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Santa Clara County

Santa Clara Valley Health & Hospital System

**RFP#: 1002DADS**

# **REQUEST FOR PROPOSALS**

**FOR**

## **ADULT DRUG/ALCOHOL TREATMENT AND RECOVERY SERVICES FOR SANTA CLARA COUNTY DEPARTMENT OF ALCOHOL & DRUG SERVICES**

**ISSUE DATE:**

**Friday, March 27, 2009**

**SUBMISSION DEADLINE (Date/Time):**

**Friday, May 1, 2009, 3:00 PM**

**ISSUING AGENCY:**

Santa Clara Valley Health & Hospital System  
Department of Alcohol & Drug Services (DADS)

**Administrative Office:**

976 Lenzen Avenue, 3<sup>rd</sup> Floor  
San Jose, CA 95126  
Telephone (408) 792-5680  
Facsimile (408) 947-8702

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- Attachment A: Proposal Form
- Attachment B: Proposer’s Questionnaire
- Attachment C: Exhibit A-2 (Description of Program Services)
- Attachment D: Exhibit A-4 (Program Budget)
- Attachment E: Contracting Principles
- Attachment F: Declaration of Contractor
- Attachment G: Sample Agreement
- Attachment H: Exhibit A-1 (Uniform Standard Guidelines)
- Attachment I: Exhibit A-3
- Attachment J: Appendix to Exhibit A-3
- Attachment K: BASN Appendix to Exhibit A-3
- Attachment L: THU Standards
- Attachment M: Exhibit B-3 (Insurance Requirements)

**Request for Proposals**  
**for**  
**Alcohol and Drug Treatment and Recovery Services**

## **I. OVERVIEW**

On behalf of the County of Santa Clara, the Santa Clara Valley Health & Hospital System's Department of Alcohol & Drug Services ("DADS" or "the Department") is seeking proposals from organizations and agencies to provide alcohol and drug treatment and recovery services and transitional housing services. Due to the Department facing significant budget cuts for FY2010, most of the adult treatment system and housing services are going out for re-bid.

## **II. AVAILABLE FUNDING**

DADS announces the availability of \$9,800,000 in available funding for community-based organizations (CBOs) and other agencies to provide alcohol and drug treatment and recovery services in Santa Clara County. Available funding is comprised of the following fund sources:

Discretionary Funding (County, State and Federal)  
Bay Area Services Network (BASN)  
CalWORKs (Residential only)  
CDCI (Comprehensive Drug Court Implementation)  
Drug Court Partnership (DCP)  
Substance Abuse Crime Prevention Act (SACPA)  
Offender Treatment Program (OTP)

This funding will be available from the commencement date of the contract, which is expected to be July 13, 2009 through June 30, 2010 to provide residential and outpatient treatment and recovery services and Transitional Housing Units (THUs) with the potential for annual renewals depending on performance, Board approval, and availability of funds. Applicants may request any dollar amount up to the maximum amount available per modality. Proposals shall include annualized budgets for FY 2009/10. Funding shall be pro-rated based on the effective start date of the Agreement(s) if the contract period is less than a full year.

DADS is open to proposals that creatively combine and integrate different levels of service and modalities. Agencies may submit proposals individually, or may collaborate and work together to provide services. If applying collaboratively, only one agency may serve as the lead and will be expected to coordinate all fiscal and administrative duties as needed to meet the contractual obligations. Proposed programs should incorporate at least one of the following modalities:

Detoxification: Up to \$700,000 is available  
 Residential: Up to \$4,000,000 is available (Includes BASN)  
 Women with Children Residential: Up to \$1,300,000 is available (Includes CalWORKs)  
 Outpatient ASAM Level I-II.I: Up to \$1,900,000 is available (Includes BASN)  
 Transitional Housing Units (THUs): Up to \$1,900,000 is available (Includes BASN)

### III. SCHEDULE OF EVENTS

RFP Release Date	March 27, 2009
Educational Workshop/Bidders Conference (Attendance Recommended)	April 3, 2009
Proposal Due Date	May 1, 2009
Proposal Review Period	May 4-May 15, 2009
Notification to Applicants	May 21, 2009
Deadline for Appeals	May 29, 2009
Contract Negotiations	June 8-July 2, 2009
Service implementation to begin upon execution of agreements.	July 13, 2009

Contact Staff: Leilani Fernandez, Phone: (408) 792-5141  
 Email: [Leilani.Fernandez@hhs.sccgov.org](mailto:Leilani.Fernandez@hhs.sccgov.org)

### IV. INVITATION TO SUBMIT PROPOSAL

A proposal shall be submitted no later than **Friday, May 1, 2009, 3:00 PM.**

Delivery Address: County of Santa Clara  
 Santa Clara Valley Health and Hospital System  
 Department of Alcohol and Drug Services  
 976 Lenzen Avenue, Third Floor  
 San Jose, CA 95126

Six (6) copies of the proposal shall be submitted (one original plus five (5) copies). If submitting a proposal for more than one modality, submit six (6) copies for each modality. The proposal should be firmly sealed in an envelope, which shall be clearly marked on the outside RFP# 1002DADS. The Department will date and time stamp each proposal when received. Any proposal received after the due date and time cannot be accepted and will be rejected and returned to the proposer unopened. Therefore, the envelope must also have a return address on the outside.

NOTE: The successful proposer may be required to submit a copy of their proposal and/or supplemental material as an electronic file (Microsoft Word or Excel), on a 3-1/2" disk or by email.

## V. EDUCATIONAL WORKSHOP & BIDDERS CONFERENCE

An educational workshop & bidder's conference has been scheduled for Friday, April 3, 2009 from 9:00AM to 12:00PM at the Department of Alcohol and Drug Services, 976 Lenzen Avenue, First Floor Conference Room A/B, San Jose, CA 95126.

The Bidders Conference will include a one-hour educational workshop to provide an overview of the Department's Adult System of Care (ASOC), followed by a review of the RFP and respond to questions. All proposers are strongly encouraged to attend this conference.

Oral responses given at the conference are not binding on the County. Any responses submitted or asked 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. Only responses and clarification issued via a written addendum shall be binding on the County.

## VI. INQUIRIES AND CLARIFICATIONS

Notes of discussion from the Bidders Conference will be documented in writing for non-binding informational purposes only and posted on the County website at [www.sccgov.org/portal/site/scc](http://www.sccgov.org/portal/site/scc) and on the DADS website at [www.sccdads.org/portal/site/dads/](http://www.sccdads.org/portal/site/dads/) and can also be obtained by sending an email to Leilani Fernandez at [leilani.Fernandez@hhs.sccgov.org](mailto:leilani.Fernandez@hhs.sccgov.org). The Bidders Conference is the only opportunity to ask questions. No questions will be answered after the Bidders Conference unless the County deems it necessary to address a material issue in the RFP, in which case the responses will be posted as an addendum to this RFP. In addition, any clarification of requirements resulting from the Bidders Conference that, in the County's judgment, materially alter the content of the RFP will be posted on the above websites as an addendum to this RFP.

## VII. EXPLANATION OF PROPOSAL, FORMAT & CONTENT

The proposal should address how your agency will meet the needs of this population.

### A. TARGET POPULATION

The target population is adult (18 and above) substance abusers in Santa Clara County. The general demographics for the target populations are:

Race/Ethnicity	
White	38.6%
Hispanic/Latino	37.4%

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Asian/Pacific Islanders	10.9%
Black/African-American	7.5%
Other Race	3.1%
American Indian	2.1%
Missing	0.5%

<b>Gender</b>	
Male	62.9%
Female	36.7%
Missing	0.4%

<b>Age Group</b>	
18-25	22.4%
26-35	32.2%
36-45	30.7%
46-55	12.7%
Over 55	1.7%
Missing	0.3%

<b>Primary Drug of Choice</b>	
Methamphetamine	49%
Alcohol	22%
Marijuana	12%
Cocaine	8%
Heroin	5%
Other	4%

<b>Referred by Criminal Justice System</b>	
Yes	71%
No	29%

<b>Preferred Language</b>	
English	89.38%
Spanish	8.74%
Vietnamese	1.05%
Tagalog	0.22%
Farsi	0.14%
Other	0.06%
Japanese	0.05%
Punjabi	0.04%
Croatian	0.03%
French	0.03%
Other Chinese	0.02%

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Romanian	0.02%
Amharic	0.01%
Arabic	0.01%
Asian	0.01%
Cambodian	0.01%
Cantonese	0.01%
Ilocano	0.01%
Korean	0.01%
Laotian	0.01%
Mien	0.01%
Russian	0.01%
Samoan	0.01%

## B. COUNTY FACILITIES

The County currently has an outpatient facility that is County-leased. This facility is located at 614 Tully Road in San Jose. Rent and utilities are included in the County lease.

The County currently has detoxification and/or residential facilities that are County-owned or County-leased. These facilities are available for proposers to consider as service sites when submitting a proposal for detoxification and/or residential treatment services. These facilities are listed below:

- House on the Hill located at 9505 Malech Road in San Jose, which has a current capacity of 41 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 costs for utilities are \$1,000 per month/year. A utilities line item must be included in the proposed budget.
- Mariposa Lodge located at 9500 Malech Road in San Jose, which has a current capacity of 88 beds. This site is only for women services. This is a County-owned facility, however, utilities are not included at this location. The average costs for utilities are \$2,700 per month/year. A utilities line item must be included in the proposed budget.
- 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.

## C. SERVICE DESCRIPTION

### (1) Detoxification

Up to \$700,000 is available for detoxification. Upon review of proposals, the final allocation of the amount may vary. Detoxification programs must be licensed and certified by State Alcohol and Drug Programs (ADP), and are non-

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medical. Services are provided 24 hours daily with 24 hour structured monitoring of withdrawal symptoms, and medical referral if necessary. Monitoring symptoms is accomplished using a tool 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. Clients in detoxification receive an assessment, orientation to on-going ASOC services, counseling, psycho-education in alcohol and drug addiction/abuse, and referral and entitlement information. Clients should be capable of making decisions on their own behalf and be able to care for themselves.

## **(2) Residential**

Up to \$4,000,000 is available for residential. Upon review of proposals, the final allocation of the amount may vary. It is anticipated that in FY10 the beds will be comprised of a 60%/40% split for men and women respectively, with three targeted populations: general population, dual diagnosed population, and the medically compromised population. In addition, \$1,300,000 is available funding for women with children. These women with children services must be provided at the House on the Hill location (see page 7). Residential programs will follow DADS policies and procedures. The goal of residential treatment is stabilization. Once stabilized, clients will be transferred to outpatient care.

Treatment will be individualized with no fixed length of stay. However, all lengths of stay beyond 45 days (with the exception of programs for women and children) will require authorization from DADS Quality Improvement Division (QI).

### **The following guidelines must be followed;**

- Intakes will take place 7 days/week and include evening hours
- Missed initial intake appointments will be rescheduled by the program
- Empty beds will be filled within 48 hours (unless there are no referrals)
- During initial restriction clients will still be eligible for family visitation
- Programs will make every effort to arrange for storing and making available personal snack food of clients
- On family visiting days, families will be allowed to bring food to share with clients
- Programs will offer family educational component, minimum one time a month

All program staff will be expected to work with courts, case managers, psychiatrists, primary care physicians and/or Valley Medical Center (VMC) medical staff, probation officers, social workers, THU and outpatient providers.

All residential programs are expected to be Dual Diagnosis Capable (DDC), addressing 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. However, the primary focus of treatment is the treatment of substance-related disorders.

Motivational enhancement and engagement strategies will be used in preference to confrontational approaches.

Providers will follow DADS Adult System of Care policies and procedures.

All staff working directly with clients are expected to be in compliance with State ADP and DADS Credentialing requirements.

Program(s) must be licensed by the State Department of Alcohol and Drug Programs (“ADP”). If a program is not licensed at the time of proposal, the proposer must provide the County with satisfactory assurances, in the discretion of the County, that the program will be licensed by ADP no later than June 24, 2009.

**Referral Source**

All clients will be referred by DADS Gateway Center or transferred from other levels of care such as Outpatient, Methadone, etc.

**The following levels of residential care are being sought:**

**ASAM Level 3.1-3.5 (for ASOC and BASN)**

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.

In addition to residential beds for the general population, DADS will provide the following specialized service, also at the ASAM 3.5 level; Residential for Women with Children (newborn to age 5)

As with other residential treatment programs the goal is stabilization. Average length of stay is 4-6 months. In addition to 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. This program must work closely with Dependency Drug Treatment Court and DFCS as a majority of the clients are involved in family reunification efforts. DADS expects programs to follow State ADP's Perinatal Services Network Guidelines. These can be accessed through ADP's website at [www.adp.state.ca.us](http://www.adp.state.ca.us)

### **Residential Reception Center ASAM 3.1 – 3.5**

DADS is anticipating 15% of the funds available for residential treatment will be available for in-custody clients. The Reception Center will provide phone assessment screening and placement for clients currently in-custody and needing treatment to be released from custody. In-custody callers will call directly from jail using the designated star numbers available on public telephones throughout the Main Jail and Elmwood. The calls will ring directly at the Treatment Reception Center. Callers will be assessed and referred throughout the provider network, including the Reception Center Residential site. All necessary paperwork, Treatment Status Reports, jail meds, and transportation issues will be arranged and handled by the Residential Reception Center. Staff will work closely with the court and probation. The focus of treatment will be stabilization and referral to on-going treatment.

### **(3) Residential ASAM Level 3.1**

At this level the targeted populations, will be the dually diagnosed. 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. The primary goal of this level of residential treatment will be engagement and stabilization. The client's length of time in treatment will be based on individual clinical needs. 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. Services may include individual, group, and family therapy; medication management and medication education. Interpersonal and group living skills are promoted through community or house meetings of residents and staff. Mutual self-help meetings are usually available on site.

#### **3.1 (a) Dual Diagnosis Residential**

DADS anticipates approximately 15 % of the total amount available for residential treatment will be available for this population. Beds will be needed for both men and women.

Dually diagnosed adults will have co-occurring substance abuse or dependence and moderate to severe mental health problems, but are not eligible for County Mental Health services.