

2011-2013 Request for Proposals

Adult Outpatient Treatment Services

Table of Contents

GENERAL OVERVIEW 3
SERVICE POPULATION ~ SCOPE OF SERVICES 4
APPLICATION PROCEDURES 8
PROPOSAL REQUIREMENTS..... 9
ASSURANCES..... 10
ADULT OUTPATIENT PROPOSAL 12

Attachments

- I. Assurances Form
- II. Cover Sheet
- III. Budget Page
- IV. Client Income Verification

**2011-2013 Lewis County Chemical Dependency
Treatment & Support Services**

Request For Proposal (RFP) Timeline

- December 16..... RFP Released

- January 4Written Questions Due

- January 6 ~ 10:00 a.m. - Noon Applicants' Conference

- January 27 ~ 3:00 p.m. Proposal Due

- January 31 Advisory Board Proposal Review

- February 10 Agency Presentations

- February 17 Approval by County Commissioners

- February 20-29..... Contract Negotiations/Development

- March 1 New Contract Services Begin

*Lewis County Chemical Dependency staff reserve the right to
modify this timeline if necessary.*

Lewis County Chemical Dependency Program Request for Proposal (RFP)

GENERAL OVERVIEW

The Lewis County Chemical Dependency Advisory Board provides leadership and direction for the Lewis County chemical dependency treatment community through funding an array of treatment and support services. The following statements provide the basis for 2011-2013 contracted services:

“Chemical dependency is a disease that affects the chemically dependent individual, as well as family members, friends, co-workers, and the community.”

Chemical dependency treatment services shall:

Address individual client needs providing the most clinically appropriate level of care.

Be reassessed on an ongoing basis and be modified accordingly to meet the changing needs of the client.

Be appropriate to the client’s age, gender, ethnicity, and culture.

Address the client’s vocational, social, medical, and legal needs as appropriate.

Assess for and integrate/refer to services for clients with co-occurring disorders.

The Advisory Board supports outreach, intervention, and referral: Community outreach and intervention by agency staff is a critical element of community based treatment and may include, but is not limited to providing services to identify hard to reach individuals who are abusing or addicted to alcohol and other drugs; to link them with chemical dependency assessments and refer to appropriate treatment. Outreach and education strategies should be developed to reach rural communities, and other under-served populations such as ethnic minorities, homeless, and injecting drug users.

The Advisory Board encourages the development of proposals that are creative, innovative, and designed to meet the needs of clients with special needs such as programs for limited English speaking populations and clients with co-occurring disorders which incorporate research based methods found to be effective and measurable.

Issuing Agency

This Request For Proposal (RFP) is issued by the Lewis County Public Health & Social Services Department, (hereafter referred to as the "County").

Potential Applicants

Proposals are being solicited from Division of Alcohol and Substance Abuse (DASA) certified chemical dependency treatment agencies. Applicants must have a Title XIX contract in place by the date services are to start in order to provide contracted services for the County.

Notice of Solicitation

Failure of the County to notify any party or parties directly regarding the availability of this RFP shall not void the application process.

Services to be Funded

The Lewis County Chemical Dependency Advisory Board has allocated funds to specific program areas for the 2011-13 biennium based on current and anticipated funding levels. The actual funding amounts will be finalized when the State Legislature passes the budget and counties are notified by DBHR of any changes to allocations for 2011-13.

In the event that allocation of funds to Lewis County is less than the estimated award, successful proposals will be reduced on a pro rata basis. In the event that the allocation is greater, the County reserves the right to: 1) allocate the additional funds on a pro rata basis between all successful applicants; 2) release an additional Request for Proposal (RFP) or Request for Qualifications (RFQ); and 3) utilize funds in a manner consistent with community needs and funding guidelines. The County reserves the right to negotiate with successful applicant(s) and may request additional information from an applicant at any time.

Potential applicants are invited to submit proposals for the following services:

Program Modality	Anticipated Maximum Funding
Adult Outpatient	\$500,000

SERVICE POPULATION ~ SCOPE OF SERVICES

Eligible Clients

All adult outpatient treatment services are for indigent and low-income clients. Contract funds may not be used to support full-fee clients.

All ADATSA outpatient treatment services are for clients who are financially eligible because they have no income or have income less than the current one-person payment standard, and who meet the following criteria:

- Clients who are incapacitated by alcoholism or other drug addiction as determined by an ADATSA Assessment.
- Clients who are "actively addicted", meaning, being diagnosed as alcoholic and drug addicted and having used within the 90 day period immediately preceding the latest assessment center evaluation (excluding any days of incarceration).
- Clients who are currently amenable to treatment (based on professional determination by assessment center staff), clients past history, motivation and other factors found during the assessment interview.

All pregnant, postpartum, and parenting women's (PPPW) outpatient treatment shall be for women who are pregnant, postpartum or parenting dependent children; parenting women include those who are attempting to regain custody of their children under DSHS supervision. Dependent children are defined as children (17 years or younger through age 20 if enrolled in school) for whom the woman is legally and financially responsible. Pregnant women with no other dependent children may be provided services for up to one year postpartum regardless of birth outcome, adoption, or foster care placement of children.

Indigent patients are defined as those eligible to receive a DSHS income assistance grant (DL, ADATSA, TANF, SSI) or medical assistance. They are usually identified by a medical voucher or Medicaid identified card coupon. Food stamp recipients are not considered indigent clients unless they also receive one of the above income or medical assistance programs.

Low-income clients are defined as those individuals whose gross monthly income does not exceed 80% of the State median income, with adjustment for family size. Low-income clients are eligible to receive services partially supported by contract funds and may not be charged full fee.

The Contractor will complete, and have on record for each individual applying for contract services, an income screening form supplied by the County (Attachment IV). In addition, an inquiry regarding each individual's continued eligibility shall be conducted no less than once each month and documented in individual client records. Individuals potentially eligible for Title XIX, shall be referred to the appropriate Department of Social and Health Services (DSHS) Community Service Office (CSO) to apply for financial assistance.

Individuals whose monthly income falls below the following amounts are considered to be low-income and are eligible to receive services partially supported by community service funds. This table is a guide; incomes may be subject to change.

LOW INCOME SERVICE ELIGIBILITY TABLE		
FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1	\$2,311	\$27,732
2	\$3,022	\$36,265
3	\$3,733	\$44,798
4	\$4,444	\$53,330
5	\$5,155	\$61,864
6	\$5,866	\$70,397
7	\$6,000	\$71,997
8	\$6,133	\$73,597
9	\$6,266	\$75,197
10	\$6,400	\$76,797
Each additional member add \$133		
80% of State Median Income		

Providers shall charge a fee to all clients in outpatient treatment who are defined as low-income. The Contractor shall assure that sliding fee schedules are adopted for use in determining the appropriate fees. The minimum fee per counseling visit is \$2.00; the maximum fee is the unit cost of the service provided. All revenue generated by the program must be used to offset the cost of specific treatment services provided. Low-income pregnant or parenting women, up to one year postpartum, may be exempted from the fee requirement only if the Contractor determines that the imposition of a fee will preclude the woman from participating in treatment. Waiting list interim services are exempted from this fee requirement.

Contractors are required to maintain a Title XIX provider contract with the State of Washington, Division of Medical Assistance. Providers of adult outpatient treatment shall maximize the use of Title XIX funds as a first source of treatment revenue by identifying qualifying clients and billing Title XIX for treatment services; however, individuals shall be accepted for services without regard to their ability to generate revenue. (NOTE: Additional policies and procedures related to Title XIX services may be required prior to the effective date for services.) Contractors must use PROVIDER ONE PAYMENT SYSTEM.

Approved Sites

Services must be provided at Division of Alcohol & Substance Abuse (DASA) approved sites, including branch service sites throughout Lewis County. In addition, applicants in the process of applying for certification must have an acceptable plan to be certified by March 1, 2012 for all programs being applied for.

Services and Assurances to be Provided

Priority for services must be given to pregnant women, injecting drug users (IDUs), HIV/AIDS clients, families with dependent children, Child Protective Services (CPS) referrals, individuals returning from DASA funded residential treatment, and former SSI/SSDI recipients. Priority for services is to be given to individuals who reside in Lewis County; however, no client shall be denied services due to county of origin.

Contractors must assure that pregnant, postpartum, parenting women and adolescents are provided with comprehensive assessment services within 48 hours of referral and treatment services no later than 7 days after the assessment has been completed. Contractors must assure that injecting drug users and HIV/AIDS clients are provided comprehensive assessment and treatment services no later than 60 days after the service has been requested.

Contractors must assure that parents with dependent children are provided comprehensive assessment and treatment services no later than 90 days after the service has been requested. Dependent children are defined as children under age 18 living with the parent or through age 20 if enrolled in school and financially supported by the parent. Parents include persons who are attempting to regain custody of their children under DSHS supervision.

The Contractor's experience, programming, and staffing plan shall demonstrate the ability to access, engage, and retain clients in treatment. The Contractor shall develop outcomes for services to be provided. Outcomes shall be stated in measurable terms and be reviewed quarterly. These outcomes are to be in addition to the Performance Based Outcomes required by contract from DBHR. Current Performance Based Outcome is to maintain at or above the state average for 90 Day Retention (currently set at 62%). If a provider falls below this level a plan must be submitted detailing how the agency will work to reach this goal.

The Contractor shall also assure that current information regarding services is available for outreach and dissemination to the public.

Adults who cannot immediately be admitted to treatment due to limited treatment capacity shall be assisted in obtaining available County funded treatment from another provider. In the event immediate admission to treatment cannot be accessed, the individual must be placed on a waiting list and offered interim services. Interim services shall be provided until the individual is admitted to treatment and shall not be construed as admission to treatment.

The purpose of waiting list interim services is to reduce the adverse health effects of alcohol, tobacco, and drug abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, waiting list interim services must include, but are not limited to:

- brief screening to determine any acute client needs and to confirm client eligibility for comprehensive services; counseling for pregnant women on the effects of alcohol, tobacco, and drug use on the fetus; development of a service plan which includes proposed services and target dates; referral to other health and social services agencies depending on the persons' apparent needs, and; periodic contacts with the person in individual or group settings to provide supportive counseling and to provide updated information regarding treatment availability.

An interim services plan record must be opened on all persons receiving waiting list interim services. The interim services plan record must include, at a minimum;

- an application form that includes "client master data" consisting of the applicants full name (last, first & mi.); birth date; gender; race; social security number; address & telephone number; indication of the client's priority group category; a service plan record noting proposed treatment modalities; tentative treatment date(s); and; a record of all contacts and specific referrals.

The Contractor shall, directly or through arrangements with other public or nonprofit entities, provide screening and referral for tuberculosis services to each individual admitted to treatment. Tuberculosis services include informing the individual about tuberculosis (i.e., mode of transmission, signs and symptoms); testing to determine whether the individual has contracted such disease; and providing such treatment as appropriate to the individual.

The Contractor shall involve family members and/or significant others in the treatment and recovery process. The Contractor shall also establish linkages with agencies already funded to provide, or shall itself establish services or service contracts as necessary to provide education and support services to family members and/or significant others, including information, education, and referral as appropriate and feasible, to sex partners of IDUs on preventing the transmission of the HIV/AIDS virus. Documentation of these efforts and the participation of family members and/or significant others in the treatment process shall be included in the client record. Services shall not include services to family members/significant others of a person currently not in treatment.

The Contractor shall, directly or through arrangements with other public or nonprofit entities, make available prenatal care and child care to pregnant and/or postpartum women and adolescents. At a minimum, women in need of prenatal care shall be assisted in accessing prenatal resources (i.e., through First Steps Maternity Case Managers and Maternity Support Services, and the Community Service Office Case Managers), and information and assistance shall be provided to aid the parent in determining child care needs and obtaining appropriate services. Documentation of child care services shall be included in the client record.

The Contractor shall establish linkages with agencies already funded to provide, or shall itself establish services or service agreements as necessary to provide employability assessments, job seeking motivation and assistance services, and mental health services.

The Contractor shall develop a staff training plan and community linkages to ensure staff participation in ongoing substance abuse family issues and cultural diversity training or other training as needed. Funds for training may be available from the county on a per request basis and approval of the county coordinator depending on availability of funds.

The Contractor must use the Washington State Division of Behavior Health and Recovery Services (DBHR) monitoring system, TARGET (Treatment and Report Generation Tool) to document all treatment services provided. By July 1, 2012 the Applicants must have at least one primary data entry operator and at least one trained backup data operator. Data operators shall have completed the process of securing a high security level digital certificate from the State of Washington Certification Authority (Digital Security Trust) and shall register with DBHR for TARGET 2000. The digital certificate is issued to an individual staff member (not an agency); therefore there shall be no sharing of digital certificates, pass phrases or TARGET 2000 logon information. In addition, providers must submit all reports, documents, surveys, and studies required by the County for the purpose of monitoring and evaluating service performance and client outcomes.

APPLICATION PROCEDURES

Period of Performance

The maximum time period for which proposals are to be developed is 16 months: March 1, 2012 - June 30, 2013. The County reserves the right and discretion to set contract length. Contracts may be renewed for the 2013-15 biennium based on satisfactory performance.

Letter of Intent to Propose

Organizations desiring to submit a proposal must submit a Letter of Intent stating services to be proposed no later than 12:00 noon on Friday January 6, 2012. The letter of intent must be signed by an authorized party in the applicant's organization and submitted to:

Tara Smith, Manager
 Lewis County Public Health and Social Services
 360 NW North St.
 2nd Floor
 Chehalis, WA 98532
 FAX (360) 740-1472

Letters of Intent may be submitted in person, by mail or confirmed electronic facsimile (FAX) transmittal at (360) 740-1472. Regardless of method, Letters of Intent must be received by the above mentioned time and date.

Deadline for Submittal of Proposal

One (1) original plus six (6) copies of the proposal must be submitted. In addition to the hard copies an electronic copy (e-mail, USB drive or disc) must also be submitted at the following location no later than 3:00 p.m. on January 27th, 2012 to:

**Tara Smith, Manager
 Lewis County Public Health & Social Services
 Chemical Dependency Program
 360 NW North St
 Chehalis, WA 98532**

Email: tara.smith@lewiscountywa.gov

Any proposal(s) received after the date and time indicated above will not be accepted. Any proposal(s) that are incomplete, including the correct number of copies will not be accepted. No exceptions will be made. Therefore, it is extremely important that applicants allow sufficient time for delivery via mail and/or to hand deliver completed proposals on or before 3:00 p.m., February 10, 2012.

All proposals submitted become the property of the County and will not be returned. It is understood and agreed that the Applicants claim no property rights to the ideas contained therein. After an award is made the only proposal that becomes public information is the proposal that is funded.

Applicant's Conference

An Applicant's Conference will be held:

**Wednesday, January 4, 2012
 10:00 a.m. to 12:00
 Lewis County Public Health & Social Services
 360 NW North St**

Chehalis, WA 98532
Conference Room 2nd Floor of Health Building

Applicants are required to have an agency representative at this Conference. The purpose of the Conference will be to review the RFP content and process, and answer general informational questions. Written inquires regarding RFP content and process may be submitted and must be received by the Chemical Dependency Program Manager {address above} at least 2 days prior to the Applicant's Conference. Written inquires will not be accepted after the Conference.

Within five (5) working days of the Applicant's Conference, written responses to the questions raised during the Conference and to written inquiries, as well as any resulting additions to the RFP, will be mailed to prospective applicants who have indicated interest in submitting a proposal. Oral explanations and/or instructions will not be binding. ***No questions raised after the Applicant's Conference will be answered.***

Proposal Costs

No costs incurred in the preparation of proposals are to be paid with contract funds resulting from acceptance of the proposal.

Cost Sharing Requirements

Contracts are awarded on the basis of a shared cost by the Contractor and the County. Contractors must contribute a minimum of ten percent (10%) match in support of contract services.

Acceptance of Terms

By submitting an application in response to this request, the Applicant demonstrates a willingness to accept all terms and conditions of this request and all County and State regulations and requirements pertaining to the operation of the solicited services. If issued a contract, the Applicant's proposal will become part of the Contract agreement. The Applicant will be bound by the terms of the proposal, unless the County agrees that specific parts of the proposal are not part of the agreement. The County reserves the right to introduce different or additional terms and/or conditions during final contract negotiations.

Right to Reject or Negotiate

The County reserves the right to reject any or all proposals if such a rejection is in the County's best interest. The County reserves the right to consider past County contract performance and the results of the Applicant's Division of Behavior Health and Recovery certification reviews. This request for proposals is a solicitation for services and is not to be construed as an offer, a guarantee, or a promise that the solicited services will be purchased by the County. The County may withdraw this request for proposals at any time and for any reason without liability to applicants for damages, including, but not limited to, bid preparation costs.

Proposal Evaluation

Proposals received in response to this RFP will be objectively rated and evaluated by the Lewis County Chemical Dependency Advisory Board and Public Health & Social Services staff. Recommendations will be presented to the Lewis County Board of Commissioners for final approval. The Proposal Review Criteria is included.

An oral presentation will be required of Applicants whose proposals are under consideration. Applicants will be required to present a brief overview of proposal(s) to the County Advisory Board Members and staff and respond to questions for the purpose of clarification.

Contract Award

The contract award will not be final until the County and the prospective Contractor have executed a mutually satisfactory contractual agreement including the following: basic provisions and general terms; special terms and conditions; project description and goals; and budget and reimbursement terms. The County is not responsible for any costs incurred prior to the effective date of the contract.

The County reserves the right to negotiate specific services and/or level of services prior to final contract execution.

PROPOSAL REQUIREMENTS

All proposals must be: typewritten, standard font {no less than 12}, single-sided, 8 1/2 x 11 paper, margins of at least 1 inch, single spaces with double spaced lines between paragraphs, page numbered consecutively for the entire document, and bound with a single clip or stapled. Page limits are indicated at the beginning of each proposal. Applicants must follow the numerical order as outlined in the program proposal. Do not enclose your proposal in special bindings or include any artwork, photographs or printing.

Any proposal which does not adhere to the requirements above or which is incomplete will be considered non-responsive and will not be considered. The information should be presented in the following order:

- Section I. Proposal Cover Sheet
- Section II. Program Proposal (Includes one page summaries)
- Section III. Proposal Funding Request

Section I: The Proposal Cover Sheet must be completed and signed by the person authorized to enter into contractual agreements on behalf of the agency for each application. Do not attach cover letters, title pages, or blank sheets ahead of this form.

Section II: The Program Proposal must provide a full description of all services, meet all requirements, and be clearly responsive to all questions. The information presented will provide a basis for contract negotiation and may be included within the contract.

Section III: The Proposal Funding Request must be completed in the format outlined and include all revenue sources that support the program. A minimum of 10% match is required. Service projections should be based on total revenue sources. Successful applicants must submit detailed revenue and expenditure budgets after contract awards are finalized, but prior to contract execution.

Unacceptable Proposals

An unacceptable proposal is one which:

1. Does not address the essential requirements of the RFP.
2. Clearly demonstrates that the Applicant does not understand the requirements of the RFP.
3. Is clearly deficient in its approach.
4. Does not meet the deadline for submittal.
5. Does not contain the prescribed number of copies.

ASSURANCES

Applicants must indicate their intention to comply with all terms and conditions of this RFP and the terms and conditions of any contract awarded by the County. These conditions, include, but are not limited to:

1. Assurance that all current or prospective employees, interns or volunteers who have or may have unsupervised access to children under sixteen years of age, expectant mothers, developmentally disabled persons, or vulnerable adults shall have criminal and child protective background checks conducted in accordance with RCW 43.43.830-842 and WAC 388-805-200(2), as applicable.
2. Compliance with all applicable requirements established by Washington Administrative Code (WAC), 388-805, or its successor, the Revised Code of Washington (RCW) 70,96A.090, and local, state, and federal requirements as applicable to providers licensed by the State of Washington.
3. Compliance with all applicable state and federal audit requirements. All audit costs shall be the Contractor's responsibility.
4. Compliance with Budget, Accounting, and Reporting System (BARS) Fiscal Policies as published in the BARS Manual published by DSHS. Any modifications to the BARS shall supersede the current

version of the BARS fiscal policies thirty (30) days after receipt by the Contractor unless a later date is specified.

5. Compliance with all County program and fiscal reporting requirements, maintaining financial and program records for audit review, and submitting program and fiscal reports required by the County.
6. Participate in a contract training session related to County contracts, reporting requirements, and contractual services.
7. Include any plans for subcontracting of services or activities of the program. It is understood that the Contractor is held responsible for satisfactory accomplishment of the service or activities included in such a subcontract. The County reserves the right to approve all subcontracts prior to execution of said contracts.
8. Provide equal opportunity in the administration of services provided and comply with all non-discrimination federal, state, and county guidelines and complete all necessary requirements prior to contract execution. **NOTE: The assurances and certification form is attachment I. This form must be completed by the Applicant and attached to the original copy of the proposal.**
9. Purchase of comprehensive liability and bonding insurance as required by the County.
10. Provide treatment services in accordance with the most current edition of American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) guidelines. These guidelines are based on a medical model for placement, continued stay, and discharge of clients with alcohol and other drug problems covering all levels of treatment including detox, outpatient treatment, and referral to appropriate residential services.
11. Guarantee that the Applicant's cost proposal has been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This section does not preclude or impede the formation of a consortium of agencies which intend to respond to this RFP.
12. Identification of proposals developed with the assistance of organizations or individuals outside of the Applicant's own organization. No contingent fees for such assistance can be paid under any resulting contract.
13. Compliance with Federal and State laws and requirements for safeguarding information. The use or disclosure by any party of any identifying information concerning a recipient or client for any purpose not directly connected with the administration of DSHS or the Contractor's responsibilities with respect to services provided under a contract with the County is prohibited except on informed consent of the recipient or client, his or her attorney, or responsible parent or guardian; provided that, the County or Contractors may disclose information to each other or to DSHS for purposes directly connected with the administration of their programs.

Such purposes include, but are not limited to, determining eligibility, providing a service, and participating in an audit, provided further that, the County or the Contractor may disclose information for research, statistical monitoring, and evaluation purposes conducted by appropriate Federal agencies and DSHS. Other entities to which information may be disclosed for the preceding purposes are those agents authorized by DSHS in writing, including the County and organizations and/or individuals under contract to DSHS.

***Lewis County Chemical Dependency
Treatment Services***

Adult Outpatient Services

***Request for Proposal (RFP)
2011-13 Biennium***

**Anticipated Funding
\$500,000**



*This section must be limited to a maximum of twenty (20) pages,
excluding required attachments.*

Adult Outpatient Treatment

Outpatient services must be provided in accordance with the most current edition of Patient Placement Criteria (PPC) published by the American Society of Addiction Medicine (ASAM) as the standard for making client admission placement, continuing care, transfer, and discharge decisions, and with the provisions outlined in WAC 388-805 or its successor. Agency clinical procedures need to reflect how the ASAM PPC are used within the program for determining proper client admission, continuing care, transfer, and discharge decisions. Services shall include intake/assessment; case planning; assessment of employment assistance services needed; discharge and aftercare planning; individual, family, and group counseling; education, information, and referral to appropriate treatment, i.e., residential treatment; pregnant, postpartum, and parenting women treatment; and aftercare. In accordance with 388-805, DUI assessments and alcohol information school shall not be reimbursed under any contracts resulting from this RFP. Urinalysis (UA) may or may not be reimbursed (depending on budget status) but are an allowable source of match funds when the UA is within the context of the treatment plan.

To ensure service standards when using ASAM PPC, the County will allow up to 115 contract hours per client within a two-year period. In addition, programs shall average a ratio of no less than five (5) hours of group counseling for every one (1) hour of individual counseling. Exceptions to policy may be granted by the County when deemed clinically appropriate on a case by case basis.

PROPOSAL COVER SHEET

Lewis County Chemical Dependency Treatment Services

Proposed Service: **Adult Outpatient** Amount of Funds Requested: \$ _____

Anticipated Funding: **\$500,000**

Agency Name _____

Address _____

Phone _____ Fax _____

Email _____

Agency Director _____

Name

Phone

Staff Contact _____

Name

Phone

Title _____

Legal Status: Public Agency _____

 Private Nonprofit (501)(c)(3) _____

 Private Profit _____

 Other _____

Employer IRS I.D. Number _____

State of Washington Business License Number(s) _____

Certification Status _____

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete. In signing below, I agree to all terms and conditions in this proposal and I am authorized to negotiate contractual requirements.

Signature _____

Title _____ Date _____

PROGRAM PROPOSAL

Proposal Information

Proposal Summary – Limit response to one page

1. Please provide a brief summary of your proposal.

Agency Description – Limit response to one page

1. What is your agency's mission?
2. How long has your agency been in existence?
3. Describe the services provided by your agency.
4. Describe why your agency has the qualifications based on staff and program credibility and past accomplishments to provide proposed services.

Statement of Need – Limit response to one page

1. Describe the problems/issues to be addressed by the program, including why there is a problem, who (target population) is most affected by the problem and in which areas of Lewis County the problem is most severe.
2. Include information about other programs or services that address the same or similar issues and problems. Identify barriers and gaps in services and demonstrate the need for the proposed program in light of other available resources.

Program Description

This section is a proposal combining technical and management services; how they will be provided, managed, and by whom. It should clearly demonstrate your agency's ability to perform the functions described in the proposal. Be specific, complete, and concise in your response.

Service Delivery/Methodology

1. Describe your methodology and strategy for the delivery of outpatient treatment services to substance abusing, indigent, and low-income adults and their families. Include an estimate of the total number of clients to be served and estimated client hours to be provided.
2. If services will be delivered at more than one location, separately identify each location at which services will be delivered. Describe the program hours of operation and flexibility to meet the scheduling needs of the target population for each location.
3. Describe the incorporation of ASAM into your agency's standard clinical practices. Include in your description the specific completion criteria you use to determine when an individual has obtained their clinical goals.
4. Describe agency policies and procedures that address the following:
 - a. Dealing with difficult clients.
 - b. Clients with co-occurring mental illness and/or mental health disorders and chemical dependency. Include plans for coordination/collaboration with mental health providers.

- c. Screening for mental health status and dealing with suicide ideation.
 - d. Child care needs of parents.
 - e. Needs of sexual minorities, the elderly, and physically/developmentally disabled clients. Include plans for referral and coordination/collaboration with disabilities providers.
 - f. Inclusion of family members in the provision of services.
 - g. Clients' attendance in 12-step and/or other support groups while participating in treatment, including relapse prevention issues.
 - h. Medical issues; referring for needed medical services; dealing with medical emergencies, and collaboration/coordination with medical providers. Include policies for brief risk assessment for HIV/AIDS, blood-borne pathogens, and tuberculosis services
 - i. Discharge planning; once a client has been discharged from treatment, what follow-up occurs, if any?
5. Describe how the program will coordinate with potential referral sources, state and local systems, as well as other social service agencies and organizations providing: 1) the same or similar services, and 2) other services to the agency's clients.
 6. Describe methods your program will use to retain clients in treatment through completion or transfer to other appropriate treatment.

Accessibility

7. Describe the process you will use to provide services to reach and engage the target population in treatment. Include a description of your agency's public information and community outreach efforts.
8. Describe the process you will use to provide services to minority group(s) or limited English speaking individuals. Describe your agency's prior success in enhancing or increasing services to ethnic minority populations.
9. Describe policies and procedures for assisting clients in accessing treatment elsewhere when treatment is not immediately available or accessible at your agency.
10. Describe policies and procedures for providing waiting list interim services to clients who cannot be immediately admitted for treatment and who decline to accept a referral for other more readily available treatment.
11. Describe your agency's proximity to public transportation. Are programs, services, and facilities accessible to individuals with disabilities?

Personnel

12. Describe the structure of the organization indicating lines of authority for personnel who will be involved in the performance of these services. Delineate the relationship of the staff performing these services as they relate to the overall organization.
13. Describe all personnel involved in the program by full-time equivalent (FTE).

14. Who will be responsible for the overall operation of the program and what are their qualifications?
15. Describe your staff orientation and training program.

Outcomes and Evaluation

16. Describe the objectives and outcomes of the program and clients for which you are requesting funding, which must include, at a minimum, methods for client retention, completion rates, and increased employability, and also others the agency chooses (such as family involvement, decreased criminal justice involvement, etc.) Outcomes must be stated in measurable terms and timelines provided for each.
17. Describe your agency's plan for evaluating both the process and outcomes of the program, including how information will be tracked, measured, and analyzed.
18. Describe how evaluation results will be used by the agency to improve the program's services to clients.
19. Describe your agency's internal quality controls for contract compliance and the quality of services delivered.
20. Describe your system for maintaining program and client records in order to provide an information system which assures confidentiality.
21. Describe methods for ensuring input by participants concerning services delivered under these anticipated contracts.

Financial

22. Describe strategies for diversifying your agency's revenue base, including other grants and contracts that may support your program.
23. Describe your agency's accounting system, including the basis of accounting and fiscal year, structure/design, and organizational relationship.

Additional Proposal Requirements

The following items must also be submitted with each proposal.

- One (1) copy of your agency's personnel policies and procedures. (Attach copy to your original proposal).
- One (1) copy of your agency's completed assurances and certification forms. (Attach copy to your original proposal).
- One (1) copy of your agency's most recent DASA certification/on-site technical assistance survey report, and any subsequent related correspondence. (Attach copy to your original proposal).
- One (1) copy of your most recent independent financial audit report. If your agency is not required to be audited, please explain. (Attach copy to your original proposal).
- Six (6) copies of a current list of Board of Directors including names, address, officers, occupations, ethnicity, and meeting schedule. (Attach one copy to the original of your proposal and one to each copy.)

- Six (6) copies of agency certification by DASA. (Attach one copy to the original of your proposal and one to each copy.)
- Six (6) copies of resumes of key staff involved in the program. (Attach one copy to the original of your proposal and one to each copy.)
- Six (6) copies of agency's current organizational chart. (Attach one copy to the original of your proposal and one to each copy.)
- Six (6) copies of agency's most recent financial statement. (Attach one copy to the original of your proposal and one to each copy.)

For prospective new providers only

In addition to the above items, please submit the following.

- Three (3) letters of reference (Eight (8) copies each) from individuals or organizations who can support your agency's financial stability and service delivery proposal. Attach one copy of the (3) letters to the original of your proposal and one to each copy.)

PROPOSAL FUNDING REQUEST

Adult Outpatient

Proposal Funding Request

Amount Requested _____

Other Funds to Augment Proposal

<u>Funding Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Unit Costs

Based on the per unit reimbursement rate (unit= hour of service unless otherwise stated) for the services listed below, please indicate the number of hours of service for each service and the total number of patients that you plan to treat if awarded a contract with the county. **NOTE:** An Assessment is reimbursed on a per Assessment basis not on an hourly basis.

	<u>Title XIX (Medicaid)</u>	<u>Low Income (County)</u>	<u># of Units</u>
Assessments:	\$115.17	\$120.00	_____
Individual Treatment:	\$77.04	\$78.00	_____
Group Treatment:	\$19.28	\$20.00	_____

Total Number of Individuals that you propose to serve: _____

Proposal Review Criteria

Adult Outpatient (630 points maximum) Name: _____

Proposals will be rated based on the range x weight for total score.

Inadequate		Satisfactory		Excellent
1	2	3	4	5

Criteria	Rating	Weighting	Score
Proposal Summary (10 points)			
Agency submitted clear, concise, and understandable summary.		x 2 =	
Subtotal			
Agency Description (25 points)			
Agency's mission and services provided are clearly defined, understandable, and appropriate.		x 2 =	
Agency has the qualifications based on staff/program credibility and past accomplishments to provide the services proposed.		x 3 =	
Subtotal			
Statement of Need (40 points)			
Demonstrates a clear understanding of publicly funded clients, the problems/issues that the contract services will address, and how the proposed services will impact those problems.		x 5 =	
Identifies other programs or services that address the same or similar problems/issues, and gaps in services, and the need for the proposed services in light of other available resources.		x 3 =	
Subtotal			
Service Delivery/Methodology (220 points)			
Methods and strategies for delivery of proposed services are adequate; projected number of clients served and hours provided are feasible.		x 5 =	
Adequate and feasible plan for delivery of services in the locations selected and includes hours of operation intended to meet needs of clients.		x 3 =	
Agency clearly articulates how ASAM is incorporated, description of specific completion criteria to meet needs of clients.		x 4 =	

Strengths:

Weaknesses:

Proposal Review Criteria

Adult Outpatient (630 points maximum)

Name: _____

Proposals will be rated based on the range x weight for total score.

Inadequate		Satisfactory		Excellent
1	2	3	4	5

Criteria	Rating	Weighting	Score
Service Delivery/Methodology (220 points) CONTINUED			
Policies and procedures for dealing with difficult clients, clients with mental health issues and chemical dependency are adequate and include plans for coordination/collaboration with mental health providers.		x 4 =	
Appropriate policies are in place to screen for mental health status and deal with suicide ideation.		x 3 =	
Adequate plan for addressing the child care needs of parents.		x 2 =	
Adequate plan for addressing needs of sexual minorities, elderly, physically/developmentally disabled.		x 3 =	
Adequate plan for inclusion of family members in treatment.		x 3 =	
Adequate plan for client's participation in 12-step and/or other support groups and relapse issues.		x 3 =	
Adequate plan for addressing medical issues, HIV/AIDS, and tuberculosis; includes plan for coordination/ collaboration with medical providers.		x 4 =	
Discharge planning and follow-up with clients is appropriate.		x 3 =	
Adequate plan for coordination with referral sources, state and local systems, and support services.		x 3 =	
Realistic and adequate method for client retention in treatment through completion or transfer.		x 4 =	
Subtotal			

Strengths:

Weaknesses:

Proposal Review Criteria

Adult Outpatient (630 points maximum)

Name: _____

Proposals will be rated based on the range x weight for total score.

Inadequate		Satisfactory		Excellent
1	2	3	4	5

Criteria	Rating	Weighting	Score
Accessibility (100 points)			
Adequate and feasible plan for reaching and engaging target population; public information efforts and outreach are well defined.		x 5 =	
Adequate and feasible plan for providing services to minority group(s) and limited English speaking clients including prior successes.		x 5 =	
Policies and procedures for assisting individuals to access the most immediately available, appropriate treatment are adequate and acceptable.		x 3 =	
Policies and procedures for providing waiting list interim services are adequate and appropriate.		x 3 =	
Program and services are accessible to the target population, individuals with disabilities, and are close to public transportation.		x 4 =	
Subtotal			
Personnel (75 points)			
Organizational structure is clearly articulated and delineates the relationship of staff performing services.		x 5 =	
Adequate number of personnel are available to provide program services.		x 4 =	
Responsibility for program's operation and qualifications of staff is clearly defined.		x 4 =	
Staff orientation and staff training program is clearly described.		x 2 =	
Subtotal			

Strengths:

Weaknesses:

Proposal Review Criteria

Adult Outpatient (630 points maximum)

Name: _____

Proposals will be rated based on the range x weight for total score.

Inadequate		Satisfactory		Excellent
1	2	3	4	5

Criteria	Rating	Weighting	Score
Outcomes and Evaluation (115 points)			
Objectives and outcomes are clear and include minimums, are measurable, and describe timelines.		x 5 =	
Adequate and reasonable plan for evaluation of both the process and outcomes of program.		x 4 =	
Evaluation results used by the agency to improve program services demonstrates commitment to clients and quality services.		x 5 =	
Internal quality controls for contract compliance and service quality are appropriate and reasonable.		x 5 =	
Methods for participant input about services are clearly described and appropriate.		x 4 =	
Subtotal			
Financial (45 points)			
Diversification of agency revenue base is clearly described and includes matching contributions and other fund sources to support program.		x 4 =	
Adequate description of the agency's accounting system, including basis of accounting, fiscal year, accounting structure/design, and organizational relationships.		x 5 =	
Subtotal			
GRAND TOTAL			

Strengths:

Weaknesses:
