

DEPARTMENT OF ALCOHOL AND DRUG SERVICES

Request for Proposals

Adult Drug/Alcohol Treatment and Recovery Services for Santa Clara County Department of Alcohol & Drug Services Adult System of Care

Bidder's Conference: April 3, 2009

This is the official record of the questions and answers from the Bidder's Conference held in Conference Room A/B on the first floor at 976 Lenzen Avenue, San Jose, CA on April 3, 2009. Copies of these notes will be sent by email to all attendees at the conference who signed in on the sign-in sheet.

Educational Workshop

Department of Alcohol and Drug Services (DADS) has a central intake point. Clients are assigned to different providers at different levels of care. The County also offers methadone. All providers use the same forms and treatment assessment which are posted on our DADS website. The DADS Policy & Procedure Manual is also on our website. Our system follows the ASAM criteria, and uses ASAM dimensions for assessment and treatment planning.

There is an expectation that providers in our system will use the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) developed by Scott Miller. This tool can be found on the internet. Both the ORS and SRS are filled out by the client and measure life improvement and connection with their counselor.

Our QI Department provides system oversight. QI coordinators provide clinical consultation, system transitions, move clients between the different levels of care, monitor various data entry in Unicare, the electronic record client tracking system and reports on a quarterly basis on providers' data performance. Some of this data is reported to the State. At least one QI Coordinator is on call Monday-Friday.

Clarification

There will be a delay in the start date of the new contracts. One-time funding has been requested to bridge the gap of current contracts from July 1, 2009 – August 31, 2009. The RFP timeline has been modified and the following are the new tentative dates:

- Proposal due date is now May 15, 2009
- Date of Notification to Applicants is now June 22, 2009
- Service Implementation to begin upon execution of agreements is now September 1, 2009

An addendum to the RFP will state the final revised dates. This may include a date change for the ADP license requirement for residential programs.

SACPA clients are integrated in our Adult System of Care. We have a standard of care across our system. Other systems may have different tracks for SACPA clients.

Page 8 of the RFP, Residential paragraph: the three targeted populations are: general population, dual diagnosed population and the reception center in-custody population only. We are issuing an addendum to this RFP to remove the reference to medically compromised population.

On page 8 of the RFP, 4th paragraph, these guidelines are new.

The Reception Center will receive all in-custody calls, but not all clients calling will need treatment. The Reception Center will also function as a treatment site.

Counselor certification is required by State ADP. DADS requires CAADAC or CAADE level counselor certification.

Separate Exhibits (A-2 and A-4) are required for the different components for Residential and the different components for Transitional Housing services.

Submit one proposal narrative per each Residential component.

Submit one proposal narrative per each THU component.

If submitting a proposal, complete one proposal form per type of modality. A revised proposal form is attached to the notes.

Page 18 of the RFP, Cultural Competence-second sentence should read: “Describe the challenges in treatment to various ethnic groups who comprise your service area(s).”

The proposal submission requirements will be revised and identified in an addendum to the RFP.

Interested agencies may request electronic copies of the proposal forms from Leilani Fernandez at leilani.Fernandez@hhs.sccgov.org

Questions

Q: When will the ORS/SRS data report be available for providers to view?

A: The ORS/SRS report will soon be released. We are in the process of finalizing a report.

Q: Will you continue to use Unicare for the next few years?

A: It is not clear at this time. However, for now Unicare is the application we have and will use.

Q: In relation to the stimulus package, does the funding for Transitional Housing include funding for permanent housing or is there more funding?

A: We are pursuing other funding resources, which may lead to expansion. However, the amount of THU funding listed on the RFP is the amount available and we do not anticipate this amount to change.

Q: What is the percentage of overall treatment reduction?

A: 37% reduction for ASOC or \$6.7 million of \$18 million

Q: Is the funding for SACPA, OTP and BASN being reduced for FY2010?

A: No, reduction is specific to County General Fund.

Q: How do you expect to integrate BASN clients in the Adult System of Care given that BASN clients have specific treatment requirements?

A: BASN clients only have up to 180 days total for services. After the 180 days, they become an ASOC client. Otherwise, ASOC standards meet the BASN requirements.

Q: Where does the IJS funding fall?

A: IJS is no longer identified as a separate source of funds. Funding falls under County General Fund.

Q: Will we continue to have IJS clients?

A: IJS are now classified as Dual Diagnosis Enhanced (DDE)

Q: What is the funding source breakdown of the \$9.8 million?

A: See Funding Source Breakdown worksheet attached with the notes.

Q: For consolidated contracts, who does the allocation of fund sources?

A: The Department will allocate services to the various funding sources.

Q: Are there any specific funding requirements that may prevent merging funding sources?

A: None that we foresee at this time.

Q: What is the current population open in the DADS system?

A: Approximately 9,000Q: Is DETOX included in the 88 beds listed for Mariposa Lodge?

Q: Do you want separate A-2's and A-4's for the different THU components?

A: Yes, an addendum to the RFP will spell this out.

Q: Is there any room for creativity to mix up populations at HOTH and Mariposa Lodge facilities?

A: No

Q: Can the current facility for Mariposa Lodge be used for other modalities?

A: Yes.

Q: Currently, how many Residential beds for men and women are funded?

A: Approximately, a range of 89 – 95 beds for men and a range of 101 – 121 beds for women.

Q: What is the current number of outpatient slot funded?

A: There are 1,508 slots contracted.

Q: What is the current breakdown of the various THUs?

A: 48 beds for DDTC, 39 beds for women with children, 23 beds for Dual Diagnosis, 121 single men and 30 single women.

Q: Can we get a tour of the county facilities?

A: Not at this time, however, here's the total square footage for the following locations: (1) 614 Tully Road = 25,483 square feet, or approximately 10% (2,500 square feet) is for the current program; (2) 650 S. Bascom = 22,000 square feet, or approximately 41% (9,000 square feet) is for the current program. The square footage for (3) 9505 Malech Road is not available at this time but there are 20 rooms total-10 on side A and 10 on side B. There is 1 client per room plus 1 child. There are also 2 rooms that are designated for a mom and 2 children, one room on side A and one room on side B. Full capacity at this location is 20 adult women and up to 22 children. The square footage for (4) 9500 Malech Road is not available at this time but there are 4 lodges that sleeps 24. For 3 of the lodges, there is 2 clients per room. Currently a detox program is in one of the lodges, which is 6 detox beds in total with 1 client per room.

Q: Do you want the proposal narrative to be 6 pages per modality?

A: Yes, an addendum to the RFP will state this.

Q: Can you provide us with the building lay out of the county facilities?

A: 650 S. Bascom, 614 Tully Road, and 9505 Malech Road is attached with the notes. The layout for 9500 Malech Road is not available at this time.

Q: Are there any restrictions regarding visiting the outpatient facilities?

A: Yes because of client confidentiality concerns.

Q: What is the current capacity for 650 S. Bascom?

A: There are 33 beds.

Q: Will you consider having DETOX in the same facility as Residential?

A: Yes, it's already happening.

Q: Do you expect DETOX to remain in the current facility?

A: Not necessarily, however, it's an option.

Q: What is the current capacity for DETOX?

A: 9men/6 women.

Q: Are the women at HOTH part of the 60% men/40% women split?

A: Yes.

Q: If we are interested in applying specifically for BASN, IJS and SACPA funding sources for Residential services, how do we state this on the proposal?

A: The funding source allocation will be determined by DADS when contract is awarded.

Q: Does the scheduling of clients between DADS and provider include transportation for clients?

A: It is not an expectation or requirement. However, sometimes the client' case manager may provide transportation for the client.

Q: You state on the RFP the expectation for residential beds to be filled within 48 hours, how will you monitor this when clients do not show up and agency cannot fill beds within that timeframe?

A: QI will be able to track when clients do not show up for their intake appointment or when there are no referrals.

Q: Can the clients have personal snacks anytime?

A: We would like to standardize across the system, however we do expect programs will have guidelines.

Q: How will the County monitor the liability issue that comes with allowing clients to bring their own food to the Residential facility?

A: County will not monitor this.

Q: Are there different staffing requirements for DDC and DDE?

A: Yes.

Q: Is certification not required for residential?

A: No, we only require the residential facility be licensed by State ADP. In addition, the residential facility must be certified by the District Attorney.

Q: In reference to the residential for women with children" modality, are these services expected to be DDE?

A: No, just DDC.

Q: Will the Reception Center serve in-custody clients only?

A: Yes.

Q: Will transportation be available for clients referred to the Reception Center?

A: Yes, they will be put in a taxi by Department of Corrections.

Q: On the Proposer's Questionnaire, number 12 asks for a list of governmental bodies with whom we've had arrangements or agreements in the past ten years? This is a long period of time, can we just provide three years?

A: The questionnaire has been revised to change the time period from ten years to five years. This will be stated in the addendum to the RFP. Answer the question to the best of your ability.

Q: The Reception Center name may cause confusion, would you entertain changing the name?

A: Yes, but for the RFP purpose, please respond to this name.

Q: Is there a current location for the Reception Center?

A: No.

Q: What's the current system you have for in-custody clients?

A: They call Gateway from jail using pre-programmed star numbers.

Q: What's the limit or restrictions regarding calling the in-custody Reception Center?

A: At the jail clients are allowed 15-minute increments per call. If assessment is not completed in the first 15-minutes, the client must call back until the assessment is completed.

Q: Does the Reception Center need to be located at a Residential Treatment facility?

A: The Reception Center needs to be a Residential Treatment Center as treatment would also be provided.

Q: Will clients receiving treatment at the Reception Center have the traditional length of stay?

A: It's an option but not a requirement.

Q: How do we lay out the different Residential components on the proposal?

A: You will submit separate Exhibits (A-2 and A-4) for each component.

Q: How will clients get their meds from in-custody to treatment?

A: Reception center staff will assist in obtaining meds.

Q: Will in-custody clients get admitted to the Reception Center if they do not have their meds with them?

A: Yes

Q: What are the current expenditures associated with the Reception Center?

A: Currently, there is not a designated Reception Center. However, our contracts are set up as cost-based.

Q: How cost effective is it to do the in-custody client assessments over the phone vs. face-to-face?

A: Very cost effective. It saves staff time to and from jail which has clearance requirements that can take time. The phone assessment is faster.

Q: What's the average number of calls per month for the Reception Center clients?

A: About 200-500 in-custody calls per month. In a year, there are about 1,100 actual assessments.

Q: What would Gateway do if they get these calls?

A: Refer the calls to the Reception Center.

Q: How do the in-custody clients get referred to the Reception Center?

A: By the judge.

Q: Do you require a specific language capability for the Reception Center?

A: Spanish and Vietnamese.

Q: Do you require a dedicated facility for the dual diagnosis population for Residential services?

A: We will entertain either a dedicated facility or general site.

Q: Is there a preference for a dedicated facility for the dual diagnosis population?

A: From a clinical point of view, a dedicated facility would be preferred.

Q: Do you require separate Exhibits (A-2 and A-4) if we are combining two populations: dual diagnosis with the general population for both residential and THU?

A: Yes, because the costs associated with the dual diagnosis population may differ from the general population and we expect staffing to look different for Dual Diagnosis Enhanced (DDE).

Q: What's the required ratio for Residential?

A: None.

Q: What's the scope of practice for Dual Diagnosis Enhanced?

A: The expectation is to have licensed/multidisciplinary staffing. Make sure the narrative matches the level of staffing

Q: Is there a requirement that every program needs to be Dual Diagnosis Capable?

A: Yes.

Q: Is there an issue if the person is licensed in another state, but in process of getting licensed here in California?

A: It is not an issue as long as the person is in the process of getting licensed in this state and adhering to State regulations as it relates to that license or pre-license.

Q: Are County providers required to be Drug Medi-Cal certified?

A: County providers are all currently Drug Medi-Cal certified.

Q: Given that the application process to get Drug Medi-Cal certified is currently closed, will the County allow for this delay?

A: Yes. Providers will not be penalize as long as they are in the process of getting Drug Medi-Cal certified.

Q: How will Drug Medi-Cal reimbursements affect the contract budget?

A: It will count as revenue, which will allow the provider to enhance their program and provide more treatment.

Q: What's the percentage of drug medi-cal clients in the DADS System?

A: Data is not available at this time.

Q: Will Medi-Cal cover Drug Medi-Cal services?

A: Full scope Medi-Cal covers Drug Medi-Cal services.

Q: Who can provide the Drug Medi-Cal services?

A: A licensed therapist needs to sign off on the charts. A rehab counselor can provide services but must be co-signed by a licensed staff, such as an LCSW or MFT.

Q: Who authorizes Drug Medi-Cal billing?

A: A licensed physician.

Q: Should we include an estimate of Drug Medi-Cal revenues in the budget?

A: It is not necessary at this time.

Q: In the RFP you state that treatment needs to be individualized and that agencies will offer family educational component at least once a month; however, the Exhibit A-2 does not allow for the individualized treatment as there is a straight formula for the number of individual sessions required per client. Also, the form does not capture psycho-educational groups. Do you anticipate the A-2 changing to allow for the individualized treatment and the family component (psycho-educational groups)?

A: Not at this time. The family component will be captured in another way, not on the Exhibit A-2.

Q: How much clinical staffing is expected?

A: Depends on the scope of practice for services offered.

Q: What's the percentage breakdown for low, medium and high intensity services?

A: Approximately 40% are low intensity and 60% represents medium and high intensity.

Q: What's the average time spent in outpatient (LOS)?

A: 70 – 90 days.

Q: Can we use a LOS of 90 days to compute the dynamic capacity on the Exhibit A-2?

A: Yes.

Q: How is case management captured?

A: It's captured on the service rendered document (SRD).

Q: Will you consider staff that is in the process of getting certified as meeting the requirement?

A: Yes.

Q: Is there a required timeframe to fill outpatient slots?

A: No.

Q: Do you have a specific geographic need for outpatient sites?

A: Central San Jose and East side but services are needed throughout the County.

Q: What's the number of current dual diagnosis beds in the system?

A: 22 residential beds with Project Ninety and 23 THU beds with InnVision for a total of 45 beds

Q: Do you want agencies to provide specific addresses for THUs on the proposal?

A: Not necessarily, however please state the geographic area of the houses. The specific addresses will be required upon contract implementation.

Q: Can you consider allowing 8 single pages (4 double-sided) for each proposal narrative?

A: The proposal narrative remains 3-pages, single-spaced and double-sided.

Q: Do you require the budget narrative to be done on a specific form?

A: No.

Q: Can the original proposal be single-sided?

A: Yes, however, the copies should be double-sided.

Q: Can you send the DA requirements and contact person?

A: Yes, will send with the notes. The contact person is Mary Gutierrez and can be reached at 408.792.2853.

Q: Will all beds (DADS and non-DADS) in a THU home required certification?

A: DA certifies homes, not specific beds.

Q: How is the issue of confidentiality handled when certified THU homes require that all clients have a background check?

A: We are asking that a small portion of the THUs be uncertified for this reason.

Q: In talking with the State, the process to certify an outpatient facility is currently taking up to one year. How does this fit into your RFP certification requirement?

A: Treatment cannot be provided unless certified but we will accept a temporary certification issued by the State ADP.

Q: Could you please clarify "collusion among proposers" (page 16 of the RFP)?

A: Generally, collusion means an agreement, conspiracy, communication or action, directly or indirectly, between two or more persons or entities to engage in fraudulent, deceitful, misleading, unlawful, or improper acts, in County's discretion. Please also refer to Proposer's Representations in Attachment A of the RFP.

Q: Are walk-ins eliminated for outpatient services?

A: Yes, all referrals come through Gateway.

Q: Do you require we repeat the location and hours of proposed services both on the proposal narrative and Exhibit A-2?

A: Yes. The proposal narrative will be scored, but not the Exhibit A-2.

Q: Where in the proposal do we state our experience with Unicare?

A: On the proposal narrative under Data Collection and Computer Readiness section.

Q: Is the requirement for the House Manager not to be in treatment specific to this county or elsewhere?

A: It's specific to this county.

Q: Is the admin overhead still capped at 15%?

A: Yes.

Q: Are agencies required to provide insurance information on the proposal?

A: No. Insurance information will be required upon contract implementation.

Q: Do you require agencies to submit Exhibit A-5?

A: Not for the proposal. The Exhibit A-5 is required at contract implementation.

Q: What's the number of points allocated to experience with the Unicare system?

A: 5 points.

Q: How do you fill out the Exhibit A-2, if an agency does not have a specific ethnic group?

A: Leave blank.

Q: Do we fill out number of co-locations on the Exhibit A-2?

A: No, leave blank.

Q: Do we identify drug testing on a separate budget?

A: Do not separate drug testing for purposes of the proposal. Any drug testing should be identified in your budget.

Q: Do you expect agencies to address the Exhibit A-3 BASN requirements on the proposal?

A: No

Q: What's happening between 7/1/09 and 7/13/09?

A: Current contracts will be extended with bridge funding through August 31, 2009.

Q: Can you clarify evening hours for intakes?

A: Reasonable evening hours for those who work and can only come after working hours.

Q: Why is CDCI funding included in this RFP? Wasn't CDCI "de-funded" on 12/31/08?

A: The CDCI funding in this RFP is specifically for residential services. The CDCI funding that ended 12/31/08 was for outpatient services.

Q: Why is Residential ASAM Level 3.1 identified separately but not ASAM Level 3.5? Why is "Dual Diagnosis Residential" described under ASAM Level 3.1 when many dually diagnosed clients are also appropriate for services under level 3.3 and 3.5?

A: 3.1 requires minimum of 5 hours of treatment, many dual diagnosed clients cannot tolerate the all day structure of 3.5

Q: On page 12, second bullet, high intensity services, what do you mean by ancillary services? Can you give some examples? Can these be referrals?

A: Might be things like nutrition class, anger management class, life skills, etc.

Q: Is DADS currently funding THUs for Dual Diagnosis Specific Population? If so, how many slots?

A: Yes, 23 beds with InnVision.

Q: For residential dual diagnosis specific population, is this expected to be about 15% of the funding for these services?

A: Yes

Q: Who will be selected to be on the proposal review panels? Will there be people outside the Department?

A: Potential review panel members may consist of staff from other Counties, outside agencies, and other departments within the County.

Q: On page 21, Section X. Evaluation Procedure, 3rd paragraph, 2nd sentence states ‘the funding level for the selected program will be determined by the overall needs of the County. The final selection and contract award will be within the sole judgement and discretion of the County.’ If a proposal indicates that the provider can provide a certain number of service slots to different populations at several facilities for a certain amount of overall funding, but DADS indicates that it needs only some of those service slots from the provider and/or a lesser amount of contract award, will the provider be able to renegotiate average costs per slot?

A: Yes

Q: What portion of the 4 million dollars available for Residential reflects OTP, BASN, and Prop 36?

A: SACPA and OTP do not have dedicated beds for residential. BASN has roughly \$470,000 allocated to residential services.

Q: In regards to county facilities, are they currently operating at full capacity with funding by DADS? Are all the beds currently funded by SCC DADS?

A: Providers who occupy county facilities are fully funded by DADS.

Q: Can residential sites have other satellites for just housing and treatment to be provided at the licensed residential site?

A: Yes, per CCR, Title 9, Division 4, Chapter 5, Subchapter 2, Article 2, §10508. Licensure of Integral Facilities: (a) The license may provide housing and alcoholism or drug abuse recovery or treatment services in the same building or the licensee may house residents in one building and provide services in another building, provided that all of the buildings are: (1) integral components of the same facility (2) under the control and management of the same licensee, and (3) licensed as a single facility. (b) Multiple facility programs which do not meet the criteria of Subsection (a) of this regulation shall secure independent licenses for each separate facility in accordance with the requirements of this chapter. See State ADP regulations on their website www.adp.ca.gov/licensing/regs/Reg_2_10505