

**COUNTY OF YUBA  
HEALTH AND HUMAN SERVICES DEPARTMENT  
REQUEST FOR PROPOSAL**

***Substance Abuse Residential Treatment Services***



**PROPOSAL CLOSING DATE:**

**Wednesday, June 15, 2016  
at 4:00pm (PST)**

**NOTE:** It is the applicant's responsibility to check the County solicitation Website, see address below, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The County shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.

<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitaions.aspx>

# Table of Contents

<b>INTRODUCTION .....</b>	<b>1</b>
<b>I. SCOPE OF WORK .....</b>	<b>1</b>
<b>II. RFP TIMELINE .....</b>	<b>3</b>
A. WRITTEN QUESTIONS/COMMENTS DUE .....	4
B. SUBMISSION OF PROPOSALS .....	4
<b>III. PROPOSAL RESPONSE.....</b>	<b>5</b>
A. APPLICATION .....	5
B. STATEMENT OF EXPERIENCE [NARRATIVE].....	5
C. QUALIFICATIONS [NARRATIVE AND ATTACHMENTS] .....	6
D. RATE SCHEDULE.....	6
<b>IV. EVALUATION CRITERIA .....</b>	<b>6</b>
<b>V. THE RFP SELECTION PROCESS .....</b>	<b>7</b>
<b>VI. COUNTY NOTICES .....</b>	<b>8</b>
A. COUNTY CONTACT.....	8
B. CONFLICT OF INTEREST .....	8
C. GENERAL NOTICES.....	8
<b>VII. PROTESTS AND/OR APPEALS .....</b>	<b>9</b>
➤ Attachment 1 - Application.....	10
➤ Attachment 2 – Provider Qualifications Questionnaire .....	12
➤ Attachment 3 – Provider Rate Questionnaire.....	15

## **INTRODUCTION**

Yuba County, through its Health and Human Services Department (County), is soliciting proposals from qualified licensed facilities to provide detoxification treatment services and/or substance use residential services to adults of the Child Welfare Services (CWS) and Employment Services Programs.

This RFP outlines the scope of services, information necessary to understand the competitive selection process and the required documentation necessary for the submission of proposals. Please review the document carefully to ensure you are familiar with the County's requirements.

### **I. SCOPE OF WORK**

The County will accept proposals from interested and qualified licensed professionals to provide medically monitored residential detoxification services and high/low intensity residential levels of care for alcohol and/or drug dependent residents of Yuba County. The purpose is to strengthen families, remove barriers, and/or support the family reunification process. The primary client base to be served is adults dealing with substance use issues.

- A.** Contracted service providers for CWS and Employment Services clients will:
- 1.** Operate a residential facility for persons experiencing problems resulting from alcohol and/or drug use. Such facility will comply with all laws and regulations governing operation of such facility and will meet appropriate State, County, and Federal requirements. The services will be provided in accordance with State of California Licensing and Certification of Drug and Alcohol Treatment Facilities. In addition, the Commission on Accreditation of Rehabilitation Facilities (CARF) Standards. Said facility will meet all standards imposed by the Department of Health Care Services and the County of Yuba.
  - 2.** Provide a community facility that offers evaluation, housing, treatment, counseling, and case management in a supportive, substance use free environment for ambulatory, mentally competent, adults recovering from substance user.
  - 3.** Provide admission and residential accommodations to women including pregnant women and children under the age of three (3) years and must be provided in a separate wing of the residential treatment facility.
  - 4.** Collaborate as needed with County, For Our Recovering Families (FOR Families) Substance Use Counselors, County Social Workers, and/or Mental Health Therapists to determine the appropriate level of treatment.

5. Process referrals from the Substance Use Counselor for residential detoxification services through the facility's admission coordinator and communicate the client's admittance date and time to the Substance Use Counselor.
6. During detoxification, check and report the client's status in accordance with the American Society of Addiction Medicine (ASAM) standards.
7. Conduct drug testing for each participating client and notify the County Social Worker and the Substance Use Counselor of all test results, negative or positive, within one (1) working day of receipt of the results.
8. Participate in collaborative case staffing meetings with County Social Workers, FOR Families staff, Mental Health Therapists and Probation staff to determine the appropriate course of treatment for the clients that have been determined to have substance use issues.
9. Before client leaves the residential treatment facility and at least two (2) days prior to the end of detoxification, discuss progress with the Substance Use Counselor to determine the next phase of treatment or alternative treatment plan which may include but is not limited to, residential and/or transitional treatment as deemed appropriate.
10. Collaborate with Substance Use Counselors to make arrangements for the next level of treatment for client at least seven (7) days prior to the end of treatment.
11. Notify County by the end of the next business day if client:
  - a. Commits a serious violation of the rules at the facility;
  - b. Has repeatedly committed violations of the program rules;
  - c. Asked to leave the program;
  - d. Asks to be removed from the program; or
  - e. Leaves the residential treatment facility before the treatment plan is complete.

**B.** For records and audit purposes, contracted service providers will:

1. Maintain accurate books and accounting records as required by the County. Such books and accounting records shall be open to inspection by State, Federal and local auditors at any reasonable time with advance notice.
2. Maintain and prepare reports as required by the County.

3. Retain financial records for at least three (3) years and make them available for audit upon request of either, or both, the County or the State of California.
4. Maintain financial records that clearly reflect the cost of each type of service. Any cost apportionments shall be made under generally accepted accounting principles and shall evidence proper audit trails reflecting the true cost of the services. County and State auditors shall have access to said records during normal business hours.
5. Provide the Director of Yuba County Health and Human Services Department with three (3) copies of an Annual Financial Report prepared by a Public Accountant or Certified Public Accountant within ninety (90) days of the close of the fiscal year or termination of the executed Agreement.
6. Will have a clause in the agreement with their Public Accountant or Certified Public Accountant firm that permits access by the County to the working papers of the external, independent auditor. The working papers and the audit reports shall be retained by the auditor for a minimum of three (3) years from the date of the audit report, unless the auditor is notified in writing by the State to extend the retention period.

C. For privacy and security purposes, contracted service providers will:

1. Ensure that a valid Yuba County Health and Human Services Department Authorization for Release of Protected Health Information and Other Client/Patient Case Related Information Form has been signed for the release of Protected Health Information (PHI) and Personally Identifiable Information (PII) and other client/patient case related information prior to using or disclosing any client's/patient's PHI/PII.

## II. RFP TIMELINE

The following timeline represents the County's best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between **8:00 a.m. and 4:00 p.m., Pacific Standard Time (PST).**

EVENT	TIME	DATE	DAY
RFP Issued		May 11, 2016	Wednesday
Written Questions/Comments Due	<b>4:00 p.m.</b>	<b>June 3, 2016</b>	<b>Friday</b>
Addenda Issued/Posted		June 10, 2016	Friday

EVENT	TIME	DATE	DAY
<b>Response Submission Deadline</b>	<b>4:00 p.m.</b>	<b><u>June 15, 2016</u></b>	<b>Wednesday</b>
<i>No response will be accepted after this date and time.</i>			
Evaluation Process begins		June 16, 2016	Thursday
Board of Supervisors approves RFP Committee's recommendation(s) of award		July 12, 2016	Tuesday
Notice of Intent to Award Protest/Appeal period begins		July 13, 2016	Wednesday
<b>Deadline to submit Protest/Appeal letters</b>	<b>4:00 p.m.</b>	<b>July 19, 2016</b>	<b>Tuesday</b>

### A. Written Questions/Comments Due

It is the responsibility of each applicant to review, evaluate and, where necessary, request any clarification of information. In order to assist in that process, a centralized e-mail is available to explain service requirements and to answer questions regarding completion of proposals, time frames, and the RFP process:

[HHSD\\_RFPquestions@co.yuba.ca.us](mailto:HHSD_RFPquestions@co.yuba.ca.us)

It is the applicant's responsibility to check the County solicitation Website (see address below) for any addenda(s) issued to this RFP. The County shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.

The County's website will be the official notification posting place of all Amendments and Addenda's to the RFP. Go to

<http://www.co.yuba.ca.us/Departments/admin%20Services/purchasing%20solicitations.aspx>

### B. Submission of Proposals

One (1) original and four (4) copies (5 total) must be received and date stamped by County no later than **4:00 p.m. (PST) on June 15, 2016**. *Faxed proposals will not be accepted*. Proposals must be in sealed envelopes and clearly labeled "*Substance use residential Treatment Services Proposal*" on the outside and mailed or hand-delivered to the Main reception area at:

Yuba County Health and Human Services Department  
5730 Packard Avenue, Suite 100  
Marysville, California  
Attn: Donna Clark, Administrative Analyst

It is the Applicant's responsibility to assure that its proposal is delivered and received at the location specified herein, on or before the date and hour set. **Proposals received after the specified date and time will NOT be considered.**

### **III. PROPOSAL RESPONSE**

Proposals must include the information that is specifically requested herein as well as such additional information as Applicant deems relevant to the process. Additional information may be provided but should be succinct and relevant to the goals of this RFP. Proposals must be developed in accordance with the described format.

**FORMAT:** Sections notated with “[*Narrative*]” should meet the following formatting requirements:

8.5” x 11” paper, 1” margins, 12 pt. font, double-spaced. Submit a maximum of six (6) pages of *narrative* (the total pages does not include requested attachments, i.e. Application, Attachments, proof of insurance, Board Resolution, Letters of Support, licenses/certificates, etc.) identifying each segment by corresponding number in addressing the following. Proposals that deviate from this format *will not* be considered.

The proposal should include the following components in the order described below. Use forms where provided. A proposal lacking any of the following information may be deemed non-responsive:

#### **A. Application**

Using the form titled "APPLICATION" (Attachment 1) provide all requested information including original signature of agency official authorized to submit the proposal and thereby commit the agency to the obligations contained in the RFP response. Further the signing and submission of a response shall indicate the intention of the Applicant to adhere to the provisions described in this RFP and a commitment to enter into a binding contract.

#### **B. Statement of Experience [*Narrative*]**

Provide a summary of your experience in providing services described in the scope of work and include the number of years in business, years of experience providing such services or equivalent or related services.

### **C. Qualifications** *[Narrative and Attachments]*

1. Complete the Provider Questionnaire (Attachment 2) which provides general information about your facility.
2. For each key staff member that will provide services, provide brief information regarding their background (license, certification, etc.), years of experience in the field, years with your practice/facility, ability to conduct proposed services.
3. Describe how capacity will be maintained with current participating clients and future referrals (i.e. do you have adequate staff, time, rooms/beds, etc. to handle the increased workload).
4. Please advise whether you are a provider for Medi-Cal/Anthem Blue Cross and/or Medi-Cal/California Health and Wellness. You do not have to be a Medi-Cal Provider in general to be considered.
5. Provide details of any failure or refusal to complete a contract.
6. Provide an explanation of any litigation involving the prospective contractor or any principal officers thereof, in connection with any contract.
7. Proof of Insurance Coverage: Provide proof of required insurance as described in Attachment E of the sample contract posted as an addendum to this RFP on the county website.
8. Board Resolution (*if applicable*): For 501(c)3 agency's, a copy of the applicant's governing Board Resolution authorizing the submission of the proposal with evidence of 501(c) (3), including Employer ID Number, must be submitted as an attachment. If the Resolution is not available, a letter stating the date it will be available must be attached.

The county may request additional information the county determines is necessary for an accurate determination of the applicant's qualifications to perform services.

### **D. Rate Schedule**

Complete and attach the rate questionnaire (Attachment 3) which will provide a breakout of your rate for specific services to be provided.

## **IV. EVALUATION CRITERIA**

The contract, if awarded, will be awarded to the Applicant(s) whose proposal is/are considered the *best value* to the County as interpreted by the County. Best value will be determined based on the following evaluation criteria and point value:



Evaluation Criteria	Possible Points
Capacity to perform required Scope of Work	25
Experience and ability to do required tasks	55
Proposal Pricing	20
<b>Total</b>	<b>100</b>

**V. THE RFP SELECTION PROCESS**

- A.** Proposals will be reviewed by a committee for completeness and adherence to RFP instructions. The Committee will evaluate and score proposals. They may require interviews during scoring to discuss proposals.
- B.** Submissions which are deemed incomplete may be eliminated as not being responsive. Responsiveness means an Applicant who has submitted a proposal that conforms to the solicitation documents in all material aspects.
- C.** A “Responsible Contractor/Applicant” shall mean an Applicant who has the capability, in all respects, to fully perform the contract requirements and the moral and business integrity and reliability that will assure good faith performance. Qualifications, interview, experience, and financial stability may all be taken into consideration.
- D.** The County reserves the right to award a contract to the applicant(s) that presents the best qualifications and whose proposal best accomplishes the desired results.
- E.** Upon recommendation from the review committee and approval by the Board of Supervisors or Purchasing Agent, qualified Applicant(s) will be selected to provide services to Yuba County clients upon contract commencement date through June 30, 2019. At the County’s discretion, the contracts may be renewed for additional terms based on the availability of funding and contractor’s performance.
- F.** Applicant(s) shall agree to and sign a contract with the County; final terms of the contract will be negotiated with the selected Applicant(s) and incorporated in the contract. Contracts awarded will contain at least, but shall not be limited to, the provisions outlined in the sample Agreement for Professional Services posted as an addendum to this RFP on the county website address listed above.
- G.** The County will notify all proposers whether or not they are selected for the subject services.

- H. It is the County's preference to promote employment and business opportunities for local residents and firms on all contracts and give preference to local residents, workers, businesses, and consultants to the extent consistent with the law and interests of the public.

## VI. **COUNTY NOTICES**

### A. **County Contact**

Any questions related to this RFP should be directed to the county contact person by email: [HHSD\\_RFPquestions@co.yuba.ca.us](mailto:HHSD_RFPquestions@co.yuba.ca.us)

All communications during this process should be directed to the appropriate county contact listed above. Any applicant that makes any effort to communicate with any elected or appointed officials of Yuba County, either directly or indirectly, during this process will be EXCLUDED from consideration.

### B. **Conflict of Interest**

Any agency or person considering doing business with Yuba County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

### C. **General Notices**

All applicants responding to this RFP should note the following:

1. Yuba County reserves the right to:
  - Reject any or all submittals
  - Request clarification of any submitted information
  - Waive any informalities or irregularities in any qualification statement
  - Not enter into any agreement
  - Not to select any applicant
  - Cancel this process at any time
  - Amend this process at any time
  - Interview applicants prior to award and request additional information
  - Enter into negotiations with one or more applicants
  - Award more than one agreement if it is in the best interest of the county
  - Issue similar RFPs or RFQs in the future.
2. Addenda posting and notifications must be done at least 72 hours before the RFP closing. All addenda information can be found at:  
<http://www.co.yuba.ca.us/Departments/admin%20Services/purchasing%20so%20licitations.aspx>
3. Any and all costs arising from this RFP process incurred by any applicant

shall be borne by the applicant without reimbursement by Yuba County.

4. Acceptance by Yuba County of any proposal submitted pursuant to this RFP shall not be deemed to constitute intent, implied or otherwise, to enter into an Agreement for Services.
5. County will verify applicant, its principal and any named subcontractors are not on the Federal debarred, suspended or otherwise excluded list of vendors located at [www.sam.gov](http://www.sam.gov).

## **VII. PROTESTS AND/OR APPEALS**

Protests or Appeals with respect to the solicitation or award of the RFP will be required to follow current requirements of the California Department of Social Services Management and Office Procedures (Chapter 23-600) regarding purchase of service as well as the Yuba County Purchasing and Contract Policy Manual which states in part:

### **9.0 Protest and Appeals**

*Any actual or prospective bidder, offer or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Director of Administrative Services. The protest shall be submitted in writing within five (5) working days after such aggrieved person or company knows or should have known of the facts giving rise thereto.*

### **9.1 Response to Protest and Appeals**

*The Director of Administrative Services shall issue a written decision within ten (10) working days after receipt of the protest. The decision shall:*

- (a) State the reason for the action taken;*
- (b) Inform the protestants' that a request for further administrative appeal of an adverse decision must be submitted in writing to the Clerk of the Board of Supervisors within seven (7) working days after mailing of the decision by the Director of Administrative Services.*

The written protest must be delivered no later than **June 19, 2016**, to:

**Doug McCoy, Director**  
Administrative Services  
915 8<sup>th</sup> St. Suite 119  
Marysville, California 95901

**APPLICATION**

(County Use Only)

**RFP Application #:** \_\_\_\_\_ **Date & Time received:** \_\_\_\_\_ / \_\_\_\_\_

**Yuba County Health and Human Services  
Residential Detoxification Services and High/Low Intensity Residential Levels of  
Care for Alcohol and Drug Abuse**

**Application**

**Agency Name:**

**Date:**

**Mailing Address:**

**Contact Person:**

**Phone:**

**Authorization to Submit this Proposal:** *Non-profit agencies must submit a Board Resolution authorizing submission of this proposal with evidence of 501(c)(3) status, including EIN number as attachments. If the Resolution is not available, a letter stating the date it will be available must be attached.*

**Certification:** *I certify that all statements in the proposal and attachments are in all respects true and correct. Failure to provide true and correct statements and information shall entitle the county to pursue any remedy authorized by law, which shall include the right, at the option of the county, of declaring any contract made as a result thereof to be void.*

*In addition, by submission of a proposal, Applicant attests to having possession of a duly issued valid license issued by the State of California. Such license authorizes Applicant to contract to perform type of work required by the specifications. Should the Applicant fail to provide the number and classification of Applicant's State of California License and/or Certification, the County may reject your Proposal.*

**Authorized Agency Official:**

\_\_\_\_\_  
**Name and Title**

\_\_\_\_\_  
**Signature**

***RFP Application Submission Checklist***

- Attachment 1 – Application
- Attachment 2 – Provider Qualification Questionnaire
- Attachment 3 – Provider Rate Questionnaire
- Narrative Responses from Pages 4 and 5 of the RFP
- Proof of Insurance Coverage (#13 from Qualifications Section)
- Board Resolution (*if applicable*) (#14 from Qualifications Section)

Please return all documents to Donna Clark, 5730 Packard Avenue, Suite 100, Marysville, CA 95901, **no later than 4:00 p.m. on Wednesday, June 15, 2016.**

➤ **Attachment 2 – Provider Qualifications Questionnaire**

***Please complete the following.***

Name: \_\_\_\_\_ License #  
and Type: \_\_\_\_\_

1. Which demographics and services does your facility provide residential accommodations to during the treatment process? (Check all that apply.)

- Adults
- Pregnant Women
- Adolescents 12-17 years of age
- Children between 11 and 3, *please specify youngest age:* \_\_\_\_\_
- Children under 3, *please specify youngest age:* \_\_\_\_\_
- Accommodations for one child
- Accommodations for multiple children

2. Which types of residential treatment services do you provide?

- Detoxification Treatment
- Residential Treatment
- Transitional Treatment

3. List all evidence-based practices you are qualified to provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your facility have translators available for languages other than English (including American Sign Language)?

- Yes  No  
Specify language(s) and fluency level. \_\_\_\_\_

5. Are you a Medi-Cal/Anthem Blue Cross provider?

- Yes  No  
Are you a Medi-Cal/California Health and Wellness provider?  
 Yes  No  
Are you a Drug Medi-Cal provider?  
 Yes  No

Do you provide Perinatal Residential Services for up to 60 days following the birth of the infant?

Yes  No

6. Describe the set-up of your residential accommodations regarding the housing of men, women and children.

\_\_\_\_\_

7. Describe your experience in providing both counseling and residential treatment services. Include the number of years in business and your experience working with a diverse clientele.

\_\_\_\_\_

8. Does your facility have the ability to provide routine drug testing?

Yes  No

If yes, will you have the ability to share the results within one (1) working day upon receipt of the results?

Yes  No

9. What are your office hours?

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

10. Does your facility provide 24-hour admission services?

Yes  No

11. Does your facility provide transportation for any of the following:

To accommodate any court-mandates that the client may have?

Yes  No

To provide transportation to the facility for client's admission?

Yes  No

Other?

Yes  No

If yes, please explain: \_\_\_\_\_

12. Will you be able to invoice us in a timely manner such as on a monthly basis?

Yes  No

13. Please provide a copy of your Insurance Policy.

14. Additional information/comments:

\_\_\_\_\_



➤ **Attachment 3 – Provider Rate Questionnaire**

***Please complete the following.***

Fill in your rate for each service you can provide:

Services Provided	Rate	Maximum Amount Payable for Services Rendered.
Detoxification Treatment – Individual Only	\$ / day	\$100.00 / day
Residential Treatment – Individual Only	\$ / day	\$ 85.00 / day
One Child (for Residential Treatment)	\$ / day	\$ 30.00 additional / day
Second Child (for Residential Treatment)	\$ / day	\$ 20.00 additional / day
Transitional Treatment – Individual Only	\$ / day	\$ 22.00 / day
Transitional Treatment – With One Child	\$ / day	\$ 23.00 / day
Transitional Treatment – With Second Child	\$ / day	\$ 24.00 / day
Transportation – Mileage	\$ / mile	Price per mile is not to exceed the current IRS rate.
Transportation – Staff	\$ / hour	\$ 20.00 / hour