

**STATE OF DELAWARE**



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

DIVISION OF MANAGEMENT SERVICES  
1901 N. DuPont Highway  
New Castle, DE 19720

**REQUEST FOR PROPOSAL NO. HSS-10-064**

**FOR**

**COMPREHENSIVE AND INTEGRATED OUTPATIENT TREATMENT  
SERVICES FOR ADULTS WITH ADDICTIVE DISORDERS AND  
MENTAL HEALTH CONDITIONS**

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
1901 N. DUPONT HIGHWAY  
NEW CASTLE, DE 19720**

**DEPOSIT WAIVED  
PERFORMANCE BOND WAIVED**

**DATE DUE April 9, 2010  
11:00 A.M. LOCAL TIME**

**A mandatory pre-bid meeting will be held on Thursday, March 4, 2010 at 10:00 AM in Classroom 3, Springer Building, Herman Holloway Campus, 1901 N. Dupont Highway, New Castle, DE 19720 CONTACT DARLENE PLUMMER AT (302) 255-9430 FOR INQUIRIES.**

**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MANAGEMENT SERVICES  
PROCUREMENT BRANCH  
HERMAN M. HOLLOWAY SR. HEALTH AND SOCIAL SERVICES CAMPUS  
1901 N. DUPONT HIGHWAY  
NEW CASTLE, DELAWARE 19720**

REQUEST FOR PROPOSAL #HSS-10-064

Sealed proposals for the Comprehensive and Integrated Outpatient Treatment Services for Adults with Addictive Disorders and Mental Health Conditions for the Division of Substance Abuse and Mental Health 1901 N. DuPont Highway, Herman M Holloway Campus, New Castle, DE 19720, will be received by the Delaware Health and Social Services, Procurement Branch, Main Administration Building, Second Floor, Room #259, (Sullivan Street), 1901 North DuPont Highway, Herman M. Holloway Sr. Health and Social Services Campus, New Castle, Delaware 19720, until 11:00 A.M. local time, on April 9, 2010, at which time they will be opened, read and recorded. For further information concerning this RFP, please contact Darlene Plummer (302) 255-9430. A mandatory pre-bid meeting will be held at 10:00 AM on March 4, 2010 in Classroom 3, Springer Building, Herman Holloway Campus, 1901 N. Dupont Highway, New Castle, DE 19720. A brief "Letter of Interest" must be submitted with your proposal. Specifications and Administration Procedures may be obtained at the above office, Phone (302) 255-9290.

**NOTE TO VENDORS:** Your proposal **must be signed** and all information on the signature page completed.

If you do not intend to submit a bid and you wish to be kept on our mailing list you are required to return the face sheet with **"NO BID"** stated on the front with your **company's Name, address and signature.**

**IMPORTANT: ALL PROPOSALS MUST HAVE THE RFP NUMBER (HSS-10-064) ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.**

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

WENDY BROWN  
DELAWARE HEALTH AND SOCIAL SERVICES  
PROCUREMENT BRANCH  
1901 NORTH DUPONT HIGHWAY  
HERMAN M. HOLLOWAY SR. HEALTH AND  
SOCIAL SERVICES CAMPUS  
NEW CASTLE, DELAWARE 19720

PHONE: (302) 255-9290

This contract resulting from this RFP shall be valid for the period of time as stated in the contract. There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

If a bidder wishes to request a debriefing, they must submit a formal letter to the Procurement Administrator, Delaware Health and Social Services, Main Administration Building, Second Floor, (Sullivan Street), 1901 North DuPont Highway, Herman M. Holloway Sr., Health and Social Services Campus, New Castle, Delaware 19720, within ten (10) days after receipt of "Notice of Award". The letter must specify reasons for request.

**IMPORTANT: DELIVERY INSTRUCTIONS**

**IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THE PROPOSAL HAS BEEN RECEIVED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES BY THE DEADLINE.**

**The issuance of this Request for Proposals (RFP) neither commits the Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health, to award a contract, to pay any costs incurred in the preparation of a proposal or subsequent negotiations, nor to procure or contract for the proposed services. The Division reserves the right to reject or accept any or all proposals or portion thereof, to cancel in part or in its entirety this Request for Proposals, or to delay implementation of any contract which may result, as may be necessary to meet the Department's funding limitations and processing constraints. The Department and Division reserve the right to terminate any contractual agreement without prior notice in the event that the State determines that State or Federal funds are no longer available to continue the contract.**

## **DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**

### **COMPREHENSIVE AND INTEGRATED OUTPATIENT TREATMENT SERVICES FOR ADULTS WITH ADDICTIVE DISORDERS AND MENTAL HEALTH CONDITIONS**

**RFP HSS-10-064**

#### **I. Introduction and Basic Philosophy**

Delaware Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH), is seeking proposals from qualified health and social services agencies to provide comprehensive and integrated outpatient services for adults with addictive disorders and mental health conditions in New Castle County, Delaware.

DSAMH subscribes to the beliefs, substantiated by research, that:

- Alcoholism, drug dependence, mental illnesses and compulsive gambling are treatable medical conditions.
- Recovery from mental illness, compulsive gambling and alcoholism and drug dependence is a real possibility and must be an expectation of services.
- All individuals in need of any type of health services are unique.
- Clients and their families reflect the diversity of our communities, including differences in ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, and disability.
- Treatment services and supports for Addictive Disorders (AD) and Mental Health (MH) Conditions benefit the individual client and his or her family, but also public health, public safety, and the public purse.
- Successful treatment begins with accessible services and good customer service that reflects staff's personalized engagement in assisting the client and any significant others.
- Treatment should be timely, affordable, and of sufficient intensity and duration to be effective. It should be provided in a welcoming, safe, flexible, and accessible environment.
- At times, some individuals suffering from alcoholism, drug dependence, compulsive gambling and/or mental illness may engage in improper or illegal behavior. Although such behavior may result from, or may be a symptom of, the underlying illness(es), the illness does not excuse it. However, it is essential to recognize that the illness itself is a medical condition and a public health problem for which effective treatments and services are available. As a general principle, infractions of rules or policies should be handled individually.

DSAMH will require providers of outpatient services to subscribe to these basic tenets.

## **II. Applicant Organization Eligibility**

Applicant organizations/agencies must be for profit, non-profit or faith-based organizations that can document a minimum of five years successful experience in operating an array of community based behavioral health services. Applicants currently must be CARF, NCQA or JCAHO accredited or demonstrate the capability to become accredited within the first two contract years. Documentation must be provided that both the applicant organization and the lead management staff for the proposed program have expertise in the design, implementation and operation of a comprehensive and integrated outpatient treatment program.

Finally, applicants who are selected to provide services either must be currently on the Diamond State Health Plan Behavioral Health panels or make an application to become a member of these panels as an outpatient provider.

Any applicant organization that cannot demonstrate its ability to meet these eligibility criteria will not be considered for review.

## **III. Geographic Areas To Be Served**

DSAMH will award one contract that will assure that the program will be provided in New Castle County, including the area from the city of Newark south to the county line abutting Kent County. Applicants must clearly and specifically describe the location(s) of the site(s) where they will offer outpatient services within this catchment area.

The applicant must also specify: (a) the number of clients who will be served at each site at one time (program static capacity); and, (b) the number of clients that is expected to be served at each site during one year (program dynamic capacity).

## **IV. Target Population/DSAMH Eligible Clients**

Clients who are uninsured, whose health/behavioral health care insurance does not cover mental health, alcohol and substance abuse outpatient treatment, individuals with Medicare, and individuals who have insurance but are on a civil commitment, are eligible to be served by the selected provider.

The applicant will be expected to serve individuals currently being served in the Newark Community Mental Health Clinic as well as those individuals served in the two DSAMH funded outpatient AOD clinics currently operating in Newark and Middletown. The applicant must work with the current providers in developing individualized transition plans that ensure continuity of care from the current treatment setting to the applicant's organization. The RFP response must provide a detailed plan, including timelines, as to how this will be organized and operationalized.

The selected provider must operate a program that provides access to any adult individual seeking integrated addictive disorders and/or mental health services in the catchment area. The nature, intensity and length of the services provided are predicated on the needs of the individual. The goal is to provide a very accessible service, based on need rather than on insurance status, diagnosis or the perceived intensity of need of the individual. This new program will be monitored as to how well it accommodates all individuals seeking services. While it is not

expected by DSAMH that the provider offer specialized services for any/all behavioral health concerns (eating disorders, for example), they are expected to assist the individual in accessing the services they require even if all this entails is helping the individual find a specialty service in another location.

Services will be provided to meet the diversity of individuals with mental health and addictive disorders in the defined catchment area. This will be evidenced by the appropriate mix of mental health and addiction personnel who are competent to address the diverse clinical, social, and healthcare needs of the eligible population served.

While the focus of this project is for services to the uninsured, or those who have difficulty accessing services in the “mainstream” behavioral health system, the applicant must develop the capacity to provide services for any individual requiring outpatient Behavioral Health services and it is expected that the chosen applicant will make application to be a panel member to any/all relevant insurance providers in a timely manner.

## **V. Scope of Services**

The Division views the program as the primary point of contact for persons seeking publicly-funded treatment for addictive disorders and mental health conditions. Applicants will be expected to operate the outpatient treatment program(s) that provides the full range of Core Services and Associated Supports that are described in this section. Programs must ensure that competent evidence-based services will be provided to all clients who seek treatment and be staffed to serve individuals with special needs such as women, those with physical impairments such as individuals who are deaf or hard of hearing, and clients referred by the criminal justice system.

The program must directly provide all of the Core Services. The program will either directly provide the Associated Supports or establish formal agreements with other agencies to provide those Associated Supports that the outpatient program does not provide directly.

Applicants must describe the specific philosophy and beliefs upon which their outpatient treatment program is based, and cite the research and evidence-based practices that support their approach(es). Applicants must document that their mental health/AD outpatient treatment model(s) is supported by current state-of-the-art evidence-based research.

### **V.1 – Core Services (to be provided directly by the applicant agency):**

1. Hours of Operation – at a minimum, the program must provide its services during “normal working hours”. However, the program must also be responsive to the needs of the community it serves and develop some degree of “operational flexibility” to meet these needs (e.g. extended hours for COD groups to accommodate individuals who work during the day, etc.).
2. Outreach and Community Education – an organized and on-going marketing and public relations effort to educate the public about mental illness and alcohol/substance abuse in general, and the services available at the treatment program in particular. Emphasis should be given to the community surrounding the outpatient program site(s) and to the specific populations targeted by the program throughout the program’s catchment area. Activities could include: advertisements; outreach work in the community, including street outreach work; presentations in schools, community centers, church groups, etc.; liaison with police, block

associations, other health and social services agencies; display booths at health fairs, and other community activities.

3. Telephone and Walk-In Information – a system to respond professionally and courteously to questions from callers on the telephone and persons who walk into the program seeking either general information about mental health and/or substance abuse or specific information about services at the site. The applicant must have the capacity to answer calls from individuals or their advocates who are in crisis without the use of a “phone tree” during the program’s hours of operation.
4. Crisis Intervention Services – the capacity to provide behavioral health crisis intervention services on site during the hours of clinic operations. Crisis counselors will respond to individuals by phone or face to face. The goal of these services, in addition to ameliorating the crisis, is to ensure that individuals in crisis can receive the services they need in the most appropriate setting, and in a timely manner.

Individuals requiring crisis services after hours may access other available crisis supports in the community (e.g. DSAMH mobile crisis, hospital emergency rooms, 24 hour crisis hotlines, etc.). However, the applicant must demonstrate the ability of its organization to coordinate services for its clients who seek crisis services after hours.

5. Screening and Assessment – ready and immediate access to professional clinical staff to help applicants connect with appropriate services that meet their individual needs, make them feel welcome and comfortable at the program, screen and assess their individual needs for mental health and/or AD treatment and determine the appropriate level of care, and identify and obtain authorization for treatment from the appropriate payor source. Because a large percentage of clients do not return to the program after initial contact, a primary goal of the first few sessions is to engage the client so that he/she will return and actually enter the program. Applicants are encouraged to include evidence-based engagement strategies and creative techniques to engage new clients at the screening/assessment stage. The applicant must state which screening and assessment tools will be used as a part of these processes and must use the ASAM Patient Placement Criteria.

The program must also offer addiction screening and assessment services for clients referred by organizations and agencies that want a professional opinion about the client’s suspected alcohol, drug use and/or dependency on gambling. In these cases, the full range of engagement strategies referred to above may not be appropriate.

Whenever the assessment process determines that the client needs residential detoxification or a level of care other than outpatient, the program will refer the client to the appropriate mental health and/or AD treatment program and assist the client to enter the recommended level of care. Assistance may include arranging an appointment, transporting the individual, i.e. whatever assistance is needed to help the individual access the necessary services.

6. Dual Diagnosis Capable/Enhanced– The program must have the capability to routinely accept and provide treatment to individuals who have both a mental condition and an addictive disorder. The applicant must implement an evidence based (cf.

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/> )

approach to treating individuals with these co-occurring disorders as well as the capacity to ensure the program's fidelity to the chosen model. The applicant should include information about how this approach will be operationalized, the means by which fidelity will be monitored and maintained, and how outcomes will be assessed.

7. Counseling and Therapy – a well structured, professionally supervised and delivered regimen of evidence-based individual, group and family counseling services. Applicants must use state-of-the-art, evidence-based counseling and therapeutic methodologies. Applicants must describe in some detail the practices to be used, the means by which staff have been trained in these practices and the nature of the applicant's clinical supervision program in implementing, monitoring, and mentoring the effective use of these practices.
8. Psychiatrist – the program will provide psychiatric services as well as related psychiatric medications to its clientele. Standards of access will be developed by the provider and must assure rapid access for emergency assessment as well as on-going and routine psychiatric services. Psychiatric medications will be provided to the program from the DSAMH Pharmacy. The costs for these medications are not to be reflected in the applicant's budget as these are covered directly by DSAMH. The applicant will be expected to provide psychiatric medications in accordance with the DSAMH's Outpatient Pharmacy and Therapeutics Committee standards.
9. Ambulatory Buprenorphine Detoxification – the program will provide ambulatory Buprenorphine detoxification services. The applicant will submit a protocol for detoxification that defines eligibility for this service including admission criteria, medical screening, monitoring and support services, provision of medications for detoxification, integration with outpatient treatment services, the use of compliance monitoring (e.g., urine screens, breathalyzer) as a part of the detoxification process, a tapering protocol as well as a maintenance protocol, referral to a community physician for ongoing Suboxone treatment, if desired by client, referral to support/self help groups, and discharge criteria and processes. Buprenorphine compounds will be provided to the program from the DSAMH Pharmacy. The costs for these medications are not to be reflected in the applicant's budget, as these are covered directly by DSAMH.
10. Gambling – screen, assess, counsel and refer clients with gambling problems. Programs must include gambling problems in the screening and assessment process, and ensure that clients identified as problem gamblers receive gambling specific counseling. The program must ensure the monitoring of this process and be able to provide client specific data on individuals identified as having a gambling problem/addiction.
11. Court responsibilities – The program is responsible for providing an appropriate staff member, generally a psychiatrist, to attend all Civil Commitment Status hearings for individuals to whom they are providing psychiatric services. These periodic hearings ordered by a judge vary with the acuity and compliance of the individuals being served.
12. Entitlements - The applicant will assist consumers in accessing all applicable entitlements, scholarships and other supports to defray the cost of outpatient services

and medications and to promote recovery and independent living. DSAMH will be the payer of last resort.

13. Fees - It is a State policy that clients should pay all or part of the costs of services received if they are financially able to do so. The contractor is expected to assess the individual's ability to pay fees, and then they must collect fees and modify payments based on an approved sliding fee scale.
14. General Medical Services – The clinic multidisciplinary team will ensure that all clients receive services that promote overall health. These services will include information, education, and prevention for infectious diseases such as HIV/AIDS and TB. The applicant should have the professional capability to conduct HIV/AIDS counseling and testing directly on site. However, if the program cannot provide it directly, they must enter into a formal agreement with a qualified agency to provide easily accessible, confidential, HIV/AIDS counseling and testing for their clients. As a matter of course, the applicant should provide for routine health screenings and monitoring for risk factors and conditions associated with metabolic syndrome, infectious diseases such as hepatitis B and C, and other conditions that might contribute to the increased morbidity and mortality of clients with severe and persistent mental illness. Models that support identification of illness, provide education for risk reduction, and offer clinic-based interventions (e.g. immunization against Hepatitis A and B) such as the STIRR model for Hepatitis C and HIV (cf. <http://clinicaltrials.gov/ct2/show/NCT00316303>) should be considered. Coordination of medical and psychiatric services with local primary care providers will be required to support improved access to medical care for clients with identified health conditions. Health information including illness and medication education, smoking cessation counseling, and wellness programming must be provided.
15. FQHC - Develop a partnership with an FQHC that promotes the screening and referral of individuals to the program and whose behavioral health status exceeds the resources and expertise of the FQHC. This could occur either by directly providing staff in the FQHC to screen and refer individuals to the program, or alternatively, have the FQHC do the screening and coordinate referrals to the program.
16. Illness Management and Recovery – The program must implement the evidence-based practice known as Illness Management and Recovery (i.e., <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/illness/>). The applicant should include information about how this approach will be operationalized, the means by which fidelity will be monitored and maintained, and how outcomes will be assessed.
17. Care Management – assistance provided to address the specific needs of each individual client covering all major areas of concern identified in the assessment process and treatment plan. Examples include: assuring that the client receives all Core Services and Associated Supports that he/she needs; helping the client schedule and keep appointments with other health and social services agencies; assuring that the client keeps all scheduled criminal justice system appointments (e.g., drug court, TASC, probation, etc.); assisting the client to obtain entitlements, such as Medicaid; assisting the client to find suitable, safe housing; advocacy for the client with regard to access and quality of services, etc. In addition, when it is necessary and appropriate to refer the client to other levels of care outside of this program, the case

manager will coordinate arrangements for the transfer and follow up with the new provider to coordinate the return of the client to outpatient services if needed and requested by the client.

The applicant must provide a model for care management services that includes expected standards of care, supervision of staff, outcome monitoring and the process by which individuals are “stepped” down from higher levels of care within the contracted program.

18. Urinalysis – the provider will run a closely monitored system for conducting urine testing on a random basis as clinically indicated. Collection of all samples must be observed. Applicants must describe the frequency of collection, the procedures for randomization and observation, the name of the laboratory that will conduct the testing, and the how the results will be used by the program. Criminal justice referred clients may have more stringent urinalysis requirements.
19. Urine Monitoring Only (UMO) – The program must include a Urine Monitoring Only component for special clients and situations, including clients who have completed treatment but are required by the criminal justice system or other authorities to have regular, random, observed urine collection and testing. UMO clients receive no other services at the program and are not counted in calculations to determine the program Utilization or Active Participation rates.
20. Family Sessions – regularly scheduled educational or counseling sessions with family members and significant others as identified by the client. The program should provide regularly scheduled opportunities for: (a) family members to meet either with the client’s counselor with or without the client being present; or, (b) family members to attend group educational or counseling sessions with a number of families in attendance – these sessions may or may not include clients, depending on the design and purpose of the sessions.
21. Criminal Justice Liaison – designate a single point of contact or spell out a clearly defined system for contacts with the criminal justice system and TASC officials regarding clients or potential client referrals. This includes routine communication with Community Corrections to insure smooth and appropriate referrals. The program must identify a clear and simple process for two-way communication to provide information on client progress or lack thereof to the appropriate criminal justice system officials, and to ensure that reports required by drug courts, probation, TASC or other criminal justice system officials are completed and delivered on time. The process must include a procedure for immediate notification about clients who drop out of treatment before completion. It is the responsibility of the program to obtain signed consent forms from criminal justice referred clients allowing the program to disclose appropriate, required information to criminal justice system officials in accordance with federal confidentiality regulations.
22. Spanish Speaking Clients – ensure that an adequate number of administrative and/or clinical staff will be able to speak Spanish fluently in order to communicate with callers, walk-ins and clients who speak only Spanish. Ideally, the program will be able to provide individual and group counseling on site to Spanish only speaking clients. If the program cannot provide counseling directly, formal agreements must

made with another DSAMH licensed AD/MH treatment agency to provide these services.

23. Non-Discriminatory Programs - All services will be provided to all individuals, based on their needs, and regardless of their background and without bias.

## **V.2 – Associated Supports (to be provided directly by the applicant agency or pursuant to formal agreements with other organizations):**

1. Medical Services Coordination – assist clients to obtain appropriate health care, such as prenatal care for pregnant women. Coordinate health care services with the individual’s primary care provider, if clinically indicated.
2. Legal Services – assist clients to obtain access to legal representation to clear up outstanding court cases, capiases and other legal matters.
3. Child Care Services – make provision for childcare while clients are attending treatment. The program must make arrangements for the care and supervision of young children while their parent(s) is/are attending treatment sessions.
4. Other Services – assist clients to obtain access to other services, as needed, including: financial advice and planning, educational and vocational services, housing, and transportation services.
5. Resource Management – provide direct assistance to or on behalf of the client in obtaining necessities (e.g. clothing, appliances, medical and dental care; decent, safe and affordable housing, financial support, social services and needed transportation, etc) and managing funds (e.g. budgeting, bill paying, representative payee services)
6. Self Help and Support Meetings – strongly recommend that clients attend self-help meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous) and support meetings (e.g. NAMI-DE, New Directions, Mental Health Association in Delaware, etc.). Outpatient treatment programs are encouraged to host self-help and support meetings at their facilities for the convenience of their own clients and to establish close ties with the self-help communities.
7. Other Languages – make arrangements to obtain interpreters for clients who only speak languages other than English or Spanish.
8. Deaf and Hearing Impaired – make arrangements to obtain appropriate sign language interpreters for clients who are deaf and other assistive technology for clients with hearing impairments.

## **V.3 Treatment for Clients Referred By The Treatment Access Center (TASC)**

The program will be required to provide treatment to clients referred by the Treatment Access Center (TASC). Most TASC clients will be sentenced to treatment by one of the Delaware Drug Courts. Therefore, programs will be required to: (a) schedule a Screening/Assessment appointment for TASC clients within 72 hours of referral, and admit the client to the Orientation Phase of treatment within one week of referral; (b) closely monitor treatment compliance and

progress, and submit written progress reports to TASC on a monthly basis; (c) notify TASC immediately if a client drops out of treatment before completion.

It is expected that TASC clients will receive all the Core Services and Associated Supports that other clients receive. In addition, the program will be required to conduct random, observed urine testing at the frequency required by TASC or the drug court. A laboratory approved by TASC must test TASC client's urine, and the program must follow TASC procedures for handling and processing urine samples. As long as TASC procedures are followed, the cost of urinalysis for these clients will be paid by TASC.

Proposals must include a description of how the program will integrate TASC clients into mainstream services and program expectations, and how the program will meet the special requirements for TASC clients described in this section.

#### **V.4 Assessment and Treatment for Child Protective Services**

Delaware Health and Social Services and the Department of Services for Children, Youth and Their Families have signed a formal agreement to provide immediate access to AD assessment and treatment services for parents referred by child protective services workers because of a suspicion of alcohol or drug abuse. The program will be required to adhere to the provisions of this agreement (see attached Guidelines).<sup>1</sup> The provider will be required to: schedule an appointment for the client to be assessed within 72 hours of the phone referral from the child protective services worker; provide a verbal report on the findings and treatment recommendations to the child protective service worker within 24 hours of the assessment appointment; and provide a written report within two weeks. The program must maintain ongoing communication with child protective services workers on all clients who are placed in treatment, provide monthly written progress reports, and notify child protective services within 48 hours for any unexcused absence from treatment (excused absences may include the need to attend a court hearing, a medical appointment, etc.). Applicants must address how they will meet these requirements in their responses.

#### **V.5 Integration of a Outcome/Session Rating Scale as a core element in the program performance improvement processes.**

The program must integrate the use of an Outcome/Session Rating Scale (cf. <http://www.talkingcure.com/documents/sessionratingscale-jbtv3n1.pdf>, <http://www.fmdrl.org/index.cfm?event=c.getAttachment&riid=3424>, <http://124.254.10.21/scott/node/6>, etc.) into its operations to monitor the quality of the therapeutic experience by the client, the strength of the therapeutic alliance between the program staff and clients and how well the client is doing over time.

The applicant must describe in some detail how these instruments will be integrated, operationally, in to the over all program, including individuals newly seen by the program and those with a long history with the program. DSAMH expects that the program will actively monitor the information gathered by these instruments and be able to immediately respond to issues raised as a result of gathering this information.

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<sup>1</sup> Guidelines for Implementation of Memorandum of Agreement between DSCYF/DFS and DHSS/DADAMH, May 1999.

## **VI. Program Evaluation – Performance and Outcome Measurement**

DSAMH will develop Performance Based Contracts for the program. Applicants should refer to the Section on Performance Based Contracts for details on contractually mandated utilization and performance measures. As the federal government identifies performance measures that will be required by the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Block Grant, the DSAMH contracted performance measures will be modified, as necessary.

The program will be required to submit data on a monthly basis to the DSAMH Management Information Systems Unit using a format designed by the unit for that purpose. Programs will also be required to develop internal performance and outcome measures (such as drug use, criminality, education, employment, housing, etc.) to evaluate program effectiveness and identify areas where improvement is needed, and to submit annual reports to DSAMH in a format to be agreed upon by the provider and DSAMH.

DSAMH intends to work with a university or other research organization to obtain a grant to conduct a formal study of the program. Providers will be expected to actively participate in and cooperate with this study by providing, at a minimum: (a) access to staff, clients and client records within the parameters allowed by federal confidentiality guidelines; (b) data to researchers in the format required by the research design

## **VII. Implementation Plan**

Applicants must submit an Implementation Plan in chart format with timelines for each activity. The plan must cover start up through full program implementation activities. It must describe a hiring process to phase in staff in relation to projected increases in client admissions. The length of time that the applicant proposes for program start up and to reach full capacity will be important factors in the application rating process.

If the applicant organization currently has a contract with DSAMH to provide outpatient AOD treatment services, the implementation plan should describe how the transition will be made from the current program to the new program model, including a plan for the transition of clients who are active when the new program is initiated.

If the applicant organization does not currently have a contract with DSAMH to provide outpatient AOD treatment services in this region, the implementation plan should describe how the transition will be made from the current program provider to the new program provider, including a plan for the transition of clients who are active when the new program is initiated.

The applicant organization must develop, as a part of its implementation plan, a process for transitioning individuals from the current provider of OP mental health services to the new program model. This plan must address the continuity of the individual's treatment plan and psychiatric services, including medications, continuity of communication/collaboration with collateral providers such as probation and parole, primary care providers, a Federally Quality Health Center (FQHC), the Division of Vocational Rehabilitation, etc.

The implementation plan should describe the outreach and marketing efforts that the applicant will conduct to notify the public about the new program, and to obtain new and on-going client referrals to the program.

## **VIII. Mandatory Training**

The organization to which the award is made will be required to attend a training session prior to the start date for the new contract. This DSAMH sponsored session will present: (a) evidence based methodologies and techniques; (b) explanation of required data and fiscal reporting that programs will be required to use; (c) discussion of performance based contracting measures; (d) discussion of the formal research project, if available at the time of the training session. The Executive director, clinical directors and the lead administrators/clinicians for the Comprehensive Behavioral Outpatient Treatment Programs will be expected to attend. DSAMH may schedule additional required training sessions throughout the contract year.

## **IX. CLIENT FUNDS/ASSISTANCE MANAGEMENT**

The program will be required to safeguard and help manage the personal property and finances of the consumers enrolled in the program.

Appropriate management and utilization of the client assistance monies available from DSAMH must be based on fiscal policies which assure that all other available resources have been accessed prior to the use of these funds. Program staff must be aware of and implement fiscal policy to assure judicious use of limited resources.

Reimbursement for Client Assistance will be done on a monthly cost-reimbursement request submitted with applicable documentation.

Client assistance funds can be used for the following:

### **Rental Assistance**

Costs respective to assistance for rent for an individual client with specific time frames of the placement/shelter received. Specific destination of payment will be allocated as assistance and/or allocated as a loan to be repaid at a later date. All clients receiving SSDI or SSI payments or in the application stage of entitlement application will receive assistance as a loan with the expectation that repayment can be made at a reasonable payment amount over a period of time acceptable to the budgetary limitations of the client.

### **Utilities**

Costs associated with all utilities required for the compliance of the provision of decent and safe housing for each individual client after all other allowable community or public resource funding mechanisms have been utilized. Specific designation of payment will be allocated as assistance and/or allocated as a loan to be repaid at a later date. All clients receiving SSDI and/or SSI payments or in the application stage of entitlement application will receive assistance as a loan with the expectation that repayment can be made at a reasonable payment amount over a period of time acceptable to the budgetary limitations of the client

### **Medical Fees**

Fees for client services, by a licensed professional, that are not allowable expenses through other insurance and/or community or public resource funding mechanism. This does not cover services that are covered through the Community Continuum of Care Program (e.g., psychiatrist services, medication management services, etc.)

### Dental Fees

Fees for client services, by a licensed professional, that are not allowable expenses through other insurance and/or community or public resource funding mechanism.

### Medicine/Medical Supplies

Costs associated with medications, medical supply needs (syringes, hearing aids, bandages, etc) within the boundaries of client services not covered through other insurance or public resource funding mechanism. All providers will be expected to maximize the use of entitlements, scholarship and indigent programs, and client funds to offset the amount of expenses.

### Food/Supplies/Other

Costs associated for food, personal care (clothing, hygiene, etc), household supplies and/or other items related to general community living requirements.

## **X. Program Evaluation – Performance and Outcome Measurement**

DSAMH will use Performance Based Contracts for the CBOTS. Applicants should refer to the Section on Performance Based Contracts for details on contractually mandated utilization and performance measures. As the federal government identifies performance measures that will be required by the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Block Grant, the DSAMH contracted performance measures will be modified, as necessary.

The CBOTS will be required to submit data on a monthly basis to the DSAMH Management Information Systems Unit using a format designed by the unit for that purpose. Programs will also be required to develop internal performance and outcome measures (such as drug use, criminality, education, employment, housing, etc.) to evaluate program effectiveness and identify areas where improvement is needed, and to submit annual reports to DSAMH in a format to be agreed upon by the provider and DSAMH.

DSAMH intends to work with a university or other research organization to obtain a grant to conduct a formal study of the CBOTS. Providers will be expected to actively participate in and cooperate with this study by providing, at a minimum: (a) access to staff, clients and client records within the parameters allowed by federal confidentiality guidelines; (b) data to researchers in the format required by the research design.

## **XI. Medicaid Certification Standards**

DSAMH is currently considering revisions to the Provider Manual. Any proposed revisions will require approval by DHSS/DSS Medicaid. The revised standards will be used to certify the contracted program. Applicants to this Request for Proposal are asked to consider the current standards as they devise the proposed programs and must indicate where a waiver or waivers will be required in the existing certification standards to accommodate the implementation of their *program*.

## **XII. PROPOSED SCHEDULE OF EVENTS**

<u>EVENT</u>	<u>DATE</u>
Publish Request For Proposals	02/15/10
Pre-Submission Meeting (Mandatory)	03/04/10 10:00am
Deadline for Questions	03/10/10 4:30pm
Answers to Questions Published	03/12/10 4:30pm
Deadline for Proposal Submission	04/09/10 11:00am
Notification of Awards (estimate)	05/03/10
Sign Contract (estimate)	05/21/10
Start-Up/Implementation Activities to begin	06/01/10

### **XIII. MANDATORY PRE-SUBMISSION MEETING**

All parties interested in submitting proposals MUST ATTEND the pre-submission meeting, which will be held on March 4, 2010 at 10:00am local time. The meeting will be held in the Classroom 3, Springer Building, Herman Holloway Campus, 1901 N. Dupont Highway, New Castle, DE 19720. The purpose of the MANDATORY meeting will be to answer questions regarding solicitation procedures and programmatic issues. Individuals having questions about the meeting should contact Ms. Darlene Plummer, at the Division of Substance Abuse and Mental Health, at (302) 255-9430. No proposals will be accepted by parties other than those attending the mandatory pre-submission meeting.

### **XIV. SELECTION PROCESS**

All proposals submitted, by organizations meeting Applicant Organization Eligibility criteria (Section III), in response to this RFP will be reviewed by a Proposal Review Team. The Proposal Review Team will evaluate and rate proposals using proposal scoring criteria (Section XIII). Organizations that have submitted proposals receiving a proposal score of 70 or above will be considered qualified to provide the services required by DSAMH. Qualified organizations/proposals will be submitted to the DSAMH Executive Committee and Division Director for final selection. The Division will interview at least one of the qualified firms. The Division may negotiate with one firm without terminating negotiations with another firm and may negotiate with one or more firms during the same period. At any point in the negotiation process, the Division may, at its discretion, terminate negotiations with any or all firms.

## **XV. PROPOSAL EVALUATION/ RATING**

Detailed evaluation/rating criteria will be developed for the review process for this Request for Proposal. Further information will be distributed at the mandatory pre-submission meeting. Proposals receiving a score of 70 or above will be considered to meet the minimum qualifications and eligible for final selection as detailed above. Proposals receiving a score less than 70 will not be considered.

## **XVI. INVESTIGATION OF PROPOSER'S QUALIFICATIONS**

The State of Delaware may make such investigation as it deems necessary to determine the ability of the proposer to furnish the required services, and the proposer shall furnish to the State such data as the State may request for this purpose. The State reserves the right to evaluate the financial and program capability of the proposer to the State's satisfaction. The State reserves the right to reject any offer if the evidence submitted by, or investigation of, such proposer fails to satisfy the State that the proposer is properly qualified to deliver the services requested.

## **XVII. PROGRAM STANDARDS/CONTRACT MONITORING**

Responses to this Request for Proposals will be reviewed primarily for programmatic merit. A satisfactory review does not and will not constitute an approval of the program as having met program standards as required by the Division.

The contractor will be monitored on-site on a regular basis. This monitoring will be based upon the contract and the contractor's proposal. Failure of the contractor to resolve any problem(s) identified in the monitoring may be cause for termination of the contract.

## **XVIII. GENERAL CONDITIONS**

1. The proposer must satisfy RFP requirements in the manner described in its proposal as approved by DSAMH. The proposer is required to carry out this project in the manner described in the approved proposal and in accordance with any conditions of the contract. A copy of the Department of Health and Social Services boiler plate contract will be distributed during the mandatory pre-submission meeting. The contract may be suspended or terminated, and future eligibility for services contracts may be lost, should the proposer fail to carry out this project as described in the approved proposal and in the resulting contract.
2. Proposers must meet the minimum requirements set forth in this RFP. They may choose to offer enhancements which go beyond these requirements. Such enhancements may be considered in the overall evaluation of the proposal, but DSAMH/DHSS may reject enhancements/exceptions which do not conform to state bid law and/or create inequality in the treatment of proposers.
3. The proposer may subcontract for services but **must provide direct service provisions for the core program elements required under this contract.** The proposer must have prior approval from DSAMH on all subcontracts. Any contract with the prime contractor will bind sub- or co-contractors to the prime contractor by the terms, specifications, and standards of this RFP and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Division under the RFP, and any with respect to the services to be performed by the sub- or co-contractor, so that the sub- or co-contractor will not prejudice such rights. Nothing in this RFP shall create any contractual relation between any sub- or co-contractor and the Division.
4. The proposer must protect the confidentiality of client information. The proposer must have and follow procedures for protecting client information. If applicable, procedures for protecting client information must meet the standards prescribed by the Confidentiality of Alcoholism and Drug Abuse Patient Records, 42 U.S.C. 290 dd-3 and U.S.C. 290 ee-3.
5. The proposer must maintain such records and record systems as are necessary to document and monitor services per DSAMH requirements. The proposer's records must document services provided directly to clients as well as services provided on behalf of clients. Services to clients must be documented in a manner that facilitates the verification of service provision adequate to withstand an audit of claims submitted to the Division.
6. The proposer shall assume the responsibility for providing adequate liability insurance for all service provider personnel (including volunteers or other non-paid personnel), Board of Directors, and/or advisory bodies.

7. The proposer must:
  - make reasonable effort to take into account the clientele and the community composition in its personnel hiring and promotion practices;
  - make a demonstrative effort, as appropriate, to promote the hiring of minorities and women, and
  - encourage minority and client participation on Advisory Councils and the Board of Directors.
  
8. Where a substantial number of the individuals in the population served by the program are of limited English-speaking ability, the proposer must:
  - identify an individual who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English-speaking ability and to appropriate staff members with respect to cultural differences.
  
9. Accurate property records, inventory control and maintenance for equipment and for all other non-expendable personal property acquired under this program must be maintained. Property records must provide a description of the property, identification number, date of acquisition, cost, present location and/or disposition of property. A physical inventory of non-expendable personal property must be taken and the results reconciled with the property records at least once every two years to verify the existence, current utilization and continued need for the property. A control system must be in effect to ensure adequate safeguards to prevent property loss. Damage or theft must be investigated and fully documented.
  
10. Obligation of Contract Funds - Funds authorized for use under the contract may only be obligated within the budget period for which they are awarded. Obligating documents such as a contract and purchase order must be issued on or before the expiration date of the budget period or the funds will no longer be available for use by the contractor. Any contract(s) developed will be for a one-year period. However, the contract(s) will be eligible for annual contract renewals for at least two additional years pending agreement by both parties, satisfactory contractor performance, and funding availability. The Division reserves the right not to renew any contract and, according to the terms of the contract, to terminate any contract.

11. Contract monitoring/corporate audits - A fiscal and programmatic monitoring of the contract may be conducted by the State Agency, usually once a year. Fiscal monitoring shall be conducted in accordance with generally accepted auditing standards. Any Division-initiated contract monitoring, shall neither obviate the need for, nor restrict the contractor from, conducting required annual corporate audits. Annual corporate audits must be conducted in accordance with generally accepted accounting principles and, if applicable, comply with the requirements of the Federal Office of Management and Budget (OMB) Circular A-133.
12. Data - The contractor must furnish contract-related data in accordance with the requirements of DSAMH's management information system (MIS).
13. Notwithstanding anything to the contrary, the Division and Department reserve the right to:
  - Select for contract or for negotiations a proposal other than that with the lowest cost;
  - Reject any and all proposals received in response to this RFP;
  - Waive or modify any information, irregularity, or inconsistency in proposals received;
  - Request modification to proposals from any or all proposers during the review and negotiation period;
  - Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time;
  - If negotiations fail to result in an agreement within two (2) weeks, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Division and Department may deem appropriate.
  - Require proposers to secure a Delaware Business License.
  - To contract with more than one provider.

## **XIX. GENERAL INSTRUCTIONS FOR SUBMISSION OF PROPOSALS**

Two (2) original CDs (Each Labeled as "Original") and two (2) CD copies (Each labeled as "Copy"). In addition, any required confidential financial or audit information relating to the company and not specifically to the proposal may be copied separately to three (3) additional CDs (Each labeled "Corporate Confidential information"). All CD files shall be in PDF and Microsoft Word and Microsoft Excel formats.

Eight (8) printed copies with clearly identified sections for the technical proposal and the business proposal.

The proposals must clearly indicate that they are in response to RFP number **HSS 10-064**.

**It is the responsibility of the bidder to ensure all submitted CDs are machine readable, virus free and are otherwise error-free. CDs (or their component files) not in this condition may be cause for the vendor to be disqualified from bidding.**

Proposals are to be delivered to:

Ms. Wendy Brown  
Department of Health and Social Services  
Division of Management Services, Procurement Branch  
Herman M. Holloway Sr. Health and Social Services Campus  
1901 North DuPont Highway  
Administration Bldg., 2nd Floor, Rm. 259  
New Castle, DE 19720

1. **Closing Date** - All responses to this RFP must be received on or before 11:00 A.M. (local time), on April 9, 2010. Delivery is the sole responsibility of the proposer. Proposals are to be delivered or sent to the agency contact at the address specified above. Proposals submitted by mail shall be sent by either certified or registered mail. No late proposals will be accepted. No individual exception to this deadline will be granted. Any proposal received after the specified date and time shall not be considered and shall be returned unopened. The proposing firm bears the risk of delays in delivery. The Division reserves the right to extend the time and place for the opening of bids/proposals from that described above, of not less than five calendar days. Notice by certified mail to those Proposers who obtained copies of the RFP document.
2. **Notification of Award** - Notification of the award will be made in writing to all proposers by approximately May 3, 2010.
3. **Questions** – All questions concerning this request for proposals must be directed to Ms. Darlene Plummer, at (302)-255-9430. From the issue date of this RFP until a determination is made regarding the selection of a proposal, all contacts with

personnel of the Division of Substance Abuse and Mental Health and other agencies in the Department of Health and Social Services must be cleared through the agency contact.

4. Proposals Become State Property - All proposals become the property of the State of Delaware, and will not be returned to the proposer. All proposers should be aware that government solicitations and the responses thereto are in the public domain. Parts of the proposal, which the proposer considers to be proprietary, should be clearly marked as such. Such requests will be evaluated under the provisions of 29 Del. C. Chapter 100, but shall not be binding on the Department to prevent disclosure of such information. Final discretion on releasing materials rests with DHSS.
5. Proposal and Final Contract - The contents of each proposal will be considered binding on the proposer and subject to subsequent contract confirmation if selected. The content of the successful proposal and the RFP will be incorporated into any resulting final contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid for ninety (90) days after the proposal due date.

If the proposer is unwilling to comply with any of the requirements, terms, or conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

6. Amendments to Proposals - Amendments to proposals will not be accepted after the receipt deadline for proposals is passed, unless requested by the Division in writing. The State reserves the right at any time to request clarifications and/or further technical information from any or all proposers submitting proposals.
7. Pre-Contract Costs - All pre-contract activities or costs incurred by proposers in the preparation of their proposals, or during any negotiations on proposals or proposed contracts, or for any work performed in connection therewith, shall be borne by the proposer.
8. Contractor's Equipment - The State of Delaware will not be responsible for the contractor's equipment due to loss, theft, or destruction.
9. Funding Disclaimer Clause - The Department reserves the right to reject or accept any bid or portions thereof, as may be necessary to meet the Department's funding limitations and processing constraints. The Department reserves the right to terminate any contractual agreement without prior notice in the event that the state determines that state or federal funds are no longer available to continue the contract.
10. Contract Termination Clause - The Department may terminate the contract resulting from this request at any time that the contractor fails to carry out the provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The Department shall provide the contractor with thirty (30) days notice of conditions endangering performance. If after such notice the contractor fails to remedy the conditions contained in the notice, the Department shall issue the contractor an order to stop work immediately and to deliver all work and all work in progress to the state. The Department shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

Upon receipt of no less than thirty (30) days written notice, OR in accordance with contract provisions, the contract may be terminated on a date prior to the end of the contract period without penalty to either party.

11. Fees – It is a State policy that clients should pay all or part of the costs of Services received if they are financially able to do so. The contractor would be expected to continue this policy.
12. Debriefing - If a proposing firm wishes to request a debriefing for technical assistance purposes, the proposing firm shall submit a formal letter to the Contracts Manager, Division of Substance Abuse and Mental Health, First Floor, Main Administration Building,, 1901 N. DuPont Highway, Herman M. Holloway Sr. Health and Social Services Campus, New Castle, DE 19720, within 10 days after receipt of a letter informing the proposing firm of the outcome of the review and evaluation process. This letter shall specify reason(s) for the request.

## **XX. PROPOSAL ORGANIZATION**

The Proposal submitted in response to this request must conform to the format described in these instructions. The application should contain a cover letter that includes names and titles of key personnel to contact for additional application information. The cover letter will be considered an integral part of the proposal.

The cover letter must be followed by the completed Checklist (Form A). All pages must be numbered consecutively.

Each proposer is required to submit the Technical Proposal and Business Proposal as separate sections. The Business Proposal should address the cost of performing the work described in the Technical Proposal. The proposer shall not make any reference to costs in the Technical Proposal. In preparing a response, the proposer should follow the format as outlined in the checklist (Form A) and include the checklist with the proposal, as specified. Failure to follow the format could result in disqualification of the proposal.

The proposer may be requested to submit a complete independent audit and analysis of financial condition, covering the most recent fiscal year, during the review process, and, if selected, will be required to submit this material.

NOTE: Required Forms, licensure standards, policy memorandums, patent demographic, budget submission requirements, medication formularies etc. will be distributed at the mandatory pre-submission meeting to be held on March 4, 2010.

## **XXI. REQUIRED SIGNATURE FORMS**

- A. Bidders Signature Form (Form H)
- B. Contractor Representation, Certification and Acknowledgement Form (Form C)
- C. Statement of Compliance Form (Form G)
- D. Non-Collusion Statement (Form H)

## **XXII. TECHNICAL PROPOSAL REQUIREMENTS**

1. **Program Abstract:** Describe the comprehensive and integrated outpatient treatment services program based on Evidence Based or Best Practices, the services offered, and the nature and role of care management at each level of need. Describe the corporate or program readiness to implement the proposed evidence based/best practices including the resources, infrastructure and experienced staff that are in place or will be put in place to support implementation.
2. **Geographic Area(s):** The applicant must identify the coverage that is proposed to be served. The specific site should be described (address, description of buildings and facilities to be used for the program, etc.).
3. **Scope of Services:** This section must describe in detail how the program will meet all requirements, including:
  - 1) Specific evidence/research based documentation to support the program design and treatment approach(es) to be used.
  - 2) Description of how the program will provide all the Core Services:

### **A. Core Program Services:**

- 1) **Hours of Operation:** The applicant must identify the hours of operation and services that will be available during an extended operating hours in response to community needs.

- 2) **Outreach and Community Education:** Describe the proposed organized and on-going marketing and public relations efforts/activities.
- 3) **Telephone and Walk-in Information:** Describe the proposed system to respond professionally and courteously to questions from callers and/or persons walking into the program seeking information. Describe the program's capacity to answer calls from individuals or their advocates who are in crisis without the use of a "phone-tree" during the program's hours of operations.
- 4) **Crisis Intervention Services:** Describe the proposed program's delivery of crisis intervention services on site during the hours of operation. Describe the program's ability to coordinate services for clients who seek crisis services after hours.
- 5) **Screening and Assessment:** Describe the engagement strategies and the creative techniques that will be utilized to engage new clients. Describe the screening and assessment tools which will be used as part of these processes and how the ASAM Patient Placement criteria will be utilized. Describe the frequency of the assessment. Describe how the appropriateness of services assessed and assigned will be monitored.
- 6) **Dual Diagnosis Capable/Enhanced:** Describe the program's capability to routinely accept and provide treatment to individuals who have both a mental health condition and an addictive disorder. Describe the evidenced based approach to treating individuals with these co-occurring disorders as well as the capacity to ensure the program's fidelity to the chosen model. The applicant must include information about how this approach will be operationalized, the means by which fidelity will be monitored and maintained, and how outcomes will be assessed.
- 7) **Counseling and Therapy:** Applicants must use state of the art, evidence-based counseling and therapeutic methodologies. Describe in some detail the practices to be used, the means by which staff have been trained in these practices and the nature of the applicant's clinical supervision program in implementing, monitoring, and mentoring the effective use of these practices.
- 8) **Psychiatric Services:** Describe how the program will provide psychiatric services as well as psychiatric medications to its clientele. Describe the standards of access that will be developed by the program that assures rapid access for emergency assessment as well as on-going and routine psychiatric services. Psychiatric medications will be provided to the program from the DSAMH Pharmacy and the program will be expected to provide psychiatric medications in accordance with the DSAMH's Outpatient Pharmacy and Therapeutics Committee standards.
- 9) **Ambulatory Buprenorphine Detoxification:** Describe how the program will provide ambulatory Buprenorphine Detoxification services. The program must submit a protocol for detoxification that defines eligibility for this service including admission criteria, medical screening, monitoring and support

services, provision of medications for detoxification, integration with outpatient treatment services, the use of compliance monitoring (eg., urine screens, breathalyzer) as part of the detoxification process, a tapering protocol as well as a maintenance protocol, referral to a community physician for ongoing Suboxone treatment, if desired by client, referral to support/self help groups, and discharge criteria and processes. Buprenorphine compounds will be provided to the program from the DSAMH Pharmacy.

- 10) **Gambling:** Describe how the program will screen, assess, counsel and refer clients with gambling problems. Describe how the program will include gambling problems in the screening and assessment process, and ensure that clients identified as problem gamblers receive gambling specific counseling. Describe how the program will ensure the monitoring of this process and be able to provide client specific data on individuals identified as having a gambling problem/addictions.
- 11) **Court responsibilities:** Describe how the program will provide an appropriate staff member to attend all Civil Commitment Status hearings for individuals to whom they are providing psychiatric services.
- 12) **Entitlements:** Describe how the program will assist consumers in accessing all applicable entitlements, scholarships and other supports to defray the cost of outpatient services and medications and to promote recovery and independent living. Describe the program's understanding that DSAMH will be the payer of last resort.
- 13) **Fees:** Describe how the program will assess the individual's ability to pay fees and ensure fees and payments are based on an approved sliding fee scale. Describe how the program will implement a payment structure for medications received from DSAMH's pharmacy.
- 14) **General Medical Services:** Describe how the program will ensure that all clients receive services that promote overall health. These services will include information, education and prevention for infectious diseases such as HIV/AIDS and TB. Describe the program's capability to conduct HIV/AIDS counseling and testing directly on site or the formal agreement with a qualified agency to provide easily accessible, confidential, HIV/AIDS counseling and testing. Describe how the program will provide for routine health screenings and monitoring for risk factors and conditions associated with metabolic syndrome, infectious diseases such as hepatitis B and C, and other conditions that might contribute to the increased morbidity of clients with severe and persistent mental illness. Describe the coordination of medical and psychiatric services with local primary care providers to support improved access to medical care for clients with identified health conditions. Describe how health information including illness and medication education, smoking cessation counseling, and wellness programming will be provided.
- 15) **FQHC:** Describe the program's plan to partnership with an FQHC that promotes the screening and referral of individuals to the program and to whose behavior health status exceeds the resources and expertise of the FQHC. .

- 16) **Illness Management and Recovery:** Describe how the program will implement the evidence-based practice known as Illness Management and Recovery. Describe how this approach will be operationalized, the means by which fidelity will be monitored and maintained, and how outcomes will be assessed.
- 17) **Care Management:** Describe how assistance will be provided to address the specific needs of each individual client covering all major areas of concern identified in the assessment process and treatment plan. Provide a model for care management services that includes expected standards of care, supervision of staff, outcome monitoring and the process by which individuals are “stepped” down from higher levels of care within the contracted program.
- 18) **Urinalysis:** Describe the closely monitored system for conducting urine testing on a random basis as clinically indicated. Describe the understanding that collection of all samples must be observed. Describe the frequency of collection, the procedures for randomization and observation, the name of the laboratory that will conduct the testing, and how the results will be used by the program.
- 19) **Urine Monitoring Only (UMO):** Describe the Urine Monitoring Only component for special clients and situations, including clients who have completed treatment but are required by the criminal justice system or other authorities to have regular, random, observed urine collection and testing. Describe the program’s understanding that UMO clients receive no other services at the program and are not counted in calculations to determine the program’s Utilization or Active Participation rates.
- 20) **Family Sessions:** Describe the regularly scheduled educational or counseling sessions with family members and significant others as identified by the client. Describe opportunities for the family members to meet either with the client’s counselor with or without the client being present; and opportunities for family members to attend group educational or counseling sessions with a number of families in attendance. These sessions may or may not include clients, depending on the design and purpose of the sessions. Describe the topics of educational sessions that will be offered on an ongoing and routine basis.
- 21) **Criminal Justice Liaison:** Describe a clearly defined system for contacts with the criminal justice system and TASC officials regarding clients or potential client referrals. The program must identify a clear and simple process for two-way communication to provide information on client progress or lack thereof to the appropriate criminal justice system officials and to ensure that reports required by drug courts, probation, TASC or other criminal justice system officials are completed and delivered on time. Describe how the process includes a procedure for immediate notification about clients who drop out of treatment before completion.

- 22) **Spanish Speaking clients:** Describe how the program will ensure that an adequate number of administrative and/or clinical staff will be able to speak Spanish fluently in order to communicate with callers, walk-ins and clients who speak only Spanish. Describe whether the program will be able to provide individual and group counseling on site to Spanish speaking clients or if a formal agreement will be made with another DSAMH licensed treatment agency to provide these services.
- 23) **Non-Discriminatory Programs:** The applicant must provide an assurance that all services will be provided to all individuals, based on their needs, and regardless of their background and without bias.

**B. Associated Supports:**

- 1) **Medical Services Coordination:** Describe how the program will assist clients to obtain appropriate health care, such as prenatal care for pregnant women. Describe how the program will coordinate health care services with the individual's primary care provider, if clinically indicated. Describe the program's understanding that DSAMH is unable to fund/contract for medical services to be built into the program design as part of the comprehensive and integrated outpatient treatment services program.
- 2) **Legal Services:** Describe how the program will assist clients to obtain access to legal representation to clear up outstanding course cases, capiases and other legal matters.
- 3) **Child Care Services:** Describe how the program will make provision for childcare while clients are attending treatment. Describe how the program will make arrangements for the care and supervision of young children while their parent(s) is/are attending treatment sessions.
- 4) **Other Services:** Describe how the program will assist clients to obtain access to other services, as needed, including planning, educational and vocational services, housing and transportation services.
- 5) **Resource Management:** Describe how the program will provide direct assistance to or on behalf of the consumer in obtaining necessities (e.g. clothing, appliances, medical and dental care; decent, safe and affordable housing; financial support; social services and needed transportation, etc) and managing funds (e.g. budgeting, bill paying, representative payee services, etc). Describe how the program will provide the following:
- access to and coordination of economic entitlement (e.g. Medicaid, Medicare, Medication scholarships, Indigent Programs through drug manufacturers, SSI, SSDI, food stamps, etc)
  - direct assistance to ensure that the consumers are evaluated for eligibility to services, such as:
    - medical and dental services;

- decent, safe and affordable housing;
- financial support;
- social services;
- needed transportation

C training and assistance in managing money within income limits

D Representative Payee Services – detail how services will be provided (e.g., program staff or contracted vendor, etc.); policy on charging clients for payee services as allowed by SSA, describe the program’s representative payee accounting system, policy and procedure for managing and conserving client funds, account safeguarding and monitoring, etc.

E management and utilization of the client assistance monies available from DSAMH through the program

6) **Self-Help and Support Meetings:** Describe how the program will strongly recommend that clients attend self-help meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous) and support meetings (e.g. NAMI-DE, New Directions, Mental Health Association in Delaware, etc.) Describe the program’s intent to host self-help and support meetings at their facilities for the convenience of their own clients and to establish close ties with self-help communities.

7) **Other Languages:** Describe the program’s arrangements to obtain interpreters for clients who only speak languages other than English or Spanish.

8) **Deaf and Hearing Impaired:** Describe the program’s arrangements to obtain appropriate sign language interpreters for clients who are deaf and other assistive technology for clients with hearing impairments.

C **Treatment for Clients Referred by the Treatment Access Center (TASC):** Include a description of how the program will integrate TASC clients into mainstream services and program expectations, and how the program will meet the special requirements for TASC clients.

D **Assessment and Treatment for Child Protective Services:** Describe how the program will comply with requirements for assessment and treatment services for parents referred by Child Protective Services.

E **Integration of an Outcome/Session Rating Scale as a core element in the program performance improvement process:** Describe in some detail how the instruments will be integrated, operationally, into the overall program including individuals newly seen by the program and those with a long history with the program. Describe how the program will actively monitor the information gathered by these instruments and how the program will be able to immediately respond to issues raised as a result of gathering this information.

F **Program Evaluation:** Describe the program's understanding of the requirement to submit data on a monthly basis to DSAMH and to develop internal performance and outcome measures to evaluate the program's effectiveness and identify areas where improvement is needed and to submit annual reports to DSAMH. Describe the program's willingness to actively participate in and cooperate with a formal study by providing, at a minimum, (a) access to staff, clients, client records within the parameters allowed by federal confidentiality guidelines; (b) data to researchers in a format required by the research design.

4. **Staffing and Staff Qualifications:** Organization charts must be included that depict: (a) where the comprehensive and integrated outpatient treatment services program will fit into the overall organization structure; (b) all components and staff of the program. The proposal must address how the proposed staff will meet licensure standards.

The proposer must present a complete staffing pattern with job descriptions for key managerial and supervisory clinical positions. The staffing pattern must indicate if the position is full or part-time. If part time, it must indicate the number of hours per week. The staffing pattern must be predicated upon serving the number of clients specified by the applicant of this RFP. The job descriptions must include the minimal educational, experiential and credentialing requirements for each position, along with a description of the duties of the position. .

In developing the staffing pattern, applicants should refer to the DSAMH Licensing Standards, the Provider Certification Standards and the Core Services Section of this RFP to assure that job descriptions meet required qualifications.

The proposer must provide:

a. Job Descriptions

There must be a complete job description for all positions that have been included in all or part of the cost of this proposal. Each description should contain:

- 1) Position title: This should be the same title as used in the budget, and as shown in the sections on program description, and organization charts.
- 2) Salary range: Please state the yearly and/or hourly range.
- 3) Job summary: This should describe the role of the position in the proposed program and identify the lines of authority related to this position.
- 4) Duties and responsibilities: List the major activities of the person in this position.
- 5) Job qualifications: The minimum education and/or experience requirements should be presented.

b. Resumes of Key Staff

Resumes of key staff for the proposed program, if known to the proposer at the time of response to the RFP, must be included.

c. Screening and Hiring Procedures

The proposer must provide guidelines to be used in staff screening and hiring procedures. Measures adequate to screen job applicants to determine history of patient/client abuse/neglect (must comply with 29 Del. C. Section 708 and 11 Del. C. Section 8564) must be described.

d. Staff Training/Orientation and Development

A staff training and/or orientation plan applicable to all staff who will be assigned to the program must be presented. The plan/schedule should include:

- 1) introductory training and orientation schedule;
- 2) mandatory training on Department of Health and Social Services Policy Memorandum 46;
- 3) mandatory training on confidentiality of client information

e. Staff Schedule

The proposer must provide:

- 1) A complete ACT program staffing roster that clearly presents the full staffing complement for the proposed program. Each position must be listed by position title and the full time equivalent status of that position (e.g.: 1.0 FTE, 0.5.FTE, etc.).
- 2) A complete CCCP staffing roster that clearly presents the full staffing complement for the proposed program. Each position must be listed by position title and full-time equivalent status of that position.
- 3) A full one-week staff schedule that clearly presents the proposed Emergency Care/24 hour Crisis Response Service.

The proposer should assure that the program staffing roster and the full staff schedule are reconciled with respect to the number of FTE positions required AND that all positions are accounted for in the business proposal.

The proposer must specify the minimum staff to resident ratio which will be provided (specify times during which minimum staffing will prevail).

g. On-call/Back-up Staffing

The proposer must describe its provisions for on-call or back-up staffing (including minimum qualifications of on-call or back-up staff if different from minimum qualifications of regular program staff).

Subcontractor List

If subcontractors will be used, the following must be provided: 1) identification of the subcontractor; 2) purpose; 3) tasks to be performed; 4) FTE comparison; and 5) method of compensation.

h. Shared Staff

If the proposed program will utilize staff that will be shared with, or co-assigned to, other programs, the proposer must describe this arrangement and address the effect such staff-sharing or co-assignment will have on the operation of the proposed program.

i. Volunteer Staffing

If volunteer staff are to be used to provide staff coverage for the proposed program, the proposer must clearly describe the role of volunteers and clearly indicate volunteer positions in the staffing chart A. Volunteer staff are subject to the same requirements for qualifications, training, and screening/hiring procedures as paid staff.

5. **Accreditation** – The applicant must present a timetable for obtaining accreditation from an approved accrediting agency or proof that the program is already accredited. If the organization/agency is already accredited, the applicant should present verifying documentation in the response to the RFP. The proposal must address the applicant's plan to get on the Diamond State Health Plan provider panel or proof that the program is already a member. If the organization/agency has been denied admission to the Diamond State Health Plan provider panel, the applicant must provide the documentation verifying that fact and the reasons for the denial.

6. **Implementation Plan** –

Applicants must submit an Implementation Plan in chart format with timelines for each activity. The plan must cover start up through full program implementation activities. It must describe a hiring process to phase in staff in relation to projected increases in client admissions. The length of time that the applicant proposes for program start up and to reach full capacity will be important factors in the application rating process.

If the applicant organization currently has a contract with DSAMH to provide outpatient AOD treatment services, the implementation plan should describe how the transition will be made from the current program to the new program model, including a plan for the transition of clients who are active when the new program is initiated.

If the applicant organization does not currently have a contract with DSAMH to provide outpatient AOD treatment services in this region, the implementation plan should describe how the transition will be made from the current program provider to the new program provider, including a plan for the transition of clients who are active when the new program is initiated.

The applicant organization must develop, as a part of its implementation plan, a process for transitioning individuals from the current provider of OP mental health services to the new program model. This plan must address the continuity of the individual's treatment plan and

psychiatric services, including medications, continuity of communication/collaboration with collateral providers such as probation and parole, primary care providers, a Federally Quality Health Center (FQHC), the Division of Vocational Rehabilitation, etc.

The implementation plan should describe the outreach and marketing efforts that the applicant will conduct to notify the public about the new program, and to obtain new and on-going client referrals to the program.

**7. Organization Capability and Experience** – Applicants for this RFP must provide documentation that they meet the following conditions:

a) A minimum of five years of documented, successful experience operating an array of community based behavioral health services. Provide evidence that both the applicant organization and the lead management staff for the proposed program have expertise in the design, implementation and operation of a comprehensive and integrated outpatient treatment services program for adults with addictive disorders and/or mental health conditions

b) Provide an assurance as part of this application that the applicant organization has the capability and expertise to obtain licensing to operate an outpatient AOD treatment program prior to opening. In addition, the applicant must provide an assurance that the applicant organization has the capability and expertise to meet additional requirements as outlined in the draft licensure standards (to be distributed during the mandatory pre-submission meeting).

c) Own or have a commitment to buy or lease adequate, safe and suitable space to operate the program at full capacity. Space may include the current location of the Newark CMHC located at University Plaza, Stockton Building, Newark, DE

**8. Mandatory Training:** - The proposal must indicate that the applicant and the appropriate staff will participate in the mandatory training sessions that will be scheduled by DSAMH.

## 9. Statements of Assurance

Proposers must provide written assurance that the following conditions will be met.

- A) Availability of IRS Ruling relating to tax exempt status for nonprofit incorporated organizations (as applicable).
- B) Availability of Liability Insurance.
- C) Availability of Auto Insurance. This is required for all vendors who operate any type of transportation vehicle as part of their program.
- D) Civil Rights. Compliance with provisions of Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act, and any other federal or State anti-discriminatory act, law, statute, or regulation.
- E) Policy and Procedures Manual. A statement should be included that the proposer shall develop a written manual covering policies and procedures of the program. A copy of the manual shall be submitted for approval within 45 days from the date of contract award. If the proposer has a current policy and procedures manual which will be used, a statement regarding its availability upon request by the review committee should be submitted with the proposal.
- F) Compliance Agreement for Procedure to be Followed to Comply with Policy Memorandums. The proposer must include a statement of compliance with the Policy Memorandum.
- G) Statement of Confidentiality. The proposer should either include the statement of client confidentiality in effect for the applicant organization or prepare and include such a statement to be used for the proposed program.

- H) Statement and/or Documentation of Professional Ethical Standards Applied in Organization. The proposer should include the statement of professional standards currently in use by the applicant organization or prepare and include such a statement to be used for the proposed program.

## **10. References**

Each proposer must supply the names of a minimum of three (3) references familiar with the background and qualifications of the proposers and its ability to implement the proposed program. Addresses and phone numbers of the references must be included, as well as a description of the capacity in which the reference knows the proposer.

### **Notification to Bidders**

"Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these as additional references and will contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored into the final scoring of the bid. Failure to list any contract as required by this paragraph will be grounds for immediate rejection of the bid."

## **11. Program Facility**

Proposers must provide proof that they already own or have a commitment to purchase or lease of a facility suitable for the proposed program. DSAMH is willing to negotiate the date by which the facility must be ready for occupancy.

The proposer must identify and describe the facility in which the proposed program will be provided.

At a minimum, the proposer must provide:

- a. The address of the proposed facility.
- b. A description of the facility, including a floor plan that indicates the location within the facility proposed for use for the proposed program (if co-located with another program).

- c. A description of any facility renovations or improvements that will be needed to make the facility suitable for use. First year contract funds may be used for minor renovations and repairs to the facility, and for purchase of necessary equipment/furnishings.
- d. Assurances that the proposed facility is suitable for use in the provision of the proposed program and that it will meet all applicable zoning, licensing, life-safety, environmental or other requirements. (NOTE – The facility must meet all such requirements, and the contractor must obtain all required approvals prior to program opening and acceptance of any residents.)
- e. Agreement to work in conjunction with DSAMH to notify elected officials, civic and neighborhood associations to assure acceptance and support of the community.
- f. If the proposed facility will house other programs or services concurrently with the proposed program (or is anticipated to house such other programs or services), the proposer must describe those programs/services and identify any proposed relationship between such programs/services and the proposed program. Co-located programs/services must be compatible with the needs of the proposed program and present no threat to the health or safety of the residents of the proposed program.

## **12. CLIENT FUNDS/ASSISTANCE MANAGEMENT**

Describe the program's policies and procedures on the safeguarding and managing the personal property and finances of the consumers enrolled in the program.

Describe the program's fiscal policy and procedures on the utilization of client assistance funds.

Describe how the program will assure that program staff understand the fiscal policies and procedures on the utilization of client assistance funds.

Describe how the program will monitor program staffs' utilization of client assistance funds.

Describe the program's internal control policy and procedure relating the use and disbursement of these funds.

## **XIX. Business Proposal Requirements**

The Business Proposals and all budget information must be presented separate from the Technical Proposal.

### **A. Operating Budget**

The Division anticipates purchasing Comprehensive and Integrated Outpatient Treatment Services with a combination of fee for service, cost reimbursement and performance based payment structures.

For the purposes of proposal review, a full year's proposed operating budget is required in this response.

Using Budget Proposal Form and following the Program Proposal Budget Guidelines which will be distributed at the mandatory pre-submission meeting, the proposer must present a business proposal in a line-item format. A detailed budget narrative that includes all assumptions made with respect to the pricing of services must also be included.

The operating budget should apply to the budget period beginning July 1, 2010 and ending June 30, 2011.

### **B. Start-up Budget**

Using Budget Proposal Form and following the Program Proposal Budget Guidelines which will be distributed at the mandatory pre-submission meeting, the proposer must present a business proposal in a line-item format. A detailed budget narrative that includes all assumptions made with respect to the pricing of services must also be included.

### **Financial Practices Self-Report**

The bidder must complete Form F, Financial Practices Self-Report.

