mental Health problems:

☐Pre-contemplation ☐Contemplation ☐Preparation ☐Action ☐Maintenance ☐Relapse

Explain your selection.

Client Name : **UniCare ID #:**

"➢" **CalOMS Required Data**

Confidential Client Information: California Welfare and Institutions Code Section 5328 - 42 CFR and Title 42, Code of Federal Regulations, Part 2

Treatment Assessment

:VHHS Department of Alcohol and Drug Services Managed Care System Revised 12/22/05

ı. Relapse/Continued Use/Continued Problem Potential…..Severity Rating (Subs Abuse):.☐H..☐M..☐L

ɔw many days in the past 30 have you experienced problems such as craving, withdrawal symptoms, disturbing effects of use, or wanting to ɔp and being unable to do so? Alcohol problems: days Drug problems: days

ɛ you continuing to use? ☐Y ☐N

ɛ you aware of your relapse triggers? ☐Y ☐N

iggers for Relapse (Check all that apply): ☐ Difficulty dealing with negative emotions ☐ Peer refusal difficulties

| Trouble coping with cravings ☐ Financial stressors ☐ Relationship problems ☐ Work pressures ☐ Chronic pain

]Other, be specific:

ɔ you know what to do if you are triggered ☐Y ☐N

ɔ you have enough coping skills to prevent relapse? ☐Y ☐N

'hat was your longest period of sobriety/abstinence? When? What helped?

ave you had any prior treatment episodes? ☐Y ☐N. If yes, type, place, dates:

Notes:

B. Relapse/Continued Use/Continued Problem potential…Severity Rating (Mental Health): ☐H..☐M..☐L

[f applicable, i.e., the client has a mental health problem) ***If N/A, check this box*** ☐

.re you aware of your mental health relapse triggers? ☐Y ☐N

'riggers for mental health relapse (Check all that apply): ☐ Difficulty dealing with negative emotions ☐ Financial stressors

☐ Relationship problems ☐ Work pressures ☐ Medication compliance Other ☐ Specify:

)o you know what to do if your mental health problems are triggered? ☐Y ☐N

)o you have enough coping skills to prevent mental health relapse? ☐Y ☐N

)o you tend to ☐ Isolate or ☐ reach out when experiencing mental health problems?

Notes:

ɪA. Recovery Environment…………………………………...Severity Rating (Substance Abuse):.☐H..☐M..☐L

➢How many days in the past 30 days have you lived with someone who uses alcohol and/or other drugs?0 **(0-30) or 900: Decline to State**

Who is supportive of your recovery?

➢How many days in the past 30 days have you participated in any social support recovery activities (such as 12-step meetings, other ɪelf-help meetings, religious/faith recovery meetings, meetings of an organization other than those listed above, interactions with family nembers and/or friend for support of your recovery)? **(0-30) days.** Specify what type and how often?

Client Name : **UniCare ID #:**

"➢" CalOMS Required Data

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Treatment Assessment

SCVHHS — Department of Alcohol and Drug Services Managed Care System — Revised 12/22/05

➢What is the highest school grade completed: (0-30) or 900: Decline to State Marital status: (See code sheet)

➢How many children do you have aged 5 or younger? children (0-30)

➢How many children do you have aged 17 or younger? children (0-30)

➢How many of your children are living with someone else because of a child protection court order? children (0-30)

➢If you have children living with someone else due to a child protection order, for how many of these children have your parental rights been terminated? children (0-30)

Social Worker's name/telephone #:

➢What are your current living arrangements? ☐Homeless ☐No stable arrangements ☐Parents ☐Family ☐Friends ☐Sexual partner alone ☐ Sexual partner & children ☐ Children alone ☐ Alone ☐ Board/Care

How long in these arrangements? Are you able to maintain abstinence in these arrangements? ☐Y ☐N

➢Are you currently enrolled in school? ☐Y ☐N ☐Decline to State

➢Are you currently enrolled in a job training program? ☐Y ☐N ☐ Decline to State

Profession/trade:

➢What is your employment status? ☐

1-Employed full-time (35 hours or more per week)
2- Employed part-time (less than 35 hours per week)
3- Unemployed, looking for wor k
4- Unemployed, not in the labor force (not seeking work)
5- Not in the labor force, not seeking (not previously employed, not seeking)

➢Number of days were you paid for working in past 30 days? days (0-30) or 900: Decline to State

Other source of Income:

Do you currently have transportation available for use? Y☐ N☐ Specify:

➢How many days in the past 30 days have you had serious conflicts with your family? days. (0-30) or 900: Decline to State

If so, explain:

Have you had any serious conflicts with people other than family members? ☐Y ☐N

If yes, explain:

➢What is your criminal justice status? ☐ Not Applicable ☐ Under parole supervision by CDC ☐ On parole from any other jurisdiction ☐ Admitted under diversion from any court under Ca. PC 1000 ☐ On probation from any Federal, State, or local jurisdiction ☐ Incarcerated ☐ Awaiting trial, charges, or sentencing

➢How many times have you been arrested in the past 30 days? times (0-30)

➢How many days in the past 30 days were you in jail? days (0-30)

➢How many days in the past 30 days were you in prison? days (0-30)

Ever charged with (check all that apply): ☐Rape ☐Arson ☐Crime against a child ☐Violent crime ☐Domestic Violence ☐Other crime(s) Note charges/dates/outcomes for items checked (above):

Client Name : UniCare ID #:

"➢" CalOMS Required Data

Confidential Client Information: California Welfare and Institutions Code Section 5328 - 42 CFR and Title 42, Code of Federal Regulations, Part 2

Treatment Assessment

:e any of the following a barrier to your substance abuse recovery: (check all that apply) ☐ Occupational problems

] Problems with Primary support group (family members, disruption of family, abuse, child care concerns) ☐Honsing problems

] Problems related to social environment (Friends, social support, acculturation issues, life cycle issues) ☐Economic problems

] Problems with access to health care ☐ Educational problems ☐ Transportation ☐Other, specify:

Notes:

B. **Recovery Environment**..**Severity Rating (Mental Health)**:.☐H..☐M..☐L

f applicable, i.e., the client has a mental health problem) ***If N/A, check this box*** ☐

re any of the following a barrier to your mental health recovery?: (check all that apply) ☐ Occupational problems

] Problems with Primary support group (family members, disruption of family, abuse, child care concerns) ☐Housing problems

] Problems related to social environment (Friends, social support, acculturation issues, life cycle issues) ☐Economic problems

] Problems with access to health care ☐ Educational problems ☐ Transportation ☐Other, specify

.re you currently using community mental health resources? Y☐ N☐ If yes, what kind? be specific:

f no above, do you know how to access community mental health resources? Y ☐ N ☐

Notes:

ummary of Clinical Assessment/Comments:

Jse information from LOC and Tx Assessments and your observations.

Client Name : **UniCare ID #:**

"➢" **CalOMS Required Data**

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Treatment Assessment

SCVHHS **Department of Alcohol and Drug Services Managed Care System** **Revised 12/22/05**

➢For Methadone sites only: Medication Prescribed as part of treatment None ☐ Methadone☐

Treatment Issues/Problem List: **(should correlate with the severity rating in each dimension of this assessment):**

1 Rated:	**Acute Intox/Withdraw Potential:**
2 Rated:	**Biomed Conditions:**
3 Rated:	**Emo/Behav/Cog Conditions:**
4A Rated:	**Readiness to change (Substance Abuse):**
4B Rated:	**Readiness to change (mental health):**
5A Rated:	**Relapse/Continued Use/Continued Problem Potential (substance Abuse):**
5B Rated:	**Relapse/Continued Use/Continued Problem Potential (mental health):**
6A Rated:	**Recovery Environment (substance abnse):**
6B Rated:	**Recovery Environment (mental health):**

LVN/Clinician's Signature ______________________

LVN/Clinician's Name ______________________

Clinician's Phone Number ______________________

Physician's Signature (Methadone) ______________________

Clinical Supervisor's Signature (Methadone) ______________________

Date Completed ______________________

Client Name : **UniCare ID #:**

"➢" CalOMS Required Data

Confidential Client Information: California Welfare and Institutions Code Section 5328 - 42 CFR and Title 42, Code of Federal Regulations, Part 2

Attachment G

DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

REQUEST FOR PROPOSALS (RFP)

RFP-ADS-FY15-0285

ADULT/OLDER ADULT BEHAVIORAL HEALTH SERVICES & TRANSITIONAL HOUSING UNITS

RFP RELEASE DATE: Friday, January 30, 2015

RFP PROPOSALS DUE DATE:

Friday, March 27, 2015 by 3:00pm

Proposals submitted late will not be considered

Proposals must be delivered to:

Santa Clara Valley Health & Hospital System
Department of Behavioral Health Services
Department of Alcohol and Drug Services (DADS)
Attention: Leilani Villanueva, DADS Contracts Manager
976 Lenzen Ave., 3rd Floor
San Jose, California 95126

RFP CONTACTS:

Leilani Villanueva
(408) 792 - 5141
Leilani.villanueva@hhs.sccgov.org

Evonne Lai
(408) 885-3289
Evonne.lai@hhs.sccgov.org

All questions and clarification requests regarding this RFP must be posted to Bidsync at www.bidsync.com

TABLE OF CONTENTS

SECTION	TITLE	PAGE
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II	CONDITIONS GOVERNING THE PROCUREMENT	12
III	RESPONSE FORMAT AND CONTENT	18
IV	REQUIREMENTS AND PROPOSER SUBMITTAL	21
V	EVALUATION	22

APPENDICES

All applicable Appendices **must** be submitted with the proposal.

Appendix A - Cover Sheet
Appendix B – Funding Summary, Budget Worksheets and Narrative Requirements
Appendix C – Identification of Subcontractors
Appendix D – Customer References
Appendix E – Vendor's Questionnaire
Appendix F – Non-Collusion Declaration
Appendix G – Confidential Information Public Record Act
Appendix H – Cultural Competence Form
Appendix I – Proposed Services Summary

ATTACHMENTS

The Attachments listed below are reference materials and do not have to be submitted with the proposal.

1. Mental Health Adult and Older Adult Outpatient
   a. Attachment A1 - Statement of Work for Mental Health Adult and Older Adult Outpatient Services
   b. Attachment B1 – Proposal Narrative Evaluation Criteria for Mental Health Adult and Older Adult Outpatient Services
   c. Attachment B12 –Proposal Budget Evaluation Criteria
2. Mental Health Older Adult Outpatient Services
   a. Attachment A2 - Statement of Work for Mental Health Older Adult Outpatient Services
   b. Attachment B2 – Proposal Narrative Evaluation Criteria for Mental Health Older Adult Outpatient Services
   c. Attachment B12 –Proposal Budget Evaluation Criteria

3. Mental Health Adult Full Service Partnerships
    a. Attachment A3 - Statement of Work for Mental Health Adult Full Service Partnership
    b. Attachment B3 – Proposal Narrative Evaluation Criteria for Mental Health Adult Full Service Partnership
    c. Attachment B12 –Proposal Budget Evaluation Criteria
4. Mental Health Ethnic Specific Outpatient Services
    a. Attachment A4 - Statement of Work for Mental Health Ethnic Specific Outpatient Services
    b. Attachment B4 – Proposal Narrative Evaluation Criteria for Mental Health Ethnic Specific Outpatient Services
    c. Attachment B12 –Proposal Budget Evaluation Criteria
5. Mental Health Adult Full Service Partnership Transitional Housing
    a. Attachment A5 - Statement of Work for Mental Health Adult Full Service Partnership Transitional Housing
    b. Attachment B5 – Proposal Narrative Evaluation Criteria for Mental Health Full Service Partnership Transitional Housing
    c. Attachment B12 –Proposal Budget Evaluation Criteria
6. Mental Health CalWORKs Outpatient Services
    a. Attachment A6 - Statement of Work for Mental Health CalWORKs Outpatient Services
    b. Attachment B6 – Proposal Narrative Evaluation Criteria for Mental Health CalWORKs Outpatient Services
    c. Attachment B12 –Proposal Budget Evaluation Criteria
7. Mental Health CalWORKs Transitional Housing Services
    a. Attachment A7 – Statement of Work for Mental Health CalWORKs Transitional Housing Services
    b. Attachment B7 - Proposal Narrative Evaluation Criteria for Mental Health CalWORKs Transitional Housing Services
    c. Attachment B12 –Proposal Budget Evaluation Criteria
8. Substance Use Outpatient and Intensive Outpatient Services
    a. Attachment A8 – Statement of Work for Substance Use Outpatient and Intensive Outpatient Services
    b. Attachment B8 – Proposal Narrative Evaluation Criteria for Substance Use Outpatient Services and Substance use Intensive Outpatient Services
    c. Attachment B12 –Proposal Budget Evaluation Criteria

9. Substance Use Residential Services
    a. Attachment A9 – Statement of Work for Substance Use Residential Services
    b. Attachment B9 – Proposal Narrative Evaluation Criteria for Substance Use Residential Services
    c. Attachment B12 –Proposal Budget Evaluation Criteria
10. Substance Use Detoxification Services
    a. Attachment A10 – Statement of Work for Substance Use Detoxification Services
    b. Attachment B10 - Proposal Narrative Evaluation Criteria for Substance Use Detoxification Services
    c. Attachment B12 –Proposal Budget Evaluation Criteria
11. Substance Use Transitional Housing
    a. Attachment A11 – Statement of Work for Substance Use Transitional Housing
    b. Attachment B11 – Proposal Narrative Evaluation Criteria for Substance Use Transitional Housing
    c. Attachment B12 –Proposal Budget Evaluation Criteria

Attachment C1 – Mental Health Services Sample Agreement
Attachment C2 – Alcohol and Drug Services Sample Agreement
Attachment D - Insurance Requirements
Attachment E – Recommendation – Integration Framework for Santa Clara County: Comprehensive Continuous Integrated System of Care
Attachment F – Electronic Health Records and Electronic Data Exchange Requirements
Attachment G – County Facilities Layout

SECTION I – INTRODUCTION

A. INVITATION

The Santa Clara County Department of Behavioral Health Services (DBHS) is seeking proposals from qualified Community Based Organizations (CBOs) to provide a continuum of outpatient, residential, detoxification, and transitional housing unit services for adult and older adult clients in Santa Clara County.

This Request for Proposal (RFP) will seek proposals from vendors that are able to provide a model of service delivery and practices targeted to treat mental health, substance use and/or co-occurring conditions. See Attachments A1 through A11 "Statement of Work" for a detailed description of each program's specifications and requirements. See Appendix B for a summary of current funding available for each program. Potential vendors may apply for one or more of the programs listed in the Attachments.

DBHS was formed as a result of the integration of the Santa Clara County Mental Health Department (MHD) and the Department of Alcohol and Drug Services (DADS) in 2014. Through the integration planning process for the DBHS, the Adult/Older Adult Divisions came together with a focus on improving outcomes for adults and older adults affected by mental health and/or substance use issues.

DBHS intends to increase co-occurring capability and capacity across the Adult/Older Adult System of Care. However, the development of a fully integrated behavioral health system will require training and technical assistance for providers and staff and will happen over time. It is the intent of this RFP to solicit proposals from a majority of vendors that will provide either mental health services or substance use services (with dual diagnosis capability as defined in the RFP).

DBHS intends to work on a training curriculum that will prepare the entire Adult/Older Adult System of Care to become co-occurring capable, meaning that staff will have the competencies necessary to conduct a thorough assessment of both mental health and substance use issues and needs. As the system acquires the skills and competencies to deliver outpatient, integrated behavioral health services, services may be re-bid to increase the capacity of co-occurring disorder services.

This RFP may result in the award of multiple Agreements.

B. BACKGROUND

1. County of Santa Clara

Santa Clara County is located at the southern end of the San Francisco Bay and it forms the geographic core of the economic region called Silicon Valley. The County has approximately 1.8 million residents which makes it the sixth largest in California, and the largest of the nine Bay Area counties. The County contains 15 incorporated cities within its borders including: San Jose, the tenth largest city in the United States, as well as Campbell, Cupertino, Gilroy, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, Santa Clara, Saratoga and Sunnyvale.

Ninety percent of the population lives in cities while unincorporated ranch and farmland covers a significant portion of the County's 1,315 square miles. County residents speak over 100 languages and dialects with over 55 percent of them from either Asian, Hispanic or Latino backgrounds.

2. Mission Statement of the County of Santa Clara

The mission of the County of Santa Clara is to plan for the needs of a dynamic community, provide quality services, and promote a healthy, safe and prosperous community for all.

3. Mission Statement of Santa Clara Valley Health & Hospital System

It is the mission of Santa Clara Valley Health & Hospital System, which includes the DBHS, to provide leadership in developing and promoting a healthy community through a planned, integrated health care delivery system which offers prevention, education and treatment programs to all residents of Santa Clara County, regardless of ability to pay. Santa Clara Valley Health & Hospital System provides a wide range of primary and specialty medical and behavioral health services and oversees public programs for the health and well-being of all County residents.

4. Santa Clara County Department of Behavioral Health Services

Santa Clara County Department of Behavioral Health Services was formed as a result of the integration of the Santa Clara County Mental Health Department (MHD) and the Department of Alcohol and Drug Services (DADS) in 2014. Through the integration planning process for DBHS, the Mental Health and DADS Adult Divisions worked together to improve outcomes for adults affected by mental health and/or substance use conditions. The practice principles supporting this work include a social-ecological approach, family-centered practices, community-based services and a hybrid model for treating co-occurring disorders. **See Attachment E: Recommendation – Integration Framework for Santa Clara County: Comprehensive Continuous Integrated System of Care.** DBHS applies coordinated care principles in allocating treatment resources. Coordinated care is best described as a planned and coordinated approach to providing health services. This approach benefits consumers and providers by combining administrative and clinical services in an integrated, coordinated system to give clients high-quality and cost-effective care in a timely manner.

The County's DBHS treatment network has continued on a trajectory of system change that incorporated over time: (a) standardized assessment for patient placement, (b) a continuum of care, (c) application of Quality Improvement principles, (d) individualized treatment, and (f) application of evidence-based and best practice standards of care. DBHS is in alignment with the Triple Aim, proposed by the Institute for Healthcare Improvement, which is focused on:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

It is the policy of the DBHS to be highly responsive to the multiple and complex needs of persons and families experiencing co-occurring mental health and substance use disorders, in all levels of care, across all agencies and throughout all phases of the recovery process (e.g.

engagement, screening, assessment, treatment, rehabilitation, discharge planning, and continuing care).

a. Santa Clara County Demographics

The 2013 population census for Santa Clara County was 1,862,041 with 6.5% making up those age 5 and under and 23.4% With regard to racial and ethnic demographics, 57.2% are White, 2.9% Black or African American, 1.4% American Indian or Alaskan Native, 34.1% Asian, .5% Native Hawaiian or Other Asian Pacific Islander, 4% two or more races, 26.8% Hispanic/Latino, 33.9% White, Non-Hispanic.

The Adult and Older Adult 25,000 annually which are mostly Medi-Cal and uninsured. The MHD's Adult and Older Adult (AOA) System of Care for qualified Medi-Cal recipients with Serious Mental Illness (SMI) is structured as a continuum of care and serves a diverse population of clients who represent the ethnic and racial diversity of Santa Clara County. According to the US Census, the population for Santa Clara County in 2013 was 1,862,041, of which 76.6% were individuals over the age of 18. In FY 2013, the Santa Clara County Mental Health Department served approximately 7,000 adult and 1,400 older adult clients in outpatient services. Of these 8,400 clients, 33% were disorder and 25% were dealing with some type of mood disorder. Another 18% were diagnosed with a co-occurring substance abuse condition.

DADS Adult System of Care serves a diverse population of clients that represents the ethnic and racial diversity in Santa Clara County. In FY 2013, 58% of clients belonged to a racial or ethnic minority and 43% of clients identified themselves as Latino/Hispanic. Nearly two thirds (67%) of DADS clients are referred from the criminal justice system – primarily drug and SACPA courts, and the AB 109 program. Approximately 39% of clients have a co-occurring mental health diagnosis.

b. Santa Clara County System of Care

The DBHS system is a centralized system that serves as a point of entry into the entire system of care. There may also be other points of access. The system consists of a large and diverse group of community based providers and County operated clinics.

C. BUDGET

The County has allocated a total of $57,534,293 from July 1, 2015 to June 30, 2016 for these outpatient, residential, detoxification, and THU services not including Cost of Living Adjustments for FY16. The funding source for these services comes from Federal Drug Medi-Cal, State Drug Medi-Cal, State Realignment 2011, Mental Health Services Act, Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant, AB109, CalWORKs, Measure A, Substance Abuse and Mental Health Services Administration, California Department of Corrections and Rehabilitation Grant (CDCR) and County General Fund. See Appendix B for budget details.

In the event that additional funding becomes available for the services under this RFP prior to the expiration of the contract term(s) of any contracts resulting from this RFP, the County reserves the

right to make these additional funds available to the Providers that were selected under this RFP to provide these services.

This RFP is contingent on the appropriation of sufficient funding by the County for the services covered by this RFP. If funding is reduced or deleted by the County for purpose of this RFP, the County has the option to either terminate this RFP with no liability occurring to the County or to offer an amendment to the RFP indicating the reduced amount.

D. CONTRACT TERMS

The approximate initial contract term is July 1, 2015, up to and including, June 30, 2016. Four one-year extensions approximately ending on June 30, 2020 may be offered based on different factors, including vendor's performance and availability of funding.

E. CALENDAR OF EVENTS

NOTE: Dates and/or the process in this timeline may be changed by the DBHS if deemed necessary. The Department will make every effort to adhere to following anticipated schedule:

	Event	Date
1	**RFP Release**	Friday, January 30, 2015
2	Pre-Proposal Conference **3:00 PM – 4:30 PM PST**	Monday, February 9, 2015
3	Deadline to submit written RFP questions through BidSync - **3:00 PM PST**	Friday, March 13, 2015
4	Response to Written Questions/RFP Addendum if appropriate	Friday, March 20, 2015
5	**PROPOSALS DUE by 3:00 PM PST**	Friday, March 27, 2015
6	Proposal Evaluation	Week of 4/6/2015
7	Vendor interviews (only if needed). **Note**: All vendors must keep this date available for interviews and/or to respond to supplemental questions.	Thursday, April 16, 2015
8	Notice(s) of Intent to Award Sent	Friday, April 24, 2015
9	**Protest Deadline by 3:00 PM PST**	Friday, May 1, 2015
10	Estimated Contract Start Date	Wednesday, July 1, 2015

Communication with County Employees

As of the issuance date of this RFP and continuing until the final date of award of the contract(s), contact with Santa Clara County employees regarding the RFP is strictly limited. All personnel representing the County are specifically directed not to hold meetings, conferences or technical discussions with any vendor for purposes of responding to this RFP. All questions related to the RFP must be directed to BidSync, at www.bidsync.com. Any vendor found to be acting in any way contrary to this directive will be disqualified from entering into any contract that may result from this RFP. The Procurement Lead for this RFP is Leilani Villanueva, DADS Contracts Manager, 976 Lenzen Ave., 3rd Floor, San Jose, CA 95126. Leilani.villanueva@hs.sccgov.org

F. EXPLANATION OF EVENTS

2. RFP Release

This RFP is being issued by the Santa Clara Valley Health & Hospital System Department of Behavioral Health Services. Copies of this RFP including supporting documents may be obtained from Bidsync's web site at http://www.bidsync.com.

3. Pre-Proposal Conference

A pre-proposal conference has been scheduled as specified in Section I.D.2, "Calendar of Events."

Location:
Santa Clara Valley Medical Center -Valley Specialty Center
751 S. Bascom Ave
San Jose, CA 95128
Room – bq160 (lower level)

There is a parking garage next to the Valley Specialty Center building.

Please bring copies of this RFP and its correlating appendices and attachments to the pre-proposal conference. Copies will not be provided by the County in efforts to preserve paper resources.

The pre-proposal conference will include a review of the RFP and response to questions. Although the pre-proposal conference is optional, providers are strongly encouraged to attend this conference.

Oral responses given at the conference are not binding on the County. Any responses submitted or provided at the conference that, in the County's judgment, alter the content of the RFP, will be provided in writing, as an addendum to the RFP. All addenda will be posted on www.bidsync.com.

4. Deadline to Submit RFP Questions through BidSync

Potential Proposers may submit written questions to this RFP via BidSync until the deadline as indicated in Section I.D.3, "Calendar of Events." **The County will not respond to questions submitted in any other manner or format.**

Please cite the RFP Section, subsection and page number that each question is in reference to. Example: [RFP Section III, subsections B & D.12, pages 14, 15].

Answers to questions received by the deadline will be responded to on the bid management site www.bidsync.com. Thereafter, the County will not respond to questions submitted after the closing date and time for written questions.

Written responses to written questions regarding the substance of the RFP, and any material changes to the RFP, will be issued as an addendum, and posted on www.bidsync.com by the date indicated in section I.D.3, "Calendar of Events."

5. Proposal Due Date

Proposals must be received **no later than the deadline specified in Section I.D.4, "Calendar of Events."** All received proposals will be time stamped. Late proposals will not be accepted. All deliveries via express carrier should be addressed as follows:

Santa Clara Valley Health and Hospital System
Department of Behavioral Health Services
Department of Alcohol and Drug Services
Attention: Leilani Villanueva, DADS Contracts Manager
976 Lenzen Ave., 3rd Floor
San Jose, California 95126

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the RFP # and title as referenced on the cover page.

6. Proposal Evaluation

An Evaluation Committee (EC) will review and evaluate the proposals and make a recommendation for an award. The EC will evaluate proposals in accordance with evaluation criteria published in this RFP. The Budget will be reviewed by DBHS's Finance Department for accuracy and completeness and rated in accordance with evaluation criteria published in this RFP.

7. Proposer Interviews

At the County's option, one or more Proposers may be selected as a finalist(s) and invited to enter into negotiations with the County and/or proceed to the next round of evaluations (interviews). **All Proposers must keep the date available as indicated in Section I.D.6, "Calendar of Events."**

At County's option, multiple proposers may be selected to enter into final negotiations with the intent of award. Proposers may be given an opportunity to provide a Best and Final Offer.

8. Notice of Intent to Award Contract

As referenced by the deadline in Section I.D.7, "Calendar of Events" the Department will e-mail to each proposer notification of an intent to award or not to award.

9. Protest

Please see Section II.A of this RFP for a detailed description of the protest procedures.

SECTION II – CONDITIONS GOVERNING THE PROCUREMENT

This section of the RFP describes the procurement events as well as the conditions governing the Request for Proposal process. Proposers are required to adhere to these conditions.

A. PROTEST PROCEDURES

The Department will send an email to all proposers ("Notice of Intent to Award") informing them of the proposal that was selected. Proposers whose proposals were not selected may file a written protest ("Protesters") no later than five (5) business days from the date the notification of the email notifying proposer of the selected proposal or issuing/posting Notice of Intent to Award by email.

1. Filing a Protest

The protest of an award must be in writing. The following must be written on the cover of the protest: "Protest Relating to RFP-ADS-FY15-0285: Adult Behavioral Health Services and Transitional Housing Units" The written protest must be emailed, faxed, or mailed to the Department at the following address:

Santa Clara Valley Health and Hospital System
Department of Alcohol and Drug Services –
Department of Behavioral Health Services
Attention: Leilani Villanueva, DADS Contracts Manager
976 Lenzen Ave., 3rd Floor
San Jose, California 95126
E-mail: leilani.villanueva@hhs.sccgov.org
Fax: (408) 947 - 8709

All protests must be received by the designated Contracts Manager within five (5) business days after the Department issued the Notice of Intent to Award. Any protests received after this time will not be considered. If the deadline has shifted, notice to Proposers will be sent out accordingly.

2. Contents of Protest

The written protest must contain the following information: (1) the name, street address, electronic mail address, telephone, and facsimile number of the protesting party (Protester); (2) signature of the Protester or its representative; (3) clearly stated grounds for the protest as set forth in Section (A)(3) "Grounds for Protest" below; (4) copies of any relevant documents referred to by the protest; (5) the form of relief requested; and (6) the method by which the Protester would like to receive the Department's written protest decision. The written protest must clearly state the grounds for the protest. Protests should be concise and logically arranged.

3. Grounds for Protest

Protests shall be based only on one or more of the following grounds:

a. The Protester believes the County failed to follow the procedures and adhere to requirements set forth in the solicitation or any addendum thereto.

b. The Protestor believes there was misconduct or impropriety by County officials or evaluation team members.

c. The Protester believes there was abuse of process or abuse of discretion by County officials or evaluation team members.

4. Protest Resolution Process

a. Informal Review by Department

The Director of the Department, or his or her designee, will review a timely protest and attempt to informally resolve it expeditiously. Upon review of the protest, the Director will determine whether the protest has any merit and will send the Protester a written protest decision.

b. Request for Review by Independent Review Officer (IRO)

If the Protester believes the Department's written response did not resolve the protest, the Protester may send a request to have the protest formally reviewed by an Independent Review Officer (IRO). An IRO will be a qualified County official from another Department who was designated to review the merits of the protest.

Requests for a formal review by an IRO must be in writing and submitted no later than five **(5) days from the date the Department sent out its protest decision. If no request is received with the five (5) days,** the Department will determine that the Protester does not seek further review.

The written request must be emailed, faxed, or mailed to the Department at the same address listed under Section (A) (1) "Filing a Protest."

c. Formal Review by Independent Review Officer

The Director, or his or her designee, will forward the protest to the IRO within two (2) business days after receiving Protester's written request for formal review. The Department is required to provide the Protester with the following: 1) written notification that the protest is being forwarded to the IRO; 2) the IRO's contact information; and 3) notification that the Protester has ten (10) business days to provide the IRO with any additional documents that the Protester believes is relevant to the review of the protest. The Department will also have ten (10) business days from the date of the written notification to forward any additional documents relevant to the IRO. Protester may not present any additional grounds for protest, arguments, or narratives that were not included in the original protest.

The IRO shall conduct an independent review of the protest to determine whether the grounds for the protest have merit. Only the information contained in a timely protest shall be considered by the Reviewing Officer. The Reviewing Officer shall only consider the documents each party has submitted, grounds for protest, and grounds to reject the protest.

The IRO will issue a written decision to both the Department and the Protester within twenty five business (25) days of receiving a protest. However, if extended time is necessary for the IRO to issue a decision, a notification to both parties will be sent. If the Protester failed to specify in its written protest the method by which the Protester would like to receive the IRO's written decision, the decision will be sent via U.S. mail. All decisions of the IRO shall be final.

5. Remedies

If the IRO sustains a protest in whole or in part, the IRO shall refer the matter back to the Department for redress in conformance with the IRO's decision. If the IRO rejects the protest, then the Department may proceed with awarding the contract(s).

B. GENERAL CONDITIONS

1. INCURRING COST

This RFP does not commit the County to award, nor does it commit the County to pay any cost incurred in the submission of the Proposal, or in making necessary studies or designs for the preparation thereof, nor procure or contract for services or supplies. Further, no reimbursable cost may be incurred in anticipation of a contract award.

2. CLAIMS AGAINST THE COUNTY OF SANTA CLARA

Neither your organization nor any of your representatives shall have any claims whatsoever against the County or any of its respective officials, agents, or employees arising out of or relating to this RFP or these RFP procedures, except as set forth in the terms of a definitive agreement between the County and your organization.

3. GUARANTEE OF PROPOSAL

Responses to this RFP, including proposal prices, will be considered firm and irrevocable for one-hundred and eighty (180) days after the due date for receipt of proposals and/or one-hundred eighty (180) days after receipt of a best and final offer, if one is submitted.

4. BASIS FOR PROPOSAL

Only information supplied by the County in writing by the Procurement Lead in connection with this RFP should be used as the basis for the preparation of Proposer's proposal.

5. FORMS OF PROPOSALS

No oral, telephone, facsimile, or electronic proposals will be accepted.

6. AMENDED PROPOSALS

A Proposer may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be complete replacements for a previously submitted proposal and must be clearly identified as such in the Letter of Transmittal, (Section III, Response Format and Organization). The County personnel will not merge, collate, or assemble proposal materials.

7. WITHDRAWAL OF PROPOSAL

Proposers will be allowed to withdraw their proposals at any time prior to the deadline for receipt of proposals. The Proposer must submit a written withdrawal request signed by the Proposer's duly authorized representative addressed to the Director of the Department of Behavioral Health Services and submitted to the Contracts Manager at:

Santa Clara Valley Health and Hospital System
Department of Alcohol and Drug Services - Department of Behavioral Health Services
Attention: Leilani Villanueva, DADS Contracts Manager
976 Lenzen Ave., 3rd Floor
San Jose, California 95126

8. LATE RESPONSES

In order for a proposal to be considered, the proposal must be received in person or via courier or mail to the place specified above no later than the RFP due date and time. The Department of Behavioral Health Services' time and date stamp will be the basis for determining timeliness of proposals.

9. NO PUBLIC PROPOSAL OPENING

There will be no public opening for this RFP.

10. CALIFORNIA PUBLIC RECORDS ACT (CPRA)

All proposals become the property of the County, which is a public agency subject to the disclosure requirements of the California Public Records Act ("CPRA"). If Proposer's proprietary information is contained in documents submitted to County, and Proposer claims that such information falls within one or more CPRA exemptions, Proposer must clearly mark such information "CONFIDENTIAL AND PROPRIETARY," and identify the specific lines containing the information. In the event of a request for such information, the County will make best efforts to provide notice to Proposer prior to such disclosure. If Proposer contends that any documents are exempt from the CPRA and wishes to prevent disclosure, it is required to obtain a protective order, injunctive relief or other appropriate remedy from a court of law in Santa Clara County before the County's deadline for responding to the CPRA request. If Proposer fails to obtain such remedy within County's deadline for responding to the CPRA request, County may disclose the requested information.

Proposer further agrees that it shall defend, indemnify and hold County harmless against any claim, action or litigation (including but not limited to all judgments, costs, fees, and attorney's

fees) that may result from denial by County of a CPRA request for information arising from any representation, or any action (or inaction), by the Proposer.

11. CONFIDENTIALITY

All data and information obtained from the County of Santa Clara by the Proposer and its agents in this RFP process, including reports, recommendations, specifications and data, shall be treated by the Proposer and its agents as confidential. The Proposer and its agents shall not disclose or communicate this information to a third party or use it in advertising, publicity, propaganda, or in another job or jobs, unless written consent is obtained from the County. Generally, each proposal and all documentation, including financial information, submitted by a Proposer to the County is confidential until a contract is awarded, when such documents become public record under state and local law, unless exempted under CPRA.

12. ELECTRONIC MAIL ADDRESS

Most of the communication regarding this procurement will be conducted by electronic mail (e-mail). Potential Proposers agree to provide the Procurement Lead with a valid e-mail address to receive this correspondence.

13. USE OF ELECTRONIC VERSIONS OF THE RFP

This RFP is being made available by electronic means. If accepted by such means, the Proposer acknowledges and accepts full responsibility to insure that no changes are made to the RFP. In the event of conflict between a version of the RFP in the Proposer's possession and the version maintained by the BHCS the version maintained by the BHCS must govern.

14. ASSIGNMENT OF CLAYTON ACT, CARTWRIGHT ACT CLAIMS

In submitting a response to a solicitation issued by the County, the responding person and/or entity offers and agrees that if the response is accepted, it will assign to the County all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the responding person and/or entity for sale to the County pursuant to the solicitation document. Such assignment shall be made and become effective at the time the County tenders final payment to the responding person and/or entity.

15. CONFLICTS OF INTEREST

Proposer is subject to all federal, state and local conflict of interest laws, regulations and policies applicable to public contracts and procurement practices, including but not limited to California Government Code section 1090 et seq. and section 81000 et seq.

If awarded a Contract, Contractor will covenant that it presently has no interest, and will not acquire any interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of the Contract. Contractor will further covenant that, in

the performance of this Contract, it will not employ any contractor or person having such a conflict of interest.

16. POLITICAL REFORM ACT DISCLOSURE REQUIREMENT

Contractors of Santa Clara County, including but not limited to contractor's employees and subcontractors, may be subject to the disclosure and disqualification provisions of the California Political Reform Act of 1974 (the "Act"), that (1) requires such persons to disclose economic interests that may foreseeably be materially affected by the work performed under the Contract, and (2) prohibits such persons from making or participating in making decisions that will foreseeably financially affect such interests.

If the disclosure provisions of the Act are applicable to any individual providing service under the Contract, Contractor shall, upon execution of the Contract, provide the County with the names, description of individual duties to be performed, and email addresses of all individuals, including but not limited to Contractor's employees, agents and subcontractors, that could be substantively involved in "making a governmental decision" or "serving in a staff capacity and in that capacity participating in making governmental decisions or performing duties that would be performed by an individual in a designated position," (2 CCR 18701(a)(2)), as part of Contractor's service to the County under the Contract. Such individuals shall file Statements of Economic Interests within 30 days of commencing service under the Contract, annually by April 1, and within 30 days of their termination of service under the Contract.

17. COUNTY RIGHTS

The County reserves the right to do any of the following at any time:

a. Reject any or all proposal(s) without indicating any reason for such rejection;
b. Waive or correct any minor or inadvertent defect, irregularity or technical error in a proposal, or in the RFP process, or as part of any subsequent contract negotiation;
c. Request that Proposers supplement or modify all or certain aspects of their proposals or other documents or materials submitted;
d. Request the Proposers make an oral and/or written presentation if more information is deemed necessary;
e. Procure any equipment or services specified in this RFP by other means;
f. Terminate this RFP and issue a new RFP;
g. Modify the selection process, the specifications or requirements for materials or services, or the content or format of the proposals;
h. Extend a deadline specified in this RFP, including deadlines for accepting proposals;
i. Negotiate with any or none of the Proposers;
j. Modify in the final contract any terms and/or conditions described in this RFP;
k. Terminate failed negotiations with any Proposer without liability, and negotiate with other Proposers;
l. Disqualify any Proposer on the basis of a real or apparent conflict of interest, or evidence of collusion that is disclosed by the proposal or other data available to the County;
m. Request that services be provided by certain staff of a Proposer, or request that certain staff of a Proposer be excluded from providing services as determined by the County to be in its best interest;
n. Award multiple contracts if it is deemed necessary to provide the specified services;

o. Reject, eliminate or disqualify a proposal if any of the RFP forms are left blank or are materially altered;
p. Reject, eliminate or disqualify a proposal if any document or item necessary to the proposal is incomplete, improperly executed, indefinite, ambiguous, or is missing;
q. Reject, eliminate or disqualify a proposal for any attempt to improperly influence any member of the Evaluation Panel;
r. Reject, eliminate or disqualify any proposal if your agency or a related agency is currently in litigation with the County of Santa Clara, or the County is contemplating litigation against your agency or a related agency relating to contract performance;
s. Reject, eliminate or disqualify any proposal for any false, misleading or otherwise unresponsive statements, documents or information provided to the County either through disclosure or non-disclosure if, in the County's judgment, the false, misleading or otherwise unresponsive statements, documents or information are material.
t. Reject, eliminate or disqualify a proposal where the Proposer is in breach of, or in default under, any other agreement with the County;
u. Reject, eliminate or disqualify any proposal if your agency or a related agency is currently being investigated by the County of Santa Clara for non-performance of obligations under any contract with the County, and such non-performance or alleged non- performance has resulted in actual non-renewal or termination of your contract with the County.

SECTION III – RESPONSE FORMAT AND CONTENT

These instructions outline the guidelines governing the format and content of the proposal and the approach to be used in its development and presentation. Only that information which is essential to an understanding and evaluation of the proposal should be submitted. No limitation on the content of the proposal is intended in these instructions and inclusion of any pertinent data or information is permitted within the page requirements.

A. NUMBER OF RESPONSES

Proposers may submit proposals for multiple services, but shall submit one proposal per service type. Proposers who partner shall submit one joint proposal per service type.

B. NUMBER OF COPIES

1. Organization Information

Proposers must provide one (1) original containing documents listed in **Section D.1 "Organization Information"** below. **All documents must be three-hole punched.** The original must be stamped "original" and contain original signatures on the necessary forms.

2. Program Service Proposal Packet

Proposers must provide one (1) original and six (6) identical copies of their Program Service Proposal Packet per each service modality containing documents listed in **Section D.2 "Program Service Proposal Packet"** below. **All documents must be three-hole punched.** The original must be stamped "original."

Do not staple the proposal. Use index dividers to separate each copy of the proposal. Each index divider should clearly show **Proposer's name.** Bind each copy using binder clips.

Proposers must also provide ONE electronic copy of their complete proposal in a USB Flash Drive, prepared in a format that is compatible with Microsoft Office 2007 (Word and Excel). The Proposer's financial statements (as required by Section IV.C. of this RFP) may be in PDF format. However, the **PROPOSALS AND BUDGETS MUST BE IN WORD AND EXCEL RESPECTIVELY.** The electronic media shall be included in the envelope that contains the original proposal and its copies.

C. PROPOSAL FORMAT

The County will not accept handwritten proposals. Proposals shall type or computer generate their proposals on standard 8 1/2 x 11 white paper (larger paper is permissible for charts, spreadsheets, etc.) using 12 point font with 1.5 line spacing and 1 inch margins. The entire proposal must be paginated. Hard copies should utilize both sides of the paper where practical. The original copy should be single-sided. Proposals must have a table of contents that corresponds to the sections and appendices.

Do not use hard-cover loose leaf binders or staples for proposals.

Do not attach any information that is not requested. Additional information not requested, including but not limited to letters of support, will be removed and not considered.

D. PROPOSAL PACKET SEQUENCE AND CHECKLIST

The proposal must be organized and indexed in the following sequence and must contain at minimum all listed items. For example, the first "Table of Contents" should be Tab 1, followed by Appendix A "Coversheet" Tab 2 and so on.

1. Organization Information – One (1) original copy

Organization Information Packet Assembly Checklist			
Tab	**Document**	**Format**	**Completed**
1	**Table of Contents**	Proposer generated	
2	**Appendix A** "Coversheet" – Signed and notarized	Word document provided on Bidsync.	
3	**Appendix C** "Identification of Subcontractors"	Word document provided on Bidsync.	
4	**Appendix D** "Customer Reference"	Word document provided on Bidsync.	
5	**Appendix E**" Vendor's Questionnaire"	Word document provided on Bidsync.	
6	**Appendix F** "Non-Collusion Declaration"	Word document provided on Bidsync.	
7	**Appendix G** "Confidential Information Public Records Act"	Word document provided on Bidsync.	
8	**Appendix H** "Cultural Competence Form"	Word document provided on Bidsync.	
9	**Evidence of Insurance**	Insurance Agent/Broker Generated	

10	Audited Financial Statement and Management Letter.	Proposer generated Standard Format for the Audited Financial Statement and Management Letter.	

2. **Program Service Packet – One (1) original and six (6) copies/per program (statement of work) proposed**

Program Service Packet Assembly Checklist			
Tab	**Document**	**Format**	**Completed**
11	**Appendix I** "Proposed Services Summary"	Word document provided on Bidsync	
12	**Executive summary:** This section must include a summary of the key aspects of the proposed solution and principal advantages to the County	Word document; **Times New Roman** with font size of **12** on letter size paper; 1.5 spacing and 1 inch margins **-must not exceed one page**	
13	**Proposal Narrative (based on requirements in appropriate Attachment A–Statement of Work)** 1. Organizational structure, staffing and experience; 2. Proposed program services (This narrative may include one or more service levels and/or target populations)	Word document; **Times New Roman** with font size of **12** on letter size paper; 1.5 spacing and 1 inch margins **-must not exceed 25 pages/program (statement of work)** Label to correspond with proposed program (ex. "Proposal Narrative for Mental Health Adult and Older Adult Outpatient Services"	
14	**Appendix B** "Budget Proposal and Narrative" (This narrative may include one or more service levels and/or target populations) All amounts must be projected in U.S. dollars and shall be accompanied by a narrative	Excel document provided on Bidsync	
15	**Miscellaneous Supporting Documents: (e.g., Org chart, job descriptions, other spreadsheets)**	Proposer generated	

3. **The County does not guarantee the accuracy of the information contained in these forms and is not responsible for any errors or omissions. Proposers assume all responsibility for the accuracy of the information provided either on the forms included with this RFP or other formats.**

E. INSTRUCTIONS TO PROPOSERS

A proposal and all attachments shall be in English and complete and free of ambiguities, alterations, and erasures. The proposals must be executed by a duly authorized officer or agent of Proposer. In the event of conflict between words and numerals, the words shall prevail.

F. NON-CONFORMING SUBMISSIONS

A submission may, at the sole discretion of the County, be construed as a non-conforming proposal, ineligible for consideration or incomplete if it does not comply with the requirement of this Request for Proposal.

SECTION IV – REQUIREMENT & PROPOSER'S SUBMITTAL

You must submit an Executive Summary, Proposal Narrative and the associated Budget for each proposed program service.

A. EXECUTIVE SUMMARY

This section must include a summary of the key aspects of the proposed solution and principal advantages to the County, statement of relevant experience and success, and **must not exceed one page.** This summary is separate from the maximum allowable number of pages.

B. PROPOSAL NARRATIVE REQUIREMENTS/CRITERIA (Maximum 75 points out of 100 for each proposed service type)

Not to exceed twenty-five (25) pages per program. Organizational charts and resumes do not count towards the twenty-five page limit. Only the written responses to Sections 1and 2 are counted towards the page limit.

1. Provider Narrative

This section should cover all important history and development of the organization to date, along with including the organizational chart including Board of Directors and any other affiliates. It should document that the agency/provider historically has had acceptable working relationships with the County or other community agencies if there is no prior relationship with the County.

2. Proposed Program Service Narrative

Service Narrative should provide the program name and describe respondent's experienee and training related to the service delivery model. It should describe the referral and admission process and includes procedure/methods/protocols for a guaranteed time frame for initiation of services. It should define the target population, the geographical service area, and provide the projected number of clients the Provider/Agency intends to serve. Describe appropriate goals of the specific program, including the goals outlined in the RFP, method of evaluating the goals and reporting the outcomes.

One proposal narrative is required per statement of work. Each statement of work may have multiple service levels and/or target populations. The one proposal narrative may address more than one service level and/or target population. For example, one proposal narrative for substance use transitional housing may address single women only population and women with children population.

Note: Refer to Attachment Bs for specific proposal narrative criteria and maximum points.

C. BUDGET PROPOSAL AND FINANCIAL STABILITY/FINANCIAL INFORMATION (Maximum 25 points out of 100 for each proposed service type)

Budget(s) will be reviewed by Santa Clara Valley Health and Hospital System Finance Department and rated according to this RFP. Please note the following budget criteria:

1. Submit a detailed budget of the proposed program for the period of July 1, 2015 through June 30, 2016. Include budget justifications for each budget line. The budget shall include an annualized and total estimated number of service units for each service modality.

2. Budget submissions are in accordance with Appendix B "Projected Budget." The total expense allocation for the duration of year one is as noted in **Section I. Introduction, subsection 2. Budget** of this RFP. This will be the maximum annual award from all funding sources.

3. The points will be allocated as noted in **Attachment B12 - Proposal Budget Evaluation Criteria.**

4. Proposer shall provide documentation that the organization has sufficient reserves to maintain the program. Documentation may include cash and/or credit reserves. In addition, the Proposer shall provide the following information for the last two (2) fiscal years:
   a. Audited financial statements with the applicable notes;
   b. Independent Auditor's Report on Compliance and Internal Control over Financial Reporting based on an Audit of the Financial Statements in Accordance with Government Accounting Standards;
   c. Independent Auditor's Statement of Findings and Questioned costs.

5. Proposer shall submit documentation that it meets solvency standards and shall state its intention to meet those standards throughout the contract period.

SECTION V – EVALUATION

A. FACTORS

The **Evaluation Criteria** will be utilized in the evaluation of the Proposer's written proposals and/or demonstration/presentation accordingly. The expectation is that those proposals in the competitive range may be considered for contract award. The proposal should give clear, concise information in sufficient detail to allow an evaluation based on the criteria below. A proposal must be acceptable in all criteria for a contract to be awarded to the Proposer whose proposal provides the best value to the County.

Proposers who do not score a minimum of 70 points out of a possible 100 points from the Proposal Evaluation (on each proposed program), scheduled as specified in Section I.D.5., shall not move forward in the selection process for that particular service.

B. OTHER FACTORS

The proposal(s) with the highest score(s) will not automatically be awarded a contract. In making the final selection, the Director will consider the Evaluation Committee's recommendation and the

County's overall needs. The funding level for the selected programs will be determined in the overall needs of the County. The final selection and contract award will be within the sole judgment and discretion of the County.

STATEMENT OF WORK
SUBSTANCE USE OUTPATIENT AND/OR INTENSIVE OUTPATIENT SERVICES

A. Purpose

The Santa Clara County Department of Behavioral Health Services (DBHS) is seeking proposals to provide outpatient substance use services for adults throughout Santa Clara County. CONTRACTOR may submit a proposal to provide services in one or multiple regions. Consistent with ASAM Criteria and federal Substance Abuse and Mental Health Services Administration (SAMHSA) best practices, and longstanding County of Santa Clara Department of Drug and Alcohol Services (DADS) program practice, CONTRACTOR(s) must be Dual Diagnosis Capable (DDC), meaning that they can address the relationship between the mental and substance-related disorders and their effect on the client's readiness to change, as well as relapse and recovery environmental issues, through individual and group program content. Readiness to change will be assessed for both substance abuse and mental health problems.

CONTRACTOR must have current Drug Medi-Cal (DMC) certification or have the ability to become Drug Medi-Cal certified.

B. Background Information

1. The mission of the County of Santa Clara is to plan for the needs of a dynamic community, provide quality services, and promote a healthy, safe and prosperous community for all. DBHS is part of the Santa Clara Valley Health and Hospital System whose vision is "Better Health for All." DBHS seeks to fulfill this mission by providing services that improve the quality of life for County residents.

2. The County contracts with Community Based Organizations (CBO's) to provide outpatient substance use services to Santa Clara County residents. These services are important because they will provide culturally competent outpatient substance use disorder (SUD) services to treat individuals and their families who are experiencing difficulty functioning personally and in their relationships and environments. The purpose of services is to provide improved clinical and functional outcomes for adults with substance use diagnoses.

3. DBHS Substance Use (SU) Transitional Housing Units (THU) are available to clients receiving DBHS SU treatment services in the Outpatient (OP) and Intensive Outpatient (IOT) modalities. SU THU services have a maximum Length of Stay (LOS) of 180 days. The actual stay is individualized based on the client's treatment needs.

4. OP and IOT providers will be required to request extensions of stays in the SU THUs beyond 90 days and will need to document on-going efforts occurring as part of the client's treatment plan that address efforts to find employment and/or stable housing. Stays beyond 90 days (to the maximum of 180 days) will not be granted without documented effort on the part of the treatment provider and the client, as part of the on-going treatment, to address employment and stable housing. SU THU authorization and utilization will be managed by DHBS Quality Improvement Division.

5. The Santa Clara Valley Health and Hospital System (SCVHHS) - DBHS also adheres to the SCVHHS principles of care included in the SCVHHS strategic roadmap. The SCVHHS roadmap lays out the principle obligations of county-provided health services. All DBHS services must align with the core objectives of the SCVHHS strategic plan:
   a. Increasing healthy life span
   b. Improving customer experience and services
   c. Reducing the burden of illness
   d. Providing seamless coordination of care
   e. Improving training, retention and recruitment of staff
   f. Reducing redundancies, delays and cost of care

6. The COUNTY's DBHS staff will work closely with any organization(s) selected under this Request for Proposal ("RFP") to provide adult substance use services. This includes:

   a. Making referrals to the selected CONTRACTOR(s),
   b. Monitoring services, and
   c. Ensuring timely placement and engagement of clients.

7. Bidders responding to this RFP shall maximize Drug Medi-Cal eligible services. DBHS recognizes that bidders responding to this RFP may propose to provide services at a site that has not already been certified as a Medi-Cal approved site, but will be certified before the contract start date. Bidders shall submit a twelve- month budget that includes a projected Medi-Cal reimbursement.

8. DBHS will apply a 5% administrative fee that will be chargeable to the CONTRACTOR's Drug Medi-Cal reimbursement.

C. Target Population and Geographic Area.

1. The population to be served is adult (18 and above) County residents in need of substance use disorder and/or DDC services.
2. Services shall be made available throughout the county and shall include services in the South, East, Central and North areas of Santa Clara County.
3. DBHS seeks bidders with language capability that includes English, Spanish, Vietnamese, Mandarin, and Tagalog.
4. CONTRACTOR will demonstrate knowledge of specialized populations for which they are bidding. Target populations include the following:
   a. Adults with substance use disorders
   b. Adults with co-occurring disorders
   c. Adults involved with the Criminal Justice system

The general demographics for the target population are:

Race/Ethnicity	
White	39%
Hispanic/Latino	37.3%
Asian/Pacific Islanders	7.7%
Black/African-American	8%

Other Race	5%
American Indian	3%
Missing	0.0%

Gender	
Male	66.3%
Female	33.7%
Missing	0.0%

Age Group	
18-25	15.6%
26-35	32.0%
36-45	25.1%
46-55	21.1%
Over 55	6.2%
Missing	0.0%

Primary Drug of Choice	
Methamphetamine	**44.8%**
Alcohol	**24.6%**
Marijuana	**14.1%**
Cocaine	**4.1%**
Heroin	**8.1%**
Other	**4.3%**

Referred by Criminal Justice System	
Yes	65.6%
No	34.4%

Preferred Language	
English	90.88%
Spanish	3.55%
Vietnamese	0.58%
Farsi	0.20%
Other	0.03%
Chinese	0.02%
Croatian	0.02%
French	0.01%
Romanian	0.02%
Russian	0.02%
American Sign Language	0.01%
Portuguese	0.01%

No Choice selected	4.64%
American Sign Language	0.01%

D. Goals, Objectives and Outcomes

1. It is expected that a minimum of 1,122 static capacity of outpatient slots will be provided for up to $3,588,430 and a minimum of 20 static capacity of intensive outpatient slots will be provided for up to $466,961 for a 12-month period. It is also expected that a minimum of $260,000 will be for Drug Medi-Cal.
2. All applicants will use the outcomes and performance tools defined by the DBHS. Proposals must clearly demonstrate the applicant's capacity to perform accurate outcomes evaluation.
3. DBHS will gather client and services data to monitor services and measure performance of service providers. Services provided, clients served, capacity and productivity will be monitored on a monthly basis and performance measures annually. Performance measures for treatment providers will be based on national standards for treatment of the target population. These performance measures will be modified periodically to reflect changes in national standards and to comply with standards related to behavioral health services in the future. All CONTRACTORS will be provided training to measure performance standards.
4. Performance measures will be based on client data collected by the provider and submitted to DBHS electronically and through other sources.
5. The programs will be required to implement client experience surveys with outcome of 95% satisfaction as directed by DBHS. DBHS will provide the survey items that will be administered to all clients at exit from treatment, irrespective of the conditions of discharge.
6. Annual performance monitoring: Performance will be assessed on a quarterly and yearly basis, using monthly data averaged over a 12-month period. Data required for performance measures will be transmitted to DBHS each month. Annual performance will be measured against a baseline, which will be calculated using data from fiscal year 2014. For detoxification and transitional housing services, the baseline will be developed based on FY 2015 figures. The table below shows the list of measures that will be monitored and the minimum performance level associated with each item. The section entitled 'All-agencies-Outcomes' lists the set of performance measures that are common to all modalities. Separate performance measures will be required for residential, outpatient, detoxification and transitional housing services. The purpose of the performance measures is to produce a system view of how the Continuum of Care is operating at any given time. The performance measures will be piloted before they are finalized.

Performance Measures	Performance standard	In Annual Performance Audit
All agencies-Outcomes		
Monthly admissions to treatment	Compared to contracted capacity	Yes

Monthly discharges from treatment	Required to track discharge status	Yes
% of administrative discharges	10% below FY 14	Yes
% of treatment completions at discharge	10% above FY 14	Yes
Number of open clients	Active clients > 90% of contracted capacity	Yes
Timely data entry admissions & services	Same day as service	Yes
Timely submission of required reports	As specified by QICs	Yes
# days to record a successful discharge	10% below FY 14	Yes
Attendance at required meetings	90%	Yes
Outpatient Treatment Agencies		
Average operational capacity	10% above FY 14	Yes
Wait time between a client's intake date and first treatment session	< 14 days	Yes
The number of clients who fail to show for scheduled treatment session (no show rate)	10% below FY 14	Yes
Number days closed to referrals	< 12 days per yr (1 day per 30 days)	Yes
% of clients with a service within 14 days of intake	10% above FY14	
# of services per month (At least 2 services every 14 days or 4 services every 30 days)	10% above FY14	Yes
% clients with no services in 30 days	10% below FY14	Yes
Productivity – time spent in direct services	40%	Yes
Productivity – time spent in indirect services	25%	Yes

7. All Drug Medi-Cal funds will be subject to audit. The purpose of these audits will be to determine the amount of actual, allowable cost and compliance with all Medi-Cal practice standards and regulations. Audit procedures will include, but not be limited to clinical chart review, verification of any required share of the cost, Medi-Cal eligibility, and third party collection for all persons receiving Drug Medi-Cal services. CONTRACTORS must submit a Corrective Action Plan (CAP) within 60 days indicating remediation of the areas found deficient in the Medi-Cal audit.

8. Provider must submit copies of all DHCS correspondence to the Department Director regarding Drug Medi-Cal certifications, Drug Medi-Cal audits and CAPs, and changes to Drug Medi-Cal status within 60 days of receipt.

E. County Facility

The County currently has approximately 2,500 square feet of a County leased facility available for a contractor to provide outpatient services pursuant to this RFP to approximately 152 clients at any given time, or approximately 600 unique clients per year. The facility is located at 614 Tully Road in San Jose (the building has approximately 25,000 square feet total, however, approximately 10% of that footage is available for the services included in this RFP). Bidders may submit proposals to provide services at this County facility, or at a different facility. Rent and utilities will not be charged for the County facility. However, if proposals are for a different facility, all rent and utility costs must be included in the proposal.

F. Scope of Services

CONTRACTOR will:

1. Provide substance use disorder outpatient services and/or intensive outpatient services (if applying for more than one level of service, proposal narrative must clearly identify each level of service). All outpatient and intensive outpatient services must be DDC.

   a. Provide **outpatient ASAM Level 1** services at low and medium intensity. It is expected that clients will move between these levels of intensity during treatment.

      1. Low intensity services may include psycho-education services, group counseling and individual or family counseling sessions as needed. Services may be provided less than once a week. Clients at this level of service may be in the "Discovery" stages of change and be treated most appropriately with Motivational Enhancement strategies rather than more intensive "action" oriented treatment approaches that focus on immediate change and consequences. These clients tend to respond to efforts to engage them "where they are" and to efforts that match the intensity and frequency of treatment to their understanding of the "problem".

      2. Medium intensity services include psycho-education, group counseling, individual or family counseling sessions as needed. Services may be provided weekly or more frequently (but less than 9 hours per week).

   b. Provide **intensive outpatient ASAM Level 2** services.

      1. Intensive Outpatient Therapy (IOT) treatment involves 9 to 19 contact hours per week with 9 hours per week constituting the minimum acceptable level of contact.
      2. Step down and step up care should be available to clients in IOT.
      3. The core IOT program components include: comprehensive biopsychosocial assessment, individual, group and family counseling, psychoeducation, 24 hour crisis coverage, medical treatment, substance use screening & monitoring (urine or breath tests), psychiatric evaluation and psychotherapy, medication management and transition management, discharge planning and social reintegration activities.
      4. The duration and intensity of treatment are expected to vary according to the

severity of the individual's problems and his/her response to treatment.

5. Treatment should be individualized, both in treatment and service plans, and in terms of actual services delivered.

2. Conduct a comprehensive ASAM assessment to determine appropriate level of care throughout treatment episode that includes substance use, mental health and family issues. Assessment should be a continuous process.
3. Ensure client-oriented access to intake and services.
4. Evaluate client/family satisfaction to continually improve service quality, and use data to improve client/family satisfaction with services.
5. Provide services for clients with who have served time in prison and/or County jail time.
6. Collaborate with community groups or agencies such as the criminal justice system, especially judges, Adult Probation, Parole and Social Services Agency, and primary medical care physicians and/or clinics, and psychiatric/mental health services.
7. Work with clients with special needs and disabilities.
8. Develop an individualized treatment plan based on ASAM assessment with short- and long-term goals that are clinically appropriate and behaviorally measurable based on the comprehensive assessment.
9. Utilize evidence-based practices such as motivational interviewing to engage adults in treatment. Confrontational approaches are not acceptable.
10. Families will be involved in treatment when appropriate.
11. Provide family/group education on a monthly basis.
12. Provide trauma informed services.
13. Provide services at approved Drug-Medi-Cal sites certified by the State DHCS.
14. Provide a discharge planning process. Discharge planning will begin at the beginning of treatment and will be documented in clinical record.
15. All outpatient treatment programs will be offered at least five days per week with hours that are convenient for consumers, except for holidays, and operate according to Drug Medi-Cal requirements. After hours emergency coverage will be available.
16. Clients that need SU THU services will be referred to the DBHS SU THU modality and will work with each client as part of their treatment plan to obtain stable housing by discharge.
17. Provide benefits enrollment assistance to clients.

G. Cultural & Linguistic Competency

CONTRACTOR will:

1. Provide culturally and linguistically appropriate services for the target population.
2. Provide qualified staff or translation services for clients in the threshold languages as needed.

3. Provide services that are appropriate for adults in the Lesbian, Gay, Bisexual, Transgender and Queer and/or Questioning (LGBTQ) communities.

H. Staff and Licensing Requirements

1. Document and ensure that all staff is trained in accordance with DHCS licensing requirements. In addition to licensing requirements all staff must meet training requirements set by the DBHS.

2. CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements.

3. A program or clinical supervisor must be licensed or certified by one of the DHCS authorized certifying bodies and have supervisory experience and experience in substance use counseling.

4. It is required that at least thirty percent (30%) of staff (per site) providing counseling services in all Alcohol & Other Drug (AOD) Programs Licensed and/or Certified by DHCS shall be licensed or certified. All staff working directly with clients, however, are expected to be in compliance with State DHCS requirements.

5. All non-licensed and non-certified individuals providing counseling in an AOD program licensed and/or certified by DHCS shall be registered to obtain certification as an AOD counselor with one of the DHCS authorized certifying. Registrants shall complete certification as an AOD counselor within five (5) years of the date of registration. New hires will have six (6) months to become registered. An individual who has not completed certification within the five year time period may not be an AOD counselor at any AOD program licensed and/or certified by DHCS.

6. CONTRACTOR will ensure stability in staffing by retaining and training staff to develop the knowledge and skills necessary to work with the target population.

I. Billing

CONTRACTOR will:

1. CONTRACTOR will establish and maintain certification to provide Drug Medi-Cal reimbursable services (Drug Medi-Cal Certification) before providing and billing for DMC services to clients. CONTRACTOR will not be reimbursed by COUNTY for any Drug Medi-Cal services prior to certification.
2. CONTRACTOR shall submit monthly cost reimbursement claims within forty-five (45) days after the last day of the month which service was rendered. Each claim shall state all actual allowable cost as defined in the appropriate regulations, and all revenues received by CONTRACTOR during the month for which the claim is filed.

J. Data Collection and Reporting Requirements

All client demographic information, service and other appropriate data shall be entered into the COUNTY's electronic data interchange (EDI) system. In addition, all CONTRACTORS must have a current behavioral health electronic health record system or plans to implement

one, including the capability of EDI with other systems. CONTRACTORS will be expected to already have electronic health record system/capabilities that meet the COUNTY's standards or to work with the COUNTY to meet those requirements no later than January 2016 as indicated in Attachment F.

K. Timelines

Timeline for program implementation shall demonstrate the CONTRACTOR's ability to begin preparations immediately upon availability of funding and to have services available for referred clients as of January 1, 2016.

STATEMENT OF WORK
SUBSTANCE USE RESIDENTIAL SERVICES

A. Purpose

The Santa Clara County Department of Behavioral Health Services (DBHS) is seeking proposals to provide residential substance use services for adults throughout Santa Clara County. CONTRACTOR may submit a proposal to provide services in one or multiple regions. Consistent with ASAM Criteria and federal Substance Abuse and Mental Health Services Administration (SAMHSA) best practices, and longstanding County of Santa Clara Department of Drug and Alcohol Services (DADS) program practice, CONTRACTOR(s) must be Dual Diagnosis Capable (DDC), meaning that they can address the relationship between the mental and substance-related disorders and their effect on the client's readiness to change, as well as relapse and recovery environmental issues, through individual and group program content. Readiness to change will be assessed for both substance abuse and mental health problems.

B. Background Information

1. The mission of the County of Santa Clara is to plan for the needs of a dynamic community, provide quality services, and promote a healthy, safe and prosperous community for all. DBHS is part of the Santa Clara Valley Health and Hospital System whose vision is "Better Health for All." DBHS seeks to fulfill this mission by providing services that improve the quality of life for County residents.

2. The County contracts with Community Based Organizations (CBO's) to provide residential substance use services to Santa Clara County residents. These services are important because they will provide culturally competent residential substance use disorder (SUD) services to treat individuals and their families who are experiencing difficulty functioning personally and in their relationships and environments. The purpose of services is to provide improved clinical and functional outcomes for adults with substance use diagnoses.

3. The Santa Clara Valley Health and Hospital System (SCVHHS) - DBHS also adheres to the SCVHHS principles of care included in the SCVHHS strategic roadmap. The SCVHHS roadmap lays out the principle obligations of county-provided health services. All DBHS services must align with the core objectives of the SCVHHS strategic plan:
    a. Increasing healthy life span
    b. Improving customer experience and services
    c. Reducing the burden of illness
    d. Providing seamless coordination of care
    e. Improving training, retention and recruitment of staff
    f. Reducing redundancies, delays and cost of care

4. DBHS staff will work closely with any organization(s) selected under this Request for Proposal ("RFP") to provide adult substance use services. This includes:

    a. Making referrals to the selected CONTRACTOR(s),
    b. Monitoring services, and

c. Ensuring timely placement and engagement of clients.

5. It is anticipated that the beds will be comprised of a 60%/40% split for men and women respectively. Residential programs will follow DBHS policies and procedures. The goal of residential treatment is stabilization. Once stabilized, clients will be transferred to outpatient care.

6. Bidders responding to this RFP shall be licensed by the State Department of Health Care Services (DHCS). DBHS recognizes that bidders responding to this RFP may propose to provide services at a site that has not already been licensed by DHCS. The bidder must provide the County with satisfactory assurances, in the discretion of the County, that the program will be licensed by DHCS no later than January 1, 2016.

C. <u>Target Population and Geographic Area.</u>

1. The population to be served is adults (18 and above) County residents in need of substance use disorder and/or DDC services.
2. Services shall be made available throughout the County.
3. DBHS seeks bidders with language capability that includes English, Spanish, Vietnamese, Mandarin, and Tagalog.
4. CONTRACTOR will demonstrate knowledge of specialized populations for which they are bidding. Target populations include the following:
   a. Adults with substance use disorders
   b. Adults with co-occurring disorders
   c. Adults involved with the Criminal Justice system

The general demographics for the target population are:

Race/Ethnicity	
White	39%
Hispanic/Latino	37.3%
Asian/Pacific Islanders	7.7%
Black/African-American	8%
Other Race	5%
American Indian	3%
Missing	0.0%

Gender	
Male	66.3%
Female	33.7%
Missing	0.0%

Age Group	
18-25	15.6%
26-35	32.0%

36-45	25.1%
46-55	21.1%
Over 55	6.2%
Missing	0.0%

Primary Drug of Choice	
Methamphetamine	**44.8%**
Alcohol	**24.6%**
Marijuana	**14.1%**
Cocaine	**4.1%**
Heroin	**8.1%**
Other	**4.3%**

Referred by Criminal Justice System	
Yes	65.6%
No	34.4%

Preferred Language	
English	90.88%
Spanish	3.55%
Vietnamese	0.58%
Farsi	0.20%
Other	0.03%
Chinese	0.02%
Croatian	0.02%
French	0.01%
Romanian	0.02%
Russian	0.02%
American Sign Language	0.01%
Portuguese	0.01%
No Choice selected	4.64%
American Sign Language	0.01%

D. <u>Goals, Objectives and Outcomes</u>

1. It is expected that a minimum of 215 static capacity of residential beds will be provided for up to $8,839,303 and a minimum of 42 static capacity for women with children residential beds for up to $1,409,352 for a 12-month period.
2. All applicants will use the outcomes and performance tools defined by the DBHS. Proposals must clearly demonstrate the applicant's capacity to perform accurate outcomes evaluation.

3. DBHS will gather client and services data to monitor services and measure performance of service providers. Services provided, clients served, capacity and productivity will be monitored on a monthly basis and performance measures annually. Performance measures for treatment providers will be based on national standards for treatment of the target population. These performance measures will be modified periodically to reflect changes in national standards and to comply with standards related to behavioral health services in the future. All CONTRACTORS will be provided training to measure performance standards.
4. Performance measures will be based on client data collected by the CONTRACTOR and submitted to DBHS electronically and through other sources.
5. The programs will be required to implement client experience surveys with outcome of 95% satisfaction as directed by the Department. DBHS will provide the survey items that will be administered to all clients at exit from treatment, irrespective of the conditions of discharge.
6. Annual performance monitoring: Performance will be assessed on a quarterly and yearly basis, using monthly data averaged over a 12-month period. Data required for performance measures will be transmitted to DBHS each month. Annual performance will be measured against a baseline, which will be calculated using data from fiscal year 2014. For detoxification and transitional housing services, the baseline will be developed based on FY 2015 figures. The table below shows the list of measures that will be monitored and the minimum performance level associated with each item. The section entitled 'All-agencies-Outcomes' lists the set of performance measures that are common to all modalities. Separate performance measures will be required for residential, outpatient, detoxification and transitional housing services. The purpose of the performance measures is to produce a system view of how the Continuum of Care is operating at any given time. The performance measures will be piloted before they are finalized.

Performance Measures	Performance standard	In Annual Performance Audit
All agencies-Outcomes		
Monthly admissions to treatment	Compared to contracted capacity	Yes
Monthly discharges from treatment	Required to track discharge status	Yes
% of administrative discharges	10% below FY 14	Yes
% of treatment completions at discharge	10% above FY 14	Yes
Number of open clients	Active clients > 90% of contracted capacity	Yes
Timely data entry admissions & services	Same day as service	Yes
Timely submission of	As specified by QICs	Yes

required reports		
# days to record a successful discharge	10% below FY 14	Yes
Attendance at required meetings	90%	Yes
Residential Treatment Agencies		
% drop out (within < 9 days of admission)	10% below FY 14	Yes
% of clients transferred to OP	10% above FY 14	Yes
% vacancy rate, based on daily bed occupancy	10% below FY 14	Yes

E. <u>County Facilities</u>

1. The County currently has residential facilities that are County-owned or County-leased. These facilities are available for contractors to provide service sites when submitting a proposal for or residential treatment services. Bidders may submit proposals to provide services at the County facilities, or at different facilities.

   The County facilities are listed below:

   a. House on the Hill located at 9505 Malech Road in San Jose, which has a current capacity of 42 beds. This site is only for women with children services. This is a County-owned facility, however, utilities are not included at this location. The average cost for utilities are $2,040 per month/year. A utilities line item must be included in the proposed budget. This facility includes the electricity costs for Mariposa Lodge (ML). It is the responsibility of the two agencies that utilize these facilities to arrange for the split of electricity costs as determined by the square footage for each facility. The breakdown of square footage is as follows:

      HOTH Square Footage = 17,512 (31%)
      ML Square Footage = 39,522 (69%)
      Total Square Footage = 57,034 (100%)

   b. Mariposa Lodge located at 9500 Malech Road in San Jose, which has a current capacity of 40 beds. This facility can expand for up to 24 more beds if licensed is approved by State DHCS. This site will be for both men and women's services. This is a County-owned facility, however, utilities are not included at this location. The average cost for utilities are $4,800 per month/year. A utilities line item must be included in the proposed budget. The electricity costs for Mariposa Lodge (ML) is included in the HOTH facility. It is the responsibility of the two agencies that utilize these facilities to arrange for the split of electricity costs as determined by the square footage for each facility. The breakdown of square footage is as follows:

HOTH Square Footage = 17,512 (31%)
ML Square Footage = 39,522 (69%)
Total Square Footage = 57,034 (100%)

c. The County currently has a residential program located at 650 S. Bascom Avenue in San Jose that is a County-leased facility. Rent and utilities are included in the County lease. This facility has a current capacity of 41 beds.

F. Scope of Services

CONTRACTOR will:

1. Provide at least one female only facility and/or one male only facility.
2. Provide levels of residential care as follows. (if applying for more than one level of service, proposal narrative must clearly identify each level of service). All residential services must be co-occurring capable.

   a. Provide **ASAM Level 3.1 and/or3.5:**

   This level of care relies on the treatment community as a therapeutic agent. Care is provided 24 hours a day. The focus of treatment is to stabilize the client on any biopsychosocial ASAM dimension that is assessed as medium to high severity. Typically, due to chronic use of alcohol and/or drugs these clients may have impaired judgment, leaving them vulnerable to relapse, continued problems or continued use outside of a structured environment. In addition, there are a high percentage of these clients who have problems related to living in an unsafe environment. Other functional deficits include a constellation of criminal history or antisocial behaviors. Residents may have extensive history of treatment or criminal justice involvement, limited education, limited vocational skills, little or no work history, and inadequate anger management skills. They may have serious persistent mental health problems. Treatment plans are individualized and tailored to the resident's readiness to change. There are no fixed lengths of stay.

   i. Provide **ASAM Level 3.1 (Clinically Managed Low Intensity):**

      1. At this level the target populations needs time and structure in a supportive environment to practice and integrate their recovery and coping skills, some will likely be in the pre-contemplation stage of change. These clients will likely have symptoms and a disability that cause significant interference with treatment, but do not present an immediate threat to safety nor prevent independent functioning.
      2. The primary goal of this level of residential treatment will be engagement and stabilization.
      3. The client's length of time in treatment will be based on individual clinical needs.
      4. This level of care provides a structured recovery environment, staffed 24 hours a day, and offers at least 5 hours per week of low-intensity treatment focused on applying recovery skills, preventing relapse, improving emotional functioning, and promoting personal responsibility.

5. Services may include individual, group, and family therapy; medication management and medication education.
6. Interpersonal and group living skills are promoted through community or house meetings of residents and staff.
7. Mutual self-help meetings are usually available on site or easily accessible in the community.

ii. Provide **ASAM Level 3.5 (Clinically Managed High Intensity Residential Services):**

1. This level of care assists individuals whose addiction is currently so out of control that they need 24-hour supportive treatment environment. Their multidimensional needs are of such severity that they cannot safely be treated in less intensive levels of care
2. This level of care is characterized by their reliance on the treatment community as a therapeutic agent.
3. The goals of treatment in these programs are to promote abstinence from substance use, and to arrest other addictive and antisocial behaviors.
4. Individuals generally can be characterized as having chaotic, non-supportive and often abusive interpersonal relationships; extensive treatment or criminal justice histories, limited work histories and educational experiences.
5. The focus of treatment is on stabilization of dangerous addiction signs and symptoms, initiation or restoration of a recovery process, and preparation for ongoing recovery in the broad continuum of care.

3.Provide levels of residential care to the following populations: (if applying for more than one population, proposal narrative must clearly identify each population).

a.Men Only
b.Women Only
c. Co-Ed
d.Women with Children and/or Men with Children

i. The women or men with children residential program will be expected to follow DADS policies and procedures and to offer specialized gender specific services relevant to men with children.

ii. Once stabilized the clients will be transferred to outpatient care and as appropriate to THU's for women/men and children.

iii. Residential for women or men with Children (newborn to age 5) is a specialized service at the ASAM 3.5 Level. The program's goal is stabilization for both mother/father and child(ren).

iii. Average length of stay is 4-6 months.

iv. In addition to individual and group counseling, Parenting and Seeking Safety classes are provided, as is day care for the children, Community resources such as First 5 are utilized to help provide comprehensive treatment.

v. This program must work closely with Dependency Drug Treatment Court and DFCS as a majority of the clients are involved in family reunification efforts. Case management involving all agencies involved in the case(s) should occur within the first two weeks of admittance into the program.

4. Provide treatment groups in conformance with DHCS guidelines.
5. Ensure that each client is receiving individualized treatment with no fixed length of stay. However, all lengths of stay beyond 45 days will require authorization from DBHS Quality Improvement Division (QI).
6. Provide intakes 7 days/week and include evening hours.
7. Missed initial intake appointments will be rescheduled by the program.
8. Make every effort to arrange for storing and making available personal snack food of clients.
9. Ensure compliance with various methods for managing capacity as determined by DBHS.
10. Treat and address the co-occurring symptoms of the target population.
11. Address customer satisfaction.
12. Provide services for clients with who have served time in prison and/or County jail time.
13. Collaborate with community groups or agencies such as the criminal justice system, especially judges, Adult Probation, Parole and Social Services Agency, and primary medical care physicians and/or clinics, and psychiatric/mental health services.
14. Work with clients with special needs and disabilities.
15. Work with dual diagnosis clients and provide a plan for providing Dual Diagnosis Capable services.
16. Develop an individualized treatment plan based on ASAM assessment with short- and long-term goals that are clinically appropriate and behaviorally measurable based on the comprehensive assessment.
17. Utilize evidence-based practices such as motivational interviewing to engage adults in treatment. Confrontational approaches are not acceptable.
18. Families will be involved in treatment when appropriate.
19. Ensure that during initial restriction, clients will still be eligible for family visitation and will be allowed to bring food to share with clients.
20. Provide family/group education on a monthly basis.
21. Provide trauma informed services.
22. Provide a discharge planning process. Discharge planning will begin at the beginning of treatment and will be documented in clinical record.
23. Provide benefits enrollment assistance to clients.

G. <u>Cultural & Linguistic Competency</u>

CONTRACTOR will:

1. Provide culturally and linguistically appropriate services for the target population including qualified staff or translation services for clients in the threshold languages as needed.
2. Provide services that are appropriate for adults in the Lesbian, Gay, Bisexual, Transgender and Queer and/or Questioning (LGBTQ) communities.

H. Staff and Licensing Requirements

1. Document and ensure that all staff is trained in accordance with DHCS licensing requirements. It is required that at least thirty percent (30%) of staff (per site) providing counseling services in all Alcohol & Other Drug (AOD) Programs Licensed and/or Certified by DHCS shall be licensed or certified. In addition to licensing requirements all staff must meet training requirements set by the DBHS.

2. CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements.

3. A program or clinical supervisor must be licensed or certified by one of the DHCS authorized certifying bodies and have supervisory experience and education and experience in substance use counseling.

4. All non-licensed and non-certified individuals providing counseling in an AOD program licensed and/or certified by DHCS shall be registered to obtain certification as an AOD counselor with one of the DHCS authorized certifying. Registrants shall complete certification as an AOD counselor within five (5) years of the date of registration. New hires will have six (6) months to become registered. An individual who has not completed certification within the five year time period may not be an AOD counselor at any AOD program licensed and/or certified by DHCS.

5. CONTRACTOR will ensure stability in staffing specifically in the areas of staff retention and staff training to develop the knowledge and skills necessary to work with the target population.

I. Billing

CONTRACTOR will submit monthly cost reimbursement claims within forty-five (45) days after the last day of the month which service was rendered. Each claim shall state all actual allowable cost as defined in the appropriate regulations, and all revenues received by CONTRACTOR during the month for which the claim is filed.

J. Data Collection and Reporting Requirements

All client demographic information, service and other appropriate data shall be entered into the COUNTY's electronic data interchange (EDI) system. In addition, all CONTRACTORS must have a current electronic health record system or plans to implement one, including the capability of EDI with other systems. CONTRACTORS will be expected to already have electronic health record system/capabilities that meet the COUNTY's standards or to work

with the COUNTY to meet those requirements no later than January 2016 as indicated in Attachment F.

K. Timelines

Timeline for program implementation shall demonstrate the CONTRACTOR's ability to begin preparations immediately upon availability of funding and to have services available for referred clients as of January 1, 2016.

STATEMENT OF WORK
SUBSTANCE USE DETOXIFICATION SERVICES

A. Purpose

The Santa Clara County Department of Behavioral Health Services (DBHS) is seeking proposals to provide detoxification substance use services for adults throughout Santa Clara County. CONTRACTOR may submit a proposal to provide services in one or multiple regions.

B. Background Information

1. The mission of the County of Santa Clara is to plan for the needs of a dynamic community, provide quality services, and promote a healthy, safe and prosperous community for all. DBHS is part of the Santa Clara Valley Health and Hospital System whose vision is "Better Health for All." DBHS seeks to fulfill this mission by providing services that improve the quality of life for County residents.

2. The County contracts with Community Based Organizations (CBO's) to provide detoxification substance use services to Santa Clara County residents. These services are important because they will provide culturally competent detoxification substance use disorder (SUD) services to treat individuals who are experiencing difficulty functioning personally and in their relationships and environments. The purpose of services is to provide improved clinical and functional outcomes for adults with substance use diagnoses.

3. The Santa Clara Valley Health and Hospital Systems (SCVHHS) - DBHS also adheres to the SCVHHS principles of care included in the SCVHHS strategic roadmap. The SCVHHS roadmap lays out the principle obligations of county-provided health services. All DBHS services must align with the core objectives of the SCVHHS strategic plan:
   a. Increasing healthy life span
   b. Improving customer experience and services
   c. Reducing the burden of illness
   d. Providing seamless coordination of care
   e. Improving training, retention and recruitment of staff
   f. Reducing redundancies, delays and cost of care

4. DBHS staff will work closely with any organization(s) selected under this Request for Proposal ("RFP") to provide adult substance use services. This includes:

   a. Making referrals to the selected CONTRACTOR(s),
   b. Monitoring services, and
   c. Ensuring timely placement and engagement of clients.

5. It is anticipated that the beds will be comprised of a 60%/40% split for men and women respectively. Detoxification programs will follow DBHS policies and procedures. The goal of detoxification is to help a client through withdrawal. Once withdrawal symptoms are abated or manageable, clients will be transferred to residential or outpatient care.

6. Bidders responding to this RFP shall be licensed by the State Department of Health Care

Services (DHCS). DBHS recognizes that bidders responding to this RFP may propose to provide services at a site that has not already been licensed by DHCS. The bidder must provide the County with satisfactory assurances, in the discretion of the County, that the program will be licensed by DHCS no later than January 1, 2016.

C. Target Population and Geographic Area.

1. The population to be served is adults (18 and above) County residents in need of substance use disorder and/or Dual Diagnosis Capable (DDC) services.
2. Services shall be made available throughout the County.
3. DBHS seeks bidders with language capability that includes English, Spanish, Vietnamese, Mandarin, and Tagalog.
4. CONTRACTOR will demonstrate knowledge of specialized populations for which they are bidding. Target populations include the following:
   a. Adults with substance use disorders
   b. Adults with co-occurring disorders
   c. Adults involved with the Criminal Justice system

The general demographics for the target population are:

Race/Ethnicity	
White	39%
Hispanic/Latino	37.3%
Asian/Pacific Islanders	7.7%
Black/African-American	8%
Other Race	5%
American Indian	3%
Missing	0.0%

Gender	
Male	66.3%
Female	33.7%
Missing	0.0%

Age Group	
18-25	15.6%
26-35	32.0%
36-45	25.1%
46-55	21.1%
Over 55	6.2%
Missing	0.0%

Primary Drug of Choice

Methamphetamine	**44.8%**
Alcohol	**24.6%**
Marijuana	**14.1%**
Cocaine	**4.1%**
Heroin	**8.1%**
Other	**4.3%**

Referred by Criminal Justice System	
Yes	65.6%
No	34.4%

Preferred Language	
English	90.88%
Spanish	3.55%
Vietnamese	0.58%
Farsi	0.20%
Other	0.03%
Chinese	0.02%
Croatian	0.02%
French	0.01%
Romanian	0.02%
Russian	0.02%
American Sign Language	0.01%
Portuguese	0.01%
No Choice selected	4.64%
American Sign Language	0.01%

D. Goals, Objectives and Outcomes

1. It is expected that a minimum of 16 static capacity of detoxification beds will be provided for up to $707,344 for a 12-month period.
2. All applicants will use the outcomes and performance tools defined by the DBHS. Proposals must clearly demonstrate the applicant's capacity to perform accurate outcomes evaluation.
3. DBHS will gather client and services data to monitor services and measure performance of service providers. Services provided, clients served, and capacity will be monitored on a monthly basis and performance measures annually. Performance measures for treatment providers will be based on national standards for treatment of the target population. These performance measures will be modified periodically to reflect changes in national standards and to comply with standards related to behavioral health services in the future. All CONTRACTORS will be provided training to measure performance standards.
4. Performance measures will be based on client data collected by the CONTRACTOR and submitted to DBHS electronically and through other sources.

5. Annual performance monitoring: Performance will be assessed on a quarterly and yearly basis, using monthly data averaged over a 12-month period. Data required for performance measures will be transmitted to DBHS each month. Annual performance will be measured against a baseline, which will be calculated using data from fiscal year 2014. For detoxification and transitional housing services, the baseline will be developed based on FY 2015 figures. The table below shows the list of measures that will be monitored and the minimum performance level associated with each item. The section entitled 'All-agencies-Outcomes' lists the set of performance measures that are common to all modalities. Separate performance measures will be required for residential, outpatient, detoxification and transitional housing services. The purpose of the performance measures is to produce a system view of how the Continuum of Care is operating at any given time. The performance measures will be piloted before they are finalized.

Performance Measures	Performance standard	In Annual Performance Audit
All agencies-Outcomes		
Monthly admissions to treatment	Compared to contracted capacity	Yes
Monthly discharges from treatment	Required to track discharge status	Yes
% of administrative discharges	10% below FY 14	Yes
% of treatment completions at discharge	10% above FY 14	Yes
Number of open clients	Active clients > 90% of contracted capacity	Yes
Timely data entry admissions & services	Same day as service	Yes
Timely submission of required reports	As specified by QICs	Yes
# days to record a successful discharge	10% below FY 14	Yes
Attendance at required meetings	90%	Yes
Detoxification Services Agencies		
# of days to entry into services	Baseline to be established for FY 2015	Yes
# of clients calls for admission to services	Baseline to be established for FY 2015	Yes
# of clients admitted to the Continuum of Care	Baseline to be established for FY 2015	Yes

E. <u>County Facilities</u>

1. The County currently has detoxification facilities that are County-owned or County-leased. These facilities are available for contractors to provide service sites when submitting a proposal for detoxification services. Bidders may submit proposals to provide services at the County facilities, or at different facilities.

   The County facilities are listed below:

   a. House on the Hill located at 9505 Malech Road in San Jose, which has a current capacity of 42 beds. This site is only for women with children services. This is a County-owned facility, however, utilities are not included at this location. The average cost for utilities are $2,040 per month/year. A utilities line item must be included in the proposed budget. This facility includes the electricity costs for Mariposa Lodge (ML). It is the responsibility of the two agencies that utilize these facilities to arrange for the split of electricity costs as determined by the square footage for each facility. The breakdown of square footage is as follows:

      HOTH Square Footage = 17,512 (31%)
      ML Square Footage = 39,522 (69%)
      Total Square Footage = 57,034 (100%)

   b. Mariposa Lodge located at 9500 Malech Road in San Jose, which has a current capacity of 40 beds. This facility can expand for up to 24 more beds if licensed is approved by State DHCS. This site will be for both men and women's services. This is a County-owned facility, however, utilities are not included at this location. The average cost for utilities are $4,800 per month/year. A utilities line item must be included in the proposed budget. The electricity costs for Mariposa Lodge (ML) is included in the HOTH facility. It is the responsibility of the two agencies that utilize these facilities to arrange for the split of electricity costs as determined by the square footage for each facility. The breakdown of square footage is as follows:

      HOTH Square Footage = 17,512 (31%)
      ML Square Footage = 39,522 (69%)
      Total Square Footage = 57,034 (100%)

   c. The County currently has a detoxfication program located at 650 S. Bascom Avenue in San Jose that is a County-leased facility. Rent and utilities are included in the County lease. This facility has a current capacity of 41 beds.

F. <u>Scope of Services</u>

CONTRACTOR will:

1. Provide services 24/7 with 24 hour structured monitoring of withdrawal symptoms, and medical referral if necessary.
2. Monitor symptoms using a tool approved by DHCS such as the Clinical Institute Withdrawal Assessment (CIWA-A). The average length of stay for detoxification clients, depending on withdrawal complications, is 5 – 7 days.

3. Provide an assessment, orientation to on-going ASOC/criminal justice services, counseling, psycho-education in alcohol and drug addiction/abuse, and referral and entitlement information.
4. Provide services for criminal justice clients.
6. Provide intakes 7 days/week and include evening hours. Intake performed after hours and on weekends will need to be communicated to the County the following Monday morning once a CONTRACTOR is using theirown EHR.
7. Maintain a waitlist and collect data on requests for placement and those actually placed.
8. Address customer satisfaction.
9. Collaborate with community groups or agencies such as the criminal justice system, especially judges, Adult Probation, Parole and Social Services Agency, and primary medical care physicians and/or clinics, and psychiatric/mental health services.
10. Work with clients with special needs and disabilities.
11. Utilize motivational interviewing to encourage clients to remain in detox as appropriate.
12. Ensure that clients will be eligible for family visitation and family will be allowed to bring food to share with clients.
13. Provide trauma informed services.
14. Provide a discharge planning process. Discharge planning will begin at the beginning of detox and will be documented in clinical record.

G. Cultural & Linguistic Competency

CONTRACTOR will:

1. Provide culturally and linguistically appropriate services for the target population including qualified staff or translation services for clients in the threshold languages as needed.
2. Provide services that are appropriate for adults in the Lesbian, Gay, Bisexual, Transgender and Queer and/or Questioning (LGBTQ) communities.

H. Staff and Licensing Requirements

1. CONTRACTOR's staff shall be appropriately trained. CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements.

2. CONTRACTOR will ensure stability in staffing by retaining and training staff to develop the knowledge and skills necessary to work with the target population.

I. Billing

CONTRACTOR will submit monthly cost reimbursement claims within forty-five (45) days after the last day of the month which service was rendered. Each claim shall state all actual allowable cost as defined in the appropriate regulations, and all revenues received by CONTRACTOR during the month for which the claim is filed.

J. Data Collection and Reporting Requirements

All client demographic information, service and other appropriate data shall be entered into the COUNTY's electronic data interchange (EDI) system. In addition, all CONTRACTORS must have a current electronic health record system or plans to implement one, including the capability of EDI with other systems. CONTRACTORS will be expected to already have electronic health record system/capabilities that meet the County's standards or to work with the COUNTY to meet those requirements no later than January 2016 as indicated in Attachment F.

K. Timelines

Timeline for program implementation shall demonstrate the CONTRACTOR's ability to begin preparations immediately upon availability of funding and to have services available for referred clients as of January 1, 2016.

STATEMENT OF WORK
SUBSTANCE USE TRANSTIONAL HOUSING UNITS

A. Purpose

The Santa Clara County Department of Behavioral Health Services (DBHS) is seeking proposals to provide transitional housing units (THU) for adults throughout Santa Clara County. CONTRACTOR may submit a proposal to provide services in one or multiple regions. Consistent with ASAM Criteria and federal Substance Abuse and Mental Health Services Administration (SAMHSA) best practices, and longstanding County of Santa Clara Department of Drug and Alcohol Services (DADS) program practice, CONTRACTOR(s) must be Dual Diagnosis Capable (DDC). For THU providers this means that they accept and provide THU services for co-occurring clients and take into account the clients co-occurring issues such as mental or physical health needs as a part of their regular contracted service provision.

B. Background Information

1. The mission of the County of Santa Clara is to plan for the needs of a dynamic community, provide quality services, and promote a healthy, safe and prosperous community for all. DBHS is part of the Santa Clara Valley Health and Hospital System whose vision is "Better Health for All." DBHS seeks to fulfill this mission by providing services that improve the quality of life for County residents.

2. The County contracts with Community Based Organizations (CBO's) to provide THU services to Santa Clara County residents. These services are important because they will provide culturally competent substance use (SU) THU services to treat individuals and their families who are experiencing difficulty functioning personally and in their relationships and environments. The purpose of services is to provide improved clinical and functional outcomes for adults with substance use diagnoses.

3. DBHS Substance Use (SU) Transitional Housing Units (THU) are available to clients receiving DBHS SU treatment services in the Outpatient (OP) and Intensive Outpatient (IOT) modalities. SU THU services have a maximum Length of Stay (LOS) of 180 days. The actual stay is individualized based on the client's treatment needs. SU THU programs will follow the DBHS SU THU Standards document.

4. OP and IOT providers will be required to request extensions of stays in the SU THUs beyond 90 days and will need to document on-going efforts occurring as part of the client's treatment plan that address efforts to find employment and/or stable housing. Stays beyond 90 days (to the maximum of 180 days) will not be granted without documented effort on the part of the treatment provider and the client, as part of the on-going treatment, to address employment and stable housing. SU THU authorization and utilization will be managed by DBHS Quality Improvement Division.

5. The Santa Clara Valley Health and Hospital System (SCVHHS) - DBHS also adheres to the SCVHHS principles of care included in the SCVHHS strategic roadmap. The SCVHHS roadmap lays out the principle obligations of county-provided health services. All DBHS services must align with the core objectives of the SCVHHS strategic plan:
    a. Increasing healthy life span

b. Improving customer experience and services
c. Reducing the burden of illness
d. Providing seamless coordination of care
e. Improving training, retention and recruitment of staff
f. Reducing redundancies, delays and cost of care

6. The County's Department of Behavioral Health Services staff will work closely with any organization(s) selected under this Request for Proposal ("RFP") to provide adult substance use services. This includes:

    a. Making referrals to the selected CONTRACTOR(s),
    b. Monitoring services, and
    c. Ensuring timely placement and engagement of clients.

7. SU THUs are short-term, transitional housing for clients who are engaged in Outpatient and IOT treatment services in the DBHS Adult System of Care. THUs provide a structured, supportive, safe, clean and sober living environment that help clients to reintegrate into work, school, and the community at large. It is anticipated that the beds will be comprised of a 60%/40% split for men and women respectively.

8. Bidders responding to this RFP shall be certified by the DBHS Residential and THU Certification staff. The certification process includes certifying houses and staff. Clients placed in these houses must also undergo background checks and certification.

9. DBHS recognizes that bidders responding to this RFP may propose to provide services at a site that has not already been certified by DBHS. The bidder must provide the County with satisfactory assurances, in the discretion of the County, that the program will be certified by DBHS no later than January 1, 2016.

10. Bidders responding to this RFP may also provide uncertified houses for THUs.

C. Target Population and Geographic Area.

1. The population to be served is adults (18 and above) County residents in need of substance use disorder and/or DDC services.
2. Services shall be made available throughout the County.
3. DBHS seeks bidders with language capability that includes English, Spanish, Vietnamese, Mandarin, and Tagalog.
4. CONTRACTOR will demonstrate knowledge of specialized populations for which they are bidding. Target populations include the following:

    a. Adults with substance use disorders
    b. Adults with co-occurring disorders
    c. Adults involved with the Criminal Justice system

The general demographics for the target population are:

Race/Ethnicity	
White	39%

Hispanic/Latino	37.3%
Asian/Pacific Islanders	7.7%
Black/African-American	8%
Other Race	5%
American Indian	3%
Missing	0.0%

Gender	
Male	66.3%
Female	33.7%
Missing	0.0%

Age Group	
18-25	15.6%
26-35	32.0%
36-45	25.1%
46-55	21.1%
Over 55	6.2%
Missing	0.0%

Primary Drug of Choice	
Methamphetamine	**44.8%**
Alcohol	**24.6%**
Marijuana	**14.1%**
Cocaine	**4.1%**
Heroin	**8.1%**
Other	**4.3%**

Referred by Criminal Justice System	
Yes	65.6%
No	34.4%

Preferred Language	
English	90.88%
Spanish	3.55%
Vietnamese	0.58%
Farsi	0.20%
Other	0.03%
Chinese	0.02%
Croatian	0.02%
French	0.01%

Romanian	0.02%
Russian	0.02%
American Sign Language	0.01%
Portuguese	0.01%
No Choice selected	4.64%
American Sign Language	0.01%

D. Goals, Objectives and Outcomes

1. It is expected that a minimum of 240 static capacity of THU beds will be provided for up to $3,366,480 and 48 static capacity of Dependency Wellness Court THU beds will be provided for up to $842,880 for a 12-month period.
2. All RFP recipients will use the THU standards for the substance use population as defined by the DBHS. Proposals must clearly demonstrate the applicant's capacity to perform accurate outcomes evaluation.
3. DBHS will gather client and services data to monitor services and measure performance of service providers. Services provided, clients served, and capacity will be monitored on a monthly basis and performance measures annually. Performance measures for THU providers will be based on THU standards as defined by DBHS. These performance measures will be modified periodically to reflect changes in standards related to behavioral health services in the future. All CONTRACTORS will be provided training to measure performance standards.
4. Performance measures will be based on client data collected by the CONTRACTOR and submitted to DBHS electronically and through other sources.
5. The programs will be required to implement client experience surveys with outcome of 95% satisfaction as directed by the Department. DBHS will provide the survey items that will be administered to all clients at exit from treatment, irrespective of the conditions of discharge.
6. Annual performance monitoring: Performance will be assessed on a quarterly and yearly basis, using monthly data averaged over a 12-month period. Data required for performance measures will be transmitted to DBHS each month. Annual performance will be measured against a baseline, which will be calculated using data from fiscal year 2014. For detoxification and transitional housing services, the baseline will be developed based on FY 2015 figures. The table below shows the list of measures that will be monitored and the minimum performance level associated with each item. The section entitled 'All-agencies-Outcomes' lists the set of performance measures that are common to all modalities. Separate performance measures will be required for residential, outpatient, detoxification and transitional housing services. The purpose of the performance measures is to produce a system view of how the Continuum of Care is operating at any given time. The performance measures will be piloted before they are finalized.

Performance Measures	Performance standard	In Annual Performance Audit
All agencies-Outcomes		

Monthly admissions to treatment	Compared to contracted capacity	Yes
Monthly discharges from treatment	Required to track discharge status	Yes
% of administrative discharges	10% below FY 14	Yes
% of treatment completions at discharge (not applicable for THU)	10% above FY 14	Yes
Number of open clients	Active clients > 90% of contracted capacity	Yes
Timely data entry admissions & services	Same day as service	Yes
Timely submission of required reports	As specified by QICs	Yes
# days to record a successful discharge	10% below FY 14	Yes
Attendance at required meetings	90%	Yes
Transitional Housing Agencies		
% of contractor "involuntary" discharges	Baseline to be established for FY 2015	Yes
% clients not in treatment after 30 days of admission	Baseline to be established for FY 2015	Yes

E. Scope of Services

CONTRACTOR will:

1. Provide structured, supportive, clean and sober living environment THUs to the following populations: (if applying for more than one population, proposal narrative must clearly identify each population).
    a. Single women or single men (no co-ed houses, no children) only
    b. Single women and/or single women with children. Both groups can be mixed (i.e., single women and women with children can be placed in the same homes).
    c. Single men and/or single men with children. Both groups can be mixed (i.e., single men and men with children can be placed in the same homes).
    d. Women with children and men with children in Dependency Wellness Court (DWC). This population cannot be mixed with any other population. DWC clients and their children can only share housing with other DWC clients and their children.
    e. Dual diagnosis specific population (men and women).
    f. LGBTQ population (men and women). Placement will be based on identifying gender.
2. Work with target population who has served prison sentences or county jail sentences.

3. Provide safe facilities to the target population. For facilities where children will be present, child-protective precautions must be in place. These include child-safety plugs for electrical outlets and child-safety latches on applicable cabinets and drawers, capacity for locked storage of hazardous household supplies, locks on all doors that allow exit from the house, safety approved cribs and car seats (if applicable), no safety hazards in the homes' exterior spaces, etc.
4. Collaborate with community groups or agencies such as the Criminal Justice System (especially judges, Adult Probation, Parole); the Social Services Agency, and the Dependency Court (including Social Workers and Attorneys, Case Managers, and primary medical care physicians and/or clinics, and psychiatric/mental health services).
5. Work with clients who are in the Discovery, Pre-contemplation, Contemplation Stage of Change.
6. Place clients within 48 hours of the referral from alcohol and drug services placement staff.
7. Ensure that pre-intake screening of clients will not delay the required time limit of 48 hours between referral by alcohol and drug services placement staff and Intake of the client.
8. Have at least one site where it is acceptable for in-custody clients to be dropped off by the Department of Corrections.
9. Provide staples, linens, personal hygiene and household supplies for the entire stay.
10. Provide food and beverages (including three meals a day) for the following:
    a. Single Men, Single Women, Women with Children, and Men with Children, Dual Diagnosis, LGBTQ - the first 30 days of a client's stay or until the client is employed or has income.
    b. DWC clients and their children – throughout entire stay.
11. For clients who are unable to work and have no source of income, CONTRACTOR will provide all of the above (staples, linens, personal hygiene and household supplies, three meals a day) throughout their stay. Clients will contribute to the cost of food and supplies to the best of their ability. For DWC clients, the DWC Team will decide when the client is ready to take that step.
12. Ensure unemployed clients are not expected to pay fees until gainfully employed. Once employed, retroactive fee payment is not allowed.
13. Collaborate with OP/IOT treatment staff to engage client in employment and/or stable housing work and/or work.
14. Ensure employed clients pay fees at the rate of 35% of net income, not to exceed the total cost of the bed per month.
15. Assist clients who are mentally and/or physically unable to work to participate in other productive activities during the day, such as school, training, or volunteer work.
16. Ensure employed clients may work any shift within a 24 hour period without penalty.
17. Ensure a client's work schedule takes precedence over required house meetings.
18. Ensure client wake up times are as follows:
    a. <u>Single Women, Single Men, Dual Diagnosis and LGBTQ</u> - Monday through Friday no later than 7:00 a.m. and later wake up time will be allowed on one weekend day per week and ensure client bed times are no later than 11:00 p.m., Monday through Friday and 12:00 a.m. on weekends.
    b. <u>Women with Children and Men with Children</u> – Children's bedtime is 8:30 p.m., Monday through Friday, 9:30 p.m. on weekends, and women with children no later than 10:00 p.m.
19. Ensure visitation will be scheduled to occur on weekends, with accommodations during the week for clients with Child Protective Services (CPS) involvement.
20. Ensure involuntary discharges occur only for the following:

a. Single Men, Single Women,Women with Children and Men with Children, Dual Diagnosis and LGBTQ - will be based on inappropriate behaviors exhibited by the resident. The THU CONTRACTOR will do as much as possible to refer client to appropriate care and support before discharge takes place. The QI/THU Coordinator will be contacted as soon as possible.

b. DWC clients are documented and reported according to the alcohol and drug services THU standards.

21. Ensure random (unplanned) testing (UA or Breathalyser) will be initiated with an individual and/or all house residents as long as the testing is not intended to target specific individuals.
22. Ensure clients belongings will not be disposed for a period of no less than 30 days after a client is discharged from the THU. During that time period, the THU CONTRACTOR will make reasonable attempts to contact the client to arrange for the disposition of the client's property.
23. Maintain compliance with alcohol and drug services THU standards and DBHS good neighbor policy.
24. Ensure that clients receiving Addiction Medicine services receive equal access to all contracted services and not discriminate against Addiction Medicine clients in any way.
25. Ensure that clients who have relapsed have made contact with their primary treatment provider (counselor, case manager). THU staff will collaborate with the treatment provider and QIC (if applicable) to develop a short term approach consistent with the clients treatment/recovery plan.
26. Ensure that every effort will be made to provide THU services to clients with physical limitations and/or special needs.

F. Cultural & Linguistic Competency

CONTRACTOR will:

1. Provide culturally and linguistically appropriate services for the target population including qualified staff or translation services for clients in the threshold languages as needed.
2. Provide services that are appropriate for adults in the Lesbian, Gay, Bisexual, Transgender and Queer and/or Questioning (LGBTQ) communities.

G. Staff and Certification Requirements

1. CONTRACTOR shall have a Resident House Manager on staff at each site. The Resident House Manager must have been out of treatment for at least six months. CONTRACTOR's staff shall be appropriately trained according to the requirements of the program. CONTRACTOR staff must meet DBHS THU certification guidelines.

2. CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements. All houses must pass DBHS certification for THUs per guidelines.

3. CONTRACTOR will ensure stability in staffing specifically in the areas of staff retention and staff training to develop the knowledge and skills necessary to work with the target population.

H. Billing

CONTRACTOR will submit monthly cost reimbursement claims within forty-five (45) days after the last day of the month which service was rendered. Each claim shall state all actual allowable cost as defined in the appropriate regulations, and all revenues received by CONTRACTOR during the month for which the claim is filed.

I. Data Collection and Reporting Requirements

All client demographic information, service and other appropriate data shall be entered into the COUNTY's electronic data interchange (EDI) system. CONTRACTORS will be required to have the capability to meet the COUNTY's standards for THU data collection or work with the COUNTY to meet the requirements by January 1, 2016.

J. Timelines

Timeline for program implementation shall demonstrate the CONTRACTOR's ability to begin preparations immediately upon availability of funding and to have services available for referred clients as of January 1, 2016.