



**Contra Costa County Behavioral Health Division
Alcohol and Other Drugs Services**

**Request for Proposals (RFP)
Drug Medi-Cal Organized Delivery System (DMC-ODS)**

**Outpatient (ASAM Level 1.0) and Intensive Outpatient (ASAM Level 2.1)
Substance Use Disorder Treatment**

October 2021

I. General Instructions

Contra Costa County Alcohol and Other Drugs Services (hereinafter "AODS") is seeking suitably qualified community-based applicants to provide Outpatient and Intensive Outpatient Substance Use Disorder (SUD) treatment under the Drug Medi-Cal Organized Delivery System (DMC-ODS). Applicants responding to this Request for Proposals (RFP) will provide their: organizational history and philosophy, American Society of Addiction Medicine (ASAM) level of care approach, plan, and objectives for implementing and integrating the ASAM Criteria and Evidence-Based Practices (EBPs) within the program's clinical practices, and budget. Organizations selected under this RFP process will become providers in the AODS organized Substance Use Disorder (SUD) treatment delivery system. Organizations selected will be eligible to bill Drug Medi-Cal (DMC) for the reimbursement of the cost-of-service delivery. Any contracts awarded under this process will begin on or around January 1, 2022. Any subsequent contracts will be renewed each Fiscal year. Annual renewals will be made contingent upon the continued availability of funds, satisfactory achievement of DMC-ODS required performance measures, and AODS staff reviews of the contractor's productivity and quality levels. Cost of living or other adjustments to contract funding levels are dependent upon the state allocation of revenue to the County in future fiscal years and action of the Board of Supervisors.

AODS is seeking proposals for ASAM Levels 1.0 and 2.1 under the DMC-ODS for the central region of Contra Costa County, henceforth to be known as Central County. A map of this region is included as an attachment to this RFP. Awards will be based upon the quality of the submissions, organizational capacity of the applicants and availability of funds. The allocation for this program will be approximately \$700.000 consisting of various potential funding sources.

Contra Costa County AODS will apply all policies and procedures equally to all providers regardless of public, private, for-profit or non-profit status, and without regard to whether a provider treats persons who require high-risk or specialized services. Federal regulations stipulate that for-profit organizations may not be eligible for reimbursement of costs beyond treatment services. AODS will not discriminate against persons who require high-risk or specialized services.

A. Format, Delivery and Due Date

This RFP and all related forms and materials are available on-line at AODS's website:

<http://cchealth.org/aod/>

All required documents will be located in the **Latest News** section on the right side of the web page.

Please provide one electronic copy on USB Flash Drive, a signed original PLUS five (5) additional hard copies of your Statement. 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, double-spaced
- ✓ Margins 1" on all sides
- ✓ All pages consecutively numbered
- ✓ Statement follows the outline presented below
- ✓ Original and copies printed on three-hole punched paper
- ✓ 16-page text limit for Narrative.

Expressions of Interest Statements should be delivered to the following:

AODS Program Chief
Contra Costa Alcohol and Other Drugs Services
1220 Morello Ave, Suite 101
Martinez, CA 94553

A single, packaged set of all expressions of interest and electronic submissions are due at the above address by 5pm on Friday, December 3, 2021. Postmarks on this date will not be accepted. Late expressions of interest will not be accepted and will not be reviewed. There will be no exceptions. No faxes or electronic submissions will be allowed.

In the order presented, submissions should include the following:

- 1) Cover Page (see attached)
- 2) A description of the overall philosophy of the program/provider along with a brief history of the provider's experience working in the SUD field. (2-page maximum)
 - a. Resumes of Key Staff Positions
 - b. List of Board of Directors
 - c. Organizational Chart(Resumes, list of Board of Directors and organizational chart not included in page count.)
- 3) A Clinical Program Design that details how both ASAM levels of care will be implemented and allow beneficiaries to transition across the continuum along with how the ASAM Criteria will be integrated into the program's clinical practice, policies and procedures. Include the use of, at minimum, the two Evidence-Based Practices as outlined in the County's Implementation Plan: Motivational Interviewing (MI) and Cognitive-Behavioral Therapy (CBT). Describe the population to be served in the facility and how the treatment services will be tailored to the needs of this population. (8-page maximum).
- 4) An Administrative Work Plan Narrative that clearly states how the applicant will collect required data (including the confirmation of a participant's Medi-Cal eligibility), procedure for billing other health care insurance plans prior to billing DMC, submission of invoice demands and implementation and evaluation of the administrative work plan. The

applicant must include a corporate profile along with the staff proposed to implement and evaluate the administrative work plan. If the applicant is partnering with sister agencies, please include their corporate profiles and staff resume(s) as well. (4-page maximum).

- 5) A budget outlining the expected cost of the project, broken down by major cost categories (utilizing worksheets available at <http://cchealth.org/aod/> in the Latest News section only), select the worksheet that matches the proposed modality or level of care). The budget should include a Narrative (1 page) and should be linked to the program design and administrative work plan narrative.
- 6) A plan describing how the provider will sustain the program/model throughout the duration of the contract and utilization of other resources to enhance services as well as any enhanced/revised services due to the current COVID pandemic. Explain how clients unable to use telehealth or who prefer in person services will be served (2 pages maximum).

B. Applicants' Conference

All interested County and/or community-based providers must participate in a **MANDATORY** applicants' conference on Friday, October 29, 2021, from 1:00 p.m. until 2:30 p.m. Those planning to participate in the conference should RSVP no later than 5 pm on Monday, October 25, 2021. **Maria Ramos (Maria.Ramos@cchealth.org)**. The conference will be held virtually via Zoom.

Priority at the applicants' conference will be given to responding to written questions in the order in which they were received. AODS cannot guarantee that time will be available to respond to all questions posed at the applicants' conference. Please email these questions to **Maria Ramos (Maria.Ramos@cchealth.org)**.

C. Rules and Considerations

- 1) The cost of developing and submitting a proposal in response to this RFP is the responsibility of the applicants and will not be reimbursed through any contracts resulting from this process or from any other County funds.
- 2) AODS may issue an RFP amendment to provide additional data and/or make changes or corrections. The amendment will be sent to each applicant who attended the mandatory Applicants' Conference. AODS may extend the RFP submission date if necessary to allow applicants adequate time to consider such information and submit required data.
- 3) The RFP process may be cancelled in writing by AODS prior to award if the County Board of Supervisors determines cancellation is in the best interest of the County.
- 4) The RFP process and any contract resulting from the process may be cancelled at any time by AODS if funding from the State Department of Health Care Services (DHCS) is unavailable.
- 5) AODS assumes no responsibility for any understandings or representations concerning the terms and conditions of this RFP process made by County staff, consultants or others unless it is specifically stated in this RFP or is provided as a written addendum to this RFP.

- 6) This RFP does not commit AODS to award a contract. AODS reserves the right to accept or reject any or all submissions or any part(s) of any or all submissions if AODS determines it is in the best interest of the County to do so.
- 7) Any award under this RFP is subject to pending or successful protests. The award is subject to cancellation or modification by AODS in accordance with the resolution of any such protest.
- 8) Awardee(s) (whether by contract or County) will be required to participate, through the County, in state-mandated surveys and data collection efforts.
- 9) Selected awardee(s) must adhere to Contra Costa County's award or contracting process, providing all information as requested by AODS. Selected awardee(s) will also be informed of the County's insurance coverage requirements, where applicable, and the process for contract approval by the Board of Supervisors.
- 10) AODS makes no assurances regarding minimum or maximum number of contracts awarded from this RFP. AODS makes no assurances regarding the minimum or maximum amount of funding for any contract awarded under this RFP process.
- 11) AODS may require the providers selected to participate in negotiations, and to submit revisions to pricing, technical information, and/or other elements of their proposals that may result from negotiations. The contents of the submission of the successful provider will become contractual obligations, subject to negotiation, and failure to accept these obligations in a Contract may result in cancellation of the award.
- 12) Response to this RFP by way of a completed submission shall constitute acknowledgement and acceptance of all the terms and conditions contained in this RFP, unless otherwise specified in the submission.
- 13) The submission of a response to this RFP does not, in any way, guarantee a contract with AODS.
- 14) Agencies awarded contracts under this RFP will be integrated under AODS direction into the AODS System of Care for the purposes of improving client access, service linkages and care coordination. Contractors will be expected to participate in training and other capacity-building activities intended to enhance their ability to manage and provide services. Contractors will be expected to participate in care coordination activities involving AODS and other stakeholders in the health, mental health, criminal justice, External Quality Review Organization (EQRO) and other systems.
- 15) Programs awarded contracts will be required to utilize software supplied by AODS and to record and submit data on client characteristics and services provided. AODS will monitor contractors to ensure compliance with the terms of the award as well as state and federal program standards. Contractors will be required to provide AODS with any additional data or documentation needed to satisfy federal, state or county reporting requirements.

D. Additional Information

AODS recognizes additional questions may arise after the Applicants' Conference. In an effort to be fair to all applicants, additional questions after the Applicants' Conference must be submitted in writing. Questions and answers will be disseminated via email to all submitters. Questions about the RFP should be submitted in writing to Maria Ramos (Maria.Ramos@cchealth.org).

All RFP submissions will be reviewed promptly and the goal of AODS is to announce a selection and that selected provider is prepared to begin services immediately according to the timeline and requirements.

Non-selected applicants may appeal AODS' selection of awardee(s) within 5 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 RFP procedures, which affected the submission scoring; and/or
- The RFP evaluation criteria were not appropriately applied to the submission.

The Director of Behavioral Health will respond to the appeal within seven days and the decision of the Behavioral Health Director will be final and not subject to further review.

II. Introduction

A. About Behavioral Health Services – A Division of Contra Costa Health Services

Behavioral Health Services Division of Contra Costa Health Services combines Mental Health Services and Alcohol & Other Drugs Services 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 and other needs that promote wellness, recovery and resiliency while respecting the complexity and diversity of the people we serve.

- i. **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 the 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.

- ii. **Alcohol and Other Drugs Services:** 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, home 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.

B. About the Drug Medi-Cal Organized Delivery System (DMC-ODS)

Contra Costa opted into the DMC-ODS in 2017 to expand access to high-quality of care for Contra Costa Medi-Cal enrollees with substance use disorders. The goal of the DMC-ODS is to improve beneficiary health outcomes, while decreasing system-wide health care costs through an organized SUD system of care. Counties operating under the DMC-ODS are required to provide access to a full continuum of SUD benefits modeled after the ASAM Criteria. This approach is expected to provide eligible enrollees with the most appropriate level of care and the services they need for a sustainable and successful recovery.

The DMC-ODS improves access to quality care by:

- Expanding local networks of high-quality providers through selective provider contracting
- Requiring the use evidence-based practices in SUD treatment
- Increasing coordination with other systems of care, including physical and mental health (requires coordination with county-run health care plans)
- Increasing local control and accountability with greater administrative oversight
- Creating quality assurance and utilization controls to promote efficient and effective use of resources.

More information about DMC-ODS is available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>

(Please see Appendix A for this and other references.)

C. About ASAM Levels of Care

The ASAM Criteria, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of SUD. The ASAM Criteria has become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with SUD and co-occurring conditions.

The ASAM Criteria was created to improve the quality of and access to SUD treatment. It is a single, common standard for assessing patient needs, optimizing placement, determining medical necessity and documenting the appropriateness of reimbursement. The principles and concepts of the ASAM Criteria promote good stewardship of resources in the SUD, mental health and general health care systems. It is the intent of Contra Costa County Behavioral Health’s AODS (hereafter BH AODS or County) to seek proposals for the provision of SUD treatment for Contra Costa Medi-Cal eligible adults and older adults for the following Levels of Care including Case Management and/or Recovery Services:

ASAM Level I	Outpatient Treatment Counseling services are provided up to nine hours a week for adults and less than six hours a week for adolescents
ASAM Level II	Intensive Outpatient Treatment (IOT) requires that a client be in treatment for a minimum of three (3) days, nine (9) hours per week.

Further background is provided on the ASAM website: <http://www.asam.org/>

D. Contra Costa’s DMC-ODS and Funding Authority

Behavioral Health’s AODS administers a broad network of contracted SUD services through Community Based Organizations (CBO) as well as one county-operated residential facility for men and various co-located counselors at the County’s Mental Health clinics. Contracted SUD providers include prevention, early intervention, and treatment and recovery programs. CBOs deliver all SUD services through contracts approved each year by the County Board of Supervisors. The DMC-ODS system is funded through a combination of various funding streams: Drug Medi-Cal, Proposition 64, AB109, County General Fund, Behavioral Health Realignment and Substance Abuse Block Grant (SABG). The latter prohibits the County from funding services delivered through a for-profit organization. AODS reserves the right to allocate categorical funds across contract awardees in a manner that best meets the County’s needs as determined solely by AODS. The County Implementation Plan was approved by DHCS on July 1, 2017 and adheres to the Terms and Conditions of the DMC-ODS Waiver, Title 22 and the SAPT Block Grant. Finally, the County may choose to use one-time only Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for the implementation of this program.

III. RFP Guidelines

Statement of Need

Contra Costa County AODS hopes to contract for ASAM Level 1.0 and 2.1 SUD Treatment for the Central Region of Contra Costa: Concord and Martinez. Below is information specifically pertaining to Zip Codes 94520, 94521 and 94553 for Fiscal year 2020-21:

Total Served	Total Served: Homeless, Criminal Justice, Co-Occurring	Medi-Cal Beneficiaries in the area
701	427	35,385

EQRO Medi-Cal eligible Beneficiaries for August 2021 (calendar years 2020 to the most recent reportable months)

Month of Eligibility	Zip Code	Total Eligible
2021-08	94520	17,904
2021-08	94521	8,233
2021-08	94553	9,248
		35,385

Units of Service Rendered by Previous Facility Located in Central County FY 20-21

Level 1.0 Outpatient	Level 2.1 Intensive Outpatient	Case Management	Recovery Services	Total Units of Service Rendered
752	5,202	0*	60	6,014

*Prior contractor not under contract to render Case Management Services

Moreover, In FY20-21 Public Health’s Community Connect (Whole Person Care) program served 546 Medi-Cal Beneficiaries with an SUD corresponding to 94520, 94521 and 94553 zip codes. 61.5% were male and 38.5% were female, the largest age group was 55 to 64 years of age followed by 25-44, 72.5% were Caucasian, 12.1% Other Race and 8.4% African Americans.

The Central County area is the largest of the three main areas in Contra Costa, including ten of the nineteen cities in Contra Costa and over half of the total population. Central County is composed of mostly low-density bedroom communities that have developed in the flat valleys between the East Bay Hills and the Diablo Range to the east, extending north and south of Mt. Diablo. The cities within what is known North Central County includes cities and unincorporated communities along the northern Interstate 680 corridor - the cities of Walnut Creek, Concord, Clayton, Pleasant Hill, and Martinez and the unincorporated areas of Pacheco, Vine Hill, Clyde, the Pleasant Hill BART station. Although South County has a smaller concentration of Medi-Cal beneficiaries, the County will ensure that residents of each region have access to all service modalities as described in the implementation plan.

Contra Costa expects awarded Contractors to have the experience and capacity to serve the general and priority populations. Bidders must describe how the proposed program will use the most up-to-date research on how best to serve these populations and will be evaluated based on the description of their expertise and knowledge in serving the priority service populations. Regardless, bidders are expected to have the expertise to appropriately serve all Medi-Cal beneficiaries. To confirm the bidder’s ability to serve the population, the provider shall undergo a pre-contract award audit to ensure the fiscal viability of the organization to run DMC-ODS programs. This will occur prior to the execution of the initial contract but after the award has been announced.

Prior to signing into any agreement with Contra Costa County AODS, responders shall have an established place of business appropriate and adequate for the services billed or claimed to the DMC program as relevant to his or her scope of practice or type of business and meets all of the following criteria:

- Is ready to submit an application to the Department of Health Care Services Provider Application and Validation for Enrollment (PAVE) for Drug Medi-Cal Certification within 30 days of the execution of the contract in order to ensure continued participation in the network
- The agency is legally registered as a non-profit tax-exempt organization with the State of California and current with their exempt status with the IRS
- Has the administrative and fiscal foundation to survive as a going concern
- Has the ability to meet the standard terms and conditions of the DMC-ODS and obtain and maintain DMC certification prior to the implementation of any contract

- Has adequate staff to meet current and anticipated service requirements for its business as required by the DMC-ODS including timeliness requirements
- Has Worker's Compensation insurance as required by state law?
- Obtains and maintains Liability insurance coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code
- Has Cyber insurance to cover any breach of electronic information
- Has the necessary equipment, office supplies and facilities available to carry out its business, including storage and retrieval of all documentation
- Has the necessary payment mechanisms to process and submit demands for reimbursement
- The ability and skills to engage and maintain beneficiaries in Intensive Outpatient Treatment Beneficiary engagement and maintenance in treatment is paramount. Outpatient Drug Free (ODF) counseling services are provided to members up to nine hours per week for adults and less than six hours a week for adolescents when determined to be medically necessary and in accordance with an individualized client plan.
- Familiarity with drug testing practices and knowledge of the key components of Outpatient Treatment
- All providers shall remain DMC certified throughout the duration of the contract. In addition, bidders must have at least five years of consistent experience in delivering services for ASAM Level 1.0 and 2.1 treatment and able to demonstrate a successful track record of efficiency while providing strong clinical and quality support to clients.

When developing the response, please discuss all items listed throughout this RFP. Further detail on each section is listed below:

A. Cover Page

- 1) Please complete the attached cover page (see attachment on final page of RFP) and submit with RFP.

B. Organizational History, Structure and Philosophy (2 page maximum)

- 1) A brief corporate profile along with resume(s) of key staff positions who will oversee the scope of the project (resumes not included in page count). Include the overall history of the organization and its connection with the SUD field. Please include a list of the Board of Directors, an Organizational Chart and a description of how each programming position fits within the agency. Include a description of organizational capacity to serve the target population.
 - Eligible applicants may include but are not limited to governmental agencies, community-based organizations and faith-based organizations.

C. Clinical Program Design and ASAM Level of Care (8 page maximum)

- 1) A description of the ASAM Level of Care proposed for the purposes of this RFP.
- 2) A description of how the ASAM Criteria will be integrated into the clinical practice, policies and procedures of the program.

- 3) Describe how MI and CBT will be utilized by the staff within the facility. Also, describe how the staff will be trained and supervised on such practices on an annual basis and how the EPBs will maintain fidelity. Include the program model curriculum that will be utilized to meet the SUD treatment standards along with a justification of their use such as: the Matrix Model and Seeking Safety, etc.
- 4) Describe the treatment staffing pattern to be used in the facility. Attach a list of all clinical staff that are associated with each FTE listed on the budget worksheet. Include a back-up plan for coverage in the event that positions remain vacant for up to 30 days.
- 5) Description of the applicant's understanding of adherence to cultural and linguistic competence and the Culturally and Linguistically Appropriate Services (CLAS), how they are utilized within the facility and how the staff will be trained in cultural and linguistic competence on an annual basis. This shall include the ability to communicate with participants in the County's threshold language (Spanish). Explain how the needs of beneficiaries who speak languages other than English and Spanish will be met. Describe how the needs of culturally diverse and LGBTQ+ populations will be addressed within the program.
- 6) Providers will be required to provide case management services and utilize this position as the chief mechanism to move beneficiaries between levels of care. All case managers will be required to take part in weekly Case Management training and Care Coordination conducted by the County. Describe how the provider will transition beneficiaries to another level of care based upon the ASAM Criteria. Describe the process for identifying clients connected to the Managed Care Plans (Blue Cross and Contra Costa Health Plan) and how will care be coordinated meeting the requirements of confidentiality for patients receiving SUD treatment services (42 CFR Part 2).
- 7) All providers will be required to offer Recovery Services. Medically necessary Recovery Services are available to beneficiaries whether they are triggered, have relapsed or as a preventative measure to prevent relapse. Describe how Recovery Services will be made available to beneficiaries and in which locations in the community. Include how such services will be made available to all beneficiaries 24/7 to prevent potential relapse.
- 8) While the county recognizes it takes a period of time to become DMC certified through PAVE, a grace period of no more than six months will be allowed to become DMC certified under this contract. The county expects direct communication with regards of progress.

D. Administrative Work Plan Narrative (4 page maximum)

- 1) Describe how the provider will collect all required data, including the confirmation of a participant's Medi-Cal eligibility on a monthly basis.
- 2) Describe the internal procedures that will be used by the provider to ensure the billing of other health care coverage prior to submitting monthly invoices for services rendered under the DMC-ODS. This should also describe how the provider will

determine which units of services have not yet been paid after submission of units to other health care providers.

- 3) Describe how the program will implement the requirements of the DMC-ODS and Contra Costa's DMC-ODS Implementation Plan. In addition, explain what type of innovative strategies will be used to admit clients within the 10 requirement.
- 4) Describe how the additional billing, reporting, data entry and other administrative requirements will be handled by the provider.
- 5) Describe the administrative staffing pattern to be used in the implementation and evaluation of the Work Plan as well as meet the expanded requirements as described in the terms and conditions of the DMC-ODS.
- 6) Describe the Quality Improvement and Utilization Management processes and how they will be utilized to ensure compliance with the DMC-ODS on a regular and consistent basis. Attach a copy of the agency's URC policy/procedure.
- 7) Provide a brief tentative timeline for DMC certification

E. Budget and Budget Narrative (1 page each)

- 1) Include a budget outlining the expected cost of the project, broken down by major cost categories, utilizing the attached worksheet for the appropriate ASAM Level of Care. The worksheet should include the overall cost per unit of service:
 - a. Intensive Outpatient and Basic Outpatient: 1 unit of service = 15 minutes of staff time for each treatment activity
 - i. Individual counseling (contacts between a beneficiary and a counselor either in-person, by telephone or telehealth).
 - ii. Group counseling utilize the same definition for unit of service
 - b. 1 unit of Case Management and Recovery Services = 15 minutes of staff time for treatment activities
- 2) A Budget Narrative will link the Budget to the Clinical Program Design and Work Plan Narrative.

F. Sustainability Plan and Leverage (2 pages)

- 1) Include a plan describing how the provider plans to sustain the program/model throughout the duration of the contract and how continued training will be utilized to strengthen the overall treatment model at each facility. Although this RFP does not require a match, it requires a description of how the applicant will utilize other funding sources to support or enhance the program.

IV. Additional Requirements

Additionally, the provider shall provide the following:

- Confidentiality: Providers shall adhere to all requirements of 42 CFR Part 2 including in the use of any Electronic Health Record (EHR).
- Culturally and Linguistically Competent Services (CLAS): Providers are responsible to provide culturally and linguistically competent services. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services must be available for beneficiaries as needed. All services shall meet the National Culturally and Linguistically Appropriate Services (CLAS) Standards. According to data provided by the External Quality Review Organization (EQRO) in calendar year 2020, there was an average of 66, 772 of Medi-Cal beneficiaries in Contra Costa of Hispanic/Latin origin, Contra Costa's threshold language is Spanish.
- Medication Assisted Treatment: Providers will have procedures for bi-directional referrals and linkage/integration for beneficiaries requiring medication assisted treatment for medications covered under the DMC-ODS including buprenorphine, naltrexone, disulfiram and methadone. Provider staff will regularly communicate with primary health care physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.
- Evidence Based Practices (EBPs): Providers will implement at least the two (2) EBPs listed below. The two EBPs are per facility per service modality. Additional EBPs may also be utilized with each facility and service modality but cannot not be used as an alternate to the listed EBPs. The State will monitor the implementation of EBP's during External Quality Review Organization (EQRO) reviews. The required EBPs are:
 - Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
 - Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned

V. Performance Standards Required Measures

Continuation or contract renewal will be subjected to performance on the following DMC-ODS metrics:

Timeliness Requirements: Provider must offer an appointment within 10 days for first request or referral from Access Line. 90% of the admitted clients meet requirement

Early Engagement: Percentage of clients who initiate treatment engage in at least two (2) treatment/days visits within the first 30 days. 60% of the clients meet this requirement

Successful Completion: Is client better off as a result from treatment? 60% of clients complete treatment successfully by meeting at least two (2) treatment goals or are successfully transferred to another level of care.

No Shows for Initial Appointments: only 20% of the clients referred to treatment miss their intake appointment or first visit

Treatment Perception Survey (TPS): 90% of clients currently in treatment at the time the survey is completed, will complete the survey

V. Method of Evaluation

A. Initial Screening

Proposals will be screened for technical compliance, completeness and eligibility as they are received by AODS staff. This is a pass/fail screening and failure to meet any one of the following criteria will result in a failing rating. FAILED SUBMISSIONS WILL NOT BE REVIEWED FURTHER.

- 1) Interest Statement was received by due date.
- 2) All sections of Statement as outlined in RFP are included within page limit for Narrative (Excluding Attachments).
- 3) Attachments are included and are complete.

B. Scoring of Submission

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

- | | |
|---|-----------|
| 1) Organizational History, Structure and Philosophy | 5 Points |
| 2) Clinical Program Design and ASAM Level of Care | 50 Points |
| 3) Administrative Work Plan Narrative | 15 Points |
| 4) Budget and Budget Justification | 20 Points |
| 5) Sustainability Plan | 10 Points |

The RFP panel will be comprised of a mix of 4 appointees: AOD Board member, Finance staff, criminal justice partner and mental health. One AODS staff will facilitate the process. RFP reviewers will recommend to the Contra Costa's AODS the agency/agencies/awardee(s) to *potentially* fund for implementation of the SUD Outpatient and Intensive Outpatient treatment services, dependent upon their overall score.

VI. Important Due Dates

Event	Due Date
Request for Information – Posted Online	Friday, October 8, 2021
RSVP Deadline for attendance to MANDATORY applicant Conference	Friday, October 15, 2021
Submission of preliminary questions by applicants	Monday, October 25, 2021
Applicant Conference	Friday, October 29, 2021
Final set of responses to questions submitted by applicants pre and post conference	Friday, November 5, 2021
RFP Application Due Date	Friday, December 3, 2021
Awardee or Next Steps Announcement	Wednesday, December 17, 2021

Contra Costa County Behavioral Health Services Division
Alcohol and Other Drugs Services
Drug Medi-Cal Organized Delivery System
Substance Use Disorder
Outpatient and Intensive Outpatient Treatment
Statement of Interest
Cover Page

Name of Applicant or Agency: _____

Agency Address: _____

Contact Name: _____

Title of Contact Person: _____

Contact Phone/Email _____

Address of Facility: _____

Facility Level(s) of Care (choose all that apply):

ASAM Levels of Care	Selection
1.0: Outpatient Services (OP)	
2.1: Intensive Outpatient Services (IOP)	
Case Management Services	
Recovery Services	

Applicant Agency Signature:

This signature assures commitment to participate in this program if selected.

Executive Director

Type Name Here

List of References concerning the DMC-ODS Waiver, ASAM Criteria and other information pertinent to the RFP

1. ASAM Criteria (begins on page 3):

<https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/reducing-substance-use-disorders/asam-resource-guide.pdf>

2. Overview of the DMC-ODS:

<https://www.chcf.org/wp-content/uploads/2018/11/DrugMediCalOrganizedDeliverySystem.pdf>

3. DMC-ODS Frequently Asked Questions by Modality:

http://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx

4. Drug Medi-Cal Intergovernmental Agreement (Contract) Boilerplate:

https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf

5. Contra Costa County Drug Medi-Cal Organized Delivery System Implementation Plan:

<https://cchealth.org/aod/pdf/DMC-ODS-Implementation-Plan-2016.pdf>

6. 42 CFR Part 2: Confidentiality of Drug Abuse Patient Records:

<https://www.ecfr.gov/current/title-42/part-2>

7. United States Federal Regulation Title 42, Chapter IV, Subchapter C, Part 438: Managed Care

<https://www.ecfr.gov/current/title-42/part-438>

8. DHCS Information Notice DMC-ODS Clarification on Recovery Services:

<https://www.dhcs.ca.gov/Documents/BHIN-21-020-DMC-ODS-Clarification-on-Recovery-Services.pdf>

9. Special Terms and Conditions for Medi-Cal 2020 section 1115(a) Medicaid Demonstration (refer to pages 89-122 and 335-364 for the DMC-ODS system)

https://www.dhcs.ca.gov/provgovpart/Documents/MC2020_FINAL_STC_12-30-15.pdf

10. Other DMC-ODS Resources:

<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>

Contra Costa County Regional Map

