



**Contra Costa Behavioral Health Services  
Request for Qualifications  
Alcohol and Other Drug Services (AODS)**

**Community Planning Process Consultant  
California Bridge to Reform- Drug Medi-Cal Organized Delivery System  
(DMC-ODS) Waiver  
May 2015**

**I. General Instructions**

Contra Costa Behavioral Health Services (CCBHS, or the County) is seeking proposals from a qualified consultant and/or organization providing consultative services to lead a community planning process that results in the County's Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan for a Three Year Period including fiscal years 2015 through 2018. The Drug Medi-Cal Organized Delivery System requires a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for Substance Use Disorder (SUD) treatment services. The community planning process will 1) Engage community stakeholders to review and analyze available data related to AOD issues in Contra Costa County; 2) Analyze current SUD programs & modalities in relationship to ASAM Placement levels , to identify system delivery service strengths, needs and gaps; 3) Identify system wide opportunities and challenges for the Implementation of the County Plan; 4) Identify County goals and priorities to improve treatment outcomes for DMC beneficiaries while decreasing other system health care costs, and 5) Ensure that the County Implementation Plan adheres to the requirements and addresses all of the areas and components stipulated in the **California Bridge to Reform Demonstration (N.11-W-00193/9) Amendment for Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver**.

Applicants responding to this Request for Qualifications (RFQ) will provide 1) a statement of qualifications; 2) a detailed plan for facilitating and completing a community planning process within the time and resources allotted, and 3) a budget with budget justification. The contract period will be effective July 1, 2015 through December 31, 2015. The total amount available through the contract period is not to exceed \$60,000, and is to be based upon total anticipated actual expenses submitted by the winning bidder's budget. The County reserves the option to adjust the contract amount of the winning bidder due to fiscal and/or time constraints. The contracts awarded will be based upon the quality of the work plan proposed, the organizational capacity and relevant, successful experience of the applicant, the cost effectiveness and efficiency of the submitted budget, and the availability of funds. Upon approval from the Behavioral Health Director, the Alcohol and Other Drugs Administrator will directly contract with the winning bidder.

**I (A). Format, Delivery and Due Date**

This RFQ and all related forms and materials are available on-line at CCBHS AOD's webpage: <http://cchealth.org/aod>.

Please provide a signed original PLUS five (5) additional hard copies of the proposal. Each hard copy must be clipped or stapled in the upper left corner (only) and clearly marked with the name and address of the lead agency. Additional specifications:

- ✓ Written in Times New Roman in size 12 font
- ✓ Single-spaced pages
- ✓ Margins 1" on all sides
- ✓ All pages consecutively numbered
- ✓ Proposal follows the outline presented below
- ✓ Original and copies printed on three-hole punched paper
- ✓ 30 -page text limit for proposal narrative and budget (this does not include appendices).

Proposals should be delivered to the following:

Fatima Matal Sol  
Alcohol and Other Drugs, Acting Chief  
Alcohol and Other Drugs Administration  
1220 Morello Ave., Suite 200  
Martinez, CA 94553  
Phone: 925-335-3330

A single, packaged set of all proposals and electronic submissions are due at the above address by Friday, June 5, 2015 by 5pm. Postmarks on this date will not be accepted. Late proposals will not be accepted and will not be reviewed. There will be no exceptions. No faxes or electronic submissions will be accepted.

In the order presented, submissions shall include the following:

1. Cover Page (see attached)
2. Details of the consultant or consultant organization who will be leading and facilitating the community planning process (5-page maximum). Please describe the consultant or consultant organization's qualifications and successful experience relating to the requirements described herein. If the applicant is a consultant organization, please include an organization profile, along with the resume(s) of staff proposed to implement the Work Plan in the appendices.
3. A Work Plan narrative (20-page maximum) that follows the Work Plan Outline as provided in **Section III (B)**. This narrative details how the consultant or consultant organization will plan for, implement, facilitate, document, and provide written and consultative support for Contra Costa Drug Medi-Cal Organized Delivery System's County Plan for a Three Year Period and budget justification (5 page maximum) outlining the expected cost of implementing the Work Plan narrative, broken down by major cost categories. The budget and justification should be linked to the Work Plan narrative.
4. Appendices that include the detailed resumes of all proposed program staff (or job descriptions if staff have not been identified yet), and a list with contact information of individuals who can verify successful, relevant consultation experience.

### **I (B). Applicants' Statement of Interest**

All interested consultants and/or consultant organizations **must** send via email a **Statement of Interest** no later than Wednesday, May 13, 2015 to [Maria.Ramos@hsd.cccounty.us](mailto:Maria.Ramos@hsd.cccounty.us) (see attached sample) Submission of a Statement of Interest does not obligate the sender to submit a proposal. **However, an email must be sent in order to apply.** This enables a fair and impartial question and answer period in which prospective applicants can submit questions for

clarification, and CCBHS can share both questions and answers with all parties who submitted a Statement of Interest.

### **I (C). Rules and Considerations**

- The cost of developing and submitting a proposal in response to this RFQ is the responsibility of the applicants and will not be reimbursed through any contracts resulting from this RFQ process or from any other county funds.
- CCBHS AODS may issue an RFQ amendment to provide additional data required and make changes or corrections. The amendment will be sent to each applicant who submitted a Statement of Interest. CCBHS AODS may extend the RFQ submission date if necessary to allow applicants additional time to consider such information and submit required data.
- The RFQ and any contract resulting from this process may be cancelled by CCBHS AODS with a 30-day notice, should at any time funding is unavailable.
- Contracts awarded as a result of this RFQ are subject to pending appeals by other applicants. A pending award may be subject to cancellation or modification by CCBHS in accordance with the resolution of any such protest.
- Contractor(s) may be required to participate, through the County, in state-mandated meetings or efforts related to the Drug Medi-Cal Organized Delivery System's County Plan.
- The Contractor who is selected must adhere to Contra Costa County's contracting process, providing all information as requested by CCBHS AODS. The selected contractor will also be informed of the County's insurance coverage requirements, where applicable, and the process for contract approval (if applicable) by the Board of Supervisors.

### **I (D). Additional Information**

This RFQ and all forms and materials for submitting a Proposal are available on the CCBHS AOD: <http://cchealth.org/aod>.

CC Alcohol and Other Drugs recognizes that additional questions may arise after the publishing of the RFQ. Applicants who have submitted a Statement of Interest, must submit questions about RFQ content or intent to Maria.Ramos@hsd.cccounty.us. Questions and answers will be disseminated via email to all submitters as well as posted electronically to the CCBHS AODS' website. **The final date questions and answers will be posted is Wednesday, May 20, 2015.** AODS staff are not authorized to provide verbal or written guidance on RFQ requirements or intent. The only official guidance will be provided in writing as addenda to this RFQ and will be distributed to all parties that have submitted Statement of Interest.

All RFQ submissions will be reviewed promptly and the intent is to announce a selection **by Friday June 19, 2015 by 5:00 p.m.**

Applicants who are not selected may appeal CCBHS AODS selection of awardee(s) within three business days of notification. Appeals must be addressed to the Director of Behavioral Health. Appeals must be in writing and shall be limited to the following grounds:

- The County failed to follow the RFQ procedures, which affected the proposal scoring; and/or
- The RFQ evaluation criteria were not appropriately applied to the proposal.
- The Director of Behavioral Health will respond to the appeal within two business days and the decision of the Behavioral Health Director will be final and not subject to further review.

## **II. Introduction**

### **About Contra Costa Behavioral Health Services**

The newly created Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. With increasing challenges in serving complex populations with multiple needs, this integration is a response to the growing desire to have improved consumer outcomes through a systems approach that emphasizes "any door is the right door," and that provides enhanced coordination and collaboration when caring for the "whole" individual.

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promotes wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

### **Mental Health Services**

Mental Health Services provides care to children, transition age youth, adults and older adults living in Contra Costa County. These services are provided through a system of care that includes county owned and operated clinics, community-based organizations, and a network of private providers.

Contra Costa children and adolescents are served by a County-wide system of care that includes Mental Health staff working in partnership with Probation Department, Employment and Human Services Department, School Districts, and family members. Services for adults are provided to those with serious mental disabilities or those in acute crisis. Mental Health Services also includes a range of prevention programs oriented toward prevention of more serious mental health issues. The Contra Costa Mental Health Plan is the mental health care provider for Medi-Cal beneficiaries and the uninsured.

### **Alcohol and Other Drug Services**

The Alcohol and Other Drugs Services (AODS) "puts people first". The mission of AODS is to advocate for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency. The AODS System of Care is a planned, comprehensive approach for providing alcohol and other drug treatment and prevention services in Contra Costa County. The continuum of care benefits consumers and providers by combining administrative and clinical services in an integrated, coordinated system. The goal is to give consumers high-quality yet cost effective care in a timely manner.

### **Homeless Programs**

The Contra Costa County Homeless Program's mission is to ensure an integrated system of care from prevention through intervention for homeless individuals and families within our community. We strive to accomplish this through the development of policies and practices, community involvement, advocacy, and the coordination of services that respect human dignity, strengthen partnerships, and maximize resources.

## **About the Drug Medi-Cal Organized Delivery System**

### **BACKGROUND**

California Assembly Bill (AB) 1, First Extraordinary Session, Statutes of 2013 authorized the expansion of Medi-Cal eligibility to childless adults with annual incomes up to 133 percent of the Federal Poverty Level, effective January 1, 2014.

### **IMPACT TO SERVICES**

Upon approval of the waiver, the State will make the Residential Treatment Service available to beneficiaries other than pregnant/postpartum, and make it operable in facilities with no bed capacity limit. It will establish a residential treatment limit of a 90-day maximum for adults and 30-day maximum for adolescents, unless a one-time extension of up to 30 days is medically necessary. Additional details on waiver provisions are contained in the CA Bridge to Health Reform (DMC-ODS) System Waiver Draft Special Terms and Conditions (STCs- November 2014.)

The waiver will also improve DMC services by putting together a Continuum of Care with expanded services, and making those services available to address substance use including: physician consultation, medication assisted treatment, case management, recovery services, etc.

Additionally, under the draft Special Terms and Conditions and appropriate sections of Title 42 Code of Federal Regulations (CFR) 438, counties are required to develop a County Implementation Plan to determine capacity, access and network adequacy. Stakeholder input in the development of the County Plan is required including: community meetings, county advisory groups, focus groups, and other information gathering methods as appropriate. The community collaborative process and key stakeholder participation including clients and family members are essential in the development of Contra Costa's Waiver Implementation Plan.

The University of California Los Angeles (UCLA) under a contract with the State, will be conducting an evaluation to measure the outcomes of the waiver in four different key areas: access, quality, cost and integration and coordination of care. All counties opting into the waiver will be required to participate in the evaluation and supply data and information from existing and new sources. The development of the County Plan must include a framework for addressing and monitoring those areas. Counties must also ensure that providers are properly certified for the services contracted, implementing at least two evidence based practices, trained in ASAM criteria, and promote culturally competent services.

A copy of the **California Bridge to Reform Demonstration (N.11-W-00193/9) Amendment for Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver** is also posted on <http://cchealth.org/aod>.

### **III. RFQ Guidelines**

#### **III (A). Cover Page**

Please complete the attached cover page and submit with RFQ.

#### **III (B). Characteristics and Qualifications of Applicant (5 page maximum, 30 points total)**

Write a narrative describing the characteristics and qualifications of the applicant who will be planning, facilitating and implementing the community planning process. Please describe the applicants' qualifications and successful experience relating to the requirements described herein. In particular, address the applicant's ability to work with clients in SUD programs and family members, culturally and linguistically diverse community and advocacy groups. As appendices, please include an organization profile (if applicable), along with the resume(s) and/or job descriptions for staff directly working on the contract. Include a description of organizational capacity to successfully complete the planning process within the time frame allotted. Include in the appendices a list with contact information of individuals who can verify successful, relevant consultation experience.

### **III (C). Work Plan Narrative (20 page maximum, 40 points total)**

Write a narrative that describes how the Applicant will plan for, facilitate and implement a community engagement planning process and produce documents and materials to support the development of the County's Implementation Plan for a Three Year period. Utilize the following Logistical Work Plan outline and provide a range of hours that is planned to be spent on each of the above six deliverables.

- 1) **Gathering information and materials.** Describe what specific information and data will be needed, how it will be obtained, and how it will be analyzed and used in the planning process. CCBHS AODS will have available a) a preliminary assessment of need obtained from existing service providers and those receiving services according to ASAM Placement Criteria, b) a description of current AODS funded programs and services, and allocation of AODS funds for current fiscal year, c) the opportunity to obtain and review existing data reports pertaining to penetration and retention rates, anticipated number of Medi-Cal clients, language capability for the threshold languages and languages concentrated in specific geographic pockets, the geographic location of providers and Medi-Cal beneficiaries considering distance, travel time, transportation, and access to beneficiaries with disabilities.
- 2) **Planning for events.** List the preferred types of events, such as workgroups, community forums, telephone conferences, key informant interviews, focus groups, AOD Advisory Board and Support4Recovery, Mental Health Commission, CC Inter-jurisdictional Council on Homelessness Advisory Board, how and where they will be located, and how Contractor staff will plan for, recruit sites and participants, and promote these events. In particular, address the strategy to engage clients and their family members in the communities in which they reside to include non-English speaking participants such as Latinos, South East Asian, etc. Particular areas of interest are the three main geographical regions (West, Central, East County), and four different groups: youth, adults, older adults, and women. Alcohol and Other Drugs also includes Primary Prevention as part of the continuum of care, even though the Waiver does not specifically address Prevention per se, Prevention services must be included as an integral part of a comprehensive system of care.
- 3) **Conducting events.** Describe how the Contractor will work with CCBHS AODS to develop agendas, outline a suggested sample agenda, and describe how the Contractor will conduct the events. (July & August 2015)

- 4) **Documenting the events and partnering with participants.** Outline a reporting process that includes sharing drafts with participants for feedback, and addresses the three geographical regions, and four groups served. The reporting format should be event specific and include, a) description of the event, b) who attended, c) information shared with participants, such as Drug Medi-Cal Waiver and the Development of the County Plan, along with CCBHS information, description of current services and preliminary assessment of need, d) participant feedback regarding access to services, quality and sufficiency of care, and service needs and gaps, e) identification and evaluation of priorities and strategies to meet community substance use disorders needs.
- 5) **Assisting CCBHS AODS write the Three Year County Implementation Plan.** Describe how the event specific reports would be combined into a consolidated County Implementation Plan. (September & October 2015)
- 6) **Working with CCBHS.** Describe how the Contractor plans to work with staff at Contra Costa Alcohol and Other Drugs such as communication, progress reporting, frequency of meetings, protocol for emerging issues and handling plan adjustments. (November & December 2015)

### **III (D) Essential Components of the County Implementation Plan**

**The following components of the county waiver implementation plan are required by the Department of Health Care Services (DHCS);** however, the information gathered through the Community Planning Process should become the foundation of the County Plan and the driving force behind Contra Costa's SUD Continuum of Care integrated under the Behavioral Health Division. While the components of the waiver do not require integration with Homeless Services, individuals with substance use disorders struggle with lack of stable and permanent housing and a large proportion are considered homeless. Since Contra Costa Behavioral Health includes Homeless Services, the plan must also include **Integration with Homeless Services**. The Implementation Plan prepared by the successful applicant must be cognizant of this Integrated Service Delivery Framework. The applicant's approach to each element of the waiver implementation plan must identify the extent to which it is informed by the community planning process as well as other methods, for example, consultation with AODS or data analysis.

- 1) **Client Flow.** Describe how clients move through the different levels identified in the continuum of care (referral, assessment, placement, transitions to another level of care).
- 2) **Treatment Services.** Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Determine how the county plans to provide state plan services to beneficiaries who do not reside in the county. Include in each description the corresponding American Society of Addiction Medicine (ASAM) level. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date.

- 3) **Expansion of Services.** Describe how the county plans to expand services to include all levels of the ASAM Criteria over the three year period of the Waiver. In the description, include the timeline for expansion. Include services identified in the implementation plan and also the projected timeline for the county to add additional level of services.
- 4) **Integration with Mental Health.** How will the county integrate mental health services for beneficiaries with co-occurring disorders?
- 5) **Integration with Physical Health.** Describe how the counties will integrate physical health services within the waiver.
- 6) **Access.** Describe how the county will ensure access to all service modalities. Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:
  - a) The anticipated number of Medi-Cal clients
  - b) The expected utilization of services
  - c) The numbers and types of providers required to furnish the contracted Medi-Cal services
  - d) Hours of operation of providers
  - e) Language capability for the county threshold languages
  - f) Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care
  - g) The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.
- 7) **Training Provided.** What training will be offered to providers chosen to participate in the waiver?
- 8) **Technical Assistance.** What technical assistance will the county need from DHCS?
- 9) **Quality Assurance.** Describe the quality assurance activities the county will conduct. Include the county monitoring process (frequency and scope), Quality Improvement plan and Quality Improvement committee activities. Please list out who the members are on the Quality Improvement committee.
- 10) **Evidence Based Practices.** How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?
- 11) **Assessment.** Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement. How will counties ensure beneficiaries receive the correct level of placement?
- 12) **Regional Model.** If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model
- 13) **Case Management.** Describe how the county will oversee case management services? How will case management services be integrated and coordinated with mental health and physical health?

- 14) **Memorandum of Understanding.** The county will submit a Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery. Signed MOU's must be submitted to DHCS within three months of the waiver implementation date.
- 15) **Telehealth Services.** How will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).
- 16) **Contracting.** Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services? *A list of all contracted providers (modality, provider, address) must be submitted to DHCS within 30 days of the waiver implementation date and as new providers are awarded contracts. DHCS will provide the format for the listing of providers.*
- 17) **Additional Medication Assisted Treatment (MAT).** If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.
- 18) **Residential Authorization.** Describe the county's authorization process for residential services.

**III (C). Budget and Budget Justification (5 page maximum, 30 points total)**

- 1) Budget. Using the standard AODS budget format (which will be sent to all parties submitting a Statement of Interest) provide a line item budget of proposed personnel, operating and administrative costs to be incurred. For each personnel line item list the title, hourly rate, total number of hours of service to be provided and the total cost per each staff person listed over the duration of the project. Operating costs would include such items as room rental, audio-visual support, communication, materials, and food and beverage needed to support events. The County will provide as needed reasonable accommodation for special needs, resource assistance to enable clients to attend and participate in scheduled events, and will provide interpreter support for Spanish upon request. Applicants are to budget expenses with the assumption that the County will not provide any in-kind support to off-set operating costs. The total amount budgeted is not to exceed \$60,000. Once a Contractor is selected the County will work with the Contractor to make appropriate adjustments to the budget.
- 2) Budget Justification. Include a budget justification for each line item, to include how the number of hours for each personnel line item was determined, and how operating costs were determined.

**IV. Method of Evaluation**

**IV (A). Initial Screening**

Proposals will be screened for compliance, completeness and eligibility as they are received. In order to receive a score, each proposal must meet all of the following criteria. A failure to meet any one of these criteria will cause the proposal to be disqualified. DISQUALIFIED SUBMISSIONS WILL NOT BE SCORED AND WILL NOT BE FURTHER CONSIDERED FOR THIS CONTRACT.

1. Proposal was received by due date.
2. All sections of Proposals as outlined in RFP are included within page limit (Excluding Appendices).
3. The total budget amount does not exceed \$60,000.
4. Appendices are included and are complete.

**IV (B). Scoring of Proposal**

A panel of RFP reviewers will score each proposal. A maximum of 100 points for each proposal is possible using the following scoring:

- |                             |           |
|-----------------------------|-----------|
| 1. Applicant Qualifications | 30 Points |
| 2. Program Narrative        | 40 Points |
| 3. Budget and Justification | 30 Points |

In order to be considered for an award, the proposal must have a minimum score of 75 points. Based on overall scores, RFP reviewers will recommend selection and funding of the applicant to *potentially* lead the community program planning process. Funding for the community

program planning process will be contingent upon review and approval from the Behavioral Health Services Director.

**V. Important Due Dates**

<b>Important Dates</b>	<b>Due Date</b>
Request for Proposals – Posted Online	Tuesday, May 5, 2015
Submission of <b>MANDATORY</b> Statement of Interest	Wednesday, May 13, 2015
Final date questions and answers will be posted	Wednesday, May 20, 2015
RFP Application Due Date	Friday, June 5, 2015
Awardee Announcement	Friday, June 19, 2015
Anticipated date contractor to start	Friday, July 1, 2015
Anticipated date contract to end	Thursday, December 31, 2015



## **Sample Statement of Interest**

To: Maria Ramos-  
Maria.Ramos@hsd.cccounty.us

Subject: Statement of Interest  
Community Planning Process California Bridge to Reform- Drug Medi-Cal Organized Delivery  
System (DMC-ODS) Waiver

This is to notify you that XYZ and Associates intend to submit a proposal for consideration to lead the Contra Costa Community Planning Process. We understand that this does not obligate us to submit a proposal.